

# Examination Blueprint

## Canadian Practical Nurse Registration Examination (CPNRE)

Effective January 2017

**Yardstick Assessment Strategies., Canada’s Testing Company, would like to thank the members of the CPNRE Competency and Blueprint Committee and the Client Advisory Group for their contribution to the development of this document.**

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# Preface

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Yardstick Assessment Strategies (YAS), Canada's Testing Company, is pleased to present the *Canadian Practical Nurse Registration Examination Blueprint (2016)*<sup>1</sup>. Beginning in January 2017, this document replaces the previous document entitled *Blueprint for the Canadian Practical Nurse Registration Examination (2012)*.

The need for a new Blueprint arose from a comprehensive review of entry-level competencies required of practical nurses beginning to practice in the year 2017. Administration of the first examination developed from the new Blueprint is targeted for January 2017. For examinations administered before this date, the 2012 edition of the Blueprint applies.

The Blueprint was developed by the *Canadian Practical Nurse Registration Examination (CPNRE) Competency and 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.

ASI wishes to thank all the practical nurses and other health-care professionals who have contributed to the creation of this Blueprint. In particular, thanks are extended to the following: the regulatory authorities; the CPNRE Competency and Blueprint Committee; the practical nurses and educators and administrators of practical nurses across Canada who responded to the competency validation survey; the CPNRE Examination Committee; and, finally, the Client Advisory Group for the CPNRE.

As part of the process to ensure the continued validity of the CPNRE, a comprehensive review of the *Canadian Practical Nurse Registration Examination Blueprint (2017)* is planned for 2019. In addition, the Blueprint will be evaluated annually to reaffirm that the competencies and the 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.

<sup>1</sup> The term practical nurse used in this document refers to licensed practical nurse and registered practical nurse.

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# Introduction

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Each province and territory are responsible for ensuring that graduates of practical nursing programs in Canada and practical nurses educated in other countries applying for licensure/registration as a practical nurse meet an acceptable level of competence before they begin to practice. 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 the 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 registration 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 practice 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 practice safely and effectively.

Prior to producing this Blueprint, YAS 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 were active participants in all phases of the investigation, which served to identify and validate a comprehensive 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 that occur in the practical nursing profession, a validation study of the competencies is conducted at least every five years. By periodically conducting a comprehensive review of the competencies measured by the CPNRE, YAS is able to maintain the validity of the examination and ensure that it is 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

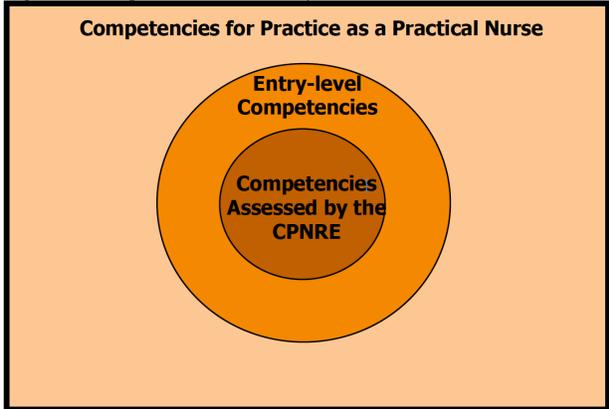
A fundamental component of a formal approach to examination development is a thorough description of the content domain being measured. In the case of the CPNRE, the content domain of interest consists of the competencies an entry-level practical nurse is required to possess in order to practice safely 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, including the Canadian Council for Practical Nurse Regulators (CCPNR) in its document entitled “Entry-to-Practice Competencies for Licensed Practical Nurses.” In fact, the CPNRE competencies are designed to represent only a subset of the competencies required by the regulatory authorities.

To illustrate this point, Figure 1 presents the full complement of competencies required of practical nurses as the shaded area within 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 that are 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.



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# Technical Specifications

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## Competencies

### Developing the Set of Competencies

#### Initial Competency Review

As a starting point for developing the set of competencies, the CPNRE Competency and Blueprint Committee was formed with representation from the regulatory authorities for practical nurses in Canada that use the CPNRE. This committee evaluated the set of competencies developed in 2012, as well as many other relevant documents that addressed the current and future practice of the practical nurse. Based on this review, the committee developed a preliminary set of competencies and a three-category framework for grouping these competencies.

