



Implementing a Competency Based Curriculum for Psychiatric Mental Health Nurse Practitioner Fellowship: Framework and Evaluation

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Introduction

Psychiatric Mental Health Nurse Practitioners (PMHNP) are expected to be competent in several areas of practice including clinical skills, population health, and professional development. While accrediting bodies for nurse practitioner (NP) fellowships emphasize integrating competencies into programs, there is limited consistency in frameworks used, and lack of frameworks for advanced postgraduate NP training. Additionally, few formal measures exist to evaluate postgraduate NP current skillsets and competencies

National Competency Standards

To provide competency-based structure to a PMHNP postgraduate fellowship a framework based on American Association of Colleges of Nursing (AACN) Essentials, Advanced-Level Nursing Education Competencies and National Organization of Nurse Practitioner Faculties (NONPF) NP Core Competencies with consideration to advanced PMHNP skills was utilized to include postgraduate didactic and clinical components.

Competency Domain	Sample Didactic Components	Sample Clinical Components
AACN: Systems-Based Practice NONPF: Health Systems	Develop needs assessment. Content delivered on population health, financial issues, and various systems of care.	Develop transition and disposition plans for patients moving to higher level of care or into transitional or adult systems of care. Develop cost-effective treatment plans.
AACN/NONPF: Population Health	Content provided on advocacy, epidemiology, and social determinants of health.	Engaged in collaboration between program home organization and local community sites
AACN: Scholarship for the Nursing Discipline NONPF: Practice Scholarship and Translational Science	Engagement at local, state, and national professional conferences encouraged and supported.	Identify areas for improvement in clinical community sites regarding EBP. Consults evidence-based sources to aid in treatment planning.

Development of NP Competency Tool

To address the lack of standardized measures that evaluate PMHNP postgraduate trainee skillsets and overall competencies, the development of a PMHNP competency tool was created. The 58-item measure captured variables related to psychiatric assessment and diagnosis, treatment, technology, safety, leadership, and advocacy. Likert scale: minimal experience (1), needs improvement (2), satisfactory with supervision (3), and competent independently (4).

UC San Diego PMHNP Fellowship Competencies

Assessment and Diagnosis

- Properly obtains informed consent including condition to be treated, risks and benefits of treatment, and treatment alternatives.
- Utilizes DSM-5-TR criteria to diagnose and provide differentials.
- Performs a diagnostic interview including the following components...
- Identifies signs and symptoms of toxicity and withdrawal of substances.
- Able to assess an individual's risk of harm to self or others and utilize appropriate safety planning interventions.
- Able to conceptualize individual cases utilizing the biopsychosocial case formulation.
- Identifies signs, symptoms, and treatment for psychiatric emergencies and movement disorder.

Treatment

- Engage with the individual in person-center care including establishing a caring relationship, communicating effectively, and respect for diversity, differences, preferences, values, needs, resources, and determinates of health unique to the individual.
- Develops treatment plan utilizing evidence-based practice and case formulation in collaboration with the patient, able to identify standard treatments and alternatives (non-pharmacological and pharmacological).
- Understands population specific considerations.
- Able to safely initiate, titrate, and monitor for effectiveness, side effects, and adverse reactions of the following classes of medication:
- Monitors pertinent laboratory studies in an appropriate timeframe.
- Identifies common drug interactions.
- Understands typical durations of treatment, strategies for weaning and cross-titration, and discontinuation effects.
- Orders consultations or referrals based on evidence and standards of professional care.
- Incorporates consideration of cost-effectiveness of care.

