
Registered Psychiatric Nurses of Canada Examination

Study Guide



Registered Psychiatric Nurse Regulators *of* Canada
ensuring excellence in registered psychiatric nursing regulation

The Study Guide and Practice Test
have been developed in collaboration
with our testing partner:

Yardstick Assessment Strategies
Stratégies en évaluation



The clinical scenarios described in the Study Guide and Practice Test are entirely fictional. No resemblance to real people or actual cases is intended.

Every effort was made to ensure the accuracy of the material presented in this prep tool at the time of publication.

Given that policies, procedures and instructions can change at any time, candidates should always read and follow the directions provided by the regulatory authority and the presiding officer and the instructions contained in the Registered Psychiatric Nurses of Canada Examination.

Candidates use the information, materials and suggestions in this prep tool at their own risk. Neither the Registered Psychiatric Nurse Regulators of Canada (RPNRC) nor Yardstick Assessment Strategies (YAS), assumes any responsibility for candidates' performance on the Registered Psychiatric Nurses of Canada Examination.

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Chapter 1: Using the RPNCE Study Guide

The purpose of *Registered Psychiatric Nurses of Canada Study Guide* is to assist candidates who will be writing the Registered Psychiatric Nurses of Canada Examination (RPNCE). This edition of the Study Guide is designed specifically for those candidates who plan to take the RPNCE beginning in the spring of 2018.

The RPNCE is administered as a single test form consisting of 200 multiple-choice questions. Each question is designed to measure a specific competency. Each multiple-choice question is composed of two distinct elements: (1) the stem and (2) the options. The stem is the introductory part of the question that presents the examinee with a question or problem. The options are the alternatives (e.g., words, statements, numbers) from which the examinee is to select the correct or best answer to the question or problem posed in the stem. Each question has four options: the response representing the correct (or best) answer, and three distractors that are plausible but incorrect (or less adequate) options intended to distract the examinee who is uncertain of the correct response. Candidates are given four hours to complete the examination.

The Practice Test

The Registered Psychiatric Nurses Regulators of Canada (RPNRC) has partnered with its testing vendor, Yardstick Assessment Strategies (YAS) to develop a practice test. Candidates wishing to purchase the optional Practice Test should visit: <http://rpncestestprep.com/> To allow the greatest access for candidates, the practice test is available in an online format. Please note, the RPNCE will continue to be written in a paper and pencil format.

In the Practice Test, you will find a total of 100 multiple-choice practice questions. The Study Guide is designed to familiarize you with the format of RPNCE questions, and to provide you with information on the type of content administered on the examination. The questions in the Practice Test are based on the same set of competencies as the questions on the RPNCE. For the list of all the competencies, see Appendix A.

The Practice Test questions have been developed and reviewed by registered psychiatric nurses who represent a variety of nursing programs, clinical backgrounds and regions of the country, and by psychometricians who help ensure that the Practice Test questions are similar to those that appear on the RPNCE. The questions represent common health situations of the population in those contexts or environments where entry-level registered psychiatric nurses would work.

A key feature of the Practice Test is that, for each practice question, rationales are provided for correct and incorrect answers. Each question in the Practice Test is also supported by one or two references. Most of these references have been published within the past five years. The purpose of the references is to indicate that the correct answer within each question has authoritative support from experts in the field and to provide you with a source for further reading and review.

It is important to note that, although your score on the Practice Test can give you some indication of how prepared you are for the RPNCE, this is only one tool for promoting your success. The Study Guide and Practice Test should be used to supplement and reinforce the knowledge and skills taught in your educational program.

Success on the RPNCE depends on two main factors: (1) your knowledge of registered psychiatric nurse principles and content, and (2) your ability to apply this knowledge in the context of specific health-care scenarios. This tool can help you in both areas. Completing the Study Guide practice questions will help you review and integrate the concepts you have learned in your registered psychiatric nurse program; it will also help you assess your skill in applying the concepts. You can use the test instructions, test-taking strategies and question rationales to enhance your readiness to take the RPNCE.

Chapter Summary

The Study Guide consists of several chapters designed to help you with different aspects of your preparation. In this first chapter, you will learn the best way to use the Study Guide, given your individual needs and the amount of time you have to prepare for the RPNCE. Chapter 2 provides you with background information on the development, organization and format of the RPNCE.

