

The Future of the Psychiatric Mental Health Clinical Nurse Specialist

Evolution or Extinction



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KEYWORDS

- Psychiatric clinical nurse specialist • Certification • Future role
- Advanced practice registered nurse

KEY POINTS

- The psychiatric mental health clinical nurse specialist (PMHCNS) was the first clinical nurse group to establish specialty certification.
- The role of the PMHCNS includes education in social and psychological models, theory, and individual and group psychotherapeutic treatment methods necessary for comprehensive treatment.
- Although the PMHCNS certification examination will be retired in 2014, other groups can be brought into a similar role through mentoring or expanding the scope of practice.

The role of the psychiatric mental health clinical nurse specialist (PMHCNS) is now in a precarious position. At first glance, some may say it is on the verge of extinction. Because fewer individuals select the specialty option of PMHCNS and in an attempt of the American Nurses Credentialing Center (ANCC) to support the Consensus Model for advanced practice registered nurse (APRN) regulation recommendations (2008),¹ the ANCC has announced that as of 2014 the certification examination for the PMHCNS will be retired.² Those currently holding PMHCNS certification have been assured of the ability to continue to practice in the PMHCNS advanced role, as long as all certification renewal requirements regarding professional development activities and clinical practice hours are met in accordance with individual state licensure requirements. However, any lapse in certification may result in the loss of ability to renew

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certification and, subsequently, the license to practice as an APRN.² This is an alarming message to the PMHCNS, and it certainly indicates a change for this advanced practice nursing role. This change will most certainly lead to the eventual extinction of the originally conceived and currently practiced PMHCNS. As we prepare to implement this sweeping change, it is crucial that the role of the PMHCNS be fully understood so that critical functions do not fall by the wayside. In this article, a brief history of the role of the PMHCNS is reviewed along with current education, practice, role, and ANCC certification of the PMHCNS. The future implications and considerations of the unique functions of the PMHCNS for an APRN with a psychiatric mental health specialization are discussed.

HISTORY

Historically, psychiatric/mental health nurses have been nursing leaders and entrepreneurs. Psychiatric/mental health nurses, in the 1950s, recognized the need for educational and clinical criteria to function as a clinical nurse specialist (CNS), and were the first clinical nursing group to establish certification at the specialist level.³ The scope of education and practice for the PMHCNS included social and psychological models; a variety of theoretical frameworks to facilitate the understanding of individuals, groups, and systems; and a variety of individual and group psychotherapeutic treatment modalities to support comprehensive treatment and consultation. During the 1980s, an influx of newly prepared CNSs, eager to practice in specialty areas, provided expert clinical care in acute and private settings, consultation services, staff and consumer education, and clinical leadership, and participated in the generation of evidence as a means to achieve the goal of improved outcomes of patient care. Advanced practice nurses, engaged in the role of the PMHCNS, contributed considerably to the quality and continuity of care for patients and family systems in both inpatient and outpatient practice settings. The aim of the PMHCNS has always been to assist the patient to achieve the highest possible level of wellness.

As the role of the PMHCNS emerged, each practitioner modeled the role within the parameters of traditional areas of practice with attention to the needs of the organization and environment of patient care. The PMHCNS became a valued resource providing education, clinical supervision, and mentoring for staff nurses as well as for other professionals within the environment of patient care. Over a period, PMHCNS roles were implemented and interpreted by those who fulfilled the roles to include focus on the treatment of individuals with complex mental health problems, often superimposed upon by both physical health problems and overwhelming psychosocial concerns. The PMHCNS provided the patient (and family) the increased time, attention, and support that physicians did not provide because the physician's traditional focus had been the patient's chief complaint or acute health problem at hand. The PMHCNS was the professional group that forged therapeutic relationships and helped form alliances with individuals and families who needed holistic care to both treat the acute health problem and intervene to address the accompanying psychosocial concern. The PMHCNS had very efficiently developed an independent and complementary role in the treatment of individuals with complex mental health problems, not as a physician extender, but as a holistic care provider with a nursing perspective.

Peplau⁴ was clairvoyant in her assumption that the CNS could achieve expertise in the care of individuals with complex health concerns, and in treating the individual and family from a nursing perspective as opposed to the care offered by traditional medicine. Practicing alongside other mental health professionals, in all health care venues,

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