Registered Psychiatric Nurse Entry-Level Competencies

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

College of Registered Psychiatric Nurses of BC

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The RPNRC approves and adopts the entry-level competencies for Registered Psychiatric Nurses outlined in this document.

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INTRODUCTION

BACKGROUND

In 2013, the Registered Psychiatric Nurse Regulators of Canada (RPNRC), formerly the Registered Psychiatric Nurses of Canada, launched a pan-Canadian initiative with funding from the Government of Canada. The aim of the initiative was to improve the mobility and assessment of Canadian and internationally educated Registered Psychiatric Nurses (RPNs). Currently in Canada, the provinces of British Columbia, Alberta, Saskatchewan, Manitoba and the Yukon Territory regulate psychiatric nursing as a distinct profession. As part of RPNRC's initiative, the four provincial jurisdictions collaborated to develop national entry-level competencies for Registered Psychiatric Nurses in Canada.

This document sets out the entry-level competencies. The development of national entry-level competencies increases consistency among the jurisdictions in Canada that regulate Registered Psychiatric Nurses. This consistency supports the psychiatric nursing regulatory authorities in meeting the mobility obligations identified in Canada's Agreement on Internal Trade. National entry-level competencies can also support the future regulation of the profession in Canada.

As each regulating jurisdiction approves the 2014 Registered Psychiatric Nurse (RPN) Entry-Level Competencies document, this document will replace previous documents used to describe the entry-level competencies.

REGISTERED PSYCHIATRIC NURSING IN CANADA

Over 5,500 Registered Psychiatric Nurses (RPNs) are now working in Canada. RPNs are autonomous professionals. They work collaboratively with clients and other health care team members to coordinate health care and provide client-centred services to individuals, families, groups and communities. RPNs focus on mental and developmental health, mental illness and addictions while integrating physical health care and utilizing bio-psycho-social and spiritual models for a holistic approach to care. The practice of psychiatric nursing occurs within the domains of direct practice, education, administration and research.

The core of psychiatric nursing practice is therapeutic communication and the therapeutic relationship. Emotion, behaviour and cognition are a major focus in psychiatric nursing practice. Many psychotherapeutic interventions are performed through the psychiatric nurse's interaction with the client (Austin & Boyd, 2010)[1]. Psychiatric nursing is committed to the prevention of illness and to the promotion and maintenance of optimal health, rehabilitation and recovery.

The psychiatric nursing education curriculum includes, at a minimum, biological or physical sciences or both, the behavioural or social sciences or both, the humanities, and ethics and research. The competencies acquired from this body of knowledge guide the application of critical thinking, and clinical and professional judgment.

PURPOSE OF ENTRY-LEVEL COMPETENCIES

Competencies are specific and measurable descriptions of the integrated knowledge, skills, judgments and attitudes required for the successful functioning of the Registered Psychiatric Nurse (Verma, Paterson, & Medves, 2006)[2]. This document identifies the entry-level competencies that the average, beginning RPN requires for safe, competent and ethical practice. They reflect the profession's commitment to client-centred care and to ensuring evidence-informed psychiatric nursing practice — now and in the future.

The entry-level competencies are a guide for curriculum development and a way to assess international psychiatric nursing education programs. The entry-level competencies also increase public and employer awareness of the practice expectations of entry-level RPNs. Increased awareness provides role clarity and assists with improving the utilization of the psychiatric nursing workforce.

ENTRY-LEVEL REGISTERED PSYCHIATRIC NURSES (RPNs)

Graduation from an Approved Psychiatric Nursing Education Program

Entry-level RPNs have graduated from an approved psychiatric nursing education program that covers the entry-level competencies and meets the Canadian criteria for theoretical and clinical hours. Psychiatric nursing education programs must provide evidence that:

- Students are prepared to meet the entry-level competencies.
- There has been an opportunity to consolidate theoretical learning and laboratory instruction into clinical practice with clients — across the lifespan, in acute and community settings.

The psychiatric nursing education curriculum in Canada reflects contemporary, evidence-informed psychiatric nursing theory, research, education and clinical practice. The programs prepare entry-level RPNs to apply general nursing and psychiatric nursing knowledge to work with clients who have complex psychosocial, mental health and physical needs. Clinical and practicum experiences in the psychiatric nursing education program provide opportunities for experiential learning of curriculum concepts and content linked to attaining the entry-level competencies.

Context of Psychiatric Nursing Practice

Entry-level RPNs begin their practice in a variety of practice settings, with diverse populations. They are responsible for practising within the context of their legislated scope of practice, the law, regulatory standards, employer policies and their individual competence. It is unrealistic to expect that an entry-level RPN will function at the same level as an experienced Registered Psychiatric Nurse.

