How to integrate the new PMHNP competencies into current and new

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- Mary Weber and Holly Vause, University of Colorado: None
- Diane Snow, University of Texas at Arlington: None
- Kathleen Delaney, Rush University: None

Objectives for Armchair Discussion

- Identify the key changes in the new PMHNP competencies as well as changes in the Master's and doctoral essentials that impact PMHNP programs
- Discuss how three PMHNP programs integrated competencies and Essentials into the PMHNP curriculum
- Discuss important content topic areas and how they can be included in PMHNP programs across the US

Core Competencies and DNP essentials

- Critique and Translates research and other forms of knowledge to improve practice processes and outcomes.
- Assumes complex and advanced leadership roles to initiate and guide change.
- Uses best available evidence to continuously improve quality of clinical practice.
- Integrates appropriate technologies for knowledge management to improve health care.
- Demonstrates an understanding of the interdependence of policy and practice.
- Employs opportunities to influence health policy to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric disorders.

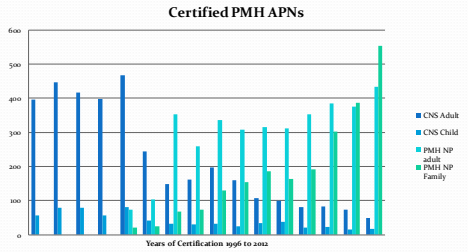
PMHNP specific competencies for independent practice

- Evaluates the appropriate uses of seclusion and restraints in care processes
- Applies supportive, psychodynamic principles, cognitive-behavioral and other evidence based psychotherapy/-ies to both brief and long term individual practice.
- Demonstrates best practices of family approaches to care
- Applies recovery oriented principles and trauma focused care to individuals
- Uses self-reflective practice to improve care

PMHNP specific competencies

- Identifies the role of PMHNP in risk-mitigation strategies in the areas of opiate use and substance abuse clients.
- Manages psychiatric emergencies across all settings
- Facilitates the transition of patients across levels of care
- Applies therapeutic relationship strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth
- Uses appropriately individualized outcome measure to evaluate psychiatric care

Our Current Workforce: Healthy Growth



Content –guide for curriculum

- Scientific Foundations
  - Neurobiology, Genomics, Developmental neuroscience,
  - Interpersonal neurobiology,
  - Trauma informed care, ACES
- Leadership
  - Interprofessional practice competencies
- Quality Competencies
  - QSEN
  - Reflective practice
  - QI process for outcomes of care

Content –guide for curriculum

- Independent practice (selected examples)
  - Theoretical foundations of trauma focused care and recovery models of care
  - Clinical guidelines
  - Screening tools
  - Theoretical focus of individual, group and family approaches.
  - Genetics
  - Principles of family dynamics and social support system
  - Standards of practice and clinical guidelines, EBP
  - Safety and continuous quality improvement

Innovative Teaching Strategies: Rush

- Standardized patients for Diagnostic/interview Skills testing.
- Progressive case studies for complex patients and therapy models and gero
- Active on-line clinical supervision that spans all quarters
- PMH NPs (or active practitioners) as our clinical supervisors

Innovative Teaching Strategies: Rush

- On line clinical scenarios that move student though three case presentations.
- Videos that provide students examples of motivational interviewing, narrative work
- Exemplar videos of diagnostic interview process

Innovative teaching strategies-UTA

Online multiple choice tests – test bank

Online Clinical Decision Making "tests"

Disorder specific EB therapy presentations/ lectures

Disorder specific SOAP note with online discussion with student moderator

Grading rubrics for online discussion

Innovative teaching strategies-UTA

Lifespan content in each course

Standardized Patient in first course

Pre test followed by pharm content (ungraded)

Child/adolescent, adult, geri, addiction med management clinical placements

Elogs using DSM 5 and coding

Therapeutic Moment Map /peer supervision

Innovative Teaching strategies: University of Colorado

- Blended approach of online materials with 2 days a month of face to face with ITV for distant
- Developmental focus and across settings
- Child/geri specific content
- Full course on therapy alone as focus
- Use of CU developed videos of therapy, suicide assessment, group therapy, child assessment, working with an older adult with dementia

Innovative Teaching strategies: University of Colorado

- Clinical decision-making for several visits
- Case-based approach with case study postings prior to class
- Use of SKYPE student self interviewing
- Clinical placements in individual, group and some limited family therapy
- Clinical placements in geri
- Clinicals that focus on addiction

Challenges in Operationalizing New PMHNP Competencies

- Lack of Gero and/or Child psych faculty
- Lack of PMHNP faculty across the country
- How many child/geri clinical hours? Sites?
- Cultivating appropriate psychotherapy skills
- Finding good therapy placements
- Incorporating knowledge of medically ill
- Preparation for online teaching with push for more
- DNP competencies in programs that are not DNP as yet or ever?
- Is inpatient clinical placement required?

Questions for Discussion

- Are there particular direct care competencies that have been challenging to operationalize?
- How has curriculum changed if not a DNP program?
- Has the integration of child and gero content been workable?
- What are clinical placement issues for life-span curriculum?
- What are some examples of clinical placements in integrated care settings?