#### Jurisdictional Review

The initial set of competencies was first evaluated by focus groups of practical nurses and educators selected by the regulatory authorities. The competencies were further refined by the CPNRE Competency and Blueprint Committee based on this feedback.

#### Competency Validation Survey

The competencies were then distributed to a sample of approximately 1,500 Canadian participants, including entry-level and experienced practical nurses, educators and administrators. Participants were asked to rate each competency in terms of its applicability, importance and frequency for the entry-level practical nurse.

#### Approval

Based on survey data and the jurisdictional feedback, the CPNRE Competency and Blueprint Committee and the CPNRE Client Advisory Group formally adopted the new set of 85 competencies. With this information, the CPNRE Competency and Blueprint Committee outlined the specifications for the new examination for the 2017-2021 administration cycle.

## Assumptions

The following assumptions were made in developing the competencies for the *Canadian Practical Nurse Registration Examination (CPNRE)*.

1. Entry-level practical nurses are beginning practitioners whose level of practice, autonomy and proficiency will be enhanced through reflective practice, evidence-informed knowledge, collaboration, mentoring and support from colleagues.
2. The foundation of practical nursing is defined by legislation, regulation, scope of practice, standards of practice, professional ethics and entry-level competencies.
3. The competencies represent the combined nursing knowledge, skills, behaviours and attitudes required by entry-level practical nurses across Canada.
4. Practical nurses provide, facilitate and promote safe, competent, compassionate and ethical care for clients throughout the lifespan in a variety of settings.
5. Practical nurses are active participants in health promotion, illness prevention, reduction of harm, quality improvement and risk management activities.
6. Practical nurses use critical inquiry, critical thinking and clinical judgments when applying the nursing process.
7. Practical nurses are self-regulated and accountable for their decisions and actions and are committed to putting the public interest over their self-interest.
8. Practical nurses engage in self-reflection and continuous learning to maintain and enhance competence.
9. Practical nurses demonstrate leadership and professionalism.
10. Practical nurses provide client-centered care for individuals, families, groups and communities.
11. Practical nurses practice collaboratively, while respecting the shared and unique competencies of a diverse health-care team.
12. Practical nurses advocate for and facilitate change reflecting evidence-informed practice.
13. Practical nurses are knowledgeable about trends and issues that impact health and health-care delivery and contribute to the body of knowledge of the profession.
14. Practical nurses articulate their scope, role and contribution to health care.

## Competency Framework

A framework was developed to identify and organize the competencies that the CPNRE measures. The order of the competency categories is not an indication of priority or importance. The framework and definitions of the three framework categories are as follows.

### Professional, ethical and legal practice

Practical nurses are responsible for providing safe, competent, compassionate and ethical nursing care while developing and maintaining a therapeutic nurse-client relationship. Professional standards and ethics provide direction for practical nurses to uphold the highest quality of care. The practical nurse maintains autonomy and is accountable to the public, the client, the employer, the profession, colleagues and one's self.

### Foundations of practice

As a member of the health-care team, practical nurses are integral in the assessment, nursing diagnosis, planning, implementation, evaluation and documentation of nursing care. Using critical inquiry, practical nurses formulate clinical decisions based on evidence. Practical nurses promote, support and advocate for client self-determination to achieve optimum health outcomes.

### Collaborative practice

Practical nurses work collaboratively while maintaining autonomy within their legislated scope of practice and individual competence. They recognize that collaborative practice is guided by shared values and accountability, a common purpose, care outcomes, mutual respect and effective communication (CCPNR, 2013). The practical nurse demonstrates leadership while fostering continued growth of self and others to meet the challenges of the evolving health-care system.

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	30 (35%)	20-30%
Foundations of practice	41 (48%)	55-65%
Collaborative practice	14 (17%)	10-20%

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# Guidelines

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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 165 and 170 objective questions (i.e., multiple-choice) that meet the Blueprint guidelines. With 85 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 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, takes into account the difficulty of the set of questions on the original and subsequent forms as well as any differences that exist 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 successfully pass the examination.

### Question Presentation

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

The case-based format consists of a set of approximately three to five questions that are 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 165-170 questions on the CPNRE, 50 to 70 percent are presented as independent questions and 30 to 50 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 Levels

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.

