

Seminar Four: Study Guide

Ethical & Legal Principles.



PMHNP Certification Review Manual
Seminar Four Student Study Guide

Clarity Education Systems

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Seminar Four Student's Manual

State Legislative Statutes

- Each state grants legal authority for a nurse practitioner to practice and defines what advanced practice looks like for that state. State laws define the scope of practice (what the nurse practitioner may do)
- State legislation will decide credentialing requirements, disciplinary actions, and required or waived collaborative agreement conditions
 - **Grounds for disciplinary action include:**
 - **Practicing without a valid license in the state**
 - **Falsifying records**
 - **Committing fraud**
 - **Failure to use appropriate nursing judgments, or following nursing standards**
 - **Failure to document appropriately**
- **Licensure**
 - Granted permission to engage in the practice of a specific profession
 - Prohibits others not legally certified from practicing
- **Credentialing**
 - Process that ensures the provider can practice at a minimum level of professional competence
- **Certification**
 - Ensures that the provider has met certain predetermined standards for specialty practice. Ensures the public that the provider has mastered a "specified body of knowledge" (Johnson & Vanderhoef, 2016). Ensures the individual has the necessary skills in order to function within the specified specialty
- **Scope of Practice**
 - **Defines NP roles and actions**
 - Defined by the Nurse Practice Act and governed by the state Board of Nursing
 - Identifies competencies assumed to be held by all psychiatric mental health nurse practitioners (PMHNPs) who function in a particular role
 - Varies broadly from state to state
 - Advanced practice PMHNP standards are identified in Psychiatric-Mental Health Nursing: Scope and Standards of Practice (ANA, 2014)

- ★ Test hint: if the test questions states, "contact the state board of nursing," it is usually right; however, do not **report** somebody to the state board of nursing

Standard of Practice - Authoritative statements regarding the quality and type of practice that should be provided

- Determined by the American Nurses Association (ANA):
 - Governs statements regarding the quality and type of practice that should be provided by the nurse practitioner
 - Provides a way to judge the nature of care that is being provided
 - Determines **standards** that do not change from practice to practice
 - The PMHNP is required by law to perform and carry out care in accordance with what any other *reasonably prudent nurse would do* in the same or similar circumstances
 - Care must be consistent with established standards

Confidentiality - Medical Record Confidentiality Act of 1995

- States that a patient's information will never be disclosed without explicit consent from the patient
- Requires that provider obtain a signed medical authorization and consent form to release medical records and information when requested by the client or another healthcare provider
- PMHNP discusses confidentiality issues with patients, establishes consent, and clarifies any questions about disclosure of information
- Includes both verbal and written client information
- **During the first meeting with a patient with a history of suicide ideation you must discuss the limits of confidentiality because harm to self must be reported**
- Looking up a patient's information on social media is a violation of their trust and could lead to a breach of confidentiality

Exceptions to Confidentiality

- Can be overridden if an appropriate or authorized person or organization determines that the need for confidential information outweighs the principle of confidentiality
 - If a client discloses an intent to self-harm or harm others
 - Information given to an attorney involved in ongoing litigation
 - The release of records and information to insurance companies

- When required to answer court orders, subpoenas, or summonses
- Mandatory reporting based on state requirements for disclosing specific/identified diseases or medical conditions
- Eminent danger. The provider has a **duty to warn** a potential victim if they are in imminent danger of a homicidal client (known as the **Tarasoff Principle** from the court case Tarasoff v. Regents of the University of California, 1976)

Health Insurance Portability and Accountability Act (HIPAA)

- Patient will be educated about HIPAA privacy protection
- Guarantees that a patient has a right to their own medical records
- Patients can request amendment of their health information to which they object
- Requires patient permission for disclosure of personal information
 - Does not allow for most disclosures about psychotherapy notes for a patient's condition without patient authorization
 - Two separate releases of information are required to release information on a patient's chemical and psychiatric information to a third-party entity
 - For example, if the patient has Stimulant Use Disorder or Alcohol Use Disorder there must be a separate form to go along with the original request of information before being provided (so, two forms)

The Health Information Technology for Economic and Clinical Health Act (HITECH)

- An electronic health record (EHR) incentive program is a means of compensating healthcare providers for the costs associated with implementing and upgrading their EHR software
- Center of Medicare and Medicaid's (CMS's) electronic health record (EHR) incentive programs that provide financial benefits to healthcare providers who use appropriate EHR technologies in meaningful ways; ways that benefit patients and providers alike
- Electronic health records can improve both individual and population-based health (quality, safety, efficiency, effectiveness, and outcomes)
 - E-prescribing
 - Computerized physician order sets
 - Tracking care and avoiding duplication of services

Informed Consent

- Communication process between the provider and a patient that supplies information resulting in the patient's acceptance or rejection of a proposed treatment based on pertinent information

