

# **College of Registered Psychiatric Nurses of British Columbia**

## **Guidelines Registered Psychiatric Nurses in Independent Practice**



March 27, 2008

---

# Table of Contents

Introduction and Background .....page 2

Definition of Independent Practice .....page 2

Context of Independent Practice .....page 3

Critical Elements for Independent Practice .....page 4

Eligibility Criteria .....page 4

Competency Profile .....page 6

Current Competency Profile  
Continuing Competency Program

Service Delivery Plan .....page 6

Accountability  
Informed Consent  
Confidentiality  
Conflict of Interest  
Malpractice Liability Insurance  
Documentation and Records  
Business Records and Practices  
Continuous Quality Improvement  
Termination of Practice

## Appendices

I - Glossary  
II - Registered Psychiatric Nurses: Competency Profile for the  
Profession in Canada RPNC, 2001

---

# Introduction and Background

---

The College of Registered Psychiatric Nurses of British Columbia (CRPNBC) recognizes that independent practice is a legitimate option sphere of practice for Registered Psychiatric Nurses. In recent years, growing numbers of Registered Psychiatric Nurses have begun entering independent practice.

The growing numbers of Registered Psychiatric Nurses in independent practice places an additional responsibility on Registered Psychiatric Nurses to ensure appropriate practices. The full extent of the professional responsibility falls upon the individual professional to ensure that all aspects of independent practice fall within the overall scope of practice of Registered Psychiatric Nurses in British Columbia.

In an effort to meet the additional responsibility, a greater emphasis on qualifications and practical experience has been advocated. The need for further qualifications for independent practice has been recognized and emphasized by Registered Psychiatric Nurses in independent practice themselves.

In 2005/2006 draft guidelines were distributed to all Registered Psychiatric Nurses in independent practice in British Columbia. The Guidelines for Registered Psychiatric Nurses in Independent Practice in British Columbia incorporates the feedback received during the consultation process.

## Definition of Independent Practice

---

Independent practice is the application of psychiatric nursing knowledge and principles in an unsupervised, self-employment setting in psychiatric nursing practice and/or psychiatric nursing services. Registered Psychiatric Nurses in independent practice must conform to the CRPNBC Standards of Psychiatric Nursing Practice, professional CRPNBC Code of Ethics and competencies identified for a Registered Psychiatric Nurse in independent practice.

The Registered Psychiatric Nurse in independent practice:

- is a graduate from an approved psychiatric nursing education program with additional education and experience as defined by the CRPNBC
- is advised to develop a Service Delivery Plan consistent with the overall scope of practice for Registered Psychiatric Nurses as defined by the

- 
- College of Registered Psychiatric Nurses of British Columbia
  - must be a practising registrant with the CRPNBC
  - is solely responsible for his/her practice
  - may include the provision of independent, interdependent and dependent psychiatric nursing practice through an agency or business

Independent psychiatric nursing practice comprises two components: service delivery and business management. Service delivery includes, but is not limited to, aspects of law, ethics and public safety in offering psychiatric nursing services to clients. Business management includes the organization and operation of business and financial structures which support the delivery of the psychiatric nursing services.

## Context of Practice

---

Independent practice is the application of psychiatric nursing theory and principles in a self-directed, self-employment setting. The parameters are determined within the context of the scope of practice of the Registered Psychiatric Nurse, jurisdictional legislation, CRPNBC Code of Ethics, CRPNBC Standards of Psychiatric Nursing Practice, competencies identified for a Registered Psychiatric Nurse in independent practice and eligibility criteria as identified by the CRPNBC.

Independent psychiatric nursing practice is highly diversified and may occur in the domains of:

- clinical practice
- education
- research
- administration

Independent psychiatric nursing practice may occur in, but is not limited to:

- crisis consultation and intervention
- individual, family and group counselling or psychotherapy
- education programs
- consultation with public, private or voluntary organizations
- program development
- psychosocial rehabilitation
- community liaison with resource agencies or individuals

- 
- vocational counselling in residential or day programs
  - mental health and addiction services
  - contract work projects or initiatives
  - consultation services

## Critical Elements for Independent Practice

---

Critical elements for independent psychiatric nursing practice include, but are not limited to:

