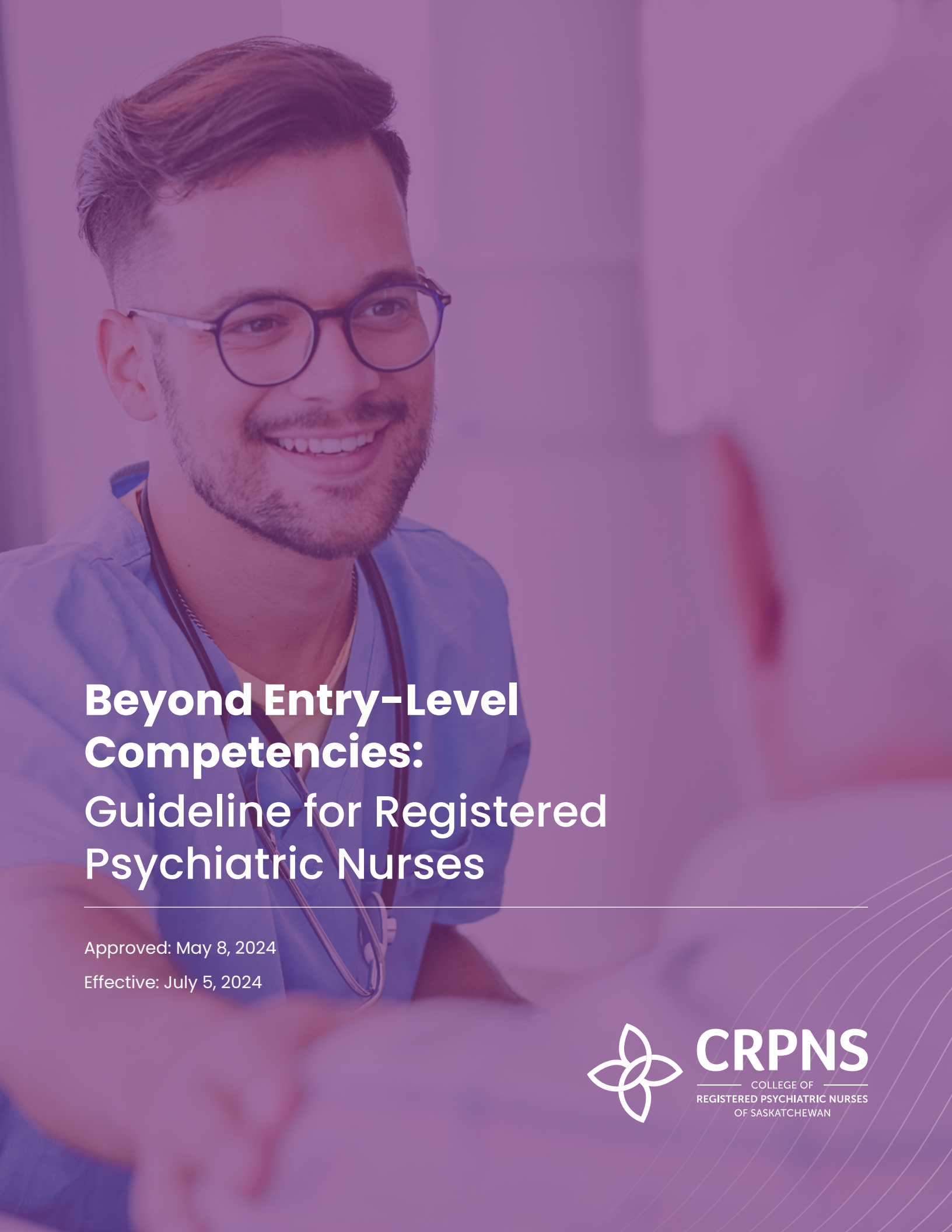

Beyond Entry-Level Competencies: Guideline for Registered Psychiatric Nurses

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CRPNS
COLLEGE OF
REGISTERED PSYCHIATRIC NURSES
OF SASKATCHEWAN

ACKNOWLEDGEMENT

CRPNS would like to thank the College of Registered Psychiatric Nurses of Manitoba (CRPNM) for giving permission to the CRPNS to use their Practice Direction: Reserved Acts that Require Additional Education and Practice Guideline: Using a Clinical Decision Tool (CDT) in the development of this Practice Guideline.

