

Sabbatical Summary: Mental Health Clinical Exploration
Fall Term 2011
Lane Community College
Health Professions Division

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Introduction

In any given year, more than 58 million or 26% of Americans 18 and older have a diagnosable mental disorder (Kessler et al., 2005). Psychiatric care is increasingly being delivered by nurses in mental health settings including acute inpatient hospitals, inpatient sub-acute mental health settings, alcohol and drug rehab centers, home visits and outpatient community health centers. Currently, there is a nationwide shortage of psychiatric nurses. The mental health needs of Lane County are burgeoning and require highly qualified care providers. To meet this need, the state is poised to open a new psychiatric hospital in Junction City that is projected to house and treat 174 patients. The opening of this facility will lead to a projected increase of 300 nursing-related jobs in the area (Lane Workforce Partnership Study, updated 1/19/11 Register Guard article).

With the recent economic downturn and decreased access to healthcare for many persons with mental illness, the number of patients with either primary or secondary mental health diagnoses presenting to medical surgical units at local hospitals has also increased. These patients have diagnoses such as alcohol and drug withdrawal, depression, anxiety, bipolar disorder and schizophrenia. This presents a dilemma for both staff and nursing students that are currently unprepared to care for such complex individuals on general care units.

Prior to this sabbatical application, the LCC Nursing program did not offer students a formal clinical experience in an inpatient psychiatric or outpatient mental health setting. This is in great part due to the fact that the current faculty does not have experience needed to adequately supervise students in these areas. The local inpatient facilities that specialize in care of the mentally ill require that faculty have extensive clinical experience in order to supervise students on site. Consequently, LCC nursing students were limited to a six hour observational rotation at an outpatient setting which houses the chronically mentally ill. This meager opportunity for clinical application of mental health concepts has lead to low scores on the student assessment tests for the State Board of Nursing Exam (NCLEX). Currently up to 12% of the NCLEX exam is comprised of test questions related to psychosocial integrity/mental illness. Because of limited clinical experience and comfort level, rarely does a student choose to pursue employment in the area of psychiatric nursing upon graduation. A positive clinical experience has been acknowledged as highly influential in graduating student's career choices (Happell 2008). The LCC nursing program is acknowledged across the state as a leader in community college education. I was hopeful that as a result of my sabbatical, we could initiate a psychiatric clinical experience for students that will not only enrich their education but would also give them the experience they need to obtain jobs in local mental health care settings.

Summary of the Sabbatical Plan

My sabbatical plan was divided into three parts. The first part involved gaining personal clinical experience in a variety of mental health settings. The facilities included:

1. Inpatient Behavioral Health Unit at Sacred Heart Medical Center at University District with a focus on direct patient care with staff nurses as well as broader case management issues.
2. Sacred Heart Home Health visits with a Psychiatric RN.
3. Heeran Center clinical experience with RN staff.
4. Participate in inpatient psychiatric clinical rounds with Psychiatrist Dr. Russell.
5. Visits to the Whitebird Homeless Health Clinic in Eugene and the Laurel Hill Center Outpatient Clinic for adolescents with chronic mental illness. Whitebird offers a

wide range of health services that is provided to predominately uninsured and often homeless individuals and families. These services include primary medical care, case management, outpatient drug treatment, group therapy, drug detox, mental health counseling and evaluation and advocacy. The Laurel Hill Center Pathways program helps adolescents with chronic mental illness identify and build upon their strengths to achieve a higher state of wellness.

The second part of my plan involved a comprehensive literature search related to best practices in psychiatric nursing education. This would include the use of various mental health assessment tools, including the Mini Mental Status Exam, Nurses' Observation Scale for Inpatient Evaluation (NOSIE) and the Global Functioning Assessment. In addition, I searched the literature for recent studies related to the best practice teaching strategies in the area of psychiatric/mental health nursing including the use of simulation technology and integrated mental health clinical rotations.

The third part of my sabbatical included data gathering at other community colleges. I hoped to conduct classroom and simulation lab observations along with staff interviews to assess curricular approaches utilized to teach psychiatric nursing and evaluate current assessment methods. I wanted to be able to compare curricular and student assessment methods currently in place to student success on the psychiatric nursing component of the pre-NCLEX test. I also planned to conduct student interviews focusing on the perceived value of the psychiatric clinical rotations and whether the students have an increased interest in pursuing psychiatric nursing as a result of their clinical experience. I planned to visit 2 colleges, including Oregon Health Science University in Ashland and Umpqua Community College in Roseburg.

