EMERGENCY CARE BC

British Columbia Provincial Emergency Department Nurse Practitioner Competencies

A competency framework describing the knowledge, skills, judgment, and professional attributes expected of nurse practitioners providing emergency care in British Columbia.

DRAFT *For review and consultation*

PLACEHOLDER for all logos

Territory Acknowledgement

> We respectfully acknowledge that this document was developed through a collaboration of key partners from health authorities across BC who reside on the unceded, traditional and ancestral territories of BC First Nations, who have cared for and nurtured these lands for all time. We give thanks for the opportunity to live, work and support care here. For our team at Emergency Care BC, acknowledging that we are on the traditional territories of First Nations communities across our province is an expression of cultural humility and an understanding that we are privileged to use and share this land in addition to our duty and desire to provide culturally safe care.

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Foreword

Emergency departments are among the most complex and demanding environments in our health-care system. They are also where the value of nurse practitioners (NPs) is most visible: clinical expertise, autonomous decision-making, and a broad scope of practice, brought together at the point of care when patients need it most. As emergency departments across British Columbia face rising demand and sustained workforce pressures, ensuring that nurse practitioners are integrated and supported to practise to their full scope is not simply an opportunity, it is a necessity.

This competency framework represents an important step toward that goal. For the first time, it sets out a shared provincial foundation for nurse practitioner practice in emergency care, defining core competencies and establishing consistent expectations for the role across every emergency department in the province. In doing so, it moves us away from the variability that has limited how fully and consistently the nurse practitioner role has been leveraged, and toward a common understanding that can be applied in urban, regional, rural, and remote settings alike.

What makes this work meaningful is not only what it defines, but how it was created. This framework is the product of NP clinicians and leaders from every health authority, working alongside the Ministry of Health and subject-matter experts from across British Columbia. It reflects real practice in real emergency departments, and the collective commitment of a provincial community determined to deliver safe, equitable, and sustainable emergency care.

It is offered here as a living foundation, intended to guide onboarding, strengthen team integration, and support consistent, high-quality care, and to grow and improve as nurse practitioner practice continues to evolve across the province.

On behalf of the Nurse Practitioner Emergency Care Competency Framework Steering Committee

Acknowledgements

This framework is the result of a truly provincial effort. It reflects the knowledge, generosity, and shared commitment of contributors from every health authority in British Columbia, working together toward a common goal: safe, consistent, and high-quality emergency care delivered by nurse practitioners practising to their full scope.

Emergency Care BC extends its sincere thanks to the members of the Subject Matter Expert Working Group, whose clinical insight, practice expertise, and dedicated time shaped this work from concept to completion. Their willingness to share how care is delivered in their own settings, to challenge assumptions, and to build consensus across diverse perspectives is reflected on every page.

We gratefully acknowledge the contributions and partnership of the health authorities across the province, whose nurse practitioners, clinical leaders, and administrators contributed their experience and perspectives to the work.

We also thank the Ministry of Health for its leadership, guidance, and ongoing partnership throughout this initiative, and the subject-matter experts and regulatory partners whose input helped ensure the framework is both clinically grounded and aligned with provincial standards.

Finally, we recognize the nurse practitioners working in emergency departments across British Columbia in urban, regional, rural, and remote communities—whose everyday practice inspired this work and whose continued contributions will bring it to life.

> ***Developed collaboratively by contributors from across British Columbia's health authorities, in partnership with the Ministry of Health, and coordinated by Emergency Care BC.***

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practices are foundational and fundamental to all domains of nursing practice. NP leadership and subject matter experts identified this as an important and central foundation to this work. *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care* identified Emergency Departments (EDs) as the most problematic location for Indigenous-specific racism. Indigenous people reported encountering harmful stereotypes in the ED, including assumptions that they were seeking drugs, using the ED too often, being irresponsible, or being "non-compliant." These dismissive attitudes and demeaning stereotypes frequently lead to negative outcomes for Indigenous peoples, such as delayed care, misdiagnosis, and Indigenous people avoiding ED care entirely. These pervasive stereotypes stem from the deliberately cultivated notion of Indigenous inferiority rooted in colonial biases embedded throughout the emergency health-care system and beyond. To address systemic racism, increase equity, and improve health outcomes for Indigenous peoples, the principles of Indigenous cultural safety, cultural humility, and anti-racism must be understood and actioned across all aspects of emergency NP professional practice and patient care.

