

## **Sigma's 30th International Nursing Research Congress**

### **Implementation of the Dual-Certified Advanced Nurse Practitioner Ten-Step Brief Psychosocial Interventions in Primary Care**

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Dual-Certified Advanced Nurse Practitioners can use formal quality and productivity programs to implement brief psychosocial interventions to improve provider-patient interactions in Primary Care. Using psychotherapeutic communication is known to reduce provider frustration and energy expenditure while improving quality of care. The Dual-Certified Advanced Nurse Practitioner, is in a unique position to design and implement a quality improvement processes of psychosocial interventions on an organizational level. A common verbalized goal in Primary Care office is to see more patients quickly, however, patients do not feel their needs are met when providers are rushed. The Primary Care visit is hard pressed to reach its therapeutic potential due to fast-paced schedules. Patients benefit from listening and caring interventions. A 10 step proposal for using brief psychosocial techniques in the Primary Care office visit will demonstrate enhancement of purposeful communication, patient education, and provider-patient relationships.

Social constructionist theories recommend brief psychotherapeutic interventions which focus on present issues to transform negative behaviors. Emotional distress plays a prominent role in patient health concerns. Diagnoses could be more accurate, treatment intervention more effective, recovery quicker, quality of life more complete, and patient satisfaction more likely using the 10 step process demonstrated using therapeutic communication. Short verbal exchanges of brief psychosocial interventions can benefit patient-provider interactions by bringing about purposeful, deliberate communication which promotes comfort and healing.

Provider interviews using brief psychosocial interventions for patients with emotional distress has been studied using Advanced Practice Nurses in the Primary Care Setting since the 1980's. For this presentation, interventions include building rapport and trust, active listening, giving the patient time to express himself/herself without interruption, restating what patient verbalizes for clarification, providing support which includes witness to patient's suffering, promotion of positive goal direction, providing explanation of illness, and patient education. Providers in the past may have used the above psychotherapy components in part or in full, however, they are now being called upon to use all these components and to document their use for quality clinical patient-provider interaction.

The validity and usefulness of psychosocial interventions is based on neurological adaptive information processing and research. This research supports mental health problems as well as physical disorders due to a dysregulation in the connection of neural networks. The dysregulation often occurs in response to adverse life experiences, illness, and trauma. Once psychosocial interventions are used, dysregulation is reduced. One key task for brief psychosocial intervention is supporting patients to identify their internal competencies, skills, and resources. With provider prompting, immediate support systems and social networks including family, friends, faith groups, and informal or formal support groups can be discovered. Problem-free areas for patients tend to generate the most resources and can give Advanced Nurse Practitioners ideas for treatment. Observation and discovery of the patients natural resources gives the provider a means to direct patient achievement of health goals. An explanation of the 10 step process and the rationale for each step will be discussed.

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**Title:**

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### Keywords:

Brief Psychosocial Interventions, Dual Certified Advanced Nurse Practitioners and Primary Care

### References:

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### **Abstract Summary:**

Dual Certified Advanced Practice Nurses incorporate brief psychosocial interventions in Primary Care visits to promote purposeful time management, reduce patient and provider frustration, and streamline interactions. Providing disease education and treatment expectations is highly associated with promotion of healing, increased self-efficacy, and reduction of patient concerns in Primary Care.

### **Content Outline:**

Introducing of Brief Psychosocial Communication to Primary Care Visits by the Dual Certified Advanced Practice Nurse

Ex. 1 The purpose of introducing brief psychotherapy is to reduce provider frustration, promote purposeful time management, and streamline patient-provider interaction

Ex. 2 Providing explanations and education were highly associated with patient satisfaction and reduced patient concerns in Primary Care.

**Point #1** APRNs are experts in research, can formulate and implement policy, educate providers, and design effective methods of caring and improving quality in all health care settings

**Supporting point:** Dual Certified Family and Psychiatric Nurse Practitioners can integrate their disciplines to improve patient care in their practice settings,

**Point #2** Dual Certified Advanced Practice Nurses can introduce a 10 step process for soliciting information, communicating disease information and improving patient-provider trust with patients in Primary Care

**Supporting Point:** Adaptation and use of brief psychosocial interventions listed in the 10 step process allows for promotion and adaptation of practice modification for quality improvement including increased disease understanding, self-efficacy, and decreased patient concerns.

**Supporting Point:** Psychotherapeutic variables that endorse listening, caring, patient education, support of patient health goals, and emphasize provider-patient trust necessitate policy and practice change.

**Main Point:** Dual Certified Advanced Practice Nurses can initiating policy change which initiates psychosocial dialogue between providers and patients to promote healing, relieve patient concerns, and reinforce education principles toward better health.

**Supporting Point:** Care of patient concerns rests upon conservative medical management and evaluation, accepting patient-provider relationship, caring and trust, reinforcement of positive behaviors, elimination of destructive ones, and the gradual use of the relationship building to promote healthy relating and healing.

**Supporting Point:** Primary Care providers who had no malpractice claims, used more education about what to expect from visits, instruction of the flow of the visit, increased laughter and humor, solicitation of

patient opinions and feelings, often checked patient understanding of education, and encouraged patients to talk.

**Conclusion:** Words, gestures, emotions felt and communicated, decisions, attitudes, and presumptions made by both the provider and the patient define the usual Primary Care visit.

**Example:** Years of research now prove these exchanges have far reaching impacts on the health and wellness of patient's lives

**Example:** Cognitive reassurance including patient teaching and explanation of care was associated with higher patient satisfaction and reduced patient concerns in the Primary Care setting

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