EXPERIENCE EXCHANGE

An innovative interprofessional rural mental health education model for baccalaureate nursing students

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ABSTRACT

Background/Objective: Interprofessional collaboration is an essential skill for high-quality healthcare delivery, particularly for serving members of vulnerable populations who are managing stigmatized conditions, such as mental health disorders. As part of a primary care-focused nursing education grant, faculty created the Interprofessional Counseling and Psychological Services (CAPS) Experience (ICE) for nursing students. This interprofessional experience focused on educating students on team-based care for people managing mental health conditions and substance use disorders in rural areas.
Methods: ICE partnered registered nurses, providers, faculty, and graduate counseling students with 56 undergraduate nursing students, providing students with interprofessional mental health-focused clinical experiences in federally-designated Rural Health Clinics (RHCs).
Results: Fifty-six nursing grant scholars participated in ICE. Students reported that they found ICE to be valuable.
Conclusions: ICE provided nursing students with an interprofessional, team-based immersion experience, allowing them to develop an understanding of the complex mental health needs of people in underserved rural communities.

Key Words: Interprofessional teams, Nursing education, Mental health, Primary care, Community nursing

1. INTRODUCTION AND BACKGROUND

Interprofessional (or interdisciplinary) education (IPE) is a valuable opportunity for collaboration and learning across healthcare professions. Furthermore, the Rural Health Information Hub[1] describes the unique challenges of addressing rural mental health needs due to stigma as well as lack of resources and access to care, and it encourages rural mental health education and training. Undergraduate nursing students can gain much knowledge from culturally competent, innovative, and immersive IPE care models. The American Association of Colleges of Nursing (AACN) encourages the creation of teaching models that expose students to interprofessional experiences to broaden their professional development, noting the importance of academic nursing innovations promoting, "team- based, interprofessional health care.[2]" We created one such educational model through a 4-year Health Resources Services Administration (HRSA) Nurse Education, Practice, Quality, and Retention Registered Nurses in Primary Care (NEPQR-RNPC) training program. Under the funding opportunity's auspices, a 4-year, university-based baccalaureate nursing program partnered with a health system and a graduate counseling and psychology training program to create a unique interprofessional, community-based mental health care program for 56 traditional BSN nursing students.

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1.1 Background

Interprofessional education (IPE) is defined by AACN as occurring when "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.[2]" In its Future of Nursing Report, the Institute of Medicine (IOM) discussed the importance of interprofessional collaboration for increasing health care quality, and recommended that students learn about collaborative care.[3] The IOM also called for "greater interprofessional education of physicians, nurses, and other health professionals.[3]" Additionally, the Interprofessional Education Collaborative lists four IPE core competencies: "1) Work with individuals of other professions to maintain a climate of mutual respect and shared values; 2) Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations; 3) Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease; and 4) Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable[4]". Spaulding et al. "demonstrated that IPE was effective in improving both pre-licensure learners and professionals' attitudes toward other disciplines and the value placed on a team-based approach for improving patient outcomes.[5]"

In 2018, a mid-Atlantic nursing school was awarded HRSA funding with a goal of educating nursing students on a variety of primary care concepts in rural settings, including chronic disease management, preventive care, population health, mental health, and substance use disorder. Traditional BSN students could apply to be an Undergraduate Primary Care and Rural Education (UPCARE) scholar which required 150 hours of primary care oriented clinical placements, focused learning community seminars and other immersive and didactic learning opportunities over four semesters.

To fulfill the program goals, the team created various academic-practice partnerships for student placements in the rural primary care setting. The UPCARE team hired 2 registered nurses who were embedded full time in federally designated Rural Health Clinics (RHCs) to demonstrate top of scope practice primary care RN roles. These roles encompass the care continuum and address prevention and acute and chronic care management including patient education, wellness screenings, triage, transition management, and chronic illness care. Other partnerships included a diabetes education program, a student health facility, community-based oncology care, and an interprofessional partnership with the Counseling and Psychological Services (CAPS) graduate education program. CAPS is an educational, training, and service clinic in the Institute for Innovation in Health and Human Services at James Madison University. CAPS provides psychological testing/assessment, and intervention services of counseling and therapy for children, adolescents, and adults across the lifespan. Additionally, CAPS provides clinical training experiences for students in graduate programs in the Department of Graduate Psychology. CAPS has partnered for almost two decades with a rural Virginia health system to provide graduate student practicum opportunities, mental health services to rural residents, and a collaborative, interprofessional care approach for students, faculty, and community primary care providers. The HRSA program and CAPS are both based in the same rural area, designated as a medically underserved and a health professional shortage area.

