# Section 07 Teaching

## Introduction

Teaching is my declared area of excellence. Over the past seven years, I have integrated my teaching and scholarship in the areas of reflective practice, mindfulness, and appreciative inquiry. These approaches allow me to create a learning environment that is learner-centered, fosters critical thinking and clinical reasoning, and meets the needs of each student. My main concern is how to connect with and engage each learner to facilitate mindful practice. Students who develop an understanding of the importance of developing mindfulness and reflection employ this in their nursing practice as a bridge to higher level cognitive skills. Students learn to think mindfully, reflectively, and critically and they use these skills in their practice and scholarly projects. They are more open and curious, and avoid premature closure of thinking. In this way of being, they are able to integrate course content with clinical practice, and they have deepened self-awareness, and an improved ability to build respectful relationships with peers, teachers and patients.

I recently co-authored a book on reflective practice and engaged with faculty across the country seeking to implement transformative approaches to nursing education aimed at improving quality and safety. Deeper learning that incorporates the complex nature of practice is difficult for teachers and students to master without additional instruction. Although reflection is used by most nursing faculty, there are few models to guide reflective learning experiences. Reflection used in a systematic way to make sense of experience can be an avenue to improve outcomes of our work. The book is a resource for nurse educators in both academic and clinical settings as well as nurses seeking to advance their professional development.

My excellence in teaching has been recognized by my induction into the Indiana University Faculty Colloquium of Excellence in Teaching (FACET; 2007). In 2009, I received a Fulbright-Hays scholarship to develop educational partnerships with psychiatric mental-health faculty in Kenya. The following year I received the IUSON Deans Award for Partnerships and I have been further recognized by my discipline through an international diversity teaching award (2011) and two IUSON awards related to excellence in teaching diversity (2011). Most recently I was a recipient of the Indiana University Trustees Teaching Award and granted an Honorable Mention as Nurse Educator of the Year by the Indianapolis Star's Salute to Nursing (2012). I have been invited to give keynote addresses regionally and internationally related to my work in reflective practice and diversity. My course evaluations have consistently been strong, even while major changes/revisions have been made to the track. My peer evaluations, conducted by expert teachers (Appendix A) from within and outside the Indiana University system, have documented the creativity of my approach and the excellence of my teaching.

Although these accomplishments attest to my commitment and contributions to teaching excellence I am also committed to the development of my colleagues in nursing by working diligently within my school to mentor new faculty and to create growth experiences for faculty nationally and internationally. I am currently mentoring three psychiatric nursing faculty members at the IUSON. In summer 2012 I will co-facilitate two Reflective Practice Summer Institutes at the University of North Carolina-Chapel Hill for 28 faculty members from Thailand.

At the national level, my excellence in teaching led to my selection as a member of two national committees: 1) the Psychiatric Mental Health Nursing (PMHN) Scope and Standards of Practice National Review and Revision Task Force; and 2) the International Society of Psychiatric/Mental Health Nursing (ISPN)/American Psychiatric Nurses Association (APNA) Advanced Practice Registered Nurse (APRN) National Consensus and Licensure Accreditation Certification Education (LACE) Recommendations Committee. These working groups are revising the national standards for PMH Nursing and defining advanced nursing practice including a proposed regulatory model identifying advanced-practice titles, defining "specialty," and describing how new roles and population foci might develop. My participation in these groups ensures that Indiana has a national presence and voice in

the future direction of mental health care that builds recovery-oriented services, joins with consumers in crafting individualized wellness plans, and establishes service systems across the lifespan.

At the international level I served on a Reflective Practice Task Force for Sigma Theta Tau International resulting in a white paper (2005) and I contributed to the first International Textbook on Reflective Practice (2008). Since that time I was invited to present my work on reflective practice to an international colloquium convened in Brighton, England and I am an elected member to the board of directors of the International Society of Psychiatric-Mental Health Nurses and serve as Division Chair for the Society of Education and Research in Psychiatric Nursing (2011-2013).

These efforts are consistent with my philosophy of teaching. First, life-long learning is what reflective pedagogy is about. Reflective pedagogies are concerned with learning through everyday experiences with patients and aim to ensure desirable practice. These approaches are deliberative as well as intuitive and can take place during or after patient encounters. These approaches to teaching encourage patient-centered care, and they support collaboration and open communication, which foster a culture of safety. They also promote the development of self-awareness, interpersonal relationships, and leadership skills. These attributes of reflective pedagogies are responsive to the complexity of nurses' work and the continually changing dynamic of health care. They are innovative, flexible, and aligned with clinical practice in response to the profound changes in science, technology, and health care.

Second, there is a growing body of evidence related to the concept of reflection and its use as a pedagogical approach. Prior to nursing, philosophers introduced the idea of reflective education as a way to develop practice knowledge, autonomy, critical thinking, and open mindedness. Scholars who have contributed to the growing body of literature provide guidance on how to facilitate student learning through reflection. It is generally agreed that learning through reflection and reflective practice occur more readily when a framework is used, particularly in the beginning, as a way to guide learner thinking. As such, using reflective frameworks relevant to nursing practice and linked to specific outcomes demonstrates how to integrate learning in to contemporary didactic and clinical education. It involves students and faculty learner together through a facilitated approach.

The unparalleled changes in practice mandate transformation in how we educate and foster continued development of nurses. Technical and instrumental knowledge are not sufficient to understand practice in today's complex delivery settings. Although we learn to predict and control our environment through instrumental knowledge, such knowledge does not provide the full range of what is needed to manage the complexities of practice. There are other ways of knowing that help practitioners consider the social norms, traditions, and values underlying the culture in which we work. Reflection develops transformative learners who cultivate their emotional intelligence skills and apply a critical reasoning process that both questions actions and reassesses what is known. Reflection is a relevant pedagogy that can be applied to academic programs, clinical education, and self-managed learning.

In moving my work, forward I plan to expand my growth as a teacher into interprofessional learning environments. Reflective strategies support transformational learning among members of interprofessional teams. Appreciating and valuing disciplinary perspectives supports teamwork and collaboration as well as quality and safety in health care.

**<u>University Criteria</u>**

**7-1 Evidence of the quality of teaching and advising as evaluated by peers**

Since 2005, my teaching has been peer reviewed five times: three times by expert teachers from within the IUSON and two times by experts outside the school. Within the IUSON, Dr. Melinda Swenson (Professor and FACET member) reviewed my teaching in P515 Psychiatric Assessment and Dr. Sharon Sims (Professor and FACET member) reviewed my teaching in R610 Qualitative Research and P671 Advanced Practice Psychiatric Nursing I. From outside of the school, Dr. Donna Martsolf

(Professor at the University of Cincinnati) reviewed P558 Psychiatric Mental Health Advanced Practice Nursing across the Lifespan and Dr. Mary Moller (Professor at Yale University) reviewed the entire graduate Psychiatric/Mental Health Nursing program. Notably, these reviews span courses taught in both online (asynchronous) and classroom (face-to-face) formats. Consistently, reviewers acknowledge my way of relating to students and how my student-centered approach enhances learning and engagement in both classroom and online settings. Reviewers also note the ways I guide students to think more deeply through questioning and encouraging students to remain open to new ideas and other points of view. These reviews also reflect my openness to feedback and incorporating ideas for improvements to my courses based on peer and student review, and how I effectively use both evidence and practice-based approaches to pedagogy and inquiry. Copies of peer reviews can be found in Appendix A.

Further evidence of the quality of my teaching and advising is my appointment to FACET. For membership in FACET, expert teachers from the IUPUI campus and across the IU system conduct a review and select new colloquium members. To be selected, a faculty member must demonstrate: an on-going dedication to excellence in teaching, support of student learning, and assistance to colleagues; a commitment to his/her own continuing growth through reflection; willingness to advocate for the importance of teaching and learning; advancing the craft of teaching; and a commitment to continued involvement in teaching activities. Since being selected as a member of FACET in 2008 I have served as co-program chair; written letters of recommendation for two applicants; and presented at the annual retreat.

Within and outside the IUSON, I have been asked to provide six peer reviews of teaching while in rank. Also, because my colleagues see me as an expert in teaching, particularly in the area of psychiatric nursing, they frequently consult me to improve their teaching and/or advising of students at undergraduate, graduate, and doctoral levels.

