Yardstick

Examination Blueprint (2022-2026)

Canadian Practical Nurse Registration Examination (CPNRE)

Effective January 2022

Yardstick Assessment Strategies would like to thank the members of the CPNRE Blueprint Committee and the Program Governance Committee for their contributions to the development of this document.

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Preface

Yardstick Assessment Strategies (YAS), is pleased to present the *Canadian Practical Nurse Registration Examination Blueprint* (2019). Beginning in January 2022, this document replaces the previous *Blueprint for the Canadian Practical Nurse Registration Examination* (2017).

The need for a new Blueprint arose from a comprehensive review of **entry-level competencies** required of practical nurses beginning to practise in the year 2022. Administration of the first examination developed from the new Blueprint is targeted for January 2022. For examinations administered before this date, the 2017 edition of the Blueprint applies.

The Blueprint was developed by the *Canadian Practical Nurse Registration Examination* (CPNRE) Blueprint Committee. This group was comprised of representatives from provincial/territorial **regulatory authorities** that administer the examination, as well as from the areas of practice and education. This committee created the Blueprint to guide those involved in the development of the CPNRE and to provide the public with practical information about this examination. The decisions of the committee were guided by the competencies, definitions, assumptions and results of a national validation survey conducted by the Canadian Council for Practical Nurse Regulators (CCPNR). The Blueprint will undergo a comprehensive review two years after it is initiated to ensure the continued validity of the CPNRE. The Blueprint will then be evaluated annually to reaffirm that the competencies and guidelines for examination development continue to reflect what is expected of an **entry-level practical nurse**.

YAS encourages all users of this document to provide feedback that may be useful in future revisions of the Blueprint. Please forward all such comments to the address on the inside cover of this document.

Introduction

Each province and territory is responsible for ensuring that graduates of practical nursing programs in Canada and practical nurses educated in other countries applying to become licensed practical nurses in Canada meet an acceptable level of **competence** before they begin to practise. This level of **competence** is measured, in part, by the CPNRE administered by the provincial and territorial **regulatory authorities** (see Appendix A for contact information). Yardstick Assessment Strategies (YAS) produces the CPNRE by working in **collaboration** with practical nurses as well as educators and administrators of practical nurses from across Canada who serve as content experts in developing and validating the CPNRE on behalf of the **regulatory authorities**. An overview of the development and administration process for the CPNRE is presented in Appendix B.

The complexity of this process reflects the fact that licensing examinations have a well-defined purpose: to protect the public by ensuring that professionals possess sufficient knowledge and skills to perform important occupational activities safely and effectively. In the case of the CPNRE, the purpose of the examination is to protect the public by ensuring that the **entry-level practical nurse** possesses the competencies required to practise safely and effectively.

The primary function of the *Canadian Practical Nurse Registration Examination Blueprint* is to describe how the examination is to be developed. Specifically, the Blueprint provides explicit instructions and guidelines on how the competencies (i.e., the integrated knowledge, skills, behaviour and **clinical judgment** expected of an **entry-level practical nurse** in order to provide safe, **competent** and ethical care) are to be expressed within the examination in order for accurate decisions to be made on the candidates' readiness to practise safely and effectively.

Prior to producing this Blueprint, the Canadian Council for Practical Nurse Regulators (CCPNR) conducted an extensive study to identify the competencies required for the safe and effective practice of **entry-level practical nurses** in Canada. Provincial and territorial **regulatory authorities** participated in all phases of the investigation, which served to identify and validate a set of competencies expected of the **entry-level practical nurse**. With this set of competencies and the validation data, the essential components of the CPNRE were assembled.

Because of ongoing changes occurring in the practical nursing profession, validation studies are conducted at least every five years. By periodically conducting a comprehensive review of the competencies measured by the CPNRE, the examination remains valid, psychometrically sound and legally defensible. In addition to the periodic comprehensive review and validation study, the competencies are reviewed and evaluated annually by content experts.

Understanding Competencies

A fundamental component of a formal approach to examination development is a thorough description of the content domain being measured. In the case of the CPNRE, the content domain of interest consists of the competencies an **entry-level practical nurse** is required to possess in order to practise safely and effectively.

The CPNRE competencies found in this Blueprint have the primary purpose of defining the content domain for the examination. Users of the Blueprint should recognize that the competencies are not intended to supersede or replace competency lists or **standards of practice** for practical nurses that have been established by **regulatory authorities** throughout Canada.

To illustrate this point, Figure 1 presents the full complement of competencies required of practical nurses as the rectangle. The rectangle, of course, is broader than the first enclosed circle, which represents the complement of **entry-level competencies** expected upon successful completion of a practical nurse education program. This is to be expected, as graduates will continue to expand their knowledge, skills, behaviours and **clinical judgment** with acquired experience.

