

## Sigma's 30th International Nursing Research Congress

### Global at Home: A Primary Care Clinical Option in a BSN Ambulatory Nursing Course

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**Purpose:** The value of Registered Nurses (RNs) in primary care is becoming increasingly recognized, as is the need for schools of nursing to prepare students for that role (Bauer and Bodenheimer, 2017; Fortier et al., 2015; Wojnar and Whelan, 2017). As global communication and collaboration become easier and more common, nursing students also need to be prepared for a professional career that may include care for clients from many different cultures (MacNeil and Ryan, 2013). In a literature review of global nursing competencies, one recommendation made was to "Focus clinical experience in undergraduate nursing curricula on low-resource or resource-constrained settings." (Joyce, Brown-Schott, Hicks, Johnson, Harmon, and Pilling, 2017, p 649). Worldwide crises for refugees makes this content especially relevant for current students, and is noted in an article specifically addressing this topic (Feldman, 2006). Additionally, a recent literature review emphasizes the need for appropriate training of healthcare providers in the complex needs for immigrants and refugees (Robertshaw, Dhesi, and Jones, 2017)

**Methods:** In a Southeastern United States school of nursing, these themes have been integrated into a course that focuses on primary or ambulatory care nursing. Both global nursing and community service have been long-standing elements of this BSN program. However, as part of a course on Ambulatory Care Nursing, a clinical rotation was made available that provided experience in a setting that incorporated principles of both global health and primary care. In this clinical setting, students participated in a Nurse Practitioner (NP) led clinic that primarily served refugee or immigrant clients with little to no resources for healthcare.

Students in this course are in the last semester of their BSN program, and are expected to apply their knowledge of community health and service learning to this experience. The clinical objectives for these students are 1) to apply their clinical skills and critical thinking to a primary care environment, 2) to provide effective, culturally sensitive care to clients from diverse backgrounds, and 3) to understand the challenges in healthcare that are specific to the ambulatory care setting.

At this clinical site, additional objectives included 1) applying population health principles and skills to clients with the specific challenges of refugee or immigrant status, and 2) understanding the professional, management, and clinical structure needed in order to initiate and sustain practice in a clinic for underserved populations.

This is a free or low-cost clinic open to any client without insurance. However, because the population of the area is primarily refugees and immigrants, students also gained experience in the related challenges for this population, such as working through interpreters and addressing cultural or dietary barriers to optimal health. Student activities in the setting included obtaining the history of clients as they came to the clinic, making appropriate clinical assessments, assisting the NP in delivering care, and providing education. They also gained experience in the administrative functioning of a clinic through participating in the creation of standard operating procedures for different student roles.

**Results:** The student evaluation of this experience was strongly positive. The faculty obtained formative evaluation during the clinical day as well as in the end-of-clinical post conference. The students also provided summative evaluation through an anonymous survey at the end of the semester. A frequent suggestion was to increase the number of days for their participation in the clinic, and in fact many of the students continued to volunteer at the site during their free time.

Evaluation also was sought from the clinic NPs and participating faculty. The clinic leadership provided projects for student participation, and reviewed the results before implementation. With that input and course coordinator assessment, several plans for improvement were developed. They included increased outreach to the community through individual visits, increased student leadership, and more emphasis on the use of full scope of practice for the registered nurse in that setting.

**Conclusion:** This clinical experience was a successful collaboration that contributed to the success of a newly-created clinic as well as providing students in an ambulatory care course with a different perspective on the content. The future plans for this setting include additional home visits to provide both assessment and education, and initiation of student-led quality improvement or evidence-based practice projects. The combination of a global-at-home perspective and the primary care principles of collaborative, preventive, client-focused care provided an experience that will enrich the students' professional careers in any setting.

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**Title:**

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**Keywords:**

BSN education, clinical education and global nursing education

**References:**

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**Abstract Summary:**

As part of an Ambulatory Care Nursing course, BSN students had an opportunity for clinical experience in a Nurse Practitioner-led clinic that serves refugee and immigrant clients. They gained experience in primary care nursing with specific cultural implications, and observed the challenges in sustaining a clinic for underserved populations.