INTRODUCTION

The goal of psychiatric nursing practice is to achieve the best possible outcomes for clients. Registered Psychiatric Nurses (RPNs) enter the workforce with a foundational and entry-level knowledge. The purpose of this practice guideline is to outline responsibilities for the safe implementation of Registered Psychiatric Nurse beyond entry-level competencies. This practice guideline is intended to complement information outlined in the Registered Psychiatric Nurses Act, other legislation, CRPNS Bylaws, Code of Ethics, Standards of Psychiatric Nursing Practice, Registered Psychiatric Nurse Entry-Level Competencies, and other resources that support professional psychiatric nursing practice. It may be used by RPNs, employers, and interprofessional team collaborators to support the utilization of RPN beyond entry-level competencies to achieve safe, accessible, and client-centred care in the best interest of the client.

BEYOND ENTRY-LEVEL COMPETENCIES

Beyond Entry-level Competencies (BELC) are activities that are within the RPN scope of practice and:

1. require knowledge beyond entry-level;
2. require theory and professional skills that build on the RPN's foundations; and
3. may pose a high risk to the client.

RPN BELCs are determined by the CRPNS to be within the RPN scope of practice. RPNs within the care setting enact BELCs when it is in the best interest of the client(s) within the environment and the BELC aligns with RPNs' established scope of practice and employer policies. The client in this context is defined as an individual, group, family, community, or population.

BELCs are determined by the CRPNS and authorized and implemented through employer policies and/or protocols. Authorizing policies and protocols must be evidence-informed, address all risks associated with the beyond entry-level practice, and establish the required resources to support the safe practice of BELCs within a particular practice setting. The enabling policies and/or protocols are developed in collaboration with the inter-professional healthcare team with consideration of the client population and practice environment. The needs of the client are the focus when deciding whether an RPN BELC is appropriate within the setting.

The employer determines the additional education that an RPN requires to perform a BELC in collaboration with team members and key partners who are familiar with the RPN scope of practice. Additional education refers to a course, program of study, training, or other process that provides an RPN with the knowledge, skills, and judgment to perform a BELC. The focus of the additional education is to support safe, competent, client-centered psychiatric nursing care.

Prior to providing care, RPNs must ensure that the BELC is within their scope of practice, and they have the competence to engage safely in the practice. RPNs who do not have the competence to apply the BELC safely, must notify the employer and obtain the required competence before proceeding with delivery of the care. Graduate Psychiatric Nurses (GPNs) are not authorized to perform BELCs. As well, RPNs do not assign BELCs to healthcare providers whose scope of practice does not permit the activity.

It is within the RPN scope of practice to teach BELCs to other healthcare providers when it is within their employment role to do so and when the healthcare provider who is learning the skill is permitted to perform the activity within their scope of practice and employer policy.

The CRPNS supports a nimble approach to the implementation of RPN BELCs that is responsive to client needs within their environment. Required supports must be in place when implementing an RPN BELC.

SAFE IMPLEMENTATION OF BEYOND ENTRY-LEVEL COMPETENCIES

The following 2 criteria and accompanying 17 principles address the policy and additional education requirements for the safe implementation of RPN BELCs into practice.

Criterion I: Policy

BELCs must be supported by an overarching employer policy to be implemented in practice. The policy must identify a comprehensive approach and be based on a demonstrated need for the BELC for the client(s) within the practice setting. In addition to policy, a clinical protocol may be used to support safe implementation of BELCs in practice.

1. The BELC is supported by an evidence-informed policy/protocol.
2. The BELC is based on the needs of the client within the client's environment.
    a. Client is defined as individual, group, family, community, or population.
3. The BELC is clearly defined.
4. An authorizing mechanism is in place for the BELC, as necessary.

