

Components of Psychiatric Nursing Practice

Approved by

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1. Introduction.

With current mental health reform initiatives in Manitoba, it is clear that the work environments of the practitioner in psychiatric nursing will continue to diversify, as the settings of practice shift from large institutions to small hospitals and community-based programs. The emphasis of practice will also shift from cure and treatment to the prevention of mental illness and the promotion of mental health. As a result RPNs will require enhanced teaching and public speaking skills. In addition, consumer expectations are changing. Consumers now expect to control or participate more fully in solving problems and making decisions that affect themselves or their communities. Therefore, enhanced assessment, facilitation and coordination skills will be beneficial.

With this diversification will come an increase in the degree and types of practice for these practitioners: from autonomous entrepreneurs in private practice responsible for ensuring their own quality control, to a semi-independent practice environment having intermittent contact with supervisors and managers, to traditional environments where hierarchical models of administration and management will continue to apply. While RPN practice has always included dependent, interdependent and independent practice, mental health reform will lead to increased autonomous practice.

Because both preparation and practice are changing, a document that reflects the expected competencies of a beginning practitioner with preparation at the enhanced diploma and baccalaureate levels would be useful.

Framework of the Components of Practice of the RPN Document

Current goal, outcome and standard statements depicting the practice of psychiatric nursing are written for the practitioner prepared at the diploma level. Analysis and synthesis of these existing statements and the literature and focus group responses resulted in the emergence of themes describing future psychiatric nursing practice. These themes were used as a foundation to develop eight components of psychiatric nursing practice as practised by R.P.N.s in the future. Each of the eight components has accompanying outcome criteria that enable the practitioner to engage in decision making, goal setting, and actualization of psychiatric nursing potential. The outcome criteria provide a set of realistic expectations within a broad context for the nature and quality of practice of the Registered Psychiatric Nurse.

There is substantial commonality to all eight components. That commonality is best identified as the core of psychiatric nursing. This core is greater than and different from the sum of the components. Description, instead of definition, serves to identify psychiatric nursing in a representative manner.

These components also describe the unique practice of psychiatric nursing. The components draw on the biological, psychological and social sciences to build a practice which offers a depth and breadth of knowledge ideally suited to meet the needs of clients with mental and developmental health concerns.

The Components of Psychiatric Nursing Practice

Component One: develops, implements and evaluates treatment programs with clients who have mental health and developmental habilitation concerns.

1.01 Develops therapeutic relationships focused upon

- the consumer's right of choice
- promotion of mental health
- maintenance of appropriate functioning
- restoration of functioning to previous (or optimal) levels following a disorder
- rehabilitation to facilitate the establishment of functional and adaptive client patterns
- creating an environment supportive of learning and risk-taking to achieve satisfying and productive patterns of living.

1.02 Utilizes case management to provide a consistent and supportive continuity of care.

1.03 Utilizes somatic therapies and related clinical skills.

1.04 Modifies the physical and interpersonal environment to establish and maintain a therapeutic milieu.

Component Two: provides psychiatric nursing care in a wide variety of community agencies and institutional settings.

Outcome Criteria:

2.01 Follows a systematic approach to practice by applying theory based care models and problem solving processes to clinical situations.

2.02 Collaborates with client and shares responsibility with the client for the effective use of a decision making or problem solving process.

2.03 Works with the client to establish client centred and health oriented goals.

- 2.04 Considers biological, psychological, social, spiritual, environmental and cultural factors, to assess their impact on client health and chosen lifestyle patterns.
- 2.05 Recognizes patterns of client adaptation and healthy coping.
- 2.06 Reinforces client adaptation and healthy coping strategies into a health oriented lifestyle.
- 2.07 Demonstrates creativity, flexibility, and openness to change.
- 2.08 Mobilizes existing strengths of the client and challenges the client's achievement of potential.
- 2.09 Empowers client, according to the clients ability, to assume responsibility for health.
- 2.10 Incorporates activities of daily living into treatment plans and interventions.

Component Three: contributes as a multidisciplinary team member in mental health/community service delivery systems to achieve client-centred objectives.

Outcome Criteria:

- 3.01 Develops positive, constructive relationships with members of the health care team and others.
- 3.02 Utilizes collaboration by:
 - identifying own role and role of other health team members
 - demonstrating respect for colleagues
 - exchanging professional expertise among colleagues
- 3.03 Consults with health professionals and others to improve care and services by:
 - assessing current and potential problems
 - determining the availability and feasibility of resources
 - proposing solutions
 - assisting with implementation if appropriate
- 3.04 Evaluates with the client and other health team members, the effectiveness, the comprehensiveness and the continuity of interventions.

Component Four: manages resources and the actions of other health care staff to ensure a cohesive and an informed caring environment that values the client.

Outcome Criteria:

- 4.01 Collaborates, teaches and supervises others and co-ordinates client-centred and environmental concerns.
- 4.02 Facilitates appropriate role functioning for each person in the health care environment.
- 4.03 Demonstrates leadership ability by:
 - establishing priorities and making decisions
 - responding to issues which may affect the delivery of mental health services
 - applying selected theories of leadership and management to relevant practice situations
- 4.04 Promotes security by monitoring the environment for actual and potential threats.
- 4.05 Encourages the client and others to recognize, establish and maintain client safety at all times.

Component Five: facilitates client potential by assisting the client to explore and identify modes of living and relating, and how to accept alternatives in the face of change.

Outcome Criteria:

- 5.01 Acts as an advocate for the client for developmental/mental health issues.
- 5.02 Focuses on the relationship patterns that exist between the client and the environment.
- 5.03 Encourages significant individuals within the clients environment, to participate in the decision making process.
- 5.04 Provides guidance and/or information to the client, with client consent, that allows for informed decision making.

