Standards of Psychiatric Nursing Practice 2019



BCCNP
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Professionals





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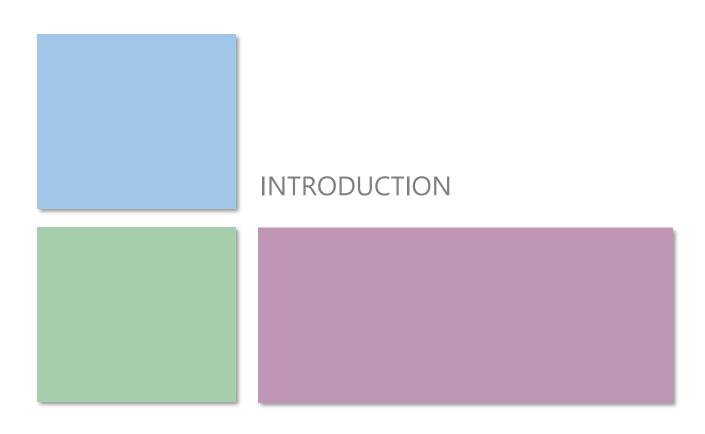
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PSYCHIATRIC NURSING IN CANADA

Over 6,000 Registered Psychiatric Nurses (RPNs) are now working in Canada. RPNs are autonomous professionals. They work collaboratively with <u>clients</u> and other health care team members to coordinate health care and provide client-centered services to individuals, families, groups and communities. RPNs focus on mental and developmental health, mental illness, and addictions, and take a holistic approach to care that integrates physical, <u>biopsychosocial</u> and spiritual models of care. Psychiatric nursing is committed to the prevention of illness and to the promotion and maintenance of optimal health, rehabilitation and recovery.

RPNs work within the domains of direct practice, education, administration and research. The core of psychiatric nursing practice is therapeutic communication and the **therapeutic relationship**. Emotion, behaviour and cognition are a major focus of RPN practice. Many psychotherapeutic interventions are performed through the psychiatric nurse's interaction with the client (Austin & Boyd, 2019).

THE STANDARDS OF PSYCHIATRIC NURSING PRACTICE

The Standards of Psychiatric Nursing Practice sets out the minimum acceptable level of performance required of a Registered Psychiatric Nurse. These standards articulate the legal and professional obligations of all RPNs. They apply to all practice settings, domains and roles, regardless of an individual RPN's educational preparation or professional experience. It is the professional responsibility of each Registered Psychiatric Nurse to know, understand and adhere to these standards.

Throughout this guide, indicators illustrate how to meet each standard. These indicators are representative but not comprehensive. In actual practice, specific indicators may vary according to the situation and context of the psychiatric nurses' role. It is the professional responsibility of the Registered Psychiatric Nurse to articulate how they meet each standard.



To promote positive client outcomes, RPN practice is guided by a code of ethics, competencies, and standards of practice. The diagram above depicts the five key standards of practice and how they interact to guide the entire profession.

A NOTE ABOUT STANDARDS, NAMES AND JURISDICTIONS

The registered psychiatric nursing regulators in Alberta, British Columbia, Manitoba and Saskatchewan worked together to develop and validate the 2019 Standards of Psychiatric Nursing Practice for Registered Psychiatric Nurses outlined in this document. Each jurisdiction is responsible for final approval in their own province.

Although we collectively refer to this national document as the *Standards of Psychiatric Nursing Practice*, each province will adopt these standards in a manner consistent with their provincial legislation, and may refer to this document by a different name.

The reader should refer to his or her provincial standards documents, and any other practice directions or standards that may be in regulation in their province of practice, in such cases.



STANDARD 1. THERAPEUTIC RELATIONSHIPS

The Registered Psychiatric Nurse establishes collaborative professional, interpersonal, and therapeutic relationships with clients.