The innermost circle represents the **entry-level competencies** related to safe and effective practice that are common across the Canadian jurisdictions and that can be measured on a multiple-choice examination. Competencies unique to some provinces or territories are not assessed by the CPNRE nor are competencies unsuitable for multiple-choice questions. As a result, the circle representing the competencies assessed by the examination is smaller than the circle representing **entry-level competencies.**
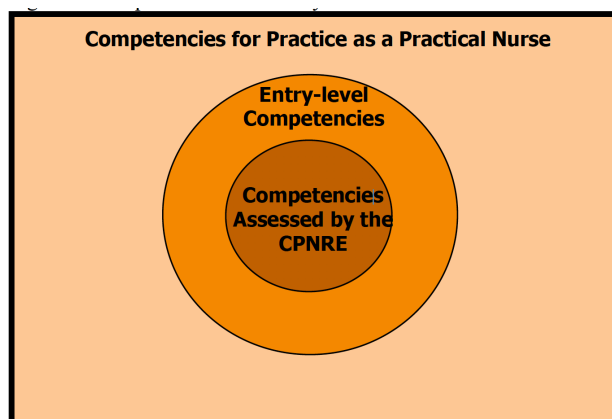

Figure 1. Competencies assessed by the CPNRE.

Technical Specifications

Competencies

Competency Framework

The 76 **entry-level competencies** are organized into five categories: 1) professional practice, 2) legal practice, 3) ethical practice, 4) foundations of practice and 5) collaborative practice. These **entry-level competencies** were developed by CCPNR and were used as the foundation of this document. The order of the categories and competencies is not an indication of priority or importance. For the purposes of the CPNRE, professional practice, legal practice and ethical practice were combined into one category entitled "professional, ethical and legal practice."

Professional, ethical and legal practice
Licensed practical nurses (LPNs) adhere to **practice standards** and an ethical framework. They are responsible and accountable for safe, **competent** and ethical nursing practice. They are expected to demonstrate professional conduct as reflected through personal attitudes, beliefs, opinions and actions. Licensed practical nurses focus on personal and professional growth. Licensed practical nurses are expected to utilize knowledge, **critical thinking**, **critical inquiry** and **research** to build an **evidence-informed practice**.

They are guided by a *Code of Ethics* when making professional judgments and practice decisions. They engage in **critical thinking** and **critical inquiry** to inform decision-making. They use self-reflection to understand the impact of personal values, beliefs and assumptions in the provision of care.

They adhere to applicable provincial/territorial and federal legislation and regulations, professional standards and employer policies that direct practice. They engage in professional regulation by enhancing their **competence**, promoting safe practice and maintaining their **fitness to practise**. Licensed practical nurses recognize that safe nursing practice includes knowledge of relevant laws and legal boundaries within which the licensed practical nurse must practise.

Foundations of practice
Licensed practical nurses use **critical thinking**, reflection, and evidence integration to assess **client**s, plan care, implement interventions and evaluate outcomes and processes. Foundational knowledge includes nursing theory, health sciences, humanities, pharmacology and ethics.

Collaborative practice
Licensed practical nurses work collaboratively with **client**s and other members of the **healthcare team**. They recognize that collaborative practice is guided by shared values and **accountability**, a common purpose or care outcome, mutual respect and effective communication.

Each of these framework categories contains a different number of competencies that vary by importance. To ensure that each category receives an appropriate number of questions on the examination, the following target weights from Table 1 are applied.

Table 1. CPNRE Weightings by Competency Framework Category

Competency Category	Number (and Percentage) of Competencies	Percentage on Examination
Professional, ethical and legal practice	35 (46%)	15–25%
Foundations of practice	25 (33%)	60–70%
Collaborative practice	16 (21%)	10–20%

Guidelines

In addition to the specifications related to the competencies, other variables must be considered during the development of the CPNRE. These variables are categorized as structural or contextual variables.

Structural Variables

Structural variables include those characteristics that determine the general design and appearance of the examination. They define the length of the examination, establish and maintain the standard, and determine the format/presentation (i.e., multiple-choice) and special functions (e.g., to measure a competency within the **cognitive domain**) of the examination questions.

Examination Length and Format

The examination will consist of between 160 and 170 objective questions (i.e., multiple-choice) that meet the Blueprint guidelines. With 76 competencies to measure and a sound sampling approach for these competencies, an examination of this length is sufficient to make both reliable and valid decisions about a candidate's readiness to practise nursing safely and effectively.

Setting the Standard

The standard or pass mark is set in reference to the content and the difficulty of the examination questions. The standard is set by a panel of content experts (i.e., the CPNRE Standard Setting Committee) from across Canada using the modified Angoff technique. In addition to this technique, various relevant data (e.g., information on the preparation of candidates, data on results from previously administered examinations) are carefully considered to ensure that the standard that candidates must achieve on the examination is valid and fair. Based on this information, an appropriate standard or pass mark is set at a level that represents the performance expected of a **competent entry-level practical nurse**.