The psychiatric nursing education program provides the foundation for RPNs to develop further competencies, once they are in practice. The practice environment plays an important role in the further consolidation of the entry-level competencies. Employers play a key role in supporting RPNs to acquire further competencies through orientation, continuing education and professional-development opportunities.

All Registered Psychiatric Nurses, including entry-level RPNs, are required to practise in accordance with approved standards of psychiatric nursing practice and codes of ethics. There is an expectation that, when they enter the profession, RPNs will initiate their involvement in their regulatory authority's continuing competence program to begin their journey toward life-long learning.

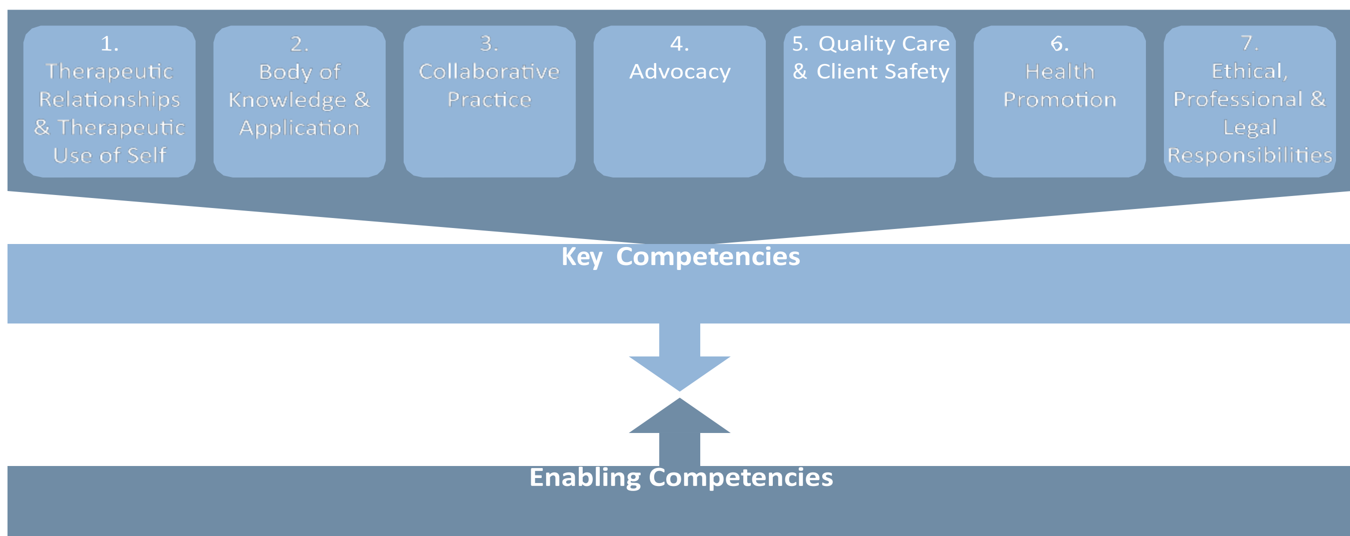
ENTRY-LEVEL REGISTERED PSYCHIATRIC NURSE COMPETENCIES: FRAMEWORK AND ASSUMPTIONS

COMPETENCY FRAMEWORK

A large and diverse group of RPNs in the regulated jurisdictions developed the entry-level competencies during a five-phase process. There was also an extensive validation process for the competencies.

The framework for developing the RPN entry-level competencies is an adaptation of the client-centred framework in use by several health professions throughout Canada and internationally. The basis for using this framework is the client-centred approach of psychiatric nursing practice. The framework has seven competency categories, each with key competencies and enabling competencies, and all of equal weighting (Figure 1).

Figure 1: Competencies for entry-level RPNs



Psychiatric nursing practice involves integrating evidence-informed theory into clinical decision-making and judgment. It cannot be reduced to a list of tasks. For this reason, this document does not have extensive lists to qualify each competency. There are some examples to provide a context for a competency statement. However, the examples are neither all-inclusive nor exhaustive. If you require additional interpretation for any of the competencies, please contact the respective psychiatric nursing regulatory authorities.

The framework assumes that each competency is equally important and that all competencies be examined as a whole rather than in isolation. Safe, competent and ethical psychiatric nursing practice involves the integration and performance of several competencies at the same time.

ASSUMPTIONS

The following 10 assumptions are the basis for the entry-level competencies for RPNs. Familiarity with these assumptions is essential to understanding the application of the competencies to the entry-level RPN in all roles and settings.

