

Exam Blueprint and Specialty Competencies

Introduction – Blueprint for the Psychiatric and Mental Health Nursing Certification Exam

The primary function of the blueprint for the CNA Psychiatric and Mental Health Nursing Certification Exam is to describe how the exam is to be developed. Specifically, this blueprint provides explicit instructions and guidelines on how the competencies are to be expressed within the exam in order for accurate decisions to be made on the candidates' competence in psychiatric and mental health nursing.

The blueprint has two major components: (1) the content area to be measured and (2) the explicit guidelines on how this content is to be measured. The content area consists of the list of competencies (i.e., the competencies expected of fully competent practising psychiatric and mental health nurses with at least two years of experience), and the guidelines are expressed as structural and contextual variables. The blueprint also includes a summary chart that summarizes the exam guidelines.

Description of Domain

The CNA Psychiatric and Mental Health Nursing Exam is a criterion-referenced exam.¹ A fundamental component of a criterion-referenced approach to testing is the comprehensive description of the content area being measured. In the case of the Psychiatric and Mental Health Nursing Certification Exam, the content consists of the competencies of a fully competent practising psychiatric and mental health nurse with at least two years of experience.

This section describes the competencies, how they have been grouped and how they are to be sampled for creating an exam.

Developing the List of Competencies

The final list of competencies was updated and approved by the Psychiatric and Mental Health Nursing Certification Exam Committee.

¹ Criterion-referenced exam: An exam that measures a candidate's command of a specified content or skills domain or list of instructional objectives. Scores are interpreted in comparison to a predetermined performance standard or as a mastery of defined domain (e.g., percentage correct and mastery scores), independently of the results obtained by other candidates (Brown, 1983).

Assumptions

In developing the list of competencies for psychiatric and mental health nurses, the following assumptions were made:

Inclusive language respects and promotes all people as valued members of society. In this document, non-binary descriptors are used. For example, “their” and “them” are used in reference to all genders and replace the terms “she/her/hers” and “he/him/his.”

The person

- The person refers to a client, patient, family, group, community, or population.
- The person’s support refers to family, friends, community, companion animals, and anyone/anything else identified by the person.
- The person may have unique experiences related to access, consent, capacity/competence, trauma, stigma, receiving treatment against their will, and being committed under the law.
- The person may have multiple conditions (e.g., physiological, concurrent/co-occurring disorders, dual diagnosis).
- The person has the opportunity to participate, collaborate, engage, and partner in their care.
- The person defines what “culturally safe” means to them and how their cultural location, beliefs, and values are to be considered.
- Cultural competence is the ability of the psychiatric mental health nurse to self-reflect on their own cultural values and how these impact the way care is provided. It includes the ability to assess and respect the values, attitudes, and beliefs of persons from other cultures and to respond appropriately in planning, implementing, and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease and prevalence, and treatment efficacy.
- Cultural safety is 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.” It includes cultural awareness, cultural sensitivity, and cultural competence.

Mental Health

- Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community (WHO, 2014).
- The concept of “recovery” in mental health refers to living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health problem or illness. Recovery journeys build on individual, family, cultural, and community strengths and they can be supported by many types of services, supports, and treatments. Recovery principles, including hope, dignity, self-

determination, and responsibility, can be adapted to the realities of different life stages, and to the full range of mental health problems and illnesses. Recovery is not only possible, it should be expected (MHCC, 2018).