- Includes a full explanation of relevant information that enables the client to make an appropriate and informed decision
- The right of all competent adults or emancipated minors
 - Emancipated minors are persons younger than 18 who are married, parents, or self-sufficiently living outside and away from a family domicile
- Elements of informed consent
 - Decision **capacity or competence** = the patient should have the capacity to make his or her own decision
 - The care team is not able to decide a patient's competency, this is the responsibility of a judge
 - **Full disclosure** – the provider should disclose information on the treatment, test, or procedure and include the expected benefits and risks and the likelihood (or probability) that the benefits and risks will occur
 - Includes the nature and reason of the identified treatment or procedure
 - Risks and benefits of the treatment are fully discussed
 - Alternative options are presented
 - The identified diagnosis and prognosis are discussed
 - If a patient is given a medication for "off label" use, documentation is very important. The PMHNP will need to make sure to provide a full disclosure of the benefits and risks of the medication
 - Comprehension = the patient should be able to comprehend the relevant information and *speak back* the information to the care team
 - Voluntariness = the patient should voluntarily grant consent without coercion
 - Documentation = the provider must document, in the medical record, that informed consent has been obtained from the patient
 - It is the PMHNP's responsibility to ensure that the patient has the cognitive capabilities required to give informed consent
 - If a patient is not able to do every component related to informed consent: family members, court appointed guardians, or others (as determined by state law) may act as a "surrogate decision-maker" on behalf of the patient

Telehealth

- Must follow the same standards as care delivered in person

- Practice must be in accordance with applicable federal and state regulatory standards
- Must be able to provide emergency care to the patient
- HIPAA, confidentiality, and proper maintenance of a patient health record must be maintained

Ethical Principles

- A key component of the nurse practitioner role is understanding the moral and ethical duties, responsibilities, and obligations that he or she must perform or enforce in order to ensure that the patient and their family members are getting the best care possible
 - Foundational principles that help when determining right versus wrong and provide direction for complex decision making:
 - **Justice** – doing what is fair – fairness in all aspects of care
 - Results in fair and equal caregiving regardless of a patient's social status, socioeconomic status, sexual orientation, ethnicity, gender, or religion
 - **Beneficence** – doing what is in the best interest of the patient and promoting their well-being
 - Example: when the PMHNP prescribes appropriate medication and therapy to a patient with depression, with the intention of improving their mental health and overall well-being
 - **Non maleficence** – "do no harm;" avoiding harm to the patient and not causing unnecessary suffering
 - Example – refraining from prescribing a medication to a patient if they know that the medication may cause harm or potential side effects that outweigh the potential benefits for the patient
 - **Fidelity** – being honest, trustworthy, and keeping promises to the patient
 - Example – when the PMHNP keeps a promise to a patient, such as providing follow-up care, and maintains confidentiality of their medical records and personal information in order to build trust and a strong therapeutic relationship
 - **Autonomy** – respecting a patient's right to make their own decisions and choices regarding their healthcare, without coercion or external influence
 - Right to self-determination (right to refuse)

- Ensures that healthcare teams can respect and support a patient's decision to either accept or refuse life-sustaining treatments)
 - Example – when the PMHNP informs a patient of all their treatment options, risks, and benefits, and allows the patient to make an informed decision based on their own values and preferences, even if the healthcare provider may personally disagree with the patient's decision
 - **Veracity** – being truthful and honest with patients, including disclosing accurate information about their diagnosis, treatment options, and prognosis
 - Example – when the PMHNP is honest with a patient about the risks and benefits of a particular medical procedure or treatment, even if the patient may not want to hear the information or may feel anxious or scared about the potential outcome. The healthcare provider is truthful with the patient to ensure that they have accurate information and can make informed decisions about their care
 - **Respect** – valuing the inherent worth and dignity of all patients, regardless of their background, beliefs, or lifestyle choices, and treating them with kindness, compassion, and empathy
 - Example – when the PMHNP listens attentively to a patient's concerns and shows empathy towards their fears and anxieties, even if the patient's opinions or beliefs may be different from the healthcare provider's. The provider respects the patient's autonomy and values their individuality by treating them with dignity, kindness, and compassion
- **The key to culturally competent care is RESPECT!**

Roles of the PMHNP

- **Scholar**
 - Should be involved in publishing, researching, lecturing, precepting, and participating in continuing education for professional development
- **Mentor**
 - Spreading knowledge – providing support to junior colleagues and demonstrate professional competencies and skills
 - Requires mutual respect between mentor and mentee

- **Client advocate**

- Empower and encourage patients while demonstrating how to become their own advocates
- **Support the reduction of stigma associated with mental illness** (through education)
 - If a patient is talking about shame, it is really about stigma
- Support patients in learning to discover and to **receive available resources** within healthcare and community services
- Be a member of a professional organization

- **Health policy maker**

- Participate in local, state, and national healthcare policy activities to progress quality healthcare and improved access
- Speak at public engagements, lobby with policy makers, or work with media outlets to bring awareness to an issue
 - The PMHNP should attempt to perform these actions to the largest audience possible, and to those that need educating the most
 - **Choose the answer that gets to the most people**