- 1. Continually applies the **therapeutic use of self** within professional practice.
- 2. Recognizes and addresses power imbalances in therapeutic relationships.
- 3. Ensures client needs remain the focus of the therapeutic relationship.
- 4. Does not exploit the vulnerability of persons encountered through their practice.
- 5. Will not engage in any sexual behaviour while in a therapeutic relationship with a client, with or without consent.
- 6. Will not enter into a close personal or intimate relationship with a client or a former client who has received psychotherapeutic treatment from the Registered Psychiatric Nurse.
- 7. Uses **professional judgment**, effective communication and interpersonal skills, and practices with integrity to establish, maintain and terminate the therapeutic relationship.
- 8. Recognizes and addresses **transference** and **counter-transference** and their impact on the therapeutic relationship.
- 9. Applies critical thinking and professional judgment in therapeutic relationships.
- 10. Establishes and negotiates **boundaries** in therapeutic relationships.
- 11. Practices according to the principles of informed consent and confidentiality.
- 12. Will make best efforts to find suitable alternatives to treating their own family or friends.
- 13. Develops partnerships using a client-centred, integrated and holistic approach.

STANDARD 2. COMPETENT, EVIDENCE-INFORMED PRACTICE

The Registered Psychiatric Nurse continually acquires and integrates <u>evidence-informed</u> knowledge and builds on psychiatric nursing education and lifelong learning.

- 1. Applies evidence-informed knowledge, skill, critical thinking and professional judgment to assess, plan, implement, and evaluate in the practice of psychiatric nursing.
- 2. Incorporates evidence-informed knowledge to promote safety and quality in psychiatric nursing practice.
- 3. Uses communication skills effectively.
- 4. Integrates **<u>cultural competence</u>** and **<u>cultural safety</u>** into their practice with diverse clients.
- 5. Recognizes potential risks and hazards, and implements interventions to promote a safe environment.
- 6. Integrates infection prevention and control principles in providing psychiatric nursing care.
- 7. Documents the application of the clinical decision-making process in a responsible, accountable and ethical manner.
- 8. Applies documentation principles to ensure effective written/electronic communication.
- 9. Remains current in knowledge relevant to their practice.
- 10. Incorporates knowledge of therapeutic modalities and conceptual models of psychiatric nursing.
- 11. Coordinates client care and/or health services throughout the **continuum of care**.
- 12. Establishes, maintains and coordinates a plan of care based on a comprehensive psychiatric nursing assessment.

STANDARD 3. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

The Registered Psychiatric Nurse is accountable and responsible for safe, competent and ethical psychiatric nursing practice that meets the standards of the profession and legislated requirements.

- 1. Maintains current registration/licensure.
- 2. Practises in accordance with all relevant legislation and regulation including the Standards of Psychiatric Nursing Practice.
- 3. Exercises professional judgment when agency policies and procedures are unclear or absent.
- 4. Assumes responsibility and accountability for **continuing competence**, and for meeting continuing competence requirements.
- 5. Seeks out the necessary resources using skill and professional judgment to address personal and professional limitations.
- 6. Recognizes the <u>competencies</u> and limitations of colleagues and/or students when assigning responsibilities.
- 7. Responds to and/or reports unsafe practice, professional incompetence, professional misconduct, and incapacity or fitness-to-practice issues to the appropriate authority.
- 8. Complies with any legal duty to warn and report, including abuse or potential harm to the public.
- 9. Self-reports to the regulatory body conditions that compromise their fitness to practice.
- 10. Uses technology, electronic communication and social media responsibly and professionally.

STANDARD 4. LEADERSHIP AND COLLABORATION IN QUALITY PSYCHIATRIC NURSING PRACTICE

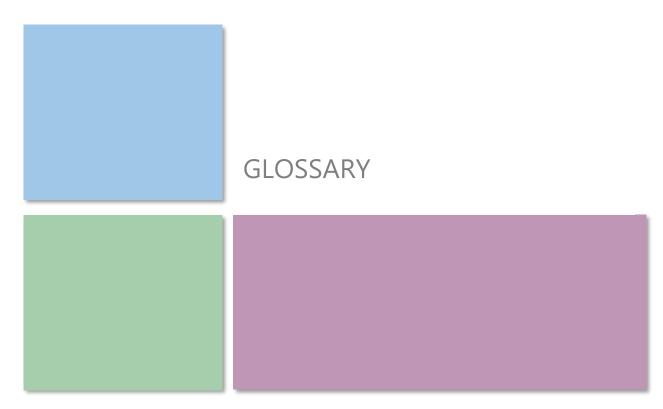
The Registered Psychiatric nurse enhances the safety, <u>quality</u> and effectiveness of psychiatric nursing practice through leadership and collaboration.

