

RNS -

**SYLLABUS OF TRAINING
PROFESSIONAL REGISTER
- PART 3
(Registered Mental Nurse)**

1982

ENGLISH AND WELSH NATIONAL BOARDS FOR NURSING
MIDWIFERY AND HEALTH VISITING

SYLLABUS OF TRAINING
PROFESSIONAL REGISTER
- PART 3
(REGISTERED MENTAL NURSE)

This syllabus, originally approved by the General Nursing Council for England and Wales, has now been adopted by the English and Welsh National Boards for Nursing Midwifery and Health Visiting. Successful completion of the course and of the relevant examination of the Boards is regarded as a basis for admission to Part 3 of the Register of the United Kingdom Central Council for Nursing Midwifery and Health Visiting (Registered Mental Nurse).

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**English and Welsh National Boards
for Nursing Midwifery and Health Visiting**

**Syllabus of Training
for admission to Part 3
of the Professional Register**

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Name of student nurse

Date of entry to training

Index number

PREFACE

The syllabus focuses on the major competences considered necessary in the student psychiatric nurse at the end of his/her basic professional education. It is in two sections:-

Section I Nursing Skills Section II The Knowledge Base

Section I concentrates on the skills required of the psychiatric nurse within a needs meeting and problem solving approach to nursing care. The justification for emphasising skills is prompted by several factors.

FIRSTLY, a need in the profession to give a clear statement of the skills of the psychiatric nurse. Section I illustrates the repertoire of skills required of the modern psychiatric nurse and includes intellectual, personal, interpersonal, practical and organisational skills.

SECONDLY, this emphasis on skills also stamps psychiatric nursing as essentially "a human activity", responding particularly to behavioural, emotional, cognitive and spiritual problems, and consequently it demands an increased awareness of the process of human behaviour as a fundamental pre-requisite of intelligent intervention.

THIRDLY, self-awareness skills are vital for all therapeutic interaction and the development of such skills should be built into the training programme at the earliest stage possible. The use of experiential techniques, including structured exercises, games and role-play, which involve the student and his whole experience, are to be recommended. The development of self awareness skills by examining and learning from one's own experiences and sharing these experiences with others, recognises the wealth of personal experience students of psychiatric nursing bring to any training course.

Section II, the Knowledge Base, includes material which serves as a foundation for the professional life of the nurse. The role of knowledge in learning is of paramount importance and Section II is a statement of the knowledge that is considered of most worth in helping the student to acquire the skills in Section I.

Knowledge, skills and attitudes can be linked in the curriculum in a wide variety of ways, many of which are as valid as each other and dependent on local factors. Theoretical inputs like lectures, from staff, students or outside specialists, can be followed by experiential workshops related to the topic concerned. In this way theoretical concepts can be linked to the experiences of the students in the workshop, leading to a greater depth of meaning and understanding of theory. This particular method is to be recommended.

The development of desirable attitudes in the nurse is subsumed in the total process of the educational experience but can also be linked directly to experiential workshops which involve elements of self-assessment.

During training, the student nurse should develop the skilful use of the nursing process as outlined in the following definition:-

"The nursing process is a term applied to a system of characteristic nursing interventions in the health of individuals, families and/or communities. In detail it involves the use of scientific methods for identifying the health needs of the patient/client/family or community and for using these to select those which can most effectively be met by nursing care; it also includes planning to meet these needs, provide the care and evaluate the results. The nurse in collaboration with other members of the health care team and the individual or groups being served, defines objectives, sets priorities, identifies care to be given and mobilizes resources. He/she then provides the nursing services either directly or indirectly. Subsequently, he/she evaluates the outcome. The information feedback changes in subsequent interventions in similar nursing care situations. In this way, nursing becomes a dynamic process lending itself to adaptation and improvement."

(Document 05/08/77 - W.H.O. "The nursing process." Report on the first meeting of a technical advisory group, Nottingham, December, 1976.)

The syllabus provides a model on which a skills-orientated curriculum can be constructed and an objective form of continuing assessment of students devised. Appendix I gives guidance on the organisation of theoretical instruction and practical experience. Appendix II sets out the formal and informal assessment and examination requirements. Appendix III relates to curriculum planning and course evaluation.

