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Registered Psychiatric Nurses of Canada Examination

Study Guide

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The clinical scenarios described in this prep tool are entirely fictional. No resemblance to real people or actual cases is intended.

Every effort was made to ensure the accuracy of the material presented in this prep tool at the time of publication.

Given that policies, procedures, and instructions can change at any time, candidates should always read and follow the directions provided by the regulatory authority and the proctor, and the instructions contained in Registered Psychiatric Nurses of Canada Examination (RPNCE).

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Using the RPNCE Study Guide and Practice Tests

This study guide provides background information on the Psychiatric Nurses of Canada Examination (RPNCE) along with test instructions, test-taking strategies, and question rationales to help you feel comfortable stepping into your RPNCE exam.

The RPNCE is administered as a single test of 200 multiple-choice questions. Each question is designed to measure a specific RPN competency. Questions are multiple choice and will present you with a core statement and question (stem) and four possible correct answers (response options). Candidates are given four hours to complete the examination.

This Study Guide is designed to familiarize you with the format of RPNCE questions and to provide you with information on the type of content administered on the examination. You also have the option to purchase 100-question RPNCE practice tests. Practice tests are designed to mirror the structure of the RPNCE and its tested RPN competencies, and include rationales for correct and incorrect answers.

Although your performance on the practice tests can serve as an indicator of how prepared you are for the RPNCE, these tests are only one aspect of studying for the RPNCE. You will also need a thorough knowledge of RPN principles and content and to be able to apply this knowledge to health-care scenarios.

We recommend beginning your preparation well in advance of your testing date. If you have access to practice tests, you can complete the first of these tests initially to understand your strengths and areas where you will need to focus your studies. You will be provided an Examination Review for a snapshot of your current knowledge and skill for each RPN competency. After additional studying, and some time before your exam, you should consider taking the second practice test as a timed activity to simulate the actual exam. A two-hour session is recommended, and you can compare your performance between the first and second forms to see where you have improved and where you still need to study.

Development of the RPNCE

Each Canadian provincial and territorial nursing regulatory authority is responsible for ensuring that all entry-level RPNs within its jurisdiction meet an acceptable level of competence before they are licensed to practise. The RPNCE measures these competencies and establishes a common standard for practicing RPNs across Canada. The specific competencies and how they are measured on the RPNCE are described in detail in this document and the RPNC Exam Blueprint (2016).

Registered psychiatric nurses with experience as educators, clinicians, and administrators from across Canada created and evaluated all examination and practice test questions in collaboration with testing experts from Meazure Learning. Questions are designed to assess a specific competency and use a specific format for assessing the competency.

Questions can be either *independent* or *case-based*. Independent questions stand alone and contain all the info you will need to answer the question. Case-based questions include a set of approximately three to five questions associated with a brief health-care scenario and require you to use the information in the scenario to correctly answer the associated questions. As these scenarios reflect real-world situations that an RPN might encounter, the RPNCE contains mostly case-based content (60–80% of total questions).

Questions are also written to measure one of three different cognitive levels, or levels of cognitive demand needed to correctly answer a question. Knowledge questions require the test taker to recall information learned during their training and study (definitions, facts, medication names/effects, etc.). Application questions test your ability to choose a correct action and apply RPN knowledge and skills appropriately. Critical thinking questions are complex application questions where you will need to solve a problem, identify cause-and-effect outcomes, or distinguish between relevant and irrelevant information to best meet the needs of a client.

The following table provides additional information on exam parameters, or the specific types of questions and their respective weights across the full RPNCE.

SUMMARY CHART GUIDELINES **Registered Psychiatric Nurses of Canada Examination**	
COMPETENCIES	
Competency framework categories and weightings	Therapeutic Relationships/Therapeutic Use of Self 15–25% Body of Knowledge and Application 30–40% Collaborative Practice 5–10% Advocacy 5–10% Quality Care and Client Safety 10–15% Health Promotion 5–10% Ethical, Professional and Legal Responsibilities 8–12%
STRUCTURAL VARIABLES	
Examination length and format	Total: 200 multiple-choice questions
Item presentation	Case-based items: 60–80% Independent items: 20–40%
Cognitive level	Knowledge/Comprehension: Maximum of 15% Application: Minimum of 50% Critical Thinking: Minimum of 35%
CONTEXTUAL VARIABLES	
Client Demographics	Examination questions will reflect health situations across the lifespan and includes all genders.
Culture	Questions measure awareness, sensitivity and respect for different cultural values, beliefs and practices, without introducing stereotypes.
Diversity	In the development of the RPNCE, the client is viewed holistically. Registered Psychiatric Nurses practise in a variety of settings, in situations of health and illness, and with diverse populations of individuals, families, groups and communities.
Work environment	For the purposes of this exam, the health-care environment is specified only when it is required for clarity or in order to provide guidance to the examinee.