- **Case management coordinator**

- Case management is a system of **controlled oversight** and authorization of **services and benefits** provided to patients
 - Consists of coordinated care, ensuring quality outcomes, monitoring plans of care, and performing advocacy
 - **The overall goal is to promote quality and cost-effective outcomes**
 - Case management can lead to:
 - Client self-care
 - Reduced care fragmentation
 - Improved quality of life/outcomes
 - Decreased hospitalization stays
 - Increased client/staff satisfaction

Culturally Competent Care and Special Populations

- Viewing each patient as a unique person, and noting a potential relationship between the patient's cultural experiences and their symptom presentation and perceptions
 - Nurses that become more sensitive to cultural issues will influence the patient's symptoms and treatment by providing more comprehensive health care
- **Culture:** The learned beliefs and behaviors or the socially inherited characteristics that are common among all members of a group; to include racial, social, ethnic, or religious grouping
- **Culture-bound syndromes:** Specific behaviors related to a person's culture and not linked to a psychiatric disorder - be careful not to judge a patient's behavior as psychopathology when it is really related to his or her culture
 - **Koro:** a belief that one's genitals are retracting or disappearing, which is commonly reported in Southeast Asia
 - **Taijin Kyofusho:** a fear of offending or embarrassing others through one's own social behavior, which is common in Japan
 - **Shin-byung:** a Korean syndrome characterized by anxiety, fear, and physical symptoms, which is believed to be caused by a possession by spirits
 - **Hwa-byung:** a Korean syndrome that involves physical and psychological symptoms, such as fatigue, headache, and anger, which is believed to be caused by suppressed emotions
 - **Shenjing Shuairuo:** a Chinese syndrome that involves a range of physical and psychological symptoms, including fatigue, headache, and anxiety
 - **Ataque de Nervios:** a syndrome characterized by a sudden outburst of negative emotions, such as rage or fear, accompanied by physical symptoms such as crying, trembling, and fainting
 - **Mal de Ojo:** a belief that an evil eye has been cast upon an individual, causing them physical or emotional harm
 - **Empacho:** a digestive disorder that is believed to be caused by the ingestion of too much food or drink
 - **Susto:** a condition in which a person experiences a sense of loss or separation from their soul, often brought on by a traumatic event
 - **Nervios:** a general term used to describe a range of emotional and psychological symptoms, such as anxiety and depression
 - **Ghost Sickness:** a condition in which an individual experiences anxiety, nightmares, and other physical and psychological symptoms after the death of a loved one or exposure to death in general
 - **Windigo Psychosis:** a belief that an individual has been possessed by a malevolent spirit, resulting in extreme hunger and cannibalistic urges
 - **Running Amok:** a condition in which an individual experiences a sudden outburst of violence or aggression, often brought on by a perceived insult or humiliation

- **Pibloktoq**: a condition in which an individual experiences a sudden and intense episode of hysteria or madness, often brought on by exposure to cold temperatures
 - **Zar**: commonly found in North African and Middle Eastern cultures, where it is believed to be caused by spirit possession. Typically affecting women, Zar is characterized by dissociative, somatic, and affective symptoms, including shouting, laughing, apathy, and avoidance of daily responsibilities
 - **Jinn possession**: a belief that an individual has been possessed by a supernatural being called a Jinn, resulting in behavioral changes and physical symptoms such as seizures, unexplained illnesses, and altered states of consciousness
 - **"Rootwork"**: A form of folk magic or spiritual healing that incorporates African spiritual practices, such as herbal remedies, divination, and prayer
 - **"Hoodoo"**: A form of African-American folk magic that incorporates elements of African spirituality, Native American practices, and Christian traditions. A religion practiced in parts of the Caribbean and the southern US and characterized by sorcery and spirit possession; voodoo
- **Asian culture**
 - **Chinese**: Health is maintained through a balance between "yin" (cold) and "yang" (hot) forces. A lack of "chi" (energy) causes illness. The body is viewed as a gift and must be valued through proper care. Bodies are considered gifts and they may be reluctant to participate in surgery. Extended families are important, especially the elderly. Maintaining honor and self-reliance are considered valuable. May require lower doses of benzodiazepines and propranolol
 - **Japanese**: Health is maintained through harmony with the world. Poor health may occur via contact with impure elements such as corpses, blood, or skin disorders. Utilize acupuncture, acupressure, herbal medicine, and some traditional western medicine. Pain and discomfort may be difficult to assess since emotions are often suppressed. Intergenerational family structure is valued
 - **Vietnamese**: Health is maintained through a balance of "yin" and "yang" and by living a harmonious life. Rituals are used to ward off illness. Maybe hesitant to seek healthcare, but utilize divine instruction, astrology, and other non-traditional healers
- **Hispanic culture**
 - Health is strongly related to religion. Believe that good behavior is rewarded by good health
 - Can believe in treating illnesses through promises with God or through prayer. May seek healthcare practice from folk healers rather than Western medicine or utilize herbal medicine. Extended families are important and females may be subordinate to males who are financially responsible for the family. They prefer to speak in Spanish when under stress and do not like to feel rushed when considering healthcare practice. High incidences of hypertension, heart disease, diabetes, and strokes

