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Incorporating Coordination of Care in a DNP Curriculum for Psychiatric and Family Nurse Practitioner Students

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Presentation Objectives

1. Establish the importance of COC in DNP education.
2. Assess the didactic and clinical simulation methods utilized to enhance learning the COC concepts in a DNP curriculum.
3. Evaluate this ***intra***disciplinary project as an innovative approach in advancing DNP education.

Purpose of Research/Project

- Develop a simulated clinical experience for Psychiatric and Family Nurse Practitioner students to learn COC concepts

Coordination of Care- AHRQ

" the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services"

McDonald, et al.,2010

Why Quality COC?

- ✓ Improves Patient Experience
- ✓ Improves Health Outcome
- ✓ Less Duplication of Services
- ✓ Better Practice Environment
- ✓ Reduced Readmission Rates

Improvement of Quality and Safety

Educational Competencies & COC

National Organization of Nurse Practitioner Faculty (NONPF) Competencies require, "Health Delivery System Competency"

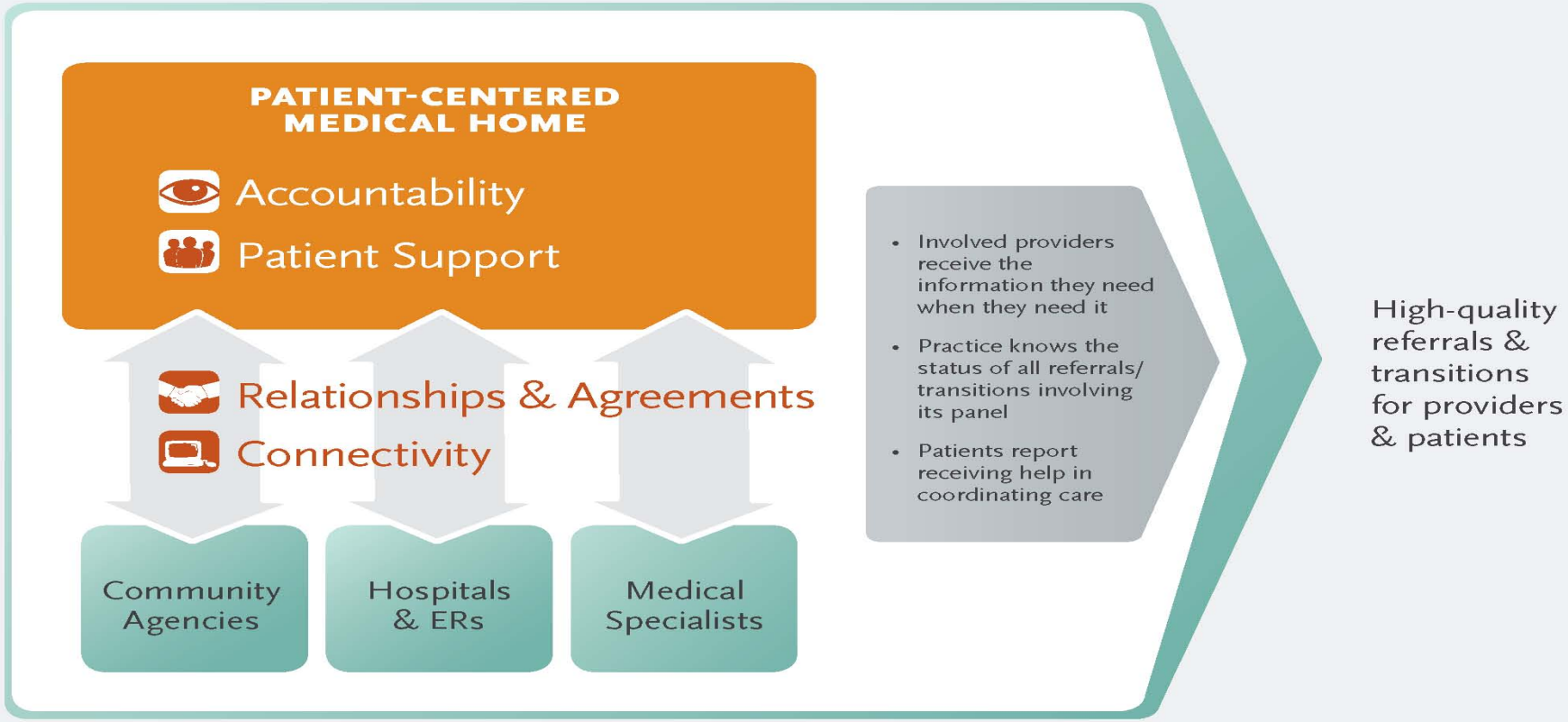
NONPF, 2006

Educational Competencies & COC

The Quality and Safety Education for Nurses (QSEN) competencies should be incorporated into all level of nursing programs. They recommend specific curriculum components to promote RN and APRN competencies related to care coordination.