Chapter 3 contains a variety of general preparation and test-taking strategies, as well as specific strategies for answering multiple-choice questions. Chapters 4 & 5 are related to the Practice Test. Chapter 4 provides information on how to take the Practice Test. After checking your score on the Practice Test, you may wish to do a self-evaluation of your strengths and weaknesses. Chapter 5 shows you how to use the feedback provided in the Practice Test.

The bibliography lists all of the references cited in the Practice Test questions, along with other references commonly used for registered psychiatric nurse practice. Appendix A presents the examination competencies that make up the content domain for the RPNCE.

Methods of Using the Study Guide and Practice Test

The Study Guide can be used in different ways, depending on your particular needs and the amount of time you have before you write the RPNCE. The two suggested methods can be used successively as part of a comprehensive study plan. Each method should be preceded by a review of chapters 1, 2 and 3 before advancing to the Practice Test. The two methods differ in approach

based on the amount of time you have available before you take the RPNCE. They cover periods of several months and two weeks before the actual examination.

Method A: Several Months Before Writing the Examination

If you have several months before the examination, the Study Guide and Practice Test is best used as a learning tool. Take the time to familiarize yourself with the Study Guide and with the format and layout of the examination. When using this approach, work question by question. Method A gives you hands-on experience with examination questions and helps you identify any difficulties you may have with the examination format (e.g., not picking up on key words in the question, making unwarranted assumptions and reading too much into questions). Later in this document, you will find the Checklist of Common Test-Taking Errors, which will help you determine if you have difficulties that you can correct before writing the RPNCE.

Once you have completed the Practice Test, analyze the information in your Examination Review report. The results of this self-evaluation should be used to identify gaps or deficiencies in your knowledge and skills. If you know that you need improvement competency categories, for example, make your remaining study time more productive by concentrating on those specific areas. You can view the competencies related to these categories in Appendix A. Consulting the reference books linked to specific registered psychiatric nurse topics will also make studying for the RPNCE easier. You will find these references cited in the rationales for each question and listed in full in the bibliography.

Method B: Two Weeks Before Writing the Examination

This method is based upon simulating the writing conditions of the RPNCE as closely as possible. In this case, follow the instructions precisely, time yourself as if you were actually taking the RPNCE. For both the RPNCE and the Practice Test, you should plan your time carefully, considering the number of questions and the time you have to answer them. The Practice Test has 100 questions to be answered in approximately 2 hours. You may wish to further simulate true examination conditions by arranging to take the practice questions with other students who are preparing for the RPNCE.

Once you have completed all the questions, you can still benefit from analyzing the information in the Examination Review report as suggested in method A, which will help you concentrate on specific areas where you may need improvement. If you do not have time to obtain the references that correspond to areas where you need improvement, you may prefer to concentrate on the rationales provided for each option of the Practice Test's questions. Read the rationales for the correct answer and the incorrect options to gain insight into what made you answer correctly or incorrectly.

Chapter 2: Background on the RPNCE

Yardstick Assessment Strategies (YAS), has been developing the Canadian Registered Psychiatric Nurse Examination (RPNCE) since 2011.

Each Canadian provincial and territorial nursing regulatory authority that regulates this profession is responsible for ensuring that all entry-level registered psychiatric nurses within its jurisdiction meet an acceptable level of competence before they are licensed to practise as registered psychiatric nurses. This level of competence is measured partly by the RPNCE. This process ensures that all registered psychiatric nurses practising in those jurisdictions meet a common standard.

The process used to develop the RPNCE is a criterion-referenced (C-R) approach. With the C-R approach, the RPNCE was developed to measure an explicitly defined content domain, which consists of the competencies expected of registered psychiatric nurses beginning to practise. The competencies, and the guidelines and specifications that outline the way they are measured on the RPNCE, are presented in the RPNCE publication *Registered Psychiatric Nurse Entry-Level Competencies* (2014).

The RPNCE is the result of many test development activities. Registered psychiatric nurses with experience as educators, clinicians and administrators from across Canada created and evaluated examination questions with assistance from YAS psychometricians.

RPNCE DEVELOPMENT GUIDELINES

This section contains the technical specifications used to guide the development of the RPNCE. It describes the guidelines followed in addressing the structural and contextual variables of the examination as presented in the Summary Chart: RPNCE Development Guidelines. This information is also available in the *Registered Psychiatric Nurse Entry-Level Competencies* (2014).

