

Objectives

By the end of this presentation, attendees will be able to:

- ► Identify the challenges that primary care providers navigate while serving in rural or underserved communities.
- ▶ Describe behavioral health course content that enhances the skills and knowledge of family nurse practitioner (FNP) students.
- ▶ Discuss the effectiveness of a comprehensive telehealth simulation with a behavioral health focus for FNP students.



The Problem

- ▶ Mental health specialist shortage limits access to behavioral health care-
- ▶ High rates of mental health comorbidities.
- ► Mental health disparities exist between rural residents and urban dwellers.
- ► Management and treatment of behavioral health mirror stepped care approach that of physical chronic illnesses.



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The Challenge

- ► Increase the primary care workforce prepared to work in rural and underserved areas
 - Establish academic practice partnerships with clinical sites in rural and underserved areas
 - Select a cohort of students with interest in serving rural and underserved communities
 - Enhance the FNP curriculum to meet this need



The Strategy

- ► Collaborative Academic Practice (CAP) program
- ► HRSA funded trainee program
- ► Recruits 12 15 students annually
- ► Program components:
 - Longitudinal clinical experience at a rural/underserved practice site
 - Competency-based innovative learning experiences
 - Telehealth
 - Social determinants of health
 - Behavioral health



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The Strategy

- ► Behavioral Health Curriculum
 - Two consecutive courses
 - Behavioral Health for Primary Care I (spring semester)
 - Behavioral Health for Primary Care II (summer semester)
 - Informed by SAMHSA-HRSA Core Competencies for Integrated Behavioral Health
 - Enhanced behavioral health skills for FNP students



The Strategy

Behavioral Health for Primary Care I

- ▶ Introduction to behavioral health
- ► Common behavioral health disorders
- Content
 - Models of care
 - Systems based practice
 - Therapeutic communication
 - Biopsychosocial approach
 - Overview of the DSM-5
 - Screening of common behavioral health disorders
 - Recognizing psychiatric emergencies

Behavioral Health for Primary Care II

- Management of common behavioral health disorders
- ▶ Content
 - Trauma-informed care
 - Non-pharmacological interventions
 - Pharmacological interventions
 - Comprehensive telesimulation experience



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The Intervention

► Comprehensive telehealth simulation experience



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- Chief complaint
- Vital signs
- Vitai signi
- Tasks
- GAD-7 screene
- PHQ-2
- EKG



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- Δccess nation
- Diagnose
- Develop treatment plan
- Student checklist



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- PEARLS debriefing tool
- Discussion:
 - Challenges
 - Diagnosis
 - Plan



The Outcome

- ▶ Direct outcomes of the telehealth simulation
 - Students effectively completed focused mental health assessments.
 - Students were able to differentiate between physiologic and psychiatric symptoms to arrive at a diagnosis.
 - Students were able to formulate individualized evidence-based treatment plans.



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The Outcome

- ▶ Behavioral Health Course
 - Student reflections
 - Mirrored complex behavioral health scenarios experienced during clinical immersion
 - Increased confidence with screening tools and communication strategies
 - Fostered interest in learning more about complex behavioral health conditions
 - Course evaluations
 - Appreciated FNP specific focus of courses
 - Learning activities and telehealth simulation invaluable
 - Suggested more case-based learning



The Outcome

- ► CAP Program Evaluation
 - Two cohorts have successfully completed the telehealth simulation experience
 - Improvements between pre- and post-program assessments
 - Competence
 - Knowledge
 - Communication skills
 - Clinical decision making
 - Documentation
 - Gap
 - Selecting evidence-based interventions that simultaneously address patient concerns and social determinants of health.



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References

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