

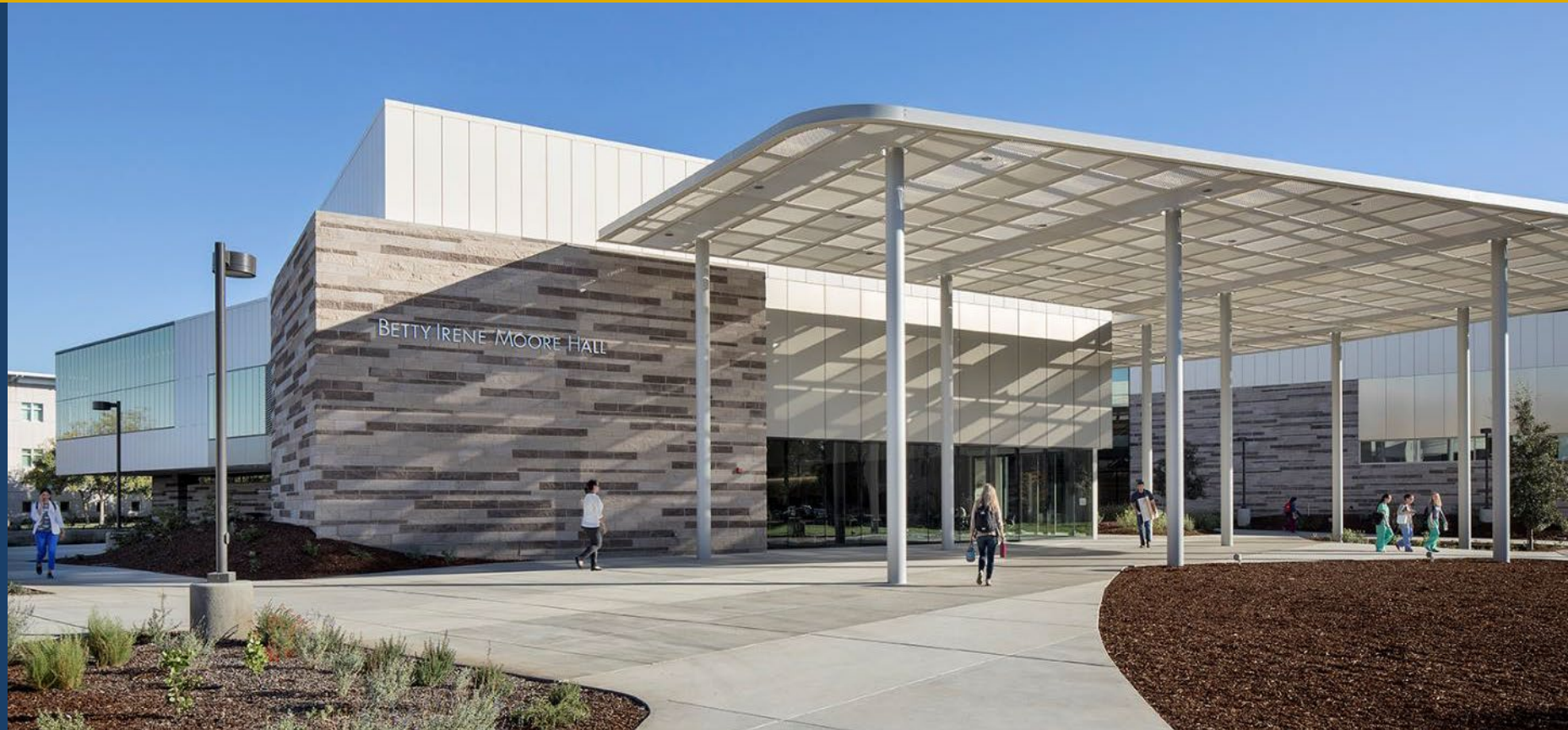


**“Remediation and Fostering a Collaborative Learning Environment”.**

## BETTY IRENE MOORE SCHOOL OF NURSING

Deb Bakerjian, PhD, APRN,  
FAANP, FGSA, FWAN, FAAN

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Practice and Clinical Professor



# Learning Objectives

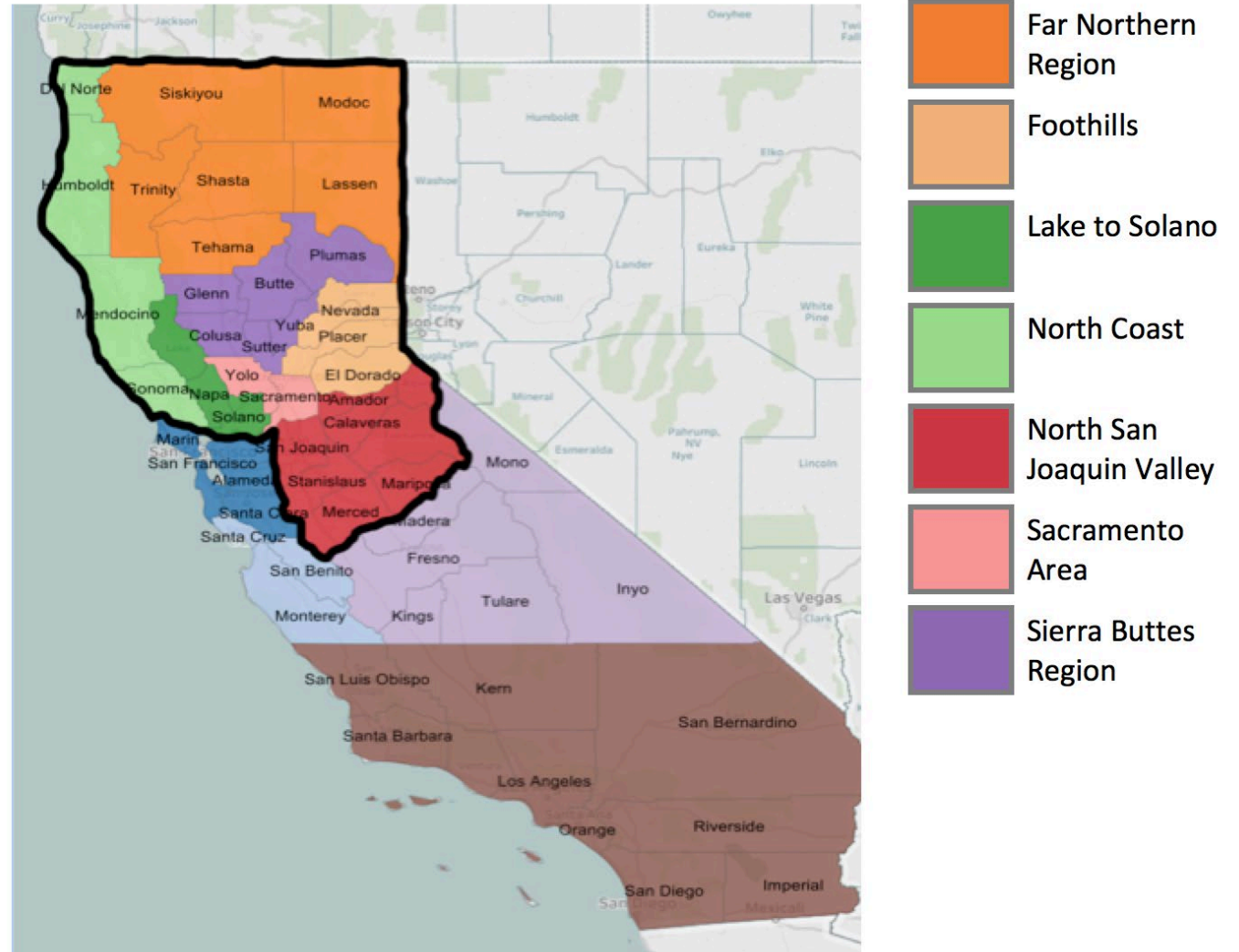
At the end of this presentation, participants will be able to:

