JOB SUMMARY

The Psychiatric Licensed Practical Nurse (PLPN) IIIC is responsible to provide supervisory or case management practical mental health nursing, therapeutic, and supportive care in the assessment process; assist with the implementation of care plans; collaborate with members of the multidisciplinary healthcare team/agencies; and contribute to the treatment of psychiatric patients. Work is performed in either a hospital or community setting under the general supervision of a registered nurse.

Key and Periodic Activities

— Organizes and directs the day-to-day activities of psychiatric licensed practical nurses; and follows up to see that patient care tasks have been performed.

— Participates in the supervision and development of a nursing care plan to meet the needs of patients and contributes to the comprehensive and holistic nursing assessment; administers or supervises the dispensing of medications and the application of dressings, or assists a nurse in providing these treatments. Consults with shift supervisor of preceding and following shifts to learn and relate conditions on floors and to point out or learn of problem areas of patients requiring special attention.

— Interviews and assesses patients’ regarding their mental status and level of risk; interacts and engages in therapeutic relationships and builds rapport; instructs patients and families in their care regarding their health and safety; assists other health disciplines with completion of assessments, meets with other team members to share and document reports in the patients’ profile. May suggest referrals to other professionals as appropriate.

— Encourages healthy behaviour of patients by identifying antisocial or inappropriate behaviour and reports any behavioural changes to the registered nurse.

— Assists physicians in clinics by coordinating and preparing patients for examinations; assists physicians with treatments; supervises or ensures that patients are closely supervised following treatment; and makes rounds with doctors and advises on behaviour of patients.

— Makes frequent rounds, checks the condition or activity of patients; holds discussions with patients or family members on problems; takes or assists patients with participation in leisure activities; and closely monitors their whereabouts and actions.

— Provides case management activities such as assessment, program planning, monitoring, and evaluation; coordination of services, liaising with community resources; advocates; and
### Key and Periodic Activities

- provision of direct/concrete services.
  - Provides mobile crises, intervention, and ongoing care and support such as assists with referrals/applications to various community agencies on behalf of the patient; provides education support and skills (i.e. life and social); monitors mental and health status (i.e. doctors appointments), medications, and social, work, and home conditions; provides counselling and support, and follows up with appropriate supports as required; promotes healthy living and assists with lifestyle modification; and advocates for patients as required.
  - Provides continuity of care for patients even during periods of hospitalization; consults with psychiatrists; discusses and identifies patient goals; and provides consultation to inpatient unit staff and patient.
  - Coordinates the discharge process with respect to arranging appropriate housing and adequate supports; advocates, assists or refers patients to appropriate resources (i.e. leisure activities, employment or community/hospital based activities); liaises or collaborates with various community caregivers, agencies, healthcare providers, or support service groups for clients; meets with patients’ home operators or landlords and mediates any irregularities or assists patients to find suitable housing; monitors patients compliancy with taking their medications by phoning them or making home visits and teaching them the importance of medications and their side effects.
  - Participates in the development, implementation, standards of care, and quality initiatives, and evaluation of policies and procedures; and participates on committees and special projects.
  - Participates in crisis intervention and risk management activities.
  - Participates in continuing education.
  - Provides orientation, education, and evaluation of students during their clinical placements.
  - Performs workload measurement activities; and develops and provides reports of activities.

### SKILL

#### Knowledge

**General and Specific Knowledge:**
- Psychiatric licensed practical nursing and related policies, procedures, trends and developments
- Supportive counselling
- Patient care, assessment, and treatments
- Equipment and technology as it relates to field
- Crisis intervention
- Community supports, resources, and agencies
- Current knowledge of trends, research and developments within nursing and related field

**Formal Education and/or Certification(s):**
- Minimum: 2 year diploma (Licensed Practical Nursing)
- Post basic course in Mental Health
- Licensure from the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL)
— Basic life support (BLS) certification, therapeutic crisis intervention, addictions, and suicide prevention training
— Mental status examination

**Years of Experience:**
— Minimum: 4 – 5 years of experience in Mental Health

**Competencies:**
— Nursing assessment skills within scope of practice
— Skills in communication (verbal and oral) and interpersonal techniques and life teaching
— Ability to perform various therapies and procedures and operate equipment
— Ability to work in a multi-disciplinary team and independently
— Computer skills
— Organization, decision-making, and problem-solving