1. Entry-level Registered Psychiatric Nurses have a specialized body of knowledge of mental health and mental illness.
2. Entry-level Registered Psychiatric Nurses have a strong foundation in communication, psychology, sociology, mental health and illness, developmental and intellectual disability, psychiatric nursing theory, research and ethics.
3. Entry-level Registered Psychiatric Nurses integrate the foundation of knowledge, skills and theories from nursing and other disciplines into psychiatric nursing practice.
4. Entry-level Registered Psychiatric Nurses have foundational knowledge from the biological and nursing sciences, and they possess a range of general medical and surgical nursing competencies.
5. Entry-level Registered Psychiatric Nurses apply critical thinking, problem solving, clinical reasoning and judgment into their professional practice.
6. Psychiatric nursing education programs prepare entry-level Registered Psychiatric Nurses to practise safely, competently and ethically in a variety of practice settings, in situations of health and illness, and with diverse populations of individuals, families, groups and communities.
7. Entry-level Registered Psychiatric Nurses enter practice with competencies that are transferrable across practice settings, even though their psychiatric nursing education program may not have exposed them to all practice environments or client types.
8. Entry-level Registered Psychiatric Nurses practise autonomously, and continue to consolidate theoretical and experiential learning through collaboration, mentoring and support from the inter-professional team.
9. Entry-level Registered Psychiatric Nurses practise collaboratively and assume leadership roles.
10. Entry-level Registered Psychiatric Nurses practise a self-regulated profession and practise according to federal/provincial/territorial legislation and regulation.

COMPETENCIES FOR ENTRY-LEVEL REGISTERED PSYCHIATRIC NURSES

This section of the document describes seven competency areas for entry-level RPNs. For each competency area, there is a summary statement in italics, followed by key competencies in bold lettering and any enabling competencies listed under each key competency.

This document has words specific to psychiatric nursing that may not be familiar to all readers. Some words (e.g., "psychotherapy") have no universally accepted definitions. Please see the Glossary for words that this document uses. There are hyperlinks to the glossary words within the document; hyperlinks of glossary words appearing for the first time are identified.

1. THERAPEUTIC RELATIONSHIPS AND THERAPEUTIC USE OF SELF

Therapeutic use of self is the foundational instrument that Registered Psychiatric Nurses use to establish therapeutic relationships with clients to deliver care and psychosocial interventions.

1.1 Apply therapeutic use of self to inform all areas of psychiatric nursing practice.

1.1.1 Utilize one's personality consciously and with full awareness in an attempt to establish relationships.

1.1.2 Assess and clarify the influences of one's personal beliefs, values and life experiences on interactions.

1.1.3 Differentiate between a therapeutic relationship and a social, romantic, sexual relationship.

1.1.4 Recognize, identify and validate the feelings of others.

1.1.5 Recognize and address the impact of transference and countertransference in the therapeutic relationship.

1.1.6 Demonstrate unconditional positive regard, empathy and congruence in relationships.

1.1.7 Monitor the communication process and adapt communication strategies accordingly by using a variety of verbal and non-verbal communication skills.

1.1.8 Critique the effectiveness of therapeutic use of self on others.

1.1.9 Engage in personal and professional development activities to enhance the therapeutic use of self.

1.1.10 Engage in self-care activities to decrease the risk of secondary trauma and burnout.

1.2 Establish a therapeutic relationship with the client.

1.2.1 Develop a rapport and promote trust through mutual respect, genuineness, empathy, acceptance and collaboration.

1.2.2 Establish and negotiate boundaries (e.g., role and service offered, length and frequency of meetings, responsibilities) to clarify the nature, content and limits of the therapeutic relationship.

1.2.3 Engage with the client to explore goals, learning and growth needs (e.g., problem identification, thought exploration, feelings and behaviours).

1.2.4 Differentiate between therapeutic and non-therapeutic communication techniques.

1.2.5 Apply therapeutic communication strategies and techniques to reduce emotional distress, facilitate cognitive and behavioural change and foster personal growth (e.g., active listening, clarifying, restating, reflecting, focusing, exploring, therapeutic use of silence).

1.3 Maintain the therapeutic relationship.

1.3.1 Engage in ongoing assessment, planning, implementation and evaluation over the course of the psychiatric nurse-client relationship.

1.3.2 Apply strategies, techniques and resources to meet client goals (e.g., conflict resolution, crisis intervention, counselling, clinically appropriate use of self-disclosure).

1.3.3 Collaborate with the client to help achieve client-identified goals.

1.3.4 Adapt therapeutic strategies when encountering resistance and ambivalence.

1.3.5 Provide teaching and coaching around client goals and evaluate learning.

1.3.6 Dedicate time to maintain the relationship with the client.

1.3.7 Engage in systematic review of progress with the client.

1.3.8 Address the impact of transference and countertransference in the therapeutic relationship.

1.3.9 Engage in consultation to facilitate, support and enhance the therapeutic use of self.

1.4 Terminate the therapeutic relationship.

1.4.1 Identify the end point of the therapeutic relationship.

1.4.2 Summarize the outcomes of the therapeutic relationship with the client.

1.4.3 Evaluate the therapeutic process and outcomes of the interventions.

1.4.4 Establish the boundaries of the post-therapeutic relationship.

1.4.5 Determine the need for follow-up and establish referral(s) accordingly.

2. BODY OF KNOWLEDGE AND APPLICATION

Registered Psychiatric Nurses' practice is comprised of foundational nursing knowledge and specialized psychiatric nursing knowledge. RPNs integrate general nursing knowledge and knowledge from the sciences, humanities, research, ethics, spirituality and relational practice with specialized knowledge drawn from the fields of psychiatry and mental health. RPNs use critical inquiry and apply a decision-making process in providing psychiatric nursing care for clients.

