

Psychotherapy Skills for Psychiatric Mental Health Nurse Practitioner Students in the Age of Competency-Based Education

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Abstract

As the field of nursing moves toward competency-based education, faculty need to adapt teaching and learning strategies to meet standards for assessing core behaviors of graduate psychiatric mental health nurse practitioner students. This article reviews a psychotherapy skills-based learning assignment at Frontier Nursing University that was adapted to meet developing competency-based learning standards. The assignment utilizes prerecorded video scenarios to provide students with opportunities to reinforce psychotherapy skills during didactic coursework. Assessment is conducted via an analytic rubric and specific feedback is given to each student in writing.

KEY WORDS Competency-Based Education – Graduate Nursing Education – Psychotherapy

The need to narrow the gap between education and practice requires nursing to overhaul curricula to a system of competency-based education (CBE; Lewis et al., 2022). Going forward, assignments must be created intentionally, providing students with opportunities to master the desired competencies. The American Association of Colleges of Nursing (AACN) defines CBE as “a system of instruction, assessment, feedback, self-reflection, and academic reporting that is based on students demonstrating that they have learned the knowledge, attitudes, motivations, self-perceptions, and skills expected of them as they progress through their education” (AACN, 2021). A key component of CBE is the assessment of observable, measurable behaviors. One strategy for implementing CBE is the use of simulated learning methods, including case-based learning.

Faculty in a virtual, didactic psychotherapy course for psychiatric mental health nurse practitioner (PMHNP) students at Frontier Nursing University adapted one assignment to assess competencies developed for the AACN (2021) Essentials, the National Organization of Nurse Practitioner Faculties’ (NONPF) Nurse Practitioner Role Core Competencies, and the American Psychiatric Nurses Association’s (APNA) Psychiatric-Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide.

THE TEACHING STRATEGY

The teaching strategy involves the use of video scenarios to reinforce psychotherapy skills and prepare students for simulation and clinical

experiences. Students complete six video critiques throughout the term utilizing different therapy modalities. The videos are available on YouTube and show a 10-minute clip of a therapy session. Topics are matched to course module content and show scenarios as follows: 1) alcohol misuse utilizing motivational interviewing, 2) anxiety treatment with cognitive behavioral therapy, 3) depression management with interpersonal therapy, 4) use of dialectical behavioral therapy with a domestic violence offender, 5) solutions-focused therapy with a family, and 6) therapy with an older adult utilizing the contextual adult lifespan theory for adapting psychotherapy.

The videos vary in how closely the therapist follows the given modality, and students must critique the sessions in their responses to seven questions (see the list of questions in Table 1). Based on course content, students should be able to assess what works and what should be performed differently in current and future sessions.

AACN Essentials

In their responses to questions, students demonstrate mastery of several AACN Essentials competencies. First, they practice documentation and assessment skills by writing a brief session note and performing a mental status exam (MSE; competency 2.3h, “Demonstrate that one’s practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice”). Students then identify communication skills from the session, as this is a prerequisite to thoughtful and intentional usage (competency 2.2g, “Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences”).

After discussing broad therapeutic skills, students move into questions that are more specific to the psychotherapeutic framework used in the session. They identify the framework and discuss whether the therapist in the scenario used the modality appropriately (competency 2.8 h, “Employ counseling techniques, including motivational

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Table 1: Questions

| Question # | Question |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q1 | Write a summary of the session and perform a mental status exam on the patient. |
| Q2 | Identify communication skills used by the therapist and give examples. Were these appropriate to the timing and issues being discussed? |
| Q3 | Discuss your reaction to the session. What are your thoughts and feelings about what happened in the session in the session? |
| Q4 | List the principles or framework of the applicable theory and which the counselor addressed and which they did not. Give examples. |
| Q5 | What are some different counseling skills, responses, and interventions that you might have used instead and why? What would be the next step in the therapeutic process? |
| Q6 | Did the therapist and patient work on any goals? Did they make progress toward those goals? |
| Q7 | How might this psychotherapy approach relate to your future work as a PMHNP? Cite examples of how you will be able to use and apply the knowledge, skills, and dispositions of this psychotherapy in your further work. |

interviewing, to advance wellness and self-care management”). Students also examine how they could apply the chosen framework to their own PMHNP practice. Acceptable responses include examples of diagnoses or specific cases of patients where the chosen therapy would be appropriate (competency 2.8 h, “Employ counseling techniques...to advance wellness and self-care management”).

