



**REGISTERED
PSYCHIATRIC
NURSES
ASSOCIATION OF
SASKATCHEWAN**

Graduate Psychiatric Nurse Practice Guideline

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Introduction

The goal of psychiatric nursing practice is to achieve the best possible outcomes for clients.

Understanding and respecting the expectations and contributions of the health care team, including the role of the graduate psychiatric nurse (GPN) on that team, facilitates appropriate client assignments and supervision, enhances collaboration, and leads to improved client outcomes (College of Nurses of Ontario (CNO), 2018).

The purpose of this document is to help GPNs, registered psychiatric nurses (RPNs), other members of the team, employers and other stakeholders understand:

- the role of GPNs, supervisors, and employers in determining appropriate assignments and support required
- the parameters of the GPN license and its conditions
- how to support the GPN's successful transition from student to professional

GPNs are expected to meet entry-level competencies, practice within the Registered Psychiatric Nurses Association of Saskatchewan's (RPNAS) standards of practice and the code of ethics; however, it must be recognized that they are in the process of consolidating learning and require ongoing support (Saskatchewan Registered Nurses Association (SRNA), 2020).

Educational Preparation

Psychiatric nursing education programs are approved by provincial regulatory bodies, after showing evidence that:

- Students have successfully been prepared to meet the entry-level competencies
- There has been an opportunity to consolidate theoretical learning and laboratory instruction into clinical practice with clients – across the lifespan, in acute, long term care, and community settings (including but not limited to corrections, mental health, addictions, and school settings)

The psychiatric nursing education programs in Canada prepare GPNs to apply general nursing and psychiatric nursing knowledge to work with clients who have minimal to complex psychosocial, mental health and physical needs. Clinical and practicum experiences in the psychiatric nursing education program provide opportunities for experiential learning. However, it is unrealistic to expect an entry-level psychiatric nurse to function at the same level as an experienced Registered Psychiatric Nurse (Registered Psychiatric Nurse Regulators of Canada, (RPNRC), 2014).

The psychiatric nursing education program provides the foundation for GPNs to develop further competencies. The practice environment plays an important role in the further consolidation of the entry-level competencies. Employers play a key role in supporting RPNs to acquire further competencies (RPNRC, 2014). Newly graduated psychiatric nurses require support, supervision, feedback, and opportunities to reflect, in order to build their clinical reasoning skills (Spector, 2011; Spector, Ulrich & Barnsteiner, 2017).

Supportive Environment

Providing a supportive environment for GPNs will assist in a successful transition from student to professional and ensure patient safety (SRNA, 2020).

Within a supportive environment, it is understood that a synergistic relationship exists between the novice and experienced psychiatric nurse. Supervising RPNs/registered nurses (RNs), nursing and non-nursing colleagues, and employers need to understand the GPN's need for experiential opportunities to utilize and apply their learning while mentoring and coaching them into independent practice (SRNA, 2020).

A supportive environment includes extensive orientation and colleagues that provide mentoring, coaching, and act as a resource to new nurses (SRNA, 2020). Consistent care assignments support GPNs to follow through on their care and allows for direct observation of how care has impacted client outcomes, which decreases risk (Kalisch, 2006 as cited by Spector et al., 2017). Research demonstrates improved patient outcomes when entry-level nurses are paired with a precepting nurse (Spector et al., 2015a as cited in Spector et al, 2017). Some employers have preceptorship programs and RPNAS strongly supports these initiatives.

Registration Requirements

GPNs have met all RPNAS' registration requirements except for passing the required national exam.

Provision for GPN membership is made in *The Registered Psychiatric Nurses Act, 1993*. Persons applying for a GPN license must meet all registration requirements as set out in RPNAS bylaws. GPN applicants must ensure they are licensed prior to beginning and throughout their employment. The applicant must confirm with the RPNAS that all requirements have been met and the title of 'GPN' can be used. Employers must also confirm that GPN employees are licensed prior to the GPN initiating clinical practice (Adapted from SRNA, 2020).