- **Native American culture**

- Health is related to a state of harmony with nature and illness can be rooted in the supernatural. The human body should be respected. Religious practices are important in maintaining good health. Nontraditional practitioners may be utilized as well as herbal medicine and ritual activities. Extended families are important and elders assume leadership roles
- Higher risk for suicide compared to other populations. Young American Indian men face challenges with historical trauma, cultural distress, poverty, geographic isolation, and systemic suicide within the community resulting from increased stress
- Alaskan natives have extremely high incidences of suicide and mental health stigma

- **Muslims**

- Physical contact with the opposite gender is minimal and patients may ask for same gender providers. They do not eat pork or pork byproducts, such as gelatin or fat (lard), and do not consume alcohol or alcohol-based products. Animal meat must be prepared in accordance with Islamic rites. During Ramadan, patients who are ill, pregnant, or nursing are excused from fasting, but others may require additional monitoring, such as glucose assessment

- **African-American/Black**

- Strong social and religious belief systems with an emphasis on family. Poverty, culture, and historical factors may contribute to poor dietary practices and overall mental health
- High blood pressure, diabetes, and stroke are common within this population. They are at a higher risk for heart disease, cancer, asthma, influenza and pneumonia, and HIV/AIDS
- African-American males are at a greater risk than females for suicide

LGBTQ+

- **LGBTQ+**: an acronym that stands for lesbian, gay, bisexual, transgender, and queer/questioning. It is an umbrella term used to describe the diverse sexual and gender identities within the community
- **Sexual orientation**: a term used to describe a person's romantic and/or sexual attraction to other people. It is often categorized as heterosexual, homosexual, or bisexual
- **Gender identity**: a person's internal sense of being male, female, both, or neither. It is distinct from biological sex and can be different from the sex assigned at birth
- **Transgender**: an umbrella term used to describe individuals whose gender identity differs from the sex they were assigned at birth

- **Cisgender:** a term used to describe individuals whose gender identity aligns with the sex they were assigned at birth
- **Queer:** A term that has been reclaimed by some members of the LGBTQ+ community to describe themselves. It can be used as an umbrella term or as a specific identity
- **Affirmative approach:** mental health professionals should take an affirmative approach to working with LGBTQ+ patients, which means acknowledging and accepting their sexual orientation or gender identity. This can include using inclusive language and avoiding assumptions about their identity
- **Intersectionality:** LGBTQ+ individuals may also belong to other marginalized groups, such as racial or ethnic minorities
- **Family and community support:** LGBTQ+ individuals may face rejection or lack of support from their families or communities
- **Religious and spiritual beliefs:** LGBTQ+ individuals may have religious or spiritual beliefs that impact their mental health and well-being
- **Trauma:** LGBTQ+ individuals may have experienced trauma related to their sexual orientation or gender identity, such as bullying or harassment
 - **LGBTQ+ continue to face complications related to employment, housing, healthcare, and other opportunities related to unconscious bias, systemic government barriers/inclusive policies**

Immigrant and Refugee Populations

- Challenges related to acculturation; language barriers; traumatic experiences associated with migration, resettlement, and war/persecution; limited social support from family and community; and religious or spiritual beliefs impacting mental health/well-being

Older Adults

- Ageist assumptions or stereotypes; generational differences that impact mental health and well-being; deep rooted spiritual and religious beliefs not in line with modern ideals; and physical health conditions impacting mental health, overall well-being, and financial circumstances

People with Disabilities

- Disrespected because of disability; inadequate accommodations (sign language interpreters, access to buildings, and access to care); intersectionality; and past traumatic experiences related to their disability or discrimination

Equity, Diversity, and Inclusion (EDI)

- EDI in mental health refers to the provision of equal opportunities and resources for individuals with diverse backgrounds, experiences, and identities

- Equity involves the fair distribution of resources and services to meet the specific needs of individuals and communities, regardless of their socio-economic status, race, ethnicity, gender identity, sexual orientation, or other identities
- Diversity in mental health acknowledges the unique differences and perspectives of individuals and promotes the development of culturally responsive interventions and treatments
- Inclusion involves creating a welcoming and supportive environment where everyone feels valued, respected, and included in the decision-making process
- EDI in mental health is essential to ensuring that all individuals have access to high-quality mental health services and that their unique needs are addressed in a culturally sensitive and appropriate manner

Social Determinants of Mental Health

- **Socioeconomic status:** individuals with lower socioeconomic status are more likely to experience mental health problems due to factors such as poverty, unemployment, and lack of access to healthcare
- **Education:** education can provide individuals with the skills and resources needed to cope with stress and manage their mental health
- **Social support:** individuals with strong social networks are less likely to experience mental health problems. Social support can provide individuals with a sense of belonging, emotional support, and practical assistance
- **Discrimination:** based on race, ethnicity, gender, sexual orientation, or other factors can lead to stress, anxiety, and depression, and can also limit access to resources and opportunities
- **Housing:** individuals who live in poor-quality or unstable housing can lead to stress, anxiety, and depression, and can also limit access to healthcare and other resources; minority groups
- **Access to healthcare:** lack of access to healthcare can limit access to mental health treatment and support
- **Trauma:** exposure to trauma, such as physical or sexual abuse, can lead to post-traumatic stress disorder (PTSD), anxiety, and depression, and can also impact physical health

