

FACT SHEET

History, Mission and Roles

The Intervention Project for Nurses (IPN) functions under a service contract with the Department of Health (DOH) and provides monitoring for all nursing professions as well as students. IPN was established in 1983 through state legislation

IPN's **Mission** is to ensure public health and safety by providing education, monitoring and support to nurses in the State of Florida

IPN assures public safety and safety to practice by requiring impaired nurses and nursing students to complete formal evaluations by DOH/IPN approved physicians, successfully complete recommended treatment, and to provide random negative toxicology screens

Retaining nursing students during a time of nursing shortages makes financial and ethical sense for the public, the nursing profession and the healthcare industry of Florida

Services Available for Colleges of Nursing, Students and Faculty

IPN offers a menu of services available to nursing schools to enhance faculty and student knowledge and well-being and to improve patient safety.

These services include:

- *Live webinar faculty trainings*
- *Telephonic consultation/coaching about student/faculty impairment*
- *Coordination of evaluation and monitoring of those referred*
- *Random toxicology testing as part of monitoring*
- *Weekly nursing support groups*
- *Provision of the Florida Board of Nursing Mandatory Continuing Education course "Impairment in the Workplace" for students and faculty*
- *Case management services for each referral*
- *IPN quarterly reports sent back to the college/school of nursing*



Facts: A Review of Literature Regarding Nursing Students and Substance Use

Up to 20% of nurses in the United States are chemically dependent on addictive substances and **their substance use typically starts while they are in basic nursing programs** (Monroe, 2009; Boulton & O'Connell, 2017)

A study by Boulton and O'Connell (2017) of **4,033 nursing students** with membership to the National Student Nurse Association (NSNA), **demonstrated that over 60% of students reported excessive drinking in the prior year.**

Student nurses who experience stress and burnout are at risk for addictive disorders.

Prevention strategies such as improved social support, student-faculty discussions about substance use, simulated interventions and dialogue about alternatives to dismissal should be available in all nursing school programs. However, colleges of nursing in the U.S. typically have policies and procedures in place that inadequately and inappropriately address these challenges facing nursing students. (Monroe, 2009)

Until the 1980s, schools of nursing almost exclusively enforced discipline when substance use was revealed, often resulting in dismissal of the student. **Dismissal by a college leaves the nursing student untreated, ashamed and at increased risk for overdose or suicide.** Additionally, if no alternative to discipline is offered, nursing students may continue to work impaired, causing potential harm to patients. (Monroe, 2009)

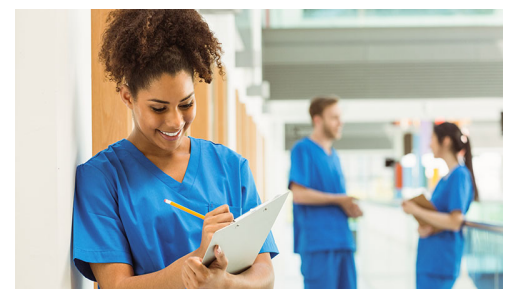
Facts Continued

A lack of education, insufficient supervision and intervention and inconsistent policies and procedures can contribute to unsafe patient care by impaired students. Students who are expelled or dismissed after discovery of their substance-related problems and not appropriately treated are denied a path to recovery and eventual safe return into the nursing profession. (Strobbe & Crowley, 2017)

Alternative to discipline programs such as IPN have been shown to enroll more nurses than disciplinary programs, with greater enhancement of public safety.

The National Council of State Boards of Nursing advocates that schools of nursing adopt such programs and apply them to student nurses (Joint Position Paper, International Nurses Society on Addictions and Emergency Nurses Association, 2016)

A program similar to IPN, the Tennessee Professional Assistance Program (TNPAP) developed a relationship with University of Memphis School of Nursing (UMSON) to create an alternative to discipline program for nursing students with impairing conditions. In partnership with UMSON, TNPAP **demonstrated that both faculty and students are more likely to intervene and report impairment with support of an alternative to dismissal policy in place. By removing impaired students from practice quickly, public safety is prioritized while also promoting student well-being.** (Monroe, 2009)



FACT SHEET

More Facts

Nurses enrolled in alternative to discipline programs such as IPN, have nearly double the retention rates of nurses involved in disciplinary programs; 68% vs 37% respectively (NCSBN, 1987; Roche, 2007)

In 2017, the **American Nurses Association (ANA) and the American Association of Nurse Anesthetists (AANA)** endorsed IntNSA and ENA's Joint Position Paper "Substance Use Among Nurses and Nursing Students" (2016) that **strongly supports alternative to discipline programs that enforce comprehensive monitoring, support services, and reasonable assurance that nurses and students are being rehabilitated and safely returned to patient care.**

The American Association of Colleges of Nursing (AACN) developed a *Substance Abuse Task Force* in 1992. In their 1998 Position Paper update, the **AACN noted that substance abuse was a major issue among nursing students, faculty and staff** which could potentially impact the learning environment. The group determined the necessity for substance abuse education, identification, intervention, evaluation, treatment and re-entry. **The AACN mandated that schools of nursing should adopt a comprehensive substance abuse policy for students, faculty and staff** and that the policy should be based on:

- *The assumption that addiction is an illness that can be successfully treated and that individuals can be returned to a productive level of functioning*
- *The philosophy that nursing schools are committed to assisting students and employees to recover (AACN, 1998)*



Further Benefits of IPN

Students and faculty may be appropriate for IPN services as a result of **mental, cognitive, behavioral or physical impairment, not solely as a result of substance abuse**

Research completed by the National Council of State Boards of Nursing (NCSBN) demonstrates that IPN and similar state programs not only retain nurses in the profession at a greater rate than discipline alone, but nurses who relapse are identified more quickly.

IPN is viewed as a national model by NCSBN and other national nursing associations and is sought as a resource by other states for assistance with program development and refinement.

Student nurse participants are monitored with IPN under Monitoring Agreements.

IPN receives regular updates from all treating providers and clinical site monitors/preceptors and participants must document attendance at weekly facilitated nurse support groups.

Participants in IPN are monitored by Case Managers with expertise in substance use disorders and psychiatric illness.

Routine communication can occur between IPN and the referring college/school of nursing regarding participants' progress in monitoring

References:

- 1) American Association of Colleges of Nursing (1998). Position Statement. *Policy and Guidelines for Prevention and Management of Substance Abuse in the Nursing Education Community*. Retrieved from: <http://www.aacnursing.org/News-Information/Position-Statements-White-Papers/Substance-Abuse>
- 2) Boulton, M.A., & O'Connell, K.A. (2018). Relationship of Student Nurses Substance Misuse to Perceptions of Peer Substance Use and Harmfulness. *Archives of Psychiatric Nursing*, 32(2), 310-316. doi:10.1016/j.apnu.2017.11.021
- 3) Monroe, T. (2009) Addressing Substance Abuse Among Nursing Students: Development of a Prototype Alternative to Discipline Policy. *Journal of Nursing Education*, 48, 272-278
- 4) Monroe, T., Pearson, F., & Kenaga, H. (2007). Procedures for Handling Cases of Substance Abuse Among Nurses: A Comparison of Disciplinary and Alternative Programs. *Journal of Addictions Nursing*, 19, 156-161.
- 5) Strobbe, S. & Crowley, M. (2017). Joint Position Statement: Substance Use Among Nurses and Nursing Students. *Journal of Emergency Nursing*, 43(3), 259-263. doi:10.1016/s0099-1767(17)30168-x