

**Title:**

Strategies to Build Competency-Based Community Health Nursing Curriculum

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**References:**

American Association of Colleges of Nursing. (2013). Public health: Recommended baccalaureate competencies and curricular guidelines for public health nursing. *Washington, DC: American Association of Colleges of Nursing.*

Quad Council Competencies for Public Health Nurses. (2011). Quad Council Competency Workgroup 2009-2012. Retrieved from <https://www.achne.org/files/quad%20council/quadcouncilcompetenciesforpublichealthnurses.pdf>

**Abstract Summary:**

There is an urgent need for community health nursing competencies and evaluation strategies to support nurse educators in effectively transitioning curricula toward a new community health nursing paradigm that will adequately prepare graduate nurses with skill sets required to care for complex patients with chronic disease in primary care settings.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe at least three key strategies for implementing competency based education components in a community health nursing curriculum.	Presenters will describe how evidence-based nursing education strategies were applied in a curriculum redesign to move toward a skills-focused, competency based community health course.
Examine three key components of successfully evaluating student skill attainment and measuring competency.	Presenters will describe strategies implemented to evaluate skill acquisition and competency.

**Abstract Text:**

The public/community health workforce is evolving to meet new challenges in healthcare. Nurses must be adequately prepared to meet the evolving needs of these community and population based models of care. The IOM has called for significant transformation in nursing curricula to be able to provide graduate nurses with a skill set appropriate for the growing complexity of care in the community setting, especially for patients with complex chronic illness. Changes in nursing education to meet those needs are imminent, but few resources or evidence-based strategies for nurse educators to successfully implement curricular change are available.

A need for change in the community health nursing curriculum was identified in a pre-licensure program. The course series was revised in an effort to transition toward competency based education with a focus on chronic disease management. Core skills were identified and included communication, health coaching, use of standardized tools to monitor symptoms and disease process, and medication reconciliation. The skills were developed in order to prepare students to participate in a series of four home visits in which they would use the skills to provide care to adult patients with diabetes or pediatric patients with asthma.

Students were given multiple opportunities to practice those core skills and attain competency through small group interactive work during the clinical component of the course. Students received an evaluation and feedback from a faculty member after each skill practice session. Students also completed a self-evaluation after each skill practice session. A summative simulation experience in which students completed an interview with a standardized patient to practice all skills in a simulated home visit experience was offered and used to evaluate competency before students began the visits with actual patients.

Over the course of the home visits, students engaged in monthly debriefing and integration meetings in small groups with faculty. Students were asked to complete a written reflection immediately after the visit and asked additional reflection questions during the meetings to elicit information that aided faculty in evaluating the student's use of the skills in the home visits with actual patients. Student reflections also focused on self-assessment of skill performance and identified ways in which they could improve their implementation of the skills in their interactions with their patients.

Faculty feedback on the process was positive and indicated use of simulation was the most effective method for evaluating student competency of the skills. However, faculty and students both responded positively to the use of multiple small group meetings over time to evaluate student performance over time and to provide feedback to facilitate attainment of competency in the core course skills. An unanticipated benefit reported by acute care clinical faculty was the ability of students to translate those skills into their encounters with patients in the hospital. They reported not only that students began to use those skills with their hospitalized patients, but also that they were able to consider and identify home environmental factors that may play a key role in a patient's ability to successfully self-manage their disease after discharge. Overall student feedback was positive and included suggestions for improvement on the process, such as more time for the simulation. Overall they reported the use of a non-graded simulation was the most important key to a successful experience because this allowed them to focus on skill acquisition rather than the pressure associated with a performance-based grade.

The high demand for nurses with strong skill sets in chronic disease management in community settings must drive nurse educators to make needed changes to existing curricular structures. The shift toward competency-based public/community health nursing education is challenging but the use of practical strategies and evaluation methods ensures a smooth and successful transition. Developing nurse leaders who will solve complex health problems in communities is a critical investment in the future of nursing.