



**CANADA'S TESTING COMPANY  
ASSESSMENT STRATEGIES INC.**

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**LA SOCIÉTÉ SPÉCIALISTE DES EXAMENS AU CANADA  
STRATÉGIES EN ÉVALUATION INC.**

# **Canadian Practical Nurse Registration Examination Blueprint**

**Effective January 2012**

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**Canada's Testing Company, Assessment Strategies Inc. 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

Canada's Testing Company, Assessment Strategies Inc. (ASI) is pleased to present the *Canadian Practical Nurse Registration Examination Blueprint (2011)*.<sup>1</sup> Beginning in January 2012, this document replaces the previous document entitled *Blueprint for the Canadian Practical Nurse Registration Examination (2007)*.

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 2012. Administration of the first examination developed from the new Blueprint is targeted for January 2012. For examinations administered before this date, the 2007 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 *Canadian Practical Nurse Registration Examination* and to provide the public with practical information about the CPNRE. 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, 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 (2012)* is planned for 2014. 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.

ASI 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 presented on the inside cover of this document.

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



## 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 for licensure/registration as a practical nurse meet an acceptable level of competence before they begin to practise. This level of competence is measured, in part, by the *Canadian Practical Nurse Registration Examination* (CPNRE) administered by the provincial and territorial regulatory authorities (see Appendix A for contact information). Assessment Strategies Inc. (ASI) 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 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 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, ASI 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, ASI 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

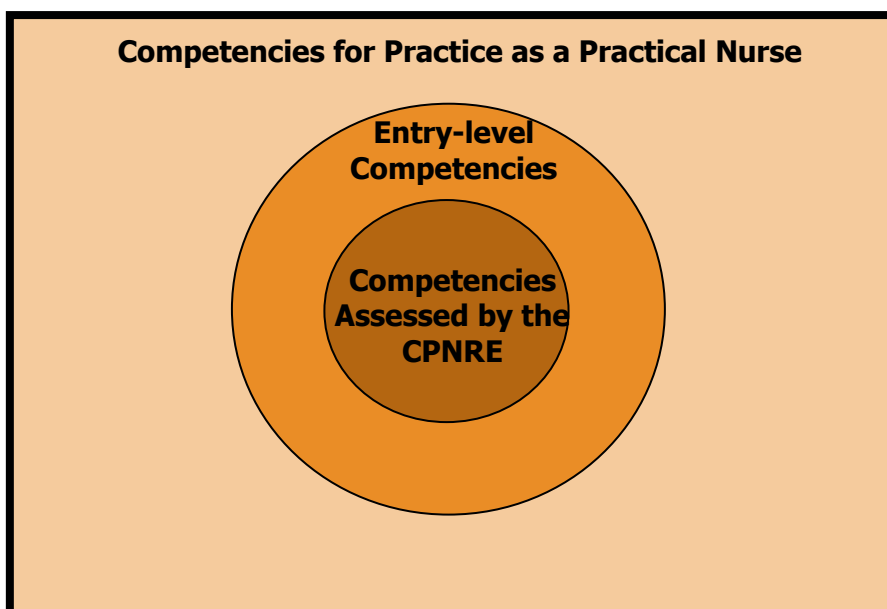
A fundamental component of a formal approach to examination development is a thorough description of the content domain being measured. In the case of the CPNRE, the content domain of interest consists of the competencies an entry-level practical nurse is required to possess in order to practise safely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



# TECHNICAL SPECIFICATIONS

## COMPETENCIES

The foundation to the examination development process is a thorough description of the competencies an entry-level practical nurse is required to possess in order to practise safely and effectively. The process to develop the competencies for the CPNRE is presented below.

### 1. 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 2007, 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 1,150 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 84 competencies. With this information, the CPNRE Competency and Blueprint Committee outlined the specifications for the new examination for the 2012-2016 administration cycle.

## 2. Assumptions

In developing the competencies for the Canadian Practical Nurse Registration Examination (CPNRE), the following assumptions were made.

