

RPNC

*Registered
Psychiatric
Nurses
Of Canada*

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

REGISTERED PSYCHIATRIC NURSES OF CANADA
June 2008

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Board of Directors
Registered Psychiatric Nurses of Canada
Suite 201, 9711-45 Avenue
Edmonton, Alberta T6E 5V8

Phone: (780) 434-7666
Fax: (780) 436-4165
Web: www.rpnc.ca

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In November 2003, the Board of Directors of the Registered Psychiatric Nurses of Canada (RPNC), with the support and approval of the four (4) provincial regulatory bodies for psychiatric nursing in Canada, endorsed the establishment of an Inter-provincial Steering Team to develop an integrated discussion paper addressing the policy, practice and liability issues for Registered Psychiatric Nurses (RPN's) in independent practice.

Representatives from the College of Registered Psychiatric Nurses of British Columbia (CRPNBC), the College of Registered Psychiatric Nurses of Alberta (CRPNA), the College of Registered Psychiatric Nurses of Manitoba (CRPNM) and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) established the Inter-Provincial Steering Team to lead the development of national "Guidelines for Registered Psychiatric Nurses in Independent Practice" for adoption by the four provincial psychiatric nursing regulatory bodies. Registered Psychiatric Nurses of Canada recognizes that each of the provinces that regulate psychiatric nursing in Canada will adopt these guidelines in a manner that is consistent with provincial legislation and regulatory frameworks of that province.

Registered Psychiatric Nurses of Canada acknowledges the invaluable assistance provided by those RPNs involved with the national independent practice initiative as well as those RPNs who developed previous independent practice guideline documents in Alberta, British Columbia, Manitoba and Saskatchewan. Additionally, RPNC acknowledges the participation of RPNs in the development of the **"Registered Psychiatric Nurses: Competency Profile for the Profession in Canada, 2001- Competency L-9: Psychiatric Nursing in Independent Practice"** as this work provides foundation and companion to the 2008 *Guidelines for RPNs in Independent Practice*. A complete list of all predecessor documents is provided in the references.

RPNC wishes to recognize the members of the Inter-provincial Steering Team:

British Columbia: Dorothy Jennings, Chair
Donna Higenbottam, Executive Director/Registrar, CRPNBC
Mary MacInnes, Deputy Registrar/Practice Consultant, CRPNBC

Alberta: Barbara Lowe, Executive Director, RPNAA

Saskatchewan: Bob Allen, Executive Director, RPNAS
Barbara Wilson, Registrar, RPNAS

Manitoba: Annette Osted, Executive Director/Registrar, CRPNM
Laura Panteluk, Practice Consultant/Deputy Registrar, CRPNM

RPNC also wishes to recognize Registered Psychiatric Nurses in independent practice in Alberta, British Columbia, Manitoba and Saskatchewan who served as provincial reference teams by providing feedback on the guidelines during the consultation process in 2005/2006.

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INTRODUCTION and BACKGROUND

Registered Psychiatric Nurses of Canada (RPNC) recognizes that independent practice is a legitimate practice option for Registered Psychiatric Nurses. However, there is unique policy, practice and liability issues that arise for RPNs in independent practice. Consistent with their mandates to ensure public protection, the bodies that regulate the psychiatric nursing profession in Canada, are responsible to ensure safe, competent and ethical practice. With the growing number of RPNs choosing to enter into independent practice it is critical to ensure that RPNs in independent practice understand the full extent of their professional responsibility. RPNC and the four (4) provincial psychiatric nursing regulatory bodies believe that the development of an independent practice document is important to provide guidance to RPNs in independent practice while ensuring the ongoing protection of the public.

Since 1991 the need for further qualifications for independent practice has been recognized and emphasized by Registered Psychiatric Nurses in independent practice. Individual provincial position papers, guidelines, standards and principle documents have been developed over the years. There has not been a national document for RPNs in independent practice that addresses the *Standards of Psychiatric Nursing Practice*; the *Psychiatric Nursing Competencies*; or the professional liability and risk management issues for Registered Psychiatric Nurses in the independent practice context.

