Current trends in healthcare delivery underscore the imperative to better prepare nurses for practice in a variety of ambulatory settings. Early hospital discharge, reduction in readmissions, and other healthcare transitions with inherent financial and logistical pressures suggest the need to prioritize ambulatory practice in nursing education (Fortier, et al., 2015). Nurses play a vital role in ambulatory care, actualizing initiatives to prevent readmission to hospitals and providing knowledge and skills to support the needs of an increasingly complex patient population, requiring a wider range of procedures and treatments than ever before (Fortier, et al., 2015; Haas & Swan, 2014). As ambulatory settings have continued to grow over the past forty years, demand for nurses in these practice areas is increasingly evident (American Academy of Ambulatory Care Nursing, 2012). Wojnar and Whelan (2016) state in their synthesis of prelicensure education that previous research shows that “the role of registered nurses in a variety of community-based primary care settings will grow rapidly in the near future, contributing to the quality of care and improved population health,” which in turn, would save money for health systems (pg. 223).

Balancing growth in ambulatory settings are workforce constraints and limitations in education. Some ambulatory practices report having difficulty recruiting registered nurses that possess adequate training in managing acute and chronic conditions in ambulatory care settings” when working to expand the registered nurse role in the primary care environment (Ladden, et al., 2013). Despite available positions in these settings, most nursing students learn clinical practice primarily in acute care settings rather than in ambulatory and community settings. Focusing largely on acute care practice limits both competence and career development for generalist nurses (Fortier, et al., 2015). Wojnar and Whelan (2016), note “it is unclear to what extent nursing schools” have moved to having a greater ambulatory and community emphasis within their curriculums (pg. 223). Workforce preparation and capacity lack alignment with healthcare delivery.

This survey methods study aimed primarily to describe perceived exposure to specialty, primary, and ambulatory care among current undergraduate nursing students in the United States. Describing the extent to which clinical placement affect where these students plan to work was the secondary aim. These student-focused aims are part of a larger project which also survey pre-licensure program directors about the extent to which their curricula include content on ambulatory and other community healthcare delivery settings. An investigator designed survey that included XX demographic questions and YY content questions was the only measure used. After receiving IRB approval, nursing students currently pursuing a baccalaureate or associate degree from accredited nursing schools in the United States were invited to participate. Recruitment strategies for contacting eligible participants includes personal contacts, nursing social media groups, the National Student Nurses Association (NSNA) listserv, and emails to the Deans and Program Directors of nursing schools found on the membership list on the National League for Nursing (NLN) website. Access to the survey was online through Qualtrics which was also used to store data securely and anonymously. Analysis included descriptive measures and evaluation of statistical significance using chi-square goodness of fit test and chi-square test for independence.

A total of 811 nursing students across the country, representing 47 out of the 50 United States and the District of Columbia. Of those participating, 62.75% of students reported having greater than 30 clinical sessions in hospital settings. Only 0.9% of students reported no clinical sessions in the hospital. Conversely, 20 to 58% of students had no clinical sessions in other settings listed including ambulatory
and primary care centers. With clinical sessions defined in this survey as approximately 6-8 hours in length, many students experienced over 240 hours of hospital practice while at the same time many are receiving no experience in other settings. Furthermore, 88.8% of students indicated an aim to work in a hospital setting after graduation with 82.5% of students prioritizing that setting as their first choice for work in five to ten years. When compared to the estimated 61% of nurses who work in inpatient acute care settings today, the difference is clinically significant ($\chi^2 = 261.78; P<0.001$), representing dissonance between the realities of healthcare and nursing students’ expectations.

Across nursing programs these expectations varied somewhat with 95.2% of students from 4-year BSN programs want to work in a hospital setting after graduation as compared to 79.4% from 2-year ADN programs ($\chi^2 = 4.227; P= 0.039$) and 71.1% from RN to BSN programs ($\chi^2= 1.98; P= 0.159$). Additionally, 4-year nursing programs have a higher percentage of students who have greater than 30 clinical sessions in the hospital. Of 4-year BSN nursing students, 69.8% have 30 or more clinical sessions in a hospital as compared to 2-year ADN with 54.8% and RN to BSN programs with 36.1% ($\chi^2 = 9.87; P= 0.007$). The number of hospital clinical sessions is related to nursing students expectations of future practice setting via a chi square test for independence, the two variables is significantly associated ($\chi^2=13.855, P<0.001$).

Clinical rotations and other educational experiences help shape nursing students’ clinical and critical thinking skills, professionalism, and perspectives on their careers. Our findings corroborate a small but growing body of literature that speaks to the demand for nursing students to be educated more broadly, understanding patient education, continuity of care, transitions in care, and chronic disease management as they extend well beyond the walls of the hospital. Additionally, our findings support the American Academy of Ambulatory Care Nursing’s stance on curriculum transformation. As Wojnar and Whelan (2016) assert “new curricula and practice models will be required from nursing schools and colleges across the nation to prepare future nurses to function in primary and/or ambulatory care practice and ultimately serve as change management and transitional care leaders.” Our findings thus inform future curriculum development and clinical placement design to ensure that the future nursing workforce is better prepared to improve the health of the populations they serve.

Title:
Nursing Specialty and Primary Ambulatory Care Education

Keywords:
Ambulatory Care, Clinical Experience and Nursing Education

References:


Abstract Summary:
Undergraduate nursing students from across the United States were surveyed to learn about the exposure that students perceive they have to specialty and primary ambulatory care settings during their nursing education.

Content Outline:

1. Introduction
   1. Who we are and how we came to study nursing education preparation for ambulatory settings
   2. Undergraduate capstone project for which we determined the focus and the approach
2. Background
   1. Current trends in healthcare delivery settings
   2. Current state of pre-licensure nursing education for ambulatory practice
   3. Contemporary policy statements and workforce projections
3. Significance
   1. Healthcare delivery needs for an aging population with notable chronic illness needs
   2. Cost ineffective acute care emphasis and rise of transitional care
   3. Impact of nurses on transitional and ambulatory outcomes
4. Parent study
   1. Triangulate perspectives of nursing program directors and nursing students on education for education in ambulatory settings and gain nursing student perspective on future career choices for practice settings
   2. Inclusive approach to capture all pre-licensure programs and RN to BSN programs
   3. Methods
      1. Two investigator developed surveys
         1. Nursing program directors
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   4. Reporting student findings in this sub-analysis
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      1. Descriptive statistics
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   3. Findings
      1. Participants
      2. Education perceptions
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   4. Discussion
      1. Interpretation of findings
      2. Corroboration of current literature
   5. Implications
      1. Impetus to realign curricula, clinical placement, and socialization
      2. Questions and comments from the audience
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