Changes from Original Proposal

Changes from my original plan include:

1. My original clinical experience timeline was moved up to begin in September to accommodate the schedule for a required assault crisis training workshop. I was not aware of this requirement at the time I planned my sabbatical activity and did not include it in my original proposal. I attended a 16 hour workshop (ProAct) where I learned to diffuse potentially hostile situations and defend myself against verbal and physical aggression. Attendance at this workshop was required before beginning my clinical experience in the inpatient Behavioral Health Unit at Sacred Heart Medical Center- University District.
2. I was able to visit an inpatient mental health facility in St. Petersburg, Russia as part of a nursing conference that I attended in August 2011 prior to the official start of my sabbatical activity. From this visit I learned that stigma surrounding mental illness still exists in Russia. People with mental health diagnoses are institutionalized as a result of both misunderstanding and lack of outpatient services. A similar population living in the United States would be appropriately medicated and be receiving community support with a focus on recovery and social integration. They would be living at home with supportive family or in a less restrictive outpatient setting such as a group home or foster care home.

3. In October, I was able to visit a hospital in Kathmandu that integrated people with psychiatric diagnoses into the inpatient population in a similar fashion to the system utilized in most hospitals in the United States. This unplanned experience proved to be most interesting. The healthcare system in Nepal consists of both private and public facilities. I visited a busy public facility that included several multi-bed wards that housed up to 18 patients of both sexes with similar medical diagnoses. Only a thin curtain separated the beds and patients were nearly fully clothed, unlike in the U.S. where an open-backed gown is the uniform of the hospitalized patient. Persons hospitalized with a co-morbid psychiatric diagnosis were integrated on the general care wards. Family members were encouraged to be present to assist with care and to help the hospitalized individual remain calm. If additional care or supervision was needed, the person with behavioral problems may be taken to the emergency room where nurse: patient ratios were more favorable until behavior control was regained. Although I was not able to arrange a visit, Nepal does have facilities that specialize in the care of persons with mental illness diagnoses.
4. As a result of my successful sabbatical proposal and focused committee work prior to my leave, one group of LCC nursing students was given the opportunity to have a clinical rotation in the Behavioral Health Unit at Sacred Heart- University District during my leave. I was fortunate enough to be able to observe a veteran LCC educator and former Behavioral Health employee (Jeanne Harclerod) lead a student clinical experience on the evening shift. This represented the first psychiatric clinical experience for LCC students in 3 years. This activity replaced my planned visit to Oregon Health Sciences University-Ashland campus.
5. I was also able to expand my local mental health clinical experience to include South Lane Mental Health Clinic (Cottage Grove) and visits to the Emergency Department at Sacred Heart Medical Center-University District to work with the Crisis Team which were not included in my original plan. These visits replaced planned visits to Whitebird Clinic and home health visits the psychiatric nurse specialist.

Timeline of Activities

September 2011

A literature search was completed related to pertinent assessment tools and best practice/clinical guidelines for commonly occurring psychiatric disorders, including depression, suicide ideation, bipolar disorder, schizophrenia and personality disorder. I also studied the use of simulation in psychiatric clinical education and the use of general medical surgical settings for psychiatric clinical experience.

Sample articles include:

1. Moriconi, C. & Stabler-Haas, S. (2010). Making connections: Integration of psychiatric and medical- surgical nursing and relationship-based care. *Creative Nursing*, 16 (1) 13-17.
2. Dzopia, F, & Ahern, K. (2009). What makes a quality therapeutic relationship in psychiatric/mental health nursing: A review of the research literature. *Journal of Advanced Nursing Practice*, 10 (1), 1-19.

