Integration of Behavioral Health Content Into a Family Nurse Practitioner Residency

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Methods

Purpose: The purpose of this project was to modify an existing Washington State FQHC residency program as it extended into the south Puget Sound region. Pre-existing program curriculum was adjusted to increase behavioral health content. These alterations were done in a manner as to not interfere with the current accreditation of the overall residency program.

Ethics/Design: This program development project was approved by the internal review board (IRB) of the FQHC. All survey responses collected were anonymous and given voluntarily by participants after proper consent. This project utilized a descriptive quantitative design for evaluation.

Tools: The AIMS self-assessment is a tool designed by the University of Washington for use by varied care team members to gauge their participation level in collaborative care. It was modified for this project, with permission.

Intervention: Curriculum design for the program focused on development of increased content for behavioral health in primary care didactic trainings and schedule modification to accommodate increased time with preceptors in this discipline. Past residents had four didactic training sessions related to behavioral health per year. This was expanded to twelve sessions throughout duration of residency. The increased frequency of didactic sessions for behavioral health Incorporated interactive discussion and lecture. These sessions were further strengthened by utilizing case review of actual patients to look for quality gaps as a learning experience and interactive root cause analysis. Behavioral Health didactics were held monthly, beginning in November 2020, via teleconference and were 3-4 hours in length. Didactic topics addressed the assessment, diagnosis, and management of varied behavioral health across the lifespan (Figure 1).

Results

The ANOVA conducted on average AIMS score did not demonstrate a significant difference (p = .327). Analysis was then performed on each of the 20 items. The individual questions with significant differences between groups asked the residents to rate their competence in the following areas: Q7 Prescribe Psychotropic Medications (p = .005), Q10 Provide Evidence Based Psychotherapy (p = .038), Q15 Reach out to Patients who are Non-adherent or Disengaged (p = .044), and Q20 rates the resident’s confidence in their ability to facilitate changes in treatment plan (p = .032).

Discussion

The method of teaching for each didactic topic was informed by availability of subject matter experts, and the complement of each subject to a specific technique. Innovative teaching methods and sessions with guest speakers elicited interaction from the learners. Guest lecturers represented varied healthcare roles and levels of credential. The commonality amongst them is their commitment to mastery in their respective fields and their generosity in sharing their knowledge. There were two unexpected discoveries when analyzing the responses to the modified AIMS self-assessment tool. 1) The lack of significant difference between the mean scores of the previous graduates and the initial score of the 2020/2021 residents. A possible contributing factor to is the retrospective nature of the responses of the classes prior to 2020. 2) The strong rating for question 15 in the beginning of the first quarter by the 2020/2021 cohort. This may be related to an initial underestimate of the scope of this task by the residents.

Project strengths included: working with an established, well-structured FNP Residency, support and guidance from the program and site directors, availability of technology, guest presenters, and the earnestness of the residents. Limitations included: COVID-19, use of self-report for data collection, time constraints, and author inexperience with behavioral health

Recommendations

• This project will be continued for the purpose of collecting survey responses from the current cohort at the end of their residency. These responses will be analyzed in the same manner as the previous survey responses.
• The enhanced behavioral health curriculum will continue and is laying a foundation for growth into an integrated residency for both FPNs and PMHNPs.
• Share didactic lessons, via teleconferencing software, with other FQHC Residency programs.
• Gather data related to the utilization of behavioral health services by providers within the organization who graduated from the residency program prior to 2021 versus providers within the organization who graduated after the increased behavioral health content.
• Future outcomes measurements should focus solely on real time responses and not on retrospective participation.