- Addiction is a brain disorder characterized by compulsive engagement in rewarding stimuli, despite adverse consequences. Addiction is a chronic illness that causes an individual to engage in compulsive substance abuse or behavioral abuse (MDAM, 2018).
- Mental health promotion is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health. Beyond a focus on risk factors, it is an approach that aims to improve the health of individuals, families, communities, and society by influencing the complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions across the lifespan (i.e., the social determinants of health; Mental Health Promotion Guideline, 2018).
- Mental illness refers to conditions where our thinking, mood, and behaviours severely and negatively impact how we function in our lives. Mental illnesses are affected by “a complex mix of social, economic, psychological, biological, and genetic factors,” and they may take many forms, including mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders, and addictions such as substance dependence and gambling (Mental Health Promotion Guideline, 2018).
- Mental illness prevention focuses on reducing risk factors for mental illness and enhancing protective factors. Prevention aims to address risk and protective factors before the onset of illness. However, prevention can also address risk and protective factors once symptoms of mental illness emerge to reduce their severity (Mental Health Promotion Guideline, 2018).
- Stigma refers to negative, unfavourable attitudes and the behaviour they produce. The stigma around suicide, for example, spreads fear and misinformation, labels individuals, and perpetuates stereotypes. Stigma against people with mental health illnesses is oppressive and alienating; it prevents many from seeking help, denying them access to the support networks and treatment they need to recover (MHCC, 2013).

The Psychiatric and Mental Health Nurse

- The psychiatric and mental health nurse has a specialized body of knowledge and expertise.
- The psychiatric and mental health nurse focuses on the promotion of mental health, and the care and recovery of persons experiencing mental health and addiction related conditions.
- The psychiatric and mental health nurse recognizes that stigma, consent, legal matters, and capacity/competence are some of the issues that may affect the nurse–client relationship, and that complex ethical dilemmas may arise as a result.

- The psychiatric and mental health nurse's practice is based on the therapeutic relationship.
- The psychiatric and mental health nurse works autonomously, interprofessionally, collaboratively with the person, and with their identified supports, other health-care providers, and stakeholders.
- The psychiatric and mental health nurse undertakes professional development and lifelong learning related to this specialty.
- The psychiatric and mental health nurse advocates within the mental health system, and within society as a whole, for policies that promote mental health.
- The psychiatric and mental health nurse is self-aware of their personal beliefs and values, and has a responsibility to challenge harmful biases, stereotypical views, and discriminatory and racist behaviours, and to promote social inclusion.
- The psychiatric and mental health nurse possesses basic knowledge of local, provincial, and federal regulatory acts, legislation, and criminal law.

Environment

- Psychiatric and mental health care is embedded within the broader physical and social environment whose organization and characteristics affect care, quality of life, and treatment.
- The psychiatric and mental health nurse works with persons in a variety of settings (e.g., hospital, long-term care, school, workplace, home, street, clinic, virtual, correction settings).
- The psychiatric and mental health nurse promotes healthy environments that support healing.
- The psychiatric and mental health nurse facilitates ongoing evidence-informed treatment(s) and resources for individualized care (e.g., psychosocial intervention, harm-reduction services, management services, primary care, pharmacological approaches, peer support).

Competency Categories

The competencies are classified under a nine-category scheme commonly used to organize psychiatric and mental health nursing.

Some of the competencies lend themselves to one or more of the categories; therefore, these nine categories should be viewed simply as an organizing framework. Also, it should be recognized that the competency statements vary in scope, with some representing global behaviours and others more discrete and specific nursing behaviours.

Competency Sampling

Using the grouping and the guideline that the Psychiatric and Mental Health Nursing Certification Exam will consist of approximately 165 questions, the categories have been given the following weights in the total examination.

Table 1: Competency Sampling

Categories	Approximate weights in the total examination
Therapeutic Relationships	11-15%
Safety	14-18%
Promoting Mental Health and Recovery	7-11%
Therapeutic Approaches and Processes:	
1) Knowledge of Psychiatric Disorders & Mental Health Issues	6-10%
2) Contextual Factors within the Continuum of Care	6-10%
3) Assessment	10-14%
4) Interventions	10-14%
Psychopharmacology	14-18%
Professional Roles	4-8%

Technical Specifications

In addition to the specifications related to the competencies, other variables are considered during the development of the Psychiatric and Mental Health Nursing Certification Exam. This section presents the guidelines for two types of variables: structural and contextual.

Structural Variables: Structural variables include those characteristics that determine the general appearance and design of the exam. They define the length of the exam, the format and presentation of the exam questions (e.g., multiple-choice format) and special functions of exam questions (e.g., case-based or independent questions).

