# Building Collaborative Care Training Within A New Graduate Psychiatric Nurse Practitioner Fellowship

University of Washington Advanced Practice Psychiatric Provider Fellowship Program (APPPFP)
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# Speaker Disclosures

Nothing to report



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# Learning Objectives

Articulate the potential benefits of a post-graduate psychiatric nurse practitioner (PMHNP) program

Learn structure of the UW Fellowship program

Name potential benefits of training PMHNP fellows in CoCM.

Understand several pitfalls that can occur in incorporating the CoCM model into a post-graduate program

Name several aspects of the program that contributed to successful implementation of nurse practitioner fellows in the CoCM setting.



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# A Unique Transition

- NP training does not require internship/residency/fellowship
- Transition from a Registered Nurse (RN) to a Nurse Practitioner (NP) can be a significant, stressful role change
  - From veteran (RN) to novice
  - Turnover rate for NPs are twice those of physicians
  - A formal orientation contributes to positive role transition[1]
- Postgraduate training supports transition to practice.[2]


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# Brief History of Post-Graduate Nurse Practitioner (NP) Training

First NP residency launched in 2007

1. Program was 1 year and included:
   A. Continuity and specialty clinical rotations
   B. Didactics
   C. QI
2. Outcomes support the benefit of post-graduate training
3. Program evaluation was a core aspect from inception.
4. Associated Costs of the program limit growth


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# DESIGN AND IMPLEMENTATION OF THE UW ADVANCED PRACTICE PROVIDER FELLOWSHIP PROGRAM

# APPPFP OVERVIEW

1. Designed to address 7 curricular goals
    1. Provide evidence-based behavioral healthcare
    2. Enhance skillset as a direct care provider
    3. Demonstrate a commitment to continuous quality improvement
    4. Participate as an effective member of interdisciplinary care teams


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# APPPFP OVERVIEW

1. Designed to address 7 curricular goals

5. Gain exposure to the roles of clinical leader, teacher and mentor
6. Promote personal and organizational well-being and resilience
7. Develop strategies and habits that promote sustainable practice


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# APPPFP OVERVIEW

Multiple Clinical sites in inpatient and outpatient experiences

1. Outpatient psychiatry
2. Inpatient Consultation-Liaison
3. CoCM
4. Psycho-Oncology
5. Emergency psychiatry
6. Inpatient geriatric psychiatry
7. Psychotherapy


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# APPPFP OVERVIEW

## Ramp-up schedule with graduated independence

- Fellowship month 2-3 (October and November)
  - Up to 12.5% independent clinic and 25% schedule density
- Fellowship Month 4-6 (December, January, February)
  - 25%-50% independent clinic and 50% schedule density
- Fellowship month 7-9 (March, April, May)
  - 75% independent clinic and 50-75% schedule density
- Fellowship month 10-12 (June, July, August)
  - 100% independent clinic and schedule density


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# Clinical Ramp-up schedule: 2 fellows

**BHIP Schedule. Fellowship month 2-3 (October and November).**

No independent clinic, first 2 sessions are shadowing preceptor, other sessions are direct supervisor observation, around 20-25% schedule density* Fellows will be on preceptor schedule and their schedule will be closed during this time. This is in person time for all fellows.

| | Preceptor | Fellow One | Fellow Two |
|---|---|---|---|
| 0800-0830 | Pre-Charting | Pre-Charting | Pre-Charting |
| 0830-900 | Fellow One supervision; preceptor shadowing (first 1-2 weeks) | INTAKE | Documentation/ chart review |
| 0900-0930 | | | |
| 0930-1000 | Fellow Two supervision; preceptor shadowing (first 1-2 weeks) | Documentation/ chart review | INTAKE |
| 1000-1030 | | | |
| 1030-1100 | Fellow One supervision; preceptor shadowing (first 1-2 weeks) | INTAKE (beginning in November | Documentation/ chart review |
| 1100-1130 | | | |
| 1130-1200 | Debrief/Overflow | Debrief/ Documentation/ Overflow | Debrief/ Documentation/ Overflow |
| 1200-1300 | Lunch | Lunch | Lunch |
| 1300-1330 | Fellow Two supervision; preceptor shadowing (first 1-2 weeks) | Debrief/ Documentation | INTAKE (beginning in November) |
| 1330-1400 | | | |
| 1400-1430 | CoCM Case review (preceptor led) | CoCM Case review (Observation) | CoCM Case review (Observation) |
| 1430-1500 | | | |
| 1500-1530 | | | |
| 1530-1600 | Overflow/ Debrief | Documentation/Overflow | Documentation/Overflow |
| 1600-1630 | Caseload Supervision/Referral Review | Caseload Supervision/ Referral Review | Caseload Supervision/ Referral Review |
| 1630-1700 | | | |