Summary Chart: RPNCE Development Guidelines

SUMMARY CHART GUIDELINES															
Registered Psychiatric Nurses of Canada Examination															
COMPETENCIES															
Competency framework categories and weightings	<table> <tr> <td>Therapeutic Relationships/Therapeutic Use of Self</td> <td>15-25%</td> </tr> <tr> <td>Body of Knowledge and Application</td> <td>30-40%</td> </tr> <tr> <td>Collaborative Practice</td> <td>5-10%</td> </tr> <tr> <td>Advocacy</td> <td>5-10%</td> </tr> <tr> <td>Quality Care and Client Safety</td> <td>10-15%</td> </tr> <tr> <td>Health Promotion</td> <td>5-10%</td> </tr> <tr> <td>Ethical, Professional and Legal Responsibilities</td> <td>8-12%</td> </tr> </table>	Therapeutic Relationships/Therapeutic Use of Self	15-25%	Body of Knowledge and Application	30-40%	Collaborative Practice	5-10%	Advocacy	5-10%	Quality Care and Client Safety	10-15%	Health Promotion	5-10%	Ethical, Professional and Legal Responsibilities	8-12%
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Ethical, Professional and Legal Responsibilities	8-12%														
STRUCTURAL VARIABLES															
Examination length and format	Total: 200 multiple-choice questions														
Item presentation	<table> <tr> <td>Case-based items:</td> <td>60-80%</td> </tr> <tr> <td>Independent items:</td> <td>20-40%</td> </tr> </table>	Case-based items:	60-80%	Independent items:	20-40%										
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Independent items:	20-40%														
Cognitive level	<table> <tr> <td>Knowledge/Comprehension:</td> <td>Maximum of 15%</td> </tr> <tr> <td>Application:</td> <td>Minimum of 50%</td> </tr> <tr> <td>Critical Thinking:</td> <td>Minimum of 35%</td> </tr> </table>	Knowledge/Comprehension:	Maximum of 15%	Application:	Minimum of 50%	Critical Thinking:	Minimum of 35%								
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Application:	Minimum of 50%														
Critical Thinking:	Minimum of 35%														
CONTEXTUAL VARIABLES															
Patient age	Examination questions will reflect health situations across the lifespan and includes all genders.														
Culture	Questions measure awareness, sensitivity and respect for different cultural values, beliefs and practices, without introducing stereotypes.														
Diversity	In the development of the RPNCE, the client is viewed holistically. Registered Psychiatric Nurses practise in a variety of settings, in situations of health and illness, and with diverse populations of individuals, families, groups and communities.														
Work environment	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.														

Structural Variables

The structural variables include characteristics of the examination that determine its general design and appearance: length of the examination, question presentation and format, levels of cognitive ability upon which the examination questions focus and weighting of the competency categories.

1. EXAMINATION LENGTH

The RPNCE will consist of approximately 200 multiple-choice questions. An examination of 200 multiple-choice questions is sufficient to make both reliable and valid decisions about a registered psychiatric nurse's readiness to practise safely, competently, and ethically.

2. QUESTION FORMAT AND PRESENTATION

The examination's multiple-choice questions will be presented either as case-based questions or independent questions. Case-based questions will include a set of approximately three to five questions associated with a brief health-care scenario. Independent questions will contain enough information necessary to answer the question.

Percentage of questions by presentation

Presentation	Percentage of Questions on the RPNCE
Case-based questions	60-80%
Independent questions	20-40%

3. PERCENTAGE OF QUESTIONS BY LEVELS OF COGNITIVE ABILITY

To ensure that the competencies are measured at different levels of cognitive ability, each question on the RPNCE is classified into one of three levels: knowledge/comprehension, application or critical thinking.¹

Percentage of questions by levels of cognitive ability

Level of Cognitive Ability	Percentage of Questions on the RPNCE
Knowledge/Comprehension	Maximum of 15%
Application	Minimum of 50%
Critical Thinking	Minimum of 35%

¹ Classification system modified from Bloom, B. S. (Ed.). 1956. *Taxonomy of educational objectives: The classification of educational goals; Handbook I, cognitive domain*. New York: David McKay.

Knowledge/Comprehension

The knowledge/comprehension level combines the ability to recall previously learned material with the ability to understand its meaning. It includes such cognitive abilities as knowing and understanding definitions, facts and principles, and interpreting data (e.g., knowing the effects of medications to prevent adverse drug interactions when prescribing).

Application

The application level refers to the ability to apply knowledge and learning to new or practical situations. It reflects the entry-level registered psychiatric nurse's ability to apply rules, methods, principles and theories in different practice situations (e.g., applying principles of drug administration and concepts of comfort and safety).

