

Role Diversification in the Education of Advanced Practice Psychiatric Nurses

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The mode, location, and focus of health care services are changing rapidly, especially delivery of psychiatric services. The high prevalence of psychiatric and medical comorbidity, the national shift in health care to a managed care arrangement with one professional designated as principle provider, and problems with access to comprehensive services for individuals with psychiatric problems interact to create a compelling need for a clear definition of advanced psychiatric-mental health nursing practice. This article is, in part, a response to the national dialogue and debate sparked by the beginning development of a psychiatric nurse practitioner certification exam. However, this debate will be used merely as a starting point to articulate and document the need for a flexible, diverse, and evolving definition of advanced psychiatric-mental health nursing practice that can inform and shape educational programs in the discipline.

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THE EMERGENCE OF contemporary issues associated with growing and vulnerable populations such as adults with serious psychiatric disabilities, children, the elderly, and the medically ill have created a demand for specialized knowledge regarding these and other high risk groups. Individuals with identified psychiatric diagnoses often have a high rate of concurrent medical problems that go unaddressed; conversely, individuals with primary medical problems often have unattended psychological issues that interfere with recovery and quality of life. As a result, our most

vulnerable citizens are unable to access and/or utilize comprehensive services creating long-term problems that drive health care costs up and diminish quality.

During this period of rapid change in health care, nurse educators are struggling to find the best way to educate advanced practice psychiatric nurses. Surveys of graduate nursing programs indicate that advanced practice psychiatric-mental health (PMH) nursing programs are being redesigned to address current neuroscience and clinical research as well as changing service delivery systems. A significant curricular trend nationally is the inclusion of pharmacology, physical assessment, and pathophysiology courses. This emphasis is consistent with the neurobiological view of mental illness, the direction of providing mental health treatment within a primary care system, and the curriculum recommendations of both the Society for Education and Research in Psychiatric Nursing (SERPN) and the American Nurses Association (ANA) task force on psychopharmacology (ANA, 1994; SERPN, 1996; Delaney, Chisholm, Clement, & Merwin, 1999).

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Burgeoning information regarding the cause and treatment of psychiatric disorders has led to a demand for increasingly specialized knowledge and skill sets. It is impossible for one group of specialists to keep abreast of and utilize the virtual explosion of scientific information. As a result, the PMH nursing faculty at Yale School of Nursing (YSN) believe that the time is right to create subspecialties to ensure that advanced practice psychiatric nurses remain on the cutting edge of new and emerging frontiers. To address some of these issues YSN has developed a comprehensive educational program encompassing PMH clinical nurse specialist (PMHCNS), PMH nurse practitioner (PMHNP), and PMHCNS post masters options (Figures 1-3). This article will highlight the potential contribution of PMHNPs to the changing mental health delivery system, as this role is at the center of the current debate. It should be explicitly stated that the YSN PMH faculty strongly believe that there is need in the discipline for both the PMHCNS and PMHNP roles.

THE DEBATE

New educational programs to prepare PMHNPs are being developed and implemented around the country. The emergence of such programs has sparked a national debate regarding the role itself. The debate may provide the impetus for productive, conceptual, and pragmatic discussions about the need to diversify advanced practice psychiatric nursing (APPN) roles to address contemporary psychiatric and health service systems issues. A predominant question is, should the advanced-practice-nursing roles of the CNS and NP merge as one? Or, should one role, either the CNS or NP predominate? (Cukr, 1996). A recent and contentious issue is reflected in the decision by the American Nurses Credentialing Center (ANCC) to begin development of a psychiatric NP certification exam in response to requests from individuals who need NP certification to practice in their respective states. Some argue that this is clearly a regulatory, as opposed to an educational, issue.

