Development of a Psychiatric Mental Health Nurse Practitioner (PMHNP) Residency Program within the Department of Veterans Affairs (VA) Healthcare System

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Disclosure Statement and Objectives

The speakers have no conflicts of interest to disclose.

1. State the rationale and objectives for a PMHNP Residency Program
2. Describe components of a residency developed with an academic partner
3. Describe program outcomes and future directions for a PMHNP residency

Presentation Outline

• Background for Post-graduate Nurse Practitioner Residency Programs
• Evolution of a Post-graduate Residency for Psychiatric Mental Health Nurse Practitioners within the VA Office of Academic Affiliations (OAA)
• PMHNP Residency Program Outcomes/Evaluation
• Lessons Learned

Background Post-Graduate Nurse Practitioner Residencies

Survey of 562 NPs (Hart & Macnee, 2007)
- 87% of NPs indicated they would have benefited from a post-graduate NP residency program

Call to develop residencies for all new graduates
- Carnegie Foundation Study – Benner (2010)

Organizational support for post-graduate NP residencies
- FQHC-Based Residency Training - Flinter (2011)
- What Nurse Executives Need to Know - Bush (2014)

See handout for references

Office of Academic Affiliations (OAA)
Psychiatric Mental Health Nurse Practitioner Residency Evolution

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Challenges with Phase 1 (AY 2012-2013)

Recruitment of Residents
- Stipend barrier (stipends not competitive with new NP salaries)
- Residency not required for practice
- Variable Human Resources Department assistance for onboarding trainees due to misunderstanding of the PMHNP resident role
- Residency program marketing challenges
Challenges with Phase 1 (AY 2012-2013)

- Minimal Residency Educational Infrastructure
  - Faculty/Program Director Release Time for Role
  - Administrative/Academic Competency of Program Directors
    - Ability to develop curriculum, PMHNP competencies, program evaluation
    - Lack of curriculum, experiential learning objectives, evaluation plan/methods
    - Limited communication with all pertinent stakeholders
    - Devolution of residency to an on the job orientation versus educational program

Challenges with Phase 2 (AY 2013-2014)

- New Program Requirements to Meet Phase 1 Challenge
  - Structured residency: academic partner preferred
  - Release time for VA residency Program Director
  - Development of curriculum with Veteran-centric competencies
  - Didactic and experiential interprofessional education with Psychiatry, Pharmacy, Social Work and Psychology
  - Program evaluation including resident demographics, competency evaluation, program satisfaction, recruitment and retention

Challenges with Phase 2 (AY 2013-2014)

- Recruitment of residents a challenge
  - 50% fill rate at pilot sites
  - National Survey of NP residency stipends and benefits conducted*
  - Issue Brief presented to OAA leadership
  - Recommendation approved to increase stipend to $65K plus geographic pay adjustment

*See handout for a description of the OAA PMHNP Compensation Review Process

Phase 3: VANAP-GE (RFP)

OAA Funding Provided for Nurse Practitioner Educational Continuum and Development of Educational Infrastructure:

- VA/SON Program Directors funded at 0.5 FTE each for 5 years
- VA/SON faculty funded for PMHNP student and resident education
  - 1 VA and 2 SON faculty positions funded in year 1 and 5
  - 2 VA and 3 SON faculty positions funded in years 2, 3 and 4
- PMHNP NP students - 6 stipends per year
- Post-graduate PMHNP residents - 4-6 resident salary/benefits per year
  - Funding for residents begins in year 2 of the partnership

Phase 3: VANAP-GE (RFP)

Expected program outcomes:

- (a) increase in PMHNP student enrollment
- (b) Veteran-centric SON PMHNP curriculum revisions
- (c) VA faculty development
- (d) Veteran focused practice and education initiatives
- (e) VA and SON scholarship (e.g., presentations, posters, manuscripts)
- (f) Recruitment and retention of PMHNPs within the VA
- (g) Interprofessional education
- (h) Faculty practice within the VA facility
Phase 3: VANAP-GE (RFP)  

Additional Partnerships Requirements:
• Development of governance, communication, strategic, recruitment and retention plans
• Development and implementation of curriculum and resident competency assessment
• Participation in national VANAP-GE program evaluation
• Participation in development of accreditation standards for NP residency program