See also the foundations of practice from BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Guide.

About This Framework

This competency framework describes the knowledge, skills, judgment, and professional attributes expected of NPs providing emergency care in British Columbia. Guided by principles of patient-centred care, full-scope NP practice, provincial consistency, interprofessional collaboration, equity, cultural safety, cultural humility, anti-racism, and evidence-informed practice, the framework supports high-quality emergency care across urban, regional, rural, and remote settings.

Developed using an adopt–adapt–create methodology, the framework builds on Canadian entry-level NP competencies and incorporates adapted content from the American Academy of Emergency Nurse Practitioners and Emergency Nurses Association Emergency Nurse Practitioner Competencies—ensuring alignment with the Canadian regulatory and healthcare context while recognizing the unique requirements of emergency practice.

How to Read This Document

Competencies are organized under five practice roles. Each numbered competency pairs the NP Emergency Competencies (emergency-specific expectations) with the corresponding BCCNM NP Entry-Level Competencies that anchor them in provincial regulatory standards.

NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
Emergency-specific expectations for NP practice in the emergency care setting.	The corresponding entry-level competencies that anchor the emergency-specific expectations in provincial standards.

The Framework at a Glance

Placeholder for professional graphic

The competencies are organized under five interdependent practice roles, all oriented around safe, equitable, patient-centred emergency care in British Columbia.

1 CLINICIAN

Provides safe, evidence-informed emergency care across assessment, diagnosis, management, counselling, and transitions of care.