- psychiatric nursing practice theory and application
- integration of critical thinking and clinical judgement, advocacy and leadership
- mental health promotion and prevention
- primary, secondary and tertiary interventions and principles
- the application of community development frameworks
- psychiatric nursing research
- professionalism - knowledge and application of federal and provincial legislation, principles of consent and confidentiality
- professional practice - deliberate self-care, awareness of professional issues in psychiatric nursing practice, application of the CRPNBC Standards of Psychiatric Nursing Practice and CRPNBC Code of Ethics and the incorporation of evidence-based practices
- cultural awareness and cultural safety in psychiatric nursing practice

## Eligibility Criteria

---

Members currently identified as Registered Psychiatric Nurses in independent practice will continue to be eligible for independent practice status. All Registered Psychiatric Nurses in independent practice require a strong theory base as well as a demonstrated appropriate level of clinical skills.

An individual is eligible to be registered with the College of Registered Psychiatric Nurses of British Columbia as a Registered Psychiatric Nurse in independent practice if:

- he or she is a practicing registrant

- 
- is a Registered Psychiatric Nurse who has successfully completed undergraduate preparation from an accredited educational institution and which would include one (1) of the following three (3) options:

A Registered Psychiatric Nurse with a **Baccalaureate Degree recognized by the CRPNBC** such as a Bachelor of Health Sciences (Psychiatric Nursing) BHSc (PN), a Bachelor of Science in Mental Health (BScMH), a Bachelor of Science in Psychiatric Nursing (BSPN) or a Bachelor of Psychiatric Nursing (BPN).

The Registered Psychiatric Nurse must have been actively working within the identified scope of practice for a minimum of five (5) years of full time equivalence in the specialty area of independent practice.

OR

A Registered Psychiatric Nurse with a **Baccalaureate Degree recognized by the CRPNBC and which is considered equivalent to one of the degrees noted in the option above.**

The Registered Psychiatric Nurse must have been actively working within the identified scope of practice for a minimum of five (5) years of full time equivalence in the specialty area of independent practice.

OR

A Registered Psychiatric Nurse with a **combination of experience, formal and informal education which includes all of the following requirements:**

- actively working as a Registered Psychiatric Nurse for a minimum of five (5) years full time equivalence in the specialty area of independent practice
- documentation of related professional development education
- the letters of reference referred to below must be from two (2) practicing Registered Psychiatric Nurses or two (2) other health care professionals who have directly observed the applicant in his/her area of speciality

It is an expectation that **all** Registered Psychiatric Nurses in independent practice will provide the CRPNBC with documented evidence of ongoing competence and the expectation to engage in peer review and consultation with other health care professionals.

Prior to commencement of independent practice, **all** applicants for independent practice registration must provide the CRPNBC with two (2) written reference

---

letters, approved by the CRPNBC, that shall attest to the applicants' level of skill and competence related to the area of specialty within the independent practice field.

The Registered Psychiatric Nurse in independent practice must know when to seek professional assistance, support or referral for clinical, ethical and other issues where gaps and limitations in knowledge base are evident or when a client's needs exceeds the competencies of the Registered Psychiatric Nurse.

## Competency Profile

---

The Registered Psychiatric Nurse in independent practice must maintain documented evidence of current competency profile requirements as well as to ongoing continuing competency programs related to the speciality area of independent practice.

The competency profile for Registered Psychiatric Nurses in independent practice is identified in the Registered Psychiatric Nurses of Canada document titled "*Registered Psychiatric Nurses: Competency Profile for the Profession in Canada, RPNC, 2001 - Competency L-9: Psychiatric Nursing in Independent Practice*". The competency area referenced is in the area of clinical practice.

The competency profile and the continuing competency program for Registered Psychiatric Nurses in British Columbia can be accessed by contacting the CRPNBC.

## Service Delivery Plan

---

The Registered Psychiatric Nurse who is in independent practice is advised to develop a Service Delivery Plan consistent with the overall scope of practice of Registered Psychiatric Nurses as defined by the College of Registered Psychiatric Nurses of British Columbia. The Service Delivery Plan should include the following elements, but is not limited to:

- an outline of the clinical focus and the scope of services or independent practice
- the purpose, goals and expected outcomes of the services or practice
- location of the business, telephone number and hours of operation

- 
- fees and payment schedules
  - qualifications of the independent practitioner - education, experience and specialization
  - expectations of the nurse/client relationship
  - accountability for service
  - informed consent
  - confidentiality
  - conflict of interest
  - malpractice liability insurance
  - documentation and records
  - continuous quality improvement
  - continuing competence
  - termination of practice

Each of the above components has different and significant implications for taxation, liability and succession. It is recommended that Registered Psychiatric Nurses in independent practice consult a business lawyer and/or accountant to be advised on what type of business structure best suits the respective Registered Psychiatric Nurse and the mental health clients to whom services will be provided.