CURRICULUM PLANNING AND EVALUATING

These notes are designed to help schools of Nursing reach some consensus on the objectives of psychiatric nurse training, the content and method of the training course programme itself, and how the effects of training are to be monitored and evaluated.

A curriculum planning group should be established for the course to be responsible for developing and monitoring the curriculum. This working group may include all relevant interests within the School of Nursing and associated hospitals and any outside experts a particular school may wish to include.

The Aims and Objectives of Training

When we speak of educational aims we refer to the variety of outcomes on skills, attitudes and knowledge, which are intended to result from participation in a course of training. Looked at in this way it will be seen that Section I of the syllabus is a profile of what is now considered to be the desirable outcomes of psychiatric nurse training i.e. a student at the end of training should be like that, or be able to do those things. Section I is not only a list of identified skills, but also a statement of educational aims in terms of skills.

The concept of an educational objective is complex and can be interpreted on several levels. As statements of short term goals within or during a training module or unit of experience, they are a valuable aid to the tutor in evaluating achievement and learning. Curriculum planning groups should identify units of experience in the curriculum and work together to reach a consensus on the objectives of units of experience.

A unit of experience can be defined as:-

- (1) the preparation for a clinical experience in the teaching department;
- (2) the clinical experience itself (including the objectives of clinical experience);
- (3) the consolidation of the experience in teaching department afterwards.

We recommend student representatives in the curriculum planning group as, traditionally, educational objectives have been the staff's objectives for student outcomes. However, a more enlightened approach would be one in which both staff and students consult together to reach a consensus on objectives.

A major objective of psychiatric nurse training is to cultivate the acquisition of self directing competence in student nurses that will serve as a foundation for their professional career. This means students,

increasingly, as the course progresses, assess their own competences, determine their own learning goals and the means of achieving these goals. Students are an important resource for each other in the learning process and personal contributions to the curriculum should be encouraged and be examined in a systematic way with a view to acquiring new insights, skills and attitudes through their own and each other's experience.

Planning Course Activities

Marrying up the content, methods and resources available in a curriculum can be done in a variety of ways. In terms of time in the teaching department there is a period of 28 weeks to organise and this must start with an Introductory Course of 6 weeks. When planning the curriculum of training the following can be taken into consideration.

Experiential teaching methods can be used at the very start of the training in the form of structured practical sessions as the foundation for the principle of learning by self assessment, self disclosure and feedback from others in small groups. The Introductory Course should be an introduction to the broad areas of the syllabus and wherever possible be linked to further structured exercises and role-play situations, games, activities etc. in which the past experience or the experience of the student in this exercise, is linked and explored in discussion. Students should also be helped to establish patterns of study, especially in the reading of books, articles and essays and in establishing patterns of dealing with problems which may arise from reading, either in student groups, or with personal tutors. Another important theme of the Introductory Course should be to help students identify the resources available for self-directed study and how to make use of those resources. Learners should be introduced to key figures in the organisation of the psychiatric services including selected specialists. The Introductory Course should help learners to identify the fundamental role of the psychiatric nurse in relation to other professionals and to establish reasonable and realistic expectations for the course.

Subsequent study periods can be arranged, either as one week or two week blocks between allocations for practical experience, or as a combination of blocks and study days for such area of experience. If the study block is designed to prepare the student for working with a particular care group, then it should contain all the elements related to that care group, e.g. theoretical topics in psychology, sociology, psychiatry, physical/medical matters, elements of the nursing process and skills required in the placement (personal/interpersonal/practical) as well as occupational, recreational and educational elements. The curriculum decisions to be made in those blocks are the prerogative of the qualified tutorial team. A number of variations are possible many of which may be equally valid educationally. An enormous variety of teaching methods are available for the nurse tutor in psychiatric nursing who can be seen as a catalyst, facilitating independent learning and self directed study in the educational setting.

Modifying objectives in the light of further information.

Ensuring a safe environment.

MOTIVATING

Developing rapport. Displaying belief in the intrinsic worth of the individual.

Presenting stimuli to arouse interest - using positive incentives, persuasion, suggestion, appropriate rewards.

Fostering group identity and solidarity.

TEACHING

Identifying and agreeing learning needs.

Creating learning opportunities.

Facilitating self-assessment.

Assisting others towards self-direction; independent thought, goal setting and action.

Offering examples of appropriate behaviour.