Test Equating

Once an acceptable standard has been determined on a form of the examination, a statistical procedure can be performed to establish a corresponding standard on subsequent forms of the examination. This procedure, known as **test equating**, considers the difficulty of the set of questions on the original and subsequent forms as well as any differences in candidate performance. The pass mark of the original form is then carried forward and adjusted to reflect the differences in content difficulty and candidate performance on the new form of the examination. This statistical procedure ensures that all candidates, regardless of which examination form they write, must achieve an equivalent standard to pass the examination successfully.

Question Presentation

The multiple-choice questions are presented either within a **case-based** scenario or as independent questions.

The **case-based** format consists of a set of approximately three to five questions associated with a brief health-care scenario. Independent questions are stand-alone questions that contain all the necessary information without reference to a case. For the 160–170 questions on the CPNRE, 40 to 60 percent are presented as independent questions and 40 to 60 percent are presented within cases.

Experimental Questions
Some questions on the CPNRE are experimental and will not count toward a candidate's total score on the examination. Although most of these questions will be multiple-choice, it is possible that other item formats may be used.

Cognitive Domains
To ensure that competencies measure different levels of cognitive ability, each question on the CPNRE is classified into one of three categories adapted from Bloom's Taxonomy of Cognitive Abilities. Specifically, each question is categorized into one of the following levels:

1. **Knowledge/Comprehension**
   This level combines the ability to recall previously learned material and to understand its meaning. It includes such mental abilities as knowing and understanding definitions, facts and principles, and interpreting data (e.g., knowing the effects of certain procedures or interventions, understanding a change in a **client**'s vital signs).

2. **Application**
   This level refers to the ability to apply knowledge and learning to new or practical situations. It includes applying rules, methods, principles and nursing theories in providing care to **clients** (e.g., applying principles of drug administration and concepts of comfort and safety to the nursing care of **clients**).

3. **Critical Thinking**
   The third level deals with higher-level thinking processes. It includes the ability to judge the relevance of data, to deal with abstractions and to solve problems (e.g., identifying priorities of care, evaluating the effectiveness of nursing actions). The practical nurse should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments concerning the needs of **clients**.

Based on these definitions, the distribution of questions by **cognitive domain** is provided in Table 2.

Table 2. Distribution of Questions by **Cognitive Domain**

Competency Category	Number (and Percentage) of Competencies
Knowledge/Comprehension	Maximum 5%
Application	Minimum 50%
Critical Thinking	Minimum 45%

Contextual Variables

Contextual variables qualify the content domain by specifying the nursing contexts in which the examination questions will be set (e.g., **client** type, age of the individual **client**, **client** culture, **client diversity** and work environment).

Client Type
For CPNRE purposes, the **client** refers to individuals (or their designated representative), families and groups.

Client Age
The use of the **client** age variable ensures that the individual **client**s described in the examination represent the demographic characteristics of the population encountered by the **entry-level practical nurse**. Available statistics (e.g., Canadian hospital separations by age and gender, and Canadian population by age and gender) were used to determine specifications for these variables. These specifications, listed in Table 3 as percentage ranges, serve as guidelines for test development.

Table 3. Distribution of **Client** Age

Age Range	Group Description	Target Percentage
0–18 years	Neonate to adolescent	Minimum 10%
19–69 years	Adult	Minimum 45%
70+ years	Older adult	Minimum 25%

Client Diversity

Items will be included that measure awareness, sensitivity and respect for **diversity**, without introducing stereotypes.

Work Environment

Practical nurses work in a variety of practice settings and contexts where health care is delivered. As a result, the work environment is *only* specified where necessary.

Conclusion

The *Canadian Practical Nurse Registration Examination Blueprint* is the product of a collaborative effort between YAS, the regulatory authorities, practical nurses and educators of practical nurses throughout Canada.

It is recognized that the practical nursing profession will continue to evolve. As this occurs, the Blueprint (i.e., the test development guidelines) may require revision so that it accurately reflects the **scope of practice**, the roles and the responsibilities of the **entry-level practical nurse**. Under the guidance of the CPNRE Program Governance Committee and practical nurse educators, clinicians and administrators, YAS will ensure that this revision takes place in a timely manner and is reflected in updated editions of this document.

Glossary

Below are the terms and definitions as they are used in this document.

Glossary Term	Definition
Accountability	The obligation to answer for one's activities, actions and inactions.
Adverse event	An event that results in unintended harm to the client, and is related to the care and/or services provided to the client rather than to the client's underlying medical condition.
Advocate	To speak or act on behalf of self or others by respecting decisions and enhancing autonomy.
Anchor items	A set of questions common across different versions of an examination, which are used primarily for purposes of test equating.
Autonomous practice	The ability to act according to one's knowledge, skill and judgment, providing nursing care within the scope of practice as defined by existing professional, regulatory and organizational rules.
Autonomy	The freedom to act in accordance with self-chosen and informed goals. It includes making independent decisions about client care within one's role and scope of practice.
Case-based questions	A set of approximately three to five examination questions associated with a brief healthcare scenario.
Client	Refers to individuals (or their designated representatives), families and groups.
Client safety	The reduction or mitigation of unsafe acts within the healthcare team and healthcare system as well as the use of best practices shown to lead to optimal client outcomes.
Clinical data	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.
Clinical decisions	Decisions derived from reasoning processes based on clinical judgment.
Clinical judgment	Processes that rely on critical inquiry to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions.
Cognitive domain	The levels of cognitive ability being measured by the content of a test. On the CPNRE, the cognitive domain is classified according to a taxonomy consisting of three levels: 1) knowledge/comprehension, 2) application and 3) **critical thinking**.
Collaboration	A partnership between a team of health providers and a client where the client retains control over their care and is provided with access to the knowledge and skill of team members to arrive at a realistic team-shared plan of care and access to the resources to achieve the plan. Can also be

