Evaluation of a psychiatric mental health clinical hybrid program in a baccalaureate nursing program

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*THE SPEAKER HAS NO CONFLICTS OF INTEREST TO DISCLOSE
Introduction - Simulation in Nursing

Explosion in past 10-15 years in response to:

- increase patient acuity, limited clinical sites, limited seasoned clinicians, emphasis on evidence based practice and competencies, increase need to address safety, and evidence that simulation can enhance clinical experience and learning outcomes.

- The National Council of State Boards of Nursing provided substantial evidence that standard clinical competencies and learning outcomes could be maintained with up to 50% of the traditional clinical experience being replaced by clinical simulation.

(Hayden, et.al. 2014)
Learning Outcomes

1. Identify main components of a unique, comprehensive psychiatric mental health clinical hybrid program.

2. Examine research processes used to collect and analyze quantitative and qualitative data to evaluate a mental health clinical hybrid program on academic learning outcomes and students’ perceptions of learning experience.
Overview of Psychiatric Mental Health Nursing Clinical Hybrid Program

- 40 hours traditional inpatient clinical days over 5 week period
- 6 hours community-based mental health experience
- 30 hours Clinical Simulation & Lab: Campus-based
- 39% of clinical experience through simulation & Lab
Day #1 Outline

- Mental Health Simulation Faculty & Inpatient Clinical Instructors role Play a variety of psychiatric diagnostic presentations modeling establishment of therapeutic rapport, therapeutic use of self and initial clinical interviewing.
- Mock Interviews with assigned clinical instructors, debriefing and peer feedback.
- Presentation by a consumer on stigma with assigned Self-Reflection Exercise
- Suicide Assessment & Intervention: Safe-T (SAMHSA), role-plays & debriefing.
Day #1 Learning Outcomes

- Utilize self-awareness questionnaires to enhance understanding of impact of one’s own values/beliefs on care of clients with mental illness.
- Demonstrate interviewing & clinical assessment skills
- Utilize therapeutic communication techniques to foster development of a therapeutic relationship with the client.
- Identify Suicide assessment process and priority nursing interventions.
Day #2: Crisis Prevention Institute
Non-Violent Crisis Intervention Certified Training

- Apply the nursing process to assess and intervene in potentially aggressive situations based on behavioral presentation.
- Identify verbal and nonverbal techniques to de-escalate behavior.
- Identify additional resources available in health care setting to maintain safe milieu.
- Develop skills in debriefing and re-establishment of a therapeutic relationship.
Day #3 Outline

- Use of Beautiful Mind film as unfolding case study
- Auditory Hallucination Simulation
- Debriefing
- National Alliance for the Mentally Ill - guest speakers
Day #3 Learning Outcomes

- Identify impact of psychotic symptoms on an individual’s ability to engage in therapeutic relationships, milieu and treatment.
- Strengthen critical thinking skills when prioritizing care, assessing and intervening with an individual experiencing auditory hallucinations.
- Strengthen empathy for those with a chronic, psychotic illness.
- Identify impact of stigma on access to mental health care.
- Gain self-awareness into level of comfort and fears associated with caring for patients with active psychosis.
Day #4 Outline

- Use of 28 Days movie as unfolding case study
- Alcohol/Opioid Withdrawal Simulation using CIWA & COW
- Develop and present Psychoeducational Group on Medications to treat addiction & withdrawal
- Self-Reflection paper
- Debriefing
- Attend AA or NA Meeting
Learning Outcomes Day #4

- Describe actions, effects and withdrawal symptoms from alcohol and opiates.
- Develop assessment skills using CAGE, CIWA and/or COW.
- Increase understanding of potential barriers to accessing treatment and enhancing recovery.
- Develop treatment plan for individuals in withdrawal.
- Engage in self-reflection of own thoughts, feelings, experiences and bias’s.
- Develop and implement a medication psychoeducational group.
Day #5 Outline

- Development of Clinical Case Presentation using biopsychosocial framework & Clinical Role Plays
- Coaching
- Presentations

Learning Outcomes

- Strengthen skills in articulating multiple aspects to consider when assessing and prioritizing nursing care for individuals with specific behavioral health concerns
- Demonstrate ability to engage teamwork to present Holistic approach to patient-centered care for individuals and families with specific behavioral health concerns.
Research Process

- Completion of the Protecting Human Research Participants training module through the NIH Office of Extramural Research.
- Approval for exempt research study through the SJFC Institutional Review Board.
- Quasi-experimental posttest only design with nonequivalent groups: Students could not logistically be randomly assigned to those who received the PMHCHP and those who did not.
Subjects (n = 524): Senior Nursing Students

The students who did not receive the PMHCHP were considered the “control group:”

- 246 students over 3 semesters Fall 2013 through Fall 2014

The students who did receive the PMHCHP were considered the “intervention group:”

- 278 students over the next 3 semesters Spring 2015 through Spring 2016
Comparative Data

- Overall test averages
- ATI content Mastery computerized proctored assessments for Mental Health with achievement of proficiency level 0, 1, 2 or 3
- Final Grades

The Statistical Package for Social Sciences, Version 16.0 (SPSS, Chicago, IL) generated descriptive statistics to summarize data.
Quantitative Research Findings

Question #1 - Do students who receive the psychiatric mental health clinical hybrid program score differently on overall test averages than students who did not receive the PMHCHP?

- Descriptive statistics were obtained on minimum, maximum and mean scores as well as standard deviation. An independent sample t test was used.

Findings:

- p = .260. No statistical significance between overall test averages between 2 groups was noted.
Quantitative Research Findings

Question #2 - Do students who receive the psychiatric mental health clinical hybrid program score differently on final grades than the students who did not receive the PMHCHP?

- Descriptive statistics were obtained on minimum, maximum and mean scores as well as standard deviation. An independent sample t test was used.

Findings:
- \( p = .017 \). Statistical significance between the overall final grades was noted between the two groups, with the hybrid group obtaining a higher grade.
**Question #3:** “Do students who receive the psychiatric mental health clinical hybrid program score differently on ATI Proficiency Level Scores than students who did not receive the PMHCHP?”

- This question was best answered with comparison of percentage reaching desired level.

**Findings:**
- Students in the Clinical Hybrid program had a lower percentage of scoring in ATI Proficiency Level 0-1 = 12.1%
- Students in the Clinical Hybrid Program had a higher percentage of scoring in ATI Proficiency Level of 2-3 = 12.6%
Qualitative Findings

- Provide examples of meaningful learning experiences you engaged in during the clinical simulation/lab days.
- What components would you recommend changing or improving?
- What were your overall impressions of the psychiatric mental health clinical lab with simulation days as an alternative learning experience?
Themes

- Feeling safer and more able to connect with peers in a smaller group setting
- The importance of engaging in mock clinical experiences in a non-judgmental, support learning environment to reduce anxiety and enhance learning
- Mock interviews, role plays, crisis intervention training and case presentations were highly valuable in building sense of competency and confidence in providing care
- The importance of taking the time to reflect on own personal perspectives with mental health issues and how this may impact patient care
- The opportunity to develop empathy for those who suffer from mental illness through open discussion, documentaries, movies, AH simulation and engagement with consumers
References


Questions & Comments

Thank You!