Contextual Variables: Contextual variables specify the nursing contexts in which the exam questions will be set (e.g., client culture, client health situation and health-care environment).

Structural Variables

Exam Length: The exam consists of approximately 165 multiple-choice questions.

Question Presentation: The multiple-choice questions are presented in one of two formats: case-based or independent. Case-based questions are a set of approximately four questions associated with a brief health-care scenario (i.e., a description of the client's health-care situation). Independent questions stand alone. In the Psychiatric and Mental Health Nursing Certification Exam, 60 to 70 per cent of the questions are presented as independent questions and 30 to 40 per cent are presented within cases.

Taxonomy for Questions: To ensure that competencies are measured at different levels of cognitive ability, each question on the Psychiatric and Mental Health Nursing Certification Exam is aimed at one of three levels: knowledge/comprehension, application and critical thinking.²

1. Knowledge/Comprehension

This level combines the ability to recall previously learned material and to understand its meaning. It includes such mental abilities as knowing and understanding definitions, facts and principles and interpreting data (e.g., knowing the effects of certain drugs or interpreting data appearing on a client's record).

2. Application

This level refers to the ability to apply knowledge and learning to new or practical situation. It includes applying rules, methods, principles and theories in providing care to clients (e.g., applying nursing principles to the care of clients).

3. Critical Thinking

The third level of the taxonomy deals with higher-level thinking processes. It includes the abilities to judge the relevance of data, to deal with abstraction and to solve problems (e.g., identifying priorities of care or evaluating the effectiveness of interventions). The psychiatric and mental health nurse with at least two years of experience should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments concerning the needs of clients.

² These levels are adapted from the taxonomy of cognitive abilities developed in Bloom (1956).

The following table presents the distribution of questions for each level of cognitive ability.

Table 2: Distribution of Questions for Each Level of Cognitive Ability

Cognitive Ability Level	Percentage of questions on Psychiatric and Mental Health Nursing Exam
Knowledge/Comprehension	15-25%
Application	35-45%
Critical Thinking	35-45%

Contextual Variables

Client Age and Gender: Two of the contextual variables specified for the Psychiatric and Mental Health Nursing Certification Exam are age and gender of the clients. Providing specifications for the use of these variables ensures that the clients described in the exam represent the demographics characteristics of the population encountered by psychiatric and mental health nurses.

Client Culture: Questions are included that measure awareness, sensitivity and respect for different cultural values, beliefs and practices, without introducing stereotypes.

Client Health Situation: In the development of the Psychiatric Mental Health Nursing Exam, the client is viewed holistically. The client health situations presented reflect a cross-section of mental health conditions.

Health-Care Environment: It is recognized that psychiatric and mental health nursing is practised in a variety of settings. 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.

Conclusions

The blueprint for the Psychiatric and Mental Health Nursing Certification Exam is the product of a collaborative effort between CNA, YAS and a number of psychiatric and mental health nurses across Canada. Their work has resulted in a compilation of the competencies required of practising psychiatric and mental health nurses and has helped determine how those competencies will be measured on the Psychiatric and Mental Health Nursing Certification Exam. A summary of these guidelines can be found in the summary chart Psychiatric and Mental Health Nursing Certification Development Guidelines.

Psychiatric and mental health nursing practice will continue to evolve. As this occurs, the blueprint may require revision so that it accurately reflects current practices. CNA will ensure that such revision takes place in a timely manner and will communicate any changes in updated editions of this document.