Acting as a model of independent, mature behaviour.

Encouraging others to challenge, explore, question.

Providing feedback.

Assisting the individual to modify inappropriate behaviour.

Using role-play.

Assisting in the transfer of learning.

The teaching of principles that promote mental health.

Assisting the individual and family to recognise factors that may precipitate mental illness and to take preventative action.

Evaluating the effectiveness of teaching.

MANAGING

Managing self in response to a rapidly changing set of stimuli.

Managing one's own anxieties and handling conflict, confrontation and criticism from individuals and groups.

Co-ordinating the activities of a group, monitoring, maintaining impetus, using group skills and group techniques.

Maintaining a positive attitude.

Sensitivity to care environment.

Accommodating plans made by staff in other disciplines.

MEETING PERSONAL CARE NEEDS

Providing a safe therapeutic environment.

Maintaining optimum physical state.

Assisting the individual to breathe.

Assisting individuals with eating, drinking.

Promoting continence, managing incontinence.

Providing for work, play and physical exercise.

Creating an environment conducive to rest, sleep.

Taking and recording body temperature, pulse, respiration, blood pressure.

Helping in the maintenance of personal cleanliness and hygiene, bathing and washing.

Maintenance of privacy, dignity and individuality; the use of personal clothing.

Enabling individuals to express personal identity and sexuality.

Promotion of independence.

Assisting the individual in the practice of religious beliefs.

Preparing patients for examinations, therapies.

Administering drugs.

Carrying out practical procedures related to the above, in line with agreed local policies.

Dealing with accidents and emergencies.

ORGANISATION

- Utilising total resources.
- Exercising appropriate leadership.
- Introducing new staff to the setting.
- Motivating the team to achieve objectives.
- Controlling and co-ordinating the nursing team plans.
- Effective organisation of the environment.
- Helping others to identify and meet their own learning needs.
- Teaching and demonstrating where appropriate.
- Effective deployment of nursing staff.

EVALUATION

DEFINING RESULTS.

- Identifying methods of evaluation.
- Stating criteria for evaluation clearly.

OBTAINING FEEDBACK

- Seeking feedback from and the impressions of others; whether observers, participants, patients or otherwise; about what was said and done; about how it was said and done; with their views on the effectiveness of oneself and the plan and the performance of the team.
- Discriminating between what is valid and invalid, in this feedback.

ASSESSING RESULTS

- Assessing the validity and reliability of data of the evaluation.
- Assessing objectivity and subjectivity related to the data.
- Analysing the data.
- Synthesising into a whole.
- Summarising the results achieved.
- Assessing progress or the lack of progress made.

IDENTIFYING PROCESS CHANGES REQUIRED

- Using the results of evaluation to reconsider nursing care plans.
- Setting new objectives as a result of the evaluation.

CREATING OPPORTUNITIES

- Setting up and using support systems to make evaluations possible.
- Identifying realistic short and long-term goals for change.
- Identifying activities and programmes, which will achieve goals, including learning activities, courses, group activities, counselling, and/or personal growth work; peer support and mutual aid.

REVIEWING OVERALL PERFORMANCE

- Reflecting on and reviewing one's interviews and interactions.
- Identifying all the critical elements in the complex process of those interactions.
- Reviewing with the team the results achieved.

MANAGING SUCCESS/FAILURE IN ACHIEVING GOALS

- Identifying what was effective and ineffective within the constraints.
- Identifying one's own contribution to success and failure.
- Taking pleasure in one's own skills and successes.
- Accepting failure and one's own human fallibility.
- Identifying ways to confirm one's own strengths.
- Identifying, with help from others, what in one's own personality and experience may limit one's effectiveness.
- Identifying learning activities to improve skills, personal and professional development.

RECORDING AND COMMUNICATING

- Documenting the progress achieved against criteria.
- Reporting objectively to the care team.
- Discussing the data with the individual.
- Carrying out a nursing audit - conducting a peer review.
- Using a variety of methods of recording data.
- Use of rating scales where appropriate.

SECTION 2 - THE KNOWLEDGE BASE

PART I: SOCIAL AND APPLIED SCIENCES

DEVELOPMENTAL PSYCHOLOGY

- Human growth and development throughout the lifespan: critical periods and experiences throughout life.
- Theories of personality development: psychoanalytic, psychosocial, cognitive, behaviourist, humanistic, existentialist, social learning.