#### **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).

#### **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).

#### **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 level is provided in Table 2.

Table 2. Distribution of questions by cognitive level

Competency Category	Number (and Percentage) of Competencies	Percentage on Examination
Professional, ethical and legal practice	30 (35%)	20-30%
Foundations of practice	41 (48%)	55-65%
Collaborative practice	14 (17%)	10-20%

## 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 the purpose of the CPNRE, 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 clients 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.

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## Conclusion

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The *Canadian Practical Nurse Registration Examination Blueprint* is the product of a collaborative effort between Assessment Strategies Inc., practical nurses and educators and administrators of practical nurses throughout Canada. This process has resulted in a compilation of the competencies required for the entry-level practical nurse to provide safe and effective care and guidelines that determine how the competencies will be measured on the CPNRE. A summary of these guidelines can be found in Appendix D in the Summary Chart Guidelines.

It is recognized that the practical nursing profession will continue to evolve. As this occurs, the Blueprint (i.e., both the competencies and 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 Client Advisory Group and practical nurse educators, clinicians and administrators, Assessment Strategies Inc. will ensure that this revision takes place in a timely manner and is reflected in updated editions of this document.

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# Glossary

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

<b>Accountability</b>	The obligation to answer for the professional, ethical and legal responsibilities of one's activities and actions
<b>Anchor items</b>	A set of questions common across different versions of an examination, which are used primarily for purposes of test equating
<b>Autonomy</b>	Making independent decisions within one's role and legislated scope of practice.
<b>Case-based questions</b>	A set of approximately three to five examination questions associated with a brief health-care scenario.
<b>Client</b>	An individual (or designated representative), family, group or community.
<b>Clinical data</b>	All assessment and diagnostic results that apply to a client's health status
<b>Clinical judgement</b>	Processes that rely on critical thinking and an analysis of evidence to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions.
<b>Cognitive domain</b>	The levels of cognitive ability that are being measured by the content of a test. On the CPNRE, the cognitive domain is classified according to a taxonomy consisting of three levels; knowledge/comprehension, application and critical thinking.
<b>Collaboration</b>	A joint communication and decision-making process with the expressed goal of working together toward identified outcomes while respecting the unique abilities and autonomy of each team member.
<b>Community</b>	Refers to persons who interact and have similar goals or interests and share common social supports and may or may not come from within the same geographic boundaries (WHO, 2014)

<b>Criterion-referenced examination</b>	A test that measures the degree of command of a specific content domain or skill domain. Scores are interpreted in comparison with predetermined performance standard (i.e., percentage of correct answers) and are interpreted independently of the results obtained by other candidates.
<b>Critical inquiry</b>	A process of purposive thinking and reflective reasoning whereby practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. (CCPNR standards of practice, 2013)
<b>Critical thinking</b>	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.
<b>Culture of safety</b>	A set of values that includes a commitment to apply safety knowledge, skills and attitudes to the work environment and professional practice.
<b>Determinants of health</b>	Factors that combine together to affect the health of individuals and communities. Determinants include social, economic and physical environment, and a person's individual characteristics and behaviour (WHO, 2014)
<b>Diversity</b>	An understanding that each individual is unique and is entitled to acceptance and respect. These differences can be along the dimensions of culture, race, ethnicity, sex, gender role and identity, sexual orientation, socio-economic status, age, abilities, beliefs, or ideologies.
<b>Duty to provide care</b>	The professional obligation to provide care to clients and maintain the therapeutic nurse-client relationship
<b>Entry-level practitioner</b>	The practical nurse at the point of registration/licensure, following graduation from an approved practical nurse program or equivalent.
<b>Evidence</b>	Data derived from various sources including research, national guidelines, regulation, policies, consensus, statements, expert opinion, historical and experimental information (CNA, 2013)

<b>Evidence-informed practice</b>	The identification, evaluation and application of evidence to guide practice decisions. (CCPNR, 2013)
<b>Family</b>	Two or more individuals who may or may not be related by blood, marriage or adoption.
<b>Fitness to practice</b>	The qualities and capabilities of practical nurses relevant to their capacity to practise. This includes, but is not limited to, freedom from any cognitive, physical, psychological or emotional conditions or a dependence on alcohol or drugs that impairs their abilities to practice nursing. (CCPNR, 2013)
<b>Harm</b>	An occurrence or accumulation of occurrences that negatively affects a person's health and/or quality of life, which may impact any dimension of health.
<b>Health</b>	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It includes physical, mental, spiritual, emotional, psychological and social health.
<b>Health assessment</b>	A process by which the practical nurse obtains data on the client that includes a complete history of the client's health status as well as a comprehensive physical, psychological, spiritual and sociocultural assessment.
<b>Health-care team</b>	Clients, health-care professionals, unregulated health workers, students, volunteers, educators, spiritual leaders and others who may be involved in providing care.
<b>Health promotion</b>	The process of enabling people to increase control over and improve their health based on an understanding of the determinants of health. (WHO, 2014)
<b>Illness prevention</b>	The collection of practices that are designed to circumvent illness and/or disease.
<b>Implied consent</b>	An inferred agreement for care based on a client's presence, actions and the context of the situation.
<b>Informed consent</b>	A legal condition whereby a person gives permission for interventions based upon a clear understanding of the facts, risks, benefits and future implications of an action.