    An authorizing mechanism, if required, may be:

    a. Client-specific order.

    b. Directive for client population.
5. Client-specific assessment factors are outlined for the implementation of the BELC.
6. Potential risk factors or contraindications for use are identified.

7. Resources are available within the environment to support the safe implementation of the RPN BELC.
8. Indications for consultation, collaboration, or referral for any clinical decisions beyond the scope of the individual RPN are identified.
9. Additional education requirements are clearly identified.
10. There is a plan in place to support the maintenance of competence.
11. The standard employer process for approval of policies is followed.
12. The policy and practice are reviewed on a regular basis. Specific review dates are included within the policy/protocol.

Criterion II: Additional Education

RPNs must complete additional education to implement a BELC in practice. The additional education is developed and approved by the employer in collaboration with RPNs. The additional education is evidence-informed, includes theory and practical components, and can occur at the point of care in a 'just in time' basis, depending on the client need, the BELC, and the environment.

13. The required additional education builds upon RPN standards of practice and entry-level competencies to provide the learning experiences necessary for RPNs to achieve competence with the practice.
14. The education provides a framework which includes foundational elements applicable to RPN practice including:
    a. Client-centered practice;
    b. Collaboration;
    c. Communication;
    d. Documentation; and
    e. Ethical considerations.
15. The education requires the RPN to achieve the competence for the BELC while providing supervised/observed nursing care directly with clients and/or through simulated experiences.
16. The education is evidence-informed and has a theoretical foundation.
17. There are evaluation processes in place to:
    a. Confirm the educator has the knowledge, skill and judgment to provide the additional education;

b. Assess the RPN's learning including ongoing and final evaluation of competence; and

c. Assess the quality of the education provided.

    i. Educators, RPNs, and other key stakeholders participate in timely evaluation of the education. These data are used to inform the education plan.

SUMMARY

RPN BELCs are within the RPN scope of practice and require knowledge, skills, and theory that build on the RPN's entry-level and foundational knowledge and skills. RPN BELCs are acknowledged to pose additional risk. BELCs are therefore authorized within practice environments when it is in the best interest of the client and risks associated with the practice are addressed. Evidence-informed policies and/or protocols, the availability of required resources, and additional education for the practice support the safe implementation of RPN BELCs. Safe and accessible, client-centered care is achieved through interprofessional collaborative practice where each health care provider's expertise and scope of practice is optimized in the client interest.