### **Accountability**

The Registered Psychiatric Nurse in independent practice must demonstrate accountability to the client, the public and the CRPNBC by:

- recognizing personal and professional boundaries and limitations
- making appropriate referrals
- seeking out appropriate personal and professional resources
- assuming responsibility for continually maintaining and upgrading skills and education in clinical areas of focus
- applying the concepts of accountability, responsibility and continuing competency
- knowing professional issues in psychiatric nursing practice
- knowing and applying the CRPNBC Standards of Psychiatric Nursing Practice and professional CRPNBC Code of Ethics
- identifying and incorporating best practices

### **Informed Consent**

The Registered Psychiatric Nurse in independent practice must demonstrate knowledge and understanding that the issues of competency, capacity and consent arise in numerous contexts including, but not limited to:

- 
- consent and competency/capacity to consent to admission/entry to a hospital/facility, agency/service or psychiatric nursing care, treatment, psychiatric nursing interventions, tests and procedures, research and release of information

The Registered Psychiatric Nurse in independent practice must demonstrate an understanding that the legal principles governing competence/capacity to consent vary depending on the context:

- age of consent identified under federal and provincial/territorial legislation
- client's ability to understand the nature of the treatment or procedure, the benefits and risks
- client's intellectual capacity to understand what is proposed
- client's cognitive capacity to understand and comprehend what is being proposed
- client's mental status

The Registered Psychiatric Nurse in independent practice must demonstrate knowledge of and effective application of the principles of consent as they apply to psychiatric nursing practice including, but not limited to:

- implicit or explicit consent
- consent is considered valid only when given "voluntarily" (client's decision is the product of the conscious mind) and not coerced in any way
- consent is considered to be valid only if the client is competent
- consent of next-of-kin is only relevant if the client is not capable of consenting and if the next-of-kin is duly appointed as the substitute decision-maker
- consent is to be obtained in advance of the initiation of any test, procedure or psychiatric nursing intervention
- consent must relate to specific treatment or psychiatric nursing intervention(s) undertaken
- record keeping, reporting and other disclosures of information
- full and frank disclosure of the nature of the intervention(s), the risks and alternatives
- the scope of consent
- emergency treatment under provincial or federal law, imminent and serious risk to self or imminent and serious risk to others

Informed consent must be obtained at the beginning of the professional relationship. If the conditions that the client imposes would render the intervention(s) futile or harmful, the Registered Psychiatric Nurse in independent practice should withdraw from the relationship.

---

The Registered Psychiatric Nurse must clearly identify processes to be followed to address issues of consent.

### **Confidentiality**

Written client authorization is required prior to the releasing or obtaining of information about that client to or from anyone, including referring agencies or individuals.

Professionally acquired information must be treated as confidential communication. The obligation of confidentiality begins in any situation in which there would be a reasonable expectation of privacy.

The Registered Psychiatric Nurse in independent practice must demonstrate knowledge and application of confidentiality principles in the therapeutic relationship and manage and store all information about clients in ways that maintain confidentiality.

The Registered Psychiatric Nurse in independent practice must be familiar with the legal and ethical guidelines concerning confidentiality and demonstrate knowledge and ability to define those circumstances where confidentiality can be breached. These include:

- imminent or serious risk to self
- imminent or serious risk to others
- imminent risk for substantial mental or physical deterioration
- court subpoena or when required by law
- where the Registered Psychiatric Nurse is a defendant in a civil, criminal or disciplinary action arising from the professional relationship
- where there is informed consent previously obtained in writing; and then, such information may only be revealed in accordance with the terms of the consent

### **Conflict of Interest**

The Registered Psychiatric Nurse in independent practice must adhere to all ethical principles and abide by the CRPNBC Code of Ethics when providing psychiatric nursing practices or services. Such issues include, but are not limited to:

- directly or indirectly recruiting clients from one's employer
- providing services to a client personally known to the Registered Psychiatric Nurse on a social basis

- 
- providing services to a minor unless parental consent is formally obtained
  - recognition of conflict of interest situations

The Registered Psychiatric Nurses in independent practice is advised to seek professional assistance, in consultation with the CRPNBC, if it is unclear whether or not a specific situation constitutes a conflict of interest.