**7-2 Evidence of quality of teaching, advising, or mentoring as evaluated by students**

Student evaluations of my teaching are an important measure of my effectiveness, and these evaluations of my instruction have consistently been positive. I have taught P558 in a distance accessible format since 2005. The course meets face-to-face on six occasions over the course of the semester and asynchronously online the remaining weeks of the semester. Originally taught every other year, due to a marked increase in number of students enrolled in the graduate psychiatric nursing program it has been taught yearly since spring 2009. Note: Since 2010 was the first year students were enrolled annually only 5 students were in this course and evaluations were not conducted by the IUSON due to the small class size. However, there has been a steady increase in enrollment each year since. Responding to national trends in psychiatric nursing practice, this course was significantly revised to include persons with mental illness across the lifespan in SP 2012. The following table documents student evaluations over time.

**Student Evaluations of Instructor: P558 Psychiatric Mental Health Advanced Practice Nursing Across the Lifespan- Quantitative Data**

| Term of Course<br>Student Enrollment | SP07<br>8 | SP09<br>11 | SP11<br>15 | SP12<br>22 |
|---|---|---|---|---|
| My professor provides opportunities for questions and discussion that challenge me to think | 4.71 | 4.50 | 4.71 | 4.64 |
| My professor uses various methods and activities that involve me in learning | 4.71 | 4.50 | 4.71 | 4.76 |
| My professor provides feedback that is helpful to my learning | 4.76 | 3.43 | 4.71 | 4.35 |

| | | | | |
|---|---|---|---|---|
| My professor holds students to high academic standards | 4.65 | 4.57 | 4.71 | 4.76 |
| My professor encourages respect for each others' ideas, opinions, and beliefs | 4.82 | 4.57 | 4.86 | 4.65 |
| **Mean Score** | **4.73** | **4.51** | **4.74** | **4.64** |
| **Standard Deviation** | **0.54** | **0.65** | **0.66** | **0.74** |

Student evaluations of my teaching in other courses, such as N504 Nursing Leadership (a course taken by graduate students from all tracks) and P671 Advanced Practice Psychiatric Nursing I (a psychiatric nursing clinical practicum), also speak to my effectiveness as a teacher.

**Student Evaluations of Instructor: N504 Nursing Leadership- Quantitative Data**

| Term of Course Student Enrollment | SU09<br>16 | SU10<br>13 | SU11<br>11 |
|---|---|---|---|
| My professor provides opportunities for questions and discussion that challenge me to think | 4.36 | 4.60 | 4.50 |
| My professor uses various methods and activities that involve me in learning | 4.00 | 4.40 | 4.67 |
| My professor provides feedback that is helpful to my learning | 3.82 | 4.20 | 4.33 |
| My professor holds students to high academic standards | 4.09 | 4.50 | 4.33 |
| My professor encourages respect for each others' ideas, opinions, and beliefs | 4.18 | 4.60 | 4.50 |
| **Mean score/Standard Deviation** | **4.09/1.22** | **4.46/0.79** | **4.47/0.68** |

**Student Evaluations of Instructor: P671 Advanced Practice Psychiatric Nursing I Clinical Practicum- Quantitative Data**

| Term of Course Student Enrollment | FA09<br>16 | FA10<br>6 | FA11<br>15 |
|---|---|---|---|
| My professor provides opportunities for questions and discussion that challenge me to think | 4.71 | 4.67 | 4.75 |
| My professor uses various methods and activities that involve me in learning | 4.57 | 5.00 | 4.63 |
| My professor provides feedback that is helpful to my learning | 4.29 | 5.00 | 4.63 |
| My professor holds students to high academic standards | 4.43 | 5.00 | 5.00 |
| My professor encourages respect for each others' ideas, opinions, and beliefs | 4.71 | 5.00 | 4.88 |
| **Mean score/Standard Deviation** | **4.54/0.85** | **4.93/0.24** | **4.78/0.42** |

Taken as a whole, evaluations show that students are quite satisfied with my course instruction. Students view me as a passionate and thoughtful teacher. My strengths are reported as "being flexible, open to new ideas, holding high expectations and encouraging thoughtful consideration and dialogue". The lowest average rating across these was in providing feedback. To improve my instruction, the nature of how I give feedback was explored in detail during fall 2011 in P671. This peer evaluation was conducted by Dr. Sharon Sims.

In reviewing P671, a clinical practicum course in the psych-mental health program, the initial dialogue regarding the online syllabus revealed that Reflection~Critique was the main emphasis. This course occurs near the end of the program, when, students are immersed in their clinical practice. Learning to reflect on that practice was the most crucial part of the course. All of the elements of good instruction according Shulman's Table of Learning were present in some degree or another, but reflection was the core. As Dr. Sims and I discussed the issue, it became clear that how I enacted reflection in my own teaching and role modeled this process in the form of feedback to students were at least as important as how I created reflective assignments for the students. Addressing this issue would be responsive to student evaluations and would provide an opportunity to ensure the most learning for this course.

The peer review process gave me the opportunity to think about what feedback means to me, the ways I like to receive feedback from others, and how I might translate this to the way I give and receive feedback to/from students. When we had this deeper conversation about feedback, it went beyond what instructional feedback I give to students to how I approach and present feedback as well as how I remain open to feedback from students. As a result of the student evaluations and peer review, I have instituted a brief weekly articulation of learning assignment where students provide a narrative (one-two paragraphs) in which they describe and examine their greatest clinical challenge of the week and I provide a reflective response. This provides an opportunity for students to further their skills in reflective practice and gives me the opportunity to facilitate deeper reflection through the weekly feedback.

**Qualitative comments**

Overall, the comments students make about my teaching and the courses I design are very positive. Comments about the strengths of my teaching focus on helping students to identify their own learning needs in order to expand their role as an advanced practice psychiatric nurse. Students describe how I help them to "actively listen" in order to broaden their thinking and understanding. They report being "more open to other perspectives" as a result of being in my courses. Students appreciate that I stimulate learning by using "different learning activities throughout the courses." Students describe me as "knowledgeable about psychiatric nursing and current on the changes within the specialty," and they report being "encouraged," that I "genuinely care about their understanding of subject matter" and "care" about them as a person as well as their "educational future." Numerous students have commented that I clearly "model what I teach" by being mindful and reflective in the classroom.

As an example of the foregoing, in a class session this past fall, pairs of students were scheduled to take turns role-playing nurse and patient. One of the students, whom I will call Steve, came to class late. He entered the classroom out of breath, apologetic, and flushed. After apologizing he sat down, set his personal belongings to the side, settled in, and began to observe two classmates. Approximately 20 minutes later it was Steve's turn to role-play with a classmate. I asked if he was OK to participate and he responded, "Yes, it's just been a rough morning."

During the role-play, Steve played the nurse and his classmate, "Sue", played the patient. Steve forgot both to introduce himself and to set the stage for the scenario for classmates who were observing (this was one of the criteria for the role-play). During the interaction, Steve's responses to his patient were short and at times confrontational. I recognized how the events of Steve's morning appeared to be influencing his interactions with Sue and noted, in my mind, both frustration and the opportunity to process how distraction can influence patient care with the class. After the role play, I demonstrated flexibility by choosing to frame the group process around how distraction influences our ability to be present with patients instead of focusing on my frustration and/or the content of Steve and Sue's interaction.

After the role-play ended, I began by asking Steve what the interaction was like for him. Steve responded, "It was hard because I had a bad morning. I'm sorry, I'm embarrassed." I responded, "This is something that will happen in everyone's nursing practice, and perhaps this is a good time to consider how personal issues or external factors can influence our ability to be present with patients."

My openness and recognition that we all make mistakes resulted in the students sharing times when they had been distracted and how it influenced their interaction with patients, or in being successful in didactic learning. The students engaged in a conversation about strategies they could employ in order to be fully present with their patients. I asked the students how they could have compassion for themselves and others when not being present and how they could take responsibility and ensure patient safety. One student recommended letting a colleague know you were having a bad day and may need assistance to promote patient safety. The group agreed that communicating their distraction to the person they were not present for and making amends would demonstrate responsibility and self-compassion, and would promote healing.

