Limited Mental Health Clinical Sites: Telehealth Is the Answer

One of the greatest challenges to nursing schools is a widespread lack of mental health clinical sites for students. Several factors contribute to this shortage, such as the need for identified health care specialties, safety and liability issues, space, and competition between nursing schools. Therefore, innovative activities are essential to facilitate learning nursing concepts in clinical settings. The American Association of Colleges of Nursing (2008) emphasizes the need to integrate several concepts, including informatics, clinical decision making, and communication, into nursing education. Utilizing telehealth provides nursing students with the opportunity to learn these nursing concepts and gain competencies in the use of information technology systems while supporting patient care interventions in limited mental health clinical sites.

Telehealth is defined as “the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration” (Health Resources & Services Administration, 2018, para. 3). As an increase in demand to provide equitable education and health care to patients in remote areas continues to grow, nurse educators have a duty to incorporate these types of technologies into the curriculum. Because King’s theory of goal attainment focuses on perceptions, interactions, communications, and transactions between patients and nurses as part of the process of mutual goal setting to accomplish a state of health (King, 2007), the nursing school used it as the underpinning for the telehealth learning activity.

Faculty of a psychiatric mental health nursing course collaborated with staff at a community outpatient clinic in an effort to offer students interactions with patients at a distance. Institutional review board approval was obtained prior to implementing the project. Part of secured funding through a grant was used to purchase telehealth equipment (computer, webcam, electronic tablet, headphones, Health Insurance Portability and Accountability Act–compliant telecommunication software, and secured broadband Internet) for use during the learning activity. Identified as faculty practice, a psychiatric mental health nurse practitioner (PMHNP) volunteered on-site at the clinic on one day of each week. All patients desiring to receive services at the clinic completed an intake assessment by a clinical social worker. Patients in need of mental health care were referred to the PMHNP. Upon arrival to the clinic for a scheduled appointment, a nurse obtained the patient’s vital signs and chief complaint. Afterward, participants were recruited for the project by informing every patient of the telehealth clinical experience. If agreeable to participation, the patient provided written informed consent. Then, the patient was placed in a private room with an electronic tablet. Supervised by another faculty member on site at the nursing school, students completed a psychosocial assessment by interviewing the patients at the clinic via a virtual platform. Although positioned in a secluded area in the nursing school, the students also wore headphones to increase patient privacy. The students used a computer to enter information obtained from the assessment into an academic electronic health record. Then the PMHNP accessed the electronic health record to review the data before meeting with the patient. The information obtained from the combined assessments was used by the PMHNP to guide each patient’s visit.

A group of 27 sophomore nursing students completed the telehealth clinical experience. As part of the assignment, students completed an anonymous short survey immediately following the telehealth clinical experience. Using a Likert scale of 1 to 5, where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree, most students responded favorably to the items on the survey. In a response with a 4 or 5 to the three statements on the survey, the students reported the following: “This activity improved my understanding of health informatics” (96%); “This activity improved my clinical decision-making skills” (89%); and “This activity improved my communication skills” (93%).

Throughout the telehealth clinical experience, several lessons were learned. Technical support was available at the nursing school; however, obtaining assistance at the clinic was difficult. The rigorous security measures required to ensure health information remains private presented challenges to connecting the disparate organizations. Security device settings, such as firewalls, were customized to enable telehealth connections while maintaining safety protocols. Future plans include using a virtual private network to establish point to point connections for the telehealth experience. In addition, the amount of network bandwidth caused image and sound resolution challenges. Meticulous evaluation of the telehealth experience, which included completing a pilot run, helped in the discovery of solutions for connection as well as image and sound resolution to avoid the introduction of delays or errors into the patient care process.

As telehealth increases its role in health care delivery, it will be increasingly important to develop evidence-based innovative telehealth strategies to prepare nursing students. The telehealth clinical experience provided a method through which students were able to use a systematic approach to provide nursing care to patients in a mental health setting. Furthermore, students gained competence in using technology systems to gather data to guide nursing practice. Overall, the innovation afforded an opportunity for students to combine the art of nursing with the science of technology.

References


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