

## 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 (D09HP-14814) that was instrumental in starting our program.

Both HRSA grants done independently of this collaboration (done before the deaths of the faculty members)

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## 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

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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"

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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

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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

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**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

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**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

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**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

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### 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 VERY difficult, traumatized "patients" (faculty) that they can refine diagnostic skills, therapy skills, rapport skills, and prioritization

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### 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 9, 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

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### 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.

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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.

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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)

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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

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### 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"

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### 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??

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### What do YOU think?

QUESTIONS?

THANK YOU!!!!

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