

## Certified Practice Registered Nurse and Registered Psychiatric Nurse Competencies

### Background

Competencies are “statements about the knowledge, skills, attitudes, and judgments required to perform safely and ethically within an individual’s nursing practice or in a designated role or setting” (*British Columbia College of Nurses and Midwives [BCCNM], 2021*). Certified practice allows:

- Registered nurses (RNs) who have completed a BCCNM-approved certified practice course to work in an expanded scope to manage, diagnose and treat clients autonomously for certain diseases, disorders, conditions, and/or intended client outcomes according to their certified practice designation.
- Registered Psychiatric Nurses (RPNs) who have completed a BCCNM-approved certified practice course to work in an expanded scope to manage, diagnose, and treat clients with Opioid Use Disorder (OUD).

These competencies outline what is expected of Certified Practice Registered Nurses [RN(C)] and Certified Practice Registered Psychiatric Nurses [RPN(C)] to provide safe, competent, and ethical nursing care within their certified practice designations. This document covers all certified practice areas: Remote Nursing, RN First Call, and Reproductive Health (Sexually Transmitted Infections and Contraceptive Management) and Opioid Use Disorder.

The purpose of this document is to:

- 1) Outline the competencies that RN(C)s must meet in addition to BCCNM’s (2021) Entry-Level Competencies for Registered Nurses.
- 2) Outline competencies that RPN(C)s must meet in addition to BCCNM’s (2014) Entry-Level Competencies for Registered Psychiatric Nurses.
- 3) Inform education, continuing competence, and self-assessment.

This document is divided into two parts. Part 1 identifies competencies that apply to all certified practice areas. Part 2 identifies additional competencies specific to certified practice areas. Please refer to BCCNM for the designation specific decision support tool that list the diseases, disorders, and conditions, drug schedules and therapeutic classes that [RN\(C\)s](#) and [RPN\(C\)s](#) can autonomously manage, diagnose and treat.

### Part 1: General Certified Practice Competencies

In addition to meeting BCCNM’s Entry-Level Competencies for Registered Nurses and Entry-Level Competencies for Registered Psychiatric Nurses, RN(C)s and RPN(C)s must meet the following competencies in their certified practice area.

#### Assessment

- 1) Identify and describe the etiology, pathophysiology, determinants, signs and symptoms, complications of diseases, disorders, conditions and/or intended client outcomes as related to the scope of RN(C) and RPN(C).
- 2) Demonstrate the ability to conduct a relevant assessment.
- 3) Consolidate assessment data to guide decision-making related to diagnosis, management and/or treatment, and client education.

#### Diagnosis

- 1) Apply *evidence-informed* rationale for conducting appropriate screening and diagnostic tests and/or imaging.
- 2) Interpret and apply assessment findings to diagnose, manage and/or treat, and provide client education about diseases, disorders and/or conditions as related to the scope of RN(C) and RPN(C).

#### Dispensing, Administration and Prescribing

- 1) Analyze and evaluate clinically relevant information to select appropriate treatments.



- 2) Dispense, administer, and manage medication and contraceptive management appropriately as specified in their certified practice designation-specific decision support tools.
- 3) [RN\(C\)s](#) and [RPN\(C\)s](#) who prescribe:
  - a. Must also complete certified practice education for prescribing medications that has been approved by BCCNM for their certified practice designation.
  - b. Meet BCCNM's *Registered Nurses (Certified) Standards for Prescribing Medications*.

### **Cultural Safety and Humility, Anti-Racism, Destigmatization, and Equity**

- 1) Distinguish the responsibilities of the Certified Practice RN and RPN related to cultural safety, cultural humility, Indigenous-specific anti-racism, anti-racism, de-stigmatizing and person-led care, and gender and equity, resulting from the expanded scope of RN(C) and RPN(C).
- 2) Apply a lens of cultural safety, cultural humility, Indigenous-specific anti-racism, anti-racism, de-stigmatization, gender, and equity in the delivery of care as an RN(C) and RPN(C).

### **Education/Counselling**

- 1) Provide evidence-informed, clinically appropriate client education relating to diagnosis, care and treatment, and management of diseases, disorders, conditions, and/or intended client outcomes.
- 2) Identify and support accessible educational resources and community services with specific attention to affected populations experiencing barriers to care.

### **Professional Responsibility and Accountability**

- 1) Recognize the scope and limitations of certified practice, and practice in accordance with legislation, regulations, regulatory standards, employer policy, and individual competence.

### **Consultation/Referral**

- 1) Consult and refer appropriately to team members whose scope of practice and role is appropriate for client needs, drawing on principles of interprofessional collaboration and team-based care.

## **Part 2: Additional Competencies Relevant to Specific Certified Practice Areas**

### **RN First Call and Remote Nursing**

There are no additional competencies for RN(C)s certified in RN First Call and Remote Nursing beyond what is listed in Part 1 of this document.

### **Contraceptive Management**

In addition to meeting the general certified practice competencies, RN(C)s certified in contraceptive management must:

- 1) Apply knowledge of available contraceptive methods, including effectiveness, pharmacology, indications/contraindications, and initial and ongoing management, including benefits, risks, and side effects.
- 2) Provide client-specific education as applied to sexuality, reproductive health and pregnancy options in the context of choice and pregnancy planning.
- 3) Apply knowledge and skills to autonomously insert or remove intrauterine contraception through successfully completing additional education that has been approved by BCCNM, which includes hands-on training.



## Sexually Transmitted Infections

In addition to meeting the general certified practice competencies, RN(C)s certified in sexually transmitted infections must:

- 4) Apply documentation and reporting requirements for reportable sexually transmitted and blood-borne infections (STBBIs) as required by legislation and regulation.
- 5) Employ person-led communication strategies to support partner notification follow-up for reportable STBBIs.
- 6) Recognize the impact of determinants of health (personal, social, economic, and environmental factors) on the sexual health challenges and burden of STBBIs often encountered by specific populations.
- 7) Conduct a sexual health history and physical assessment (when indicated) in consideration of the local epidemiology and other risk determinant factors.

## Opioid Use Disorder

In addition to meeting the general certified practice competencies, RN(C)s and RPN(C)s certified in Opioid Use Disorder (OUD) practice must:

- 1) Conduct a comprehensive OUD assessment, including past medical history, substance use history, biopsychosocial assessment, and physical examination.
- 2) Diagnose OUD using DSM-5-TR criteria and develop an individualized treatment plan, following relevant guidelines and decision support tools.
- 3) Educate clients on harm reduction strategies, including the use of sterile equipment, overdose prevention and supervised consumption sites, and overdose prevention and response measures including naloxone training. Tailor harm reduction strategies to reflect individuals' circumstances and support their right to safe care.
- 4) In collaboration with the client, determine the most suitable opioid agonist treatment (OAT) option — buprenorphine/naloxone, methadone, or slow-release oral morphine — based on their assessment, preferences, and clinical needs.
- 5) Monitor and evaluate the client's response to OAT and continuously adapt the treatment plan in response to ongoing assessments of the client's responses and evolving needs.
- 6) Address the needs of specific populations, including youth, pregnant individuals, and those with co-occurring mental health or medical conditions.
- 7) Ensure continuity of care and support by liaising with pharmacies, addiction medicine specialists, and other healthcare providers in an integrated care approach that can adapt to the evolving healthcare needs of the client.

## Glossary

**Assessment:** An assessment includes conducting a history and a general evaluation and, when indicated, may include a physical exam.

**Condition:** A condition is different from a disease or disorder. A condition can be prevented, improved or resolved by a registered nurse's/registered psychiatric nurse's interventions and achieves outcomes for which the registered nurse/registered psychiatric nurse is accountable (BCCNM, n.d.)

**Determinants:** Determinants include risk, exposure, physical, social, economic, and environmental factors.

**Diagnosis:** Within the context of certified practice, diagnosis means identifying a *disease, disorder* or condition as the cause of the signs or symptoms of the individual. This is different than a nursing diagnosis, which only refers to making a diagnosis identifying a *condition* as the cause of the signs or symptoms of an individual (BCCNM, n.d.)

**Evidence-Informed:** Evidence-informed means using a combination of research, clinical expertise, client preferences, and available resources.

**Manage:** Manage includes any activities related to the monitoring and follow-up of a client.



## References

British Columbia College of Nurses and Midwives. (2021). Entry-level competencies for registered nurses. [https://www.bccnm.ca/Documents/competencies\\_requisite\\_skills/RN\\_entry\\_level\\_competencies\\_375.pdf](https://www.bccnm.ca/Documents/competencies_requisite_skills/RN_entry_level_competencies_375.pdf)

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