### **Malpractice Liability Insurance**

The Registered Psychiatric Nurse in independent practice must have adequate professional liability and business insurance coverage.

### **Documentation and Records**

The Registered Psychiatric Nurse in independent practice must maintain confidential and accurate records for each mental health client. The records must show evidence of continuity and demonstrate a professional sense of responsibility.

Records refer to documentation kept about clients, whether on paper, on computer, or by any other means.

Documents will include but are not limited to:

- a general client information form
- a voluntary consent form signed and dated by the client or by a duly appointed substitute decision-maker
- a contract signed and dated by both the independent practitioner and the client
- documentation of services provided and any organizational/operational policies used in practice
- times and dates of contacts with clients
- referral forms for consultation with other professionals in situations requiring additional expertise
- in the event of referral to other health care professionals or agencies, a signed release of information must be obtained from the client prior to any exchange of information about the client

At all times the client files (electronic or hard copy) and pertinent documentation must be properly secured and maintained to ensure client confidentiality. The files and documentation will be maintained in accordance with privacy legislation in British Columbia.

---

The onus is on the Registered Psychiatric Nurse in independent practice to determine which statute applies for length of retention and storage of records.

The Registered Psychiatric Nurse in independent practice is required to keep accurate and adequate records. Failure to do so will be considered to be professional misconduct.

### **Business Records and Practices**

The Registered Psychiatric Nurse in independent practice must be personally and professionally responsible for all clinical and business aspects of the service. These aspects include, but are not limited to:

- scheduling of clients
- purchasing of equipment and supplies
- developing referral sources
- maintaining client records
- paying bills and taxes
- collecting fees
- writing reports
- maintaining appropriate insurance
- keeping accurate records
- nature and scope of the service
- service location
- mutual expectations between the client and the Registered Psychiatric Nurse
- education and experience, diplomas, certificates and other relevant documents available for inspection upon request
- contractual agreements with established agencies for third party reimbursement

### **Continuous Quality Improvement**

The Registered Psychiatric Nurse in independent practice must maintain a means of quality measurement for all clients to evaluate psychiatric nursing practices employed in the provision of services.

The Registered Psychiatric Nurse in independent practice must ensure that any advertising will provide accurate and factual information and will not exaggerate the benefits of the services provided, mislead the public, or detract from the public image of the psychiatric nursing profession.

The Registered Psychiatric Nurse in independent practice must not use the CRPN-

---

BC logo or make any other representation which would imply speaking on behalf of or in any way representing the regulatory body.

The Registered Psychiatric Nurse in independent practice must recognize the need for referrals and consultation with other professionals or resources in situations requiring additional expertise.

The Registered Psychiatric Nurse in independent practice must maintain evidence of a commitment to meet current competency profile requirements and to ongoing continuing competency programs related to the specialty area of practice or service.

### **Termination of Practice**

The Registered Psychiatric Nurse in independent practice must have a plan for the termination of practice as it relates to:

- clients of the service
- referral sources
- professional colleagues
- transfer of clients
- transfer of client files when appropriate written permission has been obtained from the client
- maintaining or destroying client files in a confidential manner
- closure of business accounts and payment of fees
- catastrophic events such as death or unforeseen circumstance

# Appendix I

## Glossary

---

# Glossary

<b>abilities</b>	application of knowledge and skill in performing activities with judgement, reasoning and comprehension
<b>advocate</b>	to plead for, defend, recommend and/or support
<b>advocacy</b>	the function of an advocate
<b>accountability</b>	being answerable for one's own actions
<b>accompaniment</b>	an interpersonal process that supports capacity building, empowerment, self-efficacy and self-determination while providing an effective professional presence and guidance
<b>arenas of deliberate consciousness</b>	the parts of an individual that compromise the whole self including physical, emotional, social and spiritual
<b>assessment of self</b>	a critical and reflective evaluation of one's own performance
<b>baseline</b>	the starting point
<b>boundaries</b>	the limits or margins that support and maintain therapeutic relationships
<b>capacities</b>	maximum internal or external power or resources
<b>client</b>	anyone to whom a Registered Psychiatric Nurse provides service. An individual, family, group or community that participates with Registered Psychiatric Nurses through promotion, prevention or rehabilitation. A client may be more than someone receiving direct "patient" care; for example, an educator's clients may include students; a researcher's clients may include the research subjects; an administrator's clients may include staff
<b>collaboration</b>	the process of co-operation or joint effort that embraces respect and shared responsibility. The focus is on problem solving.
<b>community</b>	a body of people united by common needs and interests

