

Just in Time Training for TB Nurses

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Abstract

Background

A TB program in the Heartland National TB Center (HNTC) region lost key nursing personnel. Newly hired nurses lacked the experience, skills, and knowledge to evaluate or manage persons seeking care for TB. A comprehensive plan to address immediate skill building and training needs was developed.

Methods

HNTC assessed the current nursing knowledge and practice skills using a nursing competency assessment tool previously adapted for use in Texas. Training and assistance was developed based on identified needs.

Results

HNTC provided over 111 hours of "Just in Time" assistance over a four month period. This included a minimum of weekly conference calls addressing management of new and ongoing TB cases, physician consultations as needed, an on-line Introduction to Nurse Case Management course, assistance with development of a cohort review process, and a nurse mini-fellowship. Training was supplemented by standard HNTC courses. The state program provided assistance for 3 weeks with an on-site nurse expert. Nursing consults received from the TB program in the first half of 2013 compared to the same time period in 2012 have decreased by greater than 50%. Consultation with HNTC now involves only medically complicated issues.

Conclusions

HNTC's "Just in Time" consultation and training provided a foundation that improved nursing competencies and confidence. One participant is now a nurse expert consultant who competently addresses challenges of nurse case management, and provides training and nurse mentoring for new staff using HNTC tools, products, and technical support.

Methods

In January 2012 HNTC developed a strategy to assess and address concerns of a TB program. The HNTC, state TB program, and local health department management were all involved in the planning effort. The goal was to provide training and mentoring to new nursing staff to improve their confidence and ability to manage a TB clinic as soon as possible.

HNTC assessed and evaluated the current nursing knowledge and practice skills using a nurse competency assessment tool previously adapted for use in Texas. Each nurse self-assessed competence of their current skills and knowledge in the following areas:

- Understanding the diagnosis & treatment of active TB disease and LTBI
- Identifying recent TB infection and conducting contact investigation
- Assessing potential for non-adherence
- Determining need for isolation precautions and potential for community transmission
- Identifying psychosocial issues as potential barriers to treatment and adherence

Training and assistance for the health department nurses was developed based on deficiencies identified by the planning committee and the nurse competency assessment tool.



Nurse-to Nurse Mentoring

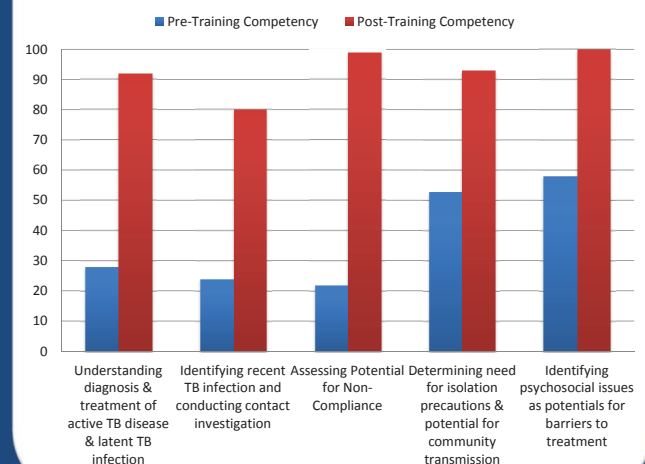
Nurse to nurse mentoring provided professional support, guidance, and shared knowledge of nurse case management and technical assistance related to tuberculosis in these areas:

- Screening
- Reporting a new case
- Physical assessment
- Infection control measures and respiratory isolation
- Treatment regimens
- Administration of medications
- Identifying and managing drug toxicities and drug interactions
- Monitoring response to treatment
- Management of co-morbidities during treatment
- Psychosocial management and identifying barriers to adherence
- Interpreting lab results and radiology reports
- Specimen collection and interpreting bacteriology reports
- Patient education
- Contact investigation
- Collaborating with other healthcare providers

Results

- Collaboration between local, regional, and state health department nurses has improved
- Decreased HNTC nursing consultation and technical assistance
- Recent requests for medical consultation from HNTC are related to complicated TB cases
- Cohort review process has been implemented
- A TB nurse expert has been identified who is now able to provide TB training and mentoring.
- Enhanced nurse competence/nurse case management skills