There are two categories under this competency:

- Evidence-informed knowledge
- Application of body of knowledge

EVIDENCE-INFORMED KNOWLEDGE

2.1 Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.

2.2 Demonstrate knowledge of social sciences and humanities, including psychology, sociology, human growth and development, communication, statistics, research methodology, philosophy, ethics, spiritual care, determinants of health and primary health care.

2.3 Demonstrate knowledge of nursing science: conceptual nursing models, nursing skills, procedures and interventions.

2.4 Demonstrate knowledge of current and emerging health issues (e.g., end-of-life care, substance use, vulnerable or marginalized populations).

2.5 Demonstrate knowledge of community, global and population health issues (e.g., immunization, disaster planning, pandemics).

2.6 Demonstrate knowledge of applicable informatics and emerging technologies.

2.7 Demonstrate evidence-informed knowledge of psychopathology across the lifespan.

2.7.1 Demonstrate knowledge of disorders of developmental health and mental health.

2.7.2 Demonstrate knowledge of resources and diagnostic tools (e.g., standardized assessment scales, *The Diagnostic and Statistical Manual of Mental Disorders*).

2.8 Demonstrate knowledge of the disorders of addiction, as well as relevant resources and diagnostic tools (e.g., standardized screening tools, detoxification and withdrawal guidelines).

2.9 Demonstrate knowledge of therapeutic modalities (e.g., individual, family and group therapy and counselling, psychopharmacology, visualization, consumer-led initiatives).

2.10 Demonstrate knowledge of how complementary therapies can impact treatment (e.g., naturopathy, acupuncture).

2.11 Demonstrate knowledge of conceptual models of psychiatric care (e.g., Trauma-Informed Care, Recovery Model, Psychosocial Rehabilitation).

2.12 Demonstrate evidence-informed knowledge of the impact of social, cultural and family systems on health outcomes.

2.13 Demonstrate knowledge of interpersonal communication, therapeutic use of self and therapeutic relationships.

2.14 Demonstrate knowledge of the dynamic of interpersonal abuse (e.g., child, spousal or elder abuse).

2.15 Demonstrate knowledge of mental health legislation and other relevant legislation (e.g., privacy laws).

APPLICATION OF BODY OF KNOWLEDGE

2.16 Conduct a comprehensive client assessment.

2.16.1 Select an evidence-informed framework applicable to the type of assessments required (e.g., bio-psychosocial, cultural model, community assessment model, multi-generational family assessment).

2.16.2 Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).

2.16.3 Perform an in-depth psychiatric evaluation (e.g., suicide, history of violence, trauma, stress, mental status, self-perception, adaptation and coping, substance use and abuse).

2.16.4 Collaborate with the client to identify health strengths and goals.

2.17 Formulate a clinical judgment based on the assessment data (e.g., nursing diagnosis, psychiatric nursing diagnosis).

2.17.1 Identify psychiatric signs and symptoms that are commonly associated with psychiatric disorders, using current nomenclature (e.g., *The Diagnostic and Statistical Manual of Mental Disorders*).

2.17.2 Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).

2.17.3 Incorporate data from other sources (e.g., laboratory tests, collateral information).

2.17.4 Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgment.

2.18 Collaborate with the client to develop a treatment plan to address identified problems, minimize the development of complications, and promote functions and quality of life.

2.18.1 Discuss interventions with the client to achieve client-directed goals and outcomes (e.g., promote health, prevent disorder and injury, foster rehabilitation and provide palliation).

2.18.2 Plan care using treatment modalities such as psychotherapy and psychopharmacology.

2.18.3 Propose a plan for self-care that promotes client responsibility and independence to the maximum degree possible (e.g., relaxation techniques, stress management, coping skills, community resources, complementary and alternative therapies).

2.19 Implement a variety of psychiatric nursing interventions with the client, according to the plan of care.

2.19.1 Assess the ethical and legal implications of the interventions before providing care.

2.19.2 Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

2.19.3 Perform safe medication administration by a variety of methods (e.g., oral, parenteral).

2.19.4 Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness

training, somatic therapies, pre- and post-ECT (electroconvulsive therapy) care, milieu therapy and relaxation).