Dolansky & Moore, 2013

Care Coordination Model



IOM Report on Crossing the Quality Chasm

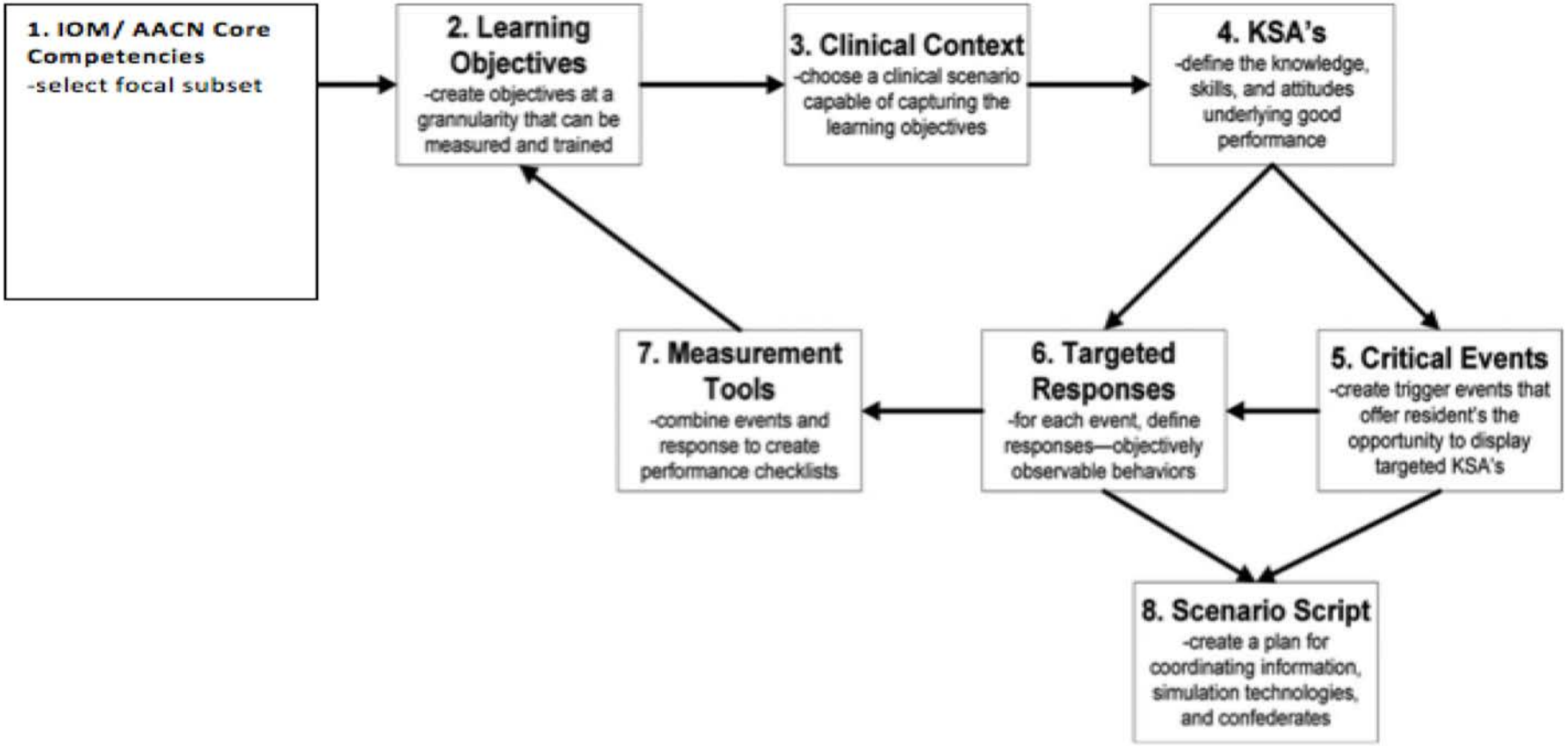
Safe	Prevent harm from medical and adminstartive errors
Effective	Based on scientific knowledge (avoiding underuse and misuse)
Timely	Reducing waits and sometimes harmful delays
Pt. Centered	Respectful of and responsive to individual patient preferences, needs & values
Efficient	Avoiding waste, including waste of equipment, supplies, ideas, and energy.
Equitable	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

IOM, 2001

Development Highlights & Sequence

- Pre-Test Questionnaire
- Didactic Introduction
- Modified Smarter Methodology and Case Scenario Contexts
- Post- Test Questionnaire