1. Discuss workforce education issues in primary care.
2. Examine how grant funded activities can enhance traditional curricula.
3. Evaluate the usefulness of the retrospective pre-post-evaluation process.

Dr. Bakerjian has no disclosures.

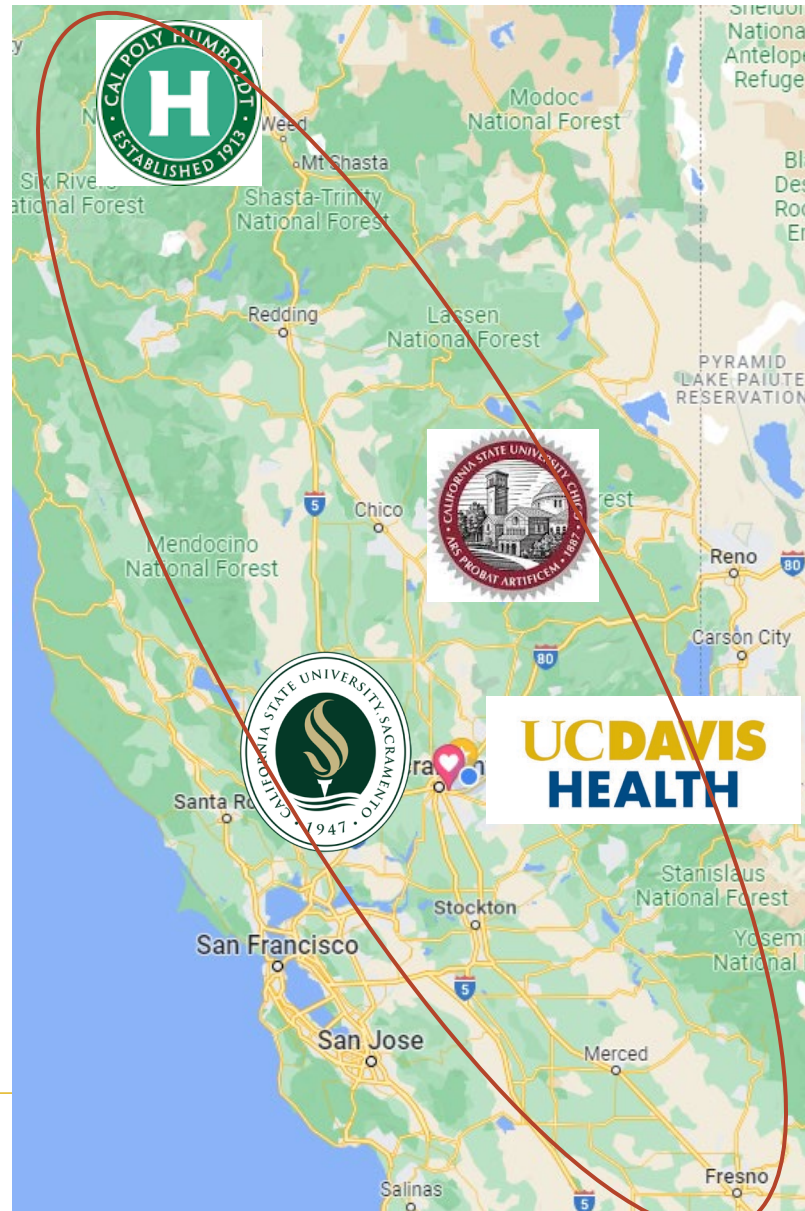
# UCD Health Service Area

- UCDH service area 65,000 sq miles (> 1/3 of state)
- 33 counties
- 6.1 million residents in primarily rural Northern California



# Clinical & Educational Community Partnerships

## Sacramento area sites:



## Regional sites:



# Grant Related Focus

- Workforce enhancement
  - 6 HRSA grants in the last decade
  - 7 Song-Brown grants
- Primary care support
  - FNP and PA programs
  - SOM: medical students and 1<sup>st</sup> – 3<sup>rd</sup> year primary care residents
  - Pharmacy: 4<sup>th</sup> year pharm students and 1<sup>st</sup> & 2<sup>nd</sup> year residents
  - MEPN Pre-Licensure nurses: enhance readiness for public health nursing
- Interprofessional team-based care

