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

A working group of eight highly experienced psychiatric and mental health nurses from various regions in Canada revised and updated the current list of competencies during a five-day meeting. The final list of competencies was 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:

The person

- The person refers to a client, patient, consumer, family, group, community or population.
- The person’s circle of support refers to family, friends and others.
- The person may have unique issues related to stigma, capacity/competence, consent, receiving treatment against his/her will and being committed under the law.
- The person may have multiple conditions (e.g., physiological, concurrent disorders, dual diagnosis).
- The person has the right to participate, collaborate and engage in care.

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 recovery, the person’s lived experience, the promotion of health, the prevention of mental illness and the care of persons experiencing mental health and addiction issues.
- Stigma, consent, legal matters and capacity/competence are some issues that may affect the nurse-client relationship, and complex ethical dilemmas may arise as a result.
- The psychiatric and mental health nurse’s practice is based on the therapeutic use of self and developing therapeutic relationships.
- The psychiatric and mental health nurse works autonomously, interdependently, interprofessionally and collaboratively with the person, circle of support, other health-care providers, professionals and other stakeholders.
- The psychiatric and mental health nurse undertakes her professional development and lifelong learning related to this specialty.
- The psychiatric and mental health nurse advocates, both within the mental health system and society as a whole, for relevant environmental and policy changes that will promote and sustain optimal mental health.
Health

- Health, a resource for everyday life, is a positive concept emphasizing social and personal resources as well as physical, spiritual and mental capacities.

- Mental health is defined as the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.

- Mental health promotion is the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, individual choice, social justice, interconnectedness and personal dignity. The social determinants of health are at the forefront of health promotion.

- Recovery involves a process of growth and transformation as the person with a mental health problem or illness develops strengths and new ways of being. People are empowered and supported to actively engage in their own journey of well-being.

- Prevention of mental illness and addictions focuses on measures taken to prevent problems and illnesses, by addressing risk factors as well as protective factors for individuals, groups and communities.

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, school, workplace, home, street, clinic, virtual).

- The least restrictive yet safest environment possible is the most desirable.

- The psychiatric and mental health nurse promotes healthy and enabling environments that support healing.

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.

**Percentage of Competencies in Each Group**

The following table presents the number and the percentage of competencies in each category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of competencies</th>
<th>Percentage of the total number of competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Relationships</td>
<td>17</td>
<td>8-12%</td>
</tr>
<tr>
<td>Safety</td>
<td>17</td>
<td>10-14%</td>
</tr>
<tr>
<td>Promoting Health, Well-Being and Recovery</td>
<td>10</td>
<td>8-10%</td>
</tr>
<tr>
<td>Therapeutic Approaches and Processes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Knowledge of Psychiatric Disorders &amp; Mental Health Issues</td>
<td>30</td>
<td>8-12%</td>
</tr>
<tr>
<td>2) Contextual Factors within the Continuum of Care</td>
<td>14</td>
<td>8-12%</td>
</tr>
<tr>
<td>3) Assessment</td>
<td>16</td>
<td>10-15%</td>
</tr>
<tr>
<td>4) Interventions</td>
<td>13</td>
<td>10-15%</td>
</tr>
<tr>
<td>Psychopharmacology</td>
<td>23</td>
<td>8-12%</td>
</tr>
<tr>
<td>Professional Roles</td>
<td>8</td>
<td>3-6%</td>
</tr>
</tbody>
</table>

**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 2: Competency Sampling

<table>
<thead>
<tr>
<th>Categories</th>
<th>Approximate weights in the total examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Relationships</td>
<td>8-12%</td>
</tr>
<tr>
<td>Safety</td>
<td>10-14%</td>
</tr>
<tr>
<td>Promoting Health, Well-Being and Recovery</td>
<td>8-10%</td>
</tr>
<tr>
<td>Therapeutic Approaches and Processes:</td>
<td></td>
</tr>
<tr>
<td>1) Knowledge of Psychiatric Disorders &amp; Mental Health Issues</td>
<td>8-12%</td>
</tr>
<tr>
<td>2) Contextual Factors within the Continuum of Care</td>
<td>8-12%</td>
</tr>
<tr>
<td>3) Assessment</td>
<td>10-15%</td>
</tr>
<tr>
<td>4) Interventions</td>
<td>10-15%</td>
</tr>
<tr>
<td>Psychopharmacology</td>
<td>8-12%</td>
</tr>
<tr>
<td>Professional Roles</td>
<td>3-6%</td>
</tr>
</tbody>
</table>

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.

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.