---

<b>competency</b>	the knowledge, skills, judgements, attitudes and values required for successful functioning of the Registered Psychiatric Nurse
<b>continuing competency</b>	maintaining competence throughout one's career
<b>counselling</b>	the process of developing authentic partnerships with clients that are time-limited and goal-directed. The Registered Psychiatric Nurse strives to instill hope while promoting the sharing of responsibility, accountability and decision-making
<b>consultation</b>	interactional or communication process between two or more persons; the one is the consultant, the other(s) the consultee
<b>critical self-reflection</b>	a process intentionally originated to examine or re-examine one's beliefs, practices or behaviours
<b>current</b>	prevalent at the moment
<b>deliberate consciousness</b>	an intentional and continual process which involves critical self-examination at the personal and professional levels
<b>determinant of mental health</b>	social variables that influence mental health as identified by Health Canada, Mental Health Promotion Unit (1998)
<b>egalitarian relationships</b>	relationships that support equal rights and opportunities of consumers
<b>empowerment</b>	a process that creates the realization of internal and external resources that foster mental health
<b>evaluation</b>	the planned systematic comparison with the stated outcomes, objectives or standards
<b>family</b>	a group of persons united by ancestry or choice
<b>group healing arenas</b>	a number of persons who share common characteristics. Three arenas identified by Kleinman (1978) where individuals see support to promote mental health prior to and/or during a mental illness:

---

	<ul style="list-style-type: none"> <li>• folk arena: non-professional healing specialists</li> <li>• professional arena: Western medicine, indigenous or other cultural healing traditions</li> <li>• <i>popular arena</i>: individual, family and community</li> </ul>
<b>individual</b>	a singular, distinct and unique person
<b>intersectoral</b>	an integrated system where the emphasis is on maintaining the health of individuals, groups and communities. An interdisciplinary team of providers from various sectors may work collaboratively and in a coordinated manner in the delivery of services
<b>judgement</b>	to form an opinion about, to estimate, to appraise
<b>leadership</b>	the use of one's own skill to influence others to perform to the best of their abilities. A process of influencing the activities of an organized group toward goal-setting and goal-achievement
<b>mental health</b>	a state which supports affective, cognitive and relational capacity to experience the triple standard of employment, leisure and relationships
<b>mental health promotion</b>	an emerging distinct discipline that supports health promotion through directing action upon the determinants of mental health across all populations. Mental health promotion strives to contribute to developing healthy public mental health policy through fostering mental, social, emotional and spiritual health/wellness in diverse environments. Mental health promotion aims to establish conditions that foster positive states and optimum levels of functioning
<b>mental illness</b>	an imprecise term that classifies or groups conditions which create imbalances in a person's holistic health
<b>primary mental health</b>	focuses on improving the mental health state through partnerships created with clients within the context of promotion, prevention, cure, rehabilitation or support
<b>resiliency</b>	the ability to recover and re-discover internal strengths that

---

	support mental health
<b>scope of practice</b>	area(s) covered by an individual's professional practice
<b>self-efficacy</b>	a state of self-confidence that promotes consumers' ability to enhance mental health
<b>therapeutic milieu</b>	creation of growth-producing environments or settings
<b>transdisciplinary team</b>	a multi-sectoral team that affords consumers meaningful participation by reducing the professional disciplines' controls through sharing of professional information, roles and consensus decision-making. Transdisciplinary teams maximize communication to reduce limitations often posed by the multidisciplinary team.
<b>triple standard of mental health</b>	three major life areas (working well, playing well and loving well) that provide a litmus test to measure mental health in a broad manner.



# **Appendix II**

**Registered Psychiatric Nurses:  
Competency Profile for  
the Profession in Canada: 2001**

**Registered Psychiatric Nurses  
Association of Canada**

---

# Competency Profile for Registered Psychiatric Nurses: 2001

Competencies for Registered Psychiatric Nurses in Independent Practice are identified under Competency L - 9 in the document titled "Registered Psychiatric Nurses: Competency Profile for the Profession in Canada: 2001".