2.19.5 Provide ongoing health education and teaching to promote health and quality of life, minimize the development of complications, and maintain and restore health (e.g., social skills training, anger management, relapse prevention, assertiveness training and communication techniques).

2.19.6 Coordinate appropriate referrals and liaise to promote access to resources that can optimize health outcomes.

2.20 Use critical thinking and clinical judgment to determine the level of risk and coordinate effective interventions for psychiatric and non-psychiatric emergencies.

2.20.1 Intervene to minimize agitation, de-escalate agitated behaviour and manage aggressive behaviour in the least restrictive manner.

2.20.2 Intervene to prevent self-harm or minimize injury related to self-harm.

2.20.3 Conduct an ongoing suicide risk assessment and select an intervention from a range of evidence-informed suicide prevention strategies (e.g., safety planning, crisis intervention, referral to alternative level of care).

2.20.4 Apply crisis intervention skills with clients experiencing acute emotional, physical, behavioural, and mental distress (e.g., loss, grief, victimization, trauma).

2.20.5 Recognize and intervene to stabilize clients experiencing medical emergencies (e.g., shock, hypoglycemia, management of neuroleptic malignant syndrome, cardiac events).

2.21 Collaborate with the client to evaluate the effectiveness and appropriateness of the plan of care.

2.21.1 Collect, analyze and synthesize data to evaluate the outcomes from the plan of care.

2.21.2 Use a critical inquiry process to continuously monitor the effectiveness of client care in relation to anticipated outcomes.

2.21.3 Solicit the client’s perception of the nursing care and other therapeutic interventions that were provided.

2.21.4 Modify and individualize the plan of care in collaboration with the client and according to evaluation findings.

3. COLLABORATIVE PRACTICE

Registered Psychiatric Nurses work in collaboration with team members, families and other stakeholders to deliver comprehensive psychiatric nursing care in order to achieve the client's health goals.

3.1 Establish and maintain professional relationships that foster continuity and client-centred care.

3.1.1 Use interpersonal communication skills to establish and maintain a rapport among team members.

3.1.2 Share relevant information with team members, clients and stakeholders in a timely manner.

3.1.3 Promote collaborative and informed shared decision-making.

3.2 Partner effectively with team members in the delivery of client-centred care.

3.2.1 Demonstrate knowledge of the roles, responsibilities and perspectives of team members and stakeholders.

3.2.2 Inform stakeholders of the roles and responsibilities of psychiatric nursing and the perspectives of the Registered Psychiatric Nurse when required.

3.2.3 Engage participation of additional team members as required.

3.2.4 Accept leadership responsibility for coordinating care identified by the team.

3.3 Share responsibility for resolving conflict with team members.

3.3.1 Identify the issues that may contribute to the development of conflict.

3.3.2 Recognize actual or potential conflict situations.

3.3.3 Employ effective conflict-resolution and reconciliation approaches and techniques.

3.3.4 Negotiate to mitigate barriers in order to optimize health care outcomes.

4. ADVOCACY

Registered Psychiatric Nurses use their expertise and influence to support their clients to advance their health and well-being on an individual and community level.

4.1 Collaborate with clients to take action on issues that may impact their health and well-being.

4.1.1 Advocate for needed resources that enhance the client's quality-of-life services and social inclusion (e.g., housing, accessibility, treatment options, basic needs).

4.1.2 Inform clients of their rights and options (e.g., appeals, complaints).

4.1.3 Support the client's right to informed decision-making (e.g., treatment plan, treatment orders).

4.1.4 Support client autonomy and right to choice (e.g., right to live at risk).

4.1.5 Promote the least restrictive treatment and environment.

4.2 Promote awareness of mental health and addictions issues by providing accurate information and challenging negative attitudes and behaviour that contribute to stigma and discrimination.

4.3 Collaborate with others to take action on issues influencing mental health and addictions.

4.3.1 Demonstrate knowledge and understanding of demographic and socio-political environments.

4.3.2 Recognize the impact of mental illness and stigma on society and the individual.

4.3.3 Recognize attitudes and behaviours that contribute to stigma.

4.3.4 Provide education to the community about mental health and addictions.

4.3.5 Engage with stakeholders and the community to promote mental health and wellness.

4.3.6 Engage in addressing social-justice issues at an individual or community level (e.g., poverty, marginalization).

5. QUALITY CARE AND CLIENT SAFETY

Registered Psychiatric Nurses collaborate in developing, implementing and evaluating policies, procedures and activities that promote quality care and client safety.

5.1 Use reflective practice and evidence to guide psychiatric nursing practice.

5.1.1 Reflect on and critically analyze practice (e.g., journaling, supervision, peer review) to inform and change future practice.

5.1.2 Reflect on current evidence from various sources and determine relevance to client need and practice setting (e.g., published research, clinical practice guidelines, policies, decision-making tools).

