Strategies to Implement an Innovative Competency-Based Community Health Nursing Curricula

NATASHA MCCLURE, DNP, RN, CPNP; CARRIE PLUMMER, PHD, RN, ANP-BC | VANDERBILT UNIVERSITY SCHOOL OF NURSING

Background

- U.S. Healthcare is shifting focus from acute care towards population health with an emphasis on chronic disease management in the community setting.
- National nursing organizations and the Institute of Medicine stress the need to adapt nursing education to reflect this emerging trend.
- Current nursing curricula often lack clearly defined and up-to-date Community Health competencies.
- In response, two Community Health faculty implemented a new competency-based curriculum in a prelicensure nursing program.
- Challenges encountered include lack of:
 - Traditional curricular focus on acute care skills
 - Clearly defined skills for community nursing practice
 - Clinical learning environments
 - Evaluation strategies
 - Support for nurse educators to effectively transition curriculum to new community nursing paradigm



Curricular Development Plan

- Initiated a 3-course series curricular revision transitioning toward competency-based education with a focus on chronic disease management in the community setting.
- Promotion of student competencies in core skills, including:
 - Communication
 - Assessment and application of health literacy
 - Health coaching concepts (goal setting & action planning)
 - > Use of standardized tools to monitor symptoms and disease process
 - Medication reconciliation and education
 - Needs assessment using the Determinants of Health conceptual framework

Clinical Experience Development

- Potential clinical environments
 - > Public Health Department
- Community clinics
- Home visits
- Schools
- An existing home visit pilot program within the course was determined to be the best match for students to practice core skills
- Student teams provided care to adult patients with diabetes and/or hypertension or pediatric patients with asthma.
- 45 patients and 163 students participated in the Home Visit program.
- Affiliated practice partners initiated patient referrals to the home visit program.
- Students captured home visit observations in the patient's Electronic Health Record to ensure continuity of care and effective clinical communication.

Competency-Based Approach

- Weekly delivery of didactic content related to each skill.
- Small group sessions occurred immediately after lecture, focusing on providing opportunities to apply each skill through role-play and/or case studies.
- Students received both faculty and peer feedback for each skill practiced.

SKILL DEVELOPMENT EXEMPLAR:

Medication Reconciliation & Education (Part 1)

- One-hour didactic lecture
- 90-minute faculty facilitated case-based practice session:
- > Three case studies, each with a different focus.
- > Students required to generate a best possible medication history from a patient through role play with peers.
- > Discussion focused on barriers identified and strategies to overcome these barriers in the home visit.

SKILL DEVELOPMENT EXEMPLAR:

Medication Reconciliation & Education (Part 2)

- Simulation-based medication reconciliation and education with a surrogate patient (SP), who
 - > Used standardized script and received training from course coordinators.
 - Provided medications to students, if asked.
 - Provided pharmacy phone number, if asked.
 - > Was instructed not to provide unsolicited information.
- Faculty and peer feedback provided upon completion of simulation.

SKILL COMPETENCY DEMONSTRATION:

In Clinical Practice

- Students completed medication reconciliation and education during first home visit
- Provided faculty with final list of medications developed during home visit, highlighted discrepancies and/or safety concerns
- If discrepancies and/or safety concerns identified:
 - > Faculty followed up with students to discuss and review documentation.
 - > Faculty notified patient's clinic provider to close the communication loop.
- Medication reconciliation conducted at each visit
- Multiple opportunities for skills practice



Outcomes

- Students demonstrated varying levels of competency over the course of this experience.
- Multiple opportunities for practice promote competency and build students' confidence.
- Clearly defined medication reconciliation and education processes among students, patient, faculty and providers increased identification of medication discrepancies otherwise not captured in existing health records.

Future Implications

- Competency in practice is on a continuum
 - Bridging the practice gap depends on innovation in curricular structures to support learning over time.
- Student feedback via course evaluations suggests they regard the simulation experience as an effective method to prepare for home visits.
- Qualitative student reports and formal course evaluation feedback indicated positive experiences in the home visits.