CONDITIONS OF GPN LICENSE:

- GPNs are required to work under the supervision of an RPN or RN
- GPNs are supported to utilize their knowledge, critical thinking, judgement, and clinical skills as appropriate

GPNs are **not** authorized to:

- assume sole or supervisory responsibilities
- individually assume charge nurse responsibilities
- perform special nursing procedures and/or competencies that are considered beyond entry level

Practice Requirements

GPNs are identified by the RPNAS as having the knowledge, skill, and ability to provide nursing care, but require a period of guidance and proficiency development under the supervision of a more experienced RPN or RN.

GPNs must meet the same practice requirements expected of all registered psychiatric nurses. These requirements are outlined in the following RPNAS documents:

- [Registered Psychiatric Nurse Entry-Level Competencies](#)
- [Standards of Psychiatric Nursing Practice](#) and
- [Code of Ethics](#)

GPNs and entry-level RPNs draw on a theoretical and experiential knowledge base that has been shaped during their education. Psychiatric nursing education programs educate graduates to meet entry-level competencies (ELCs). ELCs are the foundational elements of psychiatric nursing practice and provide a means to assess the capability of the entry-level psychiatric nurse to integrate knowledge, skill, ability, and judgement to practice safely and ethically following graduation from a psychiatric nursing education program. All GPNs and entry-level RPNs are expected to meet the entry-level competencies (Adapted from SRNA, 2020).

Scope of Practice

RPNAS bylaws define psychiatric nursing practice as:

The application of psychiatric nursing knowledge, skill, and judgement:

- to coordinate and provide physical and mental health care through utilization of the nursing process;
- to promote, prevent, restore and maintain health, with a focus on minimizing the effects of mental illness and developmental challenges, psychosocial, mental, or emotional disorders, or conditions, and associated or comorbid physiological conditions;
- within the domains of direct care, education, administration, policy development, and research.

The legislated scope of RPN practice is broad. However, psychiatric nursing practice takes place in various environments with diverse clients, and therefore, knowledge and skills utilization are dependent on client need and context of care. In this sense, individuals utilize different aspects of the professional scope of practice in conjunction with employer policies and scopes of employment in their psychiatric nursing practice (CNO, 2018; Nova Scotia College of Nurses (NSCN), 2021).

It is important to understand that scope of practice differs from scope of employment. Scope of employment is the description of the nurse's role within a specific employment setting, defined by the employer through job descriptions, policies, protocols, and context specific education (NSCN, 2021). Scope of practice is set by the regulatory body and based on legislation. It describes the range

of roles, functions, responsibilities, and activities permitted within the terms of their professional license (Association of Registered Nurses of Newfoundland and Labrador, 2006). GPNs and RPNs must always function within their scope of employment and scope of practice.

GPNs should be encouraged to utilize their professional knowledge as appropriate. However, having the authority to perform a procedure does not necessarily mean the individual is competent or that it is appropriate for the individual to perform the procedure (CNO, 2018). Entry-to-practice education, practice experience, context of practice, and professional development over the course of a career makes up the individual competence of any given nurse. While individual competence may be narrower than the profession's scope of practice, individuals may have more specialized, in-depth knowledge and skills in a specific area of practice (CNO, 2018; NSCN, 2021).

GPNs cannot individually be assigned charge nurse responsibilities. RPNs and RNs mentor and support the GPN to learn about charge nurse responsibilities to prepare them to take on the role when they are licensed as RPNs. The RPN/RN retains responsibility for the coordination of care (Adapted from SRNA, 2020).

GPNs may administer controlled drugs and substances according to agency policy. GPNs may complete narcotic counts with an RPN, RN, or Licensed Practical Nurse (a GPN should not complete the narcotic count with another graduate nurse from any nursing designation). The GPN is responsible for knowing their scope of employment when engaging in activities related to controlled drugs and substances.

GPNs are not authorized to do special nursing procedures (and/or those skills considered beyond entry level competencies).

Accountability

Psychiatric nurses show accountability by taking responsibility for their decisions and actions, taking appropriate action when needed and ensuring that practice is consistent with their competencies, the standards of psychiatric nursing practice, RPNAS code of ethics, agency policies, and legislation (CNO, 2018).