<b>Leadership</b>	<p>The obligation to model the profession's values, beliefs and attributes, while promoting and advocating for innovation and best practice. The attributes of leadership include self-awareness, commitment to individual growth, ethical values and belief, presence, reflection and foresight.</p> <p>Leadership also encompasses advocacy, integrity, intellectual energy, being involved and being open to new ideas. Leaders have confidence in their capabilities and are willing to make an effort to mentor and motivate others. Leadership is not limited to formal leadership roles. (adapted from CLPNBC, 2014)</p>
<b>Medication administration</b>	The preparation and administration of enteral, percutaneous and parenteral (subcutaneous, intramuscular, intradermal, intravenous) medications as per the legislated scope of practice.
<b>Nursing diagnosis</b>	A clinical judgment about a client's actual or potential health concerns based on a comprehensive health assessment.
<b>Professional misconduct</b>	Behaviour outside the boundaries of what is considered acceptable or worthy of its membership by the governing body of a profession.
<b>Psychological health and safety</b>	A philosophy related to co-worker abuse that permits no harm to employee mental health in careless, negligent, reckless or intentional ways, and in which every practical effort is made to prevent foreseeable injury to the mental health of employees. (Shain, 2010)
<b>Quality improvement</b>	An organizational philosophy that seeks to meet clients' needs and expectations by using a structured process that selectively identifies and improves all aspects of service.
<b>Responsibility</b>	Ability to answer for one's conduct and obligations, and to be trustworthy, reliable and dependable.
<b>Risk management</b>	The ability to utilize a system of identifying potential risks, recognizing implications and responding appropriately.
<b>Role</b>	The practical nurse's defined function within the context of practice and scope of employment.
<b>Routine practices</b>	Activities to help reduce the risk of being exposed or exposing others to body fluids in order to reduce the spread of microorganisms.

<b>Safety</b>	The reduction or mitigation of unsafe acts within the health-care team and health-care system.
<b>Scope of practice</b>	The activities that practical nurses are educated and authorized to perform as defined by legislation and their respective regulatory authority.
<b>Self-determination</b>	The power or ability to make decisions for oneself without external influence.
<b>Self-regulated</b>	Adherence to the registration requirements, standards of practice, ethics and continuing competence, while practising within the confines of applicable legislation, regulations and other laws governing nursing.
<b>Sociocultural assessment</b>	An assessment of the combination and interaction of social and cultural habits such as customs, traditions, perceptions and beliefs of an individual, group or community.
<b>Standards of practice</b>	Authoritative statements that define the legal and professional expectations of practical nurse practice. (CCPNR, 2013)
<b>Test equating</b>	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, the versions can be used interchangeably. The use of anchor questions is one of several methods available to equate tests.
<b>Therapeutic nurse-client relationship</b>	A professional interpersonal alliance in which the nurse and client join together for a defined period to achieve health-related goals. It is based on trust, respect and intimacy with the client that requires the appropriate use of power. (Arnold and Boggs, 2011)
<b>Unregulated health worker</b>	A health-care worker, who is not part of a regulated health profession, who provides care to clients under the guidance of a regulated health professional.
<b>Work environment</b>	Any setting where practical nurses practise.