3. Kameg, K. et al. (2009). Communication and human patient simulation in psychiatric nursing. *Issues in Mental Health Nursing*, 30, 503-508.
4. Burus, N & Gonge, H. (2010). Empirical studies of clinical supervision in psychiatric nursing: a systematic literature review and methodological critique. *International Journal of Mental Health Nursing*, 18, 250-264.
5. Loge, J. & Sorrell, J. (2010). Implications of an aging population for mental health nurses. *Journal of Psychosocial Nursing*, 48 (9), 15-18.
6. Lyall, D., Hawley, C., Scott, K. (2004). Nurses' observation scale for inpatient evaluation (NOSIE): Reliability update. *Journal of Advanced Nursing*, 46 (4) 390-394.
7. Happell, B. et al. (2004). Changing their minds; using clinical experience to convert undergraduate nursing students to psychiatric nursing. *Journal of Psychiatric Nursing Research*, 14 (1), 1776-1784.
8. Brown, J. (2008). Applications of simulation technology in psychiatric mental health education. *Journal of Psychiatric and Mental Health Nursing*, (15) 638-644.
9. Global Functioning Assessment:
http://www.bjcbbehavioralhealth.org/uploadedFiles/BJC_HealthCare/Clinical_Specialties/BJC_Behavioral_Health/ModifiedGlobalAssesmentofFunctioningmGAFScale.pdf
10. Mental Status Exam: <http://www.psychpage.com/learning/library/assess/mse.htm>
11. Jackson, S, and C Stevenson. (2000). What do people need psychiatric and mental health nurses for? *Journal of Advanced Nursing*, 31 (2), 378-388.
12. Clinical guidelines for Bipolar Disorder:
<http://guidelines.gov/content.aspx?id=10949&search=bipolar+disorder>

I also completed a 2 day (16 hour) workshop entitled Professional Assault Crisis Training (ProACT) designed for professionals who work with individuals whose behavioral challenges are sometimes manifested in assault. The program focuses on principles to problem-solve potentially dangerous situations and avoid or even eliminate the use of restraints. In addition, if the situation does progress to assault and battery, techniques focusing on evasion and avoiding harm are also discussed and practiced. This workshop is required of all staff working in the secure areas of the Behavioral Health Unit at Sacred Heart Medical Center - University District.

Clinical Experience was started at Sacred Heart Behavioral Health Center- University District on both the day and evening shifts with experienced preceptors Mary Anne Zundel, RN and Jack Jessop, RN, who is also a former LCC nursing graduate. Both preceptors were excellent role models. I was able to participate in case review, one on one patient assessment, medication management, therapeutic group sessions and interdisciplinary meetings that included physicians,

nurse case managers, social workers, clergy and psychiatric technicians. I also observed commitment hearings which were held on the unit. I was able to participate in patient assessment and management in the open, transition and secure (locked) areas of the unit which helped me gain both confidence and experience working with patients with mental illness.

October 2011

Trip to Nepal - hospital visit in Kathmandu, trek to Mt. Everest Base Camp
Clinical Experience with RN Case Manager/Social Workers at Sacred Heart Behavioral Health Center led me to appreciate the barriers to inpatient discharge and the lack of sufficient outpatient resources for persons with mental illness.

Ongoing experience (10 shifts) at the Behavioral Health Clinic with clinical preceptors on the day and evening shifts.

November 2011

I was able to observe a veteran LCC faculty member, Jeanne Harclerod, orient and interact with students and patients on the Behavioral Health Unit at Sacred Heart Medical Center. Student interviews regarding this mental health clinical experience were completed, with students expressing their support for retaining a mental health clinical experience.

Visits were completed to Laurel Hill Center Pathways Program for Adolescents with Mental Illness. Laurel Hill has an extensive outpatient program for adolescents with mental illness. Classes are available Monday through Friday from 10 am to 4 pm. Class offerings include various physical activities, art therapy, alcohol and drug support groups, diabetes support group, computer classes and writing classes. Additional offerings include life skills class, and symptom management classes such as medication empowerment, coping with paranoia and voices, stress management and drop-in times for socialization. Psychiatric Nurse Practitioners and Licensed Psychologists see individuals for medication adjustment and counseling. Bonny Barr, Psychiatric Nurse Practitioner and former LCC nursing faculty member agreed to be the on-site coordinator for future student visits.

Visits to South Lane Mental Health Clinic and Lane County Mental Health Clinic were completed. These clinics offer community-based psychiatric treatment programs that concentrate on empowering the consumer to manage psychiatric symptoms, develop a positive self-image and develop a social support system. Consumers are encouraged to make choices about their treatment plan and focus on personal strengths and wellness. Consumers work with a multidisciplinary healthcare team including nurses, therapists, psychiatrists and social workers in one on one and group settings. Therapies include assertive community treatment in group housing settings, play therapy for children, group activities and individual care management visits. Both of these settings have agreed to have student clinical visits at their site and student guides have been written to facilitate the experiences.

