Psychosocial Integrity

Regulatory Exam, Practical Nurse (REx-PN)

8 to 14% of the exam · 18 activity statements · 2027 REx-PN Test Plan

Psychosocial Integrity covers how the practical nurse supports a client's emotional, mental and social wellbeing: therapeutic communication, coping, grief, end-of-life care, culture and spirituality, safety with aggression, substance use, abuse and neglect, cognitive impairment and mental health disorders. REx-PN items test whether you respond in a way that helps the client, notice the cue that signals risk, keep everyone safe and know when a finding goes to the RN, the primary health care provider or a mandated authority.

You should be able to: You should be able to choose the therapeutic response, recognize cues of suicide, violence, withdrawal, delirium and abuse, act safely within the practical nurse's scope and know when a finding goes to the RN, the primary health care provider or child protection services.

Every activity statement: the key point and the trap

1. Use therapeutic communication

Keep the focus on the client: open-ended questions, reflection of feelings, restating, clarifying and attentive silence invite the client to say more.

Trap: Choosing a soothing reassurance ("Everything will be fine") over a response that invites the client to explore the feeling.

2. Judge how well a client is coping with big changes and offer support

Life changes include a new diagnosis, loss of a body part or function, retirement, a move into long-term care and a change in role.

Trap: Reassuring the client that they will adjust soon instead of assessing how they are coping now.

3. Manage the care of, and support, a client facing emotional or behavioural difficulties

Set clear, consistent limits stated calmly; every staff member applies the same rule so manipulation stops working.

Trap: Granting an exception to build rapport, which rewards the manipulation.

4. Judge the risk of violence or aggression and keep everyone safe

The strongest predictor of violence is a history of violence; escalating cues are pacing, clenched fists, a loud voice, staring and threats.

Trap: Touching or crowding an escalating client to calm them, which is felt as a threat.

5. Check for substance misuse, dependence, withdrawal or toxicity and act on it

Ask every client about alcohol, cannabis, opioids, stimulants and other substances in a matter-of-fact way, with the amount and the time of last use.

Trap: Attributing early withdrawal signs to pain or surgery and waiting to reassess.

6. Care for someone whose senses or thinking are disturbed

Delirium has an acute onset and a fluctuating course with inattention, often with visual hallucinations; it signals a physical cause such as hypoxia, infection, pain, retention or a medication.

Trap: Calling a sudden new confusion sundowning and leaving it until morning.

7. Build the client's culture and beliefs into the care you plan and give

Ask the client about practices and beliefs that matter for care (food, modesty, prayer, ceremonies, family roles, care after death); never assume from background.

Trap: Refusing a cultural or spiritual practice by citing a general rule without checking the facility's policy.

8. Care for someone who is dying

The goal is comfort: pain and breathlessness relief as prescribed, mouth care, skin care, positioning and a calm environment.

Trap: Choosing an active treatment (deep suctioning, fluids, high-flow oxygen) when comfort measures are what the client needs.

9. Look for signs of mistreatment or neglect and respond

Signs of abuse: injuries in different stages of healing, patterned bruises, an explanation that does not fit the injury, fear of a caregiver, a caregiver who answers for the client.

Trap: Passing a suspicion of child abuse to someone else to report, when the duty to report belongs to the person with the suspicion.

10. Care for and support clients with short and long term mental illness

Ask directly about suicide when a client hints at it ("I won't be a problem much longer"); asking does not plant the idea. Report the answer at once.

Trap: Reassuring a client who hints at suicide instead of asking directly.

11. Assess how the family functions to decide the care plan

Family dynamics include roles, decision making, communication, conflict and how the family copes under stress.

Trap: Taking one family member's side or giving a solution before assessing how the family works.

12. Read nonverbal signs of physical or emotional stress

When words and behaviour do not match, the nonverbal message is usually more accurate; name the mismatch gently.

Trap: Accepting "I'm fine" when the client's behaviour shows clear distress.

13. Support someone who is grieving a loss

Grief is individual; there is no fixed order or timeline, and culture shapes how it is expressed.

Trap: Treating a normal grief experience as a psychiatric symptom, or offering a cliche that closes the conversation.

14. Help a client adapt when stress or a change in health hits

Crisis intervention focuses on the immediate problem: help the client name the most urgent need and one concrete step.

Trap: Giving a person in crisis a long list of tasks or agencies to deal with all at once.

15. Notice what is stressing the client and how it affects care

Stressors that affect care include pain, language barriers, money, work, children, pets, housing and fear about the illness.

Trap: Insisting on the unit routine or documenting a refusal without asking what is behind it.

16. Notice how staff stress affects client care

Fatigue, heavy workload, moral distress and critical events affect a provider's concentration and safety.

Trap: Covering for a fatigued colleague, which hides a risk to clients.

17. Find out why a client is not following the treatment plan

Explore the reasons for nonadherence without judgment before teaching or warning.

Trap: Reteaching or warning the client before finding out why the treatment stopped.

18. Care for a client with cognitive impairment

Approach from the front, say your name, make eye contact and speak calmly in short sentences.

Trap: Repeatedly telling a person with dementia the facts of their situation, which increases distress.

Key terms

Therapeutic communication: Purposeful communication that keeps the focus on the client and helps the client express feelings and solve problems.

Delusion: A fixed false belief that is not changed by evidence.

Command hallucination: A hallucination that tells the person to do something, sometimes to harm themselves or others.

Delirium: An acute, fluctuating disturbance in attention and awareness caused by a physical condition.

Least restraint: The principle that restraints are used only as a last resort, under an order and policy, for the shortest time.

Duty to report: A legal obligation on a person with reasonable grounds to suspect child abuse to report it directly to child protection services.

Crisis intervention: Short-term help focused on the immediate problem when a person's usual coping is overwhelmed.

Complicated grief: Grief that remains intense and disabling over a long time and interferes with daily life.

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