5.1.3 Integrate evidence into practice decisions to maximize health outcomes.

5.1.4 Evaluate the effectiveness of the evidence in practice.

5.2 Engage in practices to promote physical, environmental and psychological safety.

5.2.1 Recognize potential risks and hazards, including risk for suicide and violence.

5.2.2 Use recognized assessment tools to address potential risks and hazards (e.g., medication reconciliation, client falls-assessment tool).

5.2.3 Implement interventions to address potential risks and hazards (e.g., protocols, clinical practice guidelines, decision-making tools).

5.2.4 Evaluate the effectiveness of the interventions in practice.

5.2.5 Report and document safety risks and hazards.

5.2.6 Identify and address occupational hazards related to working with unpredictable behaviours, such as violence and suicide (e.g., burnout, secondary traumatization).

5.3 Integrate cultural awareness, safety and sensitivity into practice.

5.3.1 Evaluate personal beliefs, values and attitudes related to own culture and others' culture.

5.3.2 Explore the client's cultural needs, beliefs, practices and preferences.

5.3.3 Incorporate the client's cultural preferences and personal perspectives into the plan of care when applicable.

5.3.4 Adapt communication to the audience while considering social and cultural diversity based on the client's needs.

5.3.5 Engage in opportunities to learn about various cultures (e.g., talking to client, attending cultural events and courses).

5.3.6 Incorporate knowledge of culture and how multiple identities (e.g., race, gender, ethnicity, sexual orientation, disability) shape one's life experience and contribute to health outcomes.

6. HEALTH PROMOTION

Registered Psychiatric Nurses use their expertise to promote the physical and mental health of clients to prevent disease, illness and injury.

6.1 Engage in health promotion and the prevention of disease, illness and injury.

6.1.1 Integrate knowledge of the determinants of health, health disparities and health inequities when assessing health promotion needs.

6.1.2 Develop and implement evidence-informed health promotion strategies and programs based on a range of theories and models (e.g., Stages of Change, Health Belief Model, Social Learning Theory).

6.1.3 Select and implement evidence-informed interventions to promote health and prevent disease, illness and injury (e.g., health communication, health education, community action, immunization, harm reduction).

6.1.4 Engage clients to seek out or develop resources that promote health (e.g., support groups, exercise programs, spiritual organizations).

6.1.5 Contribute to the development of policies and standards that support health promotion, and prevent disease, illness and injury (e.g., falls prevention, medication reconciliation, prevention and management of aggressive behaviour, cultural sensitivity).

6.1.6 Advocate for health-promoting health care systems and environments.

6.2 Engage in mental health promotion when collaborating with clients.

6.2.1 Integrate knowledge of determinants of health in the assessment process (e.g., social inclusion, discrimination, economic resources, violence).

6.2.2 Recognize the impact that the interrelationship of comorbid physical and mental health issues have on overall health (e.g., diabetes, cardiovascular disease, cancer, obesity).

6.2.3 Gather information about biological, psychological, spiritual, social and environmental risk and protective factors specific to mental health during the assessment process (e.g., metabolic status, exposure to violence, support systems).

6.2.4 Incorporate strategies into health care planning that strengthen protective factors and enhance resilience (e.g., principles of recovery, psychosocial rehabilitation, holistic care, cultural continuity).

6.2.5 Contribute to the development of policies and standards that support mental health promotion (e.g., preventing and minimizing restraint and seclusion, promoting client autonomy).

6.3 Engage in the prevention of mental illness, and substance-related and behavioural addictions, when collaborating with clients.

6.3.1 Use a variety of strategies to address stigma and discrimination around mental health and addictions issues (e.g., acting as a positive role model, reflective practice, engaging communities in dialogue, responding to media portrayal of mental illness, addressing stigmatizing and discriminatory language, promoting social change, participation and inclusion).

6.3.2 Recognize and address the impact of societal factors that contribute to mental health and addictions issues (e.g., abuse, poverty, trauma).

6.3.3 Incorporate strategies into health care planning that reduce risk (e.g., smoking cessation, responsible substance use, strengthening community networks, violence prevention, healthy childhood development, stress management, increasing social capital, responsible gambling).

6.3.4 Incorporate trauma-informed philosophies and best practices into health care planning.

6.3.5 Assist clients to gain insight into the relationship between mental illness and addictions.

6.3.6 Integrate harm-reduction philosophies and best practices into health care planning (e.g., methadone maintenance, needle exchange, safe sex, nicotine replacement therapy).

6.3.7 Engage and empower clients to seek out and/or develop resources that support relapse prevention (e.g., self-help groups, Alcoholics Anonymous®, Narcotics Anonymous®, Gamblers Anonymous®).

6.3.8 Contribute to the development of policies and standards that support the prevention of mental illness and addictions (e.g., alcohol use during life stages, smoke-free environment, workplace health, suicide awareness).