2. METHODS

The UPCARE program team developed student opportunities over all 4 semesters of the traditional BSN program which were reflective of course work for each semester, e.g. adult health, pediatrics, and community health. The CAPS experience accompanied the second semester, when the nursing students (including the UPCARE scholars) had their psychiatric/ mental health didactic class and clinical rotations. A new model, the Interprofessional CAPS Experience (ICE) was created for undergraduate student education, partnering the Rural Health Clinic registered nurses, UPCARE program nursing students, and graduate CAPS students. ICE evolved as a result of Plan/ Do/ Study/ Act (PDSA) cycles, Covid-19 challenges, and new partnership opportunities, and consisted of two parts, 1. A CAPS day which partnered the students with a CAPS faculty member, and 2. An RN day, which placed students with RHC-based, program-funded RNs. This new learning opportunity replaced student psychiatric community clinical days and not inpatient experiences.

Part 1 of ICE, a CAPS day, consisted of a shadowing opportunity whereby the students (one per day) observed in-person clinical intakes performed by a licensed clinical psychologist faculty clinician. All new patients seeking services from CAPS receive an extensive psychosocial assessment and diagnostic evaluation (usually an hour in length) to assess level of risk and appropriateness for services in an outpatient setting, as well as develop a potential treatment plan for counseling/therapy or psychological testing. The student shadowed the intake interview with the goals of: observ-

ing expert client interview techniques (building rapport and trust, asking challenging questions, and determining client goals), assessing impact of trauma and social determinants of health on mental health, and hearing real stories of rural residents dealing with mental health challenges in the community. Each student was instructed to use their general nursing assessment skills during each encounter and to take notes in order to present the client to the CAPS and UPCARE faculty during a private debrief session.

Case debriefs were structured so that the student could unpack often challenging or even upsetting patient scenarios, discuss overall impressions, and then dig down into the details of each case as they presented them. This created an informal opportunity to present, discuss, and reflect, as well as ask questions of both the UPCARE (nursing) and the CAPS (psychology/ counseling) faculty about the interview process, next steps, and differential diagnosis process. After the debrief, the student wrote up the case as a SOAP-style note which included both a potential DSM5 diagnosis (with rationale) based on debrief and a nursing diagnosis with a client care plan. CAPS and nursing faculty then gave informal feedback on students' critical thinking and SOAP note documentation.

Students spent one clinical day in the CAPS office where they participated in a weekly lunchtime clinical huddle and case review. This was either a CAPS/ UPCARE-only huddle or an interprofessional roundtable with partnering primary care providers. For the CAPS/ UPCARE huddle, students (counseling and psychology) and on-site faculty gathered informally to ask for feedback or guidance with clients, share successes, and present new intakes. The UPCARE students had opportunities to summarize client intakes or share their observations. On the primary care roundtable days, local providers discussed shared clients with the CAPS group to give medical insight and perspective as both a learning and care-planning experience.

In Part 2 of ICE, the nursing students spent a clinical day with an RN in the RHC setting focusing on mental health and substance use disorder screenings and management in the primary care setting. The RN, who had received additional training and education in Mental Health First Aid, Screening, Brief Intervention and Referral to Treatment (SBIRT) and Motivational Interviewing, reinforced the importance of screening all patients for depression and assessing substance use history. The students were also given an opportunity to assist in the required assessment and care planning for patients on chronic opioid therapy. Students who had their RHC clinical day also participated in the hospital interprofessional discussion with their RN preceptor.

This model was edited both because of Covid 19 and due to a new clinical opportunity, that evolved. At the height of the pandemic both the intakes and the lunch clinical huddles became completely virtual. On their CAPS day the student came to the RN preceptor's office (to maintain client privacy) where there was an opportunity for the student to observe intakes via virtual (telehealth) visit and then debrief virtually. When CAPS was ready to gather in person again, the intakes stayed virtual, which lent more opportunities to experience telehealth. In this adapted model, students went to the CAPS office for observation of telehealth intakes, and were able to participate again with an in-person debrief and CAPS lunchtime clinical huddle discussion. These virtual intakes allowed students to explore telehealth challenges in rural areas, gain a clearer understanding of the impacts of pandemic isolation, and even catch a glimpse of client home environments which added new context to assessing and managing mental health in the community setting.

