

Raising The Bars: Re-Imagining Nursing Education Through Partnerships With Prisons

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Facts Regarding Incarceration

- The United States has **4.5% of the world's population**, but **25% of the world's prisoners**.
- There are currently **2.3 million people incarcerated** (in jail or prison) or **698 per 100,000 people in America**.
 - This translates to 7 adults in 1,000 people behind bars in the U.S.
- At present, just under 7 million adults are either in prison, jail, on probation, or on parole. That translates to 1 adult in 35, or roughly 3% of the American adult population, currently under some form of correctional supervision.

Facts Regarding Incarceration

- As a result of limited to no access to health care prior to incarceration, many men and women enter the criminal justice system with a variety of **unknown and unmet health care needs**. For most inmates, **being arrested and imprisoned is their first real access to health care**.
- The rising prison population has resulted in an aging inmate population with an **increase in chronic illnesses, infectious diseases, and mental health and substance use disorders** (Pew Charitable Trusts, 2014)

Behind the Walls

- **Health, mental health, and substance abuse problems often are more apparent in jails and prisons than in the community.**
- **Incarcerated men and women are often diagnosed with health, mental health, and substance abuse problems after receiving care from a correctional health provider.**

New Model of Health Care Delivery

- Health and wellness **promotion and maintenance**
- The **prevention** of disease, disability, injury, and premature death
- The **engagement of people** in the management of their own health, chronic conditions, and disease
- **Person-centered**/individualized care
- All about the narrative... the **patient's story**
- **Working/partnering/collaborating with** the patient as opposed to **doing to** the patient

Why the Change?

Societal Factors:

- Cost of health care
- Patient vs. consumer
- Litigious society
- Technology
- Disparity in access to health care
- Nutrition - food sustainability/food deserts
- Disjointed delivery of health care/unequal quality of care
- Language barriers and cultural differences
- Health literacy
- Stigmas about disease – by providers of health care
- Health care as a business model

More Societal Factors

- Increase access to health information... may or may not be correct/awareness of Rx options
- Pill-oriented society
- “Silver Tsunami”- the Baby Boomers
- Aging and elderly society
- Lifestyle choices and behaviors - 21st century illness due to chronic conditions
- New onsets of infectious diseases for the 21st century coupled with chronicity
- Aging in place and demand from consumer to be treated in their own community as opposed to hospitalization and institutionalization... see urgent care centers
- Diminishing available resources

In Response: Needed to Change Nursing Curriculum and How We Prepare Nurses

- **New skills set needed for practice in the 21st century**
- **Need to prepare students differently** - both academically and clinically
- **Need to present material “differently” in the classroom and introduce new and emerging roles in clinical settings outside the confines of a tertiary care setting**

The New Skills Set for Nursing Practice in the 21st Century

- Assessment... assessment... assessment
- Triage
- Communication/therapeutic communication
- Patient education
- Cultural sensitivity and awareness
- Need to be well-rounded
- Universal precautions
- Professionalism/ethics
- Compassionate, humane, kind, respectful, empathetic, care
- Flexibility, adaptability

Other Skills...

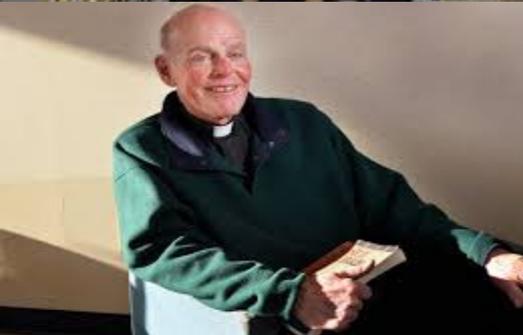
- Social determinants of health and their impact on health and lifestyle choices and behaviors
- Ability to work inter- and intra