Historically, the clinical nurse specialist (CNS) role emerged out of a need to improve patient care outcomes and to keep expert clinicians at "the bedside." Multiple studies document that CNSs do, in fact, improve outcomes and are cost effective, particularly with vulnerable, high cost populations (Krauss, 1993). In addition to the possession of a discrete

Psychiatric Mental-Health Nursing Specialty Full-time Clinical Nurse Specialist Curriculum	
<u>YEAR 1 - FALL SEMESTER</u>	
Research Methods (3)	
Statistics (3)	
Mental Health Assessment Across the Lifespan (2)	
Theory of Personality & Adult Development (1)	
Nursing Practice in Psychiatric Mental Health (3)	
Child Development (1.5)	
13.5 Credits	
<u>YEAR 1 - SPRING SEMESTER</u>	
Research Methods (2)	
Psychopathology & Human Behavior (2)	
Models of Treatment (1)	
Group Psychotherapy Seminar (1)	
Nursing Practice in Psychiatric Mental Health (3)	
9 Credits	
<u>YEAR 2 - FALL SEMESTER</u>	
Neuropsychopharmacology (1.5)	
Advanced Practice Psychiatric Nursing with Vulnerable Populations (1)	
Family Psychotherapy Seminar (1)	
Specialty Didactic (1) Choose 1	
•Adults w/Psychiatric Disabilities	
•Women, children & families	
•Medically ill	
•The Gerontological Client	
Advanced Psychiatric Mental Health Nursing Practice (4)	
8.5 credits	
<u>YEAR 2 - SPRING SEMESTER</u>	
Neuropsychopharmacology (1.5)	
Diagnosing Organizational Systems (1.5)	
Contexts of Care (2)	
Specialty Didactic (1) Choose 1	
•Adults w/Psychiatric Disabilities	
•Women, children & families	
•Medically ill	
•The Gerontological Client	
Advanced Psychiatric Mental Health Nursing Practice (3)	
9 credits	
TOTAL CREDITS: 40	

Fig 1. Full-time clinical nurse specialist curriculum.

knowledge base, the PMHCNS is able to maintain continuity of care across the mental illness trajectory, which is important as mental health services become increasingly compartmentalized.

Smoyak (1998) has argued that changes in reimbursement favoring NPs prompted CNSs to consider the NP role, although PMHCNSs were the first to be reimbursed for autonomous practice. As

Psychiatric-Mental Health Nursing Specialty Full-Time Nurse Practitioner Curriculum
<u>YEAR 1 - FALL SEMESTER</u>
Research Methods (2)
Statistics (3)
Physical Assessment (2.1)
Primary Care Problems of Adults I (2)
Mental Health Assessment Across the Lifespan (2)
Theory of Personality & Adult Development (1)
Diagnosing Organizational Systems (1.5)
13.6 Credits
<u>YEAR 1 - SPRING SEMESTER</u>
Research Methods (3)
Primary Care Problems of Adults I (2)
Psychopathology & Human Behavior (2)
Models of Treatment (1)
Group Psychotherapy Seminar (1)
Nursing Practice in Psychiatric Mental Health (3)
9 Credits
<u>SUMMER SESSION</u>
Specialty Practicum: Acute & Chronic Health Problems of Adults w/Psychiatric Disabilities (3)
Specialty Practicum: Psychiatric Issues in the Primary Care Setting (1)
4 credits
<u>YEAR 2 - FALL SEMESTER</u>
Neuropsychopharmacology (1.5)
Clinical pharmacology (2.5)
Primary Care Problems of Adults II (2)
Advanced Practice Psychiatric Nursing with Vulnerable Populations (1)
Family Sysyems (1.5)
Specialty Didactic: Adults w/Psychiatric Disabilities (1)
Specialty Practicum: Acute & Chronic Health Problems of Adults w/Psychiatric Disabilities (4)
13.5 credits
<u>YEAR 2 - SPRING SEMESTER</u>
Neuropsychopharmacology (1.5)
Primary Care Problems of Adults II (2)
Contexts of Care (2)
Specialty Didactic: Adults w/Psychiatric Disabilities (1)
Specialty Practicum: Acute & Chronic Health Problems of Adults w/Psychiatric Disabilities (3)
9.5 credits
TOTAL CREDITS: 51.6

Fig 2. Full-time nurse practitioner curriculum.

states began to define advanced practice nursing and to develop licensing requirements, some CNSs took courses such as physical assessment and psychopharmacology specifically to satisfy those requirements, to obtain malpractice insurance, or to qualify for third party reimbursement. Many now question whether a PMHNP exam would negatively affect the ability of CNSs to practice independently.