**Interpersonal Skills**
— A range of interpersonal skills are used to listen to information, ask questions to gather information, conduct interviews, provide advice or counselling, resolve and deal with disputes and upset/angry patients independently, provide care and comfort, provide information and advice to patients and their families regarding their condition and/or medications and its side effects, to work cooperatively with coworkers as part of a team to complete work issues and solve problems, other members of the healthcare team, and with the registered nurse or manager to discuss any problems or concerns and may be required to write letters for patients advocating for resources (i.e. housing, employment, transportation, etc.).
— Communications occur with employees within the immediate work area, within and outside the department and organization (i.e. community agencies/resources to provide supports for patients) and include supervisor, patients and their families, and professional associations and advisors.

**EFFORT**

**Physical Effort**
— The demands of the job occasionally result in considerable fatigue, requiring periods of rest, and a need for strength and endurance.
— When providing direct patient care, constantly uses physical exertion and handling with objects less than 10 lbs (i.e. charts, files, supplies, machines, etc.), and occasionally is required to move, push or pull objects or patients (children) between 10 – 50 lbs and over 50 lbs (i.e. patients, wheelchairs, stretchers, furniture, etc.). Occasionally is required to constrain patients.
— Occasionally works in awkward or cramped positions and is required to bend and stretch when assisting patients with daily living activities such as showering or personal hygiene. Constantly walking, standing, or moving about when performing patient monitoring activities, or when performing skills training (i.e. supermarket, banking, transportation, etc.), in the community. Regularly, in a hospital setting, sits at a computer screen to observe and monitor patients who require constant observation. Occasionally, drives to patients’ homes or community agencies to provide supportive care and services to patients.
— When performing patient care activities, regularly uses gross motor skills, maintains balance,
and occasionally operates machinery or equipment which requires very controlled movement.

### Concentration

| — **Visual concentration** is required to observe patients for any physical changes or abnormal behaviour (i.e. some of whom may be confused, disoriented, or suicidal). |
| — **Auditory concentration** is required to communicate with and listen to information from physicians, government agencies/community groups, and patients, some of whom may have difficulty communicating; and to listen to patients’ interactions with each other and family members, in order to prevent any conflicts or disruptive behaviour. |
| — **Other sensory demands required are smell** which is used to detect patients who may be smoking in inappropriate places, using illegal substances, drinking alcohol, or having issues with personal hygiene. |
| — A high level of **alertness and concentration** is required to observe patients who may be at risk (suicidal), violent, or aggressive and when working alone in the community. Tasks which are **repetitive and require alertness** include observation of patients. |
| — There are **time pressures and deadlines** to respond to crisis (i.e. patients acting aggressively and when clients are evicted from their residence and require emergency accommodations). **Interruptions** occur as patients’ behaviours and situations are unpredictable. There is **lack of control over the work pace** due to the unpredictable number of admissions, discharges, emergencies, and changes in a patients’ situation or condition. |
| — **Eye/hand coordination** is required to give medications through injections, and when responding to or dealing with upset clients to ensure the safety of the patient, clients, and others. |
| — **Exact results and precision** are required when observing a patients condition, documenting or charting a patients’ information, when administering medications, taking a patient’s vital signs, and reporting on their condition. |

### Complexity

| — Performs a series of tasks and activities that are different/unrelated and require a broad range of skills and a diversity of knowledge. |
| — Work tasks vary but include supervisory responsibilities and the provision of case management practical mental health nursing, therapeutic and supportive care in the assessment process, implementation of care plans, collaboration with healthcare team/agencies and contributing to the treatment of patients. Case management activities include assessment, program planning, monitoring and evaluation, coordination of services and community resources, advocating on behalf of clients and coordinating the discharge process. Also participates in the development and implementation of standards of care, quality initiatives and evaluation of policies and procedures. |
| — Typical complexities include handling crisis situations with verbally and physically aggressive, psychotic patients and ensuring safety for everyone. Other challenges involve educating patients regarding compliance with medications and ensuring they understand its importance. |
| — Complexities are typically solved by consulting with other team members, and manager; reviewing and following organizational policies and procedures; referring to various reference materials including the *Compendium of Pharmaceuticals and Specialties (CPS)* Manual for medication administration; working alone policy; and guidelines of CLPNNL. |
**RESPONSIBILITY**