- 1. Engages in practices that promote physical, environmental and psychological safety.
- 2. Evaluates the effectiveness of interventions in psychiatric nursing practice.
- 3. Participates in quality improvement activities to initiate change in psychiatric nursing practice and in the health care system.
- 4. Collaborates with client, team members, families and other stakeholders to develop comprehensive psychiatric nursing care to achieve the client's health goals.
- 5. Mentors colleagues and stakeholders for the advancement of psychiatric nursing practice and quality health care.
- 6. Promotes collaborative practice among health care professionals through respectful working relationships and appropriate documentation practices.
- 7. Acts as a leader, teacher and role model to students, beginner practitioners and colleagues, supporting, Instructing and/or mentoring them in their professional development.
- 8. Takes action to resolve professional practice issues.
- 9. Collaborates with and advocates for clients.
- 10. Demonstrates **professional leadership** through:
 - i) Building trusting relationships
 - ii) Creating **empowering** environments
 - iii) Supporting knowledge development and integration within the health care team
 - iv) Advancing psychiatric nursing practice and quality health care
 - v) Leading and sustaining change and balancing competing values and priorities

STANDARD 5. PROFESSIONAL ETHICAL PRACTICE

The Registered Psychiatric Nurse understands, upholds and incorporates the profession's Code of Ethics into their professional practice.

- 1. Practises with honesty, integrity and respect, demonstrating the ethics, standards, principles, guidelines and values of the profession.
- 2. Applies the Code of Ethics in all areas of their practice.
- 3. Identifies the effect of their own values, beliefs and experiences in relationships with clients, recognizes potential conflicts, and takes action to prevent or resolve them.
- 4. Applies ethical and legal considerations in maintaining confidentiality in all forms of communication.
- 5. Supports the human, legal and moral rights of clients, including the right to make informed decisions and the right to live at risk.



GLOSSARY

The following glossary aims to clarify the meaning of specialized working terms found in the Standards of Practice. This glossary is not intended to contain a comprehensive definition of those terms.

Biopsychosocial: Consists of separate but interdependent domains: biologic, psychological and social. Each domain has independent knowledge and treatment focus but can interact and be mutually interdependent with the other domains (Austin & Boyd, 2010).

Boundaries: Limits that protect the space between the professional's power and the client's vulnerability. Boundaries define and separate professional roles from other roles. Boundaries are the limits that allow a safe connection between a professional and a client and are always based on the client's needs (Peterson, M. 1992).

Client: Individual, groups, families, and communities (Registered Psychiatric Nurses Entry-Level Competencies, Registered Psychiatric Nurses Canada, 2014).

Collaborative Health Care: Care that is provided from different specialties, disciplines, or sectors that work

together to offer complementary services and mutual support (Austin et al., 2018).

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

Continuing Competence: The ongoing ability of a Registered Psychiatric Nurse to integrate and apply the knowledge, skills, professional judgment, attitudes, values and interpersonal attributes required to practice safely and ethically in their current role and setting (CRPNA, September 2013).

Continuum of Care: A comprehensive system of services and programs, ranging from mental health promotion and illness prevention to specialized services, and designed to match the needs of individuals and populations with appropriate care and treatment, and which vary according to levels of service, structure, and intensity of care. (Austin et al. 2019).

Counter-Transference: The nurse's reactions to a client that are based on the nurse's unconscious needs, conflicts, problems, and views of the world. See also **Transference** (Austin & Boyd, 2010).

Cultural Competence: The ability of nurses to apply knowledge and skill appropriately in cross-cultural situations, and to adapt care delivery to meet the patient's cultural needs and preferences (Pollard, Ray & Haase, 2014).

