Developing and Evaluating a Nursing Educational Module for Dual Diagnosis Care in Acute Inpatient Psychiatric Settings

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Disclosure

• No potential conflict of interest
Objectives

• Describe the development and validation of an educational module for nurses delivering acute psychiatric inpatient dual diagnosis care
• Review implementation and evaluation of the educational module
• Discuss opportunities for future projects and ultimately improve patient care outcomes
Operational Definition

Dual Diagnosis: The co-existence of a Mental Disorder and Substance Use Disorder (SUD)

Other terms: concurrent disorder, co-occurring, mentally ill chemically addicted (MICA), co-morbid, dual disorder

(Hunt et al., 2013; Mueser et al., 2003; NICE, 2007; NIH, 2015)
Background

- Clients with **dual diagnosis** are known to have complex and challenging care needs.
- This population has an **increased risk** of homicide, suicide, homelessness, incarceration, violence, hepatitis C and human immunodeficiency virus (HIV).
- Acute psychiatric settings serve as a **vital hub** for mental health services, admitting and connecting clients who may not voluntarily seek treatment (DH, 2002; Hunt et al., 2013; Mueser et al., 2003; NICE, 2016)
The Problem

- In Canada, 1 in 5 people will experience mental illness in their lifetime
- Over 50% of people seeking SU services are said to have a MD disorder
- Reported knowledge deficits and low confidence among acute psychiatric nurses providing dual diagnosis care
- Canada is known to have one of the highest number of dual diagnosis patients
- 57% of patients in acute psychiatric care have dual diagnosis
- Poor healthcare outcomes and limited resources
  (Bonnie et al., 2015; Copello et al., 2012; MHCC, 2012)
Problem Summary

- Urgent need to improve care for inpatients with dual diagnosis
- Paucity of evidence on the subject
- Limited educational programs
- There is an overwhelming educational need for nurses in acute inpatient care

(DH 2002, 2006; Copello et al., 2012; Graham et al., 2006, 2014; Schulte et al., 2010)
Clinical Setting & Significance

- Vancouver population 636,000
- 6 acute care centres
- Founded 1894
- Downtown Vancouver location
- 433 beds
- 68 acute inpatient psychiatric beds

(Statistics Canada, 2014; PHC, 2015)
Clinical Setting & Significance

• St. Paul’s Hospital
• 12,000 ED visits (40%)
• 1,500 acute adm. (38%)
• 915+ lives lost in 2016 due to overdose

(PHC, 2015; Statistics Canada, 2014)
Methodology

- Comprehensive literature review
- Questionnaire survey
- Validation of content
- Focus groups
- Implementation
- Evaluation
# Comprehensive Literature Review

## Criteria
- 10 or less
- English
- Diagnosis, etiology, treatment modalities
- Good quality

## Key Findings
- Background knowledge of dual diagnosis care
- Evidence-based content needed for dual diagnosis educational module
Questionnaire Survey

- 6 page questionnaire
- 74 nurses completed survey in 6 weeks
- 168 nurses population

Key Sample Characteristics (n=74)
- Average age of 36 years
- 77% female
- 70% Caucasian
- 51% BSN, 5% Graduate degree
- 39% of nurses had 5-10 years of working experience in acute psychiatric care
Four themes were derived from the qualitative data (questionnaires):

• Reported need for current evidence-based dual diagnosis nursing care knowledge and skills
• Need for content on practitioners’ biases and attitudes
• Need for addictions medicine knowledge, skills, and tools
• Reported lack of confidence
Validation of Content

Process & Key Findings

- Developed validation tool with focus on **relevance** and **importance**
- **5 international experts** (1 APRN, 2 psychiatrists & 2 psychologists)
- 35 items condensed into 13 content areas
- **2nd round** and clarification not needed
## Expert Panel Rating Tool

<table>
<thead>
<tr>
<th>Items</th>
<th>Ratings</th>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relevance</td>
<td>Importance</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

This table serves as a tool for rating items based on their relevance and importance. The ratings for relevance include 'Yes', 'No', 'Not Relevant', 'Somewhat Relevant', 'Moderately Relevant', and 'Very Relevant'. The table structure allows for the assessment and documentation of expert panel feedback on various items, facilitating informed decision-making and strategic planning.
Validation Tool

• Analysis
  • >78% (.78) agreement between affirmative response
  • > 90% (.90) level of agreement greater than chance
  • < 78%(.78) will not be considered
    (Lazenby et al., 2014; Polit & Beck, 2013)

• Summary of qualitative data from expert panel
  • directed me to resource suggestions
  • advised on content delivery i.e. use experienced presenters with diverse clinical backgrounds
## Final Product

### List of the content areas:

- Background for dual diagnosis care
- **Attitudes and biases of providers**
- Integrated dual diagnosis care module
- **Ethos of care in acute psychiatric inpatient care settings**
- Principles of patient and family centered care
- **Addictions medicine**
- Psychoeducation for dual diagnosis care
- Substance use treatment, interventions and modalities
- **Motivational interviewing for dual diagnosis, including stages of change**
- Cognitive Behavioral Therapy (CBT) for dual diagnosis
- **Harm reduction principles and interventions**
- Psychosocial treatment and interventions
Focus Groups

- 2 focus groups
- Total of 9 (5+4 acute care nurses)
- They agreed with validated content
- No new data was generated
Implementation

- 8 hour dual diagnosis educational session at St. Paul’s Hospital with developed content
- A total of 194 professionals attended educational session
- Interdisciplinary educational session
Evaluation

- Developed an evaluation tool
- 51 Respondents
- Evaluations received suggest attendants acquired and increased their knowledge and also gained skills from participating in educational session
Limitations

- Methodological challenges
- Small sample size
- Unstandardized tools
- Focused on a single inner city hospital in Vancouver
Application of Findings

• Equip acute care nurses with evidence-based knowledge and skills
• Inform nursing curriculum
• Allocation of resources
• Future research initiatives
• Knowledge translation and contribution to the body of knowledge on dual diagnosis care
Conclusion

- Nurses frustrated by their lack of knowledge and skills in dual diagnosis care can be better equipped using the developed educational content.
- Opportunities exist to improve knowledge, skills and confidence of acute psychiatric inpatient nurses and positively impact patient care outcomes.
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Questions & Comments


Selected References (cont’d)


Selected References (cont’d)