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## Appendix A: Regulatory Authorities

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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](mailto:info@clpna.com)  
Web: [www.clpna.com](http://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](mailto:info@clpnm.ca)  
Web: [www.clpnm.ca](http://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  
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## Appendix B: Development and Administration

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

<b>Competency Study</b>	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 (e.g., applicability, importance and frequency for the entry-level practical nurse). The competencies are reviewed periodically to confirm their validity over time.
<b>Blueprint Development</b>	<p>A Blueprint outlining the content to be tested in the examination is developed by a Blueprint Committee. 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.</p> <p>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).</p>
<b>Question Development</b>	Examination questions are developed by groups of content experts. These groups write examination questions to measure the specific competencies and to fulfil the guidelines identified in the examination Blueprint.
<b>Monitoring of Experimental Questions</b>	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.
<b>Test Fairness Review</b>	The CPNRE is reviewed by individuals with expertise in English as a Second Language (ESL) instruction to ensure an appropriate reading level.
<b>Experimental Testing and Item Analysis</b>	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. Final approval of the examination is given by the Examination Committee 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, ASI 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**

ASI 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 ASI 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.

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## Appendix C: List of Competencies

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### PROFESSIONAL

Competent entry-level practical nurses:

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#### **PR-1 are responsible and accountable for their own decisions and actions.**

PR-1a: practice autonomously within legislated scope of practice.

PR-1b: determine when to seek assistance and guidance.

PR-1c: engage in critical inquiry, critical thinking and clinical judgment for decision making.

#### **PR-2 develop the therapeutic nurse-client relationship.**

PR-2a: initiate, maintain and terminate the therapeutic nurse-client relationship.

PR-2b: provide client care without bias.

PR-2c: respect client's right to self-determination

#### **PR-3 demonstrate leadership in all aspects of practice.**

PR-3a: assess and develop professional competence.

PR-3b: advocate for best practices.

PR-3c: advocate for client, self and others.

#### **PR-4 demonstrate and model professional behaviour.**

PR-4a: adhere to standards of practice and ethics.

PR-4b: assess and maintain own fitness to practice.

PR-4c: respond to inappropriate behaviour and communication.

PR-4d: respond to incidents of unsafe practice.

PR-4e: respond to incidents of professional misconduct.

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## ETHICAL

Competent entry-level practical nurses:

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### **PR-5 apply an ethical framework to nursing practical.**

PR-5a: establish and maintain respect, empathy, trust and integrity in interactions with clients and others.

PR-5b: recognize and respect the values, opinions, needs and beliefs of clients, self and others.

PR-5c: accommodate client diversity.

PR-5d: recognize and adhere to the duty to provide care.

PR-5e: identify and address situations involving moral and ethical challenges.

### **PR-6 advocate for clients' rights and responsibilities.**

PR-6a: ensure that implied and/or informed consent is obtained.

PR-6b: maintain client's confidentiality, privacy and dignity.

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## LEGAL

Competent entry-level practical nurses:

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### **PR-7 adhere to legal requirements of practice.**

PR-7a: practice within the confines of established policies, procedures and standards.

PR-7b: recognize and respond to questionable orders, actions or decisions.

PR-7c: adhere to relevant abuse, communicable disease and mental health legislation.

## **PR-8 adhere to legal requirements regarding personal information.**

PR-8a: maintain confidentiality in all forms of communication.

PR-8b: respond to the client's right to information.

PR-8c: disclose relevant information to appropriate individuals.

## **PR-9 adhere to legal requirements regarding documentation.**

PR-9a: document according to established policies, procedures and standards.

PR-9b: initiate contact and receive, transcribe and verify orders.

PR-9c: complete occurrence reports as required.

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# **Foundations of Practice**

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## **ASSESSMENT**

Competent entry-level practical nurses:

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## **FP-1 complete comprehensive assessments.**

FP1-a: conduct individualized health assessments.

FP1-b: perform physical assessments using observation, inspection, auscultation and palpation.

FP1-c: perform psychological, spiritual and sociocultural assessments.

FP1-d: collect clinical data using appropriate methodology.

FP1-e: analyze and integrate relevant clinical data.

FP1-f: recognize determinants of health in individuals, groups and communities.

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## PLANNING & IMPLEMENTATION

Competent entry-level practical nurses:

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### **FP-2 formulate decisions consistent with client needs and priorities.**

FP2-a: organize and manage multiple priorities.

FP2-b: respond appropriately to changing situations.

FP2-c: develop individualized nursing interventions.

FP2-d: set priorities that reflect individual client needs.

### **FP-3 plan and implement interventions based on assessment and desired outcomes.**

FP3-a: determine nursing diagnosis.

FP3-b: identify health goals and outcomes in collaboration with the client.

FP3-c: engage client in developing and prioritizing the plan of care.