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#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
ASSESSMENT		
1.1	a. Performs a medical screening exam for patients presenting for emergency and trauma care. b. Obtains an appropriate history pertinent to the presenting complaint. c. Identifies the potential for rapid physiologic and/or mental health deterioration or life-threatening instability. d. Understands Canadian Triage Acuity Score (CTAS) and/or other triaging systems and their application in the emergency setting.	**Establish the reasons for the client encounter to determine the nature of the services required by the client:** a. Perform initial observational assessment of the client's condition. b. Ask pertinent questions to establish the presenting issues. c. Evaluate information relevant to the client's presenting concerns. d. Prioritize routine, urgent, emergent, and life-threatening situations.
1.2	a. Provides care in accordance with legal, professional, organizational, and ethical responsibilities in the emergency care setting. b. Identifies time-sensitive and urgent considerations impacting informed consent.	**Obtain informed consent according to legislation and regulatory requirements:** a. Co-create with client a shared understanding of scope of services, expectations, client's strengths and limitations, and priorities. b. Support client to make informed decisions, discussing risks, benefits, alternatives, and consequences. c. Obtain informed consent for the collection, use, and disclosure of personal and health information.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
1.3	a. Integrates critical inquiry and clinical judgment to collect, prioritize, and interpret assessment information in the emergent setting, adapting to evolving clinical circumstances and the time-sensitive nature of emergency care.	**Use critical inquiry to analyze and synthesize information from multiple sources to identify client needs and inform assessment and diagnosis:** a. Establish a shared understanding of client's culture, strengths, and limitations. b. Integrate information specific to the client's biopsychosocial, behavioural, cultural, ethnic, and spiritual circumstances, current developmental life stage, gender expression, and social determinants of health, considering epidemiology and population-level characteristics. c. Integrate findings from past and current health history and investigations. d. Apply current, credible, and reliable research, literature, and standards to inform decision-making. e. Collect pharmacological history, including over-the-counter products, complementary and alternative medicine, natural health products, and traditional medicine. f. Support client's wishes and directions related to advance care planning and palliative and end-of-life care.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
1.4	a. Understands the emergency-specific challenges and processes for follow-up care relating to diagnostics. b. Understands the limits and barriers to timely diagnostics in emergency care settings.	**Conduct an assessment that is relevant to the client's presentation to inform diagnostic decisions:** a. Determine the need for conducting a focused or comprehensive assessment b. Conduct an assessment using valid and reliable techniques and tools. c. Conduct assessment with sensitivity to client's culture, lived experiences, gender identity, sexuality, and personal expression. d. Conduct a mental-health assessment, applying knowledge of emotional, psychological, and social measures of well-being. e. Conduct a review of systems to identify pertinent presenting findings. f. Order and perform screening and diagnostic investigations including point-of-care tests, applying principles of resource stewardship
DIAGNOSIS		
1.5	a. Formulates differential diagnoses and performs risk stratification to identify patients requiring intervention, determining level of urgency.	**Integrate critical inquiry and diagnostic reasoning to formulate differential diagnoses and final diagnoses:** a. Interpret the results of investigations. b. Generate differential diagnoses based on data analysis. c. Create a shared understanding of assessment findings, diagnoses, anticipated outcomes, and prognosis. d. Determine the leading diagnosis based on clinical and diagnostic reasoning.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
MANAGEMENT		
1.6	a. Formulates an individualized, dynamic plan of care to address the stabilization and initial treatment of emergent and non-emergent conditions. b. Provides emergency stabilization of patients experiencing physiologic and/or mental health deterioration or life-threatening instability. c. Manages patient assessment, stabilization, and disposition that supports equitable, accessible, and patient-centred care consistent with the principles of the Canadian health-care system. d. Coordinates and/or provides disaster and Mass Casualty Incident (MCI) care including patient triage and management.	**Use clinical reasoning to create a shared management plan based on diagnoses and the client's preferences and goals:** a. Examine and explore with the client options for managing the diagnoses. b. Consider availability, cost, determinants of health, clinical efficacy, and potential client adherence to determine feasibility and sustainability of the management plan. c. Determine and prioritize interventions integrating client goals and preferences, resources, and clinical urgency. d. Provide and seek consultation from other professionals and organizations to support client management. e. Use technology to deliver healthcare services after considering the appropriateness of virtual care services, environmental factors, the nature of the service, the security of the system, alternative approaches, and contingency plans. f. Use electronic health records and tracking systems to accurately collect and document client information and delivery of health services.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
1.7	a. Makes timely, evidence-informed medication decisions that account for the episodic nature of emergency care, patient needs, geographic context, access to medications and follow-up, and the feasibility of ongoing therapeutic monitoring.	**Prescribe and counsel clients on pharmacological and non-pharmacological interventions across the life span:** a. Follow legislative, regulatory, and organization requirements when prescribing pharmacological and non-pharmacological interventions. b. Select evidence-informed pharmacological interventions based on diagnoses, concurrent client therapies, and available medication history, using drug-information systems. c. Utilize prescription monitoring and reporting programs according to jurisdictional and legislative requirements. d. Complete medication reconciliation to make clinical decisions based on an analysis of the client's current pharmacological and non-pharmacological therapy. e. Analyze polypharmacy to identify unnecessary and unsafe prescribing, and deprescribe where possible. f. Recommend or order non-pharmacological interventions and complimentary, alternative, and natural health products based on client preference, history, and cultural practice. g. Incorporate principles of pharmacological stewardship. h. Establish a monitoring plan for pharmacological and non-pharmacological interventions. i. Counsel client on pharmacological and non-pharmacological interventions, including indication, benefits, cost, potential adverse effects, interactions, contraindications, precautions, reasons to adhere to the prescribed regimen, required monitoring, and follow-up