Summary Chart

Psychiatric and Mental Health Nursing Exam Development Guidelines

Structural Variables	
Exam Length and Format	Approximately 165 multiple-choice questions
Question Presentation	60-70% independent questions 30-40% case-based questions
Cognitive Ability Levels of Questions	Knowledge/Comprehension 15-25% of questions Application 35-45% of questions Critical Thinking 35-45% of questions
Competency Categories	1. Therapeutic Relationships 11-15% of questions 2. Safety 14-18% of questions 3. Promoting Mental Health and Recovery 7-11% of questions 4. Therapeutic Approaches and Processes: 1) Knowledge of Psychiatric Disorders & Mental Health Issues 6-10% of questions 2) Contextual Factors Within the Continuum of Care 6-10% of questions 3) Assessment 10-14% of questions 4) Interventions 10-14% of questions 5. Psychopharmacology 14-18% of questions 6. Professional Roles 4-8% of questions
Client Age	0 to 18 years 6-14% 19 to 64 years 60-80% 65+ years 14-26%
Client Culture	Questions are included that measure awareness, sensitivity and respect for different cultural values, beliefs and practices, without introducing stereotypes.
Client Health Situation	In the development of the Psychiatric Mental Health Nursing Exam, the client is viewed holistically. The client health situations presented reflect a cross-section of mental health conditions.
Health-Care Environment	Psychiatric Mental Health nursing is practised in a variety of settings. 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.

The Psychiatric and Mental Nursing Exam List of Competencies

1. Therapeutic Relationship

The psychiatric and mental health nurse:

- 1.1 Integrates the principles/concepts/dimensions underlying the therapeutic relationship (e.g., knowledge of the person, rapport, trust, safety, respect, genuineness, empathy, ethics, advocacy).
- 1.2 Demonstrates humility (humbly acknowledging oneself as a learner when attempting to understand another's experience) in interactions with all clients
- 1.3 Demonstrates knowledge that symptoms have culture-specific meanings and that clients from diverse backgrounds will describe their symptoms differently, have different ideas of what might have caused them, and will have different acceptance of the illness, and what kind of treatment they would seek for it.
- 1.4 Employs the therapeutic use of self through:
 - 1.4a establishing, maintaining, and terminating a therapeutic relationship
 - 1.4b using a range of communication skills and approaches
 - 1.4c having self-awareness (e.g., reflective practice)
 - 1.4d identifying one's own and the person's values and beliefs and their impact on the therapeutic relationship
 - 1.4e recognizing and responding to transference/counter-transference and its impact on the therapeutic relationship
- 1.5 Recognizes the influence of the interprofessional team, agencies, family, support, and community on the therapeutic relationship.
- 1.6 Distinguishes the various phases of the therapeutic relationship.
- 1.7 Formulates a plan of care for the initial phase of the therapeutic relationship through:
 - 1.7a partnering with the person
 - 1.7b discussing confidentiality and consent
 - 1.7c advocating, promoting, and valuing the person's lived experience
 - 1.7d collaboratively developing goals
- 1.8 Formulates a plan of care for the working phase of the therapeutic relationship by:
 - 1.8a identifying and incorporating the person's strengths, resilience, and resources

- 1.8b promoting healthy coping and problem-solving strategies
- 1.8c revising therapeutic goals
- 1.9 Formulates a plan of care for the termination phase of the therapeutic relationship by:
 - 1.9a initiating transitions
 - 1.9b evaluating ongoing or continuing care for the future

2. Safety

The psychiatric and mental health nurse:

- 2.1 Demonstrates knowledges of predisposing safety risk factors (e.g., vulnerable populations, environmental factors, physiological factors, cultural safety).
- 2.2 Assesses changes in the person's physiological and mental status that indicate safety risk factors to the person, nurse, and others.
- 2.3 Intervenes with respect for culture, equity, sexual orientation, gender identity, social justice, intersectionality, and personal dignity.
- 2.4 Identifies the impact of violence, trauma, and abuse on the person, family, community, and population.
- 2.5 Applies strategies to minimize risk to the person, nurse, care team, and/or circle of care.
- 2.6 Selects the nursing intervention(s) for persons experiencing the following:
 - 2.6a suicidal thoughts, plans, or behaviour
 - 2.6b homicidal thoughts, plans, or behaviour
 - 2.6c self-injurious behaviour (e.g., substance use or abuse, cutting, unsafe sex)
 - 2.6d aggressive behaviour (e.g., non-verbal cues, verbal, physical, threatening toward others and the physical environment)
 - 2.6e disorganized thoughts and behaviour (e.g., psychosis, depression, delirium, dementia)
 - 2.6f abuse and neglect (e.g., sexual, physiological, bullying, emotional, verbal, financial)
- 2.7 Manages complex and rapidly changing situations (i.e., physiological or mental health states) by:
 - 2.7a collaborating with the health-care team in managing actual or potential unsafe situations
 - 2.7b planning and implementing a safety assessment, including crisis prevention strategies and de-escalation techniques
 - 2.7c using trauma-informed care, including incorporating principles of harm reduction