As the RHC clinical days continued in person with a stronger focus on pain management visits, another opportunity opened up for students to participate in substance use disorder treatment and recovery in the primary care setting. A local family physician who started a medication assisted therapy (MAT) practice invited students to shadow her visits to gain a better understanding of MAT care and regulatory requirements. Students observed new therapy initiation, maintenance care, health screening, and focused education both in person and via telehealth, and thus were able to reflect on care barriers, comorbid conditions, social determinants of health, intersection of the legal system with the healthcare system, non-adherence to care, and limit-setting. The students also learned first-hand about MAT regulations, protocols and medications, and achieved a greater understanding of the need for interdisciplinary care management with these complex patients and the CAPS and primary care clinical experiences.

3. Results

A total of 56 UPCARE scholars participated in ICE over 6 semesters. Students shared informally that they looked forward to the ICE clinical days and found them to be valuable. Focus group data from graduating students included some reflections on mental health. For instance, several students noted that they have a better understanding of the wait time associated with trying to obtain psychiatric care after their ICE clinical experience. Others noted the importance of psychiatric/ behavioral health care, "everybody has some degree of psych health that needs to be tailored to." Another student noted that "regardless of which patient you have, there will always be a psychiatric element to it... And... psychiatric health is so important but so stigmatized, so a lot of people

don't understand that they need psychiatric help until it's... too late." Several students also shared that ICE was their favorite UPCARE clinical experience.

One quantitative aspect of the student evaluations, obtained at the beginning and the end of the UPCARE experience, included the Mental Illness Clinicians' Attitude Scale (MICA).[6] The students completed this validated and evidence-based 16-item Likert scale tool that measures both clinician and healthcare student attitudes about psychiatry and people with mental illness with questions such as "Working in the mental health field is just as respectable as other fields of health and social care", and "I feel as comfortable talking to a person with mental illness as I do talking to a person with physical illness". Final data analysis indicated that the MICA score across all 6 student cohorts improved by 0.2 (4.23 to 4.43) points from baseline to exit with some cohorts demonstrating improvements as much as .56. 2 cohorts did not report improvement, though these students were experiencing ICE in the height of the pandemic as the model was evolving. The evaluation team did not complete a complete statistical analysis of the overall improvement.

Students had opportunities to interact with a variety of healthcare professional roles in community and primary care-based mental health and SUD treatment, from counselors and psychologists to healthcare providers to nurses in primary care. Students reflected on their observational experiences: an experienced interviewer, mental health challenges in rural areas, privacy issues in small communities, assessment and impact of adverse childhood events and social determinants of health, importance of cultural competence, and telehealth (barriers and opportunities). Students shared that they had opportunities to hear stories that increased their understanding and empathy around the challenges in patients' daily lives which can impact their ability to manage their health. Students had opportunities with MAT to explore how stigma and policy can impact and impede mental health and SUD care.

4. Discussion

The experience created IPE partnerships and exposed students to mental health and SUD concepts. Students took part in clinical interprofessional experiences with clients in the community and/or primary care setting. Lennen and Miller discussed strategies for incorporating the four core competencies of IPE (values and ethics, roles and responsibilities, interprofessional communication, and teamwork) into nursing education and deduced that "initiating and growing relationships with faculty from various health care programs is a critical task for educators when establishing committees and working on improving IPE and, ultimately, patient outcomes.[7]" This model grew these relationships and touched on all IPE core competencies. Furthermore, The World Health Organization (WHO) recommends that "mental health should be incorporated into basic nursing... education with mental health concepts introduced early, reinforced and expanded throughout the curricula and developed through experiential learning opportunities" including the concepts of "advocacy, assessment of mental disorders, communication skills, community mental health nursing, public health models of mental health, stigma and discrimination, substance abuse, treatment of mental disorders, and working in teams.[8]" The Interprofessional CAPS Experience addresses all of the WHO recommended concepts, therefore contributing to a stronger, more mental health-literate nursing workforce. Bennett stated "mental health education is critical to preparing nursing students to care for patients with mental illness and working collaboratively with other healthcare professionals.[9]" Hartman and Phillips found that with decreased in acute care bed availability, mental health education is important in "nontraditional clinical settings", and that "repeated exposure to this content has the potential to positively influence nursing students' attitudes about mental health and illness.[10]" ICE provided 56 future nurses a team-based immersion experience, thus enabling them to develop an understanding of the complex health and behavioral health needs in rural communities. Our school of nursing is looking for opportunities to sustain elements of this innovative model so that future baccalaureate students will have continued exposure to IPE mental health clinical experiences.

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Conflicts of Interest Disclosure

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Informed consent

Obtained.

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DATA SHARING STATEMENT

No additional data are available.

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