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1.8	—	**Perform invasive and non-invasive interventions as indicated by the management plan:** a. Co-create with the client an understanding of procedures, including indications, potential risks and benefits, adverse effects, anticipated aftercare, and follow-up care. b. Perform procedures using evidence-informed techniques. c. Monitor and evaluate clinical findings, aftercare, and follow-up. d. Initiate interventions to stabilize the client in urgent, emergent, and life-threatening situations.
1.9	a. Recognizes the episodic and transitional nature of emergency care and develops management plans that address immediate patient needs, ensure appropriate disposition, and facilitate timely follow-up within the broader health-care system.	**Evaluate effectiveness of the management plan to identify required modifications and/or terminations of treatment:** a. Develop a systematic and timely process for monitoring client progress and follow upon results and interventions. b. Evaluate responses to the management plan in collaboration with the client, and revise management plan as needed. c. Discuss and implement follow-up to facilitate continuity of care in collaboration with the client. d. Facilitate implementation of the management plan with the client, family, other health professionals, and community partners. e. Facilitate referral to another practitioner or service if the client would benefit from the consultation or if the client-care needs are beyond the NP's individual competence or scope of practice.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
COUNSELLING		
1.10	a. Understands unique challenges and opportunities within emergency episodic care and therapeutic approaches. b. Applies psychologically safe practices in the context of emergent care.	**Co-create a therapeutic counselling relationship that is conducive to optimal health outcomes:** a. Co-create with client a shared understanding of scope of services, expectations, client's strengths and limitations, and priorities. b. Identify barriers that interfere with client's goals. c. Utilize developmentally, socio-demographically, and culturally relevant communication techniques and tools. d. Evaluate effectiveness of counselling relationship and refer to appropriate professionals, when needed
1.11	—	**Provide counselling interventions as indicated by the management plan:** a. Integrate theories of cognitive and emotional development across the lifespan. b. Identify impact of potential and real biases on the creation of safe spaces. c. Integrate therapeutic use of self to facilitate an optimal experience and outcome for the client. d. Anticipate and respond to the expression of intense emotions in a manner that facilitates a safe and effective resolution. e. Consider the impact of client's personal and contextual factors. f. Provide trauma- and violence-informed care.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
1.12	a. Initiates, continues, adjusts, or bridges evidence-informed treatment for opioid use disorder in the emergency department, including opioid agonist treatment and naloxone, while addressing withdrawal, overdose and poisoning risk, and transition to ongoing care.	**Apply harm-reduction strategies and evidence-informed practice to support clients with substance use disorder, while adhering to federal and provincial/territorial legislation and regulation:** a. Identify potential risks and signs of substance use disorder. b. Co-create a harm-reduction management plan, considering treatment and intervention options. c. Apply evidence-informed and safe prescribing practices when initiating and managing pharmacological and non-pharmacological interventions. d. Adhere to legislation, regulation, and organizational policy related to the safe storage and handling of controlled drugs and substances. e. Provide education on the safe storage and handling of controlled drugs and substances
TRANSITION OF CARE, DISCHARGE PLANNING, DOCUMENTATION		
1.13	a. Develops a plan for safe, effective, and evidence-based disposition in collaboration with patients and caregivers. b. Understands and collaborates with available referral and transfer pathways to facilitate access to appropriate levels of care. c. Identifies needs of vulnerable populations during transitions and intervenes appropriately.	**Lead admission, transition of care, and discharge planning that ensures continuity and safety of client care:** a. Collaborate with client to facilitate access to required resources, drug therapy, diagnostic tests, procedures, and follow up to support the continuum of care. b. Facilitate transfer of information to support continuity of care. c. Facilitate client's access to community services and other system resources. d. Monitor and modify the management plan based on the client's transition needs

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
1.14	a. Understands and documents complete elements of the patient care encounter with correct coding and billing practices.	**Conduct record keeping activities, according to legislation and jurisdictional regulatory requirements:** a. Document all client encounters and rationale for actions to facilitate continuity of care. b. Collect, disclose, use, and destroy health information according to privacy and confidentiality legislation, regulations, and jurisdictional regulatory standards. c. Apply relevant security measures to records and documentation.
1.15	—	**Provide safe, ethical, and competent services as a self-employed practitioner:** a. Engage in ethical practices that adhere to jurisdictional and federal legislation, regulations, guidelines, and ethical standards for nursing. b. Employ accurate, honest, and ethical billing and advertising practices. c. Act as a health information custodian to ensure client information is secure and remains confidential. d. Identify and manage potential and real conflicts of interest, always acting in the client's best interest.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
1.16	a. Uses virtual consultation to obtain timely clinical advice, diagnostic support, or specialist input from other healthcare providers when local expertise or services are unavailable, while remaining accountable for clinical decisions and ongoing client care.	**Employ evidence-informed virtual care strategies:** a. Articulate the risks and benefits of virtual care to confirm the client's informed consent to participate in a virtual care visit. b. Maintain client's privacy during virtual encounters and when transferring data and providing medical documents electronically. c. Determine when the client's health concern can be managed virtually without delaying or fragmenting care. d. Understand the limitations of virtual care when determining the need for in-person assessment and management. e. Adapt history-taking and assessment techniques to effectively complete the virtual client assessment. f. Use effective communication approaches in the virtual care environment. g. Integrate healthcare technologies and communication platforms to deliver virtual care. h. Adhere to requirements for communication and documentation for virtual client encounters.

