



**Mental Health & Addictions Foundation RPN / Employed Student Psychiatric Nurse - Foundational Continuous Competency Self-Assessment**

**\*Adapted from the CRPNBC Entry Levels for Self-Assessment<sup>1</sup> document**

**Note:** *This document is designed to support learning and professional development. It is not intended for performance management.*

This Continuous Competency Assessment (CCA) is intended for use by VCH Registered Psychiatric Nurses and Employed Student Nurses. The CCA is consistent with the CRPNBC Professional Standards and is to be used as a self-assessment to guide and plan professional development.

The purpose of the CCA is to:

- Facilitate self-assessment of competencies related to application of theory in practice
- Engage the nurse and designated practice leader in a dialogue related to strengths and areas for development/learning
- Provide focus and direction to support professional development
- Contribute towards the development of a professional development plan for annual licensing/registration.

To complete the CCA:

- Write the date at the top of the column and, for each competency listed, rate yourself using the legend provided.
- Review your self-assessment, noting areas that indicate the potential for further development.
- Consider 3-5 areas for development to include in a Professional Development Plan (PDP). Using the template provided at the back, include your goals and the competencies that are reflected within each goal, strategies that can help you achieve each goal, and the anticipated outcomes and timeline.
- Collaborate with your designated practice leader (educator, manager, etc.) to review and discuss your self-assessment and PDP.
- Periodically, provide specific examples from practice in the box below each set of competencies. Examples should be detailed, anecdotal notes that capture an event from your practice that corresponds to one of the competencies.
- Revisit the CCA at intervals determined in collaboration with your designated practice leader. Date the next column and rate yourself again based on your current practice. Follow up on your goals, assess your progress and add or change your PDP according to changes in your learning needs.

**Name:** \_\_\_\_\_

**Grad date:** \_\_\_\_\_

**Self-Assessment Dates:** \_\_\_\_\_

<sup>1</sup>Retrieved June 1, 2016 from: <http://www.crpnb.ca/wp-content/uploads/2012/12/2015-CRPNBC-ENTRY-LEVELS-FOR-SELF-ASSESSMENT-final.docx>

**Legend:**

5 = Can mentor or teach others  
4 = Consistently meets expectations  
3 = Requires support to consistently demonstrate  
2 = Not demonstrated  
1 = No opportunity

## ENTRY-LEVEL COMPETENCIES

### 1. 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.*

	Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
	1	2	3	4	5	Yes	No
1.1 Apply therapeutic use of self to inform all areas of psychiatric nursing practice.							
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 or 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.							
1.2 Establish a therapeutic relationship with the client.							
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.							

## CRPNBC Self-Assessment Form Entry-Level Competencies

*Regulating psychiatric nurses to ensure safe and ethical care*

	Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
	1	2	3	4	5	Yes	No
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).							
<b>1.3 Maintain the therapeutic relationship.</b>							
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.							
<b>1.4 Terminate the therapeutic relationship.</b>							
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.							
<b>Examples from practice:</b>							

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### 2. BODY OF KNOWLEDGE AND APPLICATION

*Registered Psychiatric Nurses' practice is comprised of foundational nursing knowledge and specialized psychiatric nursing knowledge. RPN's 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.*

EVIDENCE-INFORMED KNOWLEDGE	Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
	1	2	3	4	5	Yes	No
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.							
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, <i>The Diagnostic and Statistical Manual of Mental Disorders</i> ).							
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.							

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Regulating psychiatric nurses to ensure safe and ethical care

	Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
	1	2	3	4	5	Yes	No
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).							
<b>APPLICATION OF BODY KNOWLEDGE</b>							
2.16 Conduct a comprehensive client assessment.							
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.							
2.17 Formulate a clinical judgment based on the assessment data (e.g., nursing diagnosis, psychiatric nursing diagnosis).							
2.17.1 Identify psychiatric signs and symptoms that are commonly associated with psychiatric disorders, using current nomenclature (e.g., <i>The Diagnostic and Statistical Manual of Mental Disorders</i> ).							
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.							
2.18 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.							
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.							