Cultural Safety: Both a process and an outcome whose goal is to promote greater equity. It focuses on root causes of power imbalances and inequitable social relationships in health care, and includes cultural awareness, cultural sensitivity and cultural competence (Canadian Nurses Association, 2013).

Empower: To make others stronger and more confident, especially in controlling their life and claiming their rights (Oxford Dictionary, 2019).

Evidence-Informed: Care based on the collection, interpretation and integration of valid, important, and applicable patient-reported, clinician-observed, and research-derived evidence. (Halter, 2014).

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

Professional Judgment: The evaluation of evidence to a make a clinical decision. It is the ability to make critical distinctions and achieve a balanced viewpoint, including the reaction of the Registered Psychiatric Nurse to the client. (RPNRC Entry Level Competencies, November 2014).

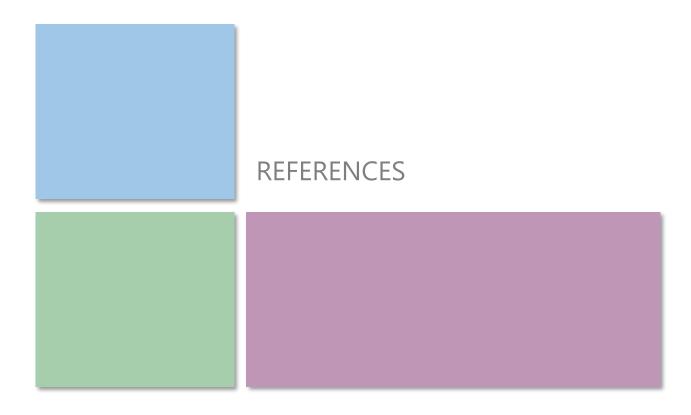
Quality: Quality of health care is comprised of multiple dimensions, including five that focus on the patient/client experience:

- Acceptability: Care is respectful and responsive to user preferences, needs and values
- Appropriateness: Care is evidence-informed and specific to individual clinical needs
- Accessibility: Care and services are reached with ease
- Safety: Care avoids resulting in harm
- Effectiveness: Care that is known to achieve intended outcomes (BC Patient Safety and Quality Council, 2017).

Therapeutic Relationship: An interpersonal process that is purposeful, goal directed and focused on achieving outcomes in the best interest of the client, in which the nurse maximizes their communication skills, understanding of human behaviour, and personal strengths to advance the client's interests and personal growth, and to promote health and well-being.

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

Transference: The client's experience of feelings toward the nurse, that were originally held toward significant others in his or her life. See also **Counter-Transference** (Halter, 2014).



REFERENCES

Austin, W., & Boyd, M. A. (2010). *Psychiatric and Mental Health Nursing for Canadian Practice*. Philadelphia, PA: Lippincott, Williams & Wilkins.

Austin, W., Kunyk, D., Peternelj-Taylor, C., & Boyd, M. (2018). *Psychiatric & Mental Health Nursing for Canadian Practice*. Philadelphia, PA: Wolters Kluwer.

BC Patient and Safety Quality Council. (2017). Quality Matrix. Vancouver, BC: Author.

Canadian Nurses Association. (2013). *Transcript from Symposium on Culture*. Ottawa, ON: Author.

Halter, M. J. (2014). Varcarolis' Canadian Foundation of Psychiatric Mental Health Nursing: A Clinical Approach. Toronto, ON: Elsevier.

Kellerman, B. (1999). Reinventing Leadership. New York, NY: State University of New York Press.

Peterson M.R. (1992). *At Personal Risk: Boundary Violations in Professional–Client Relationships*. New York, NY: W. Norton & Company.

Pollard, C., Ray, S.L., & Haase, M. (Eds.). (2014). *Canadian Psychiatric Mental Health Nursing*. Toronto, ON: Elsevier.

Verma, S., Paterson, M., & Medves, J. (2006). Core competencies for health care professionals:

What medic nursing, occupational therapy, and physiotherapy share. *Journal of Allied Health*, 35 (2), pp. 109-115.

