



VA HEALTH CARE Defining **EXCELLENCE** in the 21st Century

Implementing psychotherapy training to improve role competency in a psychiatric mental health nurse practitioner (PMHNP) residency program

Matilda L. Ryan, MA, MSN, PMHNP-BC, FNP-BC
VA Medical Center, Portland OR

VA Portland Health Care System

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Introduction

Although psychotherapy is an essential practice component of the PMHNP role, newer clinicians lack confidence in their ability to deliver psychotherapy interventions where such interventions are indicated.

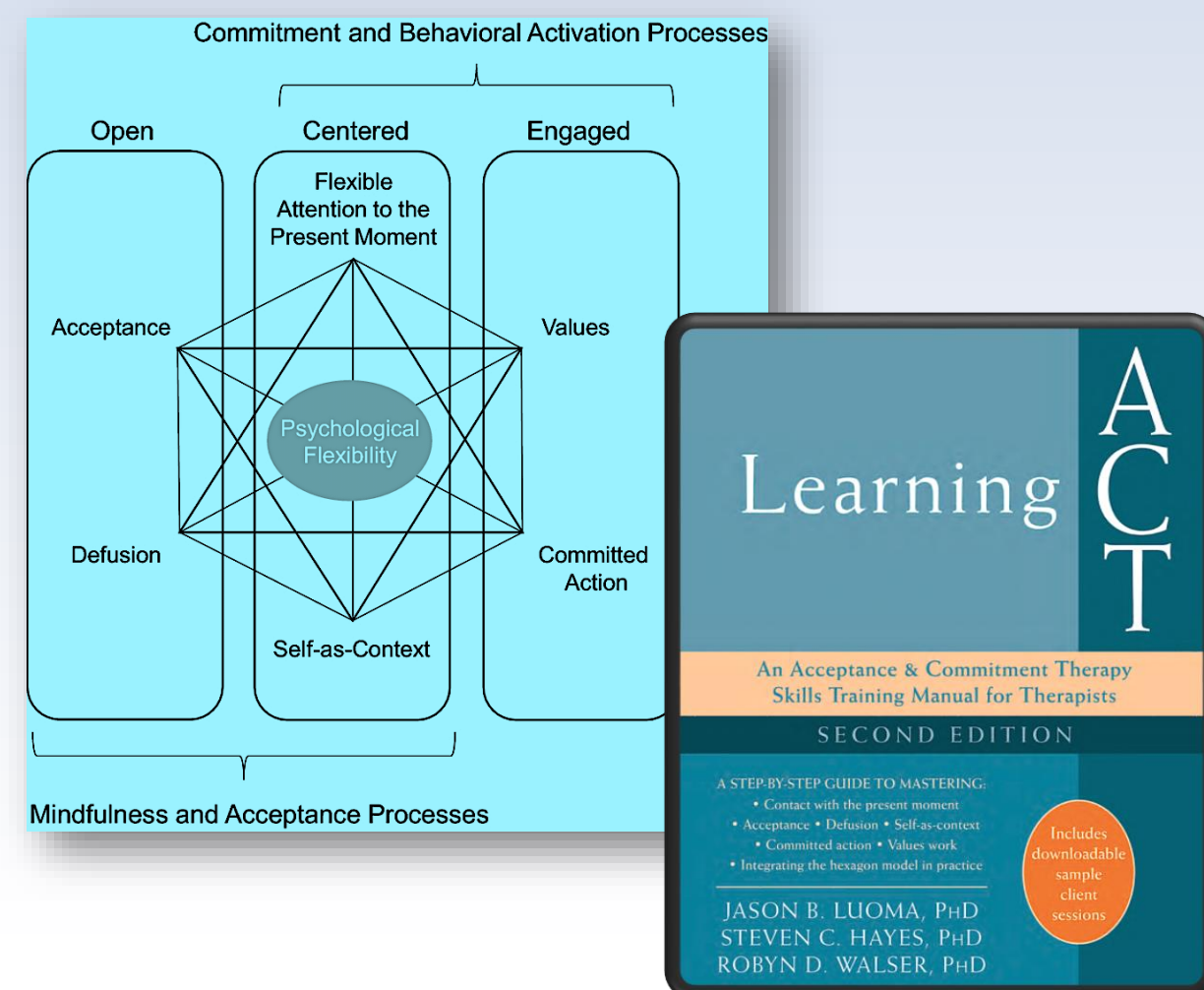
“When I’m working with a veteran who’s struggling, it would be helpful to have more in my toolbox than meds and therapeutic communication.”