In November 2003, under the auspices of the Registered Psychiatric Nurses of Canada, an Inter-Provincial Steering Team was formed to address Registered Psychiatric Nurses in independent practice. The mandate of the team was to:

- oversee the coordination of the development of guidelines for Registered Psychiatric Nurses in independent practice in the provinces of Alberta, British Columbia, Manitoba and Saskatchewan
- make recommendations to the respective provincial Boards of Directors and Registration Committees as to what constitutes independent practice for Registered Psychiatric Nurses
- work within the respective provincial reference teams (Registered Psychiatric Nurses in independent practice) to develop the clinical content of independent practice for Registered Psychiatric Nurses

In 2005/2006 draft guidelines were distributed to all Registered Psychiatric Nurses in independent practice in Alberta, British Columbia, Manitoba and Saskatchewan. The “Guidelines for Registered Psychiatric Nurses in Independent Practice” incorporate the feedback received during the 2005/2006 consultation process.

The professional responsibility falls upon the RPN in independent practice to ensure that the professional practice, liability and risk management issues have been addressed. This document provides guidelines to RPNs in independent practice for that purpose.

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 **Standards of Psychiatric Nursing Practice** and the professional **Code of Ethics**.

The Registered Psychiatric Nurse in independent practice:

- is a graduate from an approved psychiatric nursing education program with additional education and/or experience in their area of practice
- must be an active/practising registrant with his/her respective provincial professional regulatory body
- is solely responsible for his/her practice

CONTEXT of INDEPENDENT PRACTICE

Independent practice is the application of psychiatric nursing theory and principles in a self-directed employment setting. The parameters are determined within the context of practice of the Registered Psychiatric Nurse, legislative regulations, the *Code of Ethics*, the *Standards of Psychiatric Nursing Practice* and competencies identified in the *Registered Psychiatric Nurses: Competency Profile for the Profession in Canada (2001)*.

Independent psychiatric nursing practice may occur in the domains of:

- clinical practice
- education
- research
- administration

Independent psychiatric nursing practice may include, 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

PREPARATION for INDEPENDENT PRACTICE

The public expects the RPN in independent practice will have the requisite knowledge, experience, skills and competencies and that the RPN has made provisions for continued education and continued competence in their area of practice. Although this is not unlike the expectations for any RPN in any practice area the independent or self employed nature of the practice puts a greater responsibility on the RPN.

The following provides a general guideline for RPNs who are in or considering an independent practice:

A Registered Psychiatric Nurse in Independent Practice has successfully completed an approved psychiatric nursing education program and one of the following options:

- 1) A Registered Psychiatric Nurse with a **Baccalaureate Degree recognized by the provincial regulatory body** 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 (BScPN); or a Bachelor of Psychiatric Nursing (BPN).

It is recommended that the Registered Psychiatric Nurse has been actively practicing for a minimum of five (5) years of full time equivalence in their identified area of practice prior to establishing an independent practice.

OR

- 2) A Registered Psychiatric Nurse with a **Baccalaureate Degree recognized by the provincial regulatory body that is considered equivalent to one of the degrees noted in the option above.**

It is recommended that the Registered Psychiatric Nurse has been actively practicing for a minimum of five (5) years of full time equivalence in their identified area of practice prior to establishing an independent practice.

OR

- 3) A Registered Psychiatric Nurse with a **combination of experience and formal and informal education which includes:**

- active practice as a Registered Psychiatric Nurse for a minimum of five (5) years full time equivalence in the identified area of independent practice
- provisions for continued education and continuing competence

The Registered Psychiatric Nurse in independent practice must 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 exceed the competencies of the Registered Psychiatric Nurse.

COMPETENCY PROFILE

The *Registered Psychiatric Nurses: Competency Profile for the Profession in Canada* (2001) articulates the expectations the psychiatric nursing regulatory bodies have for RPNs in specific areas of psychiatric nursing. The *Clinical Focus* section L-9 of the *Competency Profile* outlines competencies for the RPN in independent practice. The *Competency Profile* is strongly recommended as a resource for RPNs in independent practice.