Glossary Term	Definition
	two or more healthcare providers sharing their knowledge with each other to make a care-related decision.
Competence	The ability of a practical nurse to integrate and apply the knowledge, skills, judgments and personal attributes required to practise safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values and beliefs.
Competencies	The integrated knowledge, skills, behaviours, attitudes, **critical thinking** and clinical judgment expected of an entry-level licensed practical nurse to provide safe, competent and ethical care.
Competent	Having or demonstrating the knowledge, skills and judgments and personal attributes required to practise safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values and beliefs.
Conflict resolution	The process of arriving at a mutually agreeable solution to a dispute or conflict between two or more parties by adequately addressing the interests of all parties.
Criterion-referenced examination	A test that measures the degree of command of a specific content domain or skill domain. Scores are interpreted in comparison to predetermined performance standards (i.e., percentage of correct answers) and are interpreted independently of the results obtained by other candidates.
Critical inquiry	This term expands on the meaning of **critical thinking** to encompass critical reflection on actions. Critical inquiry refers to a process of purposive thinking and reflective reasoning whereby practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning and application of standards.
Critical thinking	An active and purposeful problem-solving process. It requires the practical nurse to advance beyond the performance of skills and interventions to provide the best possible care, based on evidence-informed practice. It involves identifying and prioritizing risks and problems, clarifying and challenging assumptions, using an organized approach to assessment, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking.
Diverse/diversity	Based on the understanding that each individual is unique, the concept of diversity encompasses acceptance and respect. These differences include culture, race, ethnicity, gender, gender expression, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs and ideologies.
Duty to report	Nurses have a legal and ethical duty to report incompetent or impaired practice or unethical conduct of regulated health professionals. Most provinces/territories have legislation setting out the duty for nurses to report situations in which there is a good reason to believe that a health professional's practice is impaired or incompetent and may pose a

Glossary Term	Definition
	significant risk to the public. The duty to report also requires nurses to report any sexual misconduct of a health professional.
Entry-level competency	The knowledge, skills, judgment and attitudes required of beginning practitioners to provide safe, competent and ethical nursing care in a variety of settings for clients of all ages.
Entry-level practical nurse	The licensed practical nurse at the point of registration/licensure, following graduation from an approved practical nursing program or equivalent.
Equitable	Characterized by equity or fairness, just and right, fair and reasonable.
Evidence-informed practice	The identification, evaluation and application of nursing experience and current research to guide practice decisions. The ongoing process that incorporates evidence from research, clinical expertise, client preferences and other available resources to make client-centred nursing decisions.
Fitness to practise	Having the necessary physical, cognitive, emotional and mental health to provide safe, competent and ethical nursing care.
Health assessment	A process by which the licensed practical nurse obtains data on the client that includes a complete history of the client's health status as well as a comprehensive physical assessment. The licensed practical nurse is prepared to complete health assessments on clients of all ages.
Healthcare team	Clients, families, healthcare professionals, unregulated healthcare providers, students, volunteers, educators, spiritual leaders and others who may be involved in providing care.
Health literacy	The ability to understand, comprehend and act upon health information.
Information and communications technology	Information and communications technology (ICT) includes products that store, process, transmit, convert, duplicate, or receive electronic information. Examples include software applications and operating systems, web-based information and applications such as distance learning, telephones and other telecommunications products, video equipment and multimedia products, office products and computer hardware.
Informed consent	A legal condition whereby a person gives permission for interventions based upon a clear understanding of the facts, risks, implications, potential future consequences and expected outcomes of an action.
Interprofessional (collaboration)	Members of different healthcare disciplines working together toward common goals to meet the healthcare needs of the client. Work within the team is divided based on the scope of practice of each discipline included in the team. Team members share information to support one another's work and to coordinate the plan of care. Advanced or mature interprofessional teams include the client and family as key team members.
Leadership (formal)	The shared and independent responsibility to model the profession's values, beliefs and attributes, promoting and advocating for best practices and innovation.
Leadership (informal)	The ability to successfully influence outcomes through the demonstration of professional behaviours by means other than via a position of authority or leadership.

