

Finding New Solutions to Timeless Concerns:

Using the Power of Nursing to Address Care Needs

Nursing is a field of constant innovation. While researchers explore novel ways of delivering care, on the job, nurses create new techniques to address emerging challenges.

From reframing substance use to delivering words of advice and encouragement just when new mothers need them, faculty members at the University of Pittsburgh School of Nursing are driving critical innovations in caregiving.

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Brayden Kameg



Ann Mitchell and Brayden Kameg

CHANGING THE CONVERSATION

Across the United States, some 80 million people are at risk for a drug or alcohol problem. Of that number, only about 10 percent are typically identified as needing an intervention.

That gap informed the creation of Screening, Brief Intervention, and Referral to Treatment (SBIRT), a program aimed at helping nurses to provide effective risk reduction and intervention prior to a patient’s needing more extensive help.

“When people talk about substances, often they jump to the old stigma of the alcoholic or drug addict,” says Ann Mitchell, PhD, RN, FIAAN, FAAN, professor, Health and Community Systems, who spearheaded SBIRT’s development along with Assistant Professor Brayden Kameg (BSN ’16, DNP ’19). “The work we’ve been doing is to educate our students to be able to screen and intervene with people along the continuum before they reach that top percentage.”

SBIRT includes curricula for undergraduate nursing and graduate nurse practitioner students along with tools such as pocket cards a student nurse might carry for reference and role-playing scenarios to simulate different patient interactions.

Kameg cites a World Health Organization finding that drug and alcohol use is associated with more than 200 physical and mental health problems.

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That insight exemplifies why Kameg and Mitchell advocate for universal screening: to catch lower-level substance use and also to eliminate the bias and stigma often associated with asking patients about their substance use. SBIRT emphasizes tools such as motivational interviewing, which helps nurses and patients to develop shared goals around substance use, as alternatives to the emotionally loaded encounters that many people associate with a term like intervention.

“It’s not an authoritarian lecture,” says Kameg. “It’s about collaborating with a patient on what goals are realistic and how they can meet them.”

The nation’s ongoing opioid epidemic has dramatically underscored the need for this kind of training. Pitt Nursing recently added to its curriculum the 24 hours of training nurses are required to complete to use buprenorphine in treating opioid use disorders, allowing students to graduate ready to handle the drug.

All SBIRT materials are available for free download on the School of Nursing’s Web site, and Mitchell and Kameg have worked tirelessly to disseminate the curriculum by speaking at conferences and forging partnerships across the University. Nurses are the most trusted health care professionals, Mitchell notes, making them ideal advocates for SBIRT and for the more broad-minded view of substance use it represents.

“We really are doing patients a disservice if we are not screening for all substance use,” Mitchell says. “We just want to encourage people to move this work forward.”

WORDS OF ENCOURAGEMENT

For Jill Demirci (BSN ’05, MSN ’10, PhD ’12), the desire for innovation began when she was on duty as a staff nurse in UPMC Magee-Womens Hospital’s mother-baby unit. Many new mothers struggled to breast-feed their infants, and while lactation consultants were on hand to help, new moms often were discharged with remaining questions and concerns.

That impression stuck with Demirci, now an assistant professor in the School of Nursing’s Department of Health Promotion and Development, as she earned her PhD with a focus on breastfeeding support and later served as a lactation consultant herself.

“Their questions were basic things, like what a growth spurt is and what that’s going to look like or how much milk the child is going to take in,” Demirci says.

Brief but frequent contact, she realized, could provide information new moms needed as well as alleviate the isolation and anxiety they often felt once they were on their own with their newborns.

So began the MILK texting program, which sends women supportive text messages during pregnancy and over the first eight weeks of their newborns’ lives.

“For the first 2–4 days after birth, you’ll have small amounts of milk called colostrum (kuh-los-truhm),” reads a message sent in week 30 of pregnancy. “Colostrum is your baby’s first medicine.”

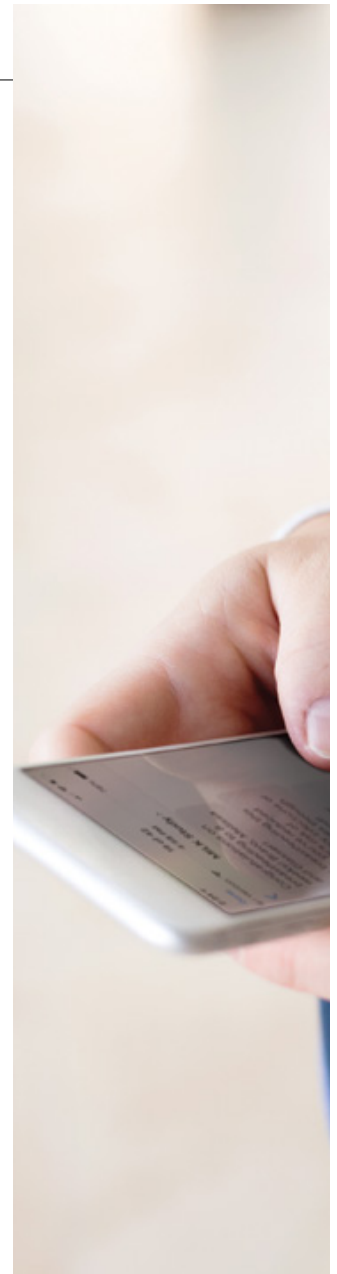
MILK is semiautomated, allowing participants to text keywords for guidance: “Worried about your latch?” reads a text sent out on day three of the newborn’s life. “Text LATCH to see photos of good latches and positions at the breast.”

Moms also can reply “help” to connect with a lactation consultant standing by.

Supported by a grant from the National Institutes of Health, Demirci spent three years developing the MILK program, followed by two years of testing and a randomized controlled trial. She consulted frequently with colleagues in lactation research, health communications, and marketing.

A pilot program recruited 60 mothers to track their breastfeeding and record questions on a smartphone app. Reviewing these data, researchers looked for critical points when mothers might stop breastfeeding or supplement with formula. What challenges and frustrations did new moms face? What did they need to hear at those moments?

Demirci and her colleagues drafted a bank of text messages, striving to cater to new moms’ needs.





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“It was important to use language that moms could relate to and understand,” she says. She wanted to avoid information overload and prevent women from feeling that someone was talking at them rather than to them.

Demerci is currently analyzing trial results and considering the program’s next steps. Allowing new moms’ partners to receive texts and tailoring support to mothers of preterm babies, who face very different challenges, are among the changes Demerci is considering.

At Pitt Nursing, Demerci, Mitchell, and Kameg have found a tremendously supportive environment for their innovations in caregiving. From the technological expertise that has allowed their contributions to flourish to a spirit of collaboration among their colleagues, the school has provided a fertile ground as they’ve steadily expanded the boundaries of caregiving beyond what was previously imagined.