2 LEADER

Optimizes patient-centred care through interprofessional partnership, system stewardship, and quality improvement.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
2.1	a. Optimizes patient-centered care in the emergency care system through interprofessional partnerships and communication.	**Demonstrate leadership that contributes to high quality healthcare system:** a. Build partnerships with inter- and intra-professional and intersectoral teams, individuals, communities, and organizations to achieve common goals and shared vision b. Demonstrate situational awareness when conducting a critical analysis of individual, team, and organizational functioning. c. Engage in, and encourage others in, demonstrating transparent communications to support a culture of trust. d. Use principles of team dynamics and conflict resolution to support effective collaboration. e. Support, direct, educate, and mentor colleagues, students, and others to build capacity, competence, and confidence. f. Share expertise within and across teams. g. Demonstrate environmental, financial, and resource stewardship to promote a sustainable health system.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
2.2	a. Functions as leader, mentor, educator, and/or policy developer to advocate for and ensure delivery of equitable emergency care. b. Actively leads and/or participates in interdisciplinary disaster preparedness & response. c. • Advocates for safety of the patient, care team and self during delivery of emergency care.	**Contribute to a culture of improvement, safety, and excellence:** a. Engage in environmental scanning to identify future needs of the client and/or healthcare system. b. Participate in, and lead, quality and risk management initiatives to identify system issues and improve delivery of services. c. Use established benchmarking and best practices to establish goals to facilitate system changes. d. Develop, modify, and implement quality management tools and strategies to collect and track quality improvement data. e. Recommend changes to enhance outcomes based on continuous quality improvement principles. f. Communicate quality improvement and outcome data and recommendations to advance knowledge, change practice, and enhance effectiveness of services. g. Anticipate and respond to unfamiliar, complex, and unpredictable situations. h. • Advocate for policies for safe and healthy practice environments.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
2.3	—	**Design, implement, and evaluate health promotion and disease prevention programs:** a. Engage in environmental scanning to anticipate global, public, and population health trends. b. Propose health promotion and disease prevention programs based on trends, data, literature, identified client needs, and research. c. Apply informatics when using data, information, and knowledge to engage in health surveillance activities. d. Lead implementation of evidence-informed strategies for health promotion and primary, secondary, and tertiary disease prevention programs. e. Promote awareness of social determinants of health and important health issues. Facilitate use of relevant public health resources. f. Develop and implement disaster- and pandemic-planning protocols and policies. g. Evaluate program and strategies and recommend modifications based on evidence-informed rationale.

3 ADVOCATE

Champions equity, cultural safety, anti-racism, and system change on behalf of patients, families, and communities.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
3.1	—	**Practice self-awareness to minimize personal bias based on social position and power:** a. Demonstrate cultural humility and examine own assumptions, beliefs, and privileges and challenge biases, stereotypes, and prejudice. b. Address the effects of the unequal distribution of power and resources on the delivery of services. c. Demonstrate respect, open and effective dialogue, and mutual decision-making. d. Evaluate and seek feedback on own behaviour.
3.2	a. Provides patient-centered care protective of vulnerable persons and populations across the lifespan b. Initiate measures to maximize patient safety throughout the emergency care encounter	**Contribute to a practice environment that is diverse, equitable, inclusive, and culturally safe:** a. Recognize that everyone has their own unique experiences of discrimination and oppression. b. Demonstrate awareness of, and sensitivity to, client's culture, lived experiences, gender identity, sexuality, and personal expression. c. Address situations when observing others behaving in a racist or discriminatory manner. d. Integrate the client's understanding of health, well-being, and healing into the plan of care. e. Involve the persons or communities that are important to the client. f. Collaborate with local partners and communities, including interpreters and leaders. g. Engage in critical dialogue with other invested partners to create positive change