Glossary Term	Definition
Near miss	An event that could have caused harm or resulted in unwanted consequences, but did not because the event was caught and prevented. Also referred as a "good catch" or "close call."
Practice context (context of practice)	Context of practice determines the appropriate application of practical nurse practice with the collective consideration of conditions or factors affecting the status and needs of the client, the abilities and attributes of the individual practical nurse, and the characteristics and resources of the environment. The context of practice guides individual decision-making in specific practice settings or situations.
Practice environment	Any setting where healthcare is delivered.
Professional boundaries	The space between the nurse's power and the client's vulnerability and the defining lines that separate the therapeutic behaviour of nurses from behaviours which, well-intentioned or not, can reduce the benefit of care to clients.
Professional misconduct	Behaviour outside the boundaries of what is considered acceptable or worthy of its membership by the governing body of a profession.
Quality improvement	An organizational philosophy that uses a structured approach to identify and improve all aspects of service.
Regulatory bodies/ authorities	Canadian provincial and territorial professional bodies responsible for the regulation of licensed practical nurses.
Research	Systematic inquiry that uses scientific methods and/or the nursing process to increase knowledge and devise solutions.
Responsibility	The obligation to complete one's obligations, and to be trustworthy, reliable and dependable.
Risk management	The ability to utilize a system of identifying potential risks, recognizing implications and responding appropriately.
Scope of practice	The roles, responsibilities, functions and abilities that licenced practical nurses are educated in and authorized to perform. This scope is determined through provincial legislation set in individual jurisdictions.
Social media	Social media, in the context of this document, is defined as the use of the Internet to post or publish information and/or to participate in discussions. This includes (but is not limited to) websites, social networks, online forums, chat rooms, listservs, blogs, wikis, photo, video and audio file-sharing sites and virtual worlds.
Spiritual beliefs	For the purposes of the CPNRE, spiritual beliefs are not limited to religious beliefs and are inclusive of anything the client considers meaningful.
Standards of practice/ practice standards	Minimum legal and professional expectations of practitioner behaviour, against which actual practitioner behaviour is measured.
Team dynamics	Team dynamics are the unconscious, psychological forces that influence the direction of a team's behaviour and performance.
Test equating	A procedure used to establish equivalent scores on different versions of a test. When different test versions are equated, candidates' scores will not be affected by the particular versions administered to them; consequently,

Glossary Term	Definition
	the versions can be used interchangeably. The use of anchor questions is one of several methods available to equate tests.
Therapeutic nurse–client relationship	A relationship between the nurse and the client based on trust and respect that requires the appropriate use of power.
Unregulated health worker	A healthcare worker who is not part of a regulated health profession, who provides care to clients under the guidance of a regulated health professional/employer.

Appendix A: Regulatory Authorities

To obtain information on writing the *Canadian Practical Nurse Registration Examination*, contact the **regulatory authority** for your province or territory.

Alberta
College of Licensed Practical Nurses of Alberta
St. Albert Trail Place
13163 – 146 Street
Edmonton AB T5L 4S8
1-800-661-5877 (toll free in Alberta)
780-484-8886
Fax: 780-484-9069
Email: info@clpna.com
Web: www.clpna.com

Manitoba
College of Licensed Practical Nurses of Manitoba
463 St. Anne's Road
Winnipeg MB R2M 3C9
1-877-663-1212 (toll free in Manitoba)
204-663-1212
Fax: 204-663-1207
Email: info@clpnm.ca
Web: www.clpnm.ca

Newfoundland and Labrador
College of Licensed Practical Nurses of
Newfoundland and Labrador
209 Blackmarsh Road
St. John's NL A1E 1T1
1-888-579-2576 (toll free in Newfoundland and
Labrador)
709-579-3843
Fax: 709-579-8268
Email: info@clpnnl.ca
Web: www.clpnnl.ca

New Brunswick
Association of New Brunswick Licensed Practical
Nurses
384 Smythe Street
Fredericton NB E3B 3E4
1-800-942-0222
506-453-0747
Fax: 506-459-0503
Email: lpninfo@npls.ca
Web: www.anblpn.ca

Nova Scotia
Nova Scotia College of Nursing
120 Western Parkway, Suite 300
Bedford NS B4B 0V2
1-833-268-6726 (toll free in Nova Scotia)
912-444-6726
Fax: 902-377-5188
Email: registration@nscn.ca
Web: www.nscn.ca

Prince Edward Island
College of Licensed Practical Nurses of Prince
Edward Island
155 Belvedere Avenue, Suite 204
Charlottetown PE C1A 2Y9
902-566-1512
Fax: 902-892-6315
Email: info@clpnpei.ca
Web: www.clpnpei.ca

Saskatchewan
Saskatchewan Association of Licensed Practical Nurses
2208 E. Victoria Avenue
Regina SK S4N 7B9
1-888-257-2576
306-525-1436
Fax: 306-347-7784
Email: lpnadmin@salpn.com
Web: www.salpn.com

Yukon
Registrar of Licensed Practical Nurses
Department of Community Services Professional
Licensing & Regulatory Affairs C-5
P.O. Box 2703
Whitehorse YT Y1A 2C6
867-667-5111
Fax: 867-667-3609
Email: plra@gov.yk.ca

Appendix B: Development and Administration

The activities associated with the development and administration of the CPNRE are described below.