## ONGOING HRSA GRANTS

- Advanced NP - Primary care Residency in Addiction, Chronic care, Telehealth, Improvement science, Collaboration & Equity (Advanced NP-PRACTICE)
- Integrative Nurse-Led Mobile Clinic (IN-LMC)
- System-transforming, Patient-centered, Longitudinal, Interprofessional, Community-based Education - (SPLICE)
- PA - Primary care and Rural Opportunities for Mental health Integration and Substance use Education (PA PROMISE)
- Public Health Nursing: Empowering Nurses, Teaching Rural care Using Simulation Training Program: Division of Nursing and Public Health: (PHN ENTRUST)

# Programs Design

- Learner focused activities
  - Asynchronous, short didactic content
  - Simulations
- Program goals
  - Fill gaps in the curriculum
  - Focus on key skills – motivational interviewing, listening, critical thinking, decision making
  - Reinforce important content areas or skills
    - ✓ chronic disease management, MAT training, addiction, rural health,
    - ✓ Public health nursing
    - ✓ Nexplanon
  - Emphasizes team-based care
  - Enhances critical thinking
  - Reinforces clinical competencies & decision-making
- Community engagement
- Realistic simulations (tabletop, distance learning) in situ & online
  - Well developed cases, families, context (SDOH) -Underserved populations
  - Robust faculty training and training guides enhances participation
  - Strong evaluative process

# Interprofessional Education Outside the Classroom

## Short web-based, interactive ppts- prep for clinic

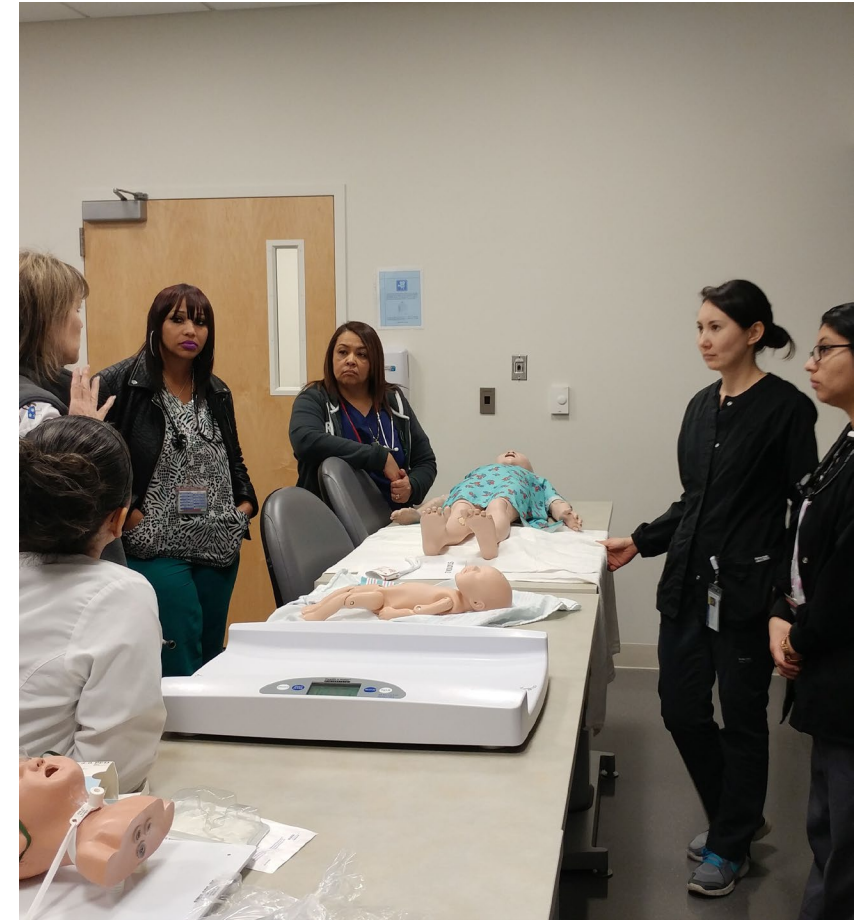
- IPEC competencies
- Quality improvement
- Health coaching
- Chronic disease management – DM, CHF, ESRD

## Simulations- prep for clinic/reinforce didactics


- Chronic conditions (HTN, DM, depression)
- Medicated assisted treatment & opioid use disorder
- Dementia
- Pediatric asthma

## FQHC Clinic Experience

- 8-16 hrs/quarter – Yr 1 NP, PA; Yr 1-2 Medical students
- 4-16 weeks – Yr 2 NP, PA students
- Year long – Medical, NP & Pharmacy Residents