The *Competency Profile* can be used to assist RPNs in planning transitions in practice and pursue the necessary continuing and/or advanced education and experience necessary to prepare for independent practice.

SERVICE DELIVERY PLAN

There are two distinct components to independent psychiatric nursing practice: service delivery and business management. Service delivery includes such aspects as law, ethics and risk management. Business management includes the organization and operation of a business and the financial structures which support the delivery of the psychiatric nursing services. It is recommended that Registered Psychiatric Nurses in independent practice consult a business lawyer and/or accountant regarding business and financial structures.

The Registered Psychiatric Nurse in independent practice is advised to develop a Service Delivery Plan. The Service Delivery Plan may include:

- 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

Registered Psychiatric Nurses in independent practice are encouraged to keep a copy of all of their documentation.

CRITICAL CONSIDERATIONS for INDEPENDENT PRACTICE SERVICE DELIVERY

There are a number of critical considerations for Registered Psychiatric Nurses in independent practice. RPNs in independent practice are strongly encouraged to explore these considerations in the independence practice context and to develop a plan to address them. RPNs in independent practice are encouraged to keep a record of this plan.

Accountability

The Registered Psychiatric Nurse in independent practice demonstrates accountability to the client, the public and the professional regulatory body 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 competence
- knowing professional issues in psychiatric nursing practice
- knowing and applying the *Standards of Psychiatric Nursing Practice* and professional *Code of Ethics*
- identifying and incorporating best practices

Informed Consent

The Registered Psychiatric Nurse in independent practice demonstrates 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 demonstrates 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 demonstrates knowledge of and effective application of the principles of consent as it applies 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 demonstrates knowledge and application of confidentiality principles in the therapeutic relationship and manages and stores all information about clients in ways that maintain confidentiality.

The Registered Psychiatric Nurse in independent practice is familiar with the legal and ethical guidelines concerning confidentiality and demonstrates 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 adheres to all ethical principles and abides by the *Code of Ethics*. 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 Nurse in independent practice is advised to seek professional assistance and/or consultation with the provincial regulatory body 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. Proof of insurance is required. RPNs in independent practice are encouraged to contact their provincial regulatory body to determine which insurance documentation must be submitted.

Documentation and Records

The Registered Psychiatric Nurse in independent practice maintains confidential and accurate records for each 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.

It is recommended that the documentation include:

- 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
- a signed release of information in the event of referral to other health care professionals or agencies

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 each provincial jurisdiction. Registered Psychiatric Nurses in independent practice are encouraged to familiarize themselves with all pieces of legislation that address access, use, disclosure and storage of personal health information.

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

Continuous Quality Improvement

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

The Registered Psychiatric Nurse in independent practice ensures mechanisms to evaluate psychiatric nursing practice and services.

The Registered Psychiatric Nurse in independent practice ensures 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 may not use the logo of the regulatory body 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 meet the continuing competence requirements in their province of practice.

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

APPENDICES

COMPETENCY PROFILE for REGISTERED PSYCHIATRIC NURSES: 2001

The *Registered Psychiatric Nurses: Competency Profile for the Profession in Canada: 2001* is organized in a way that requires the reader to reference other sections. For that reason the RPN in independent practice is encouraged to access the entire document through the provincial regulatory website or to obtain a hard copy of the document.

Competencies for Registered Psychiatric Nurses in Independent Practice are identified under **Competency L - 9** in the document. The competencies provided here are for reference only.

