

Pediatric Nursing Certification Board

Pediatric Primary Care Mental Health Specialist (PMHS)



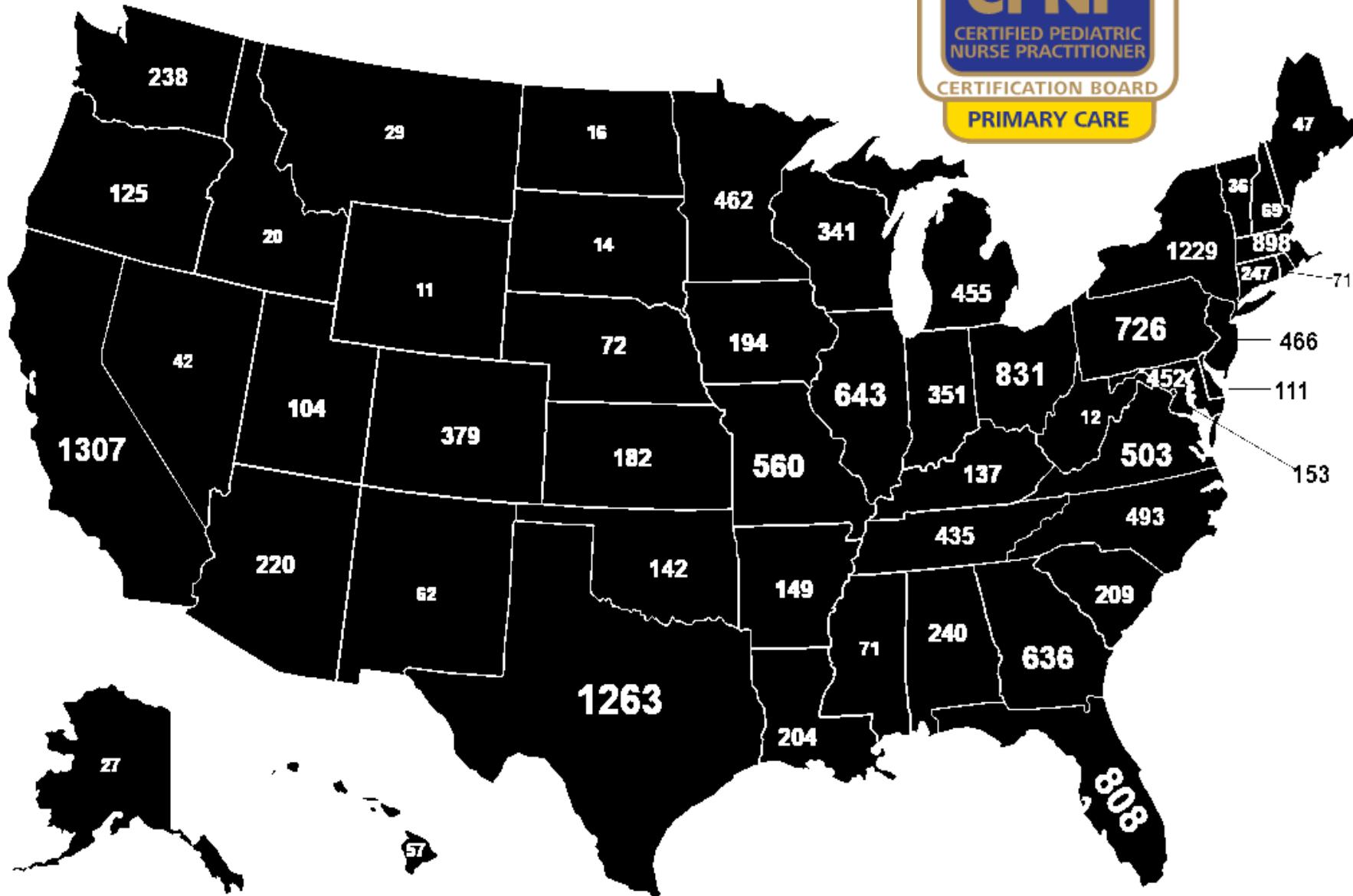
Adele Foerster, MSN, RN, CPNP
Chief Credentialing Officer