Preparing for and Taking the RPNCE

Your success on the RPNCE will be dependent on a combination of your preparation through study and your familiarity with the test structure. Here are some tips to help guide your study and prepare you for taking the exam.

Have Good Study Habits
Be sure to study in a quiet and comfortable place, free of distractions. We recommend that you develop a study schedule divided up over time. To maximize your retention of information, you should study for short periods over a longer time instead of studying lengthy periods over a short amount of time. Five 2-hour study periods over two weeks will help you retain information much better than two 5-hour study periods over two days, for example.

Use Practice Tests to Guide Your Studies
You should also schedule times to take both practice tests. You should consider completing the first practice test once before you begin intensive study and then complete the second test after you feel prepared and well-studied. The practice test will generate an Examination Review report that will give you a summary of your preparedness across different RPN competencies. You will also receive the rationales for all correct and incorrect answers across the test along with supporting references. The information in the report will identify your strengths and areas where you will need to focus your studies to maximize your success on the RPNCE.

Tackling Multiple-Choice Questions
As the RPNCE is a multiple-choice exam, you should familiarize yourself with these types of questions and how to best approach them. You will often be asked to describe what is the most important thing to do, what should be done first, etc., so be sure to read the question fully and understand what is being asked before answering. Once you read (and possibly re-read) the question, try to come up with the answer in your mind before looking at the possible answers below.

Once you have your answer in your mind, look at the options. If you have studied well and use this method, only one answer option should appear as correct. Similarly, be sure to fully familiarize yourself with the information provided in cases before reading the case-based questions as the information in the case will impact your ability to answer a series of questions. Try to avoid over-thinking or changing your answer as often your first choice will be the correct answer.

If you are choosing between multiple options or the clearly correct option is not there, you can use the process of elimination to arrive at an answer that seems correct. Here is an example of how you can work through a process of elimination for an exam question:

QUESTION

Which response would best assist the client to verbalize her fears when she expresses anxiety about an upcoming surgery?

A. "I know exactly how you feel about this."
B. "Would you like to talk to the physician?"
C. "You seem worried that you may need to have surgery."
D. "It's a normal reaction to be afraid when faced with surgery."

To take full advantage of the process of elimination, it is important to focus on the key idea in the stem. The key idea is assisting the client with verbalizing fears.

In option 1, the focus is on the registered psychiatric nurse and not on the client or their concerns. Option 1 can be eliminated because it is highly unlikely that any one person knows exactly how someone else feels in each situation.

Option 2 also fails to address the client's immediate concern because the registered psychiatric nurse completely avoids dealing with the client and passes the responsibility on to another team member. For this reason, option 2 can be eliminated as a possible correct answer.

Option 4 should be eliminated immediately. By telling the client that what they are experiencing is "normal," the registered psychiatric nurse implies that the client's situation is routine. Such a response would be depersonalizing and non-therapeutic.

After these three options are systematically eliminated, you can consider option 3, the correct option, which is an open-ended response that encourages the client to begin talking about how they feel about the upcoming surgery.

Examination Report and Common Test-Taking Errors

Candidates often make mistakes on an examination because of errors in processing facts and information or because of difficulties with multiple-choice questions. These are technical errors related more to answering questions than to a lack of knowledge or skill.

The Examination Report for your practice tests will provide information on the number of questions you answered correctly, and your percent correct. You will also receive information on performance across the core RPN competencies. You can use this information to determine your estimated performance and understand which competencies you are strongest in and which you need to study. For competencies with lower percentages, you can review the questions and try to determine if there are any specific aspects of the competency which you consistently answered incorrectly. You can also look up any references to help guide your study into these specific competency areas.

When reviewing your Examination Report, you may wish to keep a checklist of problems you had related to your test-taking skills. You can then use the results of this checklist to identify skills that you need to develop during your preparation for the RPNCE.

A checklist of common test-taking errors is provided below. Check off any technical error(s) you made with the questions you answered incorrectly. Keep in mind that you may have more than one technical error with any one question.

