

Community mental health toolkit

Community mental health nurse – transition to
speciality practice competency framework

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Introduction to the toolkit

The community mental health toolkit provides some information and resources that may be useful in planning a community mental health nurse transition to specialty practice program in your service. It includes suggestions of how you may support the transition nurse and examples of recruitment and orientation information for your reference. All items in the toolkit can be amended to suit local needs.

Considerations for program preparation and implementation

1. Protected learning opportunities: Can your organisation enable this position to be additional EFT?
2. Clinical governance and oversight: Who is best placed to ensure this?
3. Program adaptation: Can this structure be adapted to local environments?
4. Reference groups: Would a reference group be helpful in tracking scope of practice changes or program reviews?
5. Recruitment opportunities:
 - Internal recruitment – graduate → postgraduate → transition to speciality practice
 - External recruitment – prior experience?
6. Contracts: Should this be a 12-month secondment/contract allowing rotation or permanency?
7. Interview panel: Should the mentor and/or educator participate on an interview panel?
8. Recruitment: Will an advertisement be posted both internally and externally?
9. Promotion: Can posters and program promotion occur on the inpatient units?

Example position description

Date revised:	<insert date>
Position:	Mental Health Nursing Transition to Speciality Practice
Award/agreement:	Mental Health Service Enterprise Bargaining Agreement
Classification title:	RPN 3 year one <i>or</i> according to experience
Department/unit:	<insert department or unit name>
Clinical program:	Community Program
Accountable to:	Manager

Organisation name: <insert organisation name>

Description: <insert description >

Department: <insert department name>

Department description: <insert department description>

Position summary

This role has been established to enable nurses to build on skills and competencies relevant to community mental health nursing. This 12-month structured program provides orientation, supervision and support to meet competencies and to engage in autonomous practice while working as a member of a multidisciplinary team and in partnership with individuals/families/networks working towards recovery goals.

The position will be based at <insert location> and is embedded into the clinical program. The position will be offered Monday to Friday, 8.30 am to 5.00 pm, with a monthly ADO.

Key responsibilities

This position has been established to support the training and development of nursing delivery relevant to community mental health services. The position is a 12-month position where successful applicants will.

- engage in direct clinical service
- engage in training and education
- engage in clinical supervision
- receive mentorship.

Clinical responsibilities

At the completion of this 12-month program, it is expected that the community mental health nurse can demonstrate the following skills:

- complete a collaborative community mental health assessment, risk assessment and engage in planning
- identify and incorporate best practice principles in all interventions
- independently undertake family/network assessments and liaison
- document a collaborative formulation and plan

- work independently
- engage in therapeutic relationships and provide therapeutic interventions
- understand and identify when to use outcome measurement tools
- understand various roles and disciplines within mental health and refer appropriately
- use de-escalation techniques effectively and adhere to guidelines related to aggression in a community setting
- undertake crisis assessments, triage and respond appropriately to health deterioration
- identify and refer to other support services as appropriate
- demonstrate a broad knowledge of psychotropic medications and effects
- safely and independently administer medication
- promote, monitor and incorporate physical health interventions
- assess substance misuse and engage in therapeutic interventions
- identify relapse signatures with individuals and their network to inform planning
- have a working knowledge of the *Mental Health Act 2014* and uphold its underlying principles including supported decision making and least restrictive interventions
- promote and support advance statements
- engage in liaison with other healthcare providers
- document accurately and articulately
- provide effective clinical handovers.

Quality improvement

- Participate in clinical supervision, performance reviews, professional development and training opportunities
- Participate in discipline-specific meetings and projects
- Adhere to professional practice standards and code of ethics as outlined by the Australian Health Practitioner Regulatory Agency (AHPRA), the Australian Nursing and Midwifery Board and the Australian College of Mental Health Nurses

Communication and teamwork

- Demonstrate positive team behaviours

Contribution to service

- Contribute to research and evaluation activities within the service

Professional development

- Participate in workforce development training
- Participate in a supervised program
- Participate in professional development activities

Quality, safety, risk and improvement

- Maintain safe practice, adhere to quality and risk guidelines and contribute to organisational initiatives
- Maintain a safe working environment for yourself, your colleagues and members of the public
- Escalate concerns regarding safety, quality and risk to appropriate staff members, if unable to rectify yourself
- Promote and participate in the evaluation and continuous improvement processes
- Comply with principles of patient-centred care
- Comply with mandatory continuing professional development requirements

