Using a NO STIGMA Simulation as an Innovative Approach to Empowering Providers to Reduce Healthcare-Related Stigma in the Care of Individuals with OUD

AMERSA Workshop 2024

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Introduction

- Introduction to NO STIGMA team and using simulation as a teaching strategy
- Jennifer Viveiros, PhD, RN, CNE, CHSE

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Acknowledgement

Our work has been possible thanks to a grant from the FORE Foundation.

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Introductions

Dr. Mirinda Tyo

Dr. Mary McCurry

Dr. Monika Schuler

Dr. Jennifer Viveiros

Dr. Shannon Avery-Desmarais

Danielle DeGonge

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Workshop Objectives

1. Engage in evidence-based practice in the care of individuals with OUD.

2. Implement the healthcare simulation standards of best practice for the use of standardized patients in the context of OUD-related simulations.

3. Analyze the elements of effective debriefing and the role of reflective learning during the simulated care of individuals with OUD.

Stigma

- Stigma against individuals with OUD is common among healthcare providers. (Madras, et al, 2020)

- Nurses are essential in delivering care to patients with OUD and have a distinctive opportunity to address the structural, internal, and external stigmas these individuals face.

- However, nurses may also hold negative attitudes toward OUD, potentially impeding patient outcomes. (Morgan, 2014)

- Estimated 20 – 51% healthcare professionals have negative attitudes and beliefs about substance use disorder. (Cazalis et al., 2023)

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Word Cloud

- Think about an experience you observed within the healthcare system related to stigmatizing individuals who have substance use disorder.

- What word comes to mind?

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Designing for Success

- Designing for success and promoting realism in simulation
- Mirinda Tyo, PhD, RN, TCRN

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Co-Created Simulations

- Investigated the perceived stigma, barriers and facilitators experienced by individuals in the OUD community when seeking care.

- Conducted an IRB approved qualitative exploratory study using focus groups.

- Semi-structured interviews were conducted and recorded using web-based conferencing software.

- Participants were compensated with a $50 gift card.

- Transcripts from the focus groups and field notes were analyzed and coded into themes.

Six No STIGMA Simulations

Simulation	Setting	Major Theme	Curriculum
Access to timely care	ED Setting	Delay in care, devaluation of patient, empathetic communication	ASN/BSN
Pain management	Acute Care	OUD withdrawal, OUD as chronic illness, interdisciplinary care	ASN/BSN
Family centered compassionate care	Level 2 nursery	Neonatal abstinence syndrome, bias in care, strategies for redirecting narrative	MSN
Harm reduction	ED Setting	Trauma informed approach, high risk populations (LGBTQ+), harm reduction	Across all curriculum
MOUD, rural care	Telehealth	MOUD stigma and misconceptions, SBIRT screening, family dynamics	APRN/DNP
Older adult, being labeled	Primary care	Stigmatizing labels in medical record, SBIRT, warm handoff, SDOH	APRN/DNP
Threaded Themes	Access to recovery resources, Evidence-based care, Communication, Stigmatizing language, Interprofessional collaboration		

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NO STIGMA Simulations

Delay in Care

Pain Management

Family Centered Care

LGBTQ Harm Reduction

Telehealth MOUD

Older Adult

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Best Practices for Use of Standardized Participants

- Monika S. Schuler, PhD, FNP-BC, CNE

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Standardized Participants

Training Standardized Participants

- <u>Planning and Development</u>
  - Train SP in their roles, clear instructions

- <u>Implementation</u>
  - Use structured observation checklists to assess SP performance

- <u>Debriefing</u>
  - Encourage SP to provide feedback

- <u>Evaluation and Improvement</u>
  - Evaluate SP effectiveness and solicit input on simulation design, training process and overall experience

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Training Standardized Participants
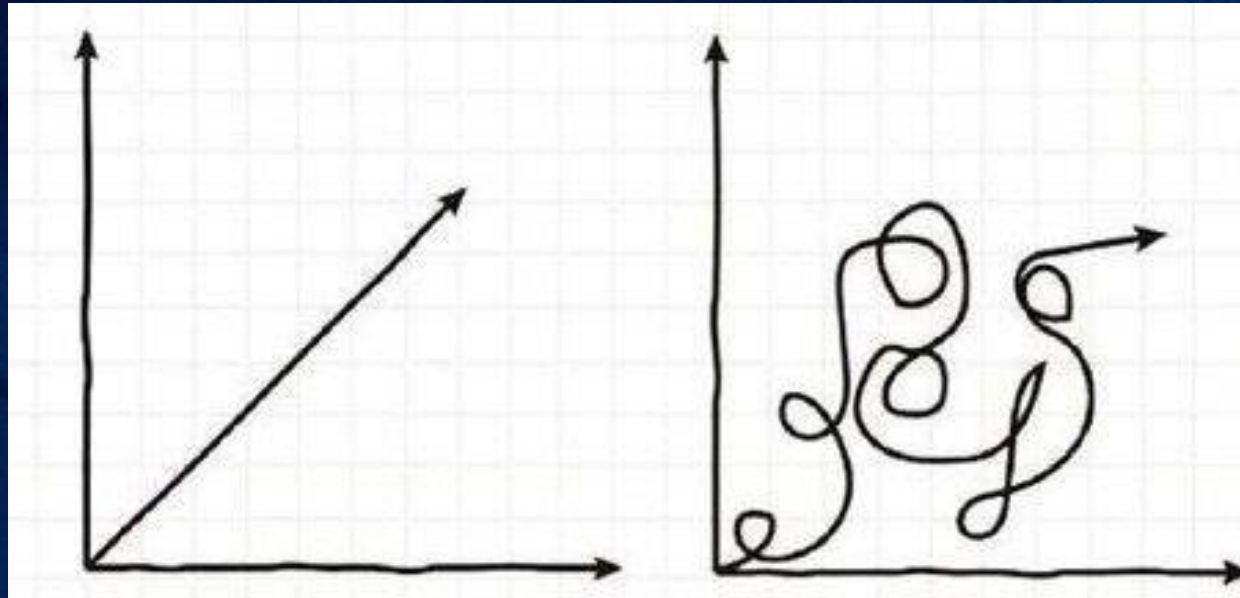
What we plan for   What happens