Common Mental Health Risk Factors

- **Genetics and family history:** family history of mental illness may be at increased risk of developing a mental health disorder
- **Trauma and stress:** exposure to traumatic events, such as physical or sexual abuse, can increase the risk of post-traumatic stress disorder (PTSD). Chronic stress, such as that experienced in high-pressure work environments, can also increase the risk of problems
- **Substance abuse:** alcohol and drug abuse can increase the risk of depression and anxiety and can also worsen existing mental health problems

- **Chronic medical conditions:** conditions such as diabetes, heart disease, and cancer can increase the risk of depression and anxiety. The stress of managing a chronic illness can also impact mental health
- **Social isolation:** social isolation and loneliness can increase the risk of depression and anxiety. Social support is an important protective factor for mental health
- **Lack of access to healthcare:** can lead to worsening symptoms and a decreased quality of life
- **Environmental factors:** exposure to toxins and pollution can increase the risk of mental health problems (i.e., living in areas with high levels of pollution)

Common Barriers to Mental Health Care

- **Stigma:** can prevent individuals from seeking help for mental health problems due to fear of discrimination, shame, or embarrassment
- **Lack of access to care:** including a shortage of mental health professionals, long wait times, and high costs
- **Lack of awareness:** may not be aware of the signs and symptoms of mental health problems or may not know where to turn for help. This can prevent them from seeking care or delay their seeking care until their symptoms have worsened
- **Cultural barriers:** language barriers or a lack of culturally competent care can prevent individuals from accessing care. This can be due to a lack of understanding of cultural beliefs and practices, a lack of trust in the healthcare system, and conscious and unconscious biases
- **Fear of medication:** may be hesitant to take medication for mental health problems due to concerns about side effects or addiction
- **Fear of therapy:** hesitant to seek therapy due to concerns about stigma or a fear of being judged
- **Lack of social support:** lack of family or friends who can provide emotional support; lack of transportation or a lack of financial resources

Important Cases and Laws

- **Tarasoff v. Regents of University of California**
 - Established that mental health professionals have an obligation to protect intended victims of violence, even if they learn of the intended violence in the confidentiality of the [provider]-patient relationship. The California Supreme Court stated that such a warning overrode the confidentiality of that special relationship...
 - This principle does not apply to every state and every situation, so the first thing the PMHMP needs to do is contact the state board of nursing (if one of the answers) or warn if in imminent danger

- **Rennie v. Klein**
 - An involuntarily committed patient who has not been found incompetent, absent an emergency, has a qualified right to refuse psychotropic medication (autonomy)

- **Stark Law**
 - The Physician Self-Referral Law, commonly referred to as the Stark law, prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies (HHS Office of Inspector General, 2021)

- **Donaldson v. O'Connor**
 - If an individual is not posing a danger to self or others and is capable of living without state supervision, the state has no right to commit the individual to a facility against his or her will
 - **Habeas corpus** protects patients with mental illnesses against unlawful hospitalizations. A Writ of Habeas Corpus is a petition that can be filed if a patient is on a mental health conservatorship and believes that they are being confined unlawfully or if they believe that their rights have been violated in a facility

- The Americans with Disabilities Act of 1990 ([ADA](#))
 - Prevents employers from discriminating against individuals with mental health disorders in an employment decision
 - The law mandates that reasonable accommodations need to be made for the mental health individual

Parts of Medicare (U.S. Centers for Medicare and Medicaid Services, 2023)

- Part A (Hospital Insurance): helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care

- Part B (Medical Insurance): helps cover:
 - Services from doctors and other health care providers
 - Outpatient care
 - Home health care
 - Medical equipment (wheelchairs, walkers, hospital beds...)
 - Some preventive services (screenings, shots or vaccines, and yearly "Wellness" visits)