STUDIES OF HUMAN SEXUALITY

- Sexuality as a quality of being human.
- Gender Identity, sexual expression.
- The formation of meaningful adult relationships.
- The physiology of sexual encounters.
- Psychosocial aspects of sexuality.
- Human sexuality and the role of the nurse.

SOCIAL PSYCHOLOGY OF THE FAMILY AND OTHER PRIMARY GROUPS

- Socialisation and identity.
- The systems approach to the study of families.
- Theories of family dynamics, processes.
- Patterns of communication in the family.
- The psychiatric nurse as family therapist.
- Other primary groups.
- Leisure, education, work.
- The psychiatric nurse as a social therapist.

PSYCHOLOGY

- The relevance and importance of psychology to psychiatric nurses.
- Concepts of general psychology, thinking, language development, learning, memory, emotion, perception, intelligence, motivation and their application to understanding human behaviour in the hospital and community setting.

The study of individual differences; cultural, social, sexual, educational, occupational, personality, creativity, ability, skills, attitudes, norms, values; and the implications of this knowledge for the psychiatric nurse.

Clinical psychology: the study and treatment of behavioural and emotional problems; the aetiology of psychological problems, behaviour modification techniques, behavioural psychotherapy; and the co-operation of psychiatric nurses and clinical psychologists in treatment programmes.

Assessment in psychology; of cognitive functions, personality, psychopathology, by various techniques; and the implications of these assessments for psychiatric nursing practice.

SOCIOLOGY

Concepts of sociology; society, community, family, class, deviance, value systems, systems of beliefs; and their implication to our understanding of behaviour.

The socialisation process and the concept of role: social encounter and social interaction.

The sociology of one's professional role.

Sociological approaches to understanding psychiatric conditions.

Implications of different ethnic and cultural backgrounds for understanding psychiatric conditions.

The importance of the social and cultural setting of deviant behaviour.

Sexual stereotypes of mental disorder.

The role play model in the analysis of functional disorder; game-analysis of deviant behaviour.

The individual, deviant behaviour and the social systems: disorders of inter-personal behaviour; deviant behaviour as a failure of our relationships as people.

Labelling theory and its relationship to behaviour; anti-psychiatry. The potential hazards of psychiatric diagnosis; the uses and abuses of clinical labels.

Potential adverse effects of psychiatric intervention; reinforcement of deviant behaviour; institutionalisation; self-conception and the sick role.

The social structure of the hospital, the sociology of institutions. Social structure as a determinant of behaviour.

Therapeutic community concepts and milieu therapy.

The importance and relevance of sociological knowledge for psychiatric

HUMAN PHYSIOLOGY WITH ANATOMY

An outline of the overall structure of the body including the major organs and systems.

The principal physiological activities and how they are regulated.

Respiration, circulation of blood, lymphatic system, digestion, elimination, water electrolyte balance, body temperature, reproduction, movement, endocrine system, nervous system.

MEDICINE

General effect of disease on the body.

General causes of diseases of the body.

Common disorders of the body, their treatment and nursing care.

The psychosocial effects of physical illness.

Physical disorder related to specific psychiatric conditions, eg. alcohol abuse, drug abuse.

The epilepsies.

Sexually transmitted diseases.

Methods of physical investigation, biochemical, haematological, radiographical, EEG.

PSYCHOSOMATIC MEDICINE

The psychosomatic point of view.

The oneness of mind and body.

The relationship of the emotions to bodily functions.

The psychosomatic conditions.

Concepts of treatment; psychotherapy, chemotherapy, surgery, other therapies.

PSYCHIATRY

Aetiology of mental disorders; heredity, physical, psychological, cultural and social factors and their interaction; the multifactorial nature of mental disorder.

Application of psychological concepts to the understanding of mental disorder.

Preventive aspects of mental ill health, community psychiatry.

The classification of mental disorder; anxiety states, acute and chronic phobias, obsessional states, hysterical states, unipolar depression, affective disorders, schizophrenia and the paranoid states.

Personality disorders; sexual deviations and disorders; the involuntary aspects of such behaviour.

Alcohol and drug dependency.

Psychological and psychiatric aspects associated with pregnancy and childbirth.