Not all comments on my teaching are positive. As the program continues to grow I am challenged to regularly connect with and "check in" with each student as I have in the past. As noted in my course evaluations above, the area where students recommend improvement is area feedback. This has become more challenging as the program gets larger. As such I used this as an area for peer review in fall 2011 (as noted above), and beginning in spring 2012 I began employing two new approaches. First, I am employing brief articulated learning assignments in clinical courses so I have a structure that helps me to respond to each student's greatest learning need in the moment. Second, in didactic courses, I am having students organize their discussions by threading forum contributions under specific topics versus asking one broad question. Students are then asked to respond to one another within their learning circles (which I have decreased to six to eight students) at least three times throughout the week. I have tried this for one semester and have noted deeper exploration of ideas and more critical contributions. The nature of feedback is an issue I will continue to explore in order to facilitate the breadth and depth of student learning. I am hoping to empower students to recognize their own and each other's learning needs and to communicate them to one another as well as have them receive regular instructional feedback.

Second, students in the graduate psychiatric nursing track continue to complain about the electronic charting system (Typhon) used to document their clinical hours. During spring semester 2011, I held a focus group for students to voice their concerns. Two major issues were identified: 1) the amount a time it takes to complete charting in Typhon (on top of the time they spend charting within the clinical setting's system); and 2) the overall layout of the system. The group was asked their recommendations for improvement. Students reported that if the required information recorded in Typhon was in the same order as the psychiatric assessments they could more readily enter the data. In the past the Typhon Group has been responsive to changes and faculty will be meeting with them to revise the order and format of data entry for next year. Next, the group identified the essential elements of the narrative portion of the data entry and we will develop a set of criteria to make these entries more concise. I will continue to work with students and the Typhon Group to decrease the burden of the technology so that it doesn't get in the way of students' learning or clinical experiences.

7-3 **Evidence of effective teaching through scholarship dissemination of knowledge about teaching, especially in peer-reviewed media**.

I have consistently disseminated my scholarship to foster excellence in teaching. Since 2005, I have published nine manuscripts in refereed journals. I have also written 11 book chapters, and edited a book focused on reflective practice and teaching. I have co-authored or contributed to four web-based, peer reviewed teaching modules (three available on the Quality and Safety Education for Nurses web site (www.qsen.org). In 2011, the QSEN website received over 14,000 hits per day. The three educational modules I authored/edited have been viewed by over 1,500 viewers and faculty members at Georgetown University have requested to use aspects of the modules with associate degree nursing programs. I served as co-editor of a special issue of the *Archives of Psychiatric Nursing* that focused on Quality and Safety Education for Nurses in the Specialty of Psychiatric/Mental Health Nursing. I also edited two international educational resource modules developed by the graduate psychiatric nursing students at IUSON for use with undergraduate nursing students at Moi University in Kenya. My work in

ranked journals has been cited 113 times (Google Scholar Citations) and 65 times in journals ranked by ISI.

**Teaching – Refereed (Data-based) – in rank only**

1. McNelis, A., Horton-Deutsch, S. & Friesth, B. (2012). Informatics in graduate psychiatric nursing education. *Archives of Psychiatric Nursing* (in press).

2. Horton-Deutsch, S., McNelis, A. & O' Haver Day, P. (2012). Balancing technology with face-to-face interaction: Navigating the path to psychiatric nursing education at a distance. *Journal of the American Psychiatric Nurses Association*, Jan-Feb.

3. Horton-Deutsch, S**.**, McNelis, A., & O' Haver Day, P. (2012). Developing a reflection-centered curriculum for graduate psychiatric nursing education. *Archives of Psychiatric Nursing* (in press).

4. Horton-Deutsch, S. & Sherwood, G. (2008). Reflection: An Educational Strategy to Develop Emotionally Competent Nurse Leaders. *Journal of Nursing Management*, 16, 946-954.

5. McNelis, A. & Horton-Deutsch, S. (2008, August/September). Access and creativity in psychiatric nursing education at a distance. *Journal of the American Psychiatric Nurses Association,* 14 (4), 319-321.

6. Moody, R., Horton-Deutsch, S. & Pesut, D. (2007). Appreciative inquiry for leading complex systems: Supporting the transformation of academic nursing culture. *Journal of Nursing Education,* 46 (7), 319-324.

7. Fonte, J. & Horton-Deutsch, S. (2005). Treating postpartum depression in immigrant Muslim women. *Journal of the American Psychiatric Nurses Association*, 11 (1), 39-43.

8. O'Haver Day, P, Horton-Deutsch, S, & Babin-Nelson, M. (2005). Reflection on developing a collaborative practice: Taking action to create a healing environment for practitioner and patient. *International Journal for Human Caring*, 9 (2), 69.13.

9. Horton-Deutsch, S, O'Haver Day, P & Babin-Nelson, M. (2005). Integrating insight and understanding with repetitive practices to promote lasting change. *International Journal of Human Caring,* 9 (2), 138.

**Teaching –Non-Referred (in rank only)**

1. Sherwood, G. & Horton-Deutsch, S. (2012). Turning vision into action: Reflection to build a spirit of inquiry. In G. Sherwood & S. Horton-Deutsch (Eds.). *Reflective Practice: Transforming Education and Improving Outcomes.* Indianapolis: Sigma Theta Tau International.

2. Lombard, K. & Horton-Deutsch, S. (2012). Creating space for reflection: The importance of presence in the teaching~learning process. In G. Sherwood & S. Horton-Deutsch (Eds.). *Reflective Practice: Transforming Education and Improving Outcomes.* Indianapolis: Sigma Theta Tau International.

3. Horton-Deutsch, S., Drew, B. & Beck-Coon, K. (2012). Mindful learners. In G. Sherwood & S. Horton-Deutsch (Eds*.). Reflective Practice Transforming Education and Improving Outcomes.* Indianapolis: Sigma Theta Tau International.

4. Horton-Deutsch, S. (2012). The learning of reflection and reflections on learning: Reflective pedagogies in action. In G. Sherwood & S. Horton-Deutsch (Eds.). *Reflective*

*Practice: Transforming Education and Improving Outcomes.* Indianapolis: Sigma Theta Tau International.

5. Horton-Deutsch, S. & Sherwood, G. (2012). Assessing and evaluating reflective learning in class and clinical contexts. In G. Sherwood & S. Horton-Deutsch (Eds.). *Reflective Practice: Transforming Education and Improving Outcomes.* Indianapolis: Sigma Theta Tau International.

6. Sherwood, G. & Horton-Deutsch, S. (2012). Attention to self as a nurse: Making sense of practice. In G. Sherwood & S. Horton-Deutsch (Eds.). *Reflective Practice: Transforming Education and Improving Outcomes.* Indianapolis: Sigma Theta Tau International.

7. Pesut, D., Sherwood, G. & Horton-Deutsch, S. (2012). Reflecting as a team: Issues to consider in interprofessional practice. In G. Sherwood & S. Horton-Deutsch (Eds.). *Reflective Practice: Transforming Education and Improving Outcomes*. Indianapolis: Sigma Theta Tau International.

8. Pesut, D., Horton-Deutsch, S. & Sherwood, G. (2012). Creating the future of nursing: Appreciation, Influence and control leadership. In G. Sherwood & S. Horton-Deutsch (Eds.). *Reflective Practice: Transforming Education and Improving Outcomes.* Indianapolis: Sigma Theta Tau International.

9. Sherwood, G. & Horton-Deutsch, S. (2008). Reflective practice: The route to transformative nursing leadership. In D. Freshwater, B. Taylor, & G. Sherwood (Eds.). *International Textbook of Reflective Practice in Nursing.* London: Blackwell/STTI.

10. Freshwater, D., Esterhuizen, P. & Horton-Deutsch, S. (2008). Reflective practice and therapeutic use of self. In D. Freshwater, B. Taylor, & G. Sherwood (Eds.). *International Textbook of Reflective Practice in Nursing.* London: Blackwell/STTI.

**11.** Horton-Deutsch, S. (2005). Psychosocial Care. In Urden L, Stacy K, & Lough M (Eds., 5th Edition). *Critical Care Nursing: Diagnosis and Management.* St. Louis: Mosby. Refereed and Invited.

**Books**

1. Sherwood, G. & Horton-Deutsch, S. (Eds.). (2012). *Reflective Practice: Transforming Education and Improving Outcomes*. Indianapolis: Sigma Theta Tau International.