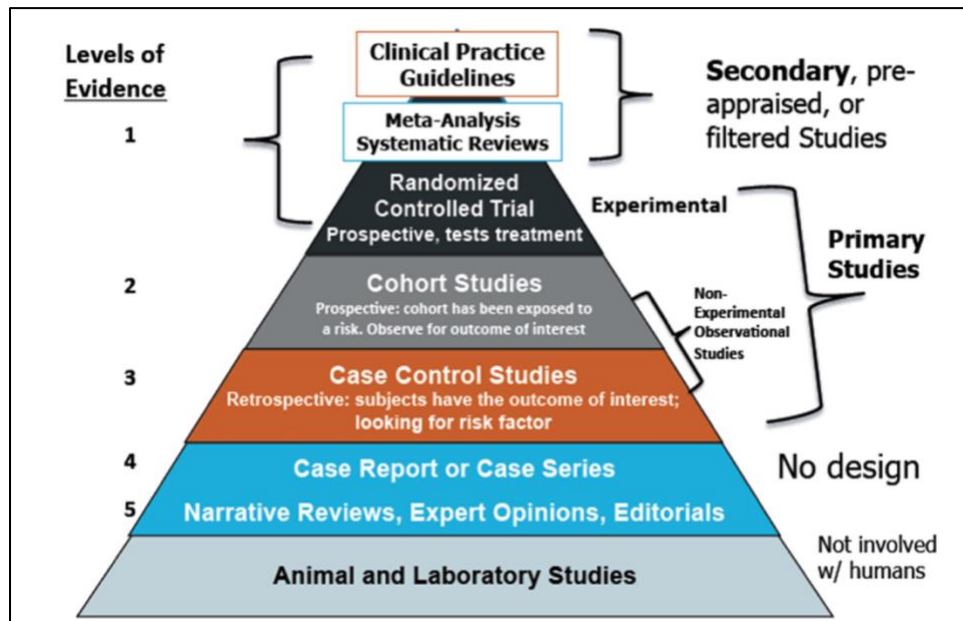
- Part C (Medicare Advantage): private company insurance that offers an alternative to Medicare for health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D
- Part D (Drug coverage): helps cover the cost of prescription drugs (including many recommended shots or vaccines)
- Medicare Supplemental Insurance (Medigap): Extra insurance you can buy from a private company that helps pay your share of costs in Original Medicare. Policies are standardized, and in most states named by letters, like Plan G or Plan K. The benefits in each lettered plan are the same, no matter which insurance company sells it

Research

- PICOT
 - Mnemonic derived from the elements of a clinical research question – patient, intervention, comparison, outcome and (sometimes) time
 - **Population/Patient Problem:** Who is your patient? (disease or health status, age, race, sex...)
 - **Intervention:** What do you plan to do for the patient? (specific tests, therapies, medications...)
 - **Comparison:** What is the alternative to your plan? (ie. no treatment, different type of treatment, etc.)
 - **Outcome:** What outcome do you seek? (less symptoms, no symptoms, full health, etc.)
 - **Time:** What is the time frame? (this element is not always included)
 - ❖ Example: In adults diagnosed with generalized anxiety disorder (GAD) in outpatient settings (P), how does mindfulness meditation as compared to cognitive-behavioral therapy (CBT; I) influence the reduction of anxiety symptoms and improvement in overall well-being (O) over a period of 12 weeks (T)?
 - ❖ This study aims to explore whether mindfulness meditation, a non-pharmacological intervention, can provide comparable benefits to the established therapeutic approach of CBT in addressing anxiety symptoms and enhancing the well-being of individuals diagnosed with GAD, with the research conducted over a 12-week timeframe.

- Levels of Evidence
 - Level 1
 - Evidence of a systematic review or meta-analysis of all relevant randomized controlled trials (RCT) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results
 - Level 2
 - Evidence obtained from at least one well designed RCT (e.g., large multi-site RCT)
 - Level 3
 - Evidence obtained from well-designed controlled trials without randomization (i.e., quasi-experimental)
 - Level 4
 - Evidence from well-designed case-control or cohort studies
- Types of Study Designs
 - Systematic Review
 - A summary of clinical literature. A systematic review is a critical assessment and evaluation of all research studies that address a particular clinical issue. The researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies (AHRQ, n.d.)
 - Meta-Analysis
 - A work consisting of studies using a quantitative method of combining the results of independent studies (usually drawn from the published literature) and synthesizing summaries and conclusions which may be used to evaluate therapeutic effectiveness, plan new studies, etc. It is often an overview of clinical trials. It is usually called a meta-analysis by the author or sponsoring body and should be differentiated from reviews of literature (Andrade, 2020)

- Randomized Controlled Trial
 - A controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups (AHRQ, n.d.)
- Controlled Clinical Trial
 - A type of clinical trial comparing the effectiveness of one medication or treatment with the effectiveness of another medication or treatment. In many controlled trials, the other treatment is a placebo (inactive substance) and is considered the "control" (AHRQ, n.d.)
- Cohort Study
 - A clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition (AHRQ, n.d.)
- Case Control Study
 - The observational epidemiologic study of persons with the disease (or other outcome variable) of interest and a suitable control group of persons without the disease. The relationship of an attribute to the disease is examined by comparing the diseased and non-diseased regarding how frequently the attribute is present or, if quantitative, the levels of the attribute, in each of the groups (OCEBM, n.d.)