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

Table 3: Distribution of Questions for Each Level of Cognitive Ability

<table>
<thead>
<tr>
<th>Cognitive Ability Level</th>
<th>Percentage of questions on Psychiatric and Mental Health Nursing Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge/Comprehension</td>
<td>15-25%</td>
</tr>
<tr>
<td>Application</td>
<td>35-45%</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>35-45%</td>
</tr>
</tbody>
</table>

2 These levels are adapted from the taxonomy of cognitive abilities developed in Bloom (1956).
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. These characteristics, listed in Table 4 as percentage ranges, serve as guidelines for test development.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage of questions on the Psychiatric and Mental Health Nursing Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 18 years</td>
<td>Male 3-7%  Female 3-7%</td>
</tr>
<tr>
<td>19 to 64 years</td>
<td>Male 30-40%  Female 30-40%</td>
</tr>
<tr>
<td>65+ years</td>
<td>Male 7-13%  Female 7-13%</td>
</tr>
</tbody>
</table>

**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 and Mental Health Nursing Exam, the client is viewed holistically. The client health situations presented reflect a cross-section of mental health problems and mental disturbances.

**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, ASI 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

<table>
<thead>
<tr>
<th><strong>Structural Variables</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam Length and Format</strong></td>
<td>Approximately 165 multiple-choice questions</td>
</tr>
</tbody>
</table>
| **Question Presentation** | 60-70% independent questions  
30-40% case-based questions |
| **Cognitive Ability** |  |
| **Levels of Questions** | Knowledge/Comprehension  
Application  
Critical Thinking  
15-25% of questions  
35-45% or questions  
35-45% of questions |
| **Competency Categories** |  |
| 1. Therapeutic Relationships | 8-12% of questions |
| 2. Safety | 10-14% of questions |
| 3. Promoting Health, Well-Being and Recovery | 8-10% of questions |
| 4. Therapeutic Approaches and Processes: |  |
| 1) Knowledge of Psychiatric Disorders  
& Mental Health Issues | 8-12% of questions |
| 2) Contextual Factors Within the Continuum of Care | 8-12% of questions |
| 3) Assessment | 10-15% of questions |
| 4) Interventions | 10-15% of questions |
| 5. Psychopharmacology | 8-12% of questions |
| 6. Professional Roles | 3-6% of questions |

<table>
<thead>
<tr>
<th><strong>Client Age and Gender</strong></th>
<th><strong>Male</strong></th>
<th><strong>Female</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 18 years</td>
<td>3-7%</td>
<td>3-7%</td>
</tr>
<tr>
<td>19 to 64 years</td>
<td>30-40%</td>
<td>30-40%</td>
</tr>
<tr>
<td>65+ years</td>
<td>7-13%</td>
<td>7-13%</td>
</tr>
</tbody>
</table>

| **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 and Mental Health Nursing Certification Exam, the client is viewed holistically. The client health situations presented reflect a cross-section of mental health problems and mental disturbances. |

| **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. |
The Psychiatric and Mental Nursing Exam
List of Competencies

1. Therapeutic Relationship

The psychiatric and mental health nurse:

1.1 Understands the principles/concepts/dimensions underlying the therapeutic relationship (e.g., knowledge of the person, rapport, trust, respect, genuineness, empathy, ethics, advocacy).

1.2 Demonstrates the therapeutic use of self through:
   1.2a establishing, maintaining and terminating a therapeutic relationship;
   1.2b using a range of communication skills and approaches; and
   1.2c self-awareness (e.g., reflective practice).

1.3 Identifies own and the person’s values and beliefs and the impact on the therapeutic relationship.

1.4 Recognizes and responds to transference/counter-transference and its impact on the therapeutic relationship.

1.5 Recognizes the influence of the interprofessional team, agencies, family and community on the therapeutic relationship.

1.6 Recognizes the phases of the therapeutic relationship.

1.7 Selects interventions for the initial phase of the therapeutic relationship through:
   1.7a partnering with the person;
   1.7b advocating, promoting and valuing the person’s lived experience;
   1.7c collaboratively developing goals; and
   1.7d discussing confidentiality and consent.

1.8 Selects interventions for the working phase of the therapeutic relationship by:
   1.8a identifying and incorporating the person’s strengths and resources;
   1.8b promoting coping strategies, problem-solving and solution-searching; and
   1.8c evaluating and revising therapeutic goals.
1.9 Selects interventions for the termination phase of the therapeutic relationship by:

1.9a preparing for transitions; and

1.9b promoting continuity of care.

2. Safety

The psychiatric and mental health nurse:

2.1 Understands predisposing safety risk factors in person(s) (e.g., vulnerable populations, environmental factors, physiological factors).