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Case Study 1

Case Study 2

Best Practice for Standardized Patients

- Real time observation and intervention → subtle cue

- Debriefing as a learning opportunity → ask student to reflect on unexpected turn of events

- Feedback and coaching for the SP → constructive feedback
  - acknowledge creativity but …
  - reinforce role … safe predictable learning environment

- Flexibility in script → small branches and variations

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Interactive Simulation

- Interactive simulation (with role play) to reduce stigma associated with OUD
  - Jennifer Viveiros, PhD, RN, CNE, CHSE
  - Mary McCurry, PhD, RNBC, ANP, ACNP
  - Monika S. Schuler, PhD, FNP-BC, CNE
  - Mirinda Tyo, PhD

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Pre-work Documents

- Allows the student to prepare
- Effective communication
- Facts about OUD and treatment
- Information on vulnerable populations
- Information on harm reduction
- Treatment reference guides

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Opioid Use Disorder (OUD) Simulation Pre-Work

NOSTIGMA
Building pathways to equitable care

Effective Strategies for Communication with Patients

Establish Trust	Trust helps a person to feel safe. Over time, the person may feel more comfortable talking about information that is critical to their health
Person-First Language	Use person first language, i.e. a person with opioid use disorder, a person in recovery, or a person being treated for substance use disorder
Be Authentic and Present	Give the person your full attention, respond to their questions and concerns
Listen and Validate Concerns	• Listen intently to the person's concerns • Validate what you have heard, by confirming with the person • Ask open ended questions • Ask clarifying questions if needed
Be Empathetic	• Try to understand how chronic OUD and pain maybe impacting the person's quality of life • Validate concerns and emotions • Consider sharing a positive experience • Use empathetic statements "I understand this must be difficult for you"
Be Professional and Nonjudgmental	• Help to normalize the situation by keeping a professional manner • Explain to the person why you need to ask specific questions • Explain you are asking out of concern for their health, so you understand the how to help decrease their risks • Screen all persons for OUD, so it becomes a routine part of your practice. "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"
Emphasize Safety	Show concern for the person's safety and work collaboratively to find safe approaches to improve their overall health
Be Supportive	Use effective communication to help set effective and achievable goals. Be aware of your nonverbal communication cues, such as facial expressions and tone of voice.
Use Direct Communication	• When helping patients manage their pain, you might encounter discordance between a patient's desired treatment options and the clinically recommended treatment regimen. Address these challenges directly with your patients and focus on improving quality of life. • Explain recommendations and compare risks and benefits to the patient's expectations • Discuss alternative plans to reach goals of improved function and lessened pain
Positive Attitude	Positive attitudes and knowledge about OUD lead to better treatment outcomes for patients

ESTABLISHING A SAFE, SUPPORTIVE LEARNING ENVIRONMENT

Psychological Safety

Create an environment where learners feel comfortable sharing their experiences without fear of judgment.

Facilitator Role

The facilitator should guide the the discussion, encourage participation, and ensure a constructive, supportive atmosphere.

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Case Vignette

This image was created with the assistance of DALL·E 2

Estimated Run Time: 15 minutes
Adapted for Student Population: Graduate
Setting: Level 2 nursery
Patient Population: Infant

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Effective Debriefing Strategies

- Group think session on effective debriefing strategies
- Jennifer Viveiros, PhD, RN, CNE, CHSE

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DEFINING SIMULATION DEBRIEFING: PURPOSE AND KEY ELEMENTS

1 Purpose

Debriefing facilitates learning, promotes self-reflection, and connects simulation experiences to real-world clinical practice. practice.

2 Key Elements

Structured feedback, open open dialogue, and collaborative analysis of decision-making and performance.