Competency Study

In 2019, the Canadian Council for Practical Nurse Regulators developed the **entry-level competencies**. As the foundation for a **criterion-referenced examination**, the competencies (e.g., knowledge, skills, behaviours and **clinical judgment**) required for safe and effective practice are identified by a special committee with a representative from provincial and territorial jurisdictions. The competencies undergo an extensive study in which they are validated in terms of relevant criteria. The competencies are reviewed periodically to confirm their validity over time.

Blueprint Development

The Blueprint Committee develops the Blueprint outlining the content to be tested in the examination. The Blueprint includes the competencies — that is, the content domain that forms the basis for test development. It specifies variables that provide structure for the examination, as well as guidelines and weightings for test development.

This step, like the competency study, is not included in each cycle of the test development process. A Blueprint is developed for the first examination and is revised periodically at appropriate intervals (approximately every five years).

Question Development

Examination questions are developed by groups of content experts. These groups write examination questions to measure the specific competencies and to fulfill the guidelines identified in the examination Blueprint.

Monitoring of Experimental Questions

Early in the development process, examination questions are monitored (reviewed) by the Examination Committee, which consists of representatives of the regulatory authorities. Questions that do not reflect current practice or standards in all jurisdictions are referred for question revision.

Test Fairness Review

The CPNRE is reviewed by individuals with expertise in English as a Second Language (ESL) instruction to ensure an appropriate reading level.

Experimental Testing and Item Analysis

All questions are tested experimentally and analyzed statistically to determine their suitability for inclusion in the examination.

Revision of Questions	Certain experimental questions may have content problems or may not meet established criteria at particular checkpoints in the development cycle. For example, they may not meet statistical criteria established for item analysis, or they may not meet the approval of groups and committees (i.e., Jurisdictional Review, Test Fairness Panel, Examination Committee). Questions requiring revision before they can be included in an examination are refined by a group of content experts highly experienced in developing and revising questions.
Question Banking	Test questions are stored in a bank of questions and are drawn upon for constructing future examinations.
Monitoring of Operational Questions	Each version of the CPNRE is constructed from a bank of available questions to meet the specifications of the Blueprint. The Examination Committee gives the final approval of the examination at the end of the monitoring process, during which the entire examination is reviewed.
Setting of Pass Mark	To determine the standard (i.e., pass mark) for an examination, YAS uses a systematic procedure in which panels of content experts provide ratings associated with the competent entry-level practical nurse. In addition to these expert ratings, a variety of relevant data is carefully considered to ensure that the standard is valid and fair.
	A standard or pass mark is established for the first version of each new examination cycle. Subsequent versions of the examination are equated with the first version so that a candidate would achieve the same result regardless of which version was written.
Translation	YAS employs a translation coordinator to evaluate the translation provided by translators to ensure that it meets the defensibility needs of the CPNRE. The translation process includes an equivalency review of the items following the translation. Since so many tests contain specialized terms (e.g., specialized medical terms), the translation process includes a validation step with content experts.
Administration and Scoring of Examinations	When test development activities are complete, an examination is ready for administration by the regulatory authorities. Examinations are scored by YAS and the results are sent to the jurisdictions for communication to candidates. A performance profile is provided to candidates who are unsuccessful on the examination.

Appendix C: List of Competencies

Assumptions

The following set of assumptions are understood to apply to the practice of practical nursing in Canada and to the entry-level competencies that follow.

- The foundation of practical nursing is defined by:
  - o **entry-level competencies**
  - o professional nursing **standards of practice** of the **regulatory authority**
  - o nursing code(s) of ethics/ethical standards
  - o scope of nursing practice applicable in the jurisdiction
  - o provincial/territorial and federal legislation and regulations that direct practice
- LPN practice is built upon the four concepts of person, environment, health and nursing and is grounded within the context of the current Canadian healthcare system, primary healthcare and emerging health trends.
- LPNs possess competencies that are transferable across all areas of **responsibility** (e.g., direct care, administration, education and **research**).
- LPNs are active participants in health promotion, illness prevention and harm reduction activities.
- LPNs practise in any setting or circumstance where healthcare is delivered.
- Requisite skills and abilities are required to attain the LPN entry-level competencies.
- LPNs practise **autonomously**, safely, **competently** and ethically along the continuum of care in situations of health and illness across a client's lifespan.
- LPNs practise in situations of varying complexity and work collaboratively with the **healthcare team** to maximize client outcomes.
- LPNs demonstrate **leadership** by fostering continued self-growth to meet the challenges of an evolving healthcare system.
- LPNs follow a systematic approach by using the nursing process to deliver safe, **competent** and ethical care.
- LPNs **advocate** for the implementation and utilization of **evidence-informed practice**.