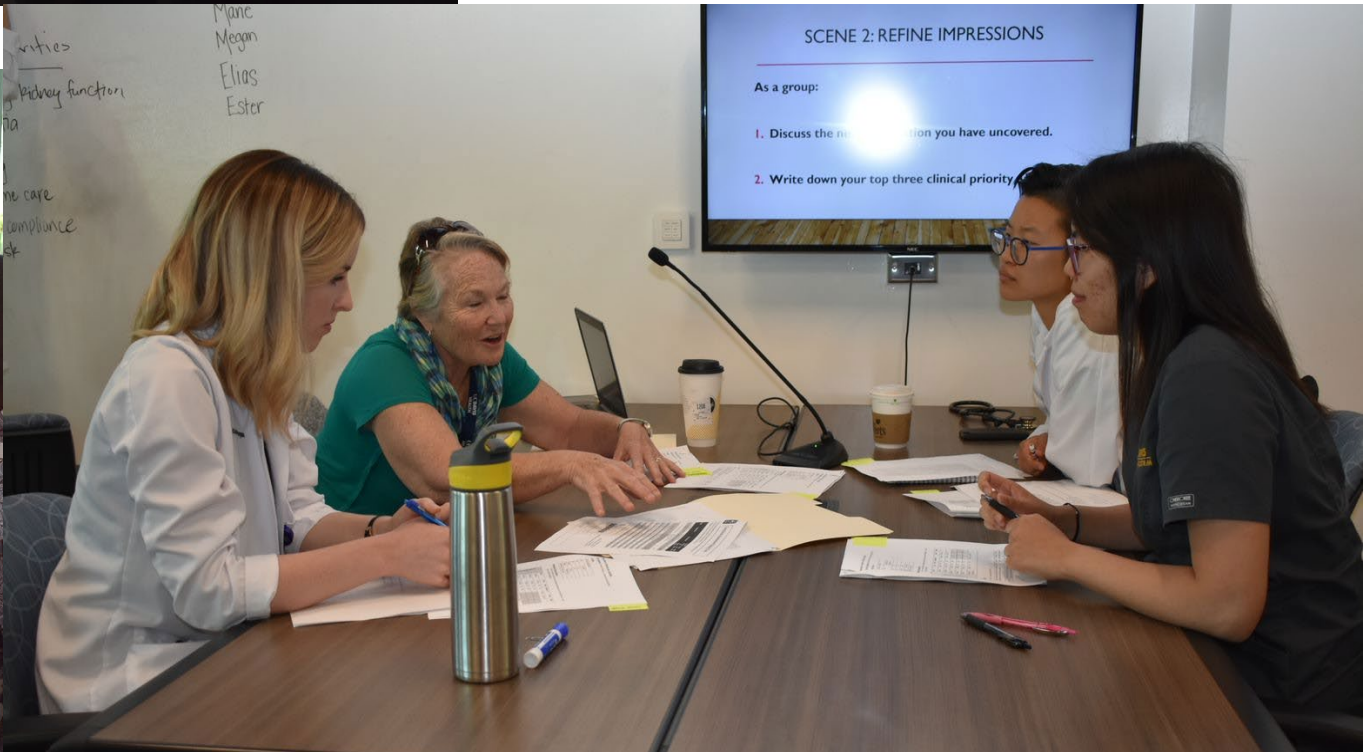
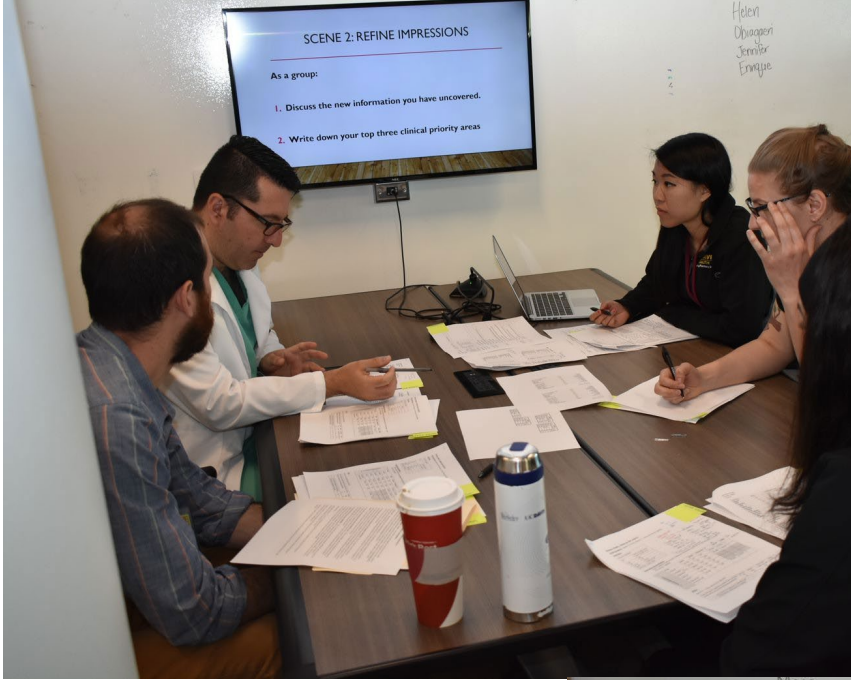






Ambulatory Care  
Interprofessional  
Teams

# IP Faculty facilitate teams at tables



# Educational Activities – NP Residents

- Immersion 10 full days
  - 5 online
  - 5 in person
- Wednesday – Education Day
  - 2-3 half days per month online
  - Wound care modules
  - QI project
- Quarterly 3 days In-person
  - Skills focused
  - IUD, Suturing, Nexplanon

### Overview of Session(s)

This 1-hour long session focused on selecting, administering, and interpreting newborn assessments among those commonly used in primary care settings. It was a combination of pre-learning materials, lecture and discussion and was conducted in a classroom setting at Administrative Support Building 2310.

Feedback was collected using a retrospective pre-post evaluation and showed statistically significant improvements in learner confidence as indicated below.

### Quotes from Learners

“ Going over the newborn assessment was useful, but I didn't really need to work with the baby doll. Most of the experiences I am missing with working with babies is when there are abnormal exams like with checking for hip dystonia and cranial or palate issues. ”

“ Loved all the labs and peds PE [pulmonary embolism] practice. ”

“ The whole day was really useful, and I really appreciated the hands-on skills lab! ”

### Participants

#### Learners Type and Total

NP residents  
(9 FNP & 1 AGNP) n = 10

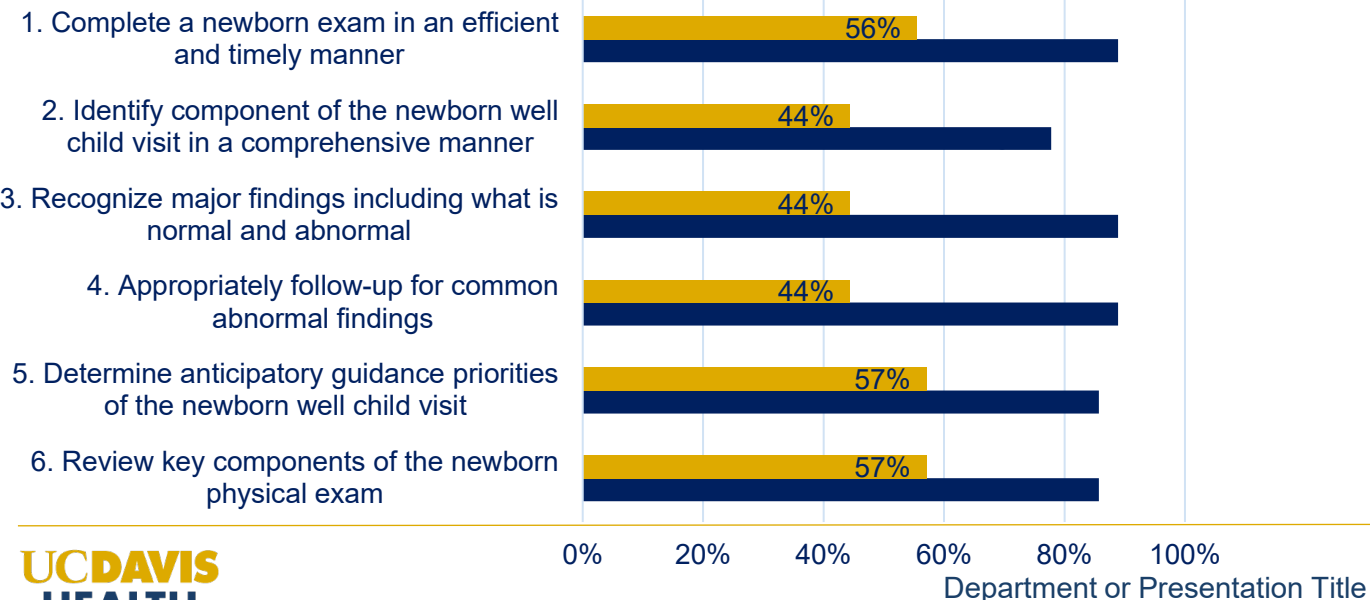
### About the Learning Objectives for Newborn Assessment