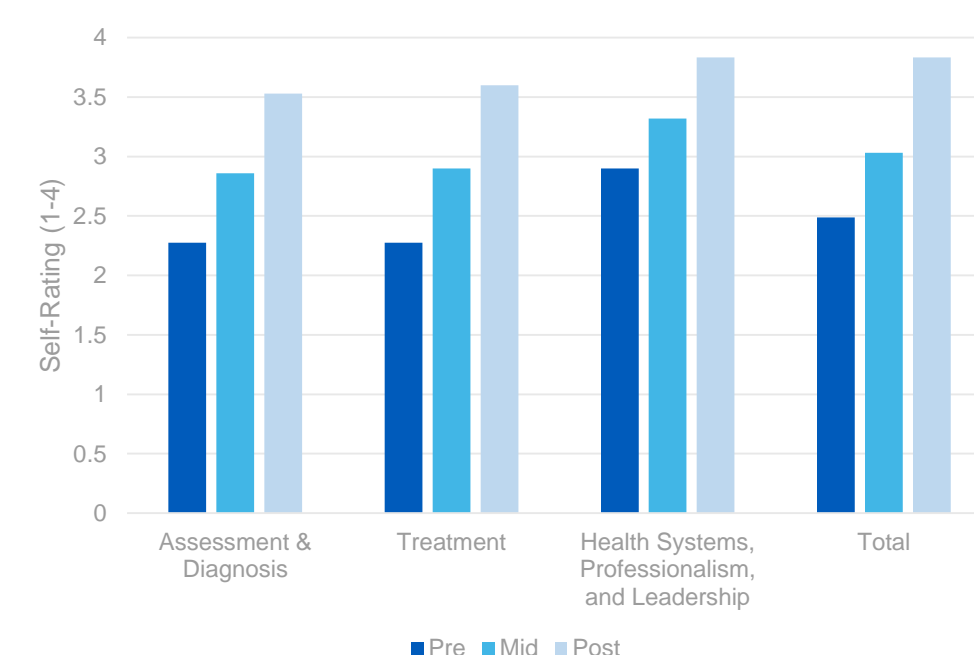
Health Systems, Professionalism, and Leadership

- Works with other professions to maintain a climate of mutual learning, respect, and shared values.
- Complies with relevant laws, policies, and regulations.
- Effectively uses electronic health record systems to document of care and communicate with providers, patients, and all system levels.
- Actively uses scientific resources to remain up to date with research and developments in the field.
- Integrates diversity, equity, and inclusion as core to one's professional identity
- Contributes to a culture of patient safety.
- Demonstrates leadership and advocacy skills to partner across the care continuum...
- Leads scholarly activities resulting in the focus of the translation and dissemination of contemporary evidence into practice.
- Demonstrates organizational and systems leadership to improve healthcare outcomes.

Preliminary Results

Fellows completed self-reported competency evaluations at three time points during their 12-month fellowship: 1) at the beginning of the program (month 1), 2) mid-year (6 months), and end of program (month 11). Data from one-year of the fourth cohort of PMHNPfellows is reported bellow. Eight fellows completed evaluations, 4 in the general adult community psychiatry track and 4 in the child and adolescent community psychiatry track.

PMHNP Competency Results



All eight fellows reported improvements on the total competency scale and subscales across the program. At the beginning of the program, most fellows rated themselves on total competency between satisfactory with supervision and independently competent (mean = 2.5). At post, PMHNP fellows rated themselves as independently competent on average (mean = 3.83). Across all time points, fellows rated themselves as lowest on assessment and diagnosis and treatment sections and higher on health systems, professionalism, and leadership subscales.

Conclusion

Competency based education is central to healthcare education across nursing and other medical fields. Evaluating competency based learning outcomes has lagged in development, with few measures tracking progress. Early results suggest that PMHNP fellows show improvements across multiple domains of competency and this corresponds with preceptor ratings.

Future Directions

Psychometric properties of the tool will be reported using the 2020 consensus-based standards for the selection of health status measurement instruments (COSMIN) checklist in the domains of 1) validity (i.e., construct, content, and criterion), 2) reliability (i.e., internal consistency, reliability measurement error), 3) responsiveness, and 4) generalization. Additionally, feasibility and acceptability of the tool to measure growth and development will be studied. This measure has the potential to be used for trainees, supervisors, and in nurse practitioner graduate school and postgraduate programs.

References

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