All psychiatric nurses, including GPNs and entry-level psychiatric nurses, are expected to reflect on their competencies, identify their learning gaps, and to know where to access available resources to practice competently and ethically (NSCN, 2021).

GPNs are responsible to ensure that appropriate and timely communication with their supervisor and other members of the health care team is occurring. This includes any changes to client care, questions regarding the plan of care, and other important aspects effecting the GPN functioning and client safety (Canadian Patient Safety Institute, 2020).

All psychiatric nurses, including GPNs, are expected to consult with others when any situation is beyond their competence (CNO, 2018). Psychiatric nurses are obligated to make all decisions in the best interests of client safety.

Supervision

GPNs must be supervised by an RPN or RN. The required level of supervision must be determined by the RPN or RN working with the GPN on each shift and cannot be determined by the employer or agency policy (SRNA, 2020).

Supervision is an active process of assigning, consulting, guiding, and monitoring the performance of a GPN to influence the outcome of care (Canadian Nurses Protective Society (CNPS), 2012; College of Registered Nurses of Alberta (CARNA), 2019). The RPN/RN supervisor should be readily available to direct the work actions or performance of the GPN as required to maintain safe practice (CNPS, 2012).

When determining the level of supervision, the supervising RPN/RN:

- evaluates the GPN's knowledge, skill, judgment, and performance
- is knowledgeable of the required client care for the GPN's assignment
- evaluates the practice environment, including the level of risk and stability within the client population
- provides support, direction, and advice to the GPN when it is required
- and retains overall responsibility for the GPN's client assignment (SRNA, 2020).

Supervision can occur directly or indirectly. *Direct supervision* means the supervising RPN/RN is physically present or immediately available in the practice environment while the care is being performed (CNPS, 2012; SRNA, 2020). *Indirect supervision* means the supervising RPN/RN is available for guidance, consultation, and monitoring but not directly in the immediate environment of the nurse being supervised. The supervising RPN/RN may be located on the unit (direct supervision), on an adjacent unit, or within the four walls of the facility or agency (indirect supervision) and must be available to attend as needed and to provide direction (CARNA, 2019; SRNA, 2020).

The supervisor determines, based on their assessment of the GPN's performance, competence, self-awareness, and initiative taken to consult with and seek guidance from the GPN's supervisor, along with an awareness of the client's condition and needs, whether the supervision must take place directly or indirectly. For the entire time a GPN holds a graduate license the RPN or RN is required to provide the level of supervision deemed appropriate in the practice setting at the point of care. GPNs that are beginning to consolidate their knowledge, skill and judgment require a higher level of supervision. As the RPN/RN determines that the GPN has increasing competence and critical thinking in the practice setting, the level of supervision may change. GPNs who are meeting the standards and competencies at a higher level may require a lower level of supervision, depending on the practice setting and client needs, as determined by the supervising RPN/RN (SRNA, 2020). Alternatively, as the GPNs competence increases, it is expected that they will be able to take on assignments involving more complex clients. In these situations, direct supervision of the GPN may once again be required. As the level of supervision required evolves with the increasing competence of the GPN, the above criteria must continue to be met (SRNA, 2020).

The complexity of a client's condition and the stability of the practice environment influences the nursing knowledge required to provide the level of care that the client needs. A more complex client situation and less stable environment create an increased need for consultation, a higher level of supervision, and/or the need for an RPN/RN to provide the full range of care (CNO, 2018). The level of supervision is not static but is fluid and requires a continuous process of observing, assessing, and responding based on the GPN's performance, client factors, and the practice environment. The fluid nature of supervision requires good communication between the GPN and RPN supervisor.

Effective communication is expected between the GPN and RPN/RN supervisor for appropriate decisions to be made and client safety to be upheld.

There may be certain practice settings where it may be appropriate, while meeting the above criteria, for supervision to be available through technology (e.g. home care, community settings) (SRNA, 2020). For assistance with these matters please contact the RPNAS.