Critical Thinking

The critical thinking level deals with higher-level thinking processes. It includes the ability of entry-level registered psychiatric nurses to judge the relevance of data, to deal with abstractions, and to use clinical reasoning and inquiry along with an evidence-informed approach to solve problems (e.g., identifying priorities of care, evaluating the effectiveness of registered psychiatric nurse actions). The entry-level registered psychiatric nurse 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.

4. COMPETENCIES BY CATEGORY

The following table presents the number of examination competencies and the percentages of questions in each of the categories of competencies. These competencies are based on the Registered Psychiatric Nurses of Canada's [Registered Psychiatric Nurse Entry-Level Competencies](#).

Weighting of competencies by category

COMPETENCIES		
Competency framework categories and weightings	Therapeutic Relationships/Therapeutic Use of Self	15-25%
	Body of Knowledge and Application	30-40%
	Collaborative Practice	5-10%
	Advocacy	5-10%
	Quality Care and Client Safety	10-15%
	Health Promotion	5-10%
	Ethical, Professional and Legal Responsibilities	8-12%

Contextual Variables

Contextual variables qualify the content domain by specifying the registered psychiatric nurse contexts in which the examination questions will be set.

1. PATIENT AGE

Examination questions will reflect health situations across the lifespan and includes all genders.

2. CULTURE

Questions measure awareness, sensitivity and respect for different cultural values, beliefs and practices, without introducing stereotypes.

3. DIVERSITY

In the development of the RPNCE, the client is viewed holistically. Registered Psychiatric Nurses practise in a variety of settings, in situations of health and illness, and with diverse populations of individuals, families, groups and communities.

4. WORK ENVIRONMENT

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.

Chapter 3: Examination Preparation and Test-Taking Strategies

This chapter will help you prepare to take the RPNCE by reviewing what you need to do before and during the examination, what to bring to the examination centre and how you can best perform on multiple-choice questions.

Study Effectively

Select a place for studying that is quiet, comfortable and free from distractions. Develop a study plan schedule, dividing your time between specific topics or sections. Keep in mind that five 2-hour sessions are likely to be more beneficial than two 5-hour periods. Monitor your progress and revise your schedule as necessary. If you decide to take the Practice test give yourself enough time before taking the RPNCE to benefit from the detailed, targeted feedback this exercise will provide you.

Take the Practice Test

After you have completed your initial program of study, taking the RPNCE is mandatory for registration as a Registered Psychiatric Nurse (RPN) in Canada. Taking the online Practice Test under conditions that are as close as possible to those of the actual RPNCE is an excellent way to assess your readiness to take the examination and to ensure that there will be no surprises. Give yourself the right amount of time to complete the Practice Test. Make sure that you complete all 100 multiple-choice questions in the Practice Test so that the information in your Examination Review report provides accurate feedback.

Use the Information from Your Examination Review Report

When you complete the Practice Test, an analysis of your performance in the form of the Examination Review report will be generated. Your scored responses, combined with the rationales provided for all the answers will enable you to clearly identify your strengths and weaknesses. Use this information to focus further studying in the identified areas of weakness.

Strategies for Multiple-Choice Questions

Familiarize Yourself with Multiple-Choice Questions

A thorough understanding of multiple-choice questions will allow you to most effectively apply your knowledge and skills in the testing environment.

A multiple-choice question is constructed so that only someone who has mastered the subject matter will select the correct answer; to that person, only one option will appear to be the correct answer. To someone who lacks a firm grasp of the subject matter, all options may look plausible.

Use a Specific Approach

It is often helpful to use the following approach to answer the multiple-choice questions that appear on the RPNCE.

1. Carefully read the information provided in the case text (for cases) and in the stem of the question. Before looking at the options, concentrate on what is being asked in the question and relate this to the data provided. Do not make any assumptions unless they are directly implied. Try to understand the client's health situation and the care the client is likely to require.
2. Pick out important words that relate to the question. For example, in some questions you may be asked for the most appropriate *initial* response by the registered psychiatric nurse; other questions may deal with the registered psychiatric nurse's most *ethical* response or the registered psychiatric nurse's most *therapeutic* response. Reviewing the questions in the Practice Test can help you to recognize key words that will appear on the RPNCE.
3. Based on your knowledge and skills, use the information provided and try to anticipate the correct answer.
4. Study the alternatives provided and select the one that comes closest to the answer you predicted. You may wish to reread the stem before finalizing your selection.
5. Consider each question separately. Try not to rush, but do not spend more than 1 to 1½ minutes on any question. If you do not know the answer to a question, skip it and return to it later. If you still do not know the correct answer, you can make a guess. There is no penalty for guessing.
6. When you decide on a correct answer, select your choice before moving to the next question. Be cautious about changing your answer. Very often your first choice is correct. Making a new selection is only advantageous if you are confident that the new choice is correct.
7. Leave time to go back through your answers to make sure that you have answered all questions. As indicated earlier, since there is no penalty for guessing, it is advantageous to answer all questions.