Some individuals equate the CNS role with that of psychotherapist and fear that a reduced emphasis on psychotherapy means capitulation to market

forces in a managed care environment (Chafetz & Bride, 1998). Lego (1998) questioned the feasibility of the combined CNS/NP role in terms of one individual's ability to keep abreast of vast increases in information in both primary care and psychiatric care. Chafetz and Bride (1998) argue that a reconceptualization of the core functions of APPNs is needed. Comprehensive education can then be seen as a measured response of the profession to new scientific knowledge, health needs of the mentally ill and other individuals vulnerable to psychiatric symptoms, developments within nursing, and the evolving goals of masters education.

FORCES INFLUENCING CURRICULUM REDESIGN

During a strategic planning retreat in 1996, YSN PMH faculty expressed concern about the identity and place of advanced practice psychiatric nurses in the future health care system and the long-term survival and advancement of the specialty. Concerns about declining enrollments, particularly in the child and adolescent psychiatric nursing specialty, were articulated. Despite evidence to the contrary, students were fearful of their attractiveness in the job market and confused about APPN roles, specifically regarding the difference between state prescriptive authority license and CNS and nurse practitioner certification credentials.

In the Fall of 1997, a survey was conducted to determine alumni sentiment regarding diversification of the PMH curriculum to include a PMHNP concentration. All graduates from 1987 to 1996 were surveyed to substantiate interest, perceived need, and potential market for a PMHNP program. One hundred forty-nine surveys were mailed and 76 (51%) were returned. Sixty-eight percent of respondents were employed full-time in nursing, 21% part-time, 9% unemployed, and 3% employed in a field other than nursing. Fifty-nine percent of respondents were employed in Connecticut (CT) and 80% in New England or New York. Two percent of respondents were certified as adult nurse practitioners; 40% were licensed by the state of CT as advanced practice registered nurses (APRNs); 80% were certified by the ANCC as psychiatric CNSs. Sixty-one percent of respondents had considered a post masters NP program and 87% agreed that there was a need for a program to prepare PMHNPs. Sixty-six percent of respondents knew

**Advanced Practice Psychiatric Mental Health Nursing Specialty
Full-Time Post master's Certificate Curriculum**

FALL SEMESTER

Mental Health Assessment Across the Lifespan (2)
Theory of Personality & Adult Development (1)
Nursing Practice in Psychiatric Mental Health (3)
Neuropsychopharmacology (1.5)
Advanced Practice Psychiatric Nursing w/ Vulnerable Populations (1)
Specialty Didactic (Choose 1 as listed under CNS curriculum) (1)
9.5 credits

SPRING SEMESTER

Psychopathology & Human Behavior (2)
Models of Treatment (1)
Advanced Psychiatric Mental Health Nursing Practice (3)
Neuropsychopharmacology (1.5)
Diagnosing Organizational Systems (1.5)
Specialty Didactic (Choose 1 as listed under CNS curriculum) (1)
10 credits

SUMMER SEMESTER

Advanced Psychiatric Mental Nursing Practice (3)
3 credits

TOTAL CREDITS: 22.5

Fig 3. Full-time post master's certificate curriculum.

of other nurses who would be interested in a PMHNP program, and 45% of respondents would consider enrolling in a post masters PMHNP program themselves. In addition to substantiating interest in a PMHNP program, data also reflect significant employment of and utilization of the PMHCNS role in CT and throughout the northeast United States. We learned from the survey that many graduates were working with patient populations that differed from their core content in the master's program and had contact with clients across the lifespan as opposed to a discrete population such as children or adults. For example, a child and adolescent graduate and a graduate of the adult specialty had formed a corporation to provide services to psychiatrically disabled adults in the home.

Discussions regarding potential directions for curricular redesign revealed faculty concerns similar to those expressed by Merwin et al. (1997) and Krauss, who stated that there is "hard work ahead

if we are to reframe our discipline in ways that are responsive to consumer and market needs on the one hand and attractive to a new generation of Advanced Practice Psychiatric Nurses (APPNs) on the other" (1997, p. 165). Based on the data in a national profile of APPNs by SERPN, Merwin et al. noted that APPNs were a highly educated, nationally dispersed but geographically maldistributed work force. Merwin et al. found that 77% of the respondents were between 40 and 59 years of age. The profile raised concerns about the lack of younger APPNs, the effect of the geographical maldistribution that limited the availability of APPNs as leaders or direct care providers in some states, and the low incomes of those in direct independent practice. They further noted that the managed care environment may threaten financial success and professional autonomy that APPNs have successfully achieved.

