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Family Nurse Practitioner Student Competencies
in Integrated Psychiatric Healthcare

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Abstract

Title: Practicum to Practice: Family Nurse Practitioner Student Competencies in Integrated Psychiatric Mental Healthcare.

Background: Major Depressive Disorder (MDD) is a widespread and costly diagnosis that affects nearly 16 million people annually and costs the United States nearly \$83 Billion. Primary care providers such as Family Nurse Practitioners (FNP) play a crucial role in screening for health problems, preventing, and managing illness. Opportunities exist to integrate psychiatric mental healthcare into FNP curriculum and clinical practicums to better prepare providers to identify and screen for depression.

Purpose: The purpose of this evidenced-based practice project is to evaluate FNP student competencies in screening for depression after completing an integrated family/psychiatric mental health curriculum and clinical practicum.

Program Plan Process: An integrated family/psychiatric mental health curriculum and clinical practicum was developed to educate FNP students to identify and screen for depressed patients. FNP students will demonstrate depression screening competencies utilizing a simulated clinical encounter in a simulation center. Four students received the integrated intervention (intervention group) and four students did not receive the intervention (non-intervention group).

Results: The integrated clinical curriculum and practicum students showed less variability in performance and demonstrated more consistency with treatment compared with the non-intervention group.

Implications for Clinical Practice: Family Nurse Practitioner programs with integrated family/psych mental health curriculum and clinical practicums will better prepare FNP students to care for patients with mental health disorders.

Background

Family Nurse Practitioner (FNP) students are trained to independently, and in collaboration with other professionals, to diagnose and treat a variety of acute and chronic conditions. Typical FNP training programs include training on the diagnosis and treatment of diseases along with the use of therapeutics such as prescription medications and other non-pharmacologic treatments, as well as counseling and educating the patient on disease prevention and health promotion (American Association of Nurse Practitioners, 2018). In many traditional FNP programs, the students are assigned to a single preceptor at a single clinical site. The sole FNP preceptor is responsible for supervising the clinical practice of FNP students and teaching students to apply learned knowledge from class lectures and other theoretical content. Integrated primary care and psychiatric healthcare is an evidenced-based approach to diagnose and treat mental health problems. Integrated practice sites provide primary and psychiatric services at the same clinic setting. Patients can usually access services immediately or within a few days of the initial mental health diagnosis. Referring a patient to an outside entity for psychiatric services may result in patients being lost to follow-up or worse yet having to navigate complex mental health systems. Many FNP training programs do not include specialized clinical practicums that focus on integrated primary and psychiatric healthcare settings to treat depression. In 2015, over 16 million Americans had a major depressive episode making depression one of the most commonly diagnosed mental health conditions in the United States (National Institutes of Health, 2016). The impact to patients that suffer with Major Depressive Disorder (MDD) can be profound and severe. Many patients experience depressed mood, anhedonia or the inability to feel pleasure, change in appetite, weight loss or gain, sleep disturbance such as insomnia or sleeping too much, psychomotor agitation or retardation, fatigue, feeling of guilt, worthlessness,

low self-esteem, difficulty in concentration or memory problems, indecisiveness, and lastly, but most seriously, recurrent thoughts of being better off dead, passive suicidality, or actively planning to commit suicide (American Psychiatric Association, 2013). The symptoms that patients experience who suffer from depression report decreases in quality of life and can lead to decreases in productivity. Depression is among the costliest medical conditions in the United States with an estimated annual cost of \$210 billion due to medical care and lost productivity (National Network of Depression Centers, 2017). These numbers are sobering as 52 percent of people who attempt or complete suicide have been diagnosed with MDD or other mood disorder such as bipolar depression (Pompili et al, 2008). Integrated primary and psychiatric healthcare clinics and practice sites are becoming more widespread due to a shortage of mental health providers. Since there are fewer mental health providers, primary care providers such as FNPs, are taking on the burden of providing both primary and psychiatric services.