Take Advantage of the Process of Elimination

If you are not presented with an option that matches, or is close to, the one you predicted after reading the stem, try to eliminate some of the options that are clearly incorrect.

The following example illustrates how you can benefit from the process of elimination.

QUESTION

Which response by the registered psychiatric nurse would best assist Mrs. Clement to verbalize her fears when she expresses anxiety about an upcoming surgery?

1. "I know exactly how you feel about this."
2. "Would you like to talk to the physician?"
3. "You seem worried that you may need to have surgery."
4. "It's a normal reaction to be afraid when faced with surgery."

To take full advantage of the process of elimination, it is important to focus on the key idea in the stem. The key idea is assisting the client to verbalize her fears.

In option 1, the focus is on the registered psychiatric nurse and not on the client or her concerns. Option 1 can be eliminated because it is highly unlikely that any one person knows exactly how someone else feels in a given situation.

Option 2 also fails to address the client's immediate concern because the registered psychiatric nurse completely avoids dealing with the client and passes the responsibility on to another team member. For this reason, option 2 can be eliminated as a possible correct answer.

Option 4 should be eliminated immediately. By telling the client that what she is experiencing is "normal," the registered psychiatric nurse implies that the client's situation is routine. Such a response would be depersonalizing and non-therapeutic.

After these three options are systematically eliminated, you can consider option 3, the correct option, which is an open-ended response that encourages the client to begin talking about how she feels about her upcoming surgery.

Checklist of Common Test-Taking Errors

Candidates often make mistakes on an examination because of errors in processing facts and information or because of difficulties with multiple-choice questions. These are technical errors related more to answering questions than to a lack of knowledge or skill.

As you proceed through the Practice Test and determine whether you answered questions correctly, you may wish to keep a checklist of problems you had related to your test-taking skills. You can then use the results of this checklist to identify skills that you need to develop during your preparation for the RPNCE.

A checklist of common test-taking errors is provided below. Check off the technical error(s) you made with the questions you answered incorrectly. Keep in mind that you may have more than one technical error with any one question.

Checklist of Common Test-Taking Errors

- Missed important information in the case text
- Misread the stem of the question
- Failed to pick out important or key words in the stem of the question
- Did not relate the question to information in the case text
- Made assumptions in the case text or question
- Focused on insignificant details and missed key issues
- Skipped a question and forgot to go back and answer it
- Changed original answer
- Other (specify) _____

Chapter 4: Taking the Practice Test

The Practice Test, which is available online, contains a total of 100 questions. The questions presented in the Practice Test are typical of those you will see on the RPNCE. They represent common and predictable health situations of the population in those contexts or environments where entry-level registered psychiatric nurses work. As with the actual RPNCE, the questions on the Practice Test have been developed and reviewed by registered psychiatric nurses and educators who represent a variety of nursing programs, different clinical backgrounds and different regions of the country. Furthermore, both the Practice Test and the actual RPNCE are designed according to the specifications and guidelines outlined in Chapter 2.

You can purchase up to three attempts in the online Practice Test over a 90-day period. You will be able to review your performance on those three attempts in the history tab.

One of the most important features of the Practice Test is that, for each question on the Practice Test, rationales are provided to explain why the options are correct or incorrect. These rationales emphasize psychiatric nursing concepts and principles that are essential for entry-level registered psychiatric nurses.

Although the questions on the Practice Test are different from those on the RPNCE, the general principles and concepts being tested are the same because the questions are developed from the same set of competencies.

Furthermore, questions on the Practice Test are supported by references that have been published within the past 5 years. The purpose of the references is twofold: (1) to indicate that the correct answer within each question has authoritative support from experts in the field, and (2) to provide you with a source for further reading and review. Every attempt has been made to use references that are up-to-date, accessible and accepted within the psychiatric nursing community. If you are unable to locate the specific references cited in the bibliography, there are many other equally sound psychiatric nursing textbooks that provide support for the questions in the Practice Test.