### **Content Outline:**

Global at home: A primary care clinical option in a BSN ambulatory nursing course

1. Introduction
  1. Need for ambulatory and primary care content in curriculum
  2. History of collaboration with Clarkston Clinic in several courses
  3. General clinical objectives
2. Details for this clinical rotation
  1. Objectives for this site
    1. Differentiating between service learning and clinical hours
      1. The challenge of using same site for both, in different courses
      2. Faculty understanding of different goals for service learning vs clinical experience
    2. Incorporating population-specific learning: challenges for refugees and immigrants with difficult backgrounds
      1. Principles of population health applied to this setting
      2. Challenges of communication and education
      3. Trauma-informed care principles
    3. Professional development: sustaining a clinic for underserved client
      1. Providing referrals and treatment at little to no cost
      2. Implementing and organizing nurse practitioner coverage; regulatory requirements
  2. Clinical skills and critical thinking
    1. Initial assessment
      1. Vital signs and blood glucose
      2. Reviewing the presenting problem and obtaining supporting information for the provider
    2. Assisting the provider
      1. Scribe: entering information as the client is being seen
      2. Observation of focused examination
    3. Education
      1. On site: verbal explanations and written materials
        1. Use of interpreters; considerations when the interpreter is a family member
        2. Incorporating cultural and dietary considerations in client education
      2. Creation of educational materials
        1. Obtaining translation for commonly-needed topics
    4. Evaluation
      1. Student assessment of the site: summative and formative
      2. Faculty assessment of areas to sustain, change, and add
      3. Provider assessment of ways to incorporate students
3. Strengths and areas for improvement
  1. Strengths
    1. Environment with multiple areas for learning: population, cultural, preventive/primary care
    2. Allows students to observe RNs and APRNs using full scope of practice
    3. Academic connection enhances use of evidence-based practice
    4. Long-term collaboration with the community and clinic physicians

2. Areas for improvement
  1. Greater emphasis and clarity about connections and application from other courses
    1. Refreshing the content from professional nursing and population health courses
    2. Summarizing clinical content application after each rotation
  2. Modeling use of RNs in primary care
    1. Creating a template for students to use in assessing client needs and conveying that information
    2. Formalizing a hand-off from provider to student for client follow-up that would be appropriate for the RN
  3. Review of evaluation tools to consider
    1. Pre and post clinical assessment
    2. Inclusion of clinic clients
4. Next steps
  1. Home visits
    1. Students in pairs with supervision
    2. Home assessment (fall risk, etc.) and health education
  2. Student leadership
    1. Triage and assignment of peers to various jobs
    2. Oversight for student-run clinic projects

First Primary Presenting Author

***Primary Presenting Author***

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**Author Summary:** Dr. Caroline Coburn is Clinical Assistant Professor at Emory University School of Nursing in Atlanta, GA, and collaborates with the Atlanta VA hospital for faculty practice, MSN education, and an NP Residency. She is initiator of an Ambulatory Care nursing course at Emory, and an investigator in a HRSA grant supporting RNs and BSN students in primary care for underserved populations. She volunteers at an NP led clinic for refugees and immigrants.

Second Secondary Presenting Author

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**Author Summary:** Dr. Valerie Mac has over 10 years of experience working as a nurse with vulnerable populations in community-based and ambulatory care settings. As a faculty member for the population health and ambulatory care clinical tracks at the Nell Hodgson Woodruff School of Nursing, she specializes in the care of vulnerable worker populations.

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**Author Summary:** Gina Papa is a Family Nurse Practitioner and DNP student at Emory University School of Nursing. With a previous master's degree in International Affairs, her expertise has been instrumental in the creation of an NP led clinic for refugees and immigrants. As part of her doctoral work, she is continuing to research and implement evidence-based protocols for primary care in underserved populations.