

Infuse It!

Research
Genetics
Mental Health
Social Justice



Infuse It: Research

Denise Lucas PhD, CRNP, NP-BC
Janet Bischof PhD, RN, NE-BC, CNE



Learning Objective

- To present strategies for both the novice and seasoned educator to bridge and enhance infusion of basic research concepts, resulting in understanding and application of evidence-based practice decisions



Presentation of Problems and Issues

- Knowledge of the research process is the basis of evidence-based practice
- The research process is often poorly understood by graduate NP students
- Students are primarily focused on diagnosis, treatment, and management of patient conditions
- Students are less focused on the search for and use of evidence to guide clinical decision making and practice
- Teaching research and evidence based practice is often done in isolation in the curriculum



Students Concerns of Understanding

- Study design
- Sample
- Statistics
- Significance
- Levels of evidence
- Peer-reviewed sources
- Lay information vs. scientific data
- Identification of practice gaps



Barriers to Infusion

- Research and EBP taught in a variety of fashions
 - Institution decision regarding courses and how curriculum is delivered
- Lack of knowledge of research process and evidence based concepts
 - Student
 - Faculty
 - Preceptor
- Use of evidence in the clinical arena



Strategies to Bridge Infusion

- Consistently support assignments with peer-reviewed evidence
 - Encourage or plan several critique assignments a semester
 - Technology
 - Variation



Evaluation

- Student evaluation
 - Scoring of assignment rubrics
 - Comprehensive exam
 - Certification exam preparation
- Faculty evaluation
- Preceptor evaluation



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Infuse It: Genetic and Genomic Content Through a Virtual Community

Rebecca Kronk, PhD, CRNP, PNP-BC
Maureen Leonardo, MN, CRNP, CNE, FNP-BC



Learning Objectives

- Identify novel teaching opportunities through the use of a virtual community
- Apply this teaching technique to a variety of graduate nurse and advanced practice nurse competencies
- Gain a broader understanding of the flexibility of using a virtual community throughout the curriculum
- Identify management systems that can house a virtual community
- Implement course objectives based on utilizing a virtual community



Introducing...Dusonburgh

- A simulated virtual community created to provide undergraduate and graduate nursing students with an opportunity to learn principles of community centered, population-based health and primary care in a consistent and controlled environment
- Context of the **Person**, the **Family**, and the **Community**



Virtual Communities

- A consistent and reliable tool to provide students with learning experiences that may not be available in a consistent manner in actual clinical experiences
- Provide the instructor with the assurance that all students:
 - Receive the same “need to know” material
 - Have the opportunity to practice these skills in a consistent manner to enable consistent measurement of outcome objectives



Dusonburgh

- Geographical setting
 - A virtual urban area surrounded by farmland and about one hour away from a large metropolitan area
- Socio-economic conditions
 - Population is slightly over 65,000 people with the average age of 33 years and a median income of \$36,000
 - Largest industry is the quarry
 - A great number of residents commute to the metropolitan area for work



Dusonburgh



Case Study

Parents state, "We are worried that Chad is not talking yet. We just moved to Dusenburgh and our last pediatrician saw Chad when he was 15 months old and said boys just talk later and not to worry. Since our move we noticed he is more irritable with us and acting shy around other kids. But we think these behaviors are due to the recent changes, with the move and all."

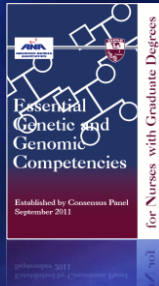


Image acknowledgment:
<http://www.themothermechanic.co.uk/resources/images/2156632/?type=articleLandscape>



Case Study (cont.)

