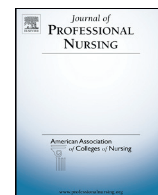
Journal of Professional Nursing xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Journal of Professional Nursing



The inclusion of substance use-related content in advanced practice registered nurse curricula☆

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ARTICLE INFO

Article history:
Received 8 December 2016
Revised 8 August 2017
Accepted 21 August 2017
Available online xxxx

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Introduction

Substance related harm across the continuum of use is a widespread and growing problem. Among people 12 and older surveyed in 2014, 23% reported episodic binge drinking and 6.2% reported heavy use of alcohol (Center for Behavioral Health Statistics and Quality [CBHSQ], 2015). According to the World Health Organization (WHO), 7.4% of the US population has an alcohol use disorder (WHO, 2014). Alcohol use is the third leading cause of preventable death (National Institute on Alcohol Use and Alcoholism [NIAAA], 2015). Illicit drug use is also a growing problem, with 10.2% of people reporting use of an illegal substance in 2014, up from 8.9% of people in 2010 (CBHSQ, 2015). For these reasons, the WHO and the NIAAA have shifted their focus from those with a diagnosable substance use disorder (SUD) to prevention and early intervention. Screening using an established instrument is a process to identify persons who may be at risk because of alcohol, tobacco or other drug use. The results of that screening are used to guide a brief intervention in the case of unhealthy alcohol or drug use, or counseling for tobacco use. Referral to treatment is recommended for those with screening scores reflective of a possible substance use disorder.

Review of literature

Current curricula are inadequately preparing nurses and other health care professionals to prevent at-risk substance use from causing harm and/or progressing to a SUD, including content related to screening, brief interventions, and referral to treatment (SBIRT). Despite the fact that those with a diagnosable SUD are a small proportion of those who consume alcohol or use drugs, nursing education continues to focus on the management of those with a SUD rather than prevention of substance use-related harm across the continuum of use (Savage, Dyehouse, & Marcus, 2014). While surveys have been conducted to determine the amount of substance use content in Baccalaureate of Science in Nursing (BSN) curricula, information is lacking about Advanced Practice Registered Nurse (APRN) curricula content. Savage et al. (2014) found that the mean number of contact hours related to alcohol and health in BSN curricula was 11.3 h, with a range of 3–38 h. In an earlier study, Hoffman and Heinemann (1987) reported nearly the same range of contact hours related to alcohol and health (1 − 30 h). Thus, the substance use content in BSN curriculum content has not changed over the past 25 years. In addition, Savage et al. (2014) reported that only 10% of the BSN schools that responded to the survey tested for competency related to SBIRT. No studies were found that examined SBIRT content in APRN programs.

This set of clinical strategies is important for all nurses, including the APRN level. Screening and brief intervention (SBI) is a well-established evidence-based practice that has the potential to both prevent the development of an alcohol use disorder as well as reduce harm from at-risk use (O'Donnell et al., 2014). Further, a systematic review comparing providers on the effectiveness of SBI on alcohol consumption identified

☆ Conflict of interest declaration: There was no conflict of interest in the conducting of this research.
This research was not supported by any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.
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http://dx.doi.org/10.1016/j.profnurs.2017.08.006
8755-7223/© 2017 Published by Elsevier Inc.

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that interventions delivered at least in part by nurses were the most effective (Platt et al., 2016).

Due to the morbidity and mortality associated with alcohol, tobacco, and other drug (ATOD) use, The Joint Commission (TJC) added substance use accountability measures to the list of quality measures a hospital can choose for accreditation (TJC, 2014). With at-risk substance use and their associated morbidity and mortality on the rise, nursing curricula must close the knowledge and competency gap related to the identification of alcohol, drug, and tobacco use and appropriate interventions. The delivery of this set of evidence-based strategies can decrease substance use-related harm across the continuum. As such, all nurses need to be knowledgeable and competent in the delivery of SBIRT.

Study aims

This study was conducted with the primary goal of examining the extent to which APRN programs include content related to screening for alcohol, substance and tobacco use. To help better understand the inclusion of alcohol and drug SBIRT content in nursing curricula we compared it to the inclusion of tobacco screening and counseling content. Specifically, we wanted to determine if the following content was in the three core courses for APRN students (pharmacology, health assessment and pathophysiology) or in APRN specialty courses: 1) screening for alcohol, tobacco, and drug use, 2) brief intervention for alcohol and drug use, 3) counseling for tobacco use, 4) referral to treatment for alcohol and drug use. Further, we wanted to determine the number of hours of content for those components, if students were required to demonstrate competency for those components, and if content related to alcohol and drug referral to treatment (RT) was included in core or specialty courses.