I completed a clinical experience rounding with Dr. Russell Sampley, Staff Psychiatrist at Sacred Heart Riverbend Medical Center. Dr. Sampley assesses inpatients on the request of a hospitalist or attending physician to assess and diagnose symptoms, determine appropriate

medication, make recommendations regarding the need for competency hearings or guardianship. His interviews allowed me to observe an expert communicate with demented, delirious and depressed people and those with other mental illnesses. This experience helped me to understand the components of a thorough psychiatric assessment and to better interpret the psychiatrist's summary of patient conditions and planned interventions.

I visited the Heeran Center, a facility for those individuals with chronic mental illness that are in transition from another facility or the State Psychiatric Hospital in Salem. Here, I had the opportunity meet with Mary Scott, RN. I was able to review individual patient records and participate in one to one patient interviews, attend shift report, multidisciplinary rounds and a group therapy session. This experience allowed me to compare acute inpatient mental health and long-term inpatient mental health programs. At this time the facility is experiencing a transition in staffing and does not feel they are able to accept students for a clinical experience. They remain fully supportive of students and want to pursue student visits in the future.

December 2011

Umpqua Community College visit for classroom observation and student interviews was planned for this month. These visits had to be postponed until January 2012 due to scheduling conflicts with faculty.

A follow-up meeting was held with staff at Lane County Mental Health (Carla Gerber and Jeffrey Christensen) to debrief Fall term 2011 student visits and plan for Winter term 2012 student visits.

Meetings held with Sacred Heart University District Behavioral Health Unit leadership team. Proposals were made for new student clinical experience on the day shift. Unlike the current evening shift clinical experience which has an instructor on site, this experience would be staff supported since a faculty person would not be on site during the student visit. This plan was not able to be executed for Winter term 2012 due to staff transitions and a short time frame, but ongoing conversations are planned for 2012. The unit is in support of this new model and I am confident that we will be able to expand the student presence on this unit in the near future.

Preparation of summary document was completed. Communication of sabbatical outcomes and plans for Winter term 2012 was initiated with LCC nursing faculty.

Winter Term 2012

As a result of this sabbatical, two students from my clinical group were able to complete a 2 day mental health experience on the Behavioral Health Unit at Sacred Heart University District and Lane County Mental Health Clinic. The students had a positive experience and their success will inspire faculty to develop a plan that allows all nursing students to have a clinical experience at a facility that serves the population with mental health issues.

Conclusion

I have been a registered nurse since 1977 and have worked in many capacities, predominately on general medical surgical inpatient units. In addition to teaching, I currently work as both a diabetes educator and a case manager at a local hospital. I believe that a credible nursing educator needs to have recent clinical experience which is why I remain committed to working as a nurse while I teach. However, I have limited experience in the area of mental health nursing. It is estimated that greater than 20 % of both adults and school-age children suffer from a diagnosable mental illness each year (Laurel Hill Center website). There are increasing numbers of patients presenting to traditional medical-surgical healthcare settings with comorbid mental health conditions. This presents a dilemma for staff and nursing students that may be unprepared to care for them. As a result of this leave, I was able to increase my knowledge of the care of persons with mental illness by observing experienced clinical instructors and various psychiatric staff. This sabbatical experience has expanded my nursing experience and challenged me by giving me the opportunity to assess, plan and implement nursing care for a diverse population of people with mental health issues. Successful interventions with this population require specialized assessment and communication skills which I was first able to research, then put into practice in various clinical settings. I was able to gain knowledge of research-based assessment tools and best practices related to care of the mentally ill in various environments. Use of these assessment tools is planned to be integrated into the current curriculum over the next year.

I am one of the instructors for the two Chronic Illness courses taught at LCC. These courses are offered in both the first and second year of the nursing program. They cover content related to cultural beliefs about health and illness and the stigmatization of disadvantaged and marginalized populations. They also contain the psychiatric nursing content for the program. Like me, most students have had little or no experience with the homeless population or with those people with chronic mental illness. Gaining current clinical experience in the area of mental health nursing allows me to be able to augment the textbook readings with a current clinical perspective in both the classroom and clinical setting. From a review of the research, Lee, Cholowski and Williams (2002) concluded that the clinical competence of the teacher was one of the most important characteristics of effective teaching in nursing. The best teachers are practitioners that can guide students to make accurate assessments and sound clinical judgments in the clinical area.

