Review of the Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum
A Joint Project of the ISPN Education Council and SERPN Division, April 2005

Phyllis M. Connolly, Brenda Patzel & Hilarie Price

A task force under the APNA Education Council which included, Phyllis M. Connolly, Brenda Patzel and Hilarie Price reviewed the ISPN & SERPN 2005 document with the goal of making recommendations for the support of APNA for use by its members.

An extensive review of the documents and literature found on the reference list was completed to determine the congruence with the APNA goals and objectives supporting the most current recommendations and expectations for beginning professional nurses in the area of mental health and psychiatric nursing (P/MHN). Additions have been made to the document as well as some deletions based on the expertise of the reviewers as well as the most recent available literature and documents.

In general the Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum (2005) published by ISPN and SERPN provides a very good framework for P/MHN curriculum for undergraduate baccalaureate nursing programs. The table format provides a readable and logical display of the material. The 3 columns are Core Nursing Content, Essential P/MHN Content and Learning Outcomes Defined as Clinical Competencies. It would be most helpful if the Table was revised so those titles appeared on all pages of the Table.

There was agreement among the reviewers of this document that the curriculum may not be implemented in just one course or one semester but rather that students will be exposed to the experiences and learning across the entire BSN program. This is specifically the case in which learning outcomes are across the life span and across settings. In addition, there are clear indicators that mental health content and learning outcomes may also span across several semesters. For example, experiences with families and or groups may not occur in P/MHN settings but may occur in pediatric, maternity, and/or community as well as in acute med/surg experiences. Furthermore, patients with psychiatric disorders who have other psychical health problems are in fact treated in acute care med/surg settings which require that students and new BSN/RNs have the requisite skills to provide competent care. The ANA/APNA Standards (2006) address the trends for an increase awareness of physical health problems in the mentally ill living in the community. It is quite clear that the psychiatric/mental health nurse needs to be able to assess the physical component of the patient’s health. This is a major issue in the co-morbidity area with issues like diabetes, hypertension and a number of other common disorders (Farnam et al., 1999; Getty & Knab, 1998; Huckshorn, 2007). This is not to suggest that P/MHN content and experiences should be completely integrated or diluted but to acknowledge again that all the experiences would not be possible to acquire in one theory or one psychiatric nursing clinical. Furthermore, there is a belief that psychosocial
content is the core for all areas of nursing thus; areas such as therapeutic communication cannot wait until a specific P/MHN course.

There is debate regarding the definitions of “learning outcomes” and “competencies,” however this review does not attempt to settle or lay claim to either definition rather that is left to individual academic institutions. McCabe (2000) defines critical clinical competencies as “behavioral reflection of the epistemology of psychiatric nursing. They are the specific, measurable behaviors that reflect and represent the standards for practice and identify the nursing action that can be expected of all psychiatric nurses” (p. 113). Even though our purpose is to consider competencies that prepare generalist nurses with competencies in mental health nurses that are needed for practice, it is reasonable to consider that these competencies still reflect standards of practice and nursing action required to meet these standards as well. McCabe further asserts that the identified competencies must match practice realities. In determining competencies in psychiatric mental health nursing skills for generalist education at the baccalaureate level, it would seem necessary as well that these competencies match the realities of nursing education today. More recently, Huckshorn (2007) outlined eight core competencies of mental health staff (registered nurses, psychiatric technicians and/or aides) must have in order to improve the quality of care and service delivery in mental health settings (pp. 27-28). The proposed revised Psychiatric Mental Health Nursing in the BSN Curriculum does include those core competencies. In addition a manuscript by Hoge, Tondora & Marelli prepared as part of the Annapolis Coalition on Behavioral Health Workforce Education (2001), serves as a comprehensive resource for those wishing to explore and define “competency” for the purpose of education and job performance.

Based on the results of a survey that Patzel, Ellinger, & Hamera (2007) conducted of APNA members who are nurse educators, the mean number of hours for BSN programs represented in the survey was 80.26 hours. This raises the question of how to have competencies that meet the required education purpose but are still feasible given the limitation of hours for the experience. Thus again, core competencies must be gained throughout the nursing program but are not a substitute for the discrete body of psychiatric/mental health nursing.

The review of this document did include a number of articles and documents which have used a number of organizing frameworks and we have shared our observations in this preamble. The ISPN & SERPN document does differ from the Quality and Safety Education for Nurses (in press) article in which the organizing framework is Knowledge, Skills and Attitudes. However, Skills is quite similar to “Learning Outcomes” found in the ISPN & SERPN document. Moreover, the Cronenwett (in press) article is not specific to psychiatric mental health nursing.

In the Carter et al. (2006) which is specific to public health nurses has yet another organizing framework, more definitions and suggested teaching-learning strategies. Adding teaching-learning strategies to the ISPN & SERPN document might be something to consider.
Areas to consider to add to the ISPN & SERPN would be using informatics (IOM competency, Long, 2007). This could either be another area to add to the document or under 5. Clinical decision making under the Learning Outcomes j. “use informatics to mitigate errors and support decision making.” The ANA Standards (2006) also emphasize the need for technology to build an evidence base for practice. This would be an area where “telecare,” may be included. Telephone crisis services are a common method of delivery of care.

Given the need for undergraduates to have the competencies identified by Kaiser et al. (2002) Carter et al. (2006) and Cronenwett (in press) the Omaha System provides students with the competencies in both the management of care and measurement of patient outcomes. Moreover, the use of the Omaha System supports practice and helps students see that their care makes a difference. The Omaha System provides a foundation for understanding the interface of physical and mental health and mental illness. In addition, ANA &APNA (2006) Standard 3, Outcomes Identification, addresses the need to identify and measure outcomes. Furthermore, the Omaha System has well documented applications for persons with psychiatric disorders living in the community (Barrera et al. 2003; Connolly, 1998; Connolly & Elfrink, 2002; Connolly et al. 1998; Connolly et al. 2006).

The Omaha System is integrated into the National Library of Medicine’s Metathesaurus, CINAHL, Alternative Linked and SNOMED. The System can be used collaboratively with Medicare’s Outcome and Assessment Information Set (OASIS) and the ICD. The Omaha System has been linked to the International Classification of Nursing Practice, NANDA-International, Nursing Interventions Classifications, Nursing Outcomes Classification, and other terminologies (Martin, 2005, pp. 12-13.)

Additional suggestions for revisions to the ISPN & SERPN are found and marked within the document itself.

Summary

The Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum is an important document and should be made available for undergraduate baccalaureate nursing programs with the recommended additions and deletions made by this Task Force. The document would benefit from the addition of an area of use of informatics, use of technology, and the inclusion of the Omaha System in the taxonomy area. There is a need for including competency in physical assessment skills. The document could also be enhanced by adding teaching-learning strategies for each area however this will slow down the dissemination of the document. Caution must be used in expecting that all of the curriculum would be met in one or two psychiatric mental health nursing courses. Rather, all could be met within other BSN nursing courses as well as in multiple settings of care. Thank you for the opportunity to conduct this review and to make our recommendations.
References


International Council of Nurses (draft) Nursing continuum framework and competencies.