**Web-based Teaching Strategies– Refereed** (3 available at http://www.qsen.org/view_strategies.php)

1. Cultivating a culture of justice in nursing education and healthcare. (2011). (Banerjee-Stevens, Horton-Deutsch**)**. QSEN, Author. http://www.qsen.org/user.php?ref=mod13

2. A taste of mindfulness: Implications for safety, self-care and empathy in nursing education. (2010).(Beck-Coon). QSEN, Contributor. http://www.qsen.org/user.php?ref=mod3

3. Teaching patient-centered care using narrative and reflective pedagogies. (2010). (Horton-Deutsch, Ironside). QSEN, Author. http://www.qsen.org/user.php?ref=mod6

4. Adolescent Dating Violence: Integrating Research Findings into Therapeutic Approaches to Treatment. (2010). (Draucker). IUPUI. Contributor. http://cm.nursing.iupui.edu/video/presentations/ClaireDraucker.asx

**7-4 Evidence that courses taught contribute to overall student learning outcomes specified by the unit and evidence that students have met or exceeded course or curricular objectives**

Since I began coordinating the psychiatric/mental health nursing track in 2005, it has undergone two revisions and recently transitioned from a clinical nurse specialist to a nurse practitioner program. IUSON Office of Evaluation data document that 88% of students have successfully completed the track and of those 100% have secured advanced nursing practice positions. Since 2007, the track has more than tripled in size and has transitioned from courses being taught on a two year to every year cycle. For example, in 2007 15 students were enrolled in the track and in spring 2012 the number had increased to 46. Fourteen students graduated in spring 2012 and another 22 are on schedule to graduate in spring 2013. Graduates are working in hospitals, community mental health centers, private practices, and universities.

In addition to burgeoning enrollment, further evidence of positive outcomes is the continued academic progression of graduates. Three students graduating from this psychiatric/mental health nursing track in the masters program have been accepted into the IUSON doctoral program. In addition, several students have participated in scholarly projects investigating phenomena related to psychiatric mental health, and one has continued involvement after graduation at the Indiana Women's Prison. In addition, two recent graduates had their scholarly projects accepted for presentation at the American Psychiatric Nurses Association, and one presented her work at the International Society of Psychiatric Mental Health Nurses annual conference.

**7-5 Evidence of undergraduate or graduate research and effective mentor relationship with students leading to documented learning outcomes**

As stated above, mentoring of graduate students has contributed to successful dissemination of scholarly work initiated as part of their program. Two graduate students (Johnston, Parrish) had a competitive presentation accepted at the American Psychiatric Nurses Association (APNA), and one recent graduate (Palmer) presented findings on transformation in education related to psychoneuropharmacology at the International Society of Psychiatric Mental Health Nurses (ISPN). Four recent graduates developed evidence-based online teaching modules that were peer reviewed and edited for psychiatric faculty to use with undergraduate nursing students at Moi University in the respective areas: reducing stigma and empowering those with mental illness (Hill, Delambo) and identifying and intervening with individuals with substance use disorders in a culturally sensitive manner (Palmer, Schroeder).

Ten recent undergraduates participated in a funded project by the Multidisciplinary Undergraduate Research Institute and evaluating data from the Indiana Nursing Assistance Program (ISNAP). Findings of their three scholarly research projects were published on the Indiana State Nurses Association website and included: Five High Risk Practice Areas for Nurses Enrolled in ISNAP (Beaman, Foughty, Schmalz,); Identifying High and Low Risk Practice Areas and Drugs of Choice of Chemically Dependent Nurses (Furstenberg, Cheong, Brill); and Substance Abuse among Nurses (Godfrey, Harmon, Roberts, Spurgeon). These reports are available at the Indiana State Nurses Association website. http://indiananurses.org/isnapsite/links.php

I also mentored one doctoral student (Lombard) who, after completing her dissertation, collaborated with me on a book chapter that built on her doctoral work entitled, "Creating space for reflection: The importance of presence in the teaching~learning process" published in *Reflective Practice: Transforming Education and Improving Outcomes.* This same student (Lombard) was selected for the Lee D. Fuller Doctoral Student Award, an award funded through the IUSON Department of Environments for Health. Another doctoral student for whom I serve as dissertation chair (Reimer) was the 2012 recipient of the Indiana League of Nursing Scholarship.

I also mentor a junior clinical faculty member (Schwindt) to establish scholarly projects related to teaching and/ or to disseminate results. Ms. Schwindt is designing a smoking cessation module for nursing students to use with mentally ill patients. The module will be pilot tested in the 2012-2013 academic year with graduate psychiatric nursing students in my program. Data from this study will then be analyzed and presented as Ms. Schwindt's doctoral nursing practice (DNP) project.

**7-6 Evidence of the nature and quality of course and curriculum development and implementation to enhance the quality, effectiveness and efficiency of teaching**

From 2008-2011, I served as PI on a Health Resources Services Administration (HRSA) Advanced Nursing Education grant for $712,000 to address the Bureau of Health Professions' National Goals of improving access and quality health care through appropriate recruitment and education of health professionals. This project focused on the outcomes of increasing the number, diversity and distribution of advanced practice psychiatric nurses in rural and underserved regions of Indiana by making advanced education available through the development of a distance-accessible program. The overall objective of this project was to significantly expand Master of Science in Psychiatric Mental Health Nursing programs at IUSON by developing completely distance-accessible psychiatric core courses resulting in graduates who are prepared to provide care to acutely and chronically mentally ill children and adults. The program was designed to increase access to advanced practice nursing education in Indiana and the surrounding Midwest region, as well as increase the quality of health care delivered to residents of these regions. Below is a brief summary of the project objectives and outcomes.

Objective 1: Identify, recruit, select, enroll, and graduate 12 qualified students per year, and increase the number of students from diverse (racial, ethnic, gender, and geographic) backgrounds who are prepared to address the mental health needs of rural and underserved populations each year (In Year 1: 2 of the 12 students will be minorities; Year 2: 3 of the 12 students; and Year 3: 4 of the 12 students). (BHPr Goals 1, 2; HP 2010)

Outcome 1: At the inception of funding we expanded course rotation from every other year to yearly. This, along with an expansion of our recruitment efforts has resulted in an enrollment that has more than doubled over the course of our 3-year project. From 2005-2008, we averaged 6 graduates per year. In spring 2011, we graduated 15 students. With our current enrollment we will continue to graduate an average of 15 students per year through 2015. In addition, the number of students from diverse backgrounds has increased from 10-32%.
Objective 2: Develop, implement, and evaluate a new distance-accessible program for students pursuing advanced practice psychiatric/mental health nursing education that results in increased numbers of advanced practice nurses in rural and underserved populations. (BHPr Goals 1, 2, 3, 4; HP 2010)
Outcome 2: Under my leadership, faculty have continuously developed, implemented, evaluated and revised the graduate psychiatric mental health nursing program over the course of funding. Details of these curricular innovations have resulted in the five publications and nine presentations listed below.

<u>Publications</u>

1. McNelis, A., & Horton-Deutsch, S. (2008, August/September). Access and creativity in psychiatric nursing education at a distance. *Journal of the American Psychiatric Nurses Association, 14 (4)*, 319-321.

2. Horton-Deutsch, S., & Sherwood, G. (2008). Reflection: An Educational Strategy to Develop Emotionally Competent Nurse Leaders. *Journal of Nursing Management, 16*, 946-954.

3. Horton-Deutsch, S., McNelis, A., & O' Haver Day, P. (2011). Balancing technology with face-to-face interaction: Navigating the path to psychiatric nursing education at a distance. *Journal of the*

*American Psychiatric Nurses Association* (in press).

4. Horton-Deutsch, S., McNelis, A., & O' Haver Day, P. (Submitted 2011). Development of a reflection-centered curriculum for graduate psychiatric nursing education. *Archives of Psychiatric Nursing.*

5. McNelis, A., Horton-Deutsch, S. & Pesut, D. (2011). Typhon/ Informatics article… Angie will you create a tentative title? (Accepted for publication in the Archives of Psychiatric Nursing)

Presentations

1. Horton-Deutsch, S., & McNelis, A.M. Keynote address: *Embracing New Pedagogical Strategies and the use of Technology in Advanced Practice Psychiatric/Mental Health Nursing Education.* 2008 International Society of Psychiatric-Mental Health Nurses Annual Conference. April 8-12, 2008.

2. McNelis, A.M., Horton-Deutsch, S., & O'Haver-Day, P. *Evaluation of the Process of Developing Cultural Competence in Faculty in a Psychiatric Mental Health Nursing Program.* 2009 International Society of Psychiatric-Mental Health Nurses Annual Conference. April 2, 2009.

3. Horton-Deutsch, S., McNelis, A.M., & O'Haver-Day, P*. Finding a Balance: Negotiated and Tailored Distance Accessible Graduate Education.* Sigma Theta Tau International Biennial Convention, Indianapolis, IN, October 31, 2009.

