Part 4: Curricular and Educational Strategies, outcome data and next steps

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MANY THANKS to HRSA!!
UW has had the benefit of a HRSA grant (Continuation Grant, D09HP05329)
CU has had the benefit of a HRSA grant (D09HP05338)
Both HRSA grants done independently of this collaboration (done before the deaths of the faculty members)

Curricular Design: FPMHNP Program
- Based on Community Advisory Board feedback from across the state of CO
- Based on National trends, tremendous needs in rural areas in western states for lifespan providers, APRN Consensus model
- Based on needs of 2 highly rural states with tremendous need for providers who can care for patients across the lifespan
- Reviewed available clinical faculty who have a FPMHNP in both settings: had one, the rest were adult PMHNP
- Reviewed available clinical placement sites, and fortunately had lifespan available
Next decision: online, classroom or blended model?
Feedback from surveys done from CU students that most favored some face to face time
Feedback from UW, has to be "assessable" to very rural areas
Feedback from former graduates about importance of "some" face time
Feedback from Community Advisory Board and rural sites from both states that course work HAS to be assessable but also wanted "some" face time

Blended model with distance-friendly intensives
Panopto recordings on Blackboard students expected to have reviewed PRIOR to class
Reference lists as well as handouts on Blackboard
Case-based learning with the use of complex and real-life case studies to be prepared by students prior to intensives
2 day intensives once a month with student presentations, discussion of clinical reasoning, neurobiology, HP/DP, non-pharm and pharm approaches

Distance-friendly Intensives
ITV for rural students (have 3 sites in CO and 2 sites in WY
Student led discussions and debate as to diagnoses, differentials, approaches, and complexity of mental illness issues across the lifespan
Discussion across all sites for each case
Faculty then discuss own experiences, challenges of certain issues
Microphone open in 2 sites all the time and use of "press down to talk" mics in smaller towns
Students come to CU campus twice during the 3 course didactic course work
Content and clinical sites?
Guided by NONPF National Competencies
Guided by Community Advisory Board
Guided by meetings between faculty from CU and UW
Guided by discussions with community mental health centers, Children’s Hospital, rural areas, AHEC rural sites and preceptors
Children’s Hospital, VA, Community Mental Health Centers, Geri practices can’t wait to get our students!
Rural immersions set up throughout CO and WY in which students have multiple preceptors, see patients across the lifespan as well as with primary care

Course work
4 credit course on Assessment and diagnoses, health promotion and disease prevention theoretical frameworks, theoretical frameworks of Advanced Practice Psychiatric Nursing, individual, group, and family therapy as foundational to our practice

Course work
3 credit didactic course on Diagnosis and Management of children/adolescents/geri with HP/DP
3 credit didactic course on very complex Diagnosis and Management of adults with chronic mental illnesses, co-morbid physical problems, complex psychopharmacology, clinical reasoning as well as HP/DP
Outcome competencies
Use of Standardized patients in 2 of 3 didactic courses to ensure demonstration of essential competencies of assessment, diagnosis, appropriate decision-making regarding pharm and non-pharm treatments as well as addressing HP/DP across the lifespan
Use of Clinical decision-making papers in which students would defend decisions made based on framework and evidence
Objective testing
Pilot with the use of “Second Life” to give student a very difficult, traumatized “patients” (faculty) that they can refine diagnostic skills, therapy skills, rapport skills, and prioritization

Outcome data
Use of focus groups twice during the 3 course didactic program
Using retention data, certification data, graduation data
In the first 2 years of our collaboration, graduated 5, have 100% certification pass rate
Have lost 3 students to illness, death in families, unable to progress in early course work
Focus groups have given us feedback to change some assignments, will be offering a “compassion fatigue” workshop this summer as well as an intensive day of psychopharmacology
Using this data to continue to refine course work

What does UW like about this collaboration
CU able to bring complex cases from tertiary Children’s Hospital and nationally known Homeless clinic
Exposes UW PMHNP students to practice issues not experienced in Wyoming
Expands the concept of a larger regional area of Wyoming and Colorado
Increased networking of mental health professionals in the regional area.
What does UW like about this collaboration

UW of Wyoming students get to vicariously encounter and expand knowledge for care of patients in “the big city”.
The UW students have valued their time at CU for the Standardized Patient experience.
UW students ask for more opportunity for face to face meetings and interactions.

What does CU like about this collaboration

Able to give urban students exposure to what it is like for a rural PMHNP
Exposure to different practices such as involuntary commitment laws, substance abuse treatments across states
Increases our ability to advocate for mental health services from a broader base of support (2 states instead of 1)

What CU likes about this collaboration

Outstanding opportunity for NP directors to also collaborate, compare, contrast curricular options
Gives us a model if/when CU may go to a DNP
Way to share faculty workload when the demands on all of us are so great
Students have a much broader network of graduates
What would we do differently?

WAIT A YEAR!!
Need more time on how culture and mixed cultures/races/ethnicities and how this may impact our decision-making
More face to face time between UW and CU students
Continue to improve on the ITV but need open microphones for all areas to facilitate communication
Better communication about the mechanics of the course, who does what, who is “lead”

Next steps?

DNP for CU?? UW has gone to this and CO now getting Wyoming students
Expand our reach to include other western states
Improve our technology
Continue to pilot interactive simulations such as “Second Life” and evaluate this as a competency performance measure?
As we have more faculty, how do we “divide up” the work??

What do YOU think?

QUESTIONS?

THANK YOU!!!!