#### Thinking about before the session and after, how CONFIDENT are you in your ability to:

Percent who answered somewhat or very confident (n= 9)

(rating scale 1=not at all confident, 4=very confident)

■ BEFORE

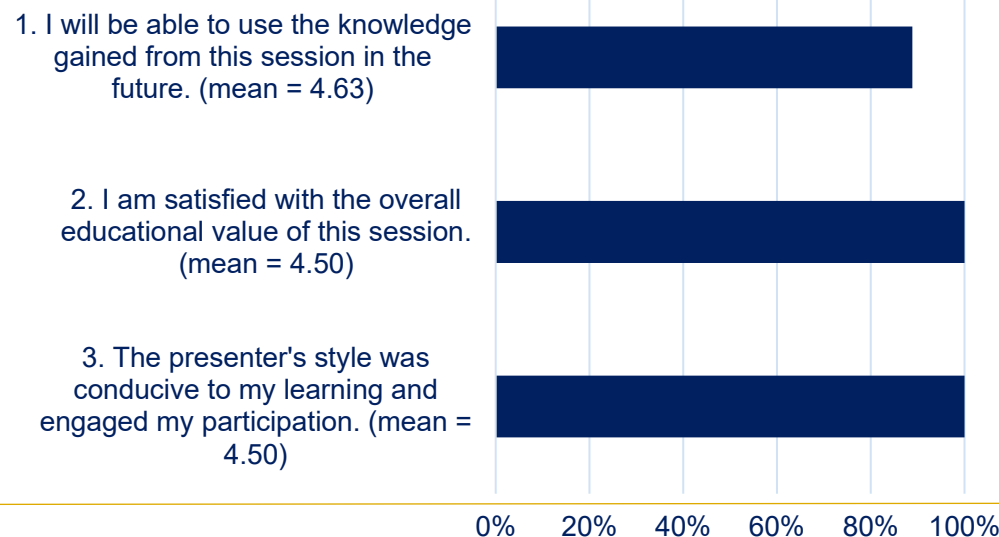


#### Please indicate your level of agreement on the statements below:

Percent who answered somewhat or strongly agree (n= 9)

(rating scale 1=strongly disagree, 5=strongly agree)

■ MEAN



### Overview of Session(s)

This 1-hour long session focused on selecting, summarizing, and determining the best practices for lab and diagnostic testing/imaging among those commonly used in primary care settings.

It was a combination of lecture and discussion and was conducted in a virtual format via Zoom. Feedback was collected using a retrospective pre-post evaluation and showed statistically significant improvements in learner confidence as indicated below.

### Quotes from Learners

“ I also really enjoyed the clinical lab scenario and having Mr. Van Auker explain different aspects of the labs to us. I also enjoyed how Gordon pushed us to justify why we were ordering one lab vs. another. That section really challenged me. ”

“ The diagnostic case study was a bit tough and confusing, but good to go through it. ”

“ Please keep the lab and Dx testing lecture. It was a very nice refresher. Additionally, applying are knowledge in lab and diagnostic ordering while utilizing a difficult case study was so much fun and very educational. Please utilize more case studies like this with John and Gordon perhaps breakout sessions. ”

### Participants

#### Learners Type and Total

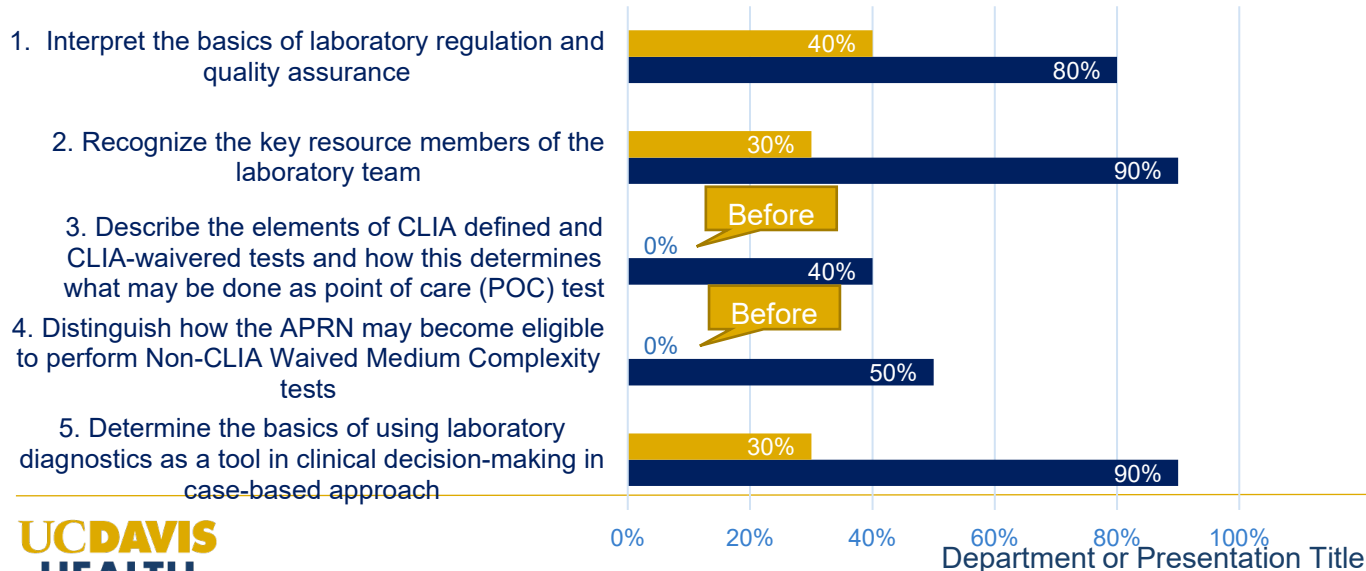
NP residents  
(8 FNP & 2 AGNP) N = 10

## About the Learning Objectives for Lab & Diagnostic Testing/Imaging

Thinking about before the session and after, how CONFIDENT are you in your ability to:

