October 2016

The APNA Transitions in Practice Program went live on July 24, 2015. The APNA Transitions in Practice (ATP) Certificate program delivers foundational psychiatric mental health (PMH) knowledge that RNs need for transition into mental health practice settings. In March of 2016, the program was transferred to a new learning platform in order to enhance the learner's experience.

Program Objectives
1. Introduce evidence based strategies for providing safe and effective nursing care for people with psychiatric-mental health disorders.
2. Provide education that promotes the acquisition of foundational evidence-based knowledge related to psychiatric-mental health nursing through case study analysis and post-test questions.
3. Provide evidence-based tools and strategies to facilitate nurses developing a person centered plan of care for people with mental health disorders.

As of September 15, 2016:

- Total number of registrations since launch (July 24, 2015): **993**
- Number of participants who have completed the full 15 contact-hour course: **453**
- Total number of overall contact hours earned: 6,795
- Group orders (purchased by institutions for 10+ users)
    o 123 inquiries
    o 23 bulk orders of 10-269 participants

ATP Data (March 2016 – September 2016)

Overall Program Outcomes

- Overall Program Pre-Test Average Score: 73%
- Overall Program Post-Test Average Score: 83%
    o Score of 80% or higher is required to pass the program and receive certificate.

Program Evaluation Key Findings (Based on 224 respondents)

Percentage of recipients who agree that the APNA Transitions in Practice Program:

- Introduced evidence based strategies for providing safe and effective nursing care for people with psychiatric-mental health disorders. **- 99.4%**
- Provided education that promotes the acquisition of foundational evidence-based knowledge related to psychiatric-mental health nursing through case study analysis and post-test questions. – **99.4%**
- Provided evidence-based tools and strategies to facilitate nurses developing a person centered plan of care for people with mental health disorders. – **99.4%**
- Increased your knowledge and/or skills related to your practice of psychiatric nursing. – **98.7%**
- Contained content appropriate to your level of nursing practice. – **98.7%**
- Was effective as a learning resource. – **98.2%**
- Will influence you to change your practice. **98.2%**

78.6% of participants intend on making changes to their practice as a result of this course.

These changes include:

- Draw on some of the knowledge and resources from the program content in formulating evidence-based policy and procedure revisions.
- Increase interaction with individual patients as possible!
- Use the screening tools that I was not aware of
- Focus more on recovery
- Learning to ask the tough questions in terms of r/f suicide, consider medical commodities in conjunction with psychiatric patients
- Develop the skill and improve knowledge on de-escalating violent or aggressive situations
- Be more vigilant about understanding how certain medications work and affect mood and mental state; be more careful to assess suicide risk using learned tools.
- I will change how I do my mental status exams
- This program has reminded me how important the use of self is in psychiatric nursing. I will strive to be a better caregiver.
- Make sure I am listening, seeing and understanding to the best of my ability what the patient is trying to get across.
- Encourage co-workers to make a plan during emergency situations w/pts rather than reacting, model therapeutic optimism, recommend a staffing committee, recommend processes that streamline documentation so we can increase time spent with pts building trust
- More communication with patient and staff, hopeful attitudes, always putting safety first, asking effective questions with people that are suicidal and being aware of skills to de-escalate a situation.
- Greater integration of trauma-informed care and empathic approach to patient condition.
- Just more knowledgeable with pt interactions, suicide assessment and engagement practices with pt. Also, more inclined to ask more in depth questions upon assessment and recognize trauma informed care as a pt area of concern.