NONPF Nurse Practitioner Role Core Competencies

Q1 of the assignment (Table 1) addresses NONPF Nurse Practitioner Core Competencies NP 2.3i (“Utilize advanced critical thinking to determine the appropriate focused or comprehensive relevant patient history”), NP 2.3j (“Apply advanced assessment skills to perform a comprehensive patient physical assessment utilizing appropriate techniques”), and NP 2.3p (“Document comprehensive history, screening, and assessment.” Q2 meets the competencies NP 2.2k (“Utilize communication tools and techniques to promote therapeutic relationships with individuals and/or caregiver”) and NP 2.2n (“Demonstrate empathy and compassion in communication with others”) (NONPF, 2022).

Therapy sessions should ultimately be working toward goals that the patient and provider create together. Whereas symptom severity or quality of life scales can be one way to measure outcomes, progress in therapy can often be more subtle. The psychotherapist must be competent in clarifying conflicts, ambivalences, motivation, and goals (Rief,

2021). Therefore, Q5 and Q6 address the competencies NP 2.7 g (“Evaluate individual outcomes based on evidence-based interventions”) and NP 2.7 h (“Revise plan of care based on effectiveness”).

NONPF Core

In February 2024, NONPF released the *Competency Implementation Guide for Nurse Practitioner Faculty*. The guide introduces core behaviors expected of nurse practitioner students to achieve AACN and NONPF competencies. Q1 of this assignment meets criteria for the core nurse practitioner behaviors of “Documents patient information using standardized language and recognized terminology” and “Documents patient encounter in a format consistent with area of practice.” Q6 will also give students the opportunity to practice the behavior of “Follows indicators of progress in achieving short and long-term goals of care and outcomes” (NONPF, 2024).

The guide includes additional behaviors for the PMHNP. Q1 employs “Demonstrates comprehensive psychiatric evaluation,” as the MSE is a core component of the psychiatric exam. Q2 will also provide students with opportunities to practice the behavior: “Describe implicit and explicit communication and its impact during a patient encounter” (NONPF, 2024).

APNA Competencies for Suicide

PMHNPs utilize APNA’s competencies for suicide (APNA, 2015) to guide care. It is important for students to identify their own reactions to patient encounters and how those reactions influence the patient session. Research has shown that the emotional reactions of providers during patient encounters affect their clinical decision-making as well as patient outcomes (Isbell et al., 2020). Students are asked to examine their personal reactions to the session, whether positive or negative, which meets Domain 2 (“The psychiatric nurse manages personal reactions, attitudes, and belief”) for the competency “Examines the impact on the patient of nurse’s emotional reactions, attitudes, and beliefs.” Furthermore, Q2 meets Domain 3 (“The psychiatric nurse develops and maintains a collaborative, therapeutic relationship with the patient”) with the competency “Provides a therapeutic milieu in which the patient feels emotionally safe and supported” (APNA, 2015).

ASSESSMENT

Students are evaluated via an analytic rubric that assesses groups of competencies, including psychiatric assessment, communication skills, application of therapy models, and personal reflection. Faculty are trained on the rubric and practice on previous term papers to improve interrater reliability. In addition to a numeric score, students are given a summary of the session itself, including successes and areas of improvements for the therapy session. Then, each student receives individualized feedback highlighting strengths, areas for improvement, and comments on points of discussion identified by the student.

Advantages of our approach include highly personalized feedback in the form of written comments and a detailed rubric. In addition, the prerecorded scenarios give students the opportunity to rewatch sessions as often as needed to fully observe the interaction, something unavailable in a live clinical setting. A drawback includes the time commitment for grading, which is substantial. Furthermore, as this assignment takes place in a large didactic course, there is limited opportunity for viewing student skills outside of the written submission. However, the assignment is one of many opportunities to

display skills, and further skill development will take place in simulations and in the clinical environment structured throughout the overall curriculum.

CONCLUSION

As nursing moves toward CBE, faculty will need to adopt teaching strategies to meet standards of assessing core behaviors in the PMHNP student. This does not mean that all current learning strategies must be thrown out, as many assignments can be adapted to include competencies and provide opportunities for students to practice the proposed core behaviors.

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