Risk Assessment

Psychiatric nurses, including GPNs and entry-level RPNs, use professional judgment to assess and minimize risks when providing psychiatric nursing care. Identifying a practice as high risk does not mean the GPN refrains from taking part in the practice, but rather that they work in partnership with the supervising RPN/RN to incorporate knowledge and skills into the care, while being aware of and taking action to minimize risks (NSCN, 2020).

One strategy to recognize and minimize risk in practice is based on CNO's (2018) Three-Factor Framework: client factors, nurse factors, and environment factors.

GPNs and RPN/RN supervisors can use the Three-Factor Framework to make decisions about client assignments and the level of supervision required to provide competent and ethical care.

CLIENT FACTORS:

Decisions about client assignments and level of supervision required for GPNs are influenced by:

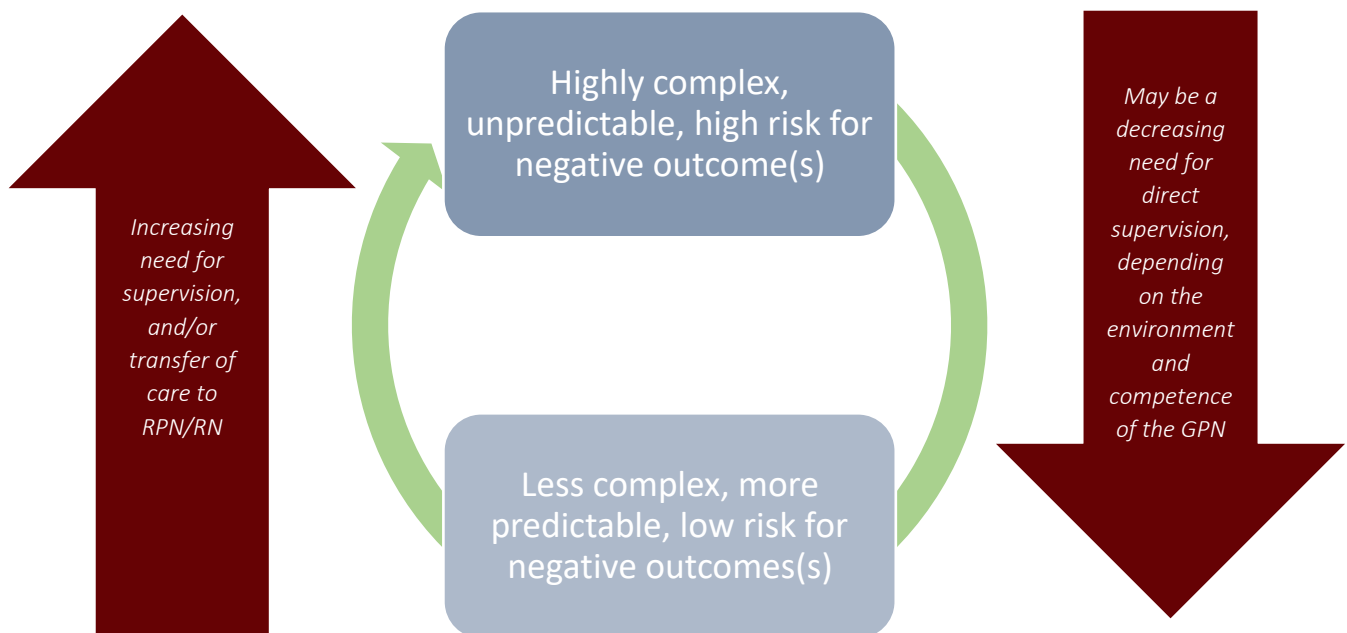
1. Complexity
 - The degree to which a client's condition and care requirements are identifiable and established
 - The sum of variables influencing a client's current health status, and
 - The variability of a client's condition or care requirements
2. Predictability
 - The extent to which a client's outcomes and future care requirements can be anticipated.
3. Risk of negative outcomes
 - The likelihood that a client will experience a negative outcome as a result of the client's health condition or as a response to treatment.