Competency L-9 identifies 26 major competencies in the area of clinical practice. Competencies have not been identified in the other domains of practice related to administration, education or research.

Specific competencies are highlighted as well as other competency areas that impact Registered Psychiatric Nurses in Independent Practice.

All competencies referenced in this document can be located by accessing the respective provincial regulatory body website: [www.rpnaa.ab.ca](http://www.rpnaa.ab.ca); (Alberta); [www.crpnb.bc.ca](http://www.crpnb.bc.ca) (British Columbia); [www.crpnm.mb.ca](http://www.crpnm.mb.ca) (Manitoba) and [www.rpnas.com](http://www.rpnas.com) (Saskatchewan).

**L-9-1 Demonstrate knowledge of and ability to work with individuals affected by Initial, acute, cyclic and persistent mental illnesses**

Refer to competency areas: E-2: Knowledge of Cognitive Disorders; E-3: Knowledge of Substance-Related Disorders; E-4: Knowledge of Schizophrenia and Other Psychotic Disorders; E-5: Knowledge of Mood Disorders; E-6: Knowledge of Anxiety Disorders; E-7: Knowledge of Personality Disorders and E-8: Knowledge of Other Psychiatric Disorders

**L-9-2 Demonstrate knowledge and understanding of the relationship between concurring disorders including, but not limited to, dual diagnosis and multi-axial diagnoses**

**L-9-3 Demonstrate knowledge and application of the therapeutic use of self**  
Refer to competency areas: A-2: Knowledge and Application of Self in the Therapeutic Process and R-1: Knowledge and Application of Deliberate Self-Care

**L-9-4 Demonstrate knowledge and application of counselling and effective interpersonal communication skills**

Refer to competency areas: A-1: Knowledge and Application of Interpersonal Communication Skills and A-3: Knowledge and Application of the Characteristics of the Therapeutic Relationship

- 
- L-9-5 Demonstrate knowledge and application of teaching skills**  
Refer to competency area A-4: Knowledge and Application of Teaching Skills
- L-9-6 Demonstrate awareness of own level of practice based on education, qualifications and experience**
- L-9-7 Demonstrate knowledge and ability to develop a business plan (service delivery plan) outlining clinical focus and services offered**
- L-9-8 Demonstrate knowledge and ability to develop a service agreement or contract structured to include, but not limit to:**
- purpose, goals and expected outcomes
  - time, location and frequency of therapy
  - mutual expectations
  - fees and payment schedules
  - confidentiality
  - individuals involved in therapy
  - limits to the service
  - definition of the scope of the service
- L-9-9 Demonstrate knowledge and ability to integrate clinical thinking and clinical judgement in the pharmacological assessment and treatment of individuals**  
Refer to competency area I-5-4: Knowledge and Application of Pharmacological Therapies
- L-9-10 Demonstrate knowledge and ability to conduct a comprehensive and ongoing mental status assessment**  
Refer to competency area G-4: Knowledge and Ability to Complete a Mental Status Examination
- L-9-11 Demonstrate knowledge and ability to conduct a comprehensive psychiatric nursing assessment**  
Refer to competency areas C: Knowledge of Human Growth and Development; F: Knowledge of Social and Family Systems; G-2: Knowledge of Assessment Skills; G-3: Knowledge and Application of Psychiatric Nursing Assessment Skills and I-3-1: Knowledge of Admission/Entry to the Systems Procedures
- L-9-12 Demonstrate knowledge and ability to conduct physical assessments**  
Refer to competency areas B: Knowledge of Biological Systems; D-2-1:

---

Knowledge of Activities of Daily Living; D-2-2: Knowledge of Monitoring of Vital Signs; G-5: Knowledge of Physical Assessment Skills and I-4-2: Ability to Assess and Manage Elimination Needs

**L-9-13 Demonstrate knowledge and ability to develop and implement a therapeutic plan based on the needs of the client and accepted nursing practice**

Refer to competency areas G-1: Knowledge and Ability to Apply the Nursing Process in Psychiatric Nursing Practice; G-6: Knowledge of Psychiatric Nursing Diagnosis; H-1: Knowledge and Ability to Complete the Planning Phase of the Nursing Process; I-1: Knowledge of the Implementation Phase of the Nursing Process and J-1: Knowledge and Ability to Complete the Evaluation Phase of the Nursing Process