- Comply with the requirements of the National Safety and Quality Health Service Standards and other relevant regulatory requirements

Other requirements

- Comply with relevant privacy legislation
- Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties
- Comply with medication management and medication safety policies and guidelines
- In this position you must comply with the actions set out in the relevant section(s) of the service's occupational health and safety roles and responsibilities guideline

Expectations

- Demonstrate a range of psychosocial interventions appropriate to individual needs
- Be able to work autonomously and as a member of a multidisciplinary team
- Continuously develop interpersonal and therapeutic skills
- Effectively liaise with all stakeholders

Knowledge and experience

- Have a sound knowledge of the Mental Health Act and other relevant legislation
- Have a commitment to professional development, service development and evaluation
- Have a history of engaging in professional development
- Have a commitment to community mental health for people with serious mental health issues
- Be a high performer who is patient-focused, motivated and enthusiastic

Qualifications/experience required

- A current practising registration in Registered Nursing issued by AHPRA
- Currently studying or completed postgraduate qualifications in mental health nursing
- Experience in a range of nursing interventions
- A current driver's licence

Mental health workforce capabilities and priorities include awareness of the following.

1. Rights, responsibilities, safety and privacy

Mental health professionals uphold the rights of people affected by mental health problems and mental disorders, and those of their family members and/or carers, maintaining their privacy, dignity and confidentiality and actively promoting their safety.

2. Consumer and carer participation

Mental health professionals encourage and support the participation of consumers and carers in determining (or influencing) their individual treatment and care.

3. Awareness of diversity

Mental health professionals practise in an appropriate manner through actively responding to the social, cultural, linguistic, spiritual and gender diversity of consumers and carers, incorporating those differences in their practice.

4. Mental health problems and mental disorders

Mental health professionals are knowledgeable about mental health problems and mental disorders and the co-occurrence of more than one disease or disorder, and apply this knowledge in all aspects of their work.

5. Promotion and prevention

Mental health professionals promote the development of environments that optimise mental health and wellbeing among populations, individuals and families to prevent mental health problems and mental disorders.

6. Early detection and intervention

Mental health professionals encourage early detection and intervention.

7. Assessment, treatment, relapse prevention and support

Mental health professionals provide or ensure that consumers have access to a high standard of evidence-based assessment, treatment, rehabilitation and support services that prevent relapse and promote recovery.

8. Integration and partnership

Mental health professionals promote the integration of components of the mental health service to enable access to appropriate and comprehensive services for consumers, family members and/or carers through mainstream health services.

9. Service planning, development and management

Mental health professionals develop and acquire skills to enable them to participate in the planning, development, implementation, evaluation and management of mental health services to ensure the delivery of coordinated, continuous and integrated care within the broad range of mainstream health and social services.

10. Documentation and information systems

Mental health professionals maintain a high standard of documentation and information systems on clinical interventions and service development, implementation and evaluation to ensure data collection meets clinical, monitoring and evaluation needs.

11. Evaluation and research

Mental health professionals systematically monitor and evaluate their clinical practice, consistent with the National Standards for Mental Health Services and relevant professional standards to ensure the best possible outcomes for consumers, family members and/or carers.

12. Ethical practice and professional responsibilities

Mental health professionals adhere to local and professionally prescribed laws, codes of conduct and practice, and take responsibility for their own professional development and continuing education and training

Sample interview questions

Community mental health nurse transition to speciality practice

1. Introduce the panel members and thank the applicant.
2. Check the applicant received a copy of the position specification.
3. Explain the interview format.

