Cross-Training Nursing Graduates in Psychiatry and Medicine

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Joseph and Wolf Lebovic Health Complex
Bright Minds. Big Hearts. The Best Medicine.

Objectives

- Understand the prevalence of medical and psychiatric co-morbidities
- Understand nurses' attitude towards patients with co-morbidities and training
- Critique the cross-training model
- Explore a potential creative model of care at own hospital

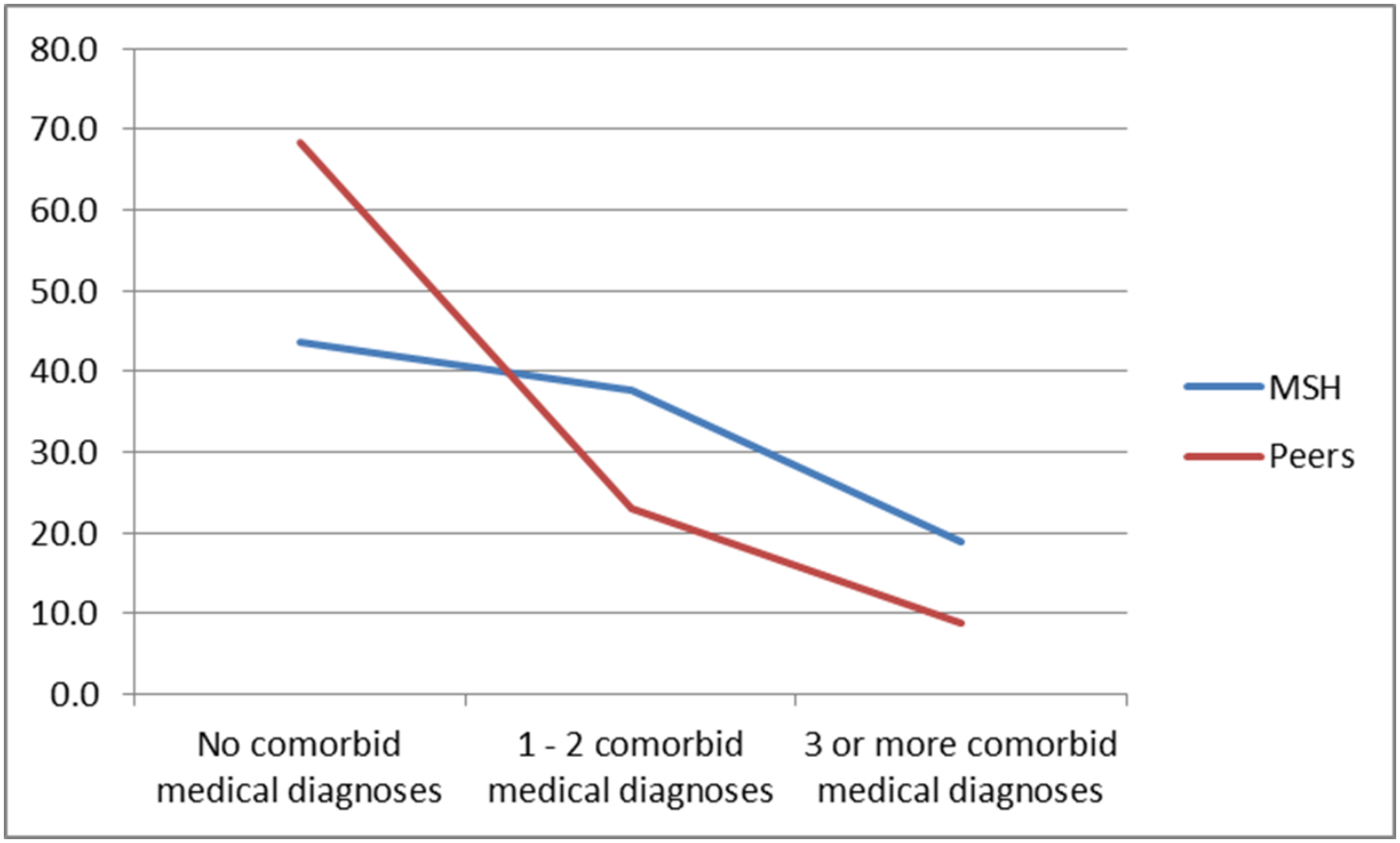
Problem 1/3

- Traditionally nurses are trained to specialize in one area and are expected to care for a specific patient population.