Checklist of Common Test-Taking Errors

- ☐ Missed important information in the case text
- ☐ Misread the stem of the question
- ☐ Failed to pick out important or key words in the stem of the question
- ☐ Did not relate the question to information in the case text
- ☐ Made assumptions in the case text or question
- ☐ Focused on insignificant details and missed key issues
- ☐ Skipped a question and forgot to go back and answer it
- ☐ Changed original answer
- ☐ Other (specify)_____

Taking the Practice Test

The Practice Test, which is available online, contains a total of 100 questions. The questions presented in the Practice Test are typical of those you will see on the RPNCE. They represent common and predictable health situations of the population in those contexts or environments where entry-level registered psychiatric nurses would work in a generalist role. As with the actual RPNCE, the questions on the Practice Test have been developed and reviewed by registered psychiatric nurses and educators who represent a variety of nursing programs, different clinical backgrounds and different regions of the country. Furthermore, both the Practice Test and the actual RPNCE are designed according to the specifications and guidelines.

Note that you will have up to three attempts in the online Practice Test over a 90-day period. You will be able to review your performance on those three attempts in the history tab.

One of the most important features of the Practice Test is that, for each question on the Practice Test, rationales are provided to explain why the options are correct or incorrect. These rationales emphasize nursing concepts and principles that are essential for entry-level registered psychiatric nurses. Although the questions on the Practice Test are different from those on the RPNCE, the general principles and concepts being tested are the same because the questions are developed from the same set of competencies.

Furthermore, questions on the Practice Test are supported by references. The purpose of the references is twofold: (1) to indicate that the correct answer within each question has authoritative support from experts in the field, and (2) to provide you with a source for further reading and review. Every attempt has been made to use references that are up-to-date, accessible and accepted within the nursing community. If you are unable to locate the specific references cited in the Bibliography, there are many other equally sound psychiatric nursing textbooks that provide support for the questions in the Practice Test.

Suggested Process When Using the Practice Test

The Practice Test can be used in different ways depending on your particular needs. A suggested process is as follows:

1. Take the online Practice Test under examination conditions. Use this process to familiarize yourself with the online Practice Test format and layout of the examination. That means taking the examination in a quiet location without the benefit of books, notes or other aids and strictly adhering to the time limit. The benefit of this initial approach is to provide you with an idea of how you would potentially perform on the RPNCE.

2. After taking the online Practice Test, your Examination Review report will be generated. It will include summary information, a diagnostic report and question details. Review the definitions of the categories and areas, paying close attention to your areas of strength and weakness in your Examination Review report.

3. Review the classification into which each question falls, then read the rationales for the correct answer and the incorrect options to gain insight into what made you answer correctly or incorrectly as well as the references provided that support the correct answer.

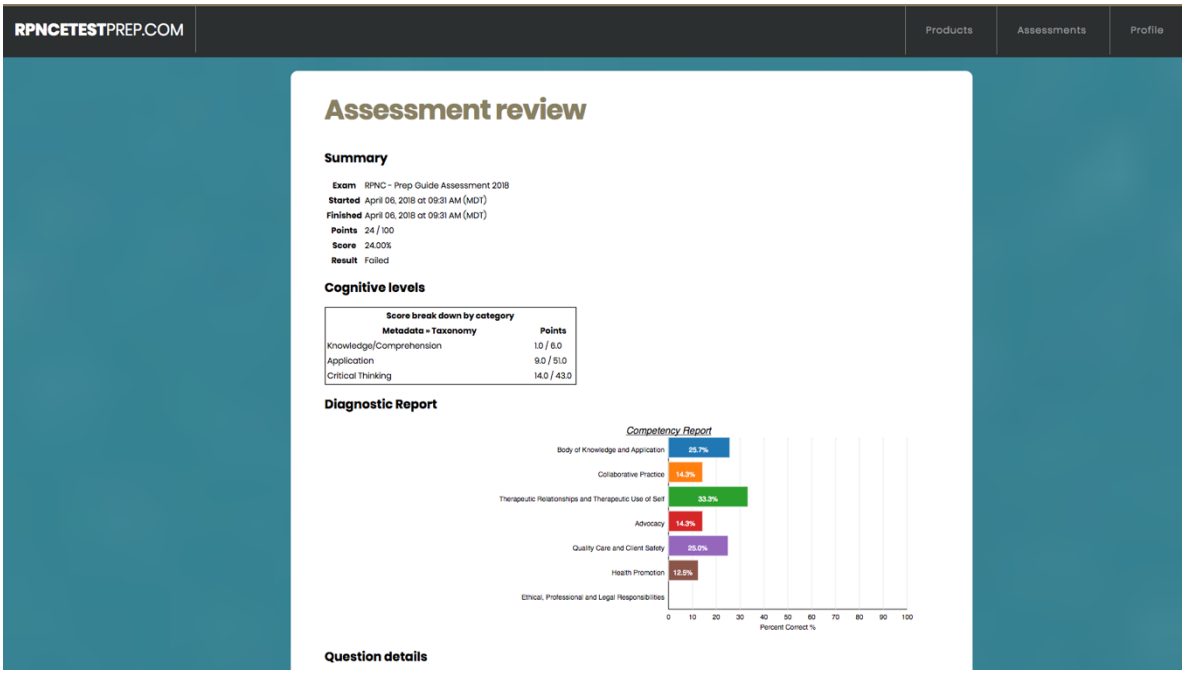
4. Review the test-taking strategies and the common test-taking errors in “Preparing for and Taking the RPNCE” in this document.