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<th>Accountability and Decision-Making</th>
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<td>— Work tasks and activities are highly monitored or controlled in the hospital setting through the documented process in the patient’s care plan. In the community, work tasks and activities are generally not prescribed nor controlled.</td>
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<tr>
<td>— Independent decisions within scope of practice are made concerning patients care, comfort, and when administering medication. In the community, work is performed in a self-directed manner within scope of practice where they make decisions independently as there is often no immediate opportunity for collaboration and consultation with other team members.</td>
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<tr>
<td>— Responsible for case management activities which include assessment, program planning, monitoring and evaluation, coordination of services and community resources, advocating on behalf of clients and coordinating the discharge process. Also participates in the development and implementation of standards of care, quality initiatives and evaluation of policies and procedures.</td>
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<td>— Approval is required to administer non-routine medications and certain treatments, to change a patient’s care plan, change policies and procedures, purchase large supplies/equipment, and staffing decisions. Works under the general supervision of a registered nurse, physician, and/or a case management team.</td>
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<td>— Interprets directions and applies guidelines when emergencies occur, or when working alone in the community. Has some discretion to search a patients’ room or belongings, if there is suspicion of inappropriate behaviour.</td>
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<td>— May exercise a high degree of discretion and judgment during emergencies, crisis situations, or when observing patients to ensure proper care and their health and safety. Decisions outside scope of practice must be made in collaboration with a registered nurse, manager, and/or case management team.</td>
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<td>— Provides patient information to co-workers, physicians, nurses, and provides education, advice or recommendations to patients and family members regarding their condition, medication side effects, and community supports.</td>
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<td>— Tasks and activities have an impact on the immediate work area, within and outside the department/organization, and patients.</td>
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<td>— Can either negatively or positively impact the quality of care provided to patients based on the guidance, education (skill development), supports, and recommendations that is provided to them.</td>
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<td>— There are impacts on processes and systems (i.e. policies, guidelines, missed appointments), information (i.e. if it is not accurate, kept confidential), and health and safety. The most significant impacts are on patients, their treatment, and information provided to them.</td>
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<td>— The types of errors that occur are medication errors, errors in documentation, failure to make observation checks as per orders/policies, and giving patients incorrect information regarding appointments.</td>
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<td>— Any errors are mitigated as the work tasks and activities are highly monitored or controlled in the hospital setting through the documented process in the patient’s care plan. In the community, work tasks and activities are generally not prescribed nor controlled. Any incidents</td>
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and occurrences are documented, and any decisions outside of the scope of practice are done in collaboration with a registered nurse in charge, manager, and/or a case management team. Has license to practice and professional activities are monitored through the professional association.

— Errors are typically identified within hours of occurrence and are identified by the incumbents, a physician, manager, or the case management team.

### Development and Leadership of Others

— Responsible for coordination of staff work activities which includes providing on the job advice/guidance, feedback, delegation/allocation of tasks, checks and reviews the work of other PLPNs, and acts as a technical mentor or advisor.
— Provides orientation, education, and evaluation of students during their clinical placements.
— May provide team lead activities in directing the work of other PLPNs, and does not provide project leader activities.

### WORKING CONDITIONS

#### Environmental Working Conditions

— Required to use protective equipment and take universal precautions such as wearing gloves, masks, gowns, etc., proper footwear, washing hands and using sharps containers, emergency kits including ice melts to keep in vehicles for slippery conditions, following safety procedures/precautions (i.e. Back Injury Preventative Training, Working Alone Policy, using mechanical lifts, paging emergency codes (i.e. code white) as required, and following isolation procedures).
— There is a limited likelihood of receiving minor injuries or illness or receiving a partial and/or total disability.
— Constantly exposed to physical dangers or threats (i.e. when working with dementia and psychiatric patients), electrical shocks; Regularly, wet or slippery surfaces, dirt/dust, often works in awkward confining workspaces where there is lack of privacy and community positions often work in isolation. Occasionally, is exposed to unusual/distracting noise, limited ventilation/lighting, lack of privacy, infectious diseases (i.e. MRSA, H1N1, etc.), odours, bodily fluids, waste, sharp objects (needles), and for community positions, travel to patients’ homes or the community, sometimes in adverse weather conditions.