- 2.7d engaging, monitoring, and observing (e.g., appropriate level of engagement, elopement precautions, environmental milieu)
- 2.7e modifying the environment (e.g., milieu management, removing sharps, safety of others)
- 2.7f using interventions from least to most restrictive (e.g., limit setting, de-escalation, chemical, environmental, and physical restraints)
- 2.7g facilitating the use of support systems (e.g., community resources, family, crisis services, other support)
- 2.7h documenting the plan of care and intervention
- 2.7i evaluating the effectiveness of the intervention and modifying the plan when necessary

3. Promoting Mental Health and Recovery

The psychiatric mental health nurse:

- 3.1 Demonstrates knowledge of mental health promotion and recovery principles.
- 3.2 Applies strategies that strengthen individual resilience (e.g., self-esteem, power and hope, sense of identity, meaning and purpose).
- 3.3 Applies strategies that foster supportive environments.
- 3.4 Incorporates the knowledge of the impact of social determinants of health on the provision of care and anticipated health outcomes (e.g., access to adequate housing, income, social inclusion, experience of inequality).
- 3.5 Understands preventative strategies targeting mental health problems and mental illness (e.g., primary, secondary, tertiary prevention).
- 3.6 Uses evidence-informed interventions to provide ethical, culturally competent, safe, effective care.
- 3.7 Recognizes risk (e.g., trauma, substance abuse) and protective factors (e.g., social support, spirituality, religious beliefs) that impact mental health.
- 3.8 Applies principles of mental health recovery (e.g., personal strengths and values, autonomy, choice, self-management, collaboration, civic engagement).
- 3.9 Applies principles of trauma-informed care (e.g., safety, trustworthiness, choice, collaboration, empowerment).
- 3.10 Encourages the person living with mental health and addiction conditions to be actively engaged in their recovery (e.g., harm reduction, providing education and teaching).
- 3.11 Promotes formal and informal supports and resources (e.g., access, transitions, and continuity in care).

4. Therapeutic Approaches and Interactions

Knowledge of psychiatric disorders

The psychiatric mental health nurse:

- 4.1 Demonstrates knowledge to recognize and understand the following:
 - 4.1a people experiencing anxiety; for example:
 - i) generalized anxiety
 - ii) social anxiety
 - iii) phobias, obsessive compulsive behaviours
 - iv) other anxiety disorders (e.g., panic disorder, separation anxiety)
 - 4.1b people experiencing alterations in mood; for example:
 - i) major depressive disorders
 - ii) depressive disorders (e.g., postpartum, seasonal affective, dysthymia)
 - iii) bipolar and related disorders
 - 4.1c people experiencing alterations in cognition; for example:
 - i) delirium
 - ii) neurocognitive disorders (e.g., Alzheimer's, vascular, Lewy body, traumatic brain injury)
 - 4.1d people experiencing psychosis; for example:
 - i) delusional disorder
 - ii) schizophrenia
 - iii) schizoaffective disorder
 - iv) other psychosis (e.g., substance/medication-induced, postpartum psychosis)
 - 4.1e people experiencing personality disorders; for example:
 - i) borderline personality disorder
 - ii) antisocial personality disorder
 - iii) narcissistic personality disorder
 - iv) other personality disorders (e.g., paranoid, dependent)
 - 4.1f people experiencing trauma and stressor-related disorders; for example:
 - i) adjustment disorder
 - ii) reactive attachment disorder
 - iii) PTSD
 - 4.1g people experiencing substance-related and addictive disorders; for example:
 - i) substance use disorders (e.g., alcohol, tobacco, cannabis, prescription drugs, illicit drugs)