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	1	2	3	4	5	Yes	No
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).							
2.19 Implement a variety of psychiatric nursing interventions with the client, according to the plan of care.							
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, parenteral).							
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).							
2.19.5 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.							
2.20 Use critical thinking and clinical judgment to determine the level of risk and coordinate effective interventions for psychiatric and non-psychiatric emergencies.							
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).							
2.21 Collaborate with the client to evaluate the effectiveness and appropriateness of the plan of care.							

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		Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
		1	2	3	4	5	Yes	No
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.							
<b>Examples from practice:</b>								

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### 3. COLLABORATIVE PRACTICE

*Registered Psychiatric Nurses work in collaboration with team members, families and other stakeholders to deliver comprehensive psychiatric nursing care in order to deliver comprehensive psychiatric nursing care in order to achieve the client's health goals.*

		Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
		1	2	3	4	5	Yes	No
3.1	Establish and maintain professional relationships that foster continuity and client-centred care.							
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.							
3.2	Partner effectively with team members in the delivery of client-centered care.							
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.							
3.3	Share responsibility for resolving conflict with team members.							
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.							
<b>Examples from practice:</b>								



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### 4. 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.*

	Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
	1	2	3	4	5	Yes	No
4.1 Collaborate with clients to take action on issues that may impact their health and well-being.							
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.							
4.2 Promote awareness of mental health and addictions issues by providing accurate information and challenging negative attitudes and behavior that contribute to stigma and discrimination.							
4.3 Collaborate with others to take actions on issues influencing mental health and addictions.							
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).							
<b>Examples from practice:</b>							

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### 5. 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.*

	Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
	1	2	3	4	5	Yes	No
5.1 Use reflective practice and evidence to guide psychiatric nursing practice.							
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.							
5.2 Engage in practices to promote physical, environmental and psychological safety.							
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).							
5.3 Integrate cultural awareness, safety and sensitivity into practice.							
5.3.1 Evaluate personal beliefs, values and attitudes related to own culture and other's 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 clients, 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.							
<b>Examples:</b>							

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### 6. HEALTH PROMOTION

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

	Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
	1	2	3	4	5	Yes	No
6.1 Engage in health promotion and the prevention of disease, illness and injury.							
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, communication, 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 promotions, and prevent disease, illness and injury (e.g., falls prevention, medication reconciliation, prevention and management of aggressive behavior, cultural sensitivity).							
6.1.6 Advocate for health-promoting health care systems and environments.							
6.2 Engage in mental health promotion when collaborating with clients.							
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).							

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		Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
		1	2	3	4	5	Yes	No
6.3	Engage in the prevention of mental illness, and substance-related and behavioural addictions, when collaborating with clients.							
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, health 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).							
6.4	Engage in suicide prevention when collaborating with clients.							
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).							
<b>Examples from practice:</b>								

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### 7. 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.*

	Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
	1	2	3	4	5	Yes	No
7.1 Practice in compliance with federal and provincial/territorial legislation and other legal requirements.							
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.							
7.2 Assume responsibility for upholding the requirements of self-regulation in the interest of public protection.							
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.							

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		Level of Competence 1 – 5 1 lowest to 5 highest					Learning Need	
		1	2	3	4	5	Yes	No
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.							
7.3	Demonstrate a professional presence and model professional behavior.							
7.3.1	Conduct oneself in a manner that promotes a positive image of the profession.							
7.3.2	Respond professionally, regardless of the behavior 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 judgement 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).							
7.4	Uphold and promote the ethical values of the profession.							
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).							
<b>Examples from practice:</b>								

**Examples  
from practice:**

## Professional Development Plan

Date	Learning Goals	Strategies	Anticipated Outcomes	Completion Date



## Professional Development Plan

Date	Learning Goals	Strategies	Anticipated Outcomes	Completion Date

## Professional Development Plan

**Additional Comments/Summary:**