~PMHNP Resident JT

Objectives

- To teach Acceptance & Commitment Therapy (ACT) to PMHNP Residents at a Veterans Affairs Medical Center (VAMC), increasing competence from baseline measure to a rating of "average" or higher by the end of a 13-week training program.
- To implement the project using a Plan-Do-Study-Act (PDSA) model to support future residency cohort use.
- To avoid – or evolve – the health trainee QI project paradigm.

The ACT Hexaflex is a model for psychological flexibility based on six core concepts or practices



Methods

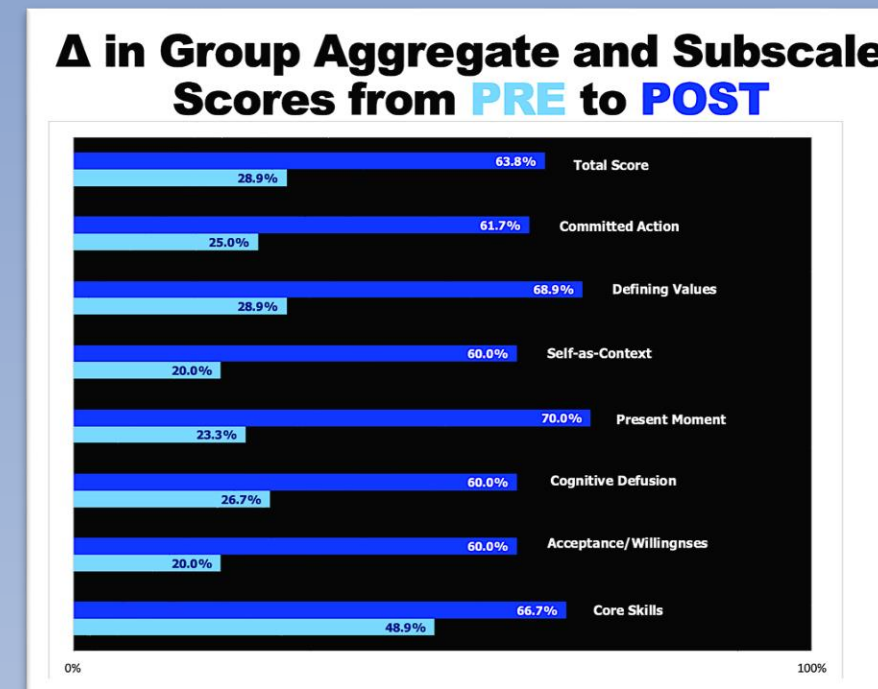
- A QI waiver was obtained in conjunction with VAMC and Duke University institutional review boards (IRBs)
- The training initiative consists of 13 weekly, 75-minute to develop residents' knowledge of ACT through both directed and active learning strategies.
- Data collection was through Qualtrics by anonymous pre/post standardized metric (Act Competency Rating Form) at pre-established intervals
- Four PDSA cycles based on peer consultation and facilitator discussion were implemented over the course of the project.



