

# UVM Project ECHO

## Current Topics in School Nursing

Course Director: Kathy Mariani, MD

ECHO Director: Patti Smith Urie

### Series Faculty:

Richard Pinckney, MD

Liz Manz, RN

James Metz, MD

Mary-Ellen Longworth, MSW

Jennifer Todd, MD

Margaret Spottswood, MD

Eliza Pillard, LICSW

Amie Frederick, PA

Didactic presentation is recorded. Registered participants will receive the link.

# Session Agenda

- Welcome
- Objectives
- Didactic Presentation (30 min)
  - Q&A
- Case presentation(s)
  - Clarifying questions
  - Discussion
- Closing Announcements
  - Topic and cases for next session
  - Feedback and evaluation



# ECHO Model: All Teach, All Learn



## Cohort-based learning on ZOOM

- Have your camera on as much as possible, especially when joining the meeting and during discussions
- Questions and comments are welcome – use the “raise hand” feature or put them in the chat
- This is not a webinar! Participation is key

## Case-based learning

- 1-2 participant cases each session using provided template
- Contact Liz Manz to present a case [lizmanzvt@gmail.com](mailto:lizmanzvt@gmail.com)

# Series Objectives

## **Learning objectives for this ECHO series include the ability to:**

1. Implement the elements of Motivational Interviewing that are key to promoting behavior change
2. Identify communication skills that facilitate collaboration with students and families
3. Describe best practices in managing common health concerns, including rashes and diabetes
4. Apply knowledge to support youth in developing strategies to address anxiety

# CMIE Disclosures

The Robert Larner College of Medicine at The University of Vermont is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing medical education for the healthcare team.

This program has been reviewed and is acceptable for up to **1.5 Nursing Contact Hours**.

**Participants should claim only the credit commensurate with the extent of their participation in the activity.**

# CMIE Disclosures

**Interest Disclosures:** As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

**Meeting Disclaimer:** Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

# Session Objectives

**Learning objectives for this ECHO session include the ability to:**

- **Recognize the difference between advice giving and motivational interviewing**
- **Know the elements of a brief negotiated interview (BNI)**
- **Apply BNI elements to student encounters**

# Motivational Interviewing

Richard G. Pinckney, MD

Robert Larner College of Medicine at UVM

10/4/2023



# Evidence base

- Motivational interviewing (MI) comes in different forms
- Most studies of motivational interviewing looked at briefer versions than full MI
- SBIRT is a form of brief MI
  - Easier to learn
  - Faster to deliver
- SBIRT has resulted in 40% reduction in harmful alcohol use in those with risky use
- SBIRT has resulted in 55% reduction in negative social consequences

# Steps of the SBIRT process

1. Prescreening
2. Screening those with a positive prescreening
- 3. Brief negotiated interview**
4. Collaborative treatment plan based on severity

## Brief Negotiated Interview (BNI) Algorithm

<b>1. Raise the subject</b>	<p><i>Is it OK if we discuss the health &amp; wellness questionnaire you completed?</i></p>
<b>2. Pros &amp; Cons</b>  Elicit  Summarize	<p><i>Help me understand the good things about using [X]. What are some of the negatives?</i></p> <p><i>So, on the one hand [PROS], and on the other hand [CONS].</i></p>
<b>3. Information &amp; feedback</b>  Provide          Elicit	<p><i>I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you?</i></p> <p><i>We know that ...</i></p> <ul style="list-style-type: none"> <li><i>• drinking 4 or more (Women) / 5 or more (Men) drinks in a few hours,</i></li> <li><i>• drinking more than 7 (Women) / 14 (Men) drinks in a week, and/or</i></li> <li><i>• using illicit drugs of any kind</i></li> </ul> <p><i>... can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information].</i></p> <p><i>What do you think about that?</i></p>
<b>4. Readiness ruler</b>  Reinforce positives Ask about lower number	<p><i>On a scale from 1–10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use?</i></p> <p><i>You marked _____. That means you're _____% ready to make a change!</i></p> <p><i>Why did you choose that number and not a lower one like a 1 or 2?</i></p>
<b>5. Negotiate a plan</b>  Identify strengths & supports  Have patient write down steps  Offer appropriate resources	<p><i>What are some steps you can take to reduce your risk?</i></p> <p><i>What will help you to reduce the things you don't like about using [X]?</i></p> <p><i>What supports do you have for making this change?</i></p> <p><i>How can you use those supports/resources to help you now?</i></p> <p><i>Why don't we write down your Prescription for Change?</i></p> <p><i>This is what I heard you say ...</i></p> <p><i>I have some additional resources that people sometimes find helpful. Would you like to hear about them?</i></p> <ul style="list-style-type: none"> <li><i>• Primary care, outpatient counseling, mental health treatment</i></li> </ul>