1. The competencies represent the combined nursing knowledge, skills, behaviours, attitudes, critical thinking and clinical judgments required by entry-level practical nurses across Canada.
2. The foundation of practical nursing is defined by legislation, regulation, scope of practice, standards of practice, code of ethics and entry-level competencies.
3. Practical nurses are responsible and accountable for their decisions and actions.
4. Practical nurses provide, facilitate and promote safe, competent and ethical care.
5. Practical nurses demonstrate leadership in all aspects of practice.
6. Practical nurses deliver care while respecting diversity.
7. Practical nurses care for clients throughout the lifespan.
8. Practical nurses follow a systematic approach when applying the nursing process.
9. Educational programs prepare practical nurses to practise in a variety of settings where health care is promoted and delivered.
10. Practical nurses practise collaboratively, while respecting the shared and unique competencies of other members of the health-care team.
11. Practical nurses advocate for and facilitate change reflecting evidence-informed practice.
12. Practical nurses are knowledgeable about trends and issues that impact the client and the health-care team.
13. Practical nurses are active participants in health promotion, illness prevention, reduction of harm and risk management activities.
14. Practical nurses engage in continuous learning to maintain and enhance competence.

### 3. 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**

The practical nurse is responsible for providing safe, competent and ethical nursing care while developing and maintaining a therapeutic nurse-client relationship. A code of ethics provides direction for the practical nurse to uphold the highest standard of care as defined by the scope of practice. The practical nurse maintains autonomy and is legally accountable to the client, the employer and the profession.

#### **Foundations of practice**

As a member of the health-care team, the practical nurse is integral in the assessment, planning, implementation, evaluation and documentation of nursing care. The practical nurse promotes supports and advocates for client self-determination to achieve optimum health outcomes. The practical nurse uses critical thinking to guide the formulation of clinical decisions, based on evidence-informed practice.

#### **Collaborative practice**

The practical nurse works collaboratively with other members of the health-care team while maintaining autonomy within scope of practice. The practical nurse develops and maintains a therapeutic nurse-client relationship. 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	27 (32%)	20-30%
Foundations of practice	43 (51%)	55-65%
Collaborative practice	14 (17%)	10-20%

#### 4. Sampling of Competencies by Importance

To ensure that the examination places an appropriate emphasis on the integrated knowledge, skills, behaviours and clinical judgment expected of an entry-level practical nurse in order to provide safe, competent and ethical care, the competencies have been weighted in terms of their relative importance. These weightings were based on information gathered through the competency validation survey.

The resulting competency groups establish the relative weights allocated to the competencies of the CPNRE. Table 2 presents the final distribution of the competencies. This classification will serve as a guideline during examination construction and validation.

Table 2. Competency groupings for the CPNRE

Importance Rating	Number (and Percentage) of Competencies
Very important	47 competencies (55-65%)
Important	37 competencies (35-45%)

## 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, establishing and maintaining the standard, the format/presentation of the examination questions (i.e., multiple-choice format) and special functions of examination questions (e.g., to measure a competency within the cognitive domain).

- 1. Examination Length and Format:** The examination will consist of between 180 and 200 objective questions (i.e., multiple-choice) that meet the Blueprint guidelines. With 84 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.
- 2. 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 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.
- 3. 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.

- 4. 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 180-200 questions on the CPNRE, 55 to 75 percent are presented as independent questions and 25 to 45 percent are presented within cases.

- 5. 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.

**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 level is provided in Table 3.

Table 3. Distribution of questions by cognitive level

Cognitive Level	Percentage of Questions on the CPNRE
Knowledge/Comprehension	Maximum of 15%
Application	Minimum of 50%
Critical Thinking	Minimum of 35%

## 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).

1. **Client type:** For the purpose of the CPNRE, the client refers to individuals (or their designated representative), families and groups.
2. **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 4 as percentage ranges, serve as guidelines for test development.

Table 4. Distribution of client age

Age Range	Group Description	Target Percentage
0-18 years	Neonate to adolescent	10-20%
19-69 years	Adult	50-60%
70+ years	Older adult	20-30%

3. **Client diversity:** Items will be included that measure awareness, sensitivity and respect for diversity, without introducing stereotypes.
4. **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 Assessment Strategies Inc., practical nurses, educators and administrators of practical nurses throughout Canada. This process has resulted in a compilation of the competencies required of the safe and effective entry-level practical nurse and of the 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.

