

Philosophy of the UCSF Psychiatric Mental Health Nurse Practitioner (PMHNP) Program

This statement builds on existing statements about the mission of the UCSF [School of Nursing](#) and [Department of Community Health Systems](#), and expands on issues of particular relevance to advanced practice psychiatric nursing (APPN). Links to key resources relating to these topics are included.

I. Philosophy of care

- Human beings are complex and multi-faceted. Understanding the lives and illness experiences of people we work with requires the ability to look at situations from multiple perspectives (biological, psychological, developmental, etc.), and especially to appreciate the perspectives of the individuals and families affected.
- We work with people whose disorders affect the central nervous system, one of the most complex systems in the body. Due to the complexity of the system involved, high rates of comorbidity among psychiatric conditions and because psychiatric disorders affect people's ability to communicate their experiences, the ways mental illness presents may not conform to standard diagnostic criteria. Ambiguity is inherent in our work, so PMHNPs need a high tolerance for uncertainty and lack of clarity, and a willingness to frequently re-evaluate assessments as new information becomes available.
- The complexity of the problems faced by our patient population may not be completely addressed by the existing system of care. Advanced practice psychiatric nurses need to effectively advocate for patients to obtain the services they need if they are available in the current treatment system, to utilize other community resources such as self-help organizations, and to advocate for development of more effective services.
- People have great ability to grow and develop that is affected but not destroyed by mental disorders. Advanced psychiatric nursing practice nurtures the capacity for resilience and growth as well as diagnosing and treating illness.
- Resource: [American Psychiatric Nurses Association recovery webpage](#)

II. Philosophy of professional identity

- Advanced practice psychiatric nursing shares parts of its scope of practice with other health care providers (e.g., prescribing with MDs, psychotherapy with other mental health professionals), but maintains a distinct professional identity. Key elements of this identity include a biopsychosocial perspective, recognition of the importance of healing relationships, and emphasis on symptom management and self-care.
- Reflective practice and therapeutic use of self is central to PMHNP practice.
- The past 15 years have been a period of significant changes in education, credentialing and employment opportunities for advanced practice psychiatric nurses. Current nursing initiatives such as the [APRN Consensus Model](#) and the [Future of Nursing Campaign for Action](#) will lead to further changes in the near future. Differences in credentialing between states and recent changes in role preparation have contributed to lack of clarity about the scope of advanced psychiatric nursing practice.
- The nature and scope of advanced psychiatric nursing practice is not well-understood by other health care providers, policymakers and the public. For this reason it is essential that PMHNPs be able to clearly articulate their value to patients and the health care system and explain their scope of practice. Students are advised to develop an "elevator speech" briefly summarizing key points about the value PMHNPs contribute to health care systems.

- Many agencies that have not previously employed PMHNPs are now creating PMHNP positions. Program graduates will need to take an active part in defining and developing their role in agencies where the role is new, and expanding existing roles.
- Program language about advanced psychiatric nursing practice:
 - The term “role” is used in the broad sense to refer to the overall scope of practice for APPNs as well as to specific job roles that PMHNPs may play within particular agencies.
 - Terms that emphasize expanded expert nursing practice are used in preference to those such as “mid-level provider” or “physician extender” that imply outmoded hierarchical relationships between physicians and PMHNPs.

III. Philosophy of graduate education

- The ability to adopt a broad-based biopsychosocial perspective on complex patient and system problems requires academic exposure to multiple theoretical perspectives and bodies of scientific knowledge.
- Learning addresses knowledge, attitudes and skills, including skills in self-reflection and therapeutic use of self.
- Students will develop entry-level competencies necessary to work with individuals across the lifespan. All students will have clinical experience with children and youth as well as adults and older adults, although clinical residencies may focus on care of patients in a specific age group.
- The program prepares graduates for scholarship and professional leadership as well as expert clinical practice. Students are encouraged to take advantage of opportunities for research participation and involvement in professional organizations.
- The goal of graduate education is to enable graduates to gain knowledge and skills relevant to the entire scope of PMHNP practice (see *Psychiatric-Mental Health Nursing: Scope & Standards of Practice*), not just to prepare for a specific role within that scope.
- The program is based on an adult learning model, emphasizing self-directed learning with appropriate guidance by faculty. Faculty function as mentors and career advisors as well as academic advisors. Advising meetings are held on a quarterly basis during the first year, but advisors can/should be contacted as needed to address issues such as:
 - Waiving coursework
 - Discussion of modifying your graduate program due to health, finances or other reasons
 - Potential clinical placements
 - Writing the comprehensive exam
- Preparation for advanced practice requires a certain amount of hardiness. Given the multiple factors that must be coordinated in a graduate program (e.g., coordinating course scheduling across programs, requirements of clinical placements) and the need for frequent changes to improve the program and respond to external demands (e.g., credentialing bodies) it is inevitable that things will not always run smoothly despite everyone’s best efforts. Dealing with this changing environment is valuable preparation for nimble functioning in the complex practice environments students will face after graduation.