According to the United States Preventative Task Force (2016), primary care encounters are underutilized opportunities for patients to be screened for depression and initiate treatment. Unfortunately, although screening for depression has increased, there is suboptimal treatment initiation in primary care. One large multicenter, retrospective study found of 250,000 patients diagnosed with depression in primary care, only 35.7 percent began appropriate treatment within 90 days of diagnosis (Waitzfelder, 2018). The reasons for the lack of treatment includes the stigma of mental health conditions, patient resistance to receiving a label of being depressed, insufficient training in psychiatric care, long wait times particularly to behavioral health providers, transportation issues, time constraints, and different priorities for patients and providers (Nutting PA, Rost K, Dickinson M, et al, 2002). The demonstrated deficiencies of primary care providers to appropriately manage depression for a multitude of reasons has caused

a need for a clinical practice change in which FNP students will be educated utilizing specialized curriculum and training in which the students can learn to treat patients with depression.

Purpose

The aim of this project is to evaluate competencies of FNP students after receiving an integrated primary and psychiatric care practicum and curriculum to improve competence in identifying and caring for patients suffering from depression. The specific goal of this project is to inform FNP programs to include specialized clinical practicums and curriculum in integrated primary and psychiatric care practicums to enhance competencies in identifying patients with depression.

Program Plan Process

The project was conducted in the context of an ongoing Health Resources and Services Administration (HRSA) grant in an integrated collaborative practicum and project. The practicum and project integrated psychiatric care delivered to primary care patients in a Federally Qualified Health Center. The project focused on implementation of an evidenced-based intervention *Improving Mood Patients Access to Collaborative Treatment* (IMPACT) in which psychiatric mental health providers were integrated as part of the primary healthcare team. The intervention included a 12-week clinical practicum in which FNP students were specifically trained in integrated primary and psychiatric care. The students were given instructions on the use of the IMPACT model of care, diagnosis of MDD, assessment of MDD utilizing the PHQ-9, pharmacological interventions such as the use of SSRI, and other evidenced-based therapeutic interventions to treat patients diagnosed with MDD. The educational material was delivered in the form of lectures, individual patient case conferences with consulting psychiatrists, guest lectures, and assigned readings to the FNP students.

After the intervention, competencies of the FNP students who participated in the integrative curriculum were evaluated by Psychiatric Mental Health Nurse Practitioner (PMHNP) faculty members using high fidelity clinical simulation. The standardized patient scenario included a standardized patient (actor) presenting to a primary care clinic for a follow-up visit of an ankle injury also eliciting signs and symptoms of depression. Four FNP students who participated in the integrative curriculum and four FNP students who did not participate in the integrative curriculum participated in the same simulated encounter to assess competencies in detecting depression. Family Nurse Practitioner student competencies were evaluated using the Entrustable Professional Activities (EPA) clinical competency evaluation form. The Entrustable Professional Activities (EPA) tool was chosen to evaluate FNP student competencies due to FNP program familiarity and psychometric properties. The EPA tool (Appendix 1) uses a grading rubric to rate competencies using a scale of 5 levels of performance ranging from critically deficient (0 points), heavy supervision (1point), light supervision (2 points), no supervision (3 points), to aspirational (4 points). The students were evaluated in 5 categories including subjective, objective, assessment, plan, and note documentation. Students in the intervention and non-intervention group were all given the same standardized patient scenario in a controlled simulated laboratory setting and evaluated with the EPA tool. The interactions between the FNP students and standardized patients where observed and recorded utilizing the audiovisual recording equipment during the high-fidelity simulation event. After the case scenario, all students were debriefed and given individualized feedback on their performance by PMHNP faculty members. The project was approved by the Institutional Review Board at the study university. All FNP students participated on a voluntary basis.

Results

The non-intervention group of FNP students had an average EPA score of 14.5. The intervention group had an average EPA score of 16.1. There was less variability between the students in the intervention group with scores ranging between 15-17 points. The non-intervention group's performance varied greatly ranging from 11-19 points. As demonstrated in Figure I, the FNP students who participated in the specialized clinical practicum scored an average EPA score of 16.1 and showed more consistent performance and demonstrated less variability in the care of the patient with depression. Many students welcomed the additional training and narratively, felt that they were more confident in caring for patients diagnosed with MDD. There have been over three thousand patients screened for MDD and nearly 20 FNP students have been placed in the rotation during the grant time period.