Who We Are

- Largest certification board for peds nursing in U.S.
- Exams are recognized and endorsed by: AAP, AFNP, NAPNAP, SPN, and all State Boards of Nursing
- **40,000+** actively hold at least 1 PNCB certification
 - Certify more than 95% of PNP
 - Offer the only exam for Acute Care PNP
 - **In 2011, launched the added specialty APRN exam to validate knowledge and competencies for provision of care related to common pediatric developmental / behavioral / mental health (DBMH) conditions**





CPNP-PC Exam Over Time

- The first nurse practitioners were pediatric NPs.
- PNCB's PNP exam launched in 1977.
- This exam has tested PNPs on essential job tasks related to common primary care DBMH conditions for at least 25 years.
- Behavioral / psychological concerns have ranked #4 or #5 in clinical content since 2008.

Entry Level Certification vs. Added Specialty Certification

Entry Level Certification for PNPs or FNPs	Added Specialty Certification for PMHSs
<p>Knowledge gained through:</p> <ul style="list-style-type: none">✓ masters or doctoral level academic program✓ clinical preceptorships	<p>Knowledge gained through:</p> <ul style="list-style-type: none">✓ on-the-job experiences✓ continuing education✓ collaboration & preceptorship✓ online courses

Describe the PMHS certification process

- Research: Initial role delineation followed by job task analysis every 3-5 years
 - Tasks essential to practice must meet criteria to be on exam content outline
 - Standard Setting to set the “cut point” or “passing point”
- Exam: secure, criterion referenced exam
 - every scored exam question backed by valid statistics
- Certification followed by recertification:
 - CPNP annually; PMHS every 3 years

From 2016 PMHS Job Task Analysis

- Majority of NPs who provide DBMH services in pediatric primary care:
 - Average 11.5 years of experience
 - Spend 80% of work time in clinical practice
 - Provide BMH services from 10 to 40+ hours per week
 - Provide services in these settings:
 - 55% primary care
 - 24% outpatient clinics or specialty practice
 - 11.5% psychiatric settings
 - 71% can prescribe Schedule II medications

“From which sources have you received education in pediatric developmental, behavioral, and mental health since graduation from your APRN program?”

	N	%
In person CE workshop or training	243	82.9%
On-the-job training	236	80.5%
Online CE course(s)	221	75.4%
Self-taught	159	54.3%
Academic course(s)	135	46.1%

“From which sources have you received education related to psychopharmacology since graduation from your APRN program?”

	N	%
In person CE workshop or training	237	81.2%
Online CE course(s)	224	76.7%
On-the-job training	199	68.2%
Self-taught	141	48.3%
Academic course(s)	95	32.5%