4. Horton-Deutsch, S., McNelis, A. & O'Haver Day, P. (2009, November). *Innovative Teaching Strategies and Community Partnerships that Build and Sustain Graduate Nursing Education.* Sigma Theta Tau International, Indianapolis, IN.

5. Ashburn-Nardo, L., Morris, K.A., McNelis, A.M., & Horton-Deutsch, S. *Multicultural Teaching and Learning Institute. Classroom Dynamics: Infusing Diversity into Teaching.* Multicultural Teaching and Learning Institute, Indiana University-Purdue University Indianapolis, February 11, 2010.

6. Horton-Deutsch, S., McNelis, A.M., & O'Haver-Day, P. *A Reflective-Centered Curriculum for Promoting Cultural Competency in Psychiatric Nursing.* 2010 International Society of Psychiatric-Mental Health Nurses Annual Conference, St. Louis, MO. April 17, 2010.

7. Horton-Deutsch, S., McNelis, A., & O'Haver Day, P. (2010, July). *Toward a Reflective Centered Curriculum for Graduate Psychiatric Nursing Education.* 16th Annual International Reflective Practice Conference, Brighton, England.

8. Johnston, L., Parrish, T., Horton-Deutsch, S., & McNelis, A. (2010, October). *A Case Exemplar of Nursing Consultation Promoting the Evolution of Graduate Education.* American Psychiatric Nurses Association 24th Annual Conference, Louisville, KY.

9. Horton-Deutsch, S., Lay, K., & McNelis, A.M. *An Interprofessional Approach to Education.* 23rd Annual FACET, Indianapolis, IN, May 21, 2011.

Objective 3: Develop, implement, and evaluate strategies that enhance the cultural competency and sensitivity of PMHCNS. (BHPr Goal 2; HP 2010)

Outcome 3:
One of the primary aims of the grant was for students to increase self-awareness and understanding of the importance of culture to providing quality health care by integrating cultural learning experiences throughout the program. These efforts were initially based on the work of Campinha-Bacote et al.

(2006) with HRSA's Centers for Excellence program on Transforming the Face of Health Professions through Cultural and Linguistic Competence Education. Students learned about cultural theories, frameworks, and assessments. They also completed cultural assessments in their clinical practicum experiences and explored issues related to culture through online forum discussions (McNelis & Horton-Deutsch, 2008). In their group therapy course, students were required to watch and respond to a film on racism. Issues such as fear, poverty, and privilege, and how these factors related to experiences with health care arose during discussions. From this learning activity, we recognized we were only scratching the surface of issues related to diversity in health care and needed to address social differences as well. Students were willing to engage in bold conversations but needed help knowing how to navigate ethnic and social encounters in the health care setting and educational environment. Though the materials we were using offered students a structure and framework to guide their clinical encounters and knowledge development related to diversity, we were not getting at core issues student were encountering. We determined that in order for students to know how to respond to stereotypical or discriminatory comments we needed to listen to their experiences and develop strategies for talking about and dismantling stigma and racism in health care and educational settings. This requires developing a space and means to carry out crucial conversations and a commitment to changing both the health care and nursing education environment. As recipients of the 2011 Rose Mays Excellence in Teaching Diversity Award, Drs. Horton-Deutsch and McNelis plan to work with Pharris and colleagues (2009) to examine the structural and relational changes needed to create a truly inclusive and safe learning environment.

Beginning in fall 2010, I began leading the transition process of converting the graduate psychiatric nursing track curriculum from the psychiatric-mental health clinical nurse specialist to that of the psychiatric-mental health nurse practitioner. This transition was initiated as a proactive response to two major national credentialing initiatives: 1) the 2008 publication of the APRN Consensus Model Governing Regulation of Advanced Practice Registered Nurses (Consensus Model) that becomes effective January 1, 2015; and, 2) the results of the American Psychiatric Nurses Association(APNA) task force to implement the Consensus Model (LACE), which included having only one title for the psychiatric advanced practice registered nurse (PMH-APRN) for the lifespan PMHNP instead of the four that currently exist [Adult PMH-CNS, Child/ Adolescent PMH-CNS, Adult PMH-NP, and Family PMH-NP]. I was present at the October, 2010 meeting of the APNA in which this recommendation was presented. This decision was timely given the November, 2011 letter from the American Nurses Credentialing Center announcing the retirement of all psychiatric-mental health certifications except the Family Psychiatric-Mental Health Nurse Practitioner.

I began working with a consultant, Dr. Mary Moller, who has a long history of advocacy through the American Psychiatric Nurses Association; serving as President of the APNA from 2009-2010 during which time we created the "LACE Implementation Task Force" to wrestle with the momentous changes impacting psychiatric nursing by the Consensus Model. During her three years on the APNA Board of Directors (2008-2011) she worked closely with representatives of the ANCC, CCNE, NLN-AC, and NCSBN regarding effects of the Consensus Model on advanced practice psychiatric nursing. She is also the Specialty Director for Psychiatric Nursing at the Yale University School of Nursing where she led a similar transition in their curriculum.

The psychiatric Nursing faculty and I worked closely with Dr. Moller to review materials to guide the change process that involved all levels of nursing regulation, from the University, to the State Board of Nursing to the federal credentialing agencies governing advanced practice nursing (CCNE and NONPF). I sought assistance according to published guidelines, including full adoption and incorporation of the Psychiatric-Mental Health Nursing competencies published by the National Organization of Nurse Practitioner Faculties. These competencies were a joint effort of the major psychiatric nursing organizations and first adopted in 2003. The faculty and I have reviewed all eight psychiatric core courses against the competencies and made course revisions throughout the curriculum as needed. Having just made major changes to the courses as part of the HRSA grant there were only two courses that required significant revision. While the IUSON is still working with ANCC for

final approval we have been told we are the first school in the country to put forth our proposal. Although this is rewarding it is also onerous; being trail blazers means we are scrutinized over every detail.

Converting from a CNS to NP program, it has required creating a transition course for students caught between the two curriculums. In December 2011, the faculty worked with me to create a transition course J692: Clinical Management Lifespan Psychiatric NP which our spring 2012 graduates took so they would be eligible to sit for the PMH NP certification examination in summer 2012. Student quantitative feedback on this course is in the table below.

**Student Evaluation of Course: J692 Clinical Management Lifespan Psychiatric NP -Quantitative Data**

| Term<br>Student Enrollment | SP12<br>12 |
|---|---|
| The written expectations for this course are clear. | 4.75 |
| This course provides an opportunity to learn from other students. | 4.92 |
| I can apply the information and skills learned in this course. | 5.00 |
| This course contributes significantly to my professional growth. | 4.83 |
| Course activities/assignments helped me achieve stated learning outcomes/expectations. | 4.92 |
| The use of technology in this course facilitated my overall learning | 4.92 |
| **Mean score**<br>**Standard Deviation** | **4.89**<br>**0.32** |

In summary, while there have been tremendous changes and ongoing transitions to the graduate psychiatric nursing track, graduation rates continue to be good and students are successfully securing clinical and education positions in mental health centers, hospitals, private practices, and schools of nursing throughout the state of Indiana, most prior to graduation. This is an indication that students are well prepared for their roles as advanced psychiatric nurses and that the quality of graduates is recognized by employers throughout the state.

**7-7 The number of student graduate committees the candidate has served on or chaired and the evidence of the quality of results**

While in rank, I have served on 11 doctoral student committees at IUSON for students respectively studying in nursing at IUSON (Robinson, Lombard, Reimer, Simpson, Beatty, Seo, Owens, Clark), in the Indiana University School of Social Work (Navarro), Psychology (Godfrey), and Rehabilitative Sciences (Swinford). I have chaired three of these. Since appointment one student for whom I served as dissertation chair and two for whom I served as a committee member have graduated and assumed faculty positions. Graduates are disseminating their work via publications and presentations (see Section 7, Criterion 5 for examples).

I have served as the Coordinator for the Graduate Psychiatric/Mental Health Nursing track in the master's program at IUSON since 2005. In this role I advise all students in the program and this number has increased from an average of 15 to 46. In addition, I am advising all Psychiatric Clinical Nurse Specialist (CNS) students returning for transition courses to be eligible to sit for PMH NP certification. As a result, there are currently 16 additional post-master's students requiring advisement, taking courses, completing GAP, and job analyses to meet requirements for certification.

