

TITLE Georgia BCCP Enhances Clinical Breast Exam Performance via Simulator Training**SUMMARY**

High nursing turnover rate created challenges maintaining consistent statewide competency for clinical breast exams (CBE). The use of CBE simulator training standardizes performance skills using breast models that provide corrective feedback. By using the “train the trainer” model of education, one nurse from each health district and contracted provider was certified as a MammaCare Clinical Breast Examiner and used the CBE simulator to train their clinic nurses between 7/1/2018 – 6/30/2020. CBE skills (e.g., Positive Predictive Values, true positive detections of tumors, percent of breast tissue examined) significantly improved among trained nurses.

CHALLENGE

Maintaining consistent competency of nurses’ CBEs has been affected by several obstacles. Nursing salaries in Public Health are not competitive with the private sector which results in recent inexperienced graduate nurses applying for first time job experience. These newly hired nurses often have little to no clinical work experience, so they require initial clinical skills training to help increase their confidence level. Another major challenge in maintaining skills is a high nursing turnover rate among Georgia Department of Public Health’s 18 Health Districts with 190 clinics. Nurses are supported with skills training and preceptors but without ongoing corrective feedback their competency level in CBE may decrease, which frequently leads to increased referral to providers outside of Public Health for diagnostic tests. Ultimately, this can increase the program’s cost for diagnostic follow-up.

ACTION TAKEN

Georgia Breast and Cervical Cancer Program (BCCP) nurses completed the simulator training between July 1, 2018 and June 30, 2020. Using the MammaCare’s certification programs, the BCCP state nurse consultant became a MammaCare Specialist and began certifying one designated nurse from each district as a Clinical Breast Examiner. The BCCP purchased a CBE Simulator-Trainer for each district and contract providers for use by the certified trained nurse. This nurse is responsible for moving the simulator to clinics where nurses can learn CBE on tactually accurate breast models and receive immediate corrective feedback. The certified trained nurse has access to each nurse’s training results and can provide recommendations for further training.

RESULTS/ACCOMPLISHMENTS/IMPACT

A total of 355 public health nurses performed breast exams by using the MammaCare method of CBE. All training participants palpated breast models in the MammaCare Standardized Breast Model Evaluation Series. Positive Predictive Values improved with practice: 45% (pretest); 78% (first attempt); 85% (second attempt); and 88% (third attempt). True positive detections of tumors increased: 42% (pretest); 82% (module 2); 83% (module 3); and 88% (module 4). Total false detections decreased from 295 (pretest) to 8 (third attempt). Thoroughness, measured as percent of breast tissue examined, increased from 62% (pretest) to 98% (third attempt). Ninety-nine percent of participants reported that simulator training improved or greatly improved their confidence in performing a CBE.

SUCCESS STORY

Georgia Breast and Cervical Cancer Program

DIRECT QUOTE

“The Georgia Department of Public Health’s BCCP will be the first statewide program to provide standard training for clinical breast exams utilizing computer simulation.”

Dr. Mary Ann Mehn (MammaCare’s Director of Education)

SUSTAINING SUCCESS

Georgia’s BCCP has developed a policy that incorporates maintaining the MammaCare certification process and CBE Simulator training into its BCCP Manual. BCCP will maintain and fund one Certified MammaCare Specialist. Each health district and contracted provider will maintain a current Certified Clinical Breast Examiner, to be paid through their allotted funds. Each Certified CBE nurse will be responsible for developing a system for training their BCCP nurses using the CBE Simulator-Trainer.

CONTACT INFORMATION

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Disparate/Hard to Reach Population

Tribal and Territorial

Provider Reminders (*i.e.* EMR reminders, client charts, e-mails)

Employer and Professional Organizations

Georgia Breast and Cervical Cancer Program

Health

- Community Health Workers
- Patient Navigators
- Electronic Health Records/Health Information Technology
- Partnership Development & Sustainability
- Medical Homes
- Policy Development and Change
- Community Based Organizations
- Patient Reminders (*i.e. phone calls, e-mails, postcards, text message*)
- Provider Assessment and Feedback (*i.e. performance reports*)
- Reducing Structural Barriers (*i.e. reducing time/distance to services, transportation, child care, extending clinic hours, non-clinical setting, simplifying administrative procedures*). Select all that apply.
- Media (*i.e. radio, television, billboards, flyers, social media, brochures*) Select all
- Community Health Centers (*i.e., FQHCs*)
- Medical Advisory Group and Coalitions
- Chronic Disease Program Integration
- Employer Worksite/Workplace Wellness
- Outreach and Education (*i.e., group, one on one, events*)
- Healthcare Providers Clinics
- Service Delivery (*screening, diagnostics*)
- Quality Improvement
- Data Sources and Utilization
- Professional Development Training
- Federal Agencies
- Facilitating Enrollment in Insurance Plan & Coverage