Purpose: The U.S. health care delivery system requires a fundamental redesign as the current model of care is not meeting the demands of today’s complex patients. Since the landmark report, the Future of Nursing (IOM, 2010) there has been movements toward registered nurses (RNs) practicing at the “top” of their licensure. Further, Smolowitz and colleague (2015) recommended the expansion of the RN role and
contribution in primary care. However, most traditional prelicensure nursing education programs do not prepare students for primary care settings (Bodenheimer, Bauer, & Olayiwola, 2015). With the increasing demands for ambulatory and population health management, practices are beginning to train RNs in an ambulatory care delivery model. This presentation provides an overview on education content delivered to RNs hired to work in an expanded role in a primary care setting.

Methods: Primary care providers (PCPs) are challenged with providing care to a large panel of patients. In response to the need to create capacity and access to patient care, one private primary care clinic restructured their delivery care model to a team-based approach to include RNs in enhanced roles. In partnership with the organization’s leadership, a faculty from a private academic institution developed primary care didactic content for newly hired RNs. The didactic training included some of the key domains identified in previous studies such as, preventative care and chronic illness management (Bodenheimer, et al., 2015; Smolowitz et al., 2015). Other topics included, introduction to primary care, and management of specific chronic conditions. After the face to face delivery session, the content, along with other supporting literature, were placed in a learning management system (LMS). A pre/post questionnaire was sent to all the RNs querying their comfort and knowledge in the primary care setting before and 3 months after receiving the training session. In addition, the PCPs received a pre/post questionnaire regarding RNs as a team member in patient care and sharing preventative care visits before and 3 months after training.

Results: Thirteen RNs received didactic content and all reported readiness and feeling optimistic about their preparation in expanded roles and providing direct patient care after receiving the training. While all 5 PCPs reported unsure or disagree with RNs in expanded roles, after the training and working in with the RNs, they all agree and strongly agreed that: 1) RNs in an expanded role would enhance patient care and help patient flow; and 2) it will be helpful to have RNs sharing preventative and/or complex care with providers.

Conclusion: As the largest health profession in the U.S., RNs are in prime position to meet primary care needs and assist in providing quality patient care. However, pre-licensure students do not typically receive training in ambulatory or primary care settings. Therefore, schools of nursing should consider curriculum redesign to include RN education and practice in primary care setting. Developing academic-community partnerships with schools of nursing and health organizations could create new opportunities for RNs and build a strong primary care workforce (Barton, 2017; Berkowitz, 2016; Wojnar & Whelan, 2017).