Problem 2/3

- Clinically there are increasing challenges posed by patients admitted with co-morbid medical and psychiatric illnesses.

Our psy patients have more medical comorbidities CIHI Q2 2014



Problem 3/3

- Gap exists in providing holistic and competent nursing care to patients with co-morbidities on either psychiatric or medical unit.

Prevalence

Persons with severe mental illness

- higher rates of medical comorbidity (Bartels, 2004; Daumit, Crum, Guallar, & Ford,2002; Dickey, Normand, Weiss, Drake, & Azeni, 2002; Howard & Gamble, 2011; & Robson, 2012)
- fewer medical visits compared to general population (Cradock-O'Leary, Young, Yano, Wang & Lee, 2002)
- poorer health behaviors (Bartels, 2004)
- substantial metabolic and neurological side effects from psychiatric meds (Bartels, 2004)
- face barriers in obtaining primary care services (Bartels, 2004; Carney, Jones, & Woolson, 2006).

Nurses' attitude towards comorbidity

- attitudes towards patients with psychiatric illness are often negative and patient outcomes are often poorer for those medical inpatients with psychiatric comorbidities (Atkin, Holmes, & Martin, 2005; Harrison & Zohhadi, 2005; Munro, Watson, & McFadyen, 2007; Zolnierek, 2011)
- did not have the skills, training, or support to care for the patients with comorbidity, which contributed to low levels of job satisfaction (Harrison & Zohhadi, 2005)

Nurses' attitudes towards training

In Australia Reed & Fizgerald (2005)

- 50% of nurses expressing negative attitudes towards patients with psychiatric comorbidities
- majority indicated a strong desire to be able to provide care for patients with mental health problems
- required education and support to achieve this goal

Nurses' attitudes towards training

In UK Robson & Haddad (2012)

- nurses had more positive attitudes caring for patients with comorbidities after having attended additional training
- no evidence in relation to nurses' level of knowledge.

Nurses' attitudes towards training

In North Europe (Svediene, Jankauskien, Kusleikaite, & Razbadauskas (2009)

- most nurses had positive attitudes towards the patients
- only about 45% of them had knowledge on how to care for the patients.