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 Recognizes the impact of aggressive and abusive behaviours (e.g., person, circle of support, community).

2.4 Applies risk management strategies to minimize risk to the nurse, care team and/or circle of support (e.g., professional boundaries, limit setting, environmental considerations).

2.5 Selects the nursing intervention(s) for persons experiencing the following:

2.5a abuse (sexual, physiological, emotional, verbal, neglect);

2.5b self-injurious behaviour;

2.5c self-neglect;

2.5d suicidal ideation or behaviour;

2.5e homicidal ideation or behaviour;

2.5f aggressive behaviour (e.g., non-verbal cues, verbal, physical, threatening toward objects or others); and

2.5g disorganized thoughts and behaviour.

2.6 Manages rapidly changing situations (i.e., physiological or mental health states) by:

2.6a collaborating with the health-care team in planning and conducting a safety assessment;

2.6b engaging, monitoring and observing (e.g., elopement precautions);

2.6c modifying the environment (e.g., milieu management, removing sharps, safety of others);

2.6d setting limits;
2.6e using interventions from least to most restrictive (e.g., de-escalation, chemical, environmental and physical restraints); and

2.6f facilitating the use of support systems (e.g., community resources, family, crisis services).

3. Promoting Health, Well-Being and Recovery

The psychiatric and mental health nurse:

3.1 Understands that mental health promotion is the process of enhancing the capacity of persons to take control over their lives and improve their mental health.

3.2 Applies strategies that foster supportive environments and individual resilience.

3.3 Demonstrates respect for culture, equity, sexuality, individual choice, social justice, interconnectedness and personal dignity.

3.4 Recognizes the influence of social determinants of health on 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 Recognizes the risk (e.g., trauma, substance abuse) and protective factors (e.g., social support, spiritual beliefs) that impact mental health.

3.7 Applies the principles of mental health recovery (e.g., personal strengths and values, autonomy, choice, self-management, collaboration).

3.8 Supports persons living with mental health problems and illnesses to be actively engaged in their own journey of well-being (e.g., providing education/teaching).

3.9 Promotes the person’s sense of identity, meaning in life, resiliency, self-esteem, power and hope.

3.10 Promotes formal and informal supports and resources (e.g., access, transitions and continuity in care).
4. Therapeutic Approaches and Processes

Knowledge of psychiatric disorders and mental health issues

The psychiatric and mental health nurse:

4.1 Has the knowledge to recognize and understand the following:

4.1a people experiencing anxiety, for example:
   i) generalized anxiety
   ii) phobias, obsessive compulsive behaviours
   iii) other anxiety disorders (e.g., post-traumatic stress, panic)

4.1b people experiencing alterations in mood, for example:
   i) major depressive disorders
   ii) depressive disorders (e.g., postpartum, seasonal affective)
   iii) bipolar spectrum disorders (e.g., type I, II)

4.1c people experiencing alterations in cognition, for example:
   i) delirium
   ii) dementia
   iii) traumatic brain injury

4.1d people experiencing psychosis, for example:
   i) first episode psychosis
   ii) schizophrenia
   iii) other psychosis (e.g., substance-induced, postpartum)

4.1e people experiencing disturbances in personality, for example:
   i) borderline personality disorder
   ii) antisocial personality disorder
   iii) other personality disorders (e.g., paranoid, dependent)

4.1f people experiencing crises and/or loss, for example:
   i) types of crisis (e.g., developmental, situational, catastrophic)
   ii) types of loss (e.g., unresolved grief)

4.1g people experiencing addictions, for example:
   i) types of addictions (e.g., substance, gambling, sex, technology, etc.)
   ii) intoxication and overdose
   iii) substance withdrawal

4.1h people experiencing eating disorders, for example:
   i) bulimia
   ii) anorexia
   iii) other eating disorders (e.g., compulsive overeating)

4.1i people experiencing alterations in attention, learning and development, for example:
   i) pervasive development disorders (e.g., autism, Asperger’s, etc.)
   ii) attention deficit and disruptive disorders (e.g., ADHD, conduct disorders)
   iii) other (e.g., fetal alcohol spectrum disorders)
4.1j people experiencing other psychiatric disorders, for example:
   i) somatoform
   ii) dissociative
   iii) Tourette’s

4.1k complementary and alternative therapies.

