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Featured Article

Family Nurse Practitioner/Psychiatric Mental Health Nurse Practitioner Collaboration in Drug-Seeking Telephone Triage Simulation in an Advanced Practice Registered Nurse Curriculum

Ruth A. Woroch, DNP, FNP-BC^{a,*}, David V. Alvarez, DNP, PMHNP-BC^a,
Charles T. Yingling, DNP, FNP-BC, FAANP^b,
Cynthia Taylor Handrup, DNP, PMHCNS-BC^c

^aVisiting Clinical Instructor, Department of Health Systems Science, University of Illinois at Chicago College of Nursing, Chicago, IL 60612, USA

^bClinical Assistant Professor/Director-Family Nurse Practitioner Program, Department of Health Systems Science, University of Illinois at Chicago College of Nursing, Chicago, IL 60612, USA

^cClinical Assistant Professor, Department of Health Systems Science, University of Illinois at Chicago College of Nursing, Chicago, IL 60612, USA

KEYWORDS

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on-call;
benzodiazepines;
APRN education

Abstract

Background: Many advanced practice nursing programs incorporate interprofessional collaboration into the curriculum. Few combine intraprofessional collaboration between nurse practitioner (NP) students of different population foci. Telephone triage is a skill that is rarely covered in NP education.

Description: We describe a simulation program in which family nurse practitioner (FNP) students collaborate with psychiatric mental health nurse practitioner (PMHNP) students in a drug-seeking telephone triage scenario. The patient was portrayed by an improvisational actor. Forty-seven FNP students and 14 PMHNP students participated in the scenario.

Outcome: Students reported that the telephone triage scenario was useful and that they would be more likely to both collaborate with and refer patients to NPs from the other specialties.

Conclusions: With some modifications, combining FNP and PMHNP students in a telephone triage simulation scenario is beneficial to both groups of students.

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Intraprofessional education among advanced practice nursing specialties is often not incorporated into graduate level education (Leonard, Shuhaibar, & Chen, 2010). Preparing advanced practice registered nurse (APRN) students from different population foci to practice together will better

prepare them for team-based care on graduation. In this article, we discuss a simulation program that included family nurse practitioner (FNP) students and psychiatric mental health nurse practitioner (PMHNP) students as they collaboratively manage a patient requesting a refill of a benzodiazepine in an on-call simulation scenario.

Background

Depending on their place of employment, both FNPs and PMHNPs may have on-call responsibilities as part of their roles. A recent survey of APRNs showed that 28.6% had after-hours or weekend on-call responsibilities with their current position (American Association of Nurse Practitioners, 2015). In a health care setting, being on call involves being available for after-hours telephone calls from patients.

Continuous availability to provide clinical advice is a standard set forth for patient-centered medical homes by the National Committee for Quality Assurance (2014).

Patients may attempt to use multiple prescribers to obtain controlled drugs and also after-hours access to obtain these medications (Worley & Thomas, 2014). Some patients may believe that if they reach a health care provider who is not familiar with their medical history and treatment plan, they have a better chance of receiving their desired drug. This is a variation of doctor shopping, when a patient visits multiple health care providers to obtain prescription drugs, presumably for nonlegitimate reasons (Peirce, Smith, Abate, & Halverson, 2012). Psychological reasons that may contribute to doctor shopping include anxiety, depression, personality disorders, and prescription drug abuse (Sinha, 2008).

There are many types of prescription drugs that may be abused by patients, including benzodiazepines, opiates, barbiturates, sleeping agents, and stimulants (Birnbaum et al., 2011; Frauger et al., 2016; Pradel, Delga, Rouby,

Micallef, & Lapeyre-Mestre, 2010). The different drugs within these classes have various abuse potentials, with those that are higher in potency and with a more rapid onset being associated with an increased addiction potential (Licata & Rowlett, 2008). It is important to educate future APRNs to responsibly prescribe these agents, manage requests for these products, and identify patients who may be seeing multiple health care providers for these prescriptions.

A potentially useful strategy to prepare APRNs to manage patients who request controlled substances over the phone is simulation. Simulation is an effective tool for teaching interpersonal skills, behavioral skills, and attitudes (Lateef, 2010). It has been recognized as a useful tool in both undergraduate and graduate nursing education (Cantrell, Marianina, & Meakim, 2016; Loomis, 2016). Simulation is defined by Guise, Chambers, and Valimaki (2012) as a teaching strategy to build competence in learners by recreating real-world situations in a controlled setting. Simulation offers students an opportunity to encounter high-risk but low-frequency situations. In the simulated experiences, students are allowed to make mistakes safely and learn how to handle difficult situations appropriately (Ziv, Wolpe, Small, & Glick, 2003).

Scenario Development

Kolb's experiential learning theory (Kolb & Kolb, 2017) informed the development of this simulation experience. Kolb postulates that experience builds competency that informs subsequent experiences. Inherent in experiential learning theory is a reflective process that promotes further insight and mastery of the experience. These theoretical constructs guided the implementation of the simulation program. Faculty who developed the telephone triage scenario completed an institutional simulation training program developed by a faculty member who is a certified health care simulation educator. This was a four module program, (Introduction to simulation, Principles of simulation, Debriefing, and Evaluation) designed to provide comprehensive background and preparation to be actively engaged in simulation.

FNP and PMHNP faculty jointly developed four clinical scenarios for use in a joint simulation day. One of these was a telephone-based scenario of a patient seeking a prescription for a controlled substance. The specific objectives for the telephone triage scenario were as follows: perform basic telephone triage for a patient calling with a request for a medication refill, identify and manage manipulative patient behaviors, and develop communication strategies when declining to comply with a patient request.

We conducted the simulation across two days to accommodate 61 students: 47 FNP students and 14 PMHNP students. About half of the students were from the campus hub, whereas the others were from regional sites across the state. Each day, we divided the students into four groups. The groups were assigned by faculty and

Key Points

- Family nurse practitioner and psychiatric mental health nurse practitioner students infrequently interact with each other after completion of their core courses.
- Because advanced practice registered nurse clinical rotations occur during typical office hours, students rarely experience on-call situations in their training.
- We present an on-call scenario played by an improvisational actor as part of simulation day for our combined family nurse practitioner/psychiatric mental health nurse practitioner cohorts.

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