5. Develop a strategy for study in the areas of weakness identified.

6. Take the Practice Test again and review the newly generated Examination Review report.

Interpreting Your Examination Review Report
Interpreting Your Scores

Once you have taken the online Practice Test, an Examination Review report will be generated. You will be provided with the number of questions you answered correctly, the total number of questions on the Practice Test and your percentage score. There are two areas you should consider: your overall score out of 100 and your performance on the categories in the diagnostic report – Competency Categories.



The Examination Review report combined with the test-taking strategies will provide useful feedback on your performance and enhance your preparation for the RPNCE.

Interpreting your performance in each category

Classification of Questions

These classification schemes reflect the weighted elements from the blueprint, detailed explanations. Each question in the Practice Test has been classified within two different classification schemes: Competency Category and Cognitive Level.

The goal in reviewing your Examination Review report is to identify your areas of relative strength and weakness. This information can help you make the best use of your remaining preparation time.

Reviewing Performance Results by Category

Generally, those categories in which you selected a high percentage of incorrect answers are the areas you should focus on during your remaining preparation time. However, this approach can be further refined to arrive at a more accurate diagnosis, as follows.

Pay close attention to the percentage of questions in each category. Your strengths and weaknesses in the areas with larger numbers of questions will have the greatest impact on your overall performance.

Both the *percentage* of incorrect responses in a category and the total *number* of incorrect responses in a category should be carefully considered to make a complete interpretation of your performance. The more the number of questions in a particular category, the greater the impact will be on your performance or total score.

Therefore, although a high percentage of incorrect responses in a competency category is certainly an indication of a weakness in that category, your best strategy for studying may require you to focus on another category, one that has a greater representation on the examination.

1. Once you have determined which competency categories you need to improve in, refer to "Competencies for Entry-Level RPNs" and review the definitions of competencies (and the areas under each one) in the categories identified as areas of weakness for you; this will give you an overview of the competencies that require your attention.

2. Using your scored responses from the online Practice Test, review all the questions that are classified in the competency categories you have identified as weaker for you. Include in your review both the questions you answered correctly as well as those you answered incorrectly because this will give a more complete review of the content that measures the competencies you need to improve on. Be sure to read the rationales for the correct and incorrect responses to get a better understanding of your areas of weakness.

3. Look up the references cited (or other comparable references) for the questions you answered incorrectly; review the detailed information they offer on the content areas that were more difficult for you. This can increase your understanding of material you may not have yet fully mastered.

Bibliography

*****Note: This bibliography serves as the basis for the development of exam content. Your specific available texts may vary based on your course curricula and program structure. If you do not have access to a specific text, try to generalize to an alternate text and search for the relevant information for a specific competency area or question topic.*****

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Appendix A: Competencies for Entry-Level RPNs

This section of the document describes the seven competencies for entry-level RPNs. For each competency, there is a summary statement and a series of tables with the key competencies and the enabling competencies.

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. Therapeutic Relationship and Therapeutic Use of Self		
Key Competency 1.1: Apply therapeutic use of self to inform all areas of psychiatric nursing practice.		
Enabling Competencies	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. Therapeutic Relationship and Therapeutic Use of Self		
Key Competency 1.2: Establish a therapeutic relationship with the client.		
Enabling Competencies	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. Therapeutic Relationship and Therapeutic Use of Self		
Key Competency 1.3: Maintain the therapeutic relationship		
Enabling Competencies	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. Therapeutic Relationship and Therapeutic Use of Self		
Key Competency 1.4: Terminate the therapeutic relationship.		
Enabling Competencies	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.