(Forrest, 2016)

- Quality Improvement Projects
 - Projects that are designed to improve systems, decreased overall costs, and improve the productivity of healthcare delivery
 - Process of quality improvement:
 - **Plan** – plan the change
 - **Do** – carry out the plan
 - **Study** – examine the results
 - **Act** – decide what actions will improve the process
- Retrospective chart reviews
 - A retrospective chart review is a quality improvement initiative and is often conducted to understand treatment patterns, resource utilization, adverse events, and clinical outcomes in a real-world setting
 - The Plan – Do – Study – Act process of the project is engaged
 - Retrospective = the patient has already been discharged
- Root cause analysis
 - Describes a wide range of approaches, tools, and techniques used to uncover causes of existing problems
 1. Define the problem
 2. Collect data about the problem
 3. Determine potential causal factors
 4. Determine the root cause or causes of the problem
 5. Prioritize the causes
 6. Form a solution, recommendation, and then implement
- **Internal validity**
 - The independent variable (the treatment) that caused a change in the dependent variable (the outcome)
- **External validity**
 - Results demonstrate that the sample is representative of the population and the results can be generalized to other populations

- **Inferential statistics:**
 - ***t* test:** assesses whether the means of two groups are statistically different from each other
 - **Analysis of variance (ANOVA):** tests the differences among three or more groups
 - **Pearson's *r* correlation:** tests the relationship between two variables
 - **Probability:** likelihood of an event occurring; lies between 0 and 1; an impossible event has a probability of 0 and a certain event has a probability of 1
 - ***p*-value:** also known as level of significance; describes the probability of a particular result occurring by chance alone (if $p = .01$, there is a 1% probability of obtaining a result by chance alone)

- Concept map
 - A diagram that illustrates the relationship between concepts

- Risk analysis
 - An ongoing process that should provide an organization with a detailed understanding of its risks and give information necessary to address those risks in a timely manner

- Failure Modes and Effects Analysis (FEMA)
 - A systematic and proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures in order to identify the parts of the process that are most in need of a change

- Forced field analysis
 - Evaluating the forces that are either driving movement towards a goal (helping forces) or blocking movement toward the goal (hindering forces)

In order to provide evidence-based care, nurse practitioners need to have access to current journals and articles. We ALWAYS want to provide evidence-based care!

Patient-centered

- PMHMP interventions follow evidence-based practice guidelines and are always patient goal-directed and consider the patient's ethnicity and culture

- Socio-cultural competence:
 - To understand and consider culture, economic and educational status, health literacy levels, family patterns, and situations and traditions (including alternative and folk remedies); communicate in language at the level that the client understands
 - If the question is a cultural question, choose an answer that includes **respect**
- A key part of the PMHNP's role is to use empirical evidence in educating their patients, the patient's family, and the community about mental health, psychiatric illness, and effective management of illness
- Patient-centered care involves establishing appropriate aftercare plans. Aftercare planning should start upon admission and includes behavioral management and support (family)
- **Patient Rights**
 - Confidentiality
 - Informed consent
 - **Least restrictive environment**
 - Consent given with the opportunity to withdraw it at any time
 - If an involuntary patient is still competent, they can refuse treatments

Health Policy

- Decisions, actions, and plans by a group, community, or organization to achieve specific healthcare goals developed through laws and regulations
 - Example: Health and Human Services (HHS) policy that determines what HHS is willing to expand to achieve the goal of one of its mandate projects
 - Example: Increase the proportion of people whose water systems have the recommended amount of fluoride
- The four components of health policy:
 - **Policy process**
 - Formation, implementation, and evaluation
 - **Policy reform**
 - Changes in program and practice

- **Policy environment**
 - Arena the process takes place in (government, media, public...)
- **Policy makers**
 - Key players and stakeholders
- For policy, you **first** want to **assess and address organizational barriers and facilitators** and **then meet with stakeholders afterwards...** (funding answers are usually wrong)
- To assess barriers and facilitators, the nurse practitioner should assess baseline knowledge, beliefs, and practices using a survey
 - This will allow for comparison with what is actually going on and how it fits within evidence-based practice

Just Culture

- A Just Culture seeks to create an environment that encourages individuals to report mistakes so that the precursors to the error can be better understood in order to fix systemic issues
 - In a Just Culture, individuals are continually learning, designing safe systems, and managing behavioral choices
 - Hold people accountable for their behaviors and investigate errors
 - “The Just Culture concept **establishes an organization-wide mindset that positively impacts the work environment and work outcomes in several ways.** The concept promotes a process where mistakes or errors do not result in automatic punishment, but rather a process to uncover the source of the error” (American Nurses Association, 2010)
 - “Just culture is a **safe haven that supports reporting.** In a just culture **environment, organizations are accountable for systems they design and analysis of the incident – not the individual... organizational accountability for the systems they've designed and employee accountability for the choices they make...** organization examines the system around the employee's behavioral choice and improves process designs when necessary to reduce risk... Just culture isn't a blame-free culture, rather a culture of balanced accountability. **Safe patient care outcomes include organizational system design and individual behavioral choices**” (Paradiso & Sweeney, 2019)

Core Competency

- The ability to practice nursing in order to meet the needs of a patient by using logical thinking and accurate nursing skills
- **A standard set of performance areas with corresponding behavioral standards which a nurse is required to demonstrate.** Competency: the necessary knowledge, skills and attitudes a nurse must possess in order to perform a set of defined activities to an expected standard

