

Development of a Nursing Education Intervention to Increase Confidence and Knowledge of Nurses Utilizing Group Motivational Interviewing (GMI) in the Outpatient Mental Health Setting

Theresa L. Moore MSN, PMHNP-BC

Team Members: Jon Coomer MSN, PMHNP-BC and Dr. Jennifer Barut PhD, MSN, RN

Vanderbilt University School of Nursing



INTRODUCTION

Topic

Treatment for Substance Use Disorders during the pandemic created unique challenges for outpatient mental health clinics. SUD relapse rates increased among patients in rural and underserved communities. Decreased health literacy resulted in decompensation and increased relapse rates. Due to CDC recommendations, many group therapy programs were cancelled or placed on hold resulting in increased isolation and decreased patient engagement rates.

Problem

The program director identified a need to increase patient engagement rates in an outpatient mental health clinic affiliated with a large academic medical center. The program provides patients access to the long acting injectable, Sublocade, for the treatment of opioid addiction. The clinic was unable to consistently maintain patient engagement rates above 50% for individuals enrolled in the Sublocade program.

Team Members

The Team members engaged in this QI initiative are Jon Coomer (VMC Administrative Director of Nursing, Ambulatory Services, Department of Psychiatry and Behavioral Services) and Dr. Jennifer Barut (VUSN VBH Matched Project Liaison, VUSN Small Group Faculty Member)

Aim

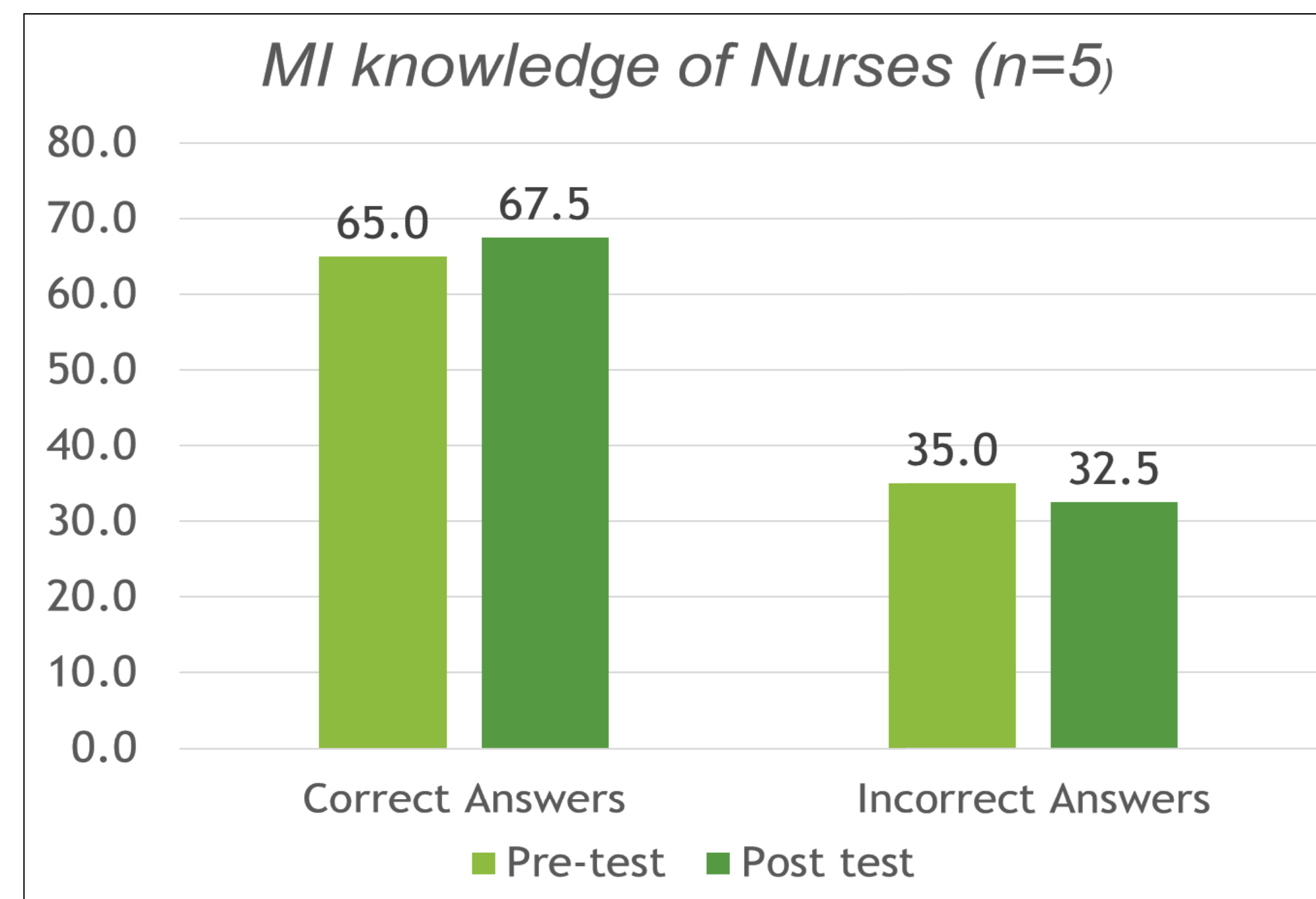
GMI has been shown to be efficacious in increasing patient engagement rates. The project goal was to:

- develop a nursing education intervention
- increase the confidence and knowledge of nurses in incorporating GMI skills and techniques while leading groups
- Examine the confidence and knowledge of clinic nurses following the nursing education intervention.

METHODS

Nurses were taught MI skills based on Rosengren's MI Skills Workbook. The online curriculum was divided into two modules: Foundations of MI and Applying MI Concepts to Leading Groups. Each module topic included a didactic lecture, supplemental videos, and journal articles. The estimated time to complete each module was approximately an hour. The Implementation plan and project timeline was conducted within a two-week timeframe. Nurses were encouraged to work through the online modules at their own pace during this timeframe and the summative assessment was conducted via zoom to provide a simulated patient experience. During the summative assessment, nurses had the opportunity to engage in a simulated group to practice skills in a safe, low risk environment.

The demographics, pre and posttest surveys were created via Redcap and served as a tool to collect the data. Descriptive statistics were used to analyze data. The percentage of nurses that reported an improvement in knowledge and confidence in utilizing MI skills to lead groups determined whether the project aim was achieved.



RESULTS

Knowledge in using MI

A slight increase of 2.5% was observed between pre-and post training. Nurses shared that time constraints due to staffing impacted their ability to engage fully with the GMI nursing curriculum.

Confidence in Leading Groups

Five of the seven areas of interest did not show an effect related to MI training. The pre-and post training ratings for Confidence clustered around "Agree."

Barriers

4 out of 5 participants reported engaging with the MI training modules for an hour or less. 40% of participants reported having 30 minutes or less to engage with the MI training modules.

IMPLICATIONS FOR PRACTICE

This quality improvement project represents another step toward creating and implementing a nursing education MI curriculum to teach nurses to lead groups. Nurses can be;

- 1) strategically positioned to positively impact access to care for vulnerable populations experiencing SUD
- 2) skilled to lead GMI in the outpatient setting to address issues such as health disparities, improving access to care for vulnerable populations (older adults, veterans, forensic patients, etc.)
- 3) taught to use MI as a change agent to assist patients in taking ownership of their recovery, decreasing provider burnout, and improving outcomes

REFERENCES



SCAN ME