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View PDF at:

[Screening, Brief Intervention & Referral to Treatment - sbirt vt](#)

### Readiness Ruler

1 = Not ready at all  
10 = Ready right now



# Formula for brief negotiated intervention

Using a motivational interviewing consistent approach to:

- Review pros then cons of substance use
- Provide feedback on risks of continued use
- Use ruler to gauge readiness
- Collaboratively develop a plan

# Case Presentation

Bringing Knowledge to Action through interactive, case-based discussions

Participant presents the case and poses the question(s) for the group



Clarifying questions about the case from group to case presenter



Ideas, suggestions, recommendations from participants



Ideas, suggestions, recommendations from ECHO faculty team



Full group discussion



Summary and wrap-up by facilitator



# Case Presentation



## ***DO NOT INCLUDE:***

Names, Address, DOB, Phone/Fax #, Email address, Social Security #, Medical Record #

**Consider the level of detail necessary. Go with less when possible.**

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

## Composite case scenario

A 17-year-old female presents with strong body odor and a strong smell of urine. Her 16-year-old step-brother also has very strong body odor. The nurse has worked with both students for 2 years, educating them on hygiene habits, offering hygiene supplies, talking with parents about access to washer and dryer, and setting up a system to have them wash their clothes at school.

## Composite case continued

The female student has seen her primary care provider to look for any medical issues. The school staff do not see evidence of abuse but are concerned about neglect. DCF has been called. This situation has not resolved with our interventions. The students' relationships are being affected. Both students are becoming more isolated from their peers.



- How do we move forward to support these students and their family?
- What have we missed in communicating with this family?
- What are we not hearing?

## 2023-2024 PROGRAM SCHEDULE – Wednesdays from 3:15PM TO 4:45PM

WHO SHOULD ATTEND?	DATES	DIDACTIC TOPICS (In addition to case review)
<p>The <b>target audience</b> for this Project ECHO series is a cohort of school nurses throughout Vermont.</p>	<p><b>October 4</b></p>	<p><b>Motivational Interviewing: Working with Children and Families</b>  <i>Richard Pinckney, MD</i></p>
	<p><b>November 1</b></p>	<p><b>Unravelling Cases of Child Neglect: A Medical Perspective</b>  <i>James Metz, MD and Mary-Ellen Longworth, MSW</i></p>
	<p><b>December 6</b></p>	<p><b>Diabetes Updates for School Nurses</b>  <i>Jennifer Todd, MD</i></p>
	<p><b>January 10</b></p>	<p><b>Anxiety at School: How to Foster Resiliency and Support Serious Mental Illness</b>  <i>Margaret Spottswood, MD and Eliza Pillard, LICSW</i></p>
	<p><b>February 7</b></p>	<p><b>Common Skin Problems in Children</b>  <i>Amie Frederick, PA</i></p>

# Closing Announcements

- Slides are posted at [www.vtahec.org](http://www.vtahec.org)
- Recording of didactic portion will be sent by email to the full cohort
  - **All recordings are for the use of registered participants only**
- Please complete the evaluation survey
- CMIE information and session QR code auto-send after evaluation
- Please contact us with any questions, concerns, or suggestions:
  - [Katherine.Mariani@uvmhealth.org](mailto:Katherine.Mariani@uvmhealth.org)
  - [Patti.Smith-Urie@uvm.edu](mailto:Patti.Smith-Urie@uvm.edu)
  - [Lizmanzvt@gmail.com](mailto:Lizmanzvt@gmail.com)