Reflective Practice

- Utilizing reflection as a model to systematically make sense of an experience
- Used to improve practice and link theory to practice
- Enhances critical thinking skills to problem solve and enhance clinical reasoning while improving the decision-making process
- The theory behind debriefing and providing a way for self-learning and teaching through reflective analysis, evaluation, critical thinking, observation, judgment, and communication skills

Conflict Resolution, Negotiation, Mediation, and Professional Civility

- **Conflict**
 - Discord, strife, contention, dissension, or condition marked by a lack of agreement or harmony; a feeling of incompatibility or when a person's needs or interests are not being meet
- **Conflict Resolution**
 - Directed by a neutral third party who facilitates a “win-win” situation for everyone involved in a conflict situation
- **Negotiation**
 - Discussion among two or more people with the goal of reaching an agreement and understand that compromise may be necessary
- **Mediation**
 - Voluntary and confidential process in which a third party facilitates discussion to intervene in a dispute to reach an agreement to overcome a conflict

- **Arbitration**

- Arbitration is a procedure in which a dispute is submitted, by agreement of the parties, to one or more conciliator makes a binding decision on the dispute

- **Professional Civility**

- Behavior that shows respect toward another person and makes that person feel valued, while contributing to mutual respect, effective communication, and team collaboration

Discovery Learning

- A theory that encourages learners to build on past experiences and knowledge, use their intuition, imagination, and creativity to search for new information and discover new facts, correlations, and truths
 - Introduced by Jerome Bruner
 - Inquiry-Based Instruction
 - Encourages learners to reflect on past experiences and knowledge while utilizing intuition, imagination and creativity, to discover new information, facts, and correlations
 - Includes five key principles:
 1. Problem Solving
 2. Learner Management
 3. Integration and Connection
 4. Information Analysis and Interpretation
 5. Failure and Feedback (“Discovery learning model,” 2012)

Problem Based Learning

- Problem-based learning (PBL) is a student-centered pedagogical approach that emphasizes active **learning through the exploration and resolution of real-world problems**. In PBL, students are presented with a complex and open-ended problem that requires critical thinking, problem-solving, and collaboration to resolve. The **problem serves as a starting point for learning, with students developing their own questions and hypotheses, and engaging in self-directed research and inquiry to develop a deep understanding of the problem and its underlying concepts**. PBL is often used in healthcare education, as it can help students develop clinical reasoning and decision-making skills that are critical for success in healthcare practice

Nursing Theories (Johnson & Vanderhoef, 2016, p.49)

- **Theory of Cultural Care** (Madeline Leininger)
 - AKA Transcultural Nursing Theory. It focuses on the idea that culture plays a significant role in healthcare and that nurses should understand and incorporate cultural beliefs, values, and practices into their care. According to this theory, **providing culturally congruent care improves health outcomes and patient satisfaction**. Leininger identified three essential nursing actions to achieve cultural congruence: **conducting a cultural assessment, using culturally appropriate interventions, and evaluating the effectiveness of care**

- **Theory of Self-Care** (Dorothy Orem)
 - AKA Self-Care Deficit Nursing Theory. The theory emphasizes the **importance of self-care in maintaining optimal health and well-being**. Individuals have a natural desire to care for themselves and, with proper education and support, can take responsibility for their own health. However, when individuals are unable to meet their own self-care needs, they may require assistance from healthcare providers. The theory emphasizes the importance of healthcare professionals in **identifying self-care deficits, providing education and support, and empowering individuals to take an active role in their own care**

- **Therapeutic Nurse–Client Relationship Theory or Interpersonal Theory** (Hildegard Peplau)
 - Explains the nature of the relationship that develops between a nurse and a client/patient in the course of care delivery
 - The relationship between a nurse and a client is a therapeutic one, and the primary goal of nursing is to provide care that is beneficial to the patient's health and well-being. The theory describes four stages of the nurse-client relationship
 - **Orientation** - establish trust, rapport, and mutual understanding
 - **Identification** - client recognizing and expressing their need for help or support
 - **Exploitation** - nurse helps the client to integrate new behaviors into their life and prepares them for termination of the relationship
 - **Resolution** - summarizing and evaluating the progress made towards achieving mutually agreed-upon goals, discussing any ongoing concerns, and planning for termination of the therapeutic relationship
 - In each stage, the nurse uses therapeutic communication and active listening to facilitate the patient's understanding of their health status, to promote health, and to prevent illness. The nurse also encourages the patient to take an active role in their care, which promotes empowerment and a sense of control

- **Caring Theory** (Jean Watson)
 - Importance of caring in the healing process and views nursing as a humanistic and holistic profession that seeks to promote health and well-being through interpersonal relationships and compassionate care
 - Carative factors guide the core of nursing
 - Carative factors are a set of actions that are intended to promote healing and enhance the well-being of patients. These factors include **forming a humanistic-altruistic value system, instilling faith and hope, cultivating sensitivity to self and others, developing a helping-trust relationship, promoting interpersonal teaching-learning, providing a supportive and protective environment, meeting human needs, and allowing for spiritual expression**

Congratulations! You did it. Good luck!!!

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