

# Engaging Nurse Practitioner Students Through an Integrated Team-Based Simulation Experience

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**Nursing Education Research Conference**

Saturday, March 28, 2020



# Disclosure

- The authors of this presentation,
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report no conflict of interest and no sponsorship or commercial support has been given to the authors related to this presentation.

# Objective

- Upon completion of this presentation, participants will be able to identify 2 innovative nursing education techniques using simulation learning experiences to support intraprofessional learning.

# Problem Statement

- Few simulations allow advanced practice graduate students to address complex patients presenting with multisystem complaints of chronic illness, pain and mental illness using an **intraprofessional** team based learning strategy.

# Background

- Engaging graduate students in active learning experiences is essential to developing critical thinking and problem solving skills.
- Students who are actively engaged in intraprofessional simulated learning experiences demonstrate
  - improved student outcomes
  - improved professional outcomes
  - better client outcomes

# Significance

- Without integrated psychiatric and primary care, patients have a harder time accessing appropriate care, contributing to worsening prognosis of conditions (Lewis et al., 2014).
- Psychiatric disorders affect approximately 20% U.S. adults (Substance Abuse and Mental Health Services Administration, 2018)
- 17% children ages 2 to 8 years have a mental, behavioral, or developmental disorder (Centers for Disease Control and Prevention, 2019)
- 50% of persons with psychiatric disorders receive treatment (Beeber, 2019; Han, Compton, Blanco, & Colpe, 2017; National Institute of Mental Health, n.d.; Rice, Stalling, & Monasterio, 2019).

# Scenario Developed Using Best Practices:

- AACN Essentials for Doctoral APN Education
- DNP Essentials
- Graduate QSEN Competencies
- Interprofessional Education Collaborative Core Competencies
- NONPF NP Core Competencies
- NONPF Simulation Template

# Simulation Protocol

- Background
  - Clinical Role Immersion course
  - Intraprofessional experience
- Protocol
  - Complex patient: female patient with HPI chronic pain, poor sleep, anxiety, GI distress, eating disorder, sexual dysfunction, low SES
  - Healthcare theater student as standardized patient
- Procedures
  - Preparation: 5 day pre brief basic patient PMH/CC
  - 20 minute simulated patient care experience
  - 5 minute preceptor report
  - Intraprofessional group debrief: 3-D Model (Zigmont, Kappus, Sudikoff,

2011)

# Challenges

- Standardized Scenario Delivery
- Technology challenges
- Unequal preparation for intraprofessional work
- Balancing team member dynamics

# Validation of Evidence - Students

- Advanced practice graduate students reported benefits:
  - addressing complex patient needs
  - collaboration with intraprofessional colleagues
- Student learning outcomes:
  - improved problem solving including negotiation, persistence and adaptability
  - critical thinking

# Validation of Evidence - Faculty

- Analysis of videos allowed faculty to recognize:
  - need for integrated care delivery education and practice earlier
  - increase focus on intra and interprofessional collaboration
- Skills developed from activity:
  - work as intraprofessional team
  - negotiation, persistence and adaptability
  - care collaboration
  - best practice simulation skills

# Future Implications

- When utilizing advanced simulation techniques, students learn to critically think, communicate, negotiate, collaborate, and lead in intraprofessional roles
- Moving forward at your institution
  - Best practices-INACSL
  - New directions--NONPF template
  - Potential challenges
  - Barriers

# Summary

- Experiential learning opportunities can:
  - occur throughout nursing programs
  - join intraprofessional students together to simulate health care delivery experiences
- Faculty must:
  - have the skills to develop, implement and evaluate integrated simulation experiences
  - have the skills for determining solutions to challenges during integrated simulation experiences

# References

- Beeber, L.S. (2019). Mental health issues and substance use in the United States: Pulling the power levers. *Journal of the American Psychiatric Nurses Association*, 25(1), 19-26. doi: 10.1177/1078390318811572
- Block, R. (2018). *Behavioral health integration and workforce development*. Milbank Memorial Fund. Accessed at <https://www.milbank.org/publications/behavioral-health-integration-workforce-development>
- Bodenheimer, T. & Sinsky, C. (2014). From Triple to Quadruple Aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, 12, 573–576. doi:10.1370/afm.1713
- Centers for Disease Control and Prevention. (2019). *Data and Statistics on Children's Mental Health*. Retrieved from <https://www.cdc.gov/childrensmentalhealth/data.html>
- Gerrity, M. (2016). Evolving models of behavioral health integration: Evidence update 2010-2015. Milbank Memorial Fund. Retrieved from <https://www.milbank.org/publications/evolving-models-of-behavioral-health-integration-evidence-update-2010-2015/>
- Han, B., Comptom, W.M., Blanco, C., & Colpe, L.J. (2017). Prevalence, treatment, and unmet treatment needs of U.S. adults with mental health and substance use disorders. *Health Affairs*, 36(10), 1739-1747. Doi:10.1377/hlthaff.2017.0584
- Lewis, V.V. Colla, C.H., Tierney, K., Van Citters, A.D., Fisher, E.S., Meara, E. (2014). Few ACOs pursue innovative models that integrate care for psychiatric disorder and substance abuse with primary care. *Health Affairs*, 33(10), 1808-1816.
- Myers, N. L. (2015). *Recovery's edge: An ethnography of mental health care and moral agency*. Nashville, TN: Vanderbilt University Press.

# References

- National Institute of Mental Health. (n.d.) *Mental health information: Statistics*. Retrieved from <https://www.nimh.nih.gov/health/statistics/index.shtml>
- Prendergast, K. M. & Jackman, K. (2019). *Psychiatric case studies for advanced practice*. Philadelphia, PA: Wolters Kluwer.
- Raney, L. E., Lasky, G. B., & Scott, C. (Eds.). (2017). *Integrated care: A guide for effective implementation*. Arlington, VA: American Psychiatric Association Publishing.
- Rice, M.J., Stalling, J., & Monasterio, A. (2019). Psychiatric-mental health nursing: Data driven policy platform for a psychiatric mental health care workforce. *Journal of the American Psychiatric Nurses Association*, 25(1), 27-37. doi:10.1177/1078390390318808368
- Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- University of Wisconsin Population Health Institute. (2018). 2018 County Health Rankings Report. Retrieved from <http://www.countyhealthrankings.org/>
- Zigmont, J.J., Kappus, L.J., Sudikoff, S.N. (2011). The 3D model of debriefing: Defusing, discovering, and deepening. *Seminars in Perinatology*, 35(2), 52-58. doi: 10.1053/j.semperi.2011.01.003