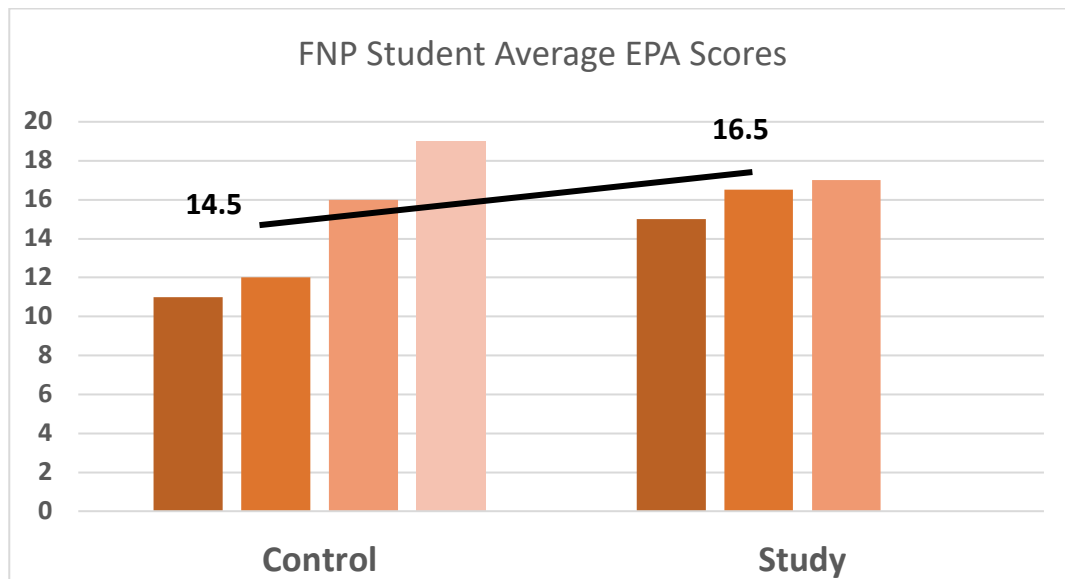


Figure I. FNP Student Average EPA Scores

Cost / Benefit Analysis

The cost and benefit of the specialized clinical practicum can be substantial as depression costs the United States 210 billion dollars in 2014 alone (Substance Abuse and Mental Health Services Administration (SAMHSA), 2015). With nearly 16 million individual beneficiaries suffering from at least one episode of Major Depressive Disorder (MDD) in a year, the impact of depression is felt by many people (SAMHSA, 2015). Nearly 50 percent of all suicides are attributed to MDD in economic terms of lifelong earning potential was \$9.7 billion dollars (SAMHSA, 2015). The clinical practicum offers FNP students the unique opportunity to apply theoretical knowledge and develop the skills necessary to treat patients with depression. With more patients treated appropriately for depression, it will decrease the economic burden that MDD poses to the nation. The cost of one person suffering from MDD is estimated at \$5,988 in lost wages and indirect costs of treatment. Family nurse practitioners can help lower this cost by treating MDD earlier, more effectively, and refer for treatment to prevent suicides.

Limitations

One limitation of this study is that the sample was relatively small due to lack of availability of the FNP students. Many attempts were made to coordinate with the FNP student participants unfortunately the time and schedules of the FNP's meant many were unavailable to participate the study. The small sample size lessens the degree at which the results of the study are generalizable to all FNP students.

Implications for Clinical Practice

Specialized integrated primary and psychiatric healthcare practicums provide unique opportunities for primary care FNP students to learn to care for patients with concurrent primary

and psychiatric diagnoses. Family Nurse Practitioner programs should integrate primary and psychiatric care simulations into their programs to expose students to a variety of patients with both primary and psychiatric complaints and conditions. Further study should be completed with the FNP student population to investigate the performance of FNP students in caring for patients with Major Depressive Disorder.

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