Let's Debrief Together

Sample of reflective questions used in this case	Concepts
How did caring for this patient make you feel?	Internal Stigma
What are your main concerns ?	Prioritization
How did you feel about your ability to work through the simulation?	Empowerment
Do you feel his opioid use disorder impacted the quality of care he received?	External Stigma
If you were able to do this again, how could you have handled the situation differently?	Self-reflection
Are there other resources or team members that would be important in this patient's care?	Interprofessional Collaboration, SDOH
Is there anything else you would like to discuss?	

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Providing Constructive Feedback: Balancing Strengths and Opportunities

Highlighting Strengths

Acknowledge and reinforce positive behaviors and decision-making to build confidence.

Identifying Opportunities

Provide specific, actionable feedback to address areas for improvement.

Collaborative Approach

Engage learners in the feedback process to foster foster a shared understanding and commitment to growth. growth.

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When debriefing goes wrong ...

Connecting Simulation to Clinical Practice: Bridging the Gap

1 Simulation Experience

Reflect on the skills, decision-making, and teamwork demonstrated in the simulated scenario.

2 Clinical Relevance

Discuss how the simulation insights can be applied to real-world real-world patient care situations.

3 Action Plan

Collaborate to develop strategies for implementing the lessons lessons learned in clinical practice.

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Effective Tools to Measure Learning

- Mary McCurry, PhD, RNBC, ANP, ACNP

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Pre-Post Simulation Stigma Measures

Instrument		Total Score Range	Cronbach's alpha
Drug Drug Problems Perceptions Questionnaire (DDPPQ)	22-item measure of therapeutic healthcare provider attitudes toward caring for individuals with OUD	Range 22 – 144 with lower scores equating to more therapeutic attitudes	(α= .92) Study sample (α= .85)
Drug Use Stigmatization Scale (DUSS)	7-item measure of stigma associated with general illicit drug use	Range 7 – 35 with lower scores indicating less stigma	(α= .83) Study sample (α= .86)
Stigma Substance Use Disorder Scale (SSUDS)	12-item researcher developed measure of implicit and explicit stigmatizing attitudes	Range 12 – 48 with lower scores indicating less stigmatizing attitude	Study sample (α= .78)

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During Simulation Measures

Instrument		Total Score Range	Cronbach's alpha
Health Communication Assessment Tool (HCAT)	22-item measure of communication skills of healthcare providers/students in clinical simulation	Scores range 22 – 110 with higher scores represent greater competency with health communication behaviors	(α= .87) Study sample (α= .82)

Post Simulation Measure

- Simulation Effectiveness Tool – Modified (SET-M)
  - 19-item measure of simulation effectiveness
  - Range 19 – 57 with higher scores suggesting greater effectiveness
  - (α = .94), study sample (α = .94)
  - Four Subscales
    - Pre-briefing (α = .83), study sample (α = .87)
    - Confidence (α = .91), study sample (α = .93)
    - Learning (α = .85), study sample (α = .88)
    - Debriefing (α = .91), study sample (α = .85)

- No recommended method for scoring

- Recommend looking at total score and each subscale

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Simulation Effectiveness Tool-modified (SET-M)

Mean Score = 50.69 (SD 7.25)

Open ended feedback – "What else would you like to say…?"

- *"This was a great experience. I felt like it was a safe learning space, and I felt like I could work through some insecurities I have myself as a novice provider. I think every healthcare provider should participate in these simulations before graduating, thank you!"*

- *"This was a very interesting simulation, it allowed me to work in an experience I do not get to do often"*

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Post-Post Simulation Measures

Instrument		Total Score Range	Cronbach's alpha
Jefferson Scale of Empathy-Health Professional Students (JSE-HPS)	20-item measure of empathetic communication during simulation	Score ranges from 20 – 140 with higher values indicating a higher degree of empathy	(α= .85) Study sample (α= .83)

Results

N=60 pairs	Mean Pre-test	Mean Post-test	p
DDPPQ	70.1	61.17	<.001
DUSS	13.38	10.48	<.001
SSUDS	18.97	15.63	<.001
JSE	119.03	123.22	.004

DDPPQ=Drug & Drug Problems Perceptions Questionnaire; DUSS=Drug User Stigmatization Scale; SSUDS=Stigma Substance Use Disorder Scale, JSE=Jefferson Scale of Empathy

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Considerations for Future Use

- HCAT
  - Items not relevant after Covid-19
    - Item 2 – "The HP shook the patient's and/or family member's hand" and item 8 – "The HP touched the patient appropriately."
  - Sims purposefully designed to avoid complex medical tasks
    - Item 7 – " The HP asked the patient or family member if it was okay to touch the patient before doing a procedure or test." DDPPQ

- DDPPQ & DUSS
  - Outdated language "Drug User" or "Opioid User"
  - Changed to person-centered language

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Conclusions

- NO STIGMA simulation set provided measurable improvements in students' attitudes, empathy and communication skills
  - Further multi-site testing is necessary
- Healthcare education programs must integrate anti-stigma and empathy-based content, or risk perpetuating discrimination by omission
- NO STIGMA simulation set offers an experiential learning approach
  - Promotes a workforce that is clinically proficient
  - Committed to stigma-free care

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Thank you!

Questions

- <u>No Stigma Nursing Research - About us</u>

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