Development of a Skills Fair for Psychiatric Nursing

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The speaker has no conflicts of interest to disclose.

Objectives

- Describe the issues to be addressed in the development of a skills fair format for education and competency validation in a psychiatric setting.
- Identify appropriate topics and methods of presentation.
- Discuss the benefits of a participatory and interactive format.

The road to the skills fair:

- The development of the annual education plan
  - Early renditions:
    - Paper based – read and sign
      - Policies
      - Articles on safety, suicide assessment
    - Electronic based on Learning Management System
      - More of the same!
Goal: to have more competency based and memorable process

<table>
<thead>
<tr>
<th>Instructional Strategy</th>
<th>Average Retention Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>5%</td>
</tr>
<tr>
<td>Reading</td>
<td>10%</td>
</tr>
<tr>
<td>Audio-Visual</td>
<td>20%</td>
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<tr>
<td>Demonstration</td>
<td>30%</td>
</tr>
<tr>
<td>Discussion Group</td>
<td>50%</td>
</tr>
<tr>
<td>Practice by Doing</td>
<td>75%</td>
</tr>
<tr>
<td>Immediate Use of Learning</td>
<td>90%</td>
</tr>
</tbody>
</table>

Adapted from, Delivering Instruction to Adult Learners, by Jeffrey A. Cantor

The road to the skills fair: cont’d

Psychiatric Nursing Clinical Practice Group

- Desired involvement in process
- Identified problems & issues across service
- Saw a role as clinical leaders in solving those

The road to the skills fair: cont’d

Challenges & hurdles (culture of the service) (translation – here’s where the road got “rocky!”)

Culture of the service:
- Compartmentalization
- Fixed perceptions of acuity and staffing levels
- Unit coverage versus extracurricular activity
- Engagement and “ownership” issues
The road to the skills fair: cont’d
Hurdles – one of the biggest was inconsistent attendance at CPG meetings
- planning was fragmented
- difficult to make progress
- teamwork didn’t happen

The road to the skills fair: cont’d
• Key contributors to success
  - CNES backed away from the project into more of a consultant role
  - CPG faced real possibility of failure
  - 2 CPG members stepped up as leaders to organize and galvanize
  - Leadership change at Director level
    - Interim Director actively involved

Identifying issues to be addressed
• Sources for identifying educational needs & competencies
  - New and/or changed policies
  - Low volume, high risk processes
  - Mandates of regulatory and accreditation bodies
  - Identified problems:
    - Quality improvement data
    - Staff & patient satisfaction surveys
    - Formal & informal evaluation by managers & others
Defining Psychiatric Nursing Core Competencies to be Validated

- Core skill base is “soft skills”
  - Therapeutic use of self, therapeutic interaction, therapeutic IPR
- Some needed skills are a blend of psychomotor and soft skills
  - De-escalation & non-violent physical crisis intervention
  - Patient search

The results are in!

Education Stations (self-guided)
- Posters
- Test questions

Competency Stations (instructor guided)
- Hands on
- Interactive
- Participatory

Education Stations

- De-escalation strategies
- Relationship Based Care
- Safety
- Service recovery
- Documentation
- CDPs (Care Plans)
Competency Stations

- CPI scenario & skills practice
- Emergency Measures / Mock Code Practice
- Patient search procedures
- Restraints: policy review and application
- Suicide risk assessment
- Core Psych Nursing skills via the “Lucy Booth”:
  » Unit based scenarios
  » Boundaries/social networking scenarios

The “Lucy Booth”

Sample scenario – (on handout)

Your patient, a 21 year old male diagnosed with Schizophrenia, is floridly psychotic. He is actively responding to internal stimuli and has had trouble communicating even basic needs. What is the best way to communicate effectively with him?
Answer – key points:

- Keep communication as brief and simple as possible, limiting unnecessary conversation.
- Use a calm quiet voice.
- Show empathy and concern.
- Remember that thought disorganization and internal stimuli make it difficult for a psychotic patient to concentrate and process what you are saying.
- Communication beyond a few simple words may be over-stimulating, especially when combined with a noisy milieu.

More..... (see handouts)

- Boundaries & Social Networking
  - 2 vignettes for discussion

- Search Procedures & Considerations
  » Patient Belongings
  » Patient

Suicide Assessment

- Interactive poster with facilitator
- Case scenarios presented
- Participants asked to identify risk factors
- Requires critical thinking
Outcomes

- **Success!**
  - Overwhelmingly positive feedback about interactive & hands on learning
  - Served as a service "mixer" & brought folks together

- **Unanticipated positives**
  - Awakenings – fewer silos
  - Increased shared governance involvement
  - Staff engagement/ shift in ownership of professional activities
  - Improved employee satisfaction

References