(Adapted from CNO, 2018)

Client continuum

The three factors described above combine to create a representation of the client that can be placed on a continuum. The continuum goes from less complex, more predictable, and low risk for negative outcomes, to highly complex, unpredictable, and high risk for negative outcomes (See chart below). Because client factors are not static, the client continuum is depicted in a cyclical fashion. This is to emphasize that the need for supervision may increase or decrease, not only with changes in the GPN’s level of competence, but also in relation to the changing needs of clients and the environment.

Client assignments and level of supervision for GPNs is determined based on these factors. The more complex the care requirements, the greater the need for consultation, supervision, and/or the need for an RPN/RN to provide some of or the full spectrum of care.



(Adapted from CNO, 2018)

Client Factors	Less complex, more predictable, low risk for negative outcomes	Highly complex, unpredictable, high risk for negative outcomes
Complexity (including bio-psycho-social, cultural, emotional and health learning needs)	<ul style="list-style-type: none"> • Care needs well defined and established • Coping mechanisms and support systems in place and effective • Health condition well controlled or managed • Little fluctuation in health condition over time, few factors influencing the client's health • Client is an individual, family, group, or community 	<ul style="list-style-type: none"> • Care needs not well defined/established or changing • Coping mechanisms and supports unknown, not functioning, or not in place • Health condition not well controlled or managed • Requires close, frequent monitoring and reassessment • Fluctuating health condition, many factors influencing the client's health • Client is an individual, family, group, community, or population
Predictability	<ul style="list-style-type: none"> • Predictable outcomes • Predictable changes in health condition 	<ul style="list-style-type: none"> • Unpredictable outcomes • Unpredictable changes in health condition
Risk of negative outcomes	<ul style="list-style-type: none"> • Predictable, localized, and manageable responses • Signs and symptoms are obvious • Low risk of negative outcomes 	<ul style="list-style-type: none"> • Unpredictable, systemic, or wide-ranging responses • Signs and symptoms subtle and difficult to detect • High risk of negative outcomes

(Adapted from CNO, 2018)

NURSE FACTORS:

The factors that affect a psychiatric nurse's ability to provide competent and ethical care include leadership, decision-making, and critical thinking skills. Other factors include the application of knowledge, knowing when and how to apply knowledge, and having the resources available to consult as needed.

GPNs are consolidating their nursing knowledge. It is important for GPNs to be aware of the limits of their individual competence and their practice. Based on individual practice reflection and the current requirements of their practice environments, nurses must continually enhance their knowledge and competence through ongoing learning, education, experience, and participation in continuing competence activities.

The amount of consultation and supervision required is determined by the GPN and supervising RPN/RN together through communication and is based on the GPN's individual competence, the complexity of client care needs, and the practice environment.

The practice setting influences the availability and accessibility of these consultation resources. An RPN/RN supervisor must be available for a GPN.

Nurse Factors

GPN

Experienced RPN

Direct practice experience

- Consolidating their knowledge and skills
- Competence is being developed
- Practices in accordance with entry-level competencies, standards of psychiatric nursing practice, and code of ethics

- Competence well developed
- May have more specialized, in-depth knowledge and competence in their area of practice
- Practices in accordance with standards of psychiatric nursing practice, and code of ethics

Direct practice assessment

- Recognizes changes, probes further and manages or consults appropriately with experienced/supervising RPN/RN or other health care team member

- Anticipates and recognizes subtle changes, probes to assess further, identifies relevant factors, understands significance, and manages appropriately

Direct practice decision making

- Transfers knowledge from similar situations through pattern recognition
- Makes decisions by accessing a known range of options to solve problems

- Analyzes and synthesis a wide range of information using a variety of frameworks or theories
- Makes decisions by drawing on a comprehensive range of options to

Direct practice implementation

- Meets identified nursing care needs of less-complex clients with predictable outcomes including health teaching
- Meets current identified client care needs using a systematic framework for providing care (e.g., nursing process or theory)
- Selects from a known range of options
- Performs nursing interventions for which she/he can manage the client during and after intervention or has access to resources
- Provides care for more complex clients under a higher level of supervision