FP3-d: implement the plan of care.

### **FP-4 promote self-care.**

FP4-a: assess client health literacy and health knowledge.

FP4-b: support clients to assume responsibility for their health.

FP4-c: support access to available resources and information.

FP4-d: participate in discharge planning.

## **FP-5 facilitate health education.**

FP5-a: provide health education in collaboration with the client.

FP5-b: plan and implement strategies to enhance client learning.

FP5-c: evaluate client learning and revise strategies as necessary.

FP5-d: evaluate the quality of health-related resources.

## **FP-6 apply principles of safety.**

FP6-a: implement routine practices (standard precautions).

FP6-b: assess needs and implement strategies related to risk management and reduction of harm.

FP6-c: assess needs and implement strategies to enhance infection prevention and control of communicable diseases.

FP6-d: apply knowledge of principles and implications of immunization.

FP6-e: promote psychological health and safety.

## **FP-7 engage in safe medication practices.**

FP7-a: analyze clinical data.

FP7-b: apply principles of medication administration and pharmacology when preparing and administering medications (excluding IV push).

FP7-c: implement strategies to optimize medication safety.

FP7-d: evaluate and document client's response to medication.

## **FP-8 engage in safe infusion therapy practices.**

FP8-a: analyze clinical data.

FP8-b: apply principles of infusion therapy when preparing and administering peripheral and subcutaneous infusions.

FP8-c: apply principles of infusion therapy to assess and monitor central venous catheters (CVC).

FP8-d: apply knowledge of pain management systems (e.g., patient-controlled analgesia (PCA), epidural).

FP8-e: apply standards and principles when administering blood and blood products.

FP8-f: implement strategies to optimize infusion therapy safety.

FP8-g: evaluate and document client's response to infusion therapy.

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## **EVALUATION**

Competent entry-level practical nurses:

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## **FP-9 perform ongoing evaluation throughout delivery of care.**

FP9-a: evaluate the effectiveness of nursing interventions.

FP9-b: compare to actual outcomes to expected outcomes.

FP9-c: review and revise the plan of care.

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# Collaborative Practice

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## COLLABORATIVE PRACTICE

Competent entry-level practical nurses:

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### **CP-1 develop and maintain collaborative relationships.**

CP1-a: develop partnerships based on trust and respect.

CP1-b: promote quality, healthy work environments.

CP1-c: apply conflict management skills.

### **CP-2 communicate collaboratively.**

CP2-a: demonstrate effective communication techniques.

CP2-b: communicate in a respectful, timely, open and honest manner.

CP2-c: communicate relevant information to the appropriate person agency.

### **CP-3 demonstrate leadership in collaborative practice.**

CP3-a: practise collaboratively with the health-care team.

CP3-b: engage others to support effective teamwork.

CP3-c: lead, direct, assign or supervise unregulated health workers and others.

CP3-d: seek, provide and reflect on constructive feedback.

CP3-e: collaborative with the health-care team to coordinate the actions of others in emergency situations.

CP3-f: integrate best evidence in collaboration with the health-care team.

CP3-g: participate in quality improvement and risk management activities.

CP3-h: promote a culture of safety.

## Appendix D: Summary Chart Guidelines

COMPETENCIES														
Competency framework categories and weightings	Professional, ethical and legal practice: Foundations of practice: Collaborative practice:	20-30% 55-65% 10-20%												
STRUCTURAL VARIABLES														
Examination length and format	Total:	165-170 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:	50-70% 30-50%												
Cognitive level	Knowledge/Comprehension: Application: Critical Thinking:	Maximum of 10% Minimum of 55% Minimum of 35%												
CONTEXTUAL VARIABLES														
Client Age	<table border="1"> <thead> <tr> <th>Age Range</th> <th>Group Description</th> <th>Target Percentage</th> </tr> </thead> <tbody> <tr> <td>0-18 years</td> <td>Neonate to adolescent</td> <td>Minimum 10%</td> </tr> <tr> <td>19-69 years</td> <td>Adult</td> <td>Minimum 45%</td> </tr> <tr> <td>70+ years</td> <td>Older adult</td> <td>Minimum 25%</td> </tr> </tbody> </table> <p>Examination questions will reflect health situations relevant to all phases of life.</p>		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%
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 practical settings and contexts where health care is delivered. As a result, the work environment is <i>only</i> specified where necessary.