BACKGROUND

1 in 5 US teens suffer from a DBMH illness. APRN programs should adequately train students in the early detection of DBMH conditions to prevent serious, long-term adverse outcomes. Ensuring high quality clinical experiences in NP programs can be challenging which makes it difficult for NP faculty to assess key clinical competencies. Objective structured clinical evaluations (OSCE) are an effective and evidence-based method for NP faculty to evaluate formative and summative competencies.

AIM OF PRACTICE

Innovation

PNP and PMHNP faculty developed a series of child and adolescent DBMH OSCEs to evaluate NP student competencies for providing evidence-based, pediatric mental health care.

LESSONS LEARNED

• Students report stress and anxiety leading up to the OSCE
• Students need to understand the connection between the course objectives and the OSCE
• Standardized debriefing questions are best
• Prepare actors prior to the OSCE
• Provide time to debrief with each student and as a group
• Have a backup plan in case an actor does not show
• Have students bring resource materials to OSCE

“Good growing place for me to see that acuity. I felt good about being able to conduct the assessment. Need to strengthen confidence in making hard calls.”

DEVELOPMENTAL, BEHAVIORAL, MENTAL HEALTH OSCE: ASSESSING CRITICAL COMPETENCIES OF PNP AND PMHNP STUDENTS

1. Review chart
2. Complete a follow-up evaluation on a patient.
3. Determine and facilitate the appropriate level of care
4. Write an organized evaluation and treatment plan

OSCE Topic Lecture (Suicide, ADHD, Substance Use Disorders)
Pre-OSCE Assignment (Chart Review and critical thinking triggers)

Introduction to situation by faculty
Confidentiality
Fiction Contract
Unconditional positive regard for student

Adolescent actively suicidal presenting to outpatient setting
School age child with complex ADHD
Screening, Brief-Intervention, and Referral to Treatment for adolescent substance use

Immediately with individual student after OSCE
With whole class at next seminar
Developmental, Behavioral, Mental Health OSCEs: Assessing Critical Competencies of PNP and PMHNP Students.

**Background:** One in five adolescents in America suffer from developmental, behavioral or mental health (DBMH) illnesses. The National Association of Pediatric Nurse Practitioners (NAPNAP) acknowledges the importance of providing children and adolescents with comprehensive mental health services including prevention strategies, standardized screening, and early, evidence-based interventions. It is essential for Nurse Practitioner (NP) programs to provide students with the adequate clinical training in the early detection of DBMH conditions to prevent serious, long-term adverse outcomes. Ensuring high quality clinical experiences in NP programs can be challenging. Barriers include lack of specific clinical opportunities with expert supervision and feedback, limited student access to electronic medical records, variable online program delivery modes, and the ongoing shortage of pediatric-focused preceptors for Pediatric (PNP) and Psychiatric/Mental Health (PMHNP) programs. Furthermore, critical skills may not be obtained in the clinical setting due to infrequency of the presenting problem and subsequent lack of opportunity. These issues make it difficult for NP faculty to assess key clinical proficiencies. Objective structured clinical evaluations (OSCE) are an effective and evidence-based method for NP faculty to observe and assess students’ formative and summative competencies.

**Aims of practice innovation:** The Ohio State University PNP and PMHNP program faculty developed a series of child and adolescent DBMH OSCEs to evaluate NP student competencies for providing evidence-based, pediatric mental health care.

**Details of innovation:** Pediatric and Psychiatric-Mental Health NP faculty served as content experts to collaboratively develop a series of child and adolescent DBMH OSCEs. The OSCEs were designed for implementation with both on-campus and online students. Realistic simulated scenarios were created based on actual patient encounters. The simulated experience included the use of an electronic patient chart for students to complete chart reviews prior to the OSCE patient encounter and for documentation within electronic medication records after the patient encounter. Best practices in simulation will be outlined, including pre-simulation exercises and post-simulation debriefing to prompt critical thinking and enhance learning. A standardized case scenario of a pediatric patient presenting in crisis with suicidal ideation will be detailed. Specific examples of the pre-simulation exercises and debriefing questions will also be included.

**Outcome:** Students appreciate the opportunity to practice their skills in a low-stakes environment with the provision of thorough faculty feedback, especially when building skills to address sensitive topics like suicidal ideation. Faculty values the ability to assess student competencies in a feasible, evidence-based, and clinically relevant method. Specific student-faculty feedback will be shared. Based on aggregate feedback, implications for quality improvement will be shared, including the anticipation of student anxiety and taking this into consideration in the planning and development process; ensuring post-OSCE time to debrief individually with each student and as a class; and, including personal phone calls to the online, standardized patients prior to the OSCE to best prepare them for patient case to ensure that all students will receive a standardized scenario. Finally, scenario topics for additional child & adolescent DBMH OSCEs will be suggested.

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