In 1997, based on the preceding issues, YSN PMH nursing faculty undertook a major revision of

the curriculum. The curriculum had historically been divided into discrete child/adolescent and adult specialties. Of particular concern was the fact that enrollment in the specialty was down. In addition, using the American Association of Colleges of Nursing (AACN) document "The Essentials of Master's Education for Advanced Practice Nursing" (1996), the faculty considered the mental health needs of the population of CT; national trends in mental health service delivery; the mission of YSN; the needs of present and potential student populations; the regulatory, market, and professional environment; and the rapidly evolving health care system.

National, local, and regional data supported the need for diverse roles among advanced practice psychiatric nurses. The prevalence of psychiatric disability among American adults is estimated at 5.7% in a 12-month period (11.4 million persons over age 18) (Regier, Farmer, et al., 1993). State level estimates based on 1990 census data range from 4.62 in South Dakota to 6.54% in the District of Columbia (Regier, Farmer, et al., 1993; Kessler, Berglund, & Leaf, 1996) with CT falling within that range, having a 12-month prevalence of adults with psychiatric disabilities of 5.3% (134,485 individuals) (Regier, Farmer, et al., 1993; Kessler et al., 1996).

The South Central Behavioral Health Network of CT, which includes New Haven, had recently conducted a needs assessment for the region with the express purpose of creating an integrated service network for individuals with psychiatric disabilities and addictive disorders. The service area has a total population of 768,610 with poverty rates that range from 3.01% in some nonurban areas to a high of 14.85% in New Haven. One recent study showed that the odds of subjects in the lowest socioeconomic group having a mental disorder was about 2.5 times that of those in the highest socioeconomic group, after controlling for age, gender, race, ethnicity, and marital status (Regier, Farmer, et al., 1993). These findings highlight an important risk factor for individuals in the New Haven area. Among the services in the South Central Behavioral Health Network that are targeted for major expansion are integrated case management and linkage between psychiatric and primary care services. Educating PMHNPs is consistent with those efforts as well as a recent report from the Institute

of Medicine recommending better integration of primary care and psychiatric services (Institute of Medicine, 1996).

At YSN, the terminal objectives of the Master's Program in nursing are that the graduate will be able to: (1) function as a competent nurse practitioner, CNS, or nurse midwife; (2) evaluate, communicate, and apply research findings; define research problems; select appropriate methods of scientific inquiry; and engage in research; and (3) provide nursing leadership to shape the health care system. Overall, students are prepared to become effective nurse clinicians and nurse scholars capable of improving practice through sound clinical judgment, scholarship, and research (YSN MISSION STATEMENT, 1998).

A DIVERSE CURRICULUM

The PMH curriculum at YSN offers specialized tracks and concentrations that address the spectrum of contemporary psychiatric needs. As previously stated, YSN offers a comprehensive educational program encompassing PMHCNS, PMHNP, and PMHCNS postmasters options.

Foundational course work relates to human development across the life span. Building on this foundation, the student generates specialized knowledge in an area of PMH nursing practice with a high-risk population. Clinical concentrations include: adults with psychiatric disabilities; the medically ill client (psychiatric consultation liaison nursing [PLCN] practice); women, children, and families; and the gerontological client. Course work and clinical practice focus on the development of advanced practice nursing skills with one of these special populations.

The development of the postmaster's certificate program is in direct response to many requests that have been received, particularly from primary care providers who are encountering difficulty with assessment and management of the high rate of psychiatric problems in their practice. On graduation, the student has the educational preparation necessary for ANCC certification in advanced psychiatric and mental health nursing with adults or children depending on the track chosen. In addition, they meet the requirements for the APRN license in CT, which provides prescriptive authority for those collaborating with a physician.

In summary, the curriculum was revised to