- ii) withdrawal (e.g., opioids, alcohol)
 - iii) non-substance related disorders (e.g., gambling, pornography, internet gaming)
 - iv) high-risk behaviours (e.g., criminality, reckless driving, high-risk sexual behaviours)
- 4.1h people experiencing eating disorders; for example:
- i) bulimia nervosa
 - ii) anorexia nervosa
 - iii) other eating disorders (e.g., binge-eating disorder, unspecified)
- 4.1i people experiencing neurodevelopmental disorders; for example:
- i) intellectual disabilities
 - ii) autism spectrum disorders
 - iii) ADHD
 - iv) other (e.g., motor disorders, tic disorders, speech disorders, movement disorders)
- 4.1j people experiencing disruptive, impulse control and conduct disorders; for example:
- i) conduct disorder
 - ii) oppositional defiant disorder
 - iii) impulse control disorder
- 4.1k people experiencing obsessive and compulsive related disorders; for example:
- i) obsessive compulsive disorders
 - ii) hoarding disorder
- 4.1l people experiencing other psychiatric disorders; for example:
- i) somatoform disorders (e.g., conversion disorder)
 - ii) dissociative disorders

Contextual Factors

The psychiatric and mental health nurse:

- 4.2 Addresses contextual factors within the continuum of care including:
- 4.2a social determinants of health (e.g., education, socioeconomic status, housing)
 - 4.2b the person's trauma history (e.g., adverse childhood experiences, bullying, intergenerational trauma, abuse, sexual assault, PTSD, workplace harassment)
 - 4.2c the person's responses to previous interventions and care (e.g., past trauma experienced in systems: health care, correctional, child welfare, etc.)
 - 4.2d combined health conditions such as:
 - i) concurrent disorders (i.e., addictions and mental illness)

- ii) dual diagnoses (i.e., developmental disorder and mental illness)
 - iii) comorbid conditions (e.g., diabetes, cardiac disorder, infections)
- 4.2e life events such as:
- i) crisis (e.g., maturational, situational, adventitious)
 - ii) loss (e.g., complicated, unresolved grief)
- 4.2f culture and diversity such as:
- i) Indigenous considerations (First Nations, Inuit, and Metis)
 - ii) immigration considerations (e.g., newcomers, transition)
 - iii) ethnicity
 - iv) traditional practices (e.g., health practices and beliefs)
 - v) sexual orientation
 - vi) gender identity
 - vii) spirituality
 - viii) religious beliefs
- 4.2g stigma and access to care (e.g., discrimination, prejudice, self-stigma, structural stigma)
- 4.2h technology (e.g., social media, electronic medical records)

Assessment

The psychiatric mental health nurse

- 4.3 Assesses:
- 4.3a using a comprehensive mental status exam including the following:
- i) general observation
 - ii) mood (e.g., anxiety, depression)
 - iii) affect
 - iv) speech
 - v) perception
 - vi) thought
 - vii) sensorium
 - viii) insight
 - ix) judgment
- 4.3b safety and risk (e.g., falls, history of violence, aggression, substance use)
- 4.3c the person's strengths, resilience, and support (e.g., spirituality)
- 4.3d readiness for change (e.g., motivation, relapse)

- 4.3e exposure to stress and stress responses (e.g., coping strategies, defence mechanisms)
- 4.3f physiological manifestations (e.g., withdrawal, chronic pain, delirium, movement disorders, GI disturbances, infections)
- 4.3g social interactions and interpersonal relationships
- 4.3h functional status (e.g., sleep, nutrition, sexuality, education, occupation, ADLs)

Interventions

The psychiatric and mental health nurse:

- 4.4 Demonstrates knowledge of individualized interventions (e.g., education, group therapy, counselling, relaxation, supportive therapy, limit setting, de-escalation) for the person experiencing:
 - 4.4a anxiety
 - 4.4b alterations in mood
 - 4.4c alterations in cognition
 - 4.4d psychosis
 - 4.4e personality disorders
 - 4.4f trauma and stressor related disorder
 - 4.4g substance related and addiction disorder
 - 4.4h eating disorders
 - 4.4i neurodevelopmental disorders
 - 4.4j disruptive, impulsive control, and conduct disorders
 - 4.4k obsessive compulsive disorders
 - 4.4l other psychiatric disorders
- 4.5 Provides care for persons receiving electroconvulsive therapy (ECT).
- 4.6 Differentiates between delirium, dementia, and depression.
- 4.7 Evaluates progress, outcomes, and goals of interventions.
- 4.8 Considers incorporating complementary and alternative therapies or traditional healing practices (e.g., yoga, mindfulness meditation, smudging).

5. Psychopharmacology

The psychiatric and mental health nurse, in collaboration with the person:

- 5.1 Demonstrates knowledge of the classification of psychotropic medications (e.g., SSRIs, mood stabilizers, benzodiazepines, stimulants, sedatives)
- 5.2 Administers medication accurately and safely (e.g., lab diagnostics, pharmacokinetics)
- 5.3 Selects interventions to assess and monitor side effects, such as:
 - 5.3a cognitive changes (e.g., over sedation, agitation, confusion)
 - 5.3b neurological changes (e.g., extrapyramidal symptoms, tardive dyskinesia)
 - 5.3c physiological changes (e.g., cardiovascular, hepatic, hematological, dermatological, ophthalmological)
 - 5.3d sexual dysfunction
 - 5.3e paradoxical responses
 - 5.3f anticholinergic effects
- 5.4 Selects interventions to assess and monitor for toxicity, such as:
 - 5.4a lithium toxicity
 - 5.4b serotonin syndrome
- 5.5 Selects interventions to assess and monitor for possible life-threatening adverse effects, such as:
 - 5.5a agranulocytosis
 - 5.5b neuroleptic malignant syndrome
 - 5.5c metabolic syndrome
 - 5.5d intentional overdose
- 5.6 Demonstrates a knowledge of the various factors that influence the person's adherence to psychotropic medication management such as:
 - 5.6a attitudes and beliefs about medication and available choices (including alternative treatments)
 - 5.6b knowledge, understanding, and treatment preferences
 - 5.6c therapeutic response
 - 5.6d age and culture
 - 5.6e impact of costs

- 5.6f benefits of IM versus oral and depot
- 5.7 Initiates health teaching related to medication and precautions.
- 5.8 Evaluates the person's needs and responses to the medications.

6. Professional Roles

The psychiatric and mental health nurse:

- 6.1 Demonstrates respectful engagement through emotional attunement that is reflective of biases, stigma, and judgment.
- 6.2 Applies applicable provincial/territorial and national legislation, as well as institutional rules and guidelines (e.g., provincial mental health act, community treatment orders, mandatory outpatient treatments, criminal code, medical assistance in dying, etc.).
- 6.3 Advocates for the person's rights (e.g., Indigenous rights, human rights, rights of persons with disabilities, offender's rights)
- 6.4 Engages in self-care (e.g., work–life balance, recognizing secondary trauma).
- 6.5 Participates in ongoing professional development (e.g., training in best practices, new treatment modalities)
- 6.6 Facilitates health teaching and learning opportunities based on the persons' needs and capacities (e.g., literacy levels, individual coaching, group facilitation, etc.).
- 6.7 Demonstrates collaboration by developing partnerships with person(s) (e.g., discharge process).
- 6.8 Demonstrates collaboration by developing partnerships (e.g., police, community, federal services, social workers, crisis workers, peer support workers).
- 6.9 Assists the person to navigate numerous systems associated with health care (e.g., criminal justice, child welfare, housing).