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# WHY WE INCORPORATED COCM INTO APPPFP



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# PROJECTED BENEFITS FOR THE UW SYSTEM AND INTEGRATED CARE

Expands the pool of trained CoCM providers while expanding the awareness of the CoCM model to more areas of healthcare.

Provides a potential pool of trained clinicians for Integrated Care Clinics

Addition of fellows provides enhanced patient access to psychiatric providers at UW integrated care clinics


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# PROJECTED BENEFITS FOR FELLOWS

NPs work in integrated care but may not be trained in evidence-based models.

Develops leadership skills and fosters appreciation for QI, evidence-based practice and life-long learning

Integrated care training provides experience and skills that are immediately applicable to other psychiatric settings



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# Designing the COCM Curriculum

The clinical rotations within the integrated care clinics had to cover multiple fellowship learning objectives

| General Fellowship objectives | Skill building in team dynamics, QI | Integrated care psychiatric learning objectives | Objectives of CoCM |
|---|---|---|---|


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# Designing the COCM Curriculum

- Created integrated care specific learning objectives. For example:
  - Demonstrate the core skills of a psychiatric consultant as part of a Collaborative Care team.
  - Explain the rationale (including citing evidence from the literature) and business case for developing integrated care practices to leverage scarce psychiatric services
  - Develop a systematic, step-wise approach to creating a provisional diagnosis of anxiety in indirect care


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# Designing the COCM Curriculum

Developed extensive training in CoCM for fellows

- CoCM literature
- AIMS center training
- Community-Based fellowship course
- 4-hour didactic on registry
- Shadowing in clinic



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# Example APPPFP Registry didactic

**Complete all modules in the Core and Advanced courses:** Applying the Integrated Care Approach (6 hours total)

**View:** The Collaborative Care team and the Role of the Psychiatric Consultant (9 minutes)

**View:** Consultation and Assessment in the CoCM (18 minutes)

**View:** Treatment in the CoCM (12 minutes)

**View:** Systematic Case Review Using the Registry (20 minutes)

**Read**: Best Practices for Systematic Case Review in Collaborative Care, Best Caseload Review Practices Supplement



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# Results of Implementation

- Successful integration, but required multiple pivots
- Implementation difficulties
  - CoCM overwhelming at beginning of program
  - Removing the registry portion to month 4 alleviated this
  - Clear role definitions needed



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# Pitfalls for Implementation

- Not having enough CoCM preceptors
- Limited understanding of the Psych ARNP (and especially psych ARNP fellow) at CoCM sites
- Having a clear model and role for each fellow and preceptor at each site
- Starting fellows in CoCM too early


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# COMPONENTS OF SUCCESSFUL IMPLEMENTATION

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- A CoCM champion
- Experienced CoCM clinician/educator to structure training sessions
- Time for peer consultation
- Registry training
- Incorporate increasing independence
- Frequent formal and informal evaluation



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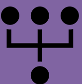
# Unanswered Questions Of Implementation

Is a transitional post-graduate program the optimal setting for subspeciality training?

Should we be targeting providers with a specific interest in integrative care?



How much CoCM training should the post-graduate fellowship provide?



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# What We Covered

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# Thoughts from a Fellow's experience


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# No Session in July

- We will see you on August 13
  - CoCM Metrics Matter
  - Diane Powers, MA, MBA and Shanda Wells, PsyD


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# Last Session will be June 2025

Thank you all for attending and supporting UW PCLC!


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# Resources

- AIMS Center office hours
- UW PACC
- Psychiatry Consultation Line
  - (877) 927-7924
- Partnership Access Line (PAL)
  - (866) 599-7257
- PAL for Moms
  - (877) 725-4666
- UW TBI-BH ECHO


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