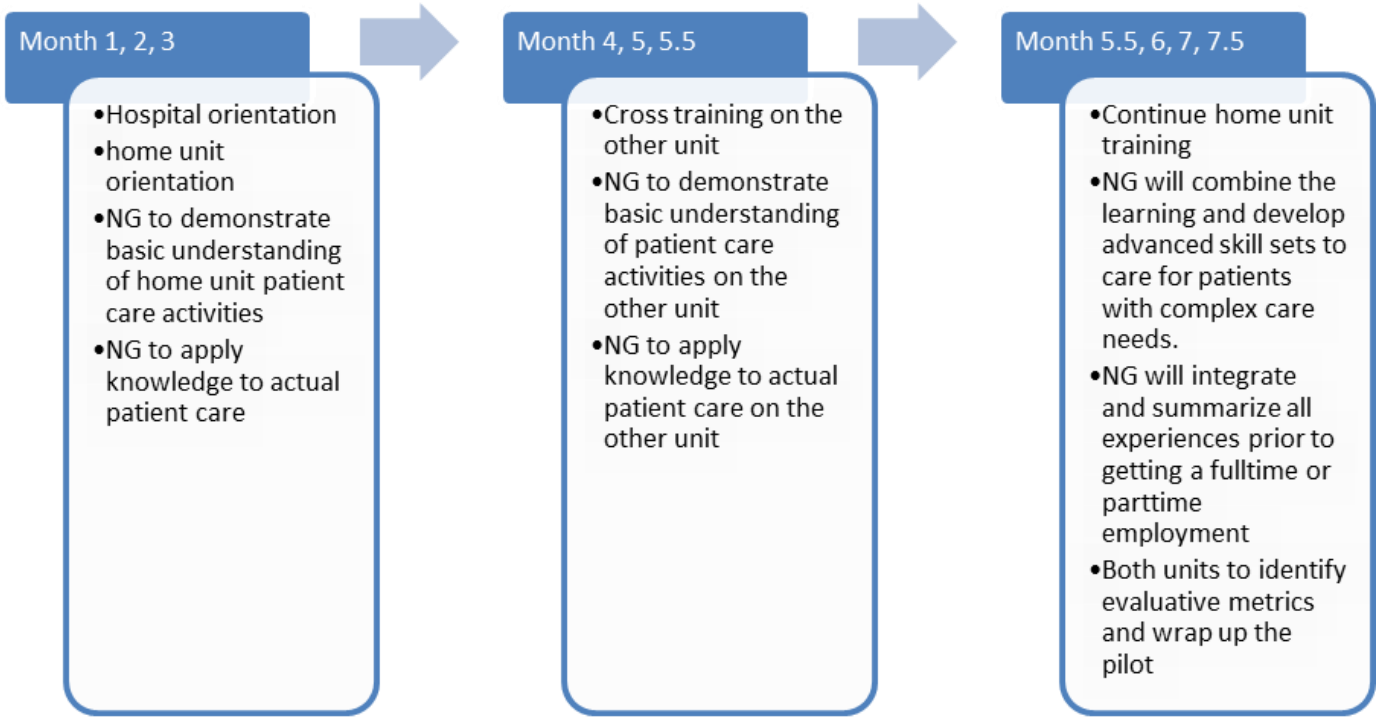
Background of the project

- To optimize safe patient care and expand nursing skills for those interested in learning new skill sets, nursing leaders at a hospital piloted a cross-training model for enthusiastic nursing graduates who were hired under the Ontario Nursing Graduate Guarantee Initiative funding.

Cross-training

- Connelly (1995) defined cross-training as “the process by which a staff member without previous experience is introduced to the goals, policies, procedures, role expectations, physical facilitates, and special services in a new area”.

Started from planning



Relevance

- Considering the change in patient population throughout the healthcare system, this cross-training pilot project allows leaders to review existing structure of staff recruitment and staff development.
- The gap in developing both psychiatric and general internal medicine nurses warrants creative thinking and strategic planning for visionary nursing leaders at other hospitals.

Enablers

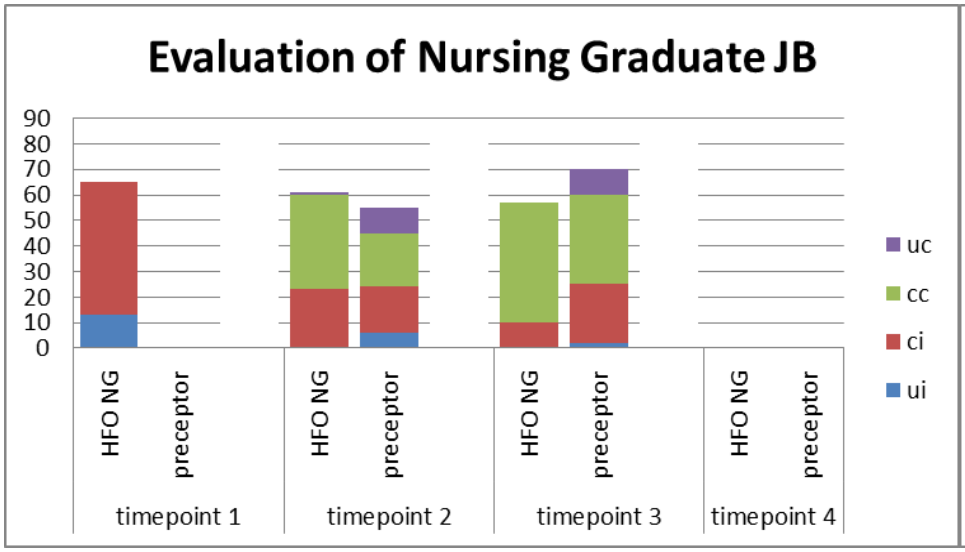
- Support of senior leadership and HR
- Both units facing similar struggles
- NGs interested in obtaining additional skill sets
- Existing staff in support of cross-training NGs
- Peers of NGs admiring the opportunity
- Interprofessional team members supportive

Barriers

- Union leaders questioned the “why” and “why not”
- Lack of a valid evaluation tool
- Two bodies of knowledge/skill sets with one evaluation tool