- 5.05 Promotes health, and prevention of illness and trauma in the client, self and others by:
- identifying with the client the need for health teaching
 - assessing the client's readiness and ability to learn
 - preparing and implementing a health teaching plan
 - instructing the client, family and significant others about health problems and health practices
 - evaluating the effectiveness of health teaching in relation to adherence and management
- 5.06 Utilizes health education models to help promote, maintain or restore the health of a group or community.

Component Six: demonstrates a high level of commitment and accountability to the profession of psychiatric nursing and to society.

Outcome Criteria:

- 6.01 Practises within the relevant procedural, legislative, regulatory, ethical and professional standards for psychiatric nursing practise.
- 6.02 Identifies limitations and seeks out guidance and direction in matters related to care given or services provided.
- 6.03 Engages in or provides leadership to Association activities.
- 6.04 Provides consultation to the Association and fellow R.P.N.s in area of expertise.
- 6.05 Promotes the profession by engaging in voluntarism in their community.

Component Seven: assumes responsibility for learning to ensure ongoing professional development throughout the practitioner's career.

Outcome Criteria:

- 7.01 Maintains an awareness of professional development needs by:
- testing personal perceptions, and,
 - validating with self (and others), personal experiences, and situations.
- 7.02 Utilizes ongoing evaluative strategies to enhance future learning activities.
- 7.03 Promotes own career potential and lifelong learning.

Component Eight: improves professional practice through a continuous dedication towards excellence in all aspects of care provided by the psychiatric nursing practitioner.

Outcome Criteria:

- 8.01 Applies knowledge of the arts and sciences, with particular emphasis upon psychosocial and biophysical sciences.
- 8.02 Uses a conceptual framework in a consistent manner to guide psychiatric nursing practice.
- 8.03 Demonstrates a positive focus directed toward health and an openness to change.
- 8.04 Enhances the quality of professional practice through the application of critical thinking, decision making and leadership skills.
- 8.05 Provides formal and informal teaching and instruction to students in psychiatric nursing and other disciplines.
- 8.06 Participates in the creation and/or advancement of psychiatric nursing knowledge through innovations in theory and practice.
- 8.07 Participates in research activities.
- 8.08 Integrates current research findings into practice.
- 8.09 Raises research questions pertaining to how practice should be conducted in a changing health care environment.

GLOSSARY

Accountability: being answerable for one's own actions.

Active Listening: listening carefully and letting the speaker know that the message was received.

Adaptation: change or response to stress of any kind, may be normal, self-protective, or developmental.

Advocacy: engaging in activities for the purpose of protecting the rights of others while supporting the client's responsibility for self-determination, involves informing, supporting and affirming a client's self-determination in health care decisions.

Case Management: a system of health assessment, planning, service procurement/delivery/coordination and monitoring, through which multiple service needs of patients are met.

Collaboration: a mutual attention to the problem that utilizes the talents of all parties. Focus is on solving the problem.

Competency: the knowledge, abilities, skills, judgements, attitudes and values required for successful functioning of the practitioner.

Conceptual Framework: A frame of reference used to identify and analyze events in specific situations.

Consultation: interactional or communication process between two or more persons; one is a consultant, the other is a consultee. The consultant seeks to help the consultee solve a problem or improve or broaden skills.

Coping: the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person. Consists of efforts both action oriented and intra-psychic to manage (i.e. master, tolerate, reduce, minimize) environmental and internal demands and conflicts among them.

Coping Strategies: An individual's preferred method for dealing with stressful situations.

Developmental Handicap: disorder characterized by subaverage, general intelligence with impairments in the ability to learn and to fully adapt socially.

Empowerment: enabling a client to use his own personal resources. Empowerment can occur as a result of education, crisis resolution, or other experiences in which a client understands and uses self-attributes to increase control over his life.

Evaluation: the planned systematic comparison of the client's health status with the stated outcomes or objectives.

Health Education Model: The use of a health education process in a specific situation to assist clients to positively change their health status.

Health Promotion: behaviours designed to increase the health and well being of individuals, families and communities.

Leadership: the use of one's skills to influence others to perform to the best of their ability. A process of influencing the activities of an organized group toward goal setting and goal achievement.

Perception Testing: An internal awareness of an individual's representation of reality.

Prevention: aims to reduce the incidence of disease or dysfunction in a population through modifying stressful environments and strengthening the ability of the individual to cope. Involves the promotion and maintenance of good health through education, attention to adequate standards for basic needs and specific protection against known risks.

Promotion of Mental Health: Reducing inequities, increasing prevention and enhancing coping skills of individual's families and communities.

Rehabilitation: restoration to a former state of functioning or limiting of impairment and disability to the lowest possible level.

Role: one's task or function. That activity the incumbent would engage in were he to act solely in terms of the normative demands upon someone in his position.

Teaching: the importing of knowledge and techniques through a variety of means, both direct (e.g. instruction) and indirect (e.g. role model), in any setting in which there is a recipient (learner). Implies not only instruction but also stimulation, encouragement and guidance.

Teacher: an aspect of the RPN's role that involves keeping the client informed of his rights, providing accurate information about the client particular condition and course treatment, and helping the patient to enhance his social interaction and rehabilitation skills.

Therapeutic Relationship: the interaction between the RPN and client which requires that the RPN in a professional manner focus on the client, encourage the client to express his or her feelings and provide a supportive environment for the client.

Treatment: aims to reduce the prevalence (number of existing cases) of a disorder or dysfunction, includes early diagnosis and intervention.

Validation: attempts to verify the accuracy of data interpretation, may be accomplished by direct interaction with the client, consultation with others or comparison of data with an authoritative reference.