SMARTER Methodology



Rosen, et al., 2008

Course outcome: Applies Institute of Medicine 6 Concepts that define Quality Coordination of Care

1. Objectives for the Simulation	1.Learning Objectives	1. Knowledge, Skills, Abilities	1.Pre-planned Triggers	1. Targeted Responses
(NONPF-NP Core Competency)	(IOM 6 concepts of Quality Coordination of Care)	(that underlie good performance)	(events during the simulation that trigger student to display Knowledge, Skills and Abilities)	(objectively observable behaviors that allow evaluation of Knowledge, Skills and Abilities)

The Case (Clinical Context)

- Setting: PCMH model with resources available
- Pt: 35 y.o. women in transition(inpt.-outpt.)
- Moved to Baltimore 1 month ago
- Had care prior to move for Bipolar Disorder 1 and Type 2 Diabetes

The Case (Clinical Context)

HPI: New pt. 2 day s/p hospitalization for Hyperglycemia

Pt. concerns today: **1)** Hyperglycemia r/t recent new medication for Bipolar D/O

2) Insurance through ACA Exchange and hosp. costly

3) Wants to avoid ER and hospital

Script Created to Target COC

SP: So now what do I do to stay out of the hospital?

SP: I really need to avoid the ER because I signed up for an insurance plan through the ACA and it does not have good reimbursement for ER visits or hospitalizations.

(IOM concepts: efficient , effective, pt. centered and safe)

Debriefing with the Behavior Assessment Tool

- After each SP experience
- Critical to learning
- Debriefing with the Good Judgment Model was utilized

Rudolph, et al.,2007

Implementation Process

- **Ethics:** University of Maryland IRB
- **Recruitment** of Psychiatric NP students
- **Training:** 3 SPs with CEEL
- **SP Day** experience followed by debriefing

Sample

- N= 21 Students
- 14 Second Year Family Nurse Practitioner students
- 7 Psychiatric Nurse Practitioner students:

  4 First Year and 3 Second Year

Qualitative Analysis

Content analysis (Miles, Huberman & Saldana, 2013)

- Two DNP faculty completed line by line coding of each journal entry separately after training by PhD qualitative expert
- Team compared initial codes to identify similarities and differences between the FNP and Psych NP students' responses.
- Codes were combined to develop themes

Pre-Questionnaire

Meaning of Coordination of Care

Theme: Clear direct communication among providers to improve patient outcomes

Specialty	Notable Differences
PMHNP	Common goals/treatment plans
FNP	Time restraints and cost effectiveness

Examples of COC Experienced

- Elicited examples of treatment consults between 2 or more disciplines with some physician involvement
- Witnessed interactions
- 2 of the 21 students included the patient and family

Benefits of COC to the system

Theme: Better outcomes for patients at a lower cost

Specialty	Notable Differences
PMHNP	Decreasing pt. stress and worry; increased pt. safety
FNP	Reducing duplicate services and medical errors

Post- Questionnaire

Ideas Changed

Theme: Benefits the patient with a realistic plan through teamwork

Specialty	Notable Differences
PMHNP	Equitable Care, COC requires practice and skill
FNP	More difficult than previously thought

Future Practice changes

Theme: Include patient more- *"Ask the patient what they want"*, increased collaboration with other disciplines and increased communication with patients

Specialty	Notable Differences
PMHNP	Seek out COC opportunities in future employment
FNP	Slow down pace during visits and reduce amount of info given at one time

Was this worthwhile?

- 3/21 students had doubts about how realistic or feasible COC is in practice
- 19/21 were positive and optimistic
- 1 felt the resources & experience elicited critical thinking skills

Implications for DNP Education

- Use simulation to engage and introduce COC concepts with Standardized Patients

- Use the SMARTER Methodology to map out the simulation

Feasibility

- Scheduling of SP Sessions
- SMARTER including Debriefing
- Pre/Post Questionnaire

Lessons Learned

- Standardized Patient (SP) interpretation of NP roles can vary and affect student interaction with SP
- Focus for SP and student is to coordinate a collaborative plan rather than assessment and diagnoses.
- Best combination: 1 Psych NP and 1 FNP

Lessons Learned

- DNP students inexperienced in educating patients during transition of care

- DNP students role transition from student to provider evident at intersection of patient concerns and feasible planning

Lessons Learned

- Beneficial experience that:
- Endorses patient inclusion in treatment plans
- Provides ***intradisciplinary*** experience
  - Enhances nursing consultation with each other
  - Promotes exploration of different nursing specialties scope of practice
- Students enjoyed partnering and practicing together

Future Plan

- Incorporate COC SP experience into DNP curriculum
- Open experience to multiple nursing specialties; Acute Critical Care, Geriatrics & Pediatrics

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