**7-8 Local, regional, national, or international teaching, advising or mentoring awards**

In 2007 I was inducted into FACET, which demonstrates my excellence in teaching. I was also selected to be co-chair of the 2008 FACET retreat immediately following my induction. Since 2008 I have been chosen to present at the annual FACET retreat on two occasions. These recognitions by my peers are extremely rewarding. I enjoy working with colloquium members to advance excellence in teaching throughout the IU system.

In 2009, I was awarded an IUPUI Fulbright-Hays Scholarship, "Understanding Kenya through Partnership and Service: Focus on Curriculum Development." During my time at Moi University School of Nursing I worked with my psychiatric nursing counterpart, Mr. Richard Ogutu, to review the psychiatric/mental health nursing curriculum, identify and visit community partners to facilitate the development of new clinical practice sites, and meet with students to ascertain their experiences in the program. Upon return, I worked with graduate psychiatric nursing students to respond to the Moi faculty and student feedback, and we developed curricular materials of greatest need in the areas of stigma, psychosocial rehabilitation for the chronically mentally ill, and substance use disorders. Students and I also collected psychiatric nursing books, CDs, and manuscripts along with money donations. We sent two boxes of resource materials along with the curricular materials within six months of my return.

- Mental illness: Reduce stigma and promote empowerment. (2010). (DeLambo, Hill). Moi University, **Editor**.
- Identification and Intervention of substance use disorders: A culturally sensitive approach. (2010).(Palmer, Schroeder). Moi University, **Editor**.

In 2010, Dr. Angela McNelis and I received the Dean's Award for Partnerships for our work with the Indiana State Nurses Association. We worked with Ernest Klein, Director of the Indiana State Nurses Association, to coordinate the evaluation of their Indiana State Nurse Assistance Program (ISNAP). As part of this collaboration, undergraduate honor students as well as graduate psychiatric nursing students had the opportunity to work with a database of over 500 cases of nurses receiving drug and/or alcohol treatment. Undergraduate students worked with faculty and graduate students to examine data as part of their honor's research project. Graduate students worked in small groups on research questions and analyzed data from the database pertaining to these questions. As a part of their R590 Psychiatric Nursing Study Course, two graduate student groups worked on manuscripts and submitted them for publication at the end of fall semester 2009. Although neither manuscript was originally accepted for publication prior to the students' graduation, one was revised and resubmitted by the faculty coauthors and the other provided preliminary data identifying a need for focus groups. Faculty carried out the focus groups and both manuscripts were successfully published the following year.

- McNelis, A., Horton-Deutsch, S., O' Haver Day, P., Gavardinas, T., Outlaw, C., Palmer, R., & Schroeder, M. (2011). Identifying gender differences in substance use disorders. (Manuscript accepted for publication in *Perspectives in Psychiatric Care*).
- Horton-Deutsch, S., McNelis, A. & O' Haver Day, P. (2011). Enhancing mutual accountability to promote quality, safety and nurses' recovery from substance use disorders. *Archives of Psychiatric Nursing,* 25(6), 445-455.

In 2011, I received three diversity awards related to my work aimed at infusing cultural sensitivity, equity, and social justice content into reflective pedagogies within the graduate psychiatric nursing program. This work was recognized locally through the Rose Mays Excellence in Teaching Diversity Award and the Sequoia Award for Promoting Cultural Awareness through the Indiana University School of Nursing as well as internationally by the International Society for Psychiatric Mental Health Nurses (ISPN) through a Diversity Award. As the recipient of the later, I was asked to present a keynote address at the 2012 ISPN Annual Conference in Atlanta Georgia, March 29, 2012, "Cultivating a Culture of Justice in Psychiatric Nursing Education and Healthcare." Two other presentations on infusing diversity into education have been presented locally and internationally. In addition, these

works have been published in a refereed journal review article and an online, web-based teaching module.

- Horton-Deutsch, S., McNelis, A., & O' Haver Day, P. (2012). Developing a reflection-centered curriculum for graduate psychiatric nursing education. (in press-*Archives of Psychiatric Nursing,* available online December 2011).
- Cultivating a culture of justice in nursing education and healthcare. (2011). (Banerjee-Stevens, Horton-Deutsch). QSEN, Author. http://www.qsen.org/user.php?ref=mod13

In 2012, I received an honorable mention for Nurse Educator of the Year by the Indianapolis Star's Salute to Nursing. The 10th annual Salute to Nurses was held on April 25, 2012 and honored nurses and nurse educators from around the state who "provide selfless service and tireless dedication to the community." Nominated by four graduate psychiatric-mental health nursing students, I was described as "inspirational to all and someone who goes above and beyond in providing service to others." It was a tremendous honor to have students recognize my commitment to nursing education and advanced practice psychiatric-mental health nursing. Finally, in April 2012 I was also recognized as a recipient of the Trustees Teaching Award. The Indiana University Board of Trustees established this award to recognize outstanding teaching and to emphasize that student learning is a priority for the university. This award signifies the confidence my fellow faculty have in my abilities as nurse educator.

**7-9 Teaching or advising grants/contracts**

Since 2005, I have maintained consistent internal and/or external funding to support program development, pedagogical scholarship, and excellence in teaching totaling $739,114.

| | |
|---|---|
| 2005 | Jump Start into Online Course Development, Indiana University Office of Professional Development, PI ($5,000). |
| 2006 to 2007 | Development of an e-Portfolio for Online Education in Psychiatric Nursing, Sigma Theta Tau International Alpha Chapter, Indiana University, PI, ($2,500). |
| 2006 to 2007 | Assessment of Evaluation Strategies Based on Reflective Learning in Graduate Psychiatric Nursing Programs. Ethel Clark Fellowship, Indiana University School of Nursing. Co-PI, ($10,000). |
| 2006 to 2007 | Assessment of a Clinical Preceptor Course for Psychiatric Nursing Programs. IUPUI Program Review Assessment Committee (PRAC) Educational Assessment Grant, PI ($2,000). |
| 2006 to 2007 | Preparing Advanced Practice Psychiatric Mental Health Nurses through Online Education. SBC/IUPUI Fellowship Grant. Co-PI, ($7,500). |
| 2008 to 2011 | Distance Accessible Graduate Mental Health Education. Health Resources and Services Administration, Bureau of Health Professions, Advanced Nursing Education Program. PI, ($712,114). |

These projects were either completed in collaboration with other psychiatric nursing faculty and/or facilitated additional faculty funding that led to further transformation of the graduate psychiatric nursing track. For example, after completing the Jump Start Grant in 2005 I mentored Dr. Jan Gerkensmeyer and Sandra Wood in submitting similar applications in 2006 and 2007. Both grants were funded and led to transformation of two other courses within the psychiatric nursing track: P551 Advanced Practice Psychiatric Nursing-Child/Adolescent and P510 Psychoneuropharmacology.

These approaches reflect my commitment to advance psychiatric nursing education through clinical and didactic teaching that is relevant and constantly evolving by incorporating new technologies and infusing pedagogical approaches that facilitate student learning. They also reflect my commitment to working collaboratively with faculty to enhance the capacity for this work at IUSON and beyond.

Outcomes of these projects include the five publications listed below, 21 presentations (listed on pages 15-17 in CV) and both national and international service appointments (listed in Section 7-10 below).

- McNelis, A., Horton-Deutsch, S. & Friesth, B. (2012). Informatics in graduate psychiatric nursing education. *Archives of Psychiatric Nursing* (in press).
- Horton-Deutsch, S., McNelis, A., & O' Haver Day, P. (2012). Developing a reflection-centered curriculum for graduate psychiatric nursing education. *Archives of Psychiatric Nursing* (in press).
- Horton-Deutsch, S., McNelis, A. & O' Haver Day, P. (2012). Balancing technology with face-to-face interaction: Navigating the path to psychiatric nursing education at a distance. *Journal of the American Psychiatric Nurses Association,*14, 319-321.
- Horton-Deutsch, **S**. & Sherwood, G. (2008). Reflection: An Educational Strategy to Develop Emotionally Competent Nurse Leaders. *Journal of Nursing Management*, 16, 946-954.
- McNelis, A. & Horton-Deutsch, **S**. (2008, August/September). Access and creativity in psychiatric nursing education at a distance. *Journal of the American Psychiatric Nurses Association,* 14 (4), 319-321.