PMHNP Resident Competency Assessment Instrument Development

Instrument developed by a taskforce of PMHNPs, NP educators and Psychiatric Mental Health Nurse Consultants
• Instrument based on the Core Competencies for Integrated Behavioral Health and Primary Care developed by the SAMHSA-HRSA Center for Integrated Health Solutions (2014)
• Content of instrument reviewed by an interprofessional team
• Electronic format for instrument developed for data entry/retrieval
• Instrument pilot tested during academic year 2014-2015
• Instrument revised based on resident and preceptor feedback
  • Fewer sub-competencies
  • Guidelines for use of instrument developed
  • Addition of preceptor evaluation at one month

NP Student and Resident Competencies

PMHNP residency competencies build upon and do not replicate competencies developed by the National Organization of Nurse Practitioner Faculties (NONPF)
• Core Competencies for NPs
• Psychiatric Mental Health NP Competencies
OAA funded PMHNP residency pilot program focuses on developing Veteran-centric care competencies
• Care of the Veteran population within the VA Healthcare System
• Care of Veterans with complex mental health needs and comorbidities
• Interprofessional practice with other VA health professionals
• Quality improvement activities focused in improving care for Veterans

Status of PMHNP Residency Program Curriculum Development

Development of standardized residency curriculum
• Curriculum is Veteran and VA care focused
• Curriculum is competency-based using the 9 SAMHSA-HRSA Core Competencies plus Leadership & Professional Development
• Workgroup developing standardized didactic and experiential curriculum components for 10 Core Competency Topics
  o Screening & Assessment
  o Practice-Based Learning & Quality Improvement
  o Care Planning & Care Coordination
  o System Oriented Practice
  o Intervention
  o Informatics
  o Interpersonal Communication
  o Leadership & Professional Development
  o Collaboration & Teamwork
  o Cultural Competence & Adaptation

Status of PMHNP Residency Program Evaluation

Partnership-specific formative and summative evaluations
• Resident evaluation of clinical experiences
• Resident evaluation of preceptors
• Resident focus groups for program feedback
• Preceptor evaluation of resident performance
• Stakeholder satisfaction surveys (preceptors, faculty, VA and SON leaders)
• Recruitment and retention of residents after program completion
Status of PMHNP Residency Program Evaluation

National OAA Residency Program Evaluation based aggregate program data
- Achievement of expected resident competencies
- Competency assessment data entered into an OAA web-based portal
- VA Learners’ Perceptions Survey (2003) for measuring program satisfaction
- LPS completed by residents directly into an OAA web-based portal
- Aggregate recruitment and retention of PMHNP
- Analysis of value of the program to partnering organizations
- Return on Investment (ROI) business model NOT used
- Additional evaluation metrics under consideration as the program develops

Lessons Learned
Strategies for Developing Successful Academic-Practice Residency Partnerships

- Organizational and nursing leadership support and participation is critical
- A governance plan which delineates the program structure, processes and evaluation framework is required
- Defined curriculum with experiential learning objectives and evaluation needs to be developed
- Need for alignment of resident capstone project with Veteran-centric population health priorities
- Formative and summative evaluation plan required with plans for implementation of recommendations
  - Stakeholder/resident feedback; employer feedback/resident tracking

Lessons Learned
Strategies for Developing Successful Academic-Practice Residency Partnerships

- Alignment with other health care professions clinical residencies
  - Didactic and experiential education with Psychiatry, Pharmacy, SW and Psychology
- Program Director(s): clinical, management and educational competency are required for successful program leadership
- Academic collaboration needed for development of curriculum, program evaluation and scholarship (presentations, publications, grant funding)
- Faculty development plan to achieve comprehensive teaching and faculty competency

Future Plans

- Conduct a Value Analysis of the PMHNP Residency
- Value components: quality of education, resident satisfaction and competency, development of Veteran-centric curriculum, practice and education initiatives, recruitment and retention
- Shift from a pilot residency status to a permanent program with consistent annual OAA funding to the sponsoring VA healthcare facility
- Continue participation in national dialogue for accreditation of nurse practitioner residency programs
- Participate in development of NP residency accreditation standards and process for obtaining residency accreditation

Comments/Questions?

If not now, please feel free to contact us:

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