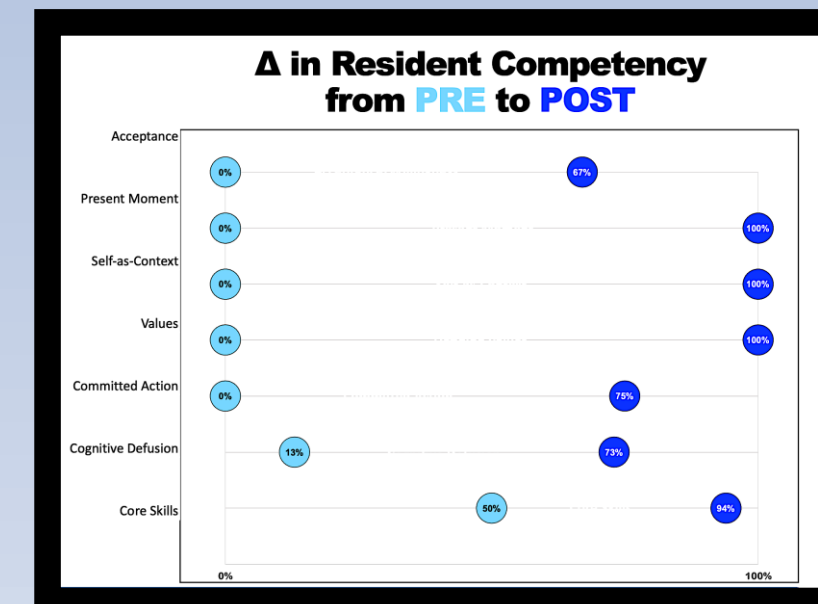
Duke/Durham VA PMHNP Residents, 2021 Cohort

Results

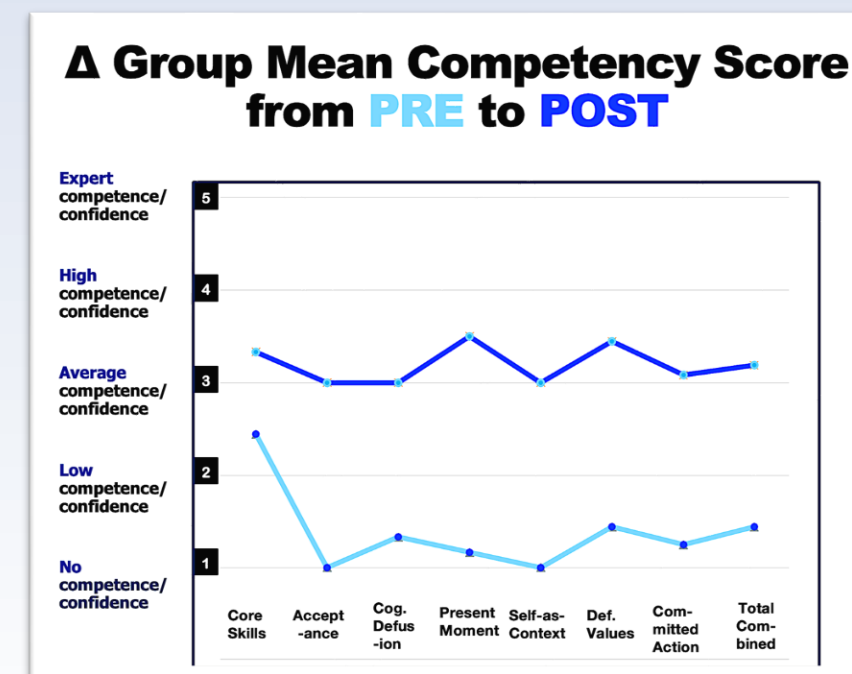
- The training intervention was associated with increased competency.
- Four PDSA cycles were completed during the project implementation stage, with feedback leading to modifications, adaptations, and compromises.
- The project was adopted for future use, becoming part of the standardized curriculum for the joint Duke University/VAMC PMHNP residency program.



Note: Results represent within group score achieved as a percentage of points possible. Pre Subscale Range: 20.0%-48.9% Post Subscale Range: 60.0%-70.0%, with aggregate improvement from 28.9% to 63.8%



Note: Within group analysis of individual participant data competaggregated by subscale. Results represent % of individual responses reporting competency, defined as rating of ≥ 3 on standardized metric.



Note: Pre Subscale Range: 1.0-2.44, unweighted scale aggregate mean 1.44 Post Subscale Range: 3.0-3.5, unweighted scale aggregate mean 3.19

Conclusions

Formal nurse practitioner residency programs are becoming an increasingly recognized option for those seeking to combine post-graduate training and workforce entry. QI projects that fulfill residency requirements may be designed to advance role development.

Qualitative Data Visualization



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Acknowledgements

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Contact Information

Matilda.Ryan@va.gov