- Neonatal History
- Family History
- Social History
- Physical Exam



Risk Assessment and Interpretation

- Healthy four-year-old sister; shy but has been doing well in day care; began to use single words at about 15 months of age and has no evidence of developmental problems
- Chad's father, Jack, is healthy. His mother, Monica, is 30 years old and in good general health. She is 12 weeks pregnant. She has a history of depression and anxiety disorder but is currently not in therapy or on medication
- Monica is the youngest of three children. Her older brother was "slow" in school. He died in a motor vehicle accident when Monica was a teenager. Her sister, Julie, left home at 16 years of age and has since had only intermittent contact with Monica. Julie is healthy and married but has no children but has had several miscarriages
- Monica's parents are in reasonable health; at age 71, her father, George, has hypertension, degenerative joint disease, and a progressive, intention tremor in both his hands; and at age 66, Kay, her mother, has diet-controlled diabetes mellitus
- Jack's parents are in good health; at age 70 his father has glaucoma and his mother has hypertension



Genetic Education, Counseling, Testing, and Results

- Determine appropriate lab tests
- Cost
- Other referrals: Audiology, Speech Language, Early Intervention
- Results are then provided: Fragile X Syndrome
- Discussion follows regarding which family members should also be tested



Clinical Management

- Teaching and Education
 - Health Supervision for Children with Fragile X Syndrome (Hersh, Saul, & Committee on Genetics, *Pediatrics*, 2011)
- Appropriate referrals for Chad and family
 - Genetics/Counseling
 - Speech and Language
 - Early Intervention
- Local and National Resources
 - National Fragile X Foundation
 - FRAXA
 - Parent Support Groups



Resources

- <http://www.isong.org/>
- <http://www.ncbi.nlm.nih.gov/omim>
- <http://www.ncbi.nlm.nih.gov/sites/GeneTests/>
- <http://www.arupconsult.com/Topics/DDorID.html#tabs=0>
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Infuse It: Mental Health

Luann Richardson, PhD, CRNP, FNP-BC, PMHNP
Lenore Resick, PhD, CRNP, FNP-BC, FAANP



Learning Objectives

- Learn to incorporate new teaching opportunities that integrate psychiatric content through the use of a virtual community
- Apply this teaching technique to a variety of graduate nurse and advanced practice nurse competencies
- Build future content in courses by expanding virtual community throughout the curriculum



What's Important

- Genogram
- Red flags
- Missed diagnosis
- When to refer
- When to consult



Suggestions

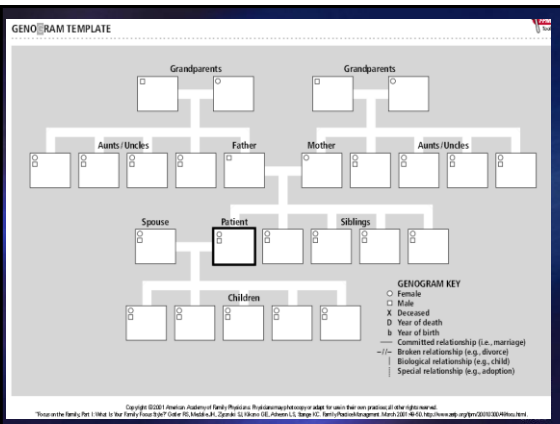
- Use body system's approach
 - GI-separation anxiety
 - CV-panic disorder
 - Neuro
 - Tremor (ETOH)
 - Endo
 - Panic
 - Metabolic syndrome in Bipolar patient on a SGA
 - MS
 - Hypochondriac, malingering
 - New cancer pt
 - Anxiety, teen body image
- Include psychiatric diagnosis in differential
- Incorporate labs (Lithium, SGAs, etc)




Drug-Drug Interactions

- A patient is on Prozac (a 3A4 inhibitor) and Lipitor (substrate) is added, what might happen?
- A patient is on Prozac (2D6 inhibitor) and Vicodin (substrate) is added, what might happen?
- A patient is on Tegretol (a 3A4 inducer) and Risperdol (a substrate) is added, what might happen?





