Caring for the Adult Patient with Autism Spectrum Disorder

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PROBLEM INTRODUCTION

- Most tools and research regarding Autism Spectrum Disorder (ASD) pertain to the pediatric population.
- Patients with ASD will start aging out of pediatric care at unprecedented rates.
- Healthcare workers and facilities are NOT prepared to handle this patient population.
- Communication and sensory issues may be easily misinterpreted as noncompliance or combative behavior.

LITERATURE REVIEW

Focused on:
- Symptoms of Autism Spectrum Disorder
- Resources available for the adult patient with ASD seeking healthcare
- Sensory and communication challenges for patients and healthcare workers
- Lack of Healthcare worker preparation regarding caring for adults with ASD

PROJECT METHODS

- Pre-test/post-test of knowledge and confidence before and after completing online learning module.
- Assessment based on ASK-Q Module developed by Harrison et al. (2017).
- Development of online learning module and creation of “just in time” tools that can easily be accessed when caring for patient with ASD.

EVALUATION

- 182 total completions of the educational module
- Staff reported noted increase in confidence after intervention.

IMPACT ON PRACTICE

- Project started discussion on perceived challenges and opportunities that may arise when caring for this population.
- Increased awareness of Autism Spectrum Disorder as a condition that affects both adults and children.
- Tool kit available for “Just in Time” training and assistance with this patient population

LIMITATIONS

- Small number of adults with autism spectrum disorder treated at this facility during intervention period.
- Facility was staffed by many agency and contracted staff during the intervention period, causing message and training dilution.
- No patient and parent/caregiver input for tool and education; revisions based on feedback may be necessary.

CONCLUSIONS

- More training and awareness is needed to prepare healthcare workers for this patient population.
- Tools and education can assist both the patient and healthcare worker navigate the hospital stay more effectively.
- Many staff unaware that stereotypical behaviors of ASD persist into adulthood.
PROBLEM INTRODUCTION

Major depression and anxiety are two of the most common mental health disorders in the United States.

Access to psychiatric providers that use evidence-based practice to accurately diagnose and treat children with anxiety and depression is limited.

Provider shortages are especially problematic in pediatric mental health causing a 3–6 month waitlist for services in some areas.

Psychiatric provider shortages are exacerbated in rural areas.

The QI Project setting was a large Midwest pediatric primary care practice.

The pediatric practice sought an intervention as a stopgap for patients awaiting in person CBT and psychiatric evaluation.

PROJECT METHODS

Research and evaluate available CBT applications based on cost, ease of use, evidence-based techniques, suitability, and effectiveness- January 2022.

Develop referral/CBT applications document- April 2022.

Training of the clinic’s three pediatric nurse practitioners on using the CBT applications- June 2022.

Implementation of the completed referral/CBT document- June 2022.

Data collection on patient age, diagnosis, initial and post-treatment- August 2022.

Analyze collected data and evaluate utilization and effectiveness of CBT applications and referral document- September 2022.

Discuss findings with providers and consider ways of improvement and implementation- October 2022.

LITERATURE REVIEW

CBT technologies enhance existing primary care treatment (Christ et al. 2020).

CBT technologies bridge the gap where mental health services are lacking (Christ et al. 2020).

CBT is gold standard for adolescent depression (APA, 2019).

CBT smartphone apps decrease severity of anxiety symptoms & assist patients in making progress towards treatment goals (Christie et al. 2019).

CONCLUSIONS

Digital therapeutics: Emerging

Address provider scarcity

Expand MH service availability

Mechanism of best practice treatment for adolescent anxiety & depression

EVALUATION

Implementation June 13-August 9, 2022.

Followed patients using app to collect benefits and disadvantages.

5 respondents found app therapeutic.

Project limitations: Reduced # providers, patients & buy-in.

ACKNOWLEDGEMENTS

- Project Leader
  Bernadette Sobczak, DNP, APN, CPNP-PC, PMHS

- Project Stakeholder
  Valerie Griffin, DNP, PPCNP-BC, FNP-BC, PMHS, FAANP

- Content Expert
  Tracy Pacini, DNP, APRN, FNP-BC, PMHNP-BC
NURSE ANESTHESIA
PEER MENTORSHIP PROGRAM

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INTRODUCTION

• Mentorships have been beneficial for academic and professional medical institutions for many years.
• The relationship is not one that is based on friendship.
• Mentorship programs have helped reduce stress and anxiety in Student Registered Nurse Anesthetists (SRNA) while simultaneously improving their confidence.

(Demir et al., 2014; Flexman; Gelb, 2011)
• Stress and anxiety negatively impact a person’s health and well-being.

• Providing SRNAs with a structured and effective mentorship program may help minimize perceived stress and lessen the adverse physical and psychological effects.

(Hubbard et al., 2018)
METHODOLOGY

- Site: Southern Illinois University Edwardsville- Nurse Anesthesiology Program
- Sample population: SRNAs
- Study participants were given an online survey to gather feedback about the current peer mentorship program.
- Survey completion was completely voluntary.
EVALUATION

• Outcomes measured were:
  • Student’s feelings about the current peer mentorship program
  • Assess willingness to adhere to the evidenced-based changes, such as faculty involvement

• The survey:
  • Distributed and analyzed via Qualtrics
  • 14 questions including multiple choice, free text, and Likert scale.
SURVEY MAJOR TAKEAWAYS

• Mixed opinions regarding more structured
• >50% expressed interest in a faculty mentor
• Majority would like to have a practicing CRNA as a mentor.
A second survey was conducted to gather information to match mentors and mentees.

- Year in Training
- Age
- Gender
- Ethnicity
- Residence

- Hobbies/interests
- Parental status
  - Ages of children
- Marriage status
- Mentor expectations
LIMITATIONS

• Small sample size
• Sampling bias
• Lack of available data
  • Response rate of ≈30% for initial survey
  • Matching survey ≈72%
• Measure used to collect data
Peer mentorship programs...

• Decrease stress & promote positive outcomes among SRNAs
• Benefit from matching according to demographics & background to promote a successful mentor/mentee relationship.