**L-9-14 Demonstrate a recognition that decisions affecting the therapeutic plan are made in collaboration with the client**

Refer to competency area K: Problem-Solving, Collaboration and Leadership

**L-9-15 Demonstrate knowledge and ability to participate in and/or educate the client about therapeutic modalities including, but not limited to:**

- group therapies
- recreation therapies
- individual therapies
- family therapies
- milieu therapy
- crisis intervention
- behaviour therapies
- somatic therapies (electroconvulsive therapy, phototherapy)

Refer to competency areas I-5-1: Knowledge and Application of Therapeutic Milieu Therapy; I-5-2 Knowledge and Application of Techniques of Individual Therapy and I-5-3: Knowledge of Group Processes

**L-9-16 Demonstrate knowledge and ability to conduct a comprehensive risk assessment and to respond to psychiatric emergencies**

Refer to competency areas I-2-2: Ability to Recognize, Manage and Document Aggressive Behaviour; I-2-3: Ability to Recognize and Report Abuse and I-2-5: Knowledge and Ability to Respond to Psychiatric Emergencies

**L-9-17 Demonstrate knowledge and ability to provide psychiatric nursing care based on a comprehensive approach to the client's**

---

**well-being including, but not limited to:**

- physical
- mental
- emotional
- spiritual
- cultural
- social

Refer to competency areas M-1: Knowledge of Primary, Secondary and Tertiary Prevention; M-2: Knowledge and Application of Mental Health Promotions and S: Cultural Awareness and Cultural Safety in Psychiatric Nursing

**L-9-18 Demonstrate knowledge and ability to provide for advocacy with individuals, families, groups and communities**

Refer to competency area K-4: Ability to Advocate

**L-9-19 Demonstrate knowledge and ability to identify and access relevant community resources including, but not limited to:**

- addictions services
- domestic violence services
- sexual assault services
- crisis services
- acute psychiatric care resources
- tertiary care resources
- culturally-appropriate crisis and counselling services
- developmental disability services
- age-appropriate crisis and counselling services
- housing resources
- income/financial resources
- HIV/AIDS and STD services

**L-9-20 Demonstrate knowledge and ability to provide consultation services to individuals, groups and communities by:**

- delineating the role of the psychiatric nurse
- sharing psychiatric nursing assessment skills
- sharing information about resources

**L-9-21 Demonstrate knowledge and ability to apply relevant aspects of the current federal and/or provincial/territorial legislation in psychiatric nursing practice**

Refer to competency areas Q-1: Knowledge and Application of Federal and Provincial Legislation in Psychiatric Nursing Practice and Q-2: Knowledge and Application of the Principles of Consent and Confidentiality

---

**L-9-22 Demonstrate knowledge and ability to measure outcomes in order to determine the effectiveness of services**

Refer to competency area J-1: Knowledge and Ability to Complete the Evaluation Phase of the Nursing Process

**L-9-23 Demonstrate knowledge and ability to develop clear and consistent documentation practices in the independent practice environment including, but not limited to:**

- consents
- service agreements or contracts
- consents to release information
- charting
- reports to external agencies

Refer to competency area D-4-1: Knowledge and Application of Documentation and Reportin Skills

**L-9-24 Demonstrate knowledge and understanding of research and its implications in psychiatric nursing practice**

**L-9-25 Demonstrate accountability to the client, the public and the professional/regulatory body by:**

- recognizing personal and professional boundaries and limitations
- making appropriate referrals when necessary
- seeking out appropriate personal and professional resources when necessary
- assuming responsibility for maintaining and upgrading level of skills and education in clinical area of focus

**L-9-26 Demonstrate knowledge and application of the concepts of accountability, responsibility and continuing competence**

- Refer to competency areas R-2: Knowledge of Professional Issues in Psychiatric Nursing Practice; R-3: Knowledge and Application of Standards of Psychiatric Nursing Practice; R-4: Knowledge and Application of Professional Ethics and R-5: Ability to Identify and Incorporate Best Practices



**307 - 2502 St. John's Street, Port Moody, BC V3H 2B4**

**Ph: 604.931.5200**

**Toll Free: 1.800.565.2505**

**[www.crpnbcc.ca](http://www.crpnbcc.ca)**