Dusonburgh



WHEELING
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Meet Kay & George Smith, Long Time Residents of Dusonburgh

www.wvu.edu/~wvnews/02/0207/0714/wvnews020703.htm



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Case Example

- Kay Smith is 66 and married to George Smith age 71 who is with her today in the office. Kay has a hx DM controlled by diet. Presents for her routine check
- Reports she is not able to sleep, feels "anxious" at times. George voices concern that Kay is "depressed" and she is "not herself." He explains that Kay is just not interested in things she used to be interested in
- Kay verbalizes she is worried about one of their daughters, Julie, who is estranged from the family

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Case Example

- Kay reports that a second daughter , Monica, and her family just moved to Dusonburgh to be closer to them and for help with childcare. Prior to this, Kay and George were planning on moving out of Dusonburgh after his retirement. George was concerned about the potential for devaluation of their property due to the recent proliferation of natural gas drilling on the farmlands adjacent to the community. The plan to move is on hold for now
- Both Kay and George voice concern about Monica's son (their grandson), Chad, who "just doesn't seem to be where he should be for his age"
- Both Kay's daughter Monica and Kay's mother were treated for anxiety and depression and Kay's father was a "heavy drinker"



Case From Dusonburgh

- Case involving depression/anxiety
 - Use older persons, show impact on multiple generations
 - Daughters
 - Grandchild
 - Older persons parents
 - Link an environmental concern
 - These cases could be as intergenerational or as complex or simple as faculty wants, depending on course level



Summary

- Context of individual, family, community
- Include pharmacology
- Include basic genetics
- Genogram of family
- Cases build on cases/are inter-related
- Links the physical, psycho-social, health, environment, decisions/actions based on evidence, inter-professional collaboration, etc



Final Thoughts - Dusonburgh

- A way to address the “it depends” factor
- Puts the problem/situation in a context – one or many layers
- All actions based on application of evidence-based actions
- As we will see next- including aspects of policy and social justice



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Infuse It: Social Justice

Sr. Rosemary Donley, PhD, CRNP, ANP-BC, FAAN



Learning Objectives

- Name two social justice traditions
- Discuss the meaning of social justice in nurse practitioner education and practice
- Discuss three steps in the application of social justice principles to nurse practitioner education and practice



What is Social Justice?

- “Essential” of BSN and DNP practice
- Concept in nursing’s position and policy papers
- Interpreted as fairness, advocacy, service learning, volunteerism
- Rarely defined



Social Justice

- Established field of knowledge in sociology, religious studies, philosophy, business, and law
- Recent applications of theory to health and nursing:
 - Labor relations
 - Access to health
 - Health disparities



Theories and Theorists

- Most theories name principles of justice
- Religious theories
 - Catholic Social Thought/Theory
 - Jewish
 - Muslim
 - Protestant
- Secular theorists
 - Rawls
 - Sen
 - Nussbaum
 - Rugor



Nursing and Social Justice

- **Recognize** and **name** the injustice. Say why current practice is wrong. Defend your assessment. Use the language of social justice
- **Stop the injustice**; remove it; remedy it; report it; check and evaluate the outcome/impact of your action to stop injustice
- **Identify the source/root cause** of injustice. Some forms of injustice are systemic and reinforced by policies (Donley, 2009)



How Just is Life in Dusenburgh?

- What does not seem “right”?
- What troubles or worries you?
- Can you name it?
- Can you discuss it?
- Do others see the problem?
- Why does it bother/haunt you?



What Can Be Done?

- Can you name and describe the injustice?
- Do you have evidence?
- Have you discussed the problem with your superiors?
- Can you stop the injustice?
- Have you discussed the situation with others who are prudent and whose advice you value?
- Is your action to remove justice based on evidence?



What Can Be Done About the Root Cause(s) of Injustice?

- Sometimes “fixes” do not work or last
- Root causes of injustice are often related to power imbalances
- Power is often institutionalized in policies, laws, structures, and procedures
- Dismantling power structures takes time and courage



A Contemporary Illustration

- Public discussion about Pope Francis when he was the Jesuit Superior in Argentina during the “Dirty War”
- Did Father Bergoglio (Pope Francis) do enough to help two Jesuits who were imprisoned by the military junta in Argentina?
- Reese (2013) suggests three ways to address root causes of injustice:
 - Collaborate with the oppressive regime
 - Do what you can while keeping a low profile
 - Take a prophetic stand and die a martyr



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Infuse It or Lose It!

Questions???