Materials and methods

A researcher developed survey was used for this study. The survey included questions about whether specific elements associated with SBIRT were included in the curriculum, and if so, how many hours of content was provided. For this cross-sectional descriptive study, the survey was distributed electronically to a random selection of U.S.-based nursing schools with APRN programs. Only institutional level data were collected and the IRB at Johns Hopkins University determined that the study met the criteria for exempt status.

Target population and resulting sample

The target population for this research project was U.S. schools of nursing offering APRN programs. Inclusion criteria were all American Association of Colleges of Nursing (AACN) member schools offering APRN programs, a total of 641 schools. Initially 200 schools were randomly selected from the full list of AACN member schools obtained from the AACN. The website for each of the selected schools was reviewed and the program director for APRN programs was identified. An invitation was sent to the program director via email with follow up reminders also via email. The first request did not yield the desired number of responses so a second random sample of 100 additional schools was selected and contacted using the same methods described above. Of the 300 APRN programs contacted, 90 usable surveys were returned.

Data collection and measurement

The e-mail invitation included a link to an electronic survey created in Qualtrics ®, a web-based data collection software. The survey included a total of 42 questions divided into 4 sections. The first three sections focused on the inclusion of screening, brief intervention and referral to treatment for alcohol, drug, and tobacco use, respectively, in the APRN curriculum, the courses in which this information was covered and the amount of time devoted to each. The fourth section collected institutional demographic information. In the alcohol and drug sections the survey questions were split into four parts: inclusion of content related to screening, brief intervention and referral to treatment and demonstration of competency in SBIRT. Respondents were also asked to identify what instruments were included in the curriculum for screening alcohol and drug use. The tobacco section collected information about content related to screening and cessation counseling as well as demonstration of competency for these two skills.

Data analysis

Data were analyzed using IBM SPSS Statistics ® 22 software. The results presented below are primarily descriptive including frequencies and percentages for categorical data and means and standard deviations for continuous data.

Results

Sample characteristics

Responses were received from 30 states, with the majority of responses from the South and Midwest. The mean number of students enrolled was 151 with a range from 12 to 800 students. The majority of the schools offered nurse practitioner programs (66%) and/or clinical nurse specialist programs (17.8%) and 10% offered a certified nurse anesthetist program; no schools reported offering a midwifery program. Nearly 1 in 4 offered multiple APRN programs (21/90, 23.3%). A majority of responding schools offered an MSN degree (67.2%), 13.1% a DNP degree, and 19.7% offered both degrees. The majority of respondents were deans, chairs, or directors of graduate programs in nursing.

Screening and screening competency assessment

The majority of schools reported that screening content is included in the core courses which included health assessment, pharmacology, and pathophysiology. As shown in Table 1, content on alcohol screening was included by almost all of the schools (93.3%), with the number of content hours ranging from less than 1 to 10. When alcohol screening content was included in a specialty course the number of content hours ranged from less than 1 to 16 h with a mean of 3.4 h (Table 2). Most respondents (78%) reported that students were taught to use at least one alcohol screening tool and 57% reported that the curriculum included more than one tool. The majority of schools (73%) reported teaching students the CAGE (Cut Down, Annoyed, Guilty, Eye Opener) tool and for one third of the schools that was the only screening tool included in the curriculum. The 3-item Alcohol Use Disorders Identification Test-Consumption (AUDIT–C) tool was used by 32 schools (36%) and the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) tool by 27 schools (30%).

Inclusion of drug screening was reported by 63.3% of schools (Table 1), with total contact hours ranging from less than 1 to 10. When drug screening content was included in a specialty course, the number of content hours ranged from less than 1 to 13 h with a mean

Table 1
Percentage of programs including substance use-related content in APRN core courses (n = 90)

	Alcohol	Drugs	Tobacco
Screening	93.3%	63.3%	66.7%
Assess competency	34.4%	22.2%	31.1%
Brief intervention (Counseling)	56.7%	38.9%	57.8%
Assess competency	23.3%	17.8%	25.6%
Referral to treatment	60.0%	47.8%	–
Assess competency	23.3%	16.7%	–

Please cite this article as: Savage, C.L., et al., The inclusion of substance use-related content in advanced practice registered nurse curricula, *Journal of Professional Nursing* (2017), http://dx.doi.org/10.1016/j.profnurs.2017.08.006

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