ADDITIONAL RESOURCES

CRPNS Practice Program

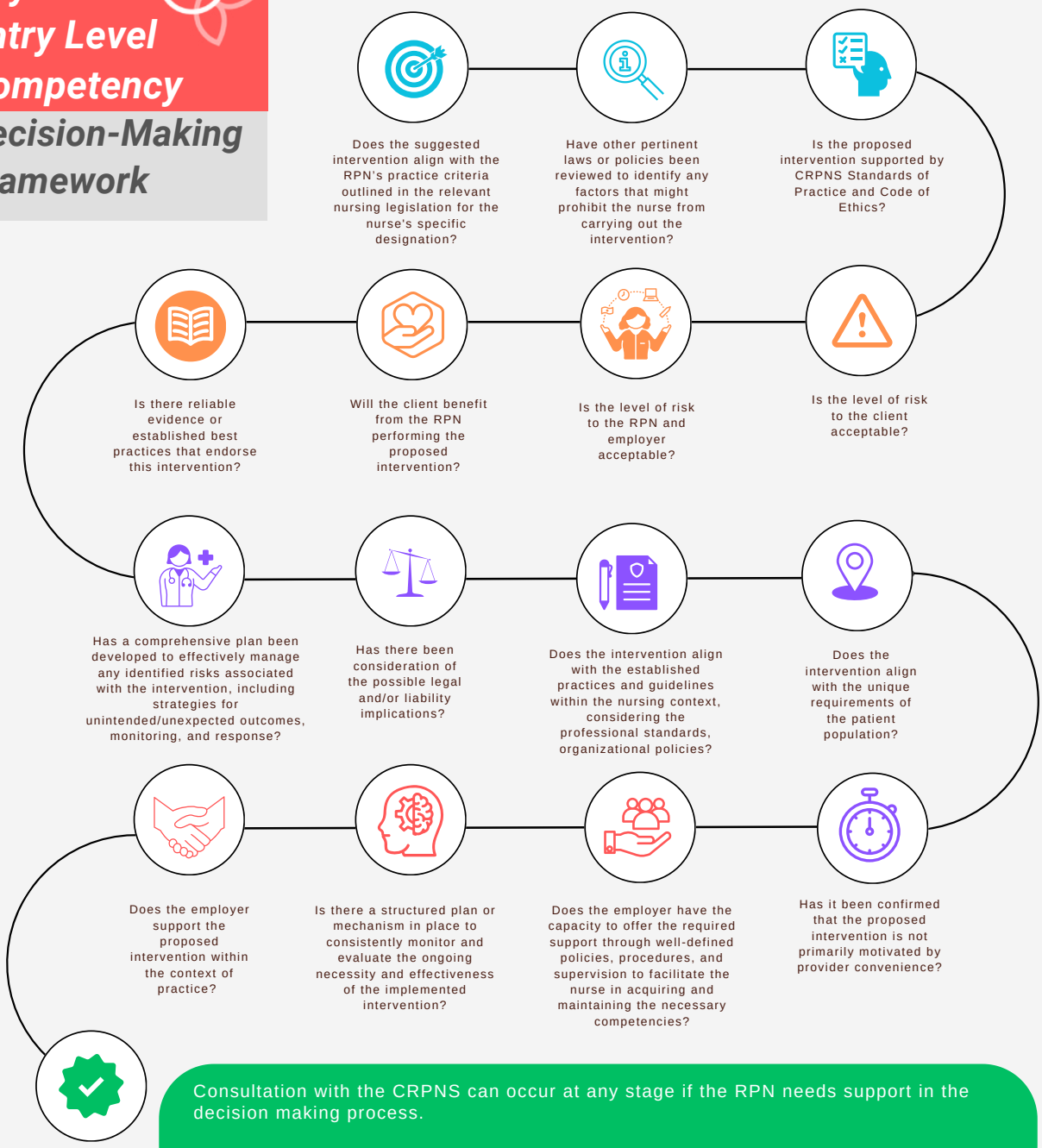
CRPNS offers free, confidential consultation via email or the phone to help psychiatric nurses, employers, healthcare providers, the public and others understand psychiatric nursing practice in Saskatchewan. In addition to one-on-one consultation, CRPNS also offers education to teams that may benefit from learning more about a specific area of psychiatric nursing practice.

For practice consultation contact the CRPNS Nursing Practice Advisor at info@CRPNS.ca.

Decision- Making Framework (Appendix A)

This decision-making framework is recommended for the integration of BELCs into RPN practice. This process fosters a comprehensive approach, emphasizing both the importance of evidence-based practice and the necessity of regulatory compliance within nursing and health care contexts. When all decision points within the framework yield favorable outcomes, it indicates that there is adequate information available to make a well-informed decision regarding the proposed intervention's alignment with RPN scope of practice. Conversely, negative, or unfavorable responses do not automatically disqualify the intervention. Instead, they signal the need for further analysis and consultation with CRPNS to ensure thorough consideration and alignment with professional standards.

Beyond Entry Level Competency Decision-Making Framework



Consultation with the CRPNS can occur at any stage if the RPN needs support in the decision making process.

However, if there are any questions regarding the following the CRPNS should be consulted:

- It remains unclear if the intervention falls within the scope of nursing practice.
- There is a question about the level of risk to clients.
- The employer lacks the resources to adequately assess the appropriateness of the intervention.
- The nurse is self-employed.
- There are questions about the application of the decision-making framework.