Suggested Process When Using the Practice Test

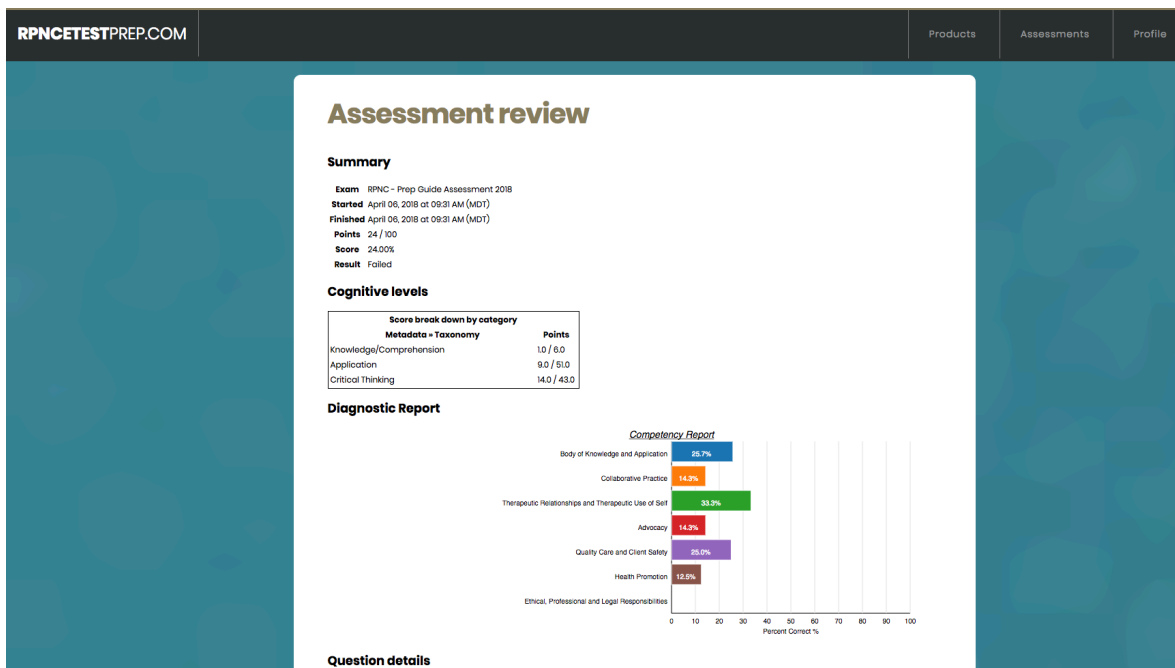
The Practice Test can be used in different ways depending on your particular needs. A suggested process is as follows:

1. Take the online Practice Test under examination conditions. Use this process to familiarize yourself with the online Practice Test format and layout of the examination. That means taking the examination in a quiet location without the benefit of books, notes or other aids and strictly adhering to the time limit. The benefit of this initial approach is to provide you with an idea of how you would potentially perform on the RPNCE.
2. After taking the online Practice Test, your Examination Review report will be generated. It will include summary information, a diagnostic report and question details. Review the definitions of the categories and areas, paying close attention to your areas of strength and weakness in your Examination Review report.
3. Review the classification into which each question falls, then read the rationales for the correct answer and the incorrect options to gain insight into what made you answer correctly or incorrectly as well as the references provided that support the correct answer.
4. Review the test-taking strategies and the common test-taking errors in Chapter 3 of this document.
5. Develop a strategy for study in the areas of weakness identified.
6. Take the Practice Test again and review the newly generated Examination Review report.

Chapter 5: Interpreting Your Examination Review Report

Interpreting Your Scores

If you have taken the online Practice Test, an Examination Review report will be generated. You will be provided with the number of questions you answered correctly, the total number of questions on the Practice Test and your percentage score. There are two areas you should consider: your overall score out of 100 and your performance on the categories in the diagnostic report – Competency Categories.



The Examination Review report combined with the test-taking strategies described in Chapter 3 will provide useful feedback on your performance and enhance your preparation for the RPNCE.

Interpreting your performance in each category

Classification of Questions

These classification schemes reflect the weighted elements from the blueprint, detailed explanations of which were provided in Chapter 2. Each question in the Practice Test has been classified within two different classification schemes: Competency Category and Cognitive Level.

The goal in reviewing your Examination Review report, is to identify your areas of relative strength and weakness. This information can help you make the best use of your remaining preparation time.