## GLOSSARY

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>advocate:</b>	To speak or act on behalf of self or others by respecting decisions and enhancing autonomy.
<b>anchor questions:</b>	A set of questions common across different versions of an examination, which are used primarily for purposes of test equating.
<b>autonomy:</b>	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.
<b>case-based questions:</b>	A set of approximately three to five examination questions associated with a brief health-care scenario (e.g., a description of a client's age, gender, health status, work environment and requirements for care).
<b>client:</b>	Refers to individuals (or their designated representative), families and groups.
<b>clinical data:</b>	All assessment and diagnostic results that apply to a client's health status. Includes data collected in a variety of ways to provide client information.
<b>clinical decisions:</b>	Decisions derived from reasoning processes based on clinical judgment.
<b>clinical judgment:</b>	Processes that rely on critical thinking 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>collaborate:</b>	To work in partnership with members of the health-care team while maintaining autonomy.

<b>competencies:</b>	The integrated knowledge, skills, behaviours, attitudes, critical thinking and clinical judgment expected of an entry-level practical nurse to provide safe, competent and ethical care.
<b>conflict resolution:</b>	The process of resolving a dispute or conflict by adequately addressing the interests of all parties.
<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 a predetermined performance standard (i.e., percentage of correct answers) and are interpreted independently of the results obtained by other candidates.
<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>culturally sensitive care:</b>	Care that affirms, respects and fosters cultural expression by others. Practical nurses must reflect on their personal cultural identity and practise in a manner that affirms the cultural beliefs and practices of others.
<b>designated representative:</b>	An individual designated by provincial or territorial laws who makes decisions about health care and/or treatment on behalf of the client.
<b>diversity:</b>	Based on the understanding that each individual is unique, the concept of diversity encompasses acceptance and respect. These differences include culture, race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political 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-informed practice:</b>	The identification, evaluation and application of nursing experience and current research to guide practice decisions.
<b>family:</b>	Two or more individuals who may or may not be related by blood, marriage or adoption. Members are bound by strong emotional ties, a sense of belonging and a commitment to live with or care for one another over time.
<b>harm:</b>	An occurrence 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 assessment. The practical nurse is prepared to complete health assessments on neonates, children and adults.
<b>health-care team:</b>	Clients, families, health-care professionals, unregulated health workers, students, volunteers, educators, police, 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. Health promotion is particularly concerned with values and vision of a preferred future.
<b>hypodermoclysis (HDC):</b>	The infusion of fluids into subcutaneous tissue.
<b>illness prevention:</b>	The collection of practices that are designed to circumvent illness and/or disease.
<b>immunizing agent:</b>	An active or passive substance or organism that provokes an immune response (produces immunity) by the body.
<b>implied consent:</b>	An inferred agreement for care based on a client's presence, actions and the context of the situation.
<b>infection prevention control:</b>	The collection of practices that are designed to minimize the risk of spread of infections.

<b>informed consent:</b>	A legal condition whereby a person gives permission for interventions based upon a clear understanding of the facts, implications and future consequences of an action.
<b>IV push:</b>	The direct injection of a medication into the vein.
<b>leadership:</b>	The shared and independent responsibility to model the profession's values, beliefs and attributes, promoting and advocating for innovation and best practices.
<b>nursing diagnosis:</b>	A nursing statement about the client's actual or potential health concerns that can be managed through independent nursing interventions.
<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>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>research:</b>	Systematic inquiry that uses orderly scientific methods and/or the nursing process to answer questions or solve problems.
<b>responsibility:</b>	Ability to respond and answer for one's conduct and obligations, 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>routine practices:</b>	Activities to help reduce the risk of being exposed to blood, body fluids and non-intact (broken) skin of other people, to reduce the spread of organisms.
<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 parameters that outline the roles and responsibilities of the practical nurse as defined by legislation and the regulatory authorities.
<b>self-determination:</b>	A system of care delivery that promotes independence for clients to participate in decision-making to improve the quality of care.

