

Nursing Competencies and Genetics Training
Q&A

MS. PESTKA: Any questions? Yes, sir.

DR. LICINO: I think that the work you are doing is very interesting and very valuable. I really commend you for approaching genetics in such a direct way with patients. I think it really needs to be done.

I was a little concerned about the video with the bipolar patient. I'm a psychiatrist myself. I think that there is a huge mismatch between the patient's expectations and what can be delivered in this lifetime. With psychiatric disorders specifically, let's say for schizophrenia or for bipolar, many people believe the problem has to do with neurodevelopment. Your neurons migrated in a way that they shouldn't have migrated.

There is no genetic intervention they are going to do in the future that is going to make your neurons migrate back the way they should have been so that your brain is going to be rewired based on genetics.

So this man has these very unrealistic expectations. Is it part of your educational effort to address those? Some people don't understand genetics and you have to say, "Here is your gene. You have a contribution to that." But other people are like way over. It is almost like a delusion that he is having that he is going to have three injections and then he is going to be fine.

How do you address that kind of unrealistic expectation side of the equation?

MS. PESTKA: Thank you. I totally agree his expectations are unrealistic. That is part of the education, to frame it in realistic terms. Even the pharmacogenomics doesn't give all the answers. People arrive and they think maybe this will tell exactly which medication and exactly what dose, and it is certainly not sophisticated to that point.

So your point is extremely well taken and we do provide education to inform him. It is hope for him, so it is something. He is excited. But he is unrealistic, so you are right. The education does need to occur.

Yes.

MS. ASPINALL: This is a very impressive program. Have you put together a measurement tool to look at the progress and to monitor how much of the information is being internalized by nurses who have been on the job, by new nurses coming in?

MS. PESTKA: We did one study, and it was a psychiatric nursing conference. My specialty is psychiatry. We did a pre-conference survey, end-of-the-day survey, and a three-month follow-up survey. The nurses did have significant learning. They did retain it and they did apply it. That was the only study that we have done per se.

What we are focusing on now, what we think the real bottom line is, is the competency end of it. Are they going to be able to use it.

MS. ASPINALL: Are you measuring that going forward?

MS. PESTKA: We did one pilot study this last year related to hematology and oncology nurses and whether they were actually applying the competencies. Our results were interesting but not profound, and part of it was in our methods. So what we are working to do is to replicate that study in other settings and say, if we provide adequate education, can we measure that nurses are doing this.

The measurement would be per self-report, that they could report a patient situation where they actually used the competencies and made a difference. Thank you.

DR. TELFAIR: Thank you for the presentation. It is very interesting. Actually, the last question is always one that is very critically important because your model is Diffusion of Innovations. As you know, one of the elements of Diffusion of Innovation of course is looking at it from both the short term and long term. So the question has to do with not only is it early and late adopters of the information itself but then that.

I have two questions. One is, on that note, how are you looking at the immediate education as it relates to the professional relationships you have with other professions in terms of disseminating the information, using the information, that sort of thing. Other professions being not only physicians and physician assistants but people like social workers, psychologists, lay health professionals, and, particularly since you were talking about genetics at the community level, the persons who do things like single-gene counseling and that sort of thing.

Secondly, I am concerned about the same question that came up earlier with the physician. How do you deal with the differential amount of information being provided in the different settings, even at the different levels at which nursing is? The different levels are two-year, four-year, that sort of deal.

That may be a question to come back to later if you want to. Actually, I would ask the same question of the two provider presentations earlier as well. Are we having a forum on that? Okay. So I would like to save that question and then ask the other physicians later. I just wondered if you can think about it, and the other two persons can think about it, and I will come back to it.

MS. PESTKA: Thank you. What we are looking for in our setting is champions. That is what this whole program, the National Nursing Program, is looking for: champions in practice, champions in academics, and then really focusing and spotlighting those champions.

In our own local setting we are looking for champions, and we do have one champion multidisciplinary group. We have numerous ones, but we have one where we did a video segment of different disciplines and exactly what their role is. They actually did a model, and they have six or eight different individuals caring for these high-risk prenatal individuals and families.

They defined what is the nurse doing, what is the genetics counselor doing, what is the physician doing, what is the social worker doing. So it was looking at it from a multidisciplinary perspective because, definitely, we do work in teams and we want to make sure that we are complementing instead of competing or overlapping.

So, excellent question. Thank you for asking that.

DR. McGRATH: Beth, thank you for sharing that really interesting initiative at Mayo. Thank you.