**7-10 Leadership roles in professional associations in organizing conferences, in presenting papers at conferences related to teaching**

**Leadership Positions** (while in rank)

| | |
|---|---|
| 2004 - 2006 | Reflective Practice Task Force, Member. Sigma Theta Tau International, Indianapolis, IN |
| 2005 - 2006 | Search and Screen Committee, Instructional Design and Development, Center for Teaching and Learning, Office of Professional Development, IUPUI, Indianapolis, IN |
| 2006 - 2008 | American Psychiatric Nurses Association, Treasurer, Indiana Chapter, Indianapolis, IN |
| 2007 - 2008 | International Society of Psychiatric Mental Health Nurses, Newsletter Editor, Madison, WI |
| 2009 - Present | International Society of Psychiatric Mental Health Nurses Diversity and Equity Committee, Member, Madison, WI |
| 2010 - 2011 | Indiana State Nurses Association Legislative Task Force, Member, Indianapolis, IN |
| 2011 - 2012 | National Licensure, Accreditation, Certification and Education Committee (LACE) for Advanced Practice Nurses, Member, Washington, DC |
| 2011 - 2012 | Scope and Standards of Psychiatric Mental Health Nursing Practice, National Review and Revision Task Force, Member, Washington, DC |
| 2011 - Present | Academic Model for Providing Access to Healthcare's (AMPATH) North American Mental Health Group, Member, Brown University, Providence, RI |
| 2011 - Present | Interprofessional Education and Quality and Safety Task Force, Member. IUPUI, Indianapolis, IN |
| 2011 - Present | Program Assessment Committee (PRAC), Member. IUPUI, Indianapolis, IN |
| 2011 – 2013 | Board of Directors, International Society of Psychiatric Mental Health Nurses, Madison, WI |
| 2011 – 2013 | Division Director, Society of Education and Research in Psychiatric Mental Health Nurses (SERPN), International Society of Psychiatric Mental Health Nurses, Madison, WI |

In addition to these leadership activities, while in rank I have also been actively involved with planning conferences and institutes nationally and internationally.

**Conference/Institute Planning Activities** (in rank)

- *Celebrating our Past, Envisioning Our Future.* (2007-2008). Conference Planning Co-Chair, Faculty Colloquium for Excellence in Teaching (FACET). French Lick, Indiana.
- *The Art, Science, and Diversity of Psychiatric Nursing.* (2010-2011). International Society of Psychiatric Mental Health Nurses. Conference Planning Committee Member. Tucson, AR.
- *Reflective Practice: Transforming Education and Improving Outcomes.* (July-August, 2012). Summer Institute developed for 28 Thai Nursing Faculty. Institute co-director and faculty, University of North Carolina Chapel Hill. Session 1: July 16-August 3 and Session 11: August 6-24. Chapel Hill, North Carolina.

**Presentations related to teaching:**

While in rank I have given the following presentations:

- International: 2 keynote addresses and 10 papers, workshops or other sessions.
- National: 7 papers, workshops or other sessions (7 refereed).
- Regional/ local: 1 keynote address and 10 workshops or other sessions (2 refereed).

Thus, while in rank I have given 3 keynote addresses and 27 papers, workshops, or plenary sessions (see C.V., pp. 15 – 17 for details).

Audiences vary by the type of presentation, keynote audiences have ranged from 80 to more than 300, plenary sessions for the International Society of Psychiatric Mental Health Nurses average around 50, and audiences at individual schools have ranged from 15 to 60. The types of presentations also vary. Common topics include how faculty can use reflective pedagogies in their courses, how faculty can transform nursing education, and how identified quality and safety competencies can be better achieved through the use of reflective pedagogies.

**7-11 Information on teaching load of the candidate**

Due to administrative responsibilities as Coordinator for the Graduate Psychiatric-Mental Health Nursing Track (25%) and the level of grant funding I have maintained (25 – 50%), I typically teach one to two course(s)/semester. Since 2009 I have taught courses during summer sessions. I have developed two new courses (P558: Clinical Management Lifespan Psychiatric NP and P652: Substance Use and Co-Occurring Disorders) outside my calculated teaching load, and I have substantially reviewed and made revisions to the entire psychiatric-mental health nursing track. I have given guest lectures in both undergraduate and graduate courses at IUSON. This workload is consistent within my department (Environments for Health) and the IUSON. Class size in regularly scheduled graduate courses ranges from 6 to 35 students. In addition, I have served on 14 doctoral committees (three as chair) while in rank, and have advised up to 46 master's students while coordinating the psychiatric-mental health nursing track.

**Indiana University School of Nursing**, **Indianapolis, IN**

| Course Title | Type | Identifier | Term | # of Students |
|---|---|---|---|---|
| P558 Advanced Practice Psychiatric Mental Health Nursing | 2DID 1CL | Online/VIC | SP12 | 22 |
| P671 Advanced Practice Psych/Mental Hlth-I | 1DID 2CL | Online/VIC | FA11 | 15 |
| N504 Nursing Leadership | 3DID | Online | SU11 | 11 |
| P672 Advanced Practice Psych/Mental Hlth II* | 1DID 2CL | Online/VIC | SP11 | 5 |
| P558 Advanced Psychiatric Nursing Mental Health Nursing | 2DID 1CL | Online/VIC | SP11 | 15 |
| N504 Nursing Leadership | 3DID | Online | SU10 | 13 |

| | | | | |
|---|---|---|---|---|
| P558 Advanced Psychiatric Nursing Mental Health Nursing | 2DID 1CL | | SP10 | 5 |
| P672 Advanced Practice Psych/Mental Hlth II* | 1DID 2 CL | Online/VIC | SPR10 | 16 |
| P671 Advanced Practice Psych/Mental Hlth-I | 1DID 2 CL | Online/VIC | FA10 | 6 |
| P671 Advanced Practice Psych/Mental Hlth-I | 1DID 2 CL | Online | FA09 | 16 |
| N504 Nursing Leadership | 3DID | Online | SU09 | 16 |
| P558 Psychiatric Nursing Theory and Intervention | 2DID 1CL | Online/VIC | SP09 | 11 |
| P515 Psychiatric Assessment | 1DID 2CL | Online/VIC | FA08 | 16 |
| P672 Advanced Practice Psych/Mental Hlth-II | 1DID 2CL | Online/VIC | SPR08 | 12 |
| N504 Nursing Leadership | 3DID | Online | SPR08 | 30 |
| P671 Advanced Practice Psych/Mental Hlth-I | 1 ID 2 CL | Online/VIC | FA07 | 12 |
| R610 Qualitative Research | 3DID | Online/VIC | FA07 | 15 |
| N504 Nursing Leadership | 3DID | Online | FA07 | 24 |
| N532 Advanced Nursing Practice Roles | 3DID | Online | SPR07 | 35 |
| P558 Psychiatric Nursing Theory and Intervention | 2DID 1CL | Online/VIC | SPR07 | 8 |
| N532 Advanced Nursing Practice Roles | 3DID | Online | SPR06 | 33 |

**Guest Lectures -- IUSON**

B231 /Nursing Communication (2012)
Y535 / Family Health (2007-2011)
C556 Advanced Nursing Management of the Pediatric Client (2011)

**7-12 Using technology, distributed education, problem-based learning, community-based learning, international videoconferencing, or other new techniques and tools to enhance student learning**

In my work as coordinator of the graduate psychiatric-mental health nursing track I have overseen two significant revisions to this graduate nursing program. The first was formally initiated in 2008 upon receipt of funding from the Health Resources Services Administration Grant ($712,144) aimed at increasing the number, diversity, and distribution of advanced practice psychiatric-mental health nurses in rural and underserved regions of Indiana by making advanced education available through the development of a distance-accessible program. Through the VICOPS system students were able to attend classes from any of the 8 IU campuses. Other initiatives had begun two years prior through small grants such as the use of e-Portfolio and an online preceptor training module, and in combination these forms of technology have enabled us to reach students and their preceptors across the state as well as adjacent states and resulted in tripling the size of our program.

Since 2008 student feedback has been positive regarding the use of technology. We have aimed to balance the core psychiatric-mental health nursing courses with 2/3 asynchronous online learning and 1/3 face-to-face learning through students attendance at the IUPUI campus or through VICOPS from a distant campus. Students value the convenience of online learning through readings, forum

discussions, videos, and reflective assignments. They also appreciate face-to-face classes that provide opportunities for alternative learning assessments such as role-play and in-depth dialogue.