<b>standards of practice:</b>	Minimum expected levels of practitioner behaviour, against which actual practitioner behaviour is measured.
<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 environment:</b>	A setting where the therapeutic nurse-client relationship can be developed and maintained.
<b>therapeutic nurse-client relationship:</b>	A relationship based on trust, respect and intimacy with the client that requires the appropriate use of power.
<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 health care is delivered.

## 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)  
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Email: [info@clpna.com](mailto:info@clpna.com)  
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### **Manitoba**

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## APPENDIX B: DEVELOPMENT AND ADMINISTRATION

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>	Representatives from minority groups (e.g., Aboriginals, visible minorities, individuals with disabilities) review questions to ensure that stereotypes are not present in the examination and that examinees who belong to such groups are not disadvantaged by examination content. In addition, 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 on the examination.
<b>Revision of Questions</b>	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.
<b>Question Banking</b>	Test questions are stored in a bank of questions and are drawn upon for constructing future examinations.
<b>Monitoring of Operational Questions</b>	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.
<b>Setting of Pass Mark</b>	<p>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.</p> <p>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.</p>
<b>Translation</b>	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.
<b>Administration and Scoring of Examinations</b>	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.

## APPENDIX C: LIST OF COMPETENCIES

PROFESSIONAL		Importance	
Competent entry-level practical nurses:			
<b>PR-1</b>	<b>are responsible and accountable for their own decisions and actions.</b>		
a.	recognize and practise autonomously within scope of practice.	PR-1a	Very important
b.	recognize when to seek assistance and guidance.	PR-1b	Very important
c.	provide care using critical thinking and clinical judgment for decision-making.	PR-1c	Very important
<b>PR-2</b>	<b>develop the therapeutic nurse-client relationship.</b>		
a.	initiate, maintain and terminate the therapeutic nurse-client relationship.	PR-2a	Important
b.	provide client care in a non-judgmental manner.	PR-2b	Very important
c.	respect clients' right to self-determination, informed decision-making and directives.	PR-2c	Very important
<b>PR-3</b>	<b>demonstrate leadership in all aspects of practice.</b>		
a.	assess and develop professional competence.	PR-3a	Very important
b.	participate in evidence-informed practice.	PR-3b	Important
c.	advocate for clients, self and others.	PR-3c	Important
<b>PR-4</b>	<b>demonstrate professional conduct.</b>		
a.	adhere to standards of practice of the profession.	PR-4a	Very important
b.	identify and respond to inappropriate behaviour.	PR-4b	Very important
c.	identify and respond to incidents of unsafe practice.	PR-4c	Very important
d.	identify and respond to incidents of professional misconduct.	PR-4d	Very important

**ETHICAL** Importance  
 Competent entry-level practical nurses:

- PR-5 apply the ethical framework of the therapeutic nurse-client relationship.**
- a. establish and maintain respect, empathy, trust and integrity in interactions with clients. PR-5a    Very important
  - b. recognize and respect the values, opinions, needs and beliefs of clients and self. PR-5b    Very important
  - c. respect the obligation of the duty to provide care. PR-5c    Very important
- PR-6 promote clients' rights and responsibilities.**
- a. ensure implied and/or informed consent. PR-6a    Very important
  - b. protect clients' rights by maintaining confidentiality, privacy and dignity. PR-6b    Very important
  - c. support clients' right to self-determination as part of the plan of care. PR-6c    Important

**LEGAL** Importance  
 Competent entry-level practical nurses:

- PR-7 adhere to legal requirements of practice.**
- a. adhere to relevant legislation related to abuse, communicable diseases and mental health issues. PR-7a    Very important
  - b. recognize and respond to questionable orders, actions or decisions. PR-7b    Very important
  - c. practise within established policies, procedures and standards. PR-7c    Important
- PR-8 disclose relevant information to appropriate individuals.**
- a. maintain client confidentiality in written, oral and/or electronic communication. PR-8a    Very important
  - b. recognize and respond to the clients' right to health-care information. PR-8b    Important
- PR-9 adhere to legal requirements regarding documentation.**
- a. document within established policies, procedures and standards. PR-9a    Very important
  - b. initiate, receive, transcribe and verify orders. PR-9b    Very important
  - c. complete occurrence reports as required. PR-9c    Important