**Contextual Factors**

The psychiatric and mental health nurse:

4.2 Addresses or integrates contextual factors within the continuum of care including:

4.2a social determinants of health (e.g., education, socio-economic status, housing);

4.2b the person’s understanding of his/her condition and situation (e.g., beliefs, “own words”);

4.2c the person’s level of health literacy;

4.2d the person’s trauma history (e.g., trauma-informed care);

4.2e the person’s responses to previous interventions and care;

4.2f complex 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)

4.2g culture and diversity:
   i) sexuality
   ii) spiritual beliefs
   iii) ethnic origin
   iv) First Nations’ and Inuit issues

4.2h stigma (e.g., bullying, violence, stigma by health-care providers); and

4.2i technology (e.g., social media, electronic medical records).

**Assessment**

The psychiatric and mental health nurse

4.3 Assesses:

4.3a using a mental status exam:
   i) disturbances with cognition, thinking and perceiving
   ii) disturbances in affect, mood and behaviour

4.3b the person’s strengths and resources;
4.3c  self-concept (e.g., awareness, self-esteem);
4.3d  stages of 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., movement disorders, gastrointestinal disturbances);
4.3g  social interactions and interpersonal relationships;
4.3h  functional status (e.g., sleep, nutrition, sexuality, education, occupation, ADLs);
4.3i  level of anxiety (e.g., mild, moderate, severe);
4.3j  communication (e.g., speech, language, style);
4.3k  safety and risk (e.g., falls, HIV, other diagnostics, history of violence);
4.3l  suicidality, including:  
   i)  warning signs (e.g., verbalization, hopelessness, seeking or access to means)  
   ii) potentiating and perpetuating risk factors (e.g., previous attempts, unemployment, divorce, traumatic event)  
   iii) protective factors (e.g., spiritual beliefs, circle of support, positive coping strategies, access to care)  
   iv) lethality (e.g., method)

**Interventions**

The psychiatric and mental health nurse:

4.4  Selects 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  disturbances in personality;
4.4e  crises and/or loss;
4.4f  addictions;
4.4g  eating disturbances;
4.4h  alterations in attention, learning and development; and
4.4i  other psychiatric disorders (e.g., somatoform, dissociative).
4.5 Assesses, monitors and intervenes with persons receiving electroconvulsive therapy (ECT).
4.6 Assesses, monitors and intervenes with persons experiencing water intoxication.
4.7 Differentiates between delirium, dementia and depression.
4.8 Evaluates progress, outcomes and goals of interventions.

5. Psychopharmacology

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

5.1 Understands the various factors that influence the person’s adherence to psychotropic medication management such as:
   5.1a attitudes and beliefs about medication and available choices (including alternative treatments);
   5.1b age, gender and culture;
   5.1c knowledge, understanding and treatment preferences;
   5.1d therapeutic response;
   5.1e side effects;
   5.1f adverse effects/toxicities;
   5.1g paradoxical responses;
   5.1h incompatibilities and interactions between medications and other substances;
   5.1i impact of costs;
   5.1j person’s choice in determining route of administration; and
   5.1k self-medication management (e.g., maintaining schedules, mandatory blood monitoring).

5.2 Initiates health teaching related to psychotropic medication and precautions.

5.3 Administers medication accurately and safely (e.g., other diagnostics, side effects, adverse reactions, potential incompatibilities).

5.4 Assesses the person’s needs and responses to the medications.

5.5 Selects interventions to assess and monitor side effects, toxicity and other complications, such as:
   5.5a anticholinergic effects;
5.5b neurological changes (e.g., extrapyramidal symptoms, tardive dyskinesia);
5.5c cognitive changes (e.g., oversedation, agitation, confusion);
5.5d sexual dysfunction;
5.5e physiological changes (e.g., cardiovascular, hepatic, hematological, dermatological, ophthalmological);
5.5f agranulocytosis;
5.5g metabolic syndrome;
5.5h neuroleptic malignant syndrome; and
5.5i serotonin syndrome.

6. Professional Roles

The psychiatric and mental health nurse:

6.1 Understands current and relevant legislation and its implications at the local, provincial, national and global level (e.g., intraprofessional, governmental, community, etc.).
6.2 Engages in self-care (e.g., worklife balance, recognizing secondary trauma).
6.3 Facilitates teaching and learning opportunities based on the learners’ styles and literacy levels (e.g., coaching, group facilitation, etc.).
6.4 Demonstrates collaboration by developing partnerships with person(s) (e.g., discharge process).
6.5 Demonstrates interprofessional collaboration by developing partnerships with health-care providers (e.g., social workers, crisis workers, peer support workers).
6.6 Demonstrates collaboration by developing partnerships with agencies and government (e.g., police, community, federal services).
6.7 Assists person(s) to navigate system(s).
6.8 Understands, demonstrates and promotes advocacy for the person and/or stigma reduction.