The members of the LCC nursing faculty are currently in the process of curriculum review and are developing a 6 term plan for clinical education. This process will take place over several terms and involve the entire nursing faculty. By gaining personal clinical experience in the area of psychiatric nursing, I hope to be able to provide additional insight and ideas to this process that will lead to the full integration of psychiatric nursing concepts into all courses. The faculty is in support of a 2 day clinical experience for all second year nursing students. This plan and details of its execution will continue to be discussed and refined during Winter and Spring terms 2012. I will assume responsibility for the development of written assignments, scheduling and agency follow-up for these experiences.

The use of simulation in nursing education is a rapidly emerging strategy and is one of the areas I plan to research as part of this sabbatical. Literature has suggested that simulation techniques enhance student learning of therapeutic communication, assessment and nursing intervention skills, which are essential to the practice of psychiatric nursing (Brown, 2008). As a result of my research, I plan to partner with the LCC Simulation instructors Katie Swett and

Mary Lou Lynch to design new simulation scenarios that would enhance the development student's psychiatric nursing skills. Bonny Barr, Psychiatric Nurse Practitioner at Laurel Hill Center has volunteered her time and expertise to be a "patient actor" as we pursue the development of this new simulation experience for students.

The timing of this sabbatical was purposeful. In addition to my clinical experience, my husband and I had the opportunity to hike to the top of the Kala Patar, an 18,400 ft. peak in Nepal with a bird's eye view of the summit of Mt. Everest. Achievement of this feat improved my own mental and physical health as it required substantial physical training. It also enhanced my self-confidence and gave me first-hand knowledge of the effects of altitude on the human body. A first year nursing course entitled Health Promotion encourages students to analyze health risk factors and develop a personal plan to promote health that includes positive lifestyle changes. They also learn to assess a patient's health risk factors and suggest and support appropriate lifestyle changes. Sharing my successful hiking achievement with others allows me to be a positive role model of health for both students and my peers. Since I also teach cardiac output concepts to first year students in their Pathophysiology class, I was able to develop relevant and current case studies to share with students in class related to the adaptations the heart makes with rigorous exercise and in high altitude environments.

An unintended result of this sabbatical experience and my increased comfort with populations with mental health issues lead me to volunteer at the Egan Warming Center this year. I have had the opportunity to work several evenings at a local shelter and have grown personally as a result of my interactions with the clients that utilize the services at the shelter. Without this sabbatical experience, I know that I would not have felt compelled to volunteer my time with this valuable and much needed endeavor.

This sabbatical experience resulted in the acquisition of personal knowledge in the area of mental health and illness. It also allowed me to explore several potential mental health clinical sites for nursing students and develop clinical guides for some newly identified sites. This experience has brought the goal of having all nursing students have first hand mental health clinical experience closer to reality.

Thank you to the Professional Development Committee for allowing me to have this opportunity.

Jan Welch

References

Happell, B. et al. (2004). Changing their minds; using clinical experience to convert undergraduate nursing students to psychiatric nursing. *Journal of Psychiatric Nursing Research*, 14 (1), 1776-1784.

Lane Workforce Partnership Health Care Workforce Report
http://www.laneworkforce.org/Press_Publications/HealthCareReport.pdf Accessed 12/20/10.

Laurel Hill Center <http://www.laurel.org/> Accessed 12/20/10.

Lee, Cholowski & Williams (2002). Nursing students' and clinical educators' perceptions of characteristics of effective clinical educators. *Journal of Advanced Nursing*, 39 (5), 412-420.

Oregon State Hospital Replacement Project – Junction City

<https://apps.state.or.us/cf2/oshrp/documents/Fact%20Sheet%20JC.pdf> Accessed 1/21/11.

Steves, D. (2011, January 19). Report on state hospital cuts beds: Planners say a smaller psychiatric facility in Junction City is needed. *The Register Guard*, pp. A1, A3.

Vacarolis, E., Halter, M. (2009). *Essentials of psychiatric mental health nursing*. St. Louis, Missouri: Saunders.