Behaviour disorders and other psychiatric conditions in children and adolescents.

Psychological and psychiatric aspects related to criminal behaviour; forensic psychiatry.

Organic and symptomatic mental disorder; diseases of the nervous system giving rise to mental disorder.

Mental handicap; incidence and causation, mental disorder in mental handicap, training and education.

Psychiatric examination, including special investigations.

Psychiatric therapies; psychiatric treatments in general use, drug therapy, individual psychotherapy, group therapy, family therapy, behaviour therapy, physical methods of treatment, clinical and intuitive aspects of treatment; combination of these therapies in the total treatment of the unique individual.

PHARMACOLOGY

Requirements under current legislation for the prescribing, storage and administration of drugs.

Various routes of administering drugs, dosage, presentation.

Indications and contraindications of common drugs being prescribed.

Therapeutic use and mode of action of common drugs used in psychiatry; including the placebo effect.

Side, toxic and cumulative effects of drugs.

PART II: NURSING STUDIES

NURSING PROCESS

Theories of need; effects of failure to meet needs.

Scientific method; systematic approach to care.

Concepts of care; problem-solving approaches.

Patient-centred care planning; needs-meeting approach.

Goal-directed care delivery.

Measuring the quality of nursing care.

PSYCHIATRIC NURSING

Training in self-awareness, awareness of others.

Analysis of the role of the psychiatric nurse.

The psychosocial model of nursing care.

Personal skills, interpersonal skills.

The dynamics of groups, group skills, techniques.

The use of self as a therapeutic agent; the possible personal consequences of sustained intensive work with psychiatric patients.

Channels and regulators of communication; communication as a two-way process.

Therapeutic conversation, active listening; the elements of communication.

The effects of sensory impairment and mental disorder on communication processes.

The nurse as a therapist, counsellor and teacher.

The range of possible interventions; motives influencing choice of the intervention; validity of the choice.

The humanistic approach to psychiatric nursing practice.

The nurse-patient relationship; empathy, trust, risk, respect, acceptance, confidentiality.

The nurse as health educator; preventive skills and promoting mental health in hospital and community settings; stress management.

The role of the nurse working with other professionals.

REHABILITATION STUDIES

- Concept of rehabilitation applied to the mentally disordered person.
- Problems of institutionalisation
- The nurse role in the rehabilitative process.
- The effects of the ward structure, policies for patient care.
- The range of facilities for work, occupational therapy, leisure activities, social activities; in the hospital and the community.
- The teaching of skills associated with daily living, eg cooking, laundering, budgeting, shopping, travelling, entertaining.
- Social skills training, initiating and maintaining relationships.

COMMUNITY STUDIES

- Analysis of the community covered by the psychiatric services.
- Models of care alternative to the institutional; the community-based approach to care.
- Ideologies of care.
- Continuity of hospital and community care agencies.
- Normal and abnormal behaviour in the community and in the institution.
- Skills of professionals involved in the mental health care services in the community.
- The role of the psychiatric nurse in the primary health care team.
- Community psychiatric nursing services.
- Local Authority Department of Social Services.
- Employment and resettlement agencies in the community.
- The role of voluntary organisations in the community.
- The work of organisations associated with the interests of the mentally ill.

STUDIES OF THE CARE OF THE ELDERLY

- Theories of ageing; gerontology, patterns of ageing.
- Physical changes, disorders associated with ageing.
- Psychosocial aspects of old age.

Cultural aspects, attitudes, myths about the elderly; life perspectives.

The tasks of the elderly associated with independence; housing, employment, nutrition, finances, retirement, use of leisure time, loneliness, meaningful relationships.

Services for the elderly mentally infirm.

Caring for the elderly in a hospital and community setting.

The value of the elderly to the younger person, the young and to society.

Care of the person who is dying; bereavement; counselling.

STUDIES IN SPECIALISED TECHNIQUES

Art therapy; art as expression, techniques of the art therapist.

Dance therapy, dance and expression.

Industrial therapy, work and meaning.

Music therapy, music as a medium of expression of emotion, ideals.

Occupational therapy, aims and scope, methods of assessment, role of the occupational therapist.

Psychodrama, drama as therapy.

Recreational therapy, importance of recreation, exercise.

Social therapy; family therapy.

PERSONAL NURSING CARE

Health and safety aspects of therapeutic environments; fire procedures and prevention.