**State #s,
CPNP-PCs**

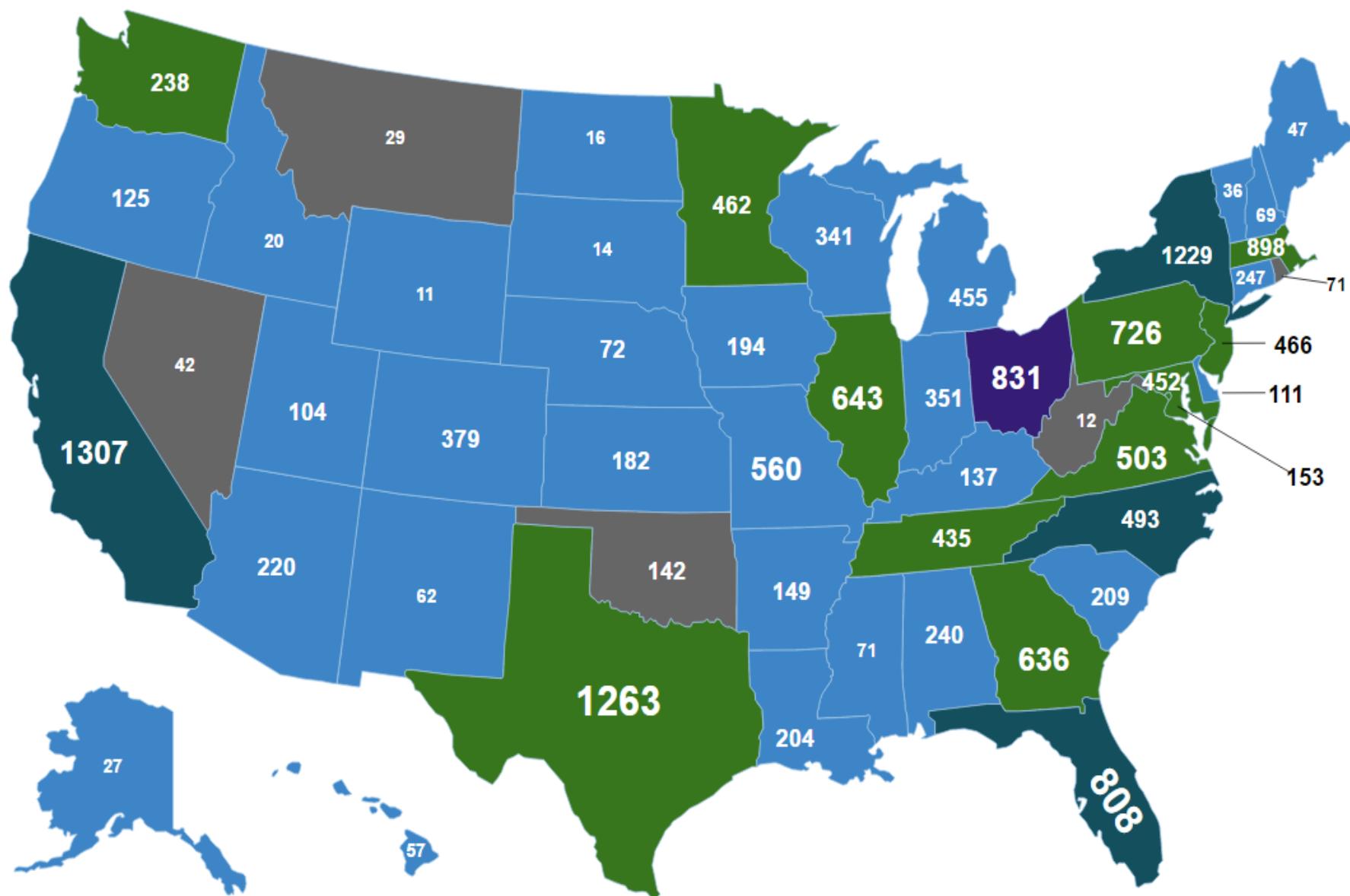
0 PMHSs

1-10 PMHSs

11-20 PMHSs

21-30 PMHSs

30+ PMHSs



One Story out of Philadelphia

- A CPNP-PC, PMHS in a hospital-based outpatient clinic found that children with depression, anxiety, panic disorder, PTSD, disordered eating, etc. often fell through the cracks, rarely getting the care needed.
- As part of her DNP project, she **challenged existing patterns** of outsourcing DBMH care and implemented Stosahl's PC BH model.

One Story out of Philadelphia

- As a PMHS, she fulfills the DBMH role, resulting in **faster access to care**, reassured families, and new interprofessional relationships with other providers in her community to support her patients.
- See her [full interview here](#).
- **She benefits the patient and the practice - functionally and financially**
- **Care is safe, timely, familiar, and cost-appropriate.**

Lever of Change for Improving the Healthcare Workforce

- Job task analysis research results *guide faculty*
 - More PNP faculty are adding focused DBMH content to curriculum and increasing opportunities for DBMH clinical rotations.
- For NPs already practicing, PMHS certification offers:
 - *Validation that the NP is qualified* by a national standard to evaluate and treat the most common primary care DBMH concerns
 - *Confidence and reassurance for NPs and the practice* to handle these concerns, thereby improving access
 - *Confidence and reassurance for families* that an expert is available to start help now