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
3.3	a. Recognizes the harms to Indigenous Peoples amplified in the Emergency Department setting. b. Actively advocates for the delivery of culturally safe and anti-racist care for Indigenous Peoples. c. Integrates culturally competent care into practice in alignment with recommendations for culturally safe, anti-racist care for Indigenous Peoples. d. Takes appropriate action and interrupting when observing others engaging in a racist or discriminatory manner towards Indigenous People.	**Provide culturally safe, anti-racist care for Indigenous Peoples:** a. Identify the historical and ongoing effects of colonialism and settlement on the healthcare experiences of Indigenous Peoples. b. Acknowledge, analyze, and understand the ongoing negative and disproportionate effects of systemic and historical oppression on Indigenous Peoples. c. Recognize that Indigenous languages, histories, heritage, cultural and healing practices, and ways of knowing may differ between Indigenous communities. d. Demonstrate cultural humility and examine own values, assumptions, beliefs, and privileges that may impact the therapeutic relationship with Indigenous Peoples. e. Utilize the principles of self-determination and support the Indigenous client in making decisions that affect how they want to live their life. f. Acknowledge the Indigenous person's cultural identity, seek to understand their lived experience, and provide time and space needed for discussing needs and goals. g. Identify, integrate, and facilitate the involvement of cultural resources, families, and others such as, community elders, traditional knowledge keepers, cultural navigators, and interpreters, when needed and/or requested. h. Evaluate and seek feedback on own behaviour towards Indigenous Peoples.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
3.4	—	**Promote equitable care and service delivery:** a. Navigate systemic barriers to enable access to resources. b. Challenge biases and social structures related to systemic oppression. c. Respond to the social, structural, political, and ecological determinants of health, well-being, and opportunities. d. Address situations and systems of inequity and oppression within own sphere of influence. e. Address impact of unequal distribution of power and resources on the delivery of services.
3.5	—	**Advocate for access to resources and for system changes that demonstrate cultural safety and humility.** a. Support the development of resources and education that address anti-racism and oppression. b. Advocate for environments and policies that support equitable access to care. c. Raise awareness of limitations and bias in information and systems. d. Raise clients' awareness of their right to access quality care.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
3.6	—	**Support the development of policies and legislation to improve health:** a. Understand the interdependence of policy and practice. b. Recommend evidenced-informed strategies that influence policy changes. c. Evaluate the impact of policies and legislation on health and health equity. d. Communicate information from multiple sources in a logical and comprehensive, yet concise, manner. e. Contribute to the development of policies and legislation.

4 EDUCATOR

Builds capacity by developing, delivering, and evaluating education for learners, teams, and the public.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
4.1	—	**Develop and provide education to build capacity and enhance knowledge and skills:** a. Apply teaching and learning theories to develop, modify, deliver, implement, and evaluate education materials and programs. b. Design evidence-informed educational material and program content. c. Integrate technology to enhance learning experiences and information delivery. d. Mentor others to develop skills to deliver education.
4.2	—	**Evaluate the learning and delivery methods to improve outcomes:** a. Develop and use evaluation instruments to evaluate knowledge acquisition. b. Analyze and synthesize evaluation data to inform modifications to the education content and delivery approach. c. Coach others in evaluating and improving education materials and outcomes.

5 SCHOLAR

Advances the body of knowledge through research, quality improvement, and knowledge translation.

#	NP EMERGENCY COMPETENCIES	BCCNM NP ENTRY-LEVEL COMPETENCIES
5.1	a. Contributes to research, quality improvement, and translational science to advance the body of knowledge in emergency care.	**Contribute to research initiatives to promote evidence-informed practice:** **a.** Seek out collaborative research relationships and partners. **b.** Understand the connection between research and advanced practice. **c.** Identify knowledge gaps to determine research priorities. **d.** Adhere to ethical principles, including the First Nations principles of ownership, control, access, and possession. **e.** Conduct research using valid and reliable methodologies. **f.** Analyze research findings to draw valid and reliable conclusions.
5.2	—	**Promote knowledge translation of research findings to improve healthcare and system outcomes:** a. Discuss the practical benefits and possible applications of research with teams and partners. b. Recommend where research findings can be integrated into practice. c. Share research findings with clients, groups, communities, and organizations. d. Apply research findings to develop standards, guidelines, practices, and policies that improve client care and strengthen healthcare systems. e. Exhibit leadership in implementing new practice approaches based on research findings. f. Model how research evidence is used to support practice and system changes.