

2018 NCSBN Scientific Symposium - Practice: Panel Discussion Video
Transcript
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And they had to have it to get the license, so it was, you know, tied to their license. So they really could not practice without the collaborative agreement, and now they can. But unfortunately, the healthcare systems are going to do whatever suits them best. And, you know, as a regulator, I really can't have too much impact on that, but I think that nurse practitioners are going to have to deal with that issue.

- Great, thank you. Jeannie, if you were in South Dakota and you had the opportunity to advise facilities in South Dakota, what would your advice be to them or if you had kind of one golden ticket to eliminate a restriction on APRNs what would your advice be?

- [Jeannie] You know, I think this is a nationwide issue. I mean, I don't have the evidence, but I just I

If there's nobody to teach, how are we going to rectify this problem? And mental health is such an issue in this country. Globally, it's an issue. And what can we do? I mean, do we... - [Woman 1]

Raise their salaries.

- Exactly. But if you can't get anybody to teach it, how are our new nurses going to appreciate the fact that mental health is such a valuable component of the system if we can't find people to teach it? I don't know who's teaching it, but if you look at university employment opportunities, almost everybody's looking for mental health faculty. What can we do about that? I mean, I know I'm a little off target with that, but that's a problem.

It's a professional problem.

- Well, I was going to say that, you know, in 2017, we did sell our legislation to legislators on the premise that we could help relieve some of the shortage areas. And psych mental health is a huge shortage area in South Dakota. If you looked on that map, we're, like, very dark blue. The problem is we only have 36 psych mental health nurse practitioners in our state.

And so what's happening is that...and we have a family nurse practitioner program right now at our state university. That was the only nurse practitioner program in our state for quite some time. So these family nurse practitioners are graduating and they are getting jobs in psych-mental health areas which, you know, creates a little bit of a dilemma for us as regulators because we're trying hard to follow the consensus model.

And we only license people in their role and in their focus area. But then, you know, what happens is they take a job in another setting. And when we did our legislation, we put that transition to practice program into our legislation as a fig leaf. It's only 1,040 hours of collaborative practice, but we opened up the collaborators so that they could be more than physicians.

They can be nurse practitioners and nurse midwives. So the dilemma that we have is we get a...so for the first 1,040 hours, they have to have some kind of an agreement with a collaborator, and they're coming in as a family nurse practitioner with a collaborative agreement with a psychiatrist who's going to, you know, supervise. So what do you with that?

Do you tell that person, "Sorry, you're not a psych mental health NP, so you can't work in that area." We have taken the stance that we are not going to stop people from being employed because we don't know what their scope is going to be in that job, you know. And it's really my feeling that it's up to that nurse practitioner to be accountable for the care that they deliver and to practice within their scope, you know, no matter how they're licensed and certified.

So we've got a little bit of an issue. And we did deny a collaborative agreement for a family nurse practitioner with a psychiatrist. And the next thing you know I'm getting called from the legislators who are busy on their mental health task force saying, "All right, you came and you told us that these people could help to solve this problem, and now you're denying these collaborative agreements."

But we are running at six because it's a national issue. And all the students are sponsored by the government, okay. So they do the program free but nonetheless, running six is tough. So as regulator, because we are looking at how do we put them in their collaborative agreement, and how can they practice at the top of their license?

We are really exploring if they have Advanced Diploma that means after your RN, you do a specialty in mental health you do APN in Med Surg that gives you your clinical skills, your advanced skill but do not give you your advanced psychiatric skill.

And we will allow you to practice in a psychiatric setting for the fact that because most of psychiatric patients are aging and they have multiple medical conditions which is complex to deal with. And we hope that we train the meds as Med Surg and later on, give them a grad dip or postgraduate in mental health.

We don't know. We are exploring because the numbers to run mental health is tough. We have about 600 RN mental health, and it's difficult to find the right candidate to do the Master's program.

And of this group, how many of them are Masters or PhD-prepared? So we do have a teaching faculty issue and of course, candidate issue. I think we share similar ideas. But when we talk about collaborative agreement, we encourage our APN and our employers to ensure that because APN and nursing track very clearly the director of nursing or the nursing division has an ownership of this APN.

They have to groom and develop them as leaders. But we encourage collaborative with our medical colleague because day to day they work hand in hand, and it's required. And I must say that at this moment, we have wonderful relationship.

They are pushing the APN to do as much as they can. And we said, "No, no, no. They are on the nursing track. Please allow them to help the nurses to up their skills into advance level." They would really want them to do the other side of their job. Fortunately back in Singapore, we do not have Physician Assistant that is not in our arena, so we are safe.

- You are safe.

- We are trying to ask nurses to do their job, but we are very clear with our track. So we say, "No, it's APN. Nursing track."

- So I think we've been in a room for about an hour and a half and no one said the word "opioids." So I'm going to say it. So, Susan, we want to jump to a different crisis. You analyze many different informants across the country during your studies and certainly many of them brought up the opioid crisis. How is the opioid crisis affecting psych mental health Nurse Practitioner work?

Have the practitioners found that in this environment they are further restricted because of certain opioid-related issues or rather have they been empowered and given more opportunity to work and treat those types of patients?

- Well, this could be another session and hopefully, it will be in a couple of years because we have a grant with a colleague where we are actually looking at NPs. Some of you may be familiar with the waiver opportunity for Psych NPs to get waived to do medication and assisted treatment. -

[Woman 3] All NPs.

- All NPs to get medication-assisted treatment waivers and get the training. So we are looking at those data and doing some studies. So I think it's an unfortunate opportunity to bring the issue to state