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 limited 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 Reporting 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 Practice

**COMPETENCY PROFILE for REGISTERED PSYCHIATRIC NURSES: 2001
GLOSSARY**

abilities	application of knowledge and skill in performing activities with judgement, reasoning and comprehension
advocate	to plead for, defend, recommend and/or support
advocacy	the function of an advocate
accountability	being answerable for one's own actions
accompaniment	an interpersonal process that supports capacity building, empowerment, self-efficacy and self-determination while providing an effective professional presence and guidance
arenas of deliberate consciousness	the parts of an individual that compromise the whole self including physical, emotional, social and spiritual
assessment of self	a critical and reflective evaluation of one's own performance
baseline	the starting point
boundaries	the limits or margins that support and maintain therapeutic relationships
capacities	maximum internal or external power or resource
client	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
collaboration	the process of co-operation or joint effort that embraces respect and shared responsibility. The focus is on problem solving.
community	a body of people united by common needs and interests
competency	the knowledge, skills, judgements, attitudes and values required for successful functioning of the Registered Psychiatric Nurse
continuing competency	maintaining competence throughout one's career

<i>counselling</i>	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
<i>consultation</i>	interactional or communication process between two or more persons; one being the consultant, the other(s) the consultee
<i>critical self-reflection</i>	a process intentionally originated to examine or re-examine one's beliefs, practices or behaviours
<i>current</i>	prevalent at the moment
<i>deliberate consciousness</i>	an intentional and continual process which involves critical self-examination at the personal and professional levels
<i>determinant of mental health</i>	social variables that influence mental health as identified by Health Canada, Mental Health Promotion Unit (1998)
<i>egalitarian relationships</i>	relationships that support equal rights and opportunities of consumers
<i>empowerment</i>	a process that creates the realization of internal and external resources that foster mental health
<i>evaluation</i>	the planned systematic comparison with the stated outcomes, objectives or standards
<i>family</i>	a group of persons united by ancestry or choice
<i>group healing arenas</i>	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"> ▪ <i>folk arena:</i> non-professional healing specialists ▪ <i>professional arena:</i> Western medicine, indigenous or other cultural healing traditions ▪ <i>popular arena:</i> individual, family and community
<i>individual</i>	a singular, distinct and unique person
<i>intersectoral</i>	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
<i>judgement</i>	to form an opinion about, to estimate, to appraise
<i>leadership</i>	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

<i>mental health</i>	a state which supports affective, cognitive and relational capacity to experience the triple standard of employment, leisure and relationships
<i>mental health promotion</i>	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
<i>mental illness</i>	an imprecise term that classifies or groups conditions which create imbalances in a person's holistic health
<i>primary mental health</i>	focuses on improving the mental health state through partnerships created with clients within the context of promotion, prevention, cure, rehabilitation or support
<i>resiliency</i>	the ability to recover and re-discover internal strengths that support mental health
<i>scope of practice</i>	area(s) covered by an individual's professional practice
<i>self-efficacy</i>	a state of self-confidence that promotes consumers' ability to enhance mental health
<i>therapeutic milieu</i>	creation of growth-producing environments or settings
<i>transdisciplinary team</i>	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.
<i>triple standard of mental health</i>	three major life areas (working well, playing well and loving well) that provide a litmus test to measure mental health in a broad manner.

**REGISTERED PSYCHIATRIC NURSES in INDEPENDENT PRACTICE
PREDECESSOR DOCUMENTS**

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**RPN REGULATORY BODIES in CANADA
CONTACT INFORMATION**

College of Registered Psychiatric Nurses of Alberta

Suite 201, 9711- 45 Avenue
Edmonton, Alberta T6E 5V8

Phone: (780) 434-7666

www.crpna.ab.ca

College of Registered Psychiatric Nurses of British Columbia

307-2502 St. Johns Street
Port Moody, British Columbia V3H 2B4

Phone: (604) 931-5200

www.crpnb.bc.ca

College of Registered Psychiatric Nurses of Manitoba

1854 Portage Avenue
Winnipeg, Manitoba R3J 0G9

Phone: (204) 888-4841

www.crpnm.mb.ca

Registered Psychiatric Nurses Association of Saskatchewan

2055 Lorne Street
Regina, Saskatchewan S4P 2M4

Phone: (306) 586-4671

www.rpnas.com