Interview questions

1. What interests you about a transition to speciality practice role and how does it relate to your career aspirations?
2. As a nurse, what specific strengths would you bring to this role, and what might be some of the main challenges?
3. What is your understanding of a mental health nursing role in community practice?
4. Can you describe your understanding of recovery within a mental health context?
5. What factors would you consider when conducting a risk assessment in a community setting?
6. Can you guide us through a mental state examination?
7. Can you describe important principles within the *Mental Health Act 2014*? What aspects are most relevant in community mental health practice?
8. Can you tell us about how you prioritise your time to meet multiple requests?
9. What are your top three values as an employee and what examples can you provide to demonstrate these values?
10. What does collaborative care mean to you? Can you provide an example where you have worked with someone collaboratively and achieved positive outcomes?
11. What has been your experience with clinical supervision? How might you use clinical supervision in this role?
12. How do you respond to feedback on your performance, can you give an example?
 - Questions?
 - Anything to further support application?
 - Check references.
 - Check driver's licence.

Learning opportunities

1. Internal and external training sessions
2. Consultation with clinical specialists
3. Reflective practice
4. Reflective journals
5. Conferences
6. Quizzes
7. Journal reviews
8. Observation and supervised practice
9. Clinical reviews, case conferences and case presentations within a multidisciplinary team
10. Simulation using clinical scenarios promoting critical thinking, skill development and confidence.¹
This also provides an opportunity to review if knowledge and skills evaluated are consistent with current practice guidelines.²
11. Narrative evaluations allow descriptions such as preferred learning style, confidence and ongoing learning needs.

¹ Felton A, Wright N 2017, Simulation in mental health nurse education: the development, implementation and evaluation of an educational innovation, *Nurse Education in Practice*, 26, 46–52.

² Oermann M 2016, Using simulation for summative evaluation in nursing. *Nurse Educator*, 41(3), 133.

Sample orientation checklist

Community mental health nurse transition to specialty practice

Transition to specialty practice mental health nurse name: <insert name>

Commencement date: <insert date>

Activity	Person responsible	Date completed
Welcome		
Orientation to the work location		
Introduction to staff		
Shown to desk		
Ensure has IT logon		
Organise security passes		
Occupational and safety – codes/alarms/staff counselling		
Provide resource manual		
Provide orientation guide		
Book visits to external agencies		
Enrol in mandatory training		
Provide annual basic life support training		
Organise single administration medication checks		
Set up MHPOD login		
Shown how to access policy and guidelines		
Allocate to a clinical supervisor		
Introduce to clinical educator		
Discuss 12-month program outline		
Discuss community mental health model of care		

Orientation checklist completed?

Transition to specialty practice mental health nurse signature:

Nurse educator/mentor signature:

Date:

Medication quiz

1. Your client's prescribed antipsychotic medication has a side effect of developing neuroleptic malignant syndrome (NMS). Which of the following would indicate the possible onset of NMS?
 - (a) Arousal, hypervigilance, diarrhoea
 - (b) Altered sensorium, confusion, agitation, altered conscious state
 - (c) Rigidity, unstable cardiovascular status, increased temperature
 - (d) Answers (b) and (c)
 - (e) Answers (a), (b) and (c)
2. What is the recommended daily dose range for amisulpride in adults with acute psychosis?
 - (a) 400 mg to 1,200 mg BD
 - (b) 40 mg to 120 mg BD
 - (c) 200 mg to 400 mg BD
3. The common side effects of clozapine are constipation, postural hypotension, drowsiness, hypersalivation.
 - (a) True
 - (b) False
4. On Tuesday morning you receive a call from a client who informs you that they last took their 350 mg nocte clozapine dose on Saturday night. What should you do?
 - (a) Inform the client to take the dose immediately to prevent therapy interruption
 - (b) Contact the treating doctor because the client is likely to require retitration of clozapine
 - (c) Log an incident report about the missed dose and the reasons for it
 - (d) Answers (a) and (c)
 - (e) Answers (b) and (c)
5. What signs and symptoms would indicate lithium toxicity?
 - (a) Vomiting, severe tremor, unsteady gait, slurred speech
 - (b) Blurred vision, drowsiness, confusion
 - (c) Metallic taste, fine tremor, increased thirst
 - (d) Answers (a) and (b)
6. What is the recommended starting dose of sertraline for adults with major depressive disorder?
 - (a) 50 mg