The nutritional requirements of the body for physical and mental well-being.

The care of individuals with varying degrees of dependency including the unconscious patient.

Work, play and physical exercise in the promotion of physical and mental health.

Factors in the creation of environments conducive to rest and sleep.

Body regulating mechanisms which influence temperature, pulse, respiration and blood pressure.

The principles of personal cleanliness and hygiene.

Methods of prevention and control of infection and infestation.

The concepts of privacy and dignity and their application in patient care settings.

How people express personal identity and sexuality.

Services, facilities and staff available to assist patients in the practice of their religious beliefs.

The aims and principles of common investigations and examinations.

PSYCHIATRIC EMERGENCIES

The aims and principles of psychiatric first aid.

The patient in an acute psychiatric state.

The suicidal patient, the withdrawn patient, the patient who refuses treatment, the patient who lacks insight, the patient who absconds, the patient who is drunk and aggressive.

Methods of preventing, handling and containing violent behaviour.

Crisis intervention skills.

FIRST AID

The aims and principles of physical first aid.

Improvisation of equipment and resources available.

Methods of moving and carrying injured persons.

Methods of resuscitation.

Management of cardiac arrest, haemorrhage, shock, asphyxia, fits, convulsions, fractures, dislocations, sprains, bites, stings, burns and scalds, poisoning, electrocution.

Principles of emergency childbirth.

PART III: PROFESSIONAL STUDIES

HISTORY AND PHILOSOPHY

The presentation of major facts in the history of nursing, nurse education and medicine.

The development of ideas in psychiatric nursing and psychiatry.

Interpretation of these ideas in the light of the past and the present.

The nature of philosophy.

Logical and intuitive thinking.

Questioning assumptions, values; the development of an enquiring mind.

ASPECTS OF ECONOMICS

An outline of the economic structure of the Health Service.

Brief introduction to the principles of economics.

The economics of hospital and ward administration.

Competing with other groups for resources.

HEALTH SERVICE STUDIES

Nurses, Midwives and Health Visitors Act 1979; role of the statutory bodies.

The framework of administration internationally, nationally, locally.

Government departments and nursing: Department of Health and Social Security.

Whitley Council; pay and conditions of service, contracts.

Trade Unions, Staff Associations, pressure groups.

The fostering of good labour relations in the psychiatric services.

PROFESSIONALISATION OF NURSING

The aims and functions of the profession.

The needs, beliefs and assumptions of the profession.

Professionalisation of the learner nurse; the nursing image.

Professional awareness; responsibilities, duties, accountability.
Professional discipline and standards.
Codes of practice; the ethical dilemmas of nursing.
Recent professional developments, the future of the profession.
De-professionalisation; encouraging client autonomy and the formation of client support systems; changing attitudes to mental health.
Relationship to other professions.
The inter-dependence of professional groups.
Promoting a wider knowledge of nursing in others.
Investigating needs of the profession for education and training.
Making decisions relating to one's own professional and personal development.

RESEARCH STUDIES

The significance of research.
Planning research in nursing; research methods.
The need for research in psychiatric nursing.
Research literature in psychiatric nursing.
Appraising nursing publications and journals.
How to carry out a simple research project.
Writing papers, letters, publishing where possible.

TEACHING STUDIES

The nature of educational experience.
Assessment of teaching/learning needs.
The use of aims and objectives in planning teaching sessions.
Selection of content and teaching method.
Assessment of learning.

MANAGEMENT STUDIES

Classical approach to management of organisations.
Human relations approach.
Systems approach to understanding organisations.
The goals of nursing administration.
Co-ordinating administrative and clinical concerns.
Management structures and leadership styles in nursing.
Decision-making processes including consensus; authority and responsibility.
The hospital as an organisation.
Sharing ideas, consulting, working together in small and large groups.

LEGAL AND ADMINISTRATIVE STUDIES

Mental health legislation.
Relevant aspects of law applied to everyday life.
The law and the psychiatric nurse.
Concept of duty of care in nursing.
Patients rights; limitations on freedom and action.
Special consideration and legislation affecting offender patients.
Patient advocacy, dealing with complaints. Health Services Commissioner.
Health and Safety at work, duties, responsibilities.
Grievance, disciplinary and complaints procedures.