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:

- Evidenced-informed knowledge
- Application of body of knowledge

2. Body of Knowledge and Application: Evidence-Informed Knowledge		
Key Competencies		
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.**	
Enabling Competencies	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. Body of Knowledge and Application: Evidence-Informed Knowledge	
Key Competencies	
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).**

2. Body of Knowledge and Application: Application of Body of Knowledge		
Key Competency 2.16: Conduct a comprehensive client assessment.		
Enabling Competencies	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. Body of Knowledge and Application: Application of Body of Knowledge		
Key Competency 2.17: Formulate a clinical judgment based on the assessment data (e.g., nursing diagnosis, psychiatric nursing diagnosis).		
Enabling Competencies	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. Body of Knowledge and Application: Application of Body of Knowledge		
Key Competency 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.		
Enabling Competencies	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. Body of Knowledge and Application: Application of Body of Knowledge		
Key Competency 2.19: Implement a variety of psychiatric nursing interventions with the client, according to the plan of care.		
Enabling Competencies	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, parental).
	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. Body of Knowledge and Application: Application of Body of Knowledge		
Key Competency 2.19: Implement a variety of psychiatric nursing interventions with the client, according to the plan of care.		
	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. Body of Knowledge and Application : Application of Body of Knowledge		
Key Competency 2.20: Use critical thinking and clinical judgment **to determine the level of risk and coordinate effective intervention for psychiatric and non-psychiatric emergencies.**		
Enabling Competencies	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. Body of Knowledge and Application: Application of Body of Knowledge		
Key Competency 2.21: Collaborate with the client to evaluate the effectiveness and appropriateness of the plan of care.		
Enabling Competencies	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.

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. Collaborative Practice		
Key Competency 3.1: Establish and maintain professional relationships that foster continuity and client**-centred care.**		
Enabling Competencies	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. Collaborative Practice		
Key Competency 3.2: Partner effectively with team members in the delivery of client-centred care.		
Enabling Competencies	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. Collaborative Practice		
Key Competency 3.3: Share responsibility for resolving conflict with team members.		
Enabling Competencies	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.

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. Advocacy		
Key Competency 4.1: Collaborate with clients to take action on issues that may impact their health and well-being.		
Enabling Competencies	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. Advocacy
Key Competency 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. Advocacy		
Key Competency 4.3: Collaborate with others to take action on issues influencing mental health and addictions.		
Enabling Competencies	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).

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. Quality Care and Client Safety		
Key Competency 5.1: Use reflective practice and evidence to guide psychiatric nursing practice.		
Enabling Competencies	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. Quality Care and Client Safety		
Key Competency 5.2: Engage in practices to promote physical, environmental and psychological safety.		
Enabling Competencies	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. Quality Care and Client Safety		
Key Competency 5.3: Integrate cultural awareness, safety and sensitivity into practice.		
Enabling Competencies	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.

Health Promotion

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

6. Health Promotion		
Key Competency 6.1: Engage in health promotion and the prevention of disease, illness and injury.		
Enabling Competencies	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. Health Promotion		
Key Competency 6.2: Engage in mental health promotion when collaborating with clients.		
Enabling Competencies	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. Health Promotion		
Key Competency 6.3: Engage in the prevention of mental illness, and substance-related and behavioural addictions, when collaborating with clients.		
Enabling Competencies	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. Health Promotion		
Key Competency 6.4: Engage in suicide prevention when collaborating with clients.		
Enabling Competencies	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).

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. Ethical, Professional and Legal Responsibilities		
Key Competency 7.1: Practice in compliance with federal and provincial/territorial legislation and other legal requirements.		
Enabling Competencies	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. Ethical, Professional and Legal Responsibilities		
Key Competency 7.2: Assume responsibility for upholding the requirements of self-regulation in the interest of public protection.		
Enabling Competencies	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. Ethical, Professional and Legal Responsibilities		
Key Competency 7.2: Assume responsibility for upholding the requirements of self-regulation in the interest of public protection.		
	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. Ethical, Professional and Legal Responsibilities		
Key Competency 7.3: Demonstrate a professional presence and model professional behaviour.		
Enabling Competencies	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. Ethical, Professional and Legal Responsibilities		
Key Competency 7.4: Uphold and promote the ethical values of the profession.		
Enabling Competencies	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).