Nurse Competency Results



Introduction

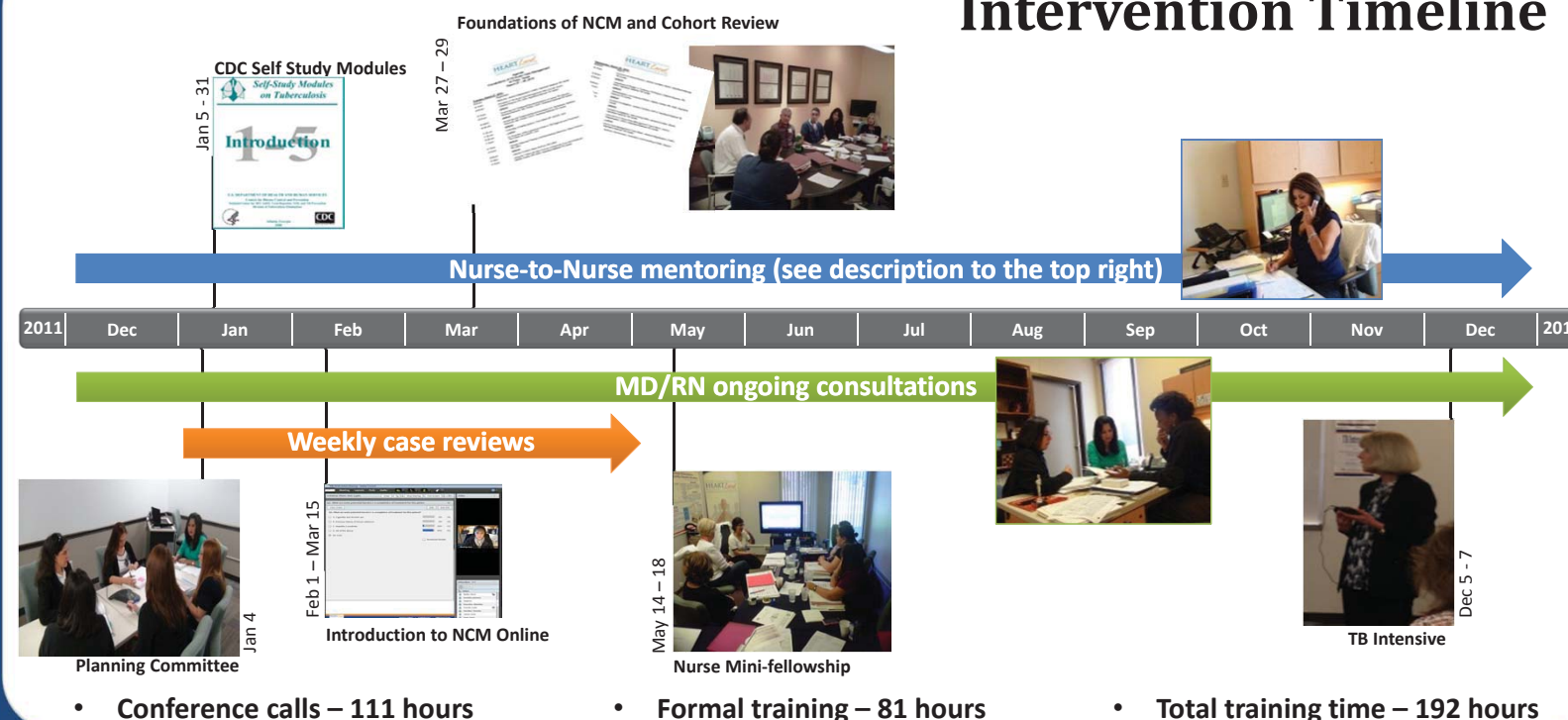
An effective tuberculosis (TB) control program requires personnel with knowledge and expertise of the full complement of TB programmatic activities. Experienced TB nurses are the foundation of an effective TB control program. Health departments are losing the experienced workforce that has sustained TB programs. When an experienced nurse is lost, the health department is challenged with providing immediate TB training for newly hired nurses who have no TB background and lack the skills to provide adequate TB nurse case management. As new TB nurses gain experience and expertise they become integral to successful treatment and management of the TB patient.

As part of an effort to meet the immediate training needs for a health department which lost key nursing personnel and expertise, the Heartland National TB Center developed a comprehensive plan to provide "Just in Time" training to newly hired TB nurses.

Evaluation of Health Department Strengths and Weakness

Strengths	Weaknesses
Existing policies & procedures	Existing policies & procedures were not implemented
Sufficient nursing staff	No TB expertise to mentor new nurses
Funds available for training	Lack of collaboration with expertise from TB programs
Supported by state TB program	Conflict between nurse supervisor and staff nurses
Availability of HNTC to train and mentor nurses	No systematic review of TB cases in place

Intervention Timeline



Strategies included ongoing nurse-to-nurse mentoring and scheduled weekly conference calls to review cases and discuss questions that addressed specific TB nurse case management concerns. Apart from the weekly scheduled calls, physician and nursing consultation was provided, as needed, by telephone and email. Based on results from the planning committee meeting, nurses were required to complete the Nurse Competency self assessment and the CDC Self Study modules on Tuberculosis. This was followed by an on-line Introduction to Nurse Case Management course in February 2012 and a Foundations for Nurse Case Management course in March 2012. Assistance with re-implementation of a cohort review process was also provided in March 2012 and continues quarterly. To further develop their competencies, the nurses participated in a nurse mini-fellowship in May 2012. The "Just in Time" training was supplemented by standard HNTC courses which included a TB intensive held in December 2012.

Conclusion

Through interventions used for this group, HNTC has effectively trained and mentored TB nurses who lacked TB knowledge. These methods can serve as a model for meeting the education needs of a TB control program which can be adapted to the needs of a local TB program.

Participant Testimonials

"Heartland has always been extremely helpful. They are available and provide help in a timely manner. All the staff at Heartland is knowledgeable and they ensure the information they provide to us is understood. They are friendly and make you feel welcomed to ask any questions"

"In my time with the TB program, I felt that Heartland always was and always will be there for us. I never hesitated to ask for assistance whether for consults or general information. Heartland was always my number one resource, as a Nurse it is important to have that support."