An example of the foregoing relates to my recognition that to increase students' self-awareness and understanding of the importance of culture to providing quality health care, there was a need to bring them together in order to engage in in-depth dialogue. Therefore, initially students learn about cultural theories, frameworks, and assessments through readings and online learning activities and forum discussions. They also complete cultural assessments in their clinical practicum experiences and explore issues related to culture with their preceptors. However, by bringing students together to watch and respond to a film on racism, issues such as fear, poverty, and privilege and how these factors relate to experiences within health care are further explored. Students share their own experiences with racism and students from the dominant culture develop a deeper understanding of what it is like to be a minority member of our community. As health care providers, students were willing to engage in bold conversations but needed help knowing how to navigate ethnic and social encounters in the health care setting and educational environment. Though the materials initially used offered students a structure and framework to guide their clinical encounters and knowledge development related to diversity, faculty were not getting at core issues students were encountering. In order for students to know how to respond to stereotyping or discriminatory comments they must first get in touch with their own experiences as well as those of others. Face-to-face encounters where faculty listen to experiences and develop strategies for talking about and dismantling stigma and racism in health care and educational settings facilitates this process. Providing a safe space and means to carry out these crucial conversations is required to develop advanced practice nurses who commit to changing both the health care and nursing education environment.

Two manuscripts have been published and document our experiences with the use of technology. Not all innovations are adopted over time. For example, an online preceptor training manual was deemed too time consuming for the preceptors. As a result, we condensed the manual, and now have students complete the shortened version with their preceptor as part of orientation at the beginning of the semester.

- Horton-Deutsch**,** S., McNelis, A. & O' Haver Day, P. (2012). Balancing technology with face-to-face interaction: Navigating the path to psychiatric nursing education at a distance. *Journal of the American Psychiatric Nurses Association*, 18(3), 193-196.
- McNelis, A. & Horton-Deutsch, S. (2008). Access and creativity in psychiatric nursing education at a distance. Journal *of the American Psychiatric Nurses Association*, 14 (4), 319-321.

Beginning fall 2011 the IUSON began piloting MOVI which allows distance students to attend courses from their home computers. The graduate psychiatric-mental health nursing students were invited to be part of this pilot and responded positively. As a result, students are no longer required to attend face-to-face classes on one of IU's eight campuses. This has received additional positive remarks from students such as "learning is efficient and time saving." As coordinator of this track I am committed to continue to pilot new technologies and to retain those that are efficient, effective and enhance student learning.

### 7-13 Interdisciplinary work

While in rank, I have substantially increased my involvement with interdisciplinary colleagues. Since 2010 I have been working with colleagues in nursing and social work to lay a foundation for interprofessional education. As result, in the spring of 2012 I was selected to participate in an Indiana University 3-Day Course for Health Professionals, Educators and Leaders on *Advancing the Future of Health through Interprofessional Learning*. This workshop further informed a budding partnership between the graduate psychiatric-mental health nursing social work programs at Indiana University that formally began is summer 2012.

As background, the need for collaboration is acutely evident in the area of mental health. Mental illness comprises the greatest burden of illness worldwide. Although mental health is fundamental to overall health, productivity, and longevity there is lack of access to mental health services nationally. Mental health is a collaborative field requiring a high level of communication and cooperation among disciplines (such as medicine, nursing, social work, psychology). This workshop setting for communication and relationships enables health care providers to utilize information from the social sciences, sociology, and psychology in their delivery of care.

Because the lack of access to mental health services is so dangerous, beginning in fall 2010 colleagues in the Schools of Nursing and Social Work began to discuss ways be to improve efficiency/effectiveness in our work. We recognized that understanding and maximizing the strengths and scope of practice that each health care provider brings to the environment is critical to improving the efficiency of care delivered. With the goal of creating interprofessional teams, whose roles and accountabilities are clearly delineated, we envisioned reducing overlap, improving communication, and promoting shared decision-making. In order to build these teams we began to identify intentional and directed educational interactions among students. As a result, we are beginning to transform our programs to prepare advanced practice psychiatric nurses and social workers to develop solutions to social and mental health problems through education, action research, and practice partnerships. These ideas were first presented in an open forum where we obtained feedback from peers at the 23rd Annual Faculty Colloquium for Excellence in Teaching Annual Retreat (FACET) in May 2011 (see CV page 15).

Integrating this feedback, in summer and fall 2011, Drs. McNelis (IUSON) and Lay (IUSWK) and I began by developing a course, NU P652: Interprofessional Approaches to the Treatment of Substance Use and Co-Occurring Psychiatric Disorders (cross-listed as SWK S600). The course was officially approved in spring 2012 and is being taught for the first time by Dr. Lay and myself in summer 2012. A total of 30 students (14 nursing, 16 social work) are exploring knowledge, skills, and attitudes relevant to interprofessional approaches to the treatment of substance use and co-occurring psychiatric disorders. The course addresses prevention, intervention, and treatments of these disorders with diverse populations across the lifespan through active participation and course projects, and students engage in interprofessional learning activities that involve collaboration and evaluation of the professional practice roles within treatment settings.

Beginning in fall 2012, after the graduate psychiatric-mental nursing and social work students complete the course “Interprofessional Approaches to the Treatment of Substance Use and Co-Occurring Psychiatric Disorders,” we will guide the identification and development of interprofessional clinical activities and action research projects in collaboration with community agencies that reinforce didactic learning, and we will build interprofessional clinical competency, and collaboration with community partners. Evaluation of project outcomes, including the effectiveness of services for persons experiencing substance use and/or psychiatric disorders, will be completed.

Although our partnership is at an early stage we are committed to implement this interprofessional education (IPE) pilot over a three-year time period (2012-2015). At the end of three years, a minimum of 75 graduate psychiatric nursing and social work students will have participated in IPE coursework, clinical practicum, and action research projects with community partnerships. These “new” health care workers will have the knowledge, skills, and attitudes that reflect the strengths of interprofessional teamwork and collaboration to improve quality and safety in patient care.

This project also has the potential to facilitate the development of an IPE model that can serve as a framework for other professions attempting to collaborate. Moreover, it could be adopted by other universities across the state and country as a template for developing curricula and partnerships across disciplines and institutions.

## 7-14 Retention

Because my teaching responsibilities are solely at the graduate level, I have not participated directly in the campus initiatives to improve the retention of undergraduate students. Indirectly, however, I have participated in this discussion through my work on the Faculty Affairs Committee (IUPUI). This interdisciplinary committee studied current initiatives and climate of the university, and it developed a new honor code during 2011-2012. The new document is written more practically with much of the legalese removed. It focuses relatively more on mutual accountability and responsibility for faculty and students alike. The emphasis on mutual accountability outlines the university's expectations by encouraging faculty to role model the behaviors expected of students. This approach more effectively prepares students for future professional/workforce environments.

Retention has not been a problem in the graduate psychiatric nursing track at the IUSON. Numbers have trended upward over the past four years and continue to do so. Much of this has to do with the vast unmet mental health needs of citizens of our state and the lack of service providers to meet these unmet needs. As a result, practicing psychiatric nurses are returning to graduate school and advanced practice nurses from other specialties are returning to school to learn how to treat co-occurring mental disorders. Historically, post-masters students represented approximately 20% of our track enrollment. Currently, over 50% of our graduate students are Family, Adult or Pediatric Nurse Practitioners returning for a post-master's certificate in order to acquire the knowledge and skills needed to treat unmet mental health needs in our state.

Because retention is a vital and multifaceted issue in nursing, I proactively address it in my teaching. For example, it is well known that professional care givers, including nurses, struggle with balancing their self-care needs with the demands of the workplace and find it difficult to schedule time for restorative practices that can help manage stress. Mindfulness, a form of self- care, involves the use of systematic and routine approaches to promote one's physical, spiritual, and emotional well-being. Self-care behaviors include appropriate health screenings, physical activity, spiritual growth, proper nutrition, satisfying interpersonal relationships, meaningful work and stress management. As a teacher, I reinforce these practices with students and emphasize their importance not only for patients but when caring for oneself. By deliberately introducing mind-body self-care strategies through curricula I am able to cultivate a more mindful way of being that is associated with less emotional distress, more positive states of mind, and improved interactions. Caring teacher-student relationships that value mind-body-self care promote a successful nursing program that evolves into a professional practice in which restorative practices can be sustained. The importance of addressing self care in nursing was presented to the Indiana University Alumni Association Program in May 2011 and has been published in my co-edited book, "Reflective Practice: Transforming Education and Improving Outcomes (see CV pages 15 and 24).