Percent who answered somewhat or very confident (n= 10)  
(rating scale 1=not at all confident, 4=very confident)

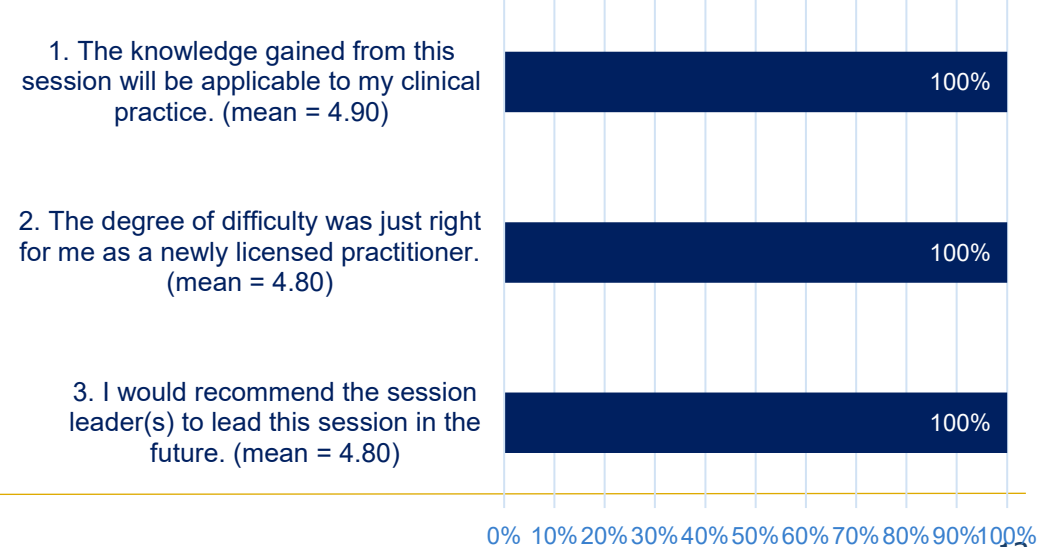
■ BEFORE ■ AFTER



Please indicate your level of agreement on the statements below:

Percent who answered somewhat or strongly agree (n= 10)  
(rating scale 1=strongly disagree, 5=strongly agree)

■ MEAN



# MAT Simulation | Spring 2018 & 2019

## Medication-Assisted Treatment (MAT) Activity

- Incorporated Clinical Skills Course
- 100% completion of 24-hours waiver training
- Participants:
  - 156 learners from FNP/PA
  - 28 Standardized patients
  - 25 Faculty/clinician facilitators
  - 7 Residents

Overarching Goal:  
How to have a difficult conversation with a patient's opioid use disorder



# Participant feedback

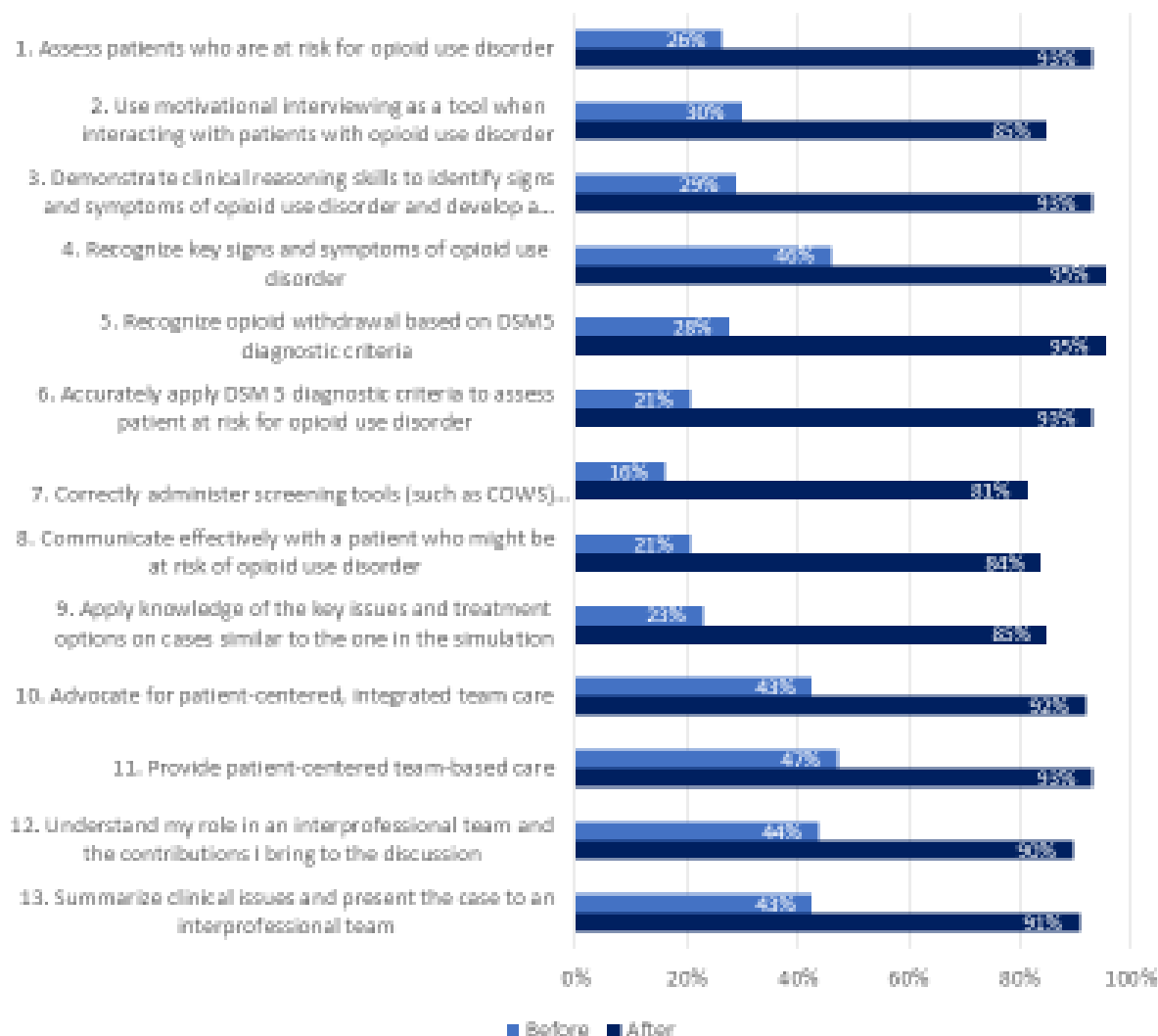
“Really enjoyed hearing perspectives from other healthcare professionals and students”



