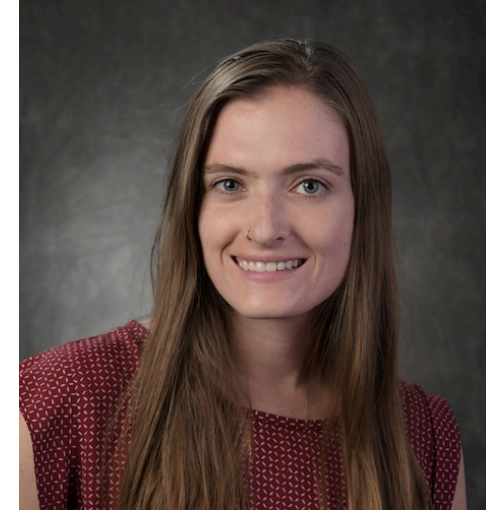


Development of an Opioid Use Disorder Virtual Simulation for Behavioral Health Trainees



PRESENTER:
Julia George-Jones

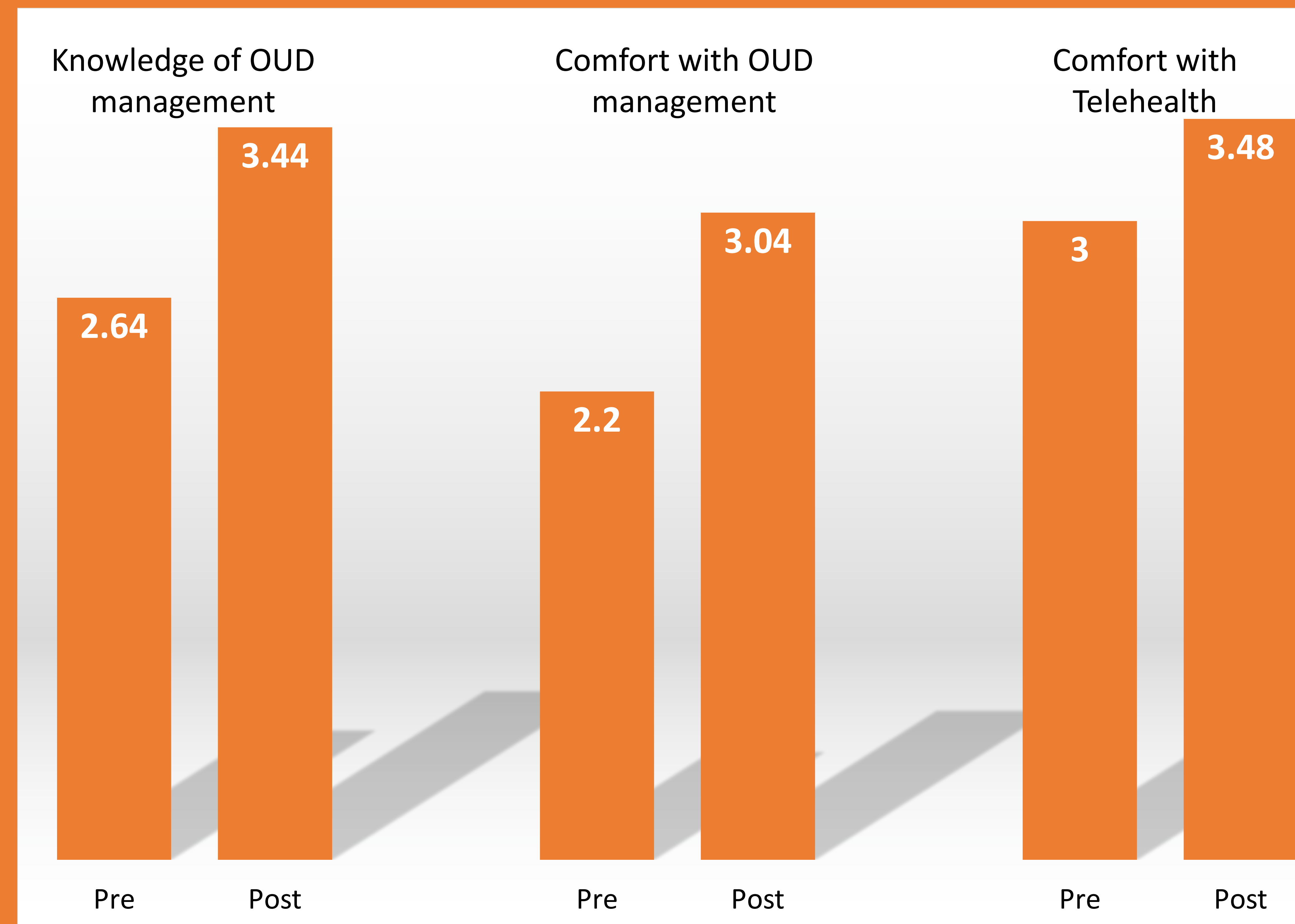
BACKGROUND

- As opioid-related deaths increase, it is imperative to find innovative ways to teach screening, prevention, and treatment of opioid use disorder (OUD) for interdisciplinary trainees (Mattson et al., 2017)
- This poster will outline the development and implementation of a virtual OUD simulation involving interdisciplinary collaboration between PMHNP and psychology graduate trainees, and present feedback from students

METHODS

- 14 psychology trainees and 15 PMHNP trainees over two years
- 5 visits and completed two runs of the simulation on the same day
- Simulation roles:
 - 1 PMHNP student: Newly licensed PMHNP working on-site at a rural FQHC that does not yet have a DATA 2000 waiver
 - 1 PMHNP student: Licensed PMHNP in a remote location that has a DATA 2000 waiver and can prescribe buprenorphine
 - 1 Psychology student: remote psychologist assisting with behavioral health change and motivation
 - Standardized patient actor with lived experience of OUD and recovery
- Peer moderators and faculty coaching in real time
 - 1 Psychology faculty member
 - 1 PMHNP faculty member
 - 1 PMNHP consultant at an addiction recovery center
- Used Zoom platform including chat feature for coaching

A virtual opioid use disorder simulation is an effective method for workforce development and interdisciplinary training for behavioral health trainees



1-not at all knowledgeable
5-extremely knowledgeable
n=25

1-not at all comfortable
5-extremely comfortable

1-not at all comfortable
5-extremely comfortable

QUALITATIVE RESULTS

What went well with the simulation:

“The collaboration with each other, integrated approach, and professional coaching/mentoring”

“The patient accurately depicted an actual patient with OUD”

“Tighter, more structured time limits- everyone seemed very well prepared and had valuable contributions”

“I really liked how each round assigned a lead provider and supporting providers-gave us clear roles and allowed us each to partake in multiple levels of learning (as observers, supporting providers, and lead providers)”

Suggestions for improvement:

“Varied patient presentation, separate days for each run”

“The ability to work with patients at different levels of motivation, readiness for change, barriers to treatment”

“Have several of these throughout the year so we could have chance to grow throughout the year”

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Julia George-Jones, MA, Haley Brenna, PMHNP-BC, Sabrina Kones, PMHNP-BC, LCSW, Kathryn Hanley, LPA, PMHNP-BC, Donna Rolin, PhD, PMHCNS-BC, PMHNP-BC, Jane Gray, PhD