<b>ASSESSMENT</b>		<b>Importance</b>	
<b>Competent entry-level practical nurses:</b>			
<b>FP-1</b>	<b>complete comprehensive health assessments of clients throughout the lifespan.</b>		
a.	perform individualized health assessments.	FP-1a	Very important
b.	select and utilize appropriate technology.	FP-1b	Important
c.	accommodate individual client diversity.	FP-1c	Important
d.	perform physical assessments, including observation, inspection, auscultation and palpation.	FP-1d	Very important
e.	perform mental, spiritual, emotional, psychological and social assessments.	FP-1e	Important
f.	research relevant clinical data.	FP-1f	Important
g.	interpret and integrate findings from health assessments.	FP-1g	Important
<b>PLANNING &amp; IMPLEMENTATION</b>		<b>Importance</b>	
<b>Competent entry-level practical nurses:</b>			
<b>FP-2</b>	<b>formulate clinical decisions that are consistent with client needs and priorities.</b>		
a.	apply critical thinking to respond to changing situations.	FP-2a	Very important
b.	develop individualized nursing interventions.	FP-2b	Important
<b>FP-3</b>	<b>implement nursing interventions based on health assessments and desired outcomes.</b>		
a.	identify the nursing diagnoses.	FP-3a	Important
b.	implement the plan of care.	FP-3b	Very important
c.	implement strategies to enhance communicable disease control.	FP-3c	Very important
d.	apply knowledge of immunization principles and implications to the client.	FP-3d	Important
<b>FP-4</b>	<b>utilize effective time management to organize nursing care.</b>		
a.	organize multiple demands into manageable interventions.	FP-4a	Important
b.	set priorities that reflect individual client needs.	FP-4b	Very important

**FP-5 promote client self-care and wellness.**

- |   |       |           |
|---|-------|-----------|
| a. assist clients to identify actual and potential health goals and outcomes. | FP-5a | Important |
| b. support clients to assume responsibility for their health.                 | FP-5b | Important |
| c. involve clients in developing and prioritizing their plan of care.         | FP-5c | Important |
| d. provide information and access to resources.                               | FP-5d | Important |

**FP-6 facilitate health education.**

- |   |       |           |
|---|-------|-----------|
| a. collaborate with clients in the discharge planning process.  | FP-6a | Important |
| b. plan and implement strategies to enhance client learning.    | FP-6b | Important |
| c. evaluate client learning and revise strategies as necessary. | FP-6c | Important |

**FP-7 apply principles of safety.**

- |   |       |                |
|---|-------|----------------|
| a. implement routine practices (standard precautions).                    | FP-7a | Very important |
| b. maintain and promote a safe work environment.                          | FP-7b | Important      |
| c. apply principles of infection prevention control.                      | FP-7c | Very important |
| d. implement strategies related to risk management and reduction of harm. | FP-7d | Very important |

**FP-8 apply the principles of pharmacology.**

- |  |       |                |
|--|-------|----------------|
| a. utilize critical thinking in the application of pharmacological principles.   | FP-8a | Very important |
| b. assess and review clinical data.  | FP-8b | Very important |
| c. apply the principles of medication administration.  | FP-8c | Very important |
| d. implement strategies to enhance and promote medication safety.  | FP-8d | Very important |
| e. prepare and administer enteral, percutaneous and parenteral (subcutaneous, intramuscular, intradermal and intravenous) medications (excluding IV push). | FP-8e | Very important |
| f. assess and document client response to medication.  | FP-8f | Very important |

