In the near future, the American Nurses Credentialing Center will be discontinuing the psychiatric-mental health clinical nurse specialist (PMHCNS) certification, presenting a role-reflection opportunity for new and continuing clinical nurse specialists (CNSs). One important role well-suited to the CNS is consultation-liaison. Once popular, the psychiatric-liaison CNS role was designed to support staff in their work with patients and colleagues, both of whom may manifest challenging behaviors. The role also included CNS role modeling of psychiatric practice and interdisciplinary communication for care planning. Few hospitals have had the economic means to continue this role, and graduate nursing curricula have not promoted it.

When our medical center eliminated the consultation-liaison role, we noticed the frequency of medical staff nurses’ calls to varying psychiatric resources for suggestions and assistance. As CNSs working elsewhere in the medical center, we sought to bring psychiatric nursing to non-psychiatric nursing staff by creating a journal club venue to assist staff in acquiring mental health skills and knowledge specific to their patients. We also aimed to improve stress-related team dynamics.

THEORETICAL PERSPECTIVE

Applying psychiatric nursing principles to non-psychiatric settings is not new. The American Nurses Association (ANA, 2007) has recognized consultation as a psychiatric-mental health advanced practice nursing standard. Hildegard Peplau (1989) recognized the need for integration of psychiatric concepts into general nursing practice. She was instrumental in creating the CNS role that included advancing communication skills and teaching undergraduate nurses the tools for understanding human behavior in sickness and in health (ANA, 2007; Merritt & Procter, 2010; Peplau, 1989, 1991). Hence, we understand that nursing is caring for both the person and the illness.

From experience and theoretical underpinnings, we know that nurses practice optimally when they understand themselves in the context of their work with patients and one another. However, in busy medical-surgical work settings, nurses often do not have time to be self-reflective about the relational aspect of their work with patients and peers. Thus, we created a method for non-psychiatric nurses to address personal responses and clinical dilemmas in a supportive academic context.

THE JOURNAL CLUB VENUE

Nursing journal clubs were a familiar activity at our medical center. The term journal club was defined as meetings held at specific dates and times for nursing staff to critique articles and discuss clinical applications. As of 2007, 18 unit-based journal clubs were occurring. Meetings were generally 60 minutes, offered continuing education credits, held at shift change, and were repeated occasionally for other shifts. Thus, our venue...
was an accepted method for focusing on clinically important topics with possible future meetings.

THE PSYCHIATRIC NURSING JOURNAL CLUB

We announced the offering of this focused journal club in a nurse manager meeting. As the CNSs frequently called for consultation, we were familiar to these unit leaders. We outlined our objectives to expand knowledge of psychiatric principles, strengthen critique skills, stimulate discussion, provide support for interpersonal dialogue, and apply critical thinking to case examples. We took responsibility for the journal club presentation and offered one continuing education unit. Our goal was one journal club meeting per unit.

Nurse managers identified a challenging psychiatric or behavioral issue on their unit from their own observations or from staff input. The nurse manager’s leadership was required to contact us and arrange date, time, location, and coverage to maximize staff attendance. An article was selected by staff, nurse manager, or us, and the staff were expected to read and critique the article. We would present the article, initiate critique, invite discussion, and dialogue with staff about unit-specific applications.

Examples of Topics

One article, “Understanding Lateral Violence in Nursing” (Sheridan-Leos, 2008), was a literature review specifically addressing theories, origins, impact on patients, principles for remediation, and highlighted their own strategies that have worked well with specific patients. We asked many questions about the nurses’ unique practice. These nurses expressed appreciation for our curiosity and support, stimulation from reading the article, and enjoyment of interacting with each other and clinical experts in psychiatric nursing.

A medical-surgical unit chose the article “Risk Factors for Suicide in Patients with Schizophrenia” (Harkavy-Friedman, 2007). The topic selection came in the aftermath of a suicide on their unit by a patient with a diagnosis of schizophrenia. The event understandably triggered many questions about clinical care of patients with schizophrenia and suicide prevention. The discussion that followed the article review modeled the necessity of a team approach in assessing risk and providing safe care to this population. Risk factors, clinical interventions, and how the symptoms of schizophrenia may confound the clinical presentation were discussed at length. On an emotional level, the nurses continued to process feelings about the incident, including fear, frustration, regret, and sadness. The CNSs shared additional case examples and anecdotal data that stimulated more discussion of staff emotions. Staff expressed appreciation for psychiatric clinical nursing expertise and assistance with decreasing their feelings of isolation.

During the 1-year project, two of the six units requested and received a second review session. These requests came from nurse managers or staff through their nurse managers. Between seven and 15 staff attended, depending on the unit size. In total, 82 nursing staff attended these sessions and 52 completed evaluations.

In their written evaluations, nurses expressed appreciation for information about mental health symptoms and treatment approaches. Highlighting case examples and exploring clinical dilemmas were optimal methods for integrating the application of new knowledge. Nurses commented that our meetings promoted critical thinking, group discussion, and enhanced teamwork. They also confirmed in writing that our presence provided a safe environment for exploration, expression, and discussion of emotional concerns.

CONCLUSION

This project was intended as a pilot to determine staff interest, feasibility, and leadership support. Approximate full staff attendance occurred perhaps
because of nurse managers’ support. Also, the journal club sessions were conducted during shift change or usual staff meeting times. Gratified that the pilot project objectives were met, we hope staff will continue to practice tolerance of staff idiosyncrasies and reactions to psychiatric illness and mental health issues. Lastly, the project highlighted the importance and usefulness of the PMHCNS in medical-surgical settings. The creation of unit-based, mental health–related journal clubs in non-psychiatric settings seemed an excellent utilization of CNS expertise—creating a setting for teaching and supporting nursing staff in identifying patients’ needs, clarifying and separating their own reactions, and understanding the dynamics associated with their interactions. As the PMHCNS certification and role are phased out, we hope that those who remain keep the role of psychiatric consultation-liaison CNS alive. Will other roles and methods be created to meet staff needs? Will there be other nurses whose scope of practice includes bringing psychiatric-mental health nursing knowledge to non-psychiatric settings? The psychiatric journal club project was one way to show that caring for medical nursing staff expands their clinical expertise, enhances teamwork, and provides support in non-psychiatric settings.

REFERENCES

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