6.4 Engage in suicide prevention when collaborating with clients.

6.4.1 Identify individuals, groups, communities and special populations that are at risk for suicide.

6.4.2 Collaborate with communities in suicide prevention and postvention activities (e.g., skill building, anti-bullying programs, school-based education).

7. ETHICAL, PROFESSIONAL AND LEGAL RESPONSIBILITIES

Registered Psychiatric Nurses practice within legal requirements, demonstrate professionalism and uphold professional codes of ethics, standards of practice, bylaws and policies.

7.1 Practice in compliance with federal and provincial/territorial legislation and other legal requirements.

7.1.1 Demonstrate knowledge of the legislation governing psychiatric nursing practice.

7.1.2 Adhere to the psychiatric nursing code of ethics, standards of practice and bylaws of the regulatory authority.

7.1.3 Practice within the jurisdiction's legislated scope of practice for psychiatric nurses and understand that the scope of practice may be influenced by limits and conditions imposed by the regulatory authority, employer policies and the limits of individual competence.

7.1.4 Adhere to and apply the jurisdiction's mental health legislation.

7.1.5 Adhere to and apply other relevant legislation that has an impact on practice.

7.1.6 Protect client confidentiality and adhere to relevant legislation that governs the privacy, access, use, retention and disclosure of personal information.

7.1.7 Adhere to legal requirements regarding client consent.

7.1.8 Adhere to any legislated duty to report, including the duty to report abuse or to report unprofessional or unsafe practice, or the risk of such.

7.1.9 Adhere to standards and policies regarding proper documentation, including being timely, accurate, clear, concise and legible.

7.2 Assume responsibility for upholding the requirements of self-regulation in the interest of public protection.

7.2.1 Accept responsibility for own actions, decisions and professional conduct.

7.2.2 Practice within own level of competence and use professional judgment when accepting responsibilities, including seeking out additional information or guidance when required.

7.2.3 Demonstrate an understanding of the regulatory purpose of own governing body and the significance of participating in professional activities of a regulatory nature.

7.2.4 Demonstrate an understanding of the significance of fitness to practice in the context of public protection, and strive to maintain a level of personal health, mental health and well-being in order to provide safe, competent and ethical care.

7.2.5 Question orders, decisions or actions that are unclear or inconsistent with positive client outcomes, best practices, health and safety standards or client wishes.

7.2.6 Protect clients and take steps to prevent or minimize harm from unsafe practices.

7.2.7 Engage in a process of continuous learning and self-evaluation, including following the requirements of the regulatory authority's continuing competence program.

7.3 Demonstrate a professional presence and model professional behaviour.

7.3.1 Conduct oneself in a manner that promotes a positive image of the profession.

7.3.2 Respond professionally, regardless of the behaviour of others.

7.3.3. Articulate the role and responsibilities of a Registered Psychiatric Nurse.

7.3.4 Practise within agency policies and procedures, and exercise professional judgment when using these, or in the absence of agency policies and procedures.

7.3.5 Organize and prioritize own work and develop time-management skills for meeting responsibilities.

7.3.6 Demonstrate initiative, curiosity, flexibility, creativity and beginning self-confidence.

7.3.7 Demonstrate professional leadership (e.g., act as a role model, coach and mentor to others, support knowledge transfer, engage in professional activities).

7.4 Uphold and promote the ethical values of the profession.

7.4.1 Conduct oneself in a manner that reflects honesty, integrity, reliability and impartiality.

7.4.2 Avoid situations that could give rise to a conflict of interest and ensure that the vulnerabilities of others are not exploited for one's own interest.

7.4.3 Identify the effects of one's own values, biases and assumptions on interactions with clients and other members of the health care team.

7.4.4 Recognize ethical dilemmas and implement steps toward a resolution.

7.4.5 Differentiate between personal and professional relationships and maintain the boundaries of the psychiatric nurse-client relationship (e.g., addressing power differentials, use of personal disclosure).

GLOSSARY

Client: The client may be an individual, family, group, community or population.

Collaborative Practice: In healthcare, occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers and communities to deliver the highest quality of care across settings. Practice includes both clinical and nonclinical health-related work, such as diagnosis, treatment, surveillance, health communications and management (World Health Organization, 2010)[3].

Competencies: The integrated knowledge, skills, judgment and attitudes required by a Registered Psychiatric Nurse to practise competently, ethically and safely (Verma, Paterson & Medves, 2006)[4].

Conflict Resolution: The various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth. Effective conflict resolution requires critical reflection, diplomacy and respect for diverse perspectives, interests, skills and abilities.

Congruence: Agreement between the feelings and attitudes a therapist is experiencing and his or her professional demeanour, also known as genuineness (Corsini & Wedding, 2008)[5].