**FP-9 apply the principles of infusion therapy.**

- |   |       |                |
|---|-------|----------------|
| a. apply knowledge of infusion therapy.                                   | FP-9a | Very important |
| b. initiate, assess, monitor and manage hypodermoclysis (HDC).            | FP-9b | Important      |
| c. initiate, assess, monitor and manage peripheral infusion therapy (IV). | FP-9c | Very important |
| d. assess and monitor the client with a central venous catheter (CVC).    | FP-9d | Very important |
| e. assess and document client response to infusion therapy.               | FP-9e | Very important |

**FP-10 apply the principles of infusion therapy to blood and blood products.**

- |   |        |                |
|---|--------|----------------|
| a. apply standards for the safe administration of blood and blood products.       | FP-10a | Very important |
| b. initiate, assess, monitor and manage infusion of blood and blood products.     | FP-10b | Very important |
| c. evaluate and document client response to infusion of blood and blood products. | FP-10c | Very important |

**EVALUATION**

**Importance**

Competent entry-level practical nurses:

**FP-11 perform ongoing evaluation throughout delivery of care.**

- |   |        |                |
|---|--------|----------------|
| a. evaluate the effectiveness of nursing interventions. | FP-11a | Very important |
| b. compare actual outcomes to expected outcomes.        | FP-11b | Important      |
| c. review and revise the plan of care.                  | FP-11c | Important      |

**COLLABORATIVE PRACTICE****Importance****Competent entry-level practical nurses:****CP-1 develop and maintain collaborative relationships with clients and others.**

- |   |       |           |
|---|-------|-----------|
| a. initiate and maintain a therapeutic environment.             | CP-1a | Important |
| b. promote safety, comfort and cultural sensitivity.            | CP-1b | Important |
| c. encourage and support clients' active participation in care. | CP-1c | Important |

**CP-2 communicate collaboratively with the client.**

- |   |       |                |
|---|-------|----------------|
| a. gather and/or provide relevant information.                                      | CP-2a | Important      |
| b. encourage and support the opportunity for client feedback.                       | CP-2b | Important      |
| c. utilize communication techniques to provide effective interpersonal interaction. | CP-2c | Very important |
| d. apply conflict resolution skills.  | CP-2d | Important      |

**CP-3 demonstrate leadership within the health-care team.**

- |   |       |                |
|---|-------|----------------|
| a. collaborate with other members of the health-care team to teach, implement and evaluate care.  | CP-3a | Very important |
| b. assess, initiate and revise goals and priorities.  | CP-3b | Very important |
| c. assign and provide clinical guidance to unregulated health workers.  | CP-3c | Very important |
| d. provide, receive and reflect on constructive feedback.   | CP-3d | Important      |
| e. collaborate with other members of the health-care team to coordinate the actions of others in emergency situations, including fire alarms, codes and disease outbreak. | CP-3e | Important      |
| f. integrate evidence-informed research in collaboration with members of the health-care team.  | CP-3f | Important      |
| g. participate in quality improvement and risk management activities.   | CP-3g | Important      |

## APPENDIX D: SUMMARY CHART GUIDELINES

COMPETENCIES													
Competency framework categories and weightings	Professional, ethical and legal practice: 20-30% Foundations of practice: 55-65% Collaborative practice: 10-20%												
STRUCTURAL VARIABLES													
Examination length and format	Total: 180-200 questions												
Test equating	Anchor items are used to accomplish test equating.												
Item presentation	Independent items: 55-75% Case-based items: 25-45%												
Cognitive level	Knowledge/Comprehension: Maximum of 15% Application: Minimum of 50% Critical Thinking: 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>10-20%</td> </tr> <tr> <td>19-69 years</td> <td>Adult</td> <td>50-60%</td> </tr> <tr> <td>70+ years</td> <td>Older adult</td> <td>20-30%</td> </tr> </tbody> </table>	Age Range	Group Description	Target Percentage	0-18 years	Neonate to adolescent	10-20%	19-69 years	Adult	50-60%	70+ years	Older adult	20-30%
	Age Range	Group Description	Target Percentage										
0-18 years	Neonate to adolescent	10-20%											
19-69 years	Adult	50-60%											
70+ years	Older adult	20-30%											
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 practice settings and contexts where health care is delivered. As a result, the work environment is <i>only</i> specified where necessary.												



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