Professional Practice

Licensed practical nurses adhere to **practice standards** and an ethical framework. They are responsible and accountable for safe, **competent** and ethical nursing practice. They are expected to demonstrate professional conduct as reflected through personal attitudes, beliefs, opinions and actions. Licensed practical nurses focus on personal and professional growth. Licensed practical nurses are expected to utilize knowledge, **critical thinking**, **critical inquiry** and **research** to build an **evidence-informed practice**.

1. Demonstrates **accountability** and accepts **responsibility** for own decisions and actions.
2. Practises **autonomously** within legislated **scope of practice**.
3. Displays self-awareness and recognizes when to seek assistance and guidance.
4. Adheres to regulatory requirements of jurisdictional legislation.
5. Practises within own level of **competence**.
6. Initiates, maintains and terminates the **therapeutic nurse–client relationship**. For example:
   6.1 The duty to provide care.
7. Provides **client** care in a non-judgmental manner.
8. Adapts practice in response to the **spiritual beliefs** and cultural practices of **clients**. For example:
   8.1 Adapts practice to what the client finds meaningful.
9. Supports **client**s in making informed decisions about their healthcare and respects their decisions.
10. Engages in self-reflection and continuous learning to maintain and enhance **competence**.
11. Integrates relevant evidence into practice.
12. Collaborates in the analysis, development, implementation and evaluation of practice and policy. For example:
   12.1 Understands the importance and currency of policies, how they are evaluated and how they apply to practice.
13. Integrates continuous **quality improvement** principles and activities into nursing practice.
14. Demonstrates a professional presence, honesty, integrity and respect in all interactions.
15. Demonstrates **fitness to practise**.
16. Maintains current knowledge about trends and issues that impact the **client**, the licensed practical nurse, the **healthcare team** and the delivery of health services.
17. Identifies and responds to inappropriate behaviour and incidents of **professional misconduct**.
18. Recognizes, responds and reports own and others' **near miss**es, errors and **adverse event**s.
19. Distinguishes between the mandates of **regulatory bodies**, professional associations and unions.

Ethical Practice

Licensed practical nurses use ethical frameworks (e.g., Code of Ethics, ethical standards) when making professional judgments and practice decisions. They engage in **critical thinking** and **critical inquiry** to inform decision-making and use self-reflection to understand the impact of personal values, beliefs and assumptions in the provision of care.

20. Establishes and maintains **professional boundaries**.
21. Takes action to minimize the impact of personal values and assumptions on interactions and decisions.
22. Demonstrates respect for the values, opinions, needs and beliefs of others.
23. Applies ethical frameworks and reasoning to identify and respond to situations involving moral and ethical conflict, dilemma or distress.

24. Obtains knowledge of and responds to the *Calls to Action of the Truth and Reconciliation Commission of Canada.*[1]
25. Preserves the dignity of **client**s in all personal and professional contexts.
26. **Advocate**s for **equitable** access, treatment and allocation of resources, particularly for vulnerable and/or **diverse client**s and populations.
27. **Advocate**s for **client**s or their representatives especially when they are unable to **advocate** for themselves.

Legal Practice

Licensed practical nurses adhere to applicable provincial/territorial and federal legislation and regulations, professional standards and employer policies that direct practice. They engage in professional regulation by enhancing their **competence**, promoting safe practice and maintaining their **fitness to practise**. Licensed practical nurses recognize that safe nursing practice includes knowledge of relevant laws and legal boundaries within which the licensed practical nurse must practise.

28. Practises according to legislation, **practice standards**, ethics and organizational policies.
29. Practises according to relevant mandatory reporting legislation.
30. Recognizes, responds and reports questionable orders, actions or decisions made by others. For example:
    30.1 Initiate contact and receive, transcribe and verify orders.
31. Adheres to the **duty to report**.
32. Protects **client**s' rights by maintaining confidentiality and privacy in all personal and professional contexts.
33. Respond to the **client**s' right to healthcare information in accordance with relevant privacy legislation.
34. Documents according to established legislation, **practice standards**, ethics and organizational policies.
35. Obtains **informed consent** to support the **client**'s informed decision-making.

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[1] See *Truth and Reconciliation Commission of Canada: Calls to Action,*
http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

Foundations of Practice

Licensed practical nurses use **critical thinking**, reflection, and evidence integration to assess **client**s, plan care, implement interventions and evaluate outcomes and processes. Foundational knowledge includes nursing theory, health sciences, humanities, pharmacology and ethics.