Countertransference: The nurse's reactions to a client that are based on the nurse's unconscious needs, conflicts, problems and views of the world (Austin & Boyd, 2010)[6].

Culture: The shared beliefs, values and practices of a group that shape a member's thinking and behaviour in patterned ways. Culture can also be viewed as a blueprint for guiding actions that impact care, health and well-being (Halter, 2014)[7].

Determinants of Health: The health of individuals is determined by a person's social and economic factors, the physical environment and the person's individual characteristics and behaviour. The determinants include income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture (Public Health Agency of Canada, 2013)[8].

Enabling Competency: The sub-element or key ingredient to achieving a key competency.

Evidence-Informed Practice: Requires that decisions about health care are based on the best available, current, valid and relevant evidence. These decisions should be made by those receiving care, informed by the tacit and explicit knowledge of those providing care, within the context of available resources (Dawes et al., 2005)[9] (see evidence-informed decision-making).

Evidence-Informed Decision-Making: The purposeful and systematic use of the best available evidence to inform the assessment of various options and related decision-making in practice, program development and policy making (Oncology Advanced Practice Nursing, 2010)[10] (see evidence-informed practice).

Health Promotion: The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour toward a wide range of social and environmental interventions (World Health Organization, 2014)[11].

Key Competency: The important outcome objective (i.e., what is to be achieved or performed) in relation to a competency (see competencies).

Judgment: The evaluation of evidence to a make a clinical decision. In the context of psychiatric nursing, it includes the initial reaction of the Registered Psychiatric Nurse to the client. It is the ability to make critical distinctions and achieve a balanced viewpoint.

Leadership: The effort by leaders who may, but do not necessarily, hold formal positions of authority to engage followers in the joint pursuit of mutually agreed-upon goals (Kellerman, 1999)[12].

Mental Health Promotion: Situated within the larger field of health promotion, alongside the prevention of mental disorders and the treatment and rehabilitation of people with mental illness and disabilities. Like health promotion, mental health promotion involves actions that support people to adopt and maintain healthy lifestyles that create supported living conditions or environments (World Health Organization, 2004)[13].

Postvention: An intervention conducted after a crisis event, largely taking the form of support for those affected by the event.

Primary Health Care: An approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education and environment. Primary care is the element within primary health care that focuses on health care services, including health promotion, illness and injury prevention and the diagnosis and treatment of illness and injury (Health Canada, 2012)[14].

Psychiatric Nursing Regulatory Authorities: In Canada, the psychiatric nursing regulatory authorities are comprised of the College of Registered Psychiatric Nurses of Alberta (CRPNA), the College of Registered Psychiatric Nurses of British Columbia (CRPNBC), the College of Registered Psychiatric Nurses of Manitoba (CRPNM) and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). The Yukon Ministry of Community Services also regulates Registered Psychiatric Nurses.

Psychopharmacology: A sub-specialty of pharmacology that studies medications that affect the brain and behaviour and that are used to treat psychiatric and neurodegenerative disorders (Austin & Boyd, 2010)[15].

Psychosocial/Psychiatric Rehabilitation: Psychosocial rehabilitation promotes personal recovery, successful community integration and satisfactory quality of life for persons who have a mental illness or mental health concern. It is a collaborative, person-directed, individualized and evidence-informed process focused on helping individuals enhance skills, and access resources needed to increase their capacity and be successful and satisfied in the living, working, learning and social environments of their choice (Psychosocial Rehabilitation Canada, 2010)[16].

Psychotherapy: Focuses on the emotional problems expressed by the client for the purpose of changing behaviour related to the cognitive, affective and behavioural functions, and to promote insight, empathy and control. Clinicians who engage in psychotherapy use a variety of modalities and techniques and work within many different frameworks and theories to promote change. Psychotherapy may be a brief or long-term process that is centred on the depth of the relationship between the client and therapist and the therapeutic alliance.

Recovery: A journey of healing and transformation enabling a person with a mental health or addiction problem to live a meaningful life in a community of his or her choice, while striving to achieve his or her full potential (Psychosocial Rehabilitation Canada, 2013)[17].

Recovery Model: A client-centred approach that stresses hope, living a full and productive life and eventual recovery. Clients partner with health care providers and aim to extend their improvement beyond stability (Halter, 2014)[18].

Scope of Practice: Roles and functions that members of a profession are legislated, educated and authorized to perform, and for which they are held accountable.

Therapeutic Relationship: A relationship in which the nurse maximizes his or her communication skills, understanding of human behaviour and personal strengths to advance the client's interests, personal growth and the promotion of health and well-being.

Therapeutic Use of Self: A complex process of self-awareness through one's own growth and development, as well as one's interactions with others, that guides the process of developing, maintaining and terminating the therapeutic relationship.

Transference: The client's experience of feelings toward the nurse that were originally held toward significant others in his or her life (Halter, 2014)[19].

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