- (b) 20 mg
 - (c) 75 mg
7. What is the symptom / are the symptoms of serotonin syndrome?
- (a) Hypertension
 - (b) Sweating and flushing
 - (c) Shiver and tremor
 - (d) Nausea, vomiting and diarrhoea
 - (e) All of the above
8. Which of the following are TRUE regarding patient identification in the community setting?
- (a) UR#, full name and date of birth
 - (b) Full name, date of birth and gender
 - (c) CMI number, name and address
 - (d) Address can be used as a fourth identifier if in doubt with the first three identifiers
9. What are the six rights of medication preparation and administration?
- (a) Right drug, right dose, right time, right route, right patient and right clinical scenario
 - (b) Right patient, right medication, right dose, right route, right environment and right DOB
 - (c) Right doctor, right drug, right patient, right dose, right route and right time
 - (d) Right patient, right medication, right dose, right route, right time and right to refuse
10. Your client is prescribed sodium valproate liquid 700 mg daily; the strength of liquid is 200 mg/5 mL. How many millilitres do you prepare and administer?
- (a) 15 mL
 - (b) 17.5 mL
 - (c) 20 mL
 - (d) 22.5 mL
11. Where should S4 drugs be stored according to Victorian Drugs and Poisons Regulations and health service guidelines?
- (a) In a locked storage facility that includes a locked cupboard fixed to a wall or a medication refrigerator in a locked room
 - (b) In a safe
 - (c) On the clinician's desk
 - (d) In a nurse's depot bag

12. Which of the following tools is a self-reported medication side effect questionnaire?
- (a) My medicines and Me (M3Q)
 - (b) Medication Adherence Rating Scale (MARS)
 - (c) Visual Analogue Scale (VAS)
 - (d) Barnes Akathisia Rating Scale (BARS)
13. Before administering any medication, a nurse should have knowledge of that medication's:
- (a) Usual dose
 - (b) Actions
 - (c) Possible adverse effects
 - (d) Method of administration and incompatibilities
 - (e) All of the above
14. Zuclopendoxol decanoate is manufactured as 200 mg/mL ampoules. What volume is required for a dose of 250 mg?
- (a) 1.2 mL
 - (b) 1.25 mL
 - (c) 1.5 mL
 - (d) 1.75 mL
15. Haloperidol decanoate is manufactured with 150 mg/3 mL ampoules. What volume should be prepared for a dose of 125 mg?
- (a) 2 mL
 - (b) 3 mL
 - (c) 2.25 mL
 - (d) 2.5 mL
16. Which medication may lead to the client experiencing hypothyroidism and hyperparathyroidism?
- (a) Haloperidol
 - (b) Sodium valproate
 - (c) Carbamazepine
 - (d) Lithium
17. What is best practice when administering Risperdal Consta 75 mg IMI every two weeks?
- (a) Give 37.5 mg in two separate injections
 - (b) Give 75 mg as one injection (using 2 × 37.5 mg vials reconstituted with one diluent) with the client's consent

- (c) Answers (a) and (b)
 - (d) None of the above
18. You are required to visit a client in their home to administer a depot medication. Before leaving you must do the following:
- (a) Check that the client's prescription is on the medication record (take a printed medication record or have access to electronic prescription via a tablet or other device)
 - (b) Check the previous dose, date and time of administration
 - (c) Revise the client's address, phone number and risk assessment
 - (d) Revise the client's past history of compliance and complaints of side effects
 - (e) Ensure two registered nurses attend to administer and check equipment (unless you have completed SCAM)
 - (f) Prepare a medication bag with all appropriate equipment and medication
 - (g) All of the above
19. What does the term 'neuroleptic naïve' mean?
- (a) Someone who has never been exposed to antipsychotic medications before
 - (b) Someone who reports severe dystonia with previous antipsychotic medication(s)
 - (c) Someone who has only tried one antipsychotic medication in the past
 - (d) None of the above
20. What are the main health observations for children taking stimulant medication to treat ADHD, particularly within the first six months of commencing the medication?
- (a) Monitor potential side effects of suboptimal weight gain and poor appetite
 - (b) Monitor the child's growth
 - (c) Monitor the child's blood pressure
 - (d) All of the above

Quiz compiled by Alfred Health Workforce Development and Education Nursing in consultation with management and Pharmacy, August 2017.

Answers

- 1. d
- 2. c
- 3. a
- 4. e
- 5. d
- 6. a

7. e
8. b & d
9. a
10. b
11. a
12. a
13. e
14. b
15. d
16. d
17. c
18. g
19. a
20. d