Reviewing Performance Results by Category

Generally, those categories in which you selected a high percentage of incorrect answers are the areas you should focus on during your remaining preparation time. However, this approach can be further refined to arrive at a more accurate diagnosis, as follows.

1. Pay close attention to the percentage of questions in each category. Your strengths and weaknesses in the areas with larger numbers of questions will have the greatest impact on your overall performance.
2. Both the *percentage* of incorrect responses in a category and the total *number* of incorrect responses in a category should be carefully considered to make a complete interpretation of your performance. The more the number of questions in a particular category, the greater the impact will be on your performance or total score.
3. Although a high percentage of incorrect responses in a competency category is certainly an indication of a weakness in that category, your best strategy for studying may require you to focus on another category, one that has a greater representation on the examination.
4. Once you have determined which competency categories you need to improve in, refer to Chapter 2 and review the definitions of competencies (and the areas under each one) in the categories identified as areas of weakness for you; this will give you an overview of the competencies that require your attention.
5. Using your scored responses from the online Practice Test, review all the questions that are classified in the competency categories you have identified as weaker for you. Include in your review both the questions you answered correctly as well as those you answered incorrectly because this will give a more complete review of the content that measures the competencies you need to improve on. Be sure to read the rationales for the correct and incorrect responses to get a better understanding of your areas of weakness.
6. Look up the references cited (or other comparable references) for the questions you answered incorrectly; review the detailed information they offer on the content areas that were more difficult for you. This can increase your understanding of material you may not have yet fully mastered.

Bibliography

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., Revised). Washington, DC: Author.
- Arnold, E.C., & Boggs, K. U. (2016). *Interpersonal relationships: Professional communication skills for nurses* (7th ed.). Philadelphia: Elsevier.
- Austin, W., & Boyd, M. (2015). *Psychiatric & mental health nursing for Canadian practice* (3rd ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
- Balzer Riley, J. (2017). *Communication in nursing* (8th ed.). St. Louis, MO: Saunders, Elsevier.
- Burchum, J. R., & Rosenthal, L. D. (2016). *Lehne's pharmacology for nursing care* (9th ed.). St. Louis, MO: Saunders, Elsevier.
- Burkhardt, M. A., Nathaniel, A., & Walton, N. (2014). *Ethics and issues in contemporary nursing* (2nd Canadian ed.). Toronto, ON: Nelson Education.
- Canadian Pharmacists Association. (2017). *Compendium of pharmaceuticals and specialties: The Canadian drug reference for health professionals*. Ottawa: Author.
- Corey, G. (2016). *Theory & practice of group counseling* (9th ed.). Boston, MA: Cengage Learning
- Corey, G. (2017). *Theory and practice of counseling and psychotherapy* (10th ed.). Boston, MA: Cengage Learning
- Edmunds, M. W. (2016) *Introduction to clinical pharmacology* (8th ed.). St. Louis, MO: Elsevier Mosby.
- Fischbach, F., & Dunning, M, B. III. (2015). *A manual of laboratory and diagnostic tests* (9th ed.). Philadelphia: Wolters Kluwer Health | Lippincott Williams & Wilkins.
- Halter, M. J. (2014). *Varcarolis's Canadian psychiatric mental health nursing: A clinical approach* (1st Canadian Edition). C. L. Pollard, S. L. Ray & M. Haase (EDs.). Toronto: Elsevier.
- Hart, C., Ksir, C., Hebb, A. L. O., & Gilbert, R. (2016). *Drugs, behaviour and society* (2nd Canadian ed.). McGraw-Hill Education.
- Hirst, S. P., Lane, A. M., & Miller, C. A. (2015). *Miller's nursing for wellness in older adults* (Canadian Edition). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
- Huether, S. E., & McCance, K. L. (2017). *Understanding pathophysiology* (6th ed.). St. Louis, MO: Elsevier Mosby.

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- Huston, C. J. (2017). *Professional issues in nursing: Challenges and opportunities* (4th ed.). Philadelphia: Wolters Kluwer Health | Lippincott Williams & Wilkins.
- Ignatavicius, D. D., & Workman, M. L. (2015). *Medical-surgical nursing: Patient-centered collaborative care* (8th ed.). St. Louis, MO: Elsevier.
- Jarvis, C. (2014). *Physical examination & health assessment* (2th Canadian ed. revised). A. J. Browne, J., MacDonald-Jenkins & M. Luctkar-Flude (EDs). Toronto: Elsevier Canada.
- Kozier, B., Erb, G., Berman, A., Snyder, S. J., Frandsen, G., Buck, M., Ferguson, L., Yiu, L., & Stamler, L. L. (2018). *Fundamentals of Canadian nursing: Concepts, process, and practice* (4rd Canadian ed.). Toronto: Pearson Canada.
- Lewis, S. L., Heitkemper, M. M., Dirksen, S. R., Bucher, L., & Camera, I. A. (2014). *Medical-surgical nursing in Canada: Assessment and management of clinical problems* (3rd Canadian ed.). Toronto: Mosby, Elsevier.
- Mash, E. J., & Wolfe, D. A. (2016). *Abnormal child psychology* (6th ed.). Boston, MA: Cengage Learning.
- Mohr, W. K. (2013). *Psychiatric-mental health nursing: Evidence-based concepts, skills, and practices*. (8th ed.). Philadelphia: Elsevier Mosby.
- Paul, P., Day, R., & Williams, B. (2015). *Brunner & Suddarth's Canadian textbook of medical-surgical nursing*. (3rd ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
- Perry, A. G., Potter, P. A., & Ostendorf, W. R. (2018). *Clinical nursing skills & techniques* (9th ed.). St. Louis, Missouri: Elsevier Mosby.
- Potter, P. A., & Perry, A. G. (2014). *Canadian fundamentals of nursing* (5th ed. Revised). J. C. Ross-Kerr & M. J. Wood (EDs). Toronto: Mosby/Elsevier Canada.
- Ralph, I. (2014). *Psychotropic agents* (16th ed.). A. Burgmann, R. Magee, R. Remick & D. Thompson (EDs). Grand Forks, BC : IGR Publications.
- Ralph, I. (2015). *Addictions and mental health* (6th ed.). A. Burgmann, R. Magee & D. Thompson (EDs). Grand Forks, BC : IGR Publications.
- Registered Psychiatric Nurses Regulators of Canada (2014). *Registered Psychiatric Nurse Entry-Level Competencies*. Retrieved from <http://www.rpnc.ca/>.
- Stamler, L. L. , Yiu, L., & Dosani, A. (2016). *Community health nursing: A Canadian perspective* (4th ed.) Ontario: Pearson Canada.

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- Stanhope, M., Lancaster, J., Jakubec, S. L., & PikeMacDonald, S. A. (2017). *Community health nursing in Canada* (3rd Canadian ed.). Toronto: Mosby/Elsevier Canada.
- Thapar, A., Pine, D. S., Leckman, J. F. Scott, S. Snowling, M. J., & Taylor, E. (2015). *Rutter's child and adolescent psychiatry* (6th ed). Oxford, UK: Whyley & Son.
- Touhy, T. A., & Jett, K. (2016). *Ebersole & Hess' toward healthy aging: Human needs and nursing response*. (9th ed.) St. Louis, MO: Mosby Elsevier.
- Townsend, M. C. (2015). *Psychiatric mental health nursing: Concepts of care in evidence-based practice* (8th ed.). Philadelphia: F. A. Davis Company.
- Vallerand, A. H., Sanoski, C. A., & Deglin, J. H. (2017). *Davis's Canadian drug guide for nurses* (15th ed.). Philadelphia: F. A. Davis Company.
- Yoder-Wise, P. S. (2015). *Leading and managing in Canadian nursing* (1st Canadian ed.). L. G. Grant (ED.). Toronto: Elsevier.

Appendix A: List of 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.

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 and 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.
- 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).

1.3 Maintain the therapeutic relationship.

- 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.

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- 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.

1.4 Terminate the therapeutic relationship.

- 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.

2. BODY OF KNOWLEDGE AND APPLICATION

Registered Psychiatric Nurses' practice is comprised of foundational nursing knowledge and specialized psychiatric nursing knowledge. RPNs 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.

There are two categories under this competency:

- Evidenced-informed knowledge
- Application of body of knowledge

EVIDENCE-INFORMED KNOWLEDGE

- 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).**

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- 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, *The Diagnostic and Statistical Manual of Mental Disorders*).
 - 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.**
 - 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).**

APPLICATION OF BODY OF KNOWLEDGE

- 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).

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- 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., *The Diagnostic and Statistical Manual of Mental Disorders*).
- 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.
- 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.

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- 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.**
- 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.

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 achieve the client’s health goals.

- 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-centred 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.

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.

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 behaviour that contribute to stigma and discrimination.

4.3 Collaborate with others to take action 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).

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.

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.

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- 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 others' 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 client, 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.