Evaluation

Evaluation of nursing graduates participating in cross-training on both psychiatry and GIM
Guided by CNO professional standards and Sinai's Patient Services Professional Practice Model (PSPPM), the nursing graduate (NG) recruited under HFO funding will demonstrate the following behaviors upon completion of his/her training and cross-training on psychiatry and general internal medicine. Evaluation will be done at four separate points: (a) at the start of home unit orientation (Time Point 1), (b) at the end of home unit orientation (Time point 2), (c) at the end of the cross-training unit orientation (Time point 3), and (d) at the end of the HFO experience (Time point 4). For evaluative purposes the NG will self-evaluate own competency for each indicator using a 4-point Likert Scale, where higher scores indicate greater perceived competencies. The preceptor will use the same tool but will only need to evaluate the NG's progress at time point 2, 3, and 4.
Using patricia Benner's concept of novice to expert and adapting from Sprague and Stuart (2000) competency applications, this evaluation tool uses 4-point rating scale to describe NG's progress. 1= novice, NGs don't know what they don't know (unconscious incompetence); 2= advanced beginner, NGs are aware what they need to learn (conscious incompetence); 3= competent, NGs have competence but must act deliberately (conscious competence); 4= proficient, NGs exercise skills or practice automatically and instinctively (unconscious competence).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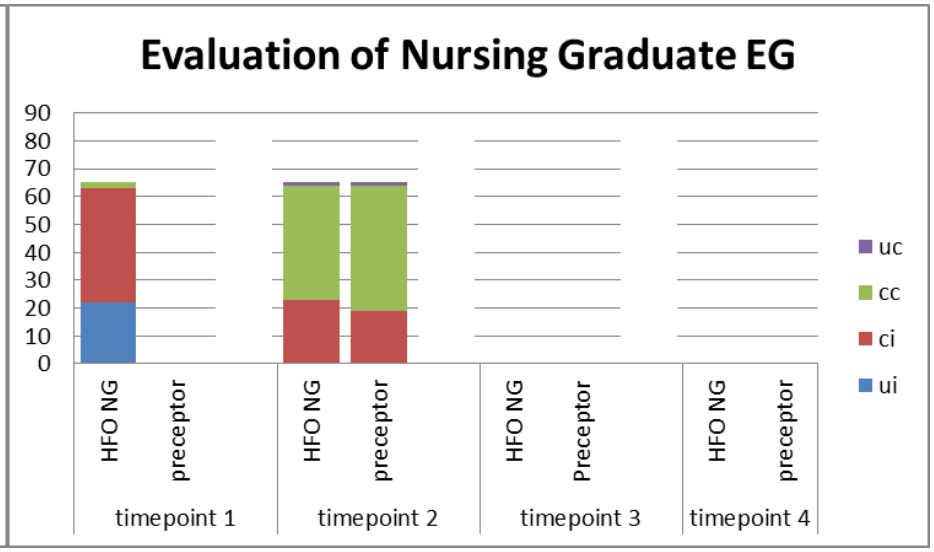
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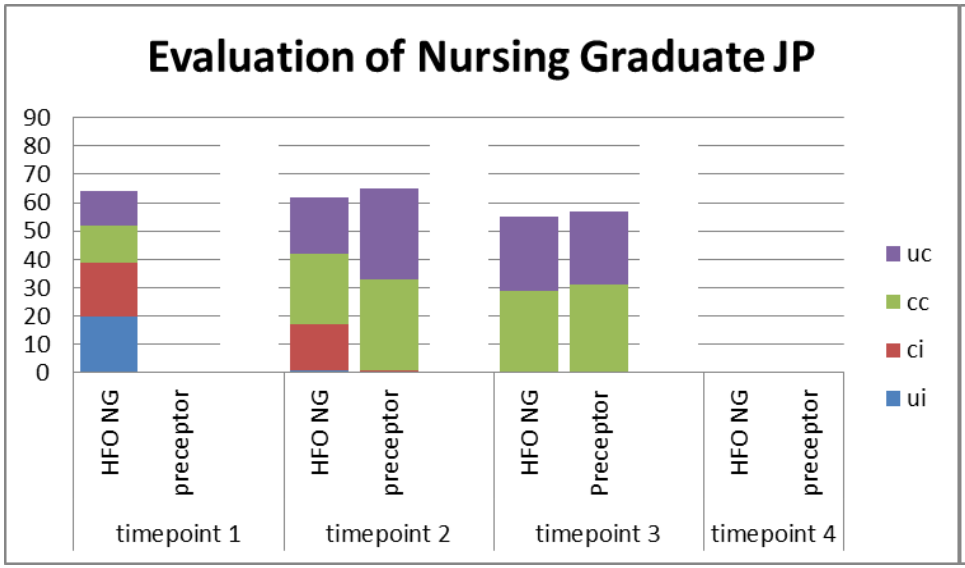
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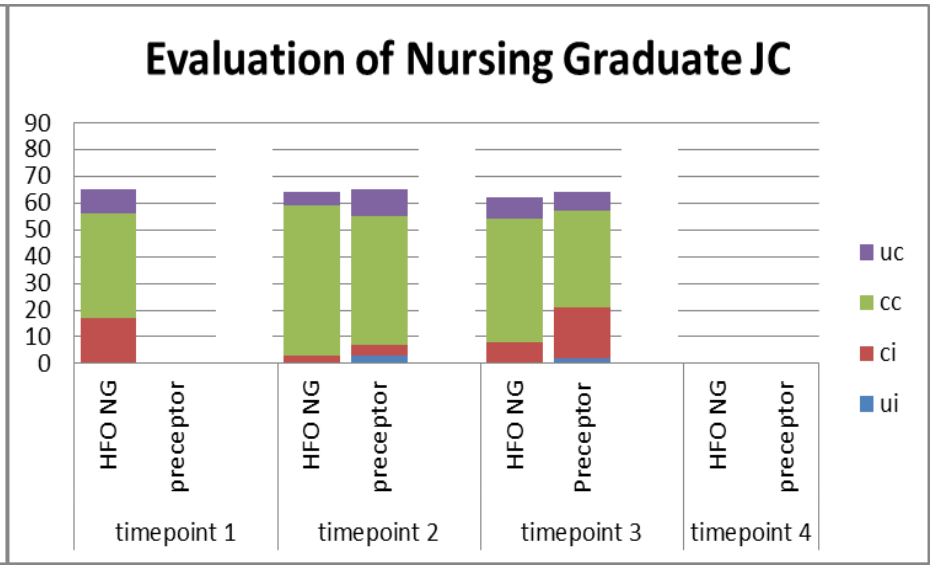
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Evaluation cont'd

- Challenges with measurement
- What is it to be a nurse? To be a competent nurse? To be a competent nurse caring for patients with co-morbidity?
- How do NGs assess and identify patient care issues?

More thoughts on evaluation

- Qualitative study
- Chart audits
  - compare 10 entries of nursing notes between cross-trained NG and non cross-trained NG
  - Review documentation to assess how NG identify patient issues
- Observation

What we have done on Psychiatry

Training

- Support staff to attend U of T Faculty of Nursing physical assessment course
- Conducted unit-specific training on IV therapy; safe patient transfers; falls prevention

What we have done on Psychiatry

Resources

- Enhanced collaboration between CNSs of various units to support care of patients e.g. PICC line, G-tube, wound care
- Introduced hospitalist who attends rounds and assists psychiatrists in addressing medical issues
- Developed medical emergencies protocol that clearly defines processes, resources in the case of medical deterioration
- Ongoing evaluation of equipment to support safety of patients and staff e.g. assistive devices for transfers, new medical beds

What we have done on Medicine

- Provide comprehensive in-class training on GPA
- Provide Crisis Training in managing patients with challenging behaviors.
- Involve Geriatric Psychiatry in care planning and education
- Train unit-based delirium champions
- Provide unit-based education guided by RNAO BPGs
- Consult and collaborate with BOOST in developing individualized care plan

Sustainability and Next Steps

- Once cross-trained and finished HFO, NG can work on either unit when opportunity exists
- NG shares learning with colleagues on home unit by providing in-service sessions
- Work with HR and other units to explore existing interested staff for the cross-training.
  - Length of training depends on funding and staff competency level
- Evidence of knowledge application

Recommendations

- Enhanced collaboration between hospitals and nursing schools to increase learning opportunities for nursing students in different specialty areas.
- Research ideas

Thank you