36. Completes comprehensive **health assessment**s of **client**s across the lifespan.
37. Selects and utilizes **information and communications technologies** (ICTs) in the delivery of **client** care.
38. **Researches** and responds to relevant **clinical data**.
39. Engages in **evidence-informed practice** by considering a variety of relevant sources of information.
40. Comprehends, responds to and reports assessment findings.
41. Formulates **clinical decisions** consistent with **client** needs and priorities. For example:
    41.1 Organize and manage multiple priorities.
    41.2 Respond appropriately to changing situations.
    41.3 Develop individualized nursing interventions.
    41.4 Set priorities that reflect individual client needs.
42. Identifies **nursing diagnoses**.
43. Develops the plan of care with the **client**, **healthcare team** and others.
44. Implements nursing interventions based on assessment findings, **client** preferences and desired outcomes.
45. Responds to **client**s' conditions by organizing competing priorities into actions.
46. Assesses **client**s' **health literacy**, knowledge and readiness to learn.
47. Assesses, plans, implements and evaluates the teaching and learning process.
48. Provides information and access to resources to facilitate health education.
49. Evaluates the effectiveness of health education.
50. Applies principles of **client safety**.
51. Engages in **quality improvement** and **risk management** to promote a quality **practice environment**.
52. Evaluates the effectiveness of nursing interventions by comparing actual outcomes to expected outcomes.
53. Reviews and revises the plan of care and communicates accordingly.
54. Assesses implications of own decisions.
55. Uses **critical thinking**, **critical inquiry** and **clinical judgment** for decision-making.
56. Demonstrates professional judgment in utilizing **information and communications technologies** (ICTs) and **social media**.
57. Recognizes high-risk practices and integrates mitigation strategies that promote safe care. For example:
    57.1 Apply knowledge of pharmacology and principles of safe medication practice.
    57.2 Implement strategies to optimize medication safety.
    57.3 Implement strategies to promote safe transitions of care (e.g., change in provider, shift change, change in care setting, which includes discharge).
    57.4 Recognize when a nurse's approach to practice and communication needs to evolve based on client needs, nursing competence or **practice context**.

58. Applies strategies to prevent, de-escalate and manage disruptive, aggressive or violent behaviour. For example:
58.1 Involving the client and/or others not limited to family, friends, visitors, co-workers, team members.
59. Recognizes and responds immediately when a **client**'s condition is deteriorating.
60. Demonstrates knowledge of nursing theory, pharmacology, health sciences, humanities and ethics. For example:
60.1 Engage in safe medication practices.
60.2 Engage in safe infusion therapy practices (e.g., infusion therapy, central lines, pain management systems).
60.3 Apply standards and principles when administering blood and blood products.
60.4 Use the nursing process in the plan of care.

Collaborative Practice

Licensed practical nurses work collaboratively with **client**s and other members of the **healthcare team**. They recognize that collaborative practice is guided by shared values and **accountability**, a common purpose or care outcome, mutual respect and effective communication.

61. Engages **client**s in identifying their health needs, strengths, capacities and goals.
62. Communicates collaboratively with the **client** and the **healthcare team**.
63. Provides essential **client** information to the **client** and the **healthcare team**.
64. Promotes effective interpersonal interaction.
65. Uses **conflict resolution** strategies to promote healthy relationships and optimal **client** outcomes.
66. Articulates own role based on legislated **scope of practice**, individual **competence** and care context including employer policies.
67. Determines own professional and **interprofessional** role within the team by considering the roles, responsibilities and **scope of practice** of others.
68. **Advocate**s for the use of Indigenous health knowledge and healing practices in **collaboration** with the **client**.
69. Demonstrates **leadership**, direction and supervision to **unregulated health workers** and others.
70. Participates in emergency preparedness and disaster management.
71. Participates in creating and maintaining a quality **practice environment** that is healthy, respectful and psychologically safe.
72. Fosters an environment that encourages questioning and exchange of information.
73. Initiates and fosters mentoring relationships. For example:
73.1 Seek, provide and reflect on constructive feedback.
74. Applies the principles of **team dynamics** and group processes in **interprofessional** team **collaboration**.
75. Demonstrates **formal** and **informal leadership** in practice.
76. Organizes workload, assigns/coordinates nursing care, sets priorities and demonstrates effective time management skills.

Appendix D: Summary Chart Guidelines

COMPETENCIES		
Competency framework categories and weightings	Professional, ethical and legal practice: Foundations of practice: Collaborative practice:	15–25% 60–70% 10–20%
STRUCTURAL VARIABLES		
Examination length and format	Total:	160–170 questions
Experimental questions	Some questions on the CPNRE are experimental and will not count toward a candidate's total score on the examination. Although most of these questions will be multiple-choice, it is possible that other item formats may be used.	
Test equating	Anchor items are used to accomplish test equating.	
Item presentation	Independent items: Case-based items:	40–60% 40–60%
Cognitive level	Knowledge/Comprehension: Application: Critical Thinking:	Maximum of 5% Minimum of 50% Minimum of 45%
CONTEXTUAL VARIABLES		

Client age	0-18 years	Neonate to adolescent	Minimum 10%
	19-69 years	Adult	Minimum 45%
	70+ years	Older adult	Minimum 25%
	Examination questions will reflect health situations relevant to all phases of life.		

Client diversity	Items will be included that measure awareness, sensitivity and respect for diversity, without introducing stereotypes.
Work environment	Practical nurses work in a variety of practical settings and contexts where healthcare is delivered. As a result, the work environment is *only* specified where necessary.