## About the Learning Objectives

Please indicate your level of confidence:

Percent who answered somewhat confident to very confident (n = 87)



## Participants & Facilitators

### Type and Number of Learners

Family Nurse Practitioner Y2	20
Physician Assistant Y2	66

Total 86

### Type and Number of Facilitators

Nurse Practitioner (10) Inc. Charity Tan,
Physician Assistant (3), Medical Doctor (2),
Pharmacist (4), Registered Nurse (2), PhD (1)

Total 22

## Quotes from Learners

- *Dr. Van Auler is AMAZING. She is such a great educator and facilitator. She really contributed to my overall experience positively. – NP, year 1*
- *Spending just a bit more time going through the COWS /DSM V criteria prior to the patient interview so that then we can more accurately make a diagnosis. MD, year 2*
- *I think it was all very helpful especially having the pharmacist and physician present & facilitate the discussion. –NP, year 1*

## About the Experience

Please rate the statements below about the simulation experience:

Percent who answered somewhat agree or strongly agree

1. I will be able to use the knowledge gained from this simulation experience in the future	95%
2. The level of difficulty of this scenario was just right for me	97%
3. Working on this case as a member of an interprofessional team added value to my professional development	93%
4. I am satisfied with the overall educational value of this simulation experience	95%
5. I think I will continue to reflect on and learn from this experience	95%
1. How likely are you to change your practice behaviors when dealing with patients at risk for OUD?	88%
2. How likely are you to obtain MAT waiver to prescribe buprenorphine for treating Opioid Use Disorder (OUD) in the future	95%



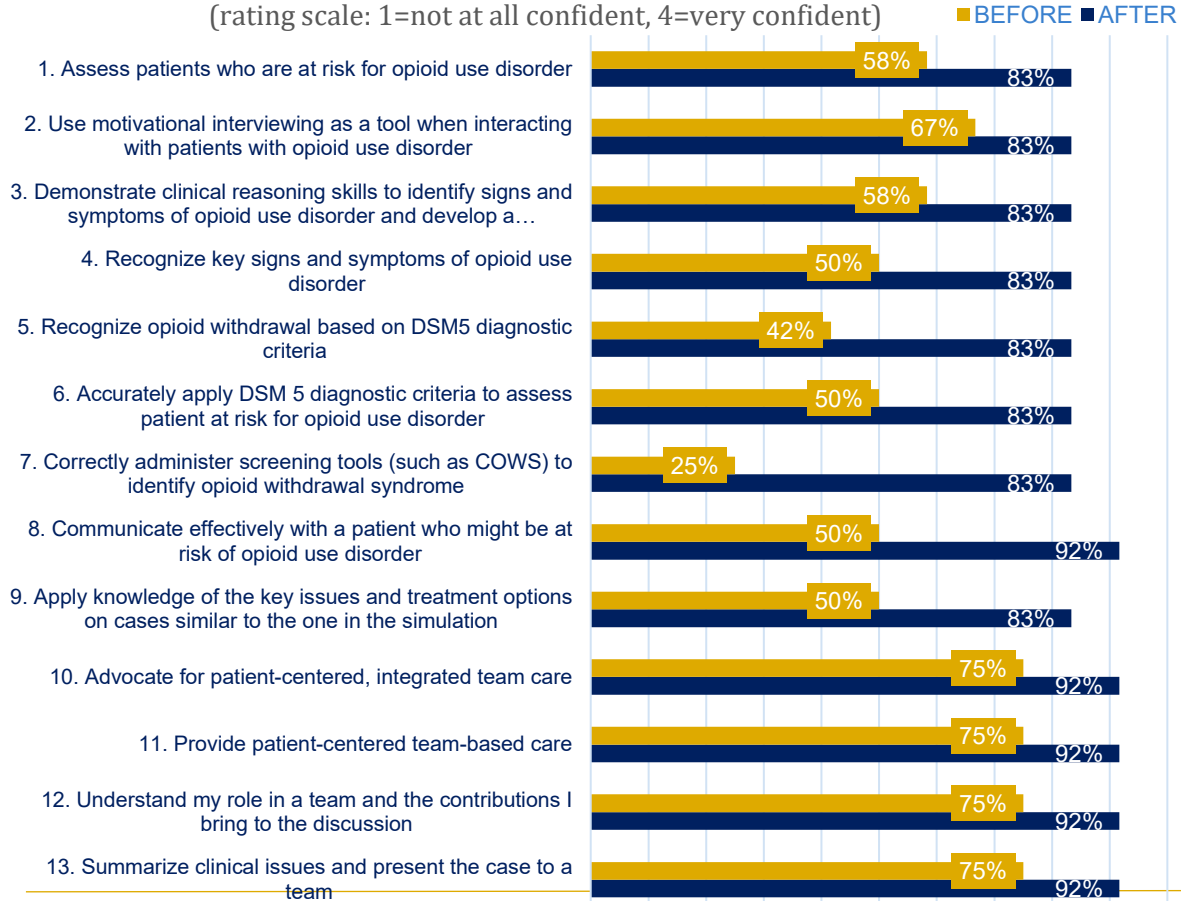
## Advanced NP-PRACTICE

Primary care Residency in Addiction, Chronic pain, Telehealth, Improvement science, Collaboration and Equity

### About the Learning Objectives

Please indicate your level of confidence:

Percent who answered somewhat confident to very confident (n = 12)  
(rating scale: 1=not at all confident, 4=very confident)



### Participants

#### Learners & Facilitators Type and Total

NP residents (6 FNP & 2 AGNP)	n = 9
Medical residents (3 Internal Medicine)	n = 6
<b>Total</b>	<b>15</b>
<b>Facilitators</b>	
1 SOM Faculty (inc. Sara Teasdale), 1 SON (inc. Laura Van Auken), 3 Clinicians (2 IM & 1 PharmD) & 6 SON Staff	n = 11

#### Experience with telehealth

No experience	1
Little to no experience (10 or fewer visits/year)	3
Some experience (11-20 visits/year)	4
Considerable to extensive (21 or more visits/year)	4

### Quotes from Learners

*"I really liked this training. it was a great learning experience and gave us language for navigating these visits."* – NP Resident, Year 1

*"Loved the chance to have these delicate discussions with an SP and in small chunks rather than a complete interview to get to debrief and grow."* – MD Resident, Year 1

### About the Experience

Please rate the statements below about the simulation experience:

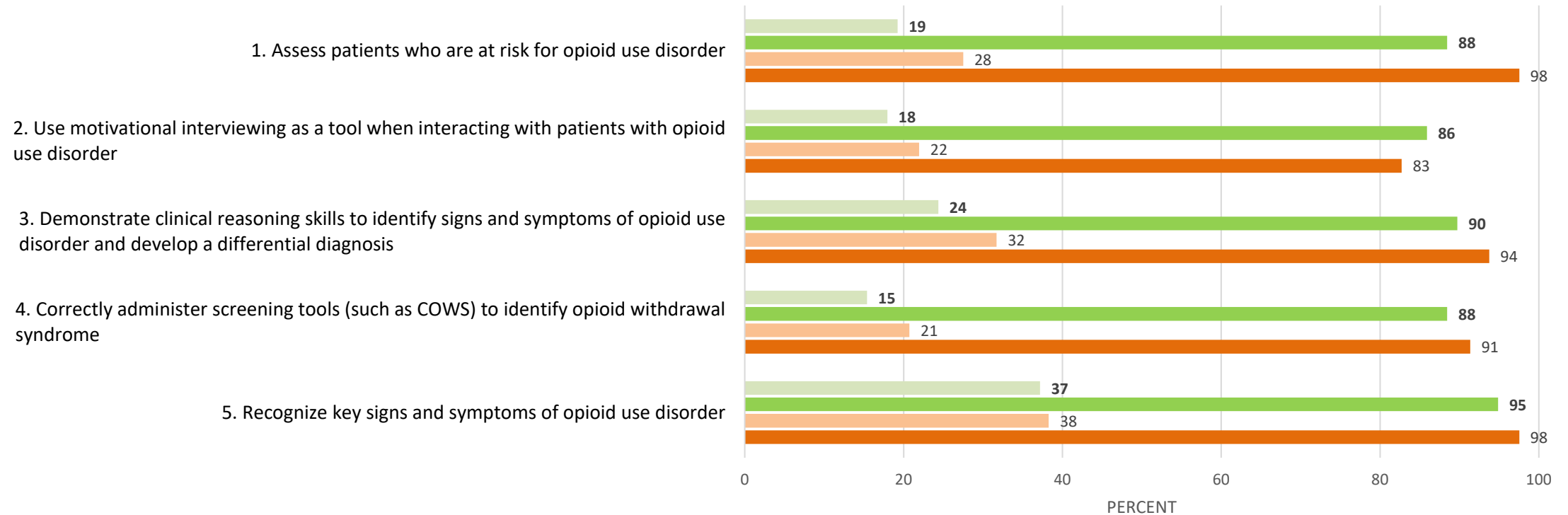
Percent who answered somewhat agree or strongly agree  
(rating scale: 1=strongly disagree, 5=strongly agree)

1. Able to use the knowledge gained from this simulation experience in the future (mean = 4.92)	100%
2. Working on this case as a member of a team added value to my professional development (mean = 5.00)	100%
3. I think the level of difficulty of this scenario was just right for me (mean = 5.00)	100%
4. I am satisfied with the overall educational value of this simulation experience (mean = 5.00)	100%
5. I think I will continue to reflect on and learn from this experience (mean = 5.00)	100%
1. How likely are you to change your practice behaviors when dealing with patients at risk for OUD? (mean = 4.67)	100%
2. How likely are you to obtain MAT waiver to prescribe buprenorphine for treating Opioid Use Disorder (OUD) in the future (mean = 4.75)	92%

## MAT SIMULATION 2019 IN-PERSON VS 2020 VIRTUAL

% somewhat to strongly agree 2019 n=82, 2020 n=78

■ 2020 Before ■ 2020 After ■ 2019 Before ■ 2019 After



# Qualitative Data

“I feel like it’s educational and facilitates a higher” level of thinking and collaboration

“Really enjoyed hearing perspectives from other healthcare professionals and students”



“The low-pressure setting also made me feel comfortable asking questions which helped me to learn a lot more”

# Opportunities for Remediation

- Bring students into enhanced simulation activities – low risk, low stress
- Team students and NP residents
- Team NP residents and medical residents
- Tabletop simulations & case studies – small group discussions
- Extra practice opportunities

# Conclusion

- Opportunity to reinforce learning – critical thinking & decision-making in a SAFE environment
- Focus on interprofessional teams can be valuable in early learning even as students are formulating their professional role identities & learning clinical content
- Simulation experiences offer valuable learning & can be done in low cost, low resource setting – online with standardized patients or only 1 SP in group setting
- Faculty training has enhanced experience for students & faculty
- Faculty guides & faculty pre-learning brings faculty back
- Use of retrospective pre-post evaluations provides greater accuracy in learning & allows learners to assess their own learning

THANK YOU!!