Direct practice evaluation

- Collaborates with client to evaluate overall goal achievement and modifies plans of care for less-complex clients
- Identifies expected outcomes of specific interventions and modifies plan of care in collaboration with client
- Recognizes deviations from predicted client response(s) and consults appropriately

interpret, analyze and solve problems

- Anticipates many possibilities and makes proactive decisions based on evidence and experience

- Meets a wide range of nursing care needs of clients regardless of complexity and predictability, including health teaching
- Meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and range of options
- Manages multiple nursing interventions simultaneously in rapidly changing situations
- Directs plans of care for highly complex clients

- Collaborates with client to evaluate overall goal achievement and modifies plan of care
- Identifies and anticipates a multiplicity of outcomes and modifies plan of care in collaboration with client
- Recognizes, analyzes, and interprets deviations from predicted client response(s); modifies and implements plan of care autonomously

(Adapted from CNO, 2018)

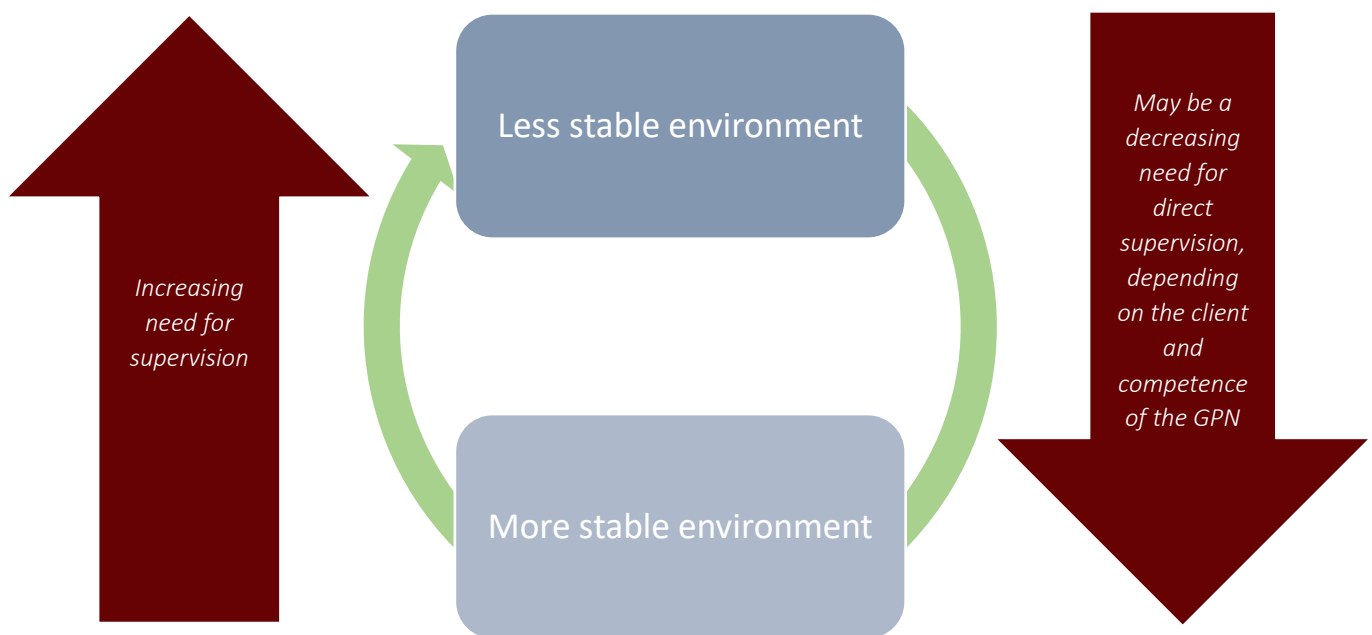
ENVIRONMENT FACTORS:

Environment factors include practice supports, consultation resources and the stability/predictability of the environment. Practice supports and consultation resources support nurses in clinical decision-making.

The less stable these factors are, the greater the need for closer supervision. The less available the practice supports, and consultation resources are, the greater the need for more in-depth nursing competencies and skills in the areas of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management.

Environment continuum

Because environmental factors, like client factors, are not static, the environment continuum is depicted in a cyclical fashion. This is to emphasize that requirements for supervision are fluid, and change depending on what is going on in the practice setting, as well as in relation to the GPN's competence and client need.



(Adapted from CNO, 2018)

Environment Factors

Practice supports

More Stable

- Clear and identified procedures, policies, medical directives, protocols, plans of care, care pathways, and assessment tools
- High proportion of expert nurses or low proportion of novice nurses
- High proportion of nurses familiar with the environment

Less Stable

- Unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools
- Low proportion of expert nurses or high proportion of novice nurses and unregulated staff
- Low proportion of nurses familiar with the environment

Consultation resources

- Many consultation resources available to manage outcomes

- Few consultation resources available to manage outcomes

Stability and predictability of the environment

- Low rate of client turnover
- Few unpredictable events

- High rate of client turnover
- Many unpredictable events

(Adapted from CNO, 2018)

Summary of using risk assessment for deciding level of supervision and client assignments

The more complex the client situation and the more dynamic the environment, the greater the need for the GPN to be supervised directly or transfer of care to the RPN/RN. The technical and cognitive aspects of nursing practice cannot be separated. Decisions about client assignments and supervision requirements of the GPN are made after considering client care requirements and the GPN's cognitive and technical expertise in a given environment. By considering the client, nurse, and environment factors, RPNs/RNs can determine what client assignment and level of supervision is appropriate for the GPN.

(Adapted from CNO, 2018)

Concerns and complaints

The GPN's employment should be treated as a relationship to support the GPN's development toward an RPN. Safe patient care should always be a priority for both the GPN and the employer. Every effort should be made by the GPN and the employer to support the GPN to meet psychiatric nursing expectations. It is expected that the employer has a performance management strategy in place to work with the GPN to improve practice if concerns arise. In the event these efforts are unsuccessful and the obligations to practice competently and ethically are consistently unmet there is an expectation of the employer/manager/colleague to report the member to the RPNAS. Members of the public can also report an RPNAS member if the member's practice is not meeting the standards set for the profession.

The GPN is expected to be committed fully to the process of transitioning to an RPN. GPNs are responsible to ensure that timely communication with their supervisor is occurring. This includes, but is not limited to, additional need for orientation, arrangements to request references for ongoing maintenance of a GPN licence if needed, status of examination results, expiry date of GPN licence, and conditions under which the licence is granted.

While a member is holding a GPN license, the member is subject to the requirements of the practice standards and ethical conduct under the *Registered Psychiatric Nurses Act, 1993* of Saskatchewan, RPNAS bylaws, standards, and all applicable provincial and federal legislation. Any breach of expectations and accountabilities may result in ineligibility for a license and the GPNs conduct being reviewed by the RPNAS Registrar and/or the RPNAS Professional Conduct Committee. RPNAS provides consultation services to proactively support members to practice safely. Please access these services as needed.

Resources

RPNAS Practice Program

RPNAS offers free, confidential consultation via email or the phone to help psychiatric nurses, employers, health providers, the public and others understand psychiatric nursing practice in Saskatchewan. We are dedicated to listening to questions and concerns RPNs, GPNs, and other stakeholders may have about GPN and RPN practice and helping them find information regarding a solution. The uniqueness of each situation is considered when discussing the matter. Once we understand the context, staff can provide guidance, links to evidence, and resources to assist the caller to implement the standards of psychiatric nursing practice and code of ethics. In addition to one-on-one consultation, RPNAS also offers education to teams that may benefit from learning more about a specific area of psychiatric nursing practice.

For practice consultation contact RPNAS Director of Nursing Practice at info@rpnas.com.

Canadian Nurse Protective Society

Canadian Nurse Protective Society (CNPS) offers education, legal advice, and risk management services to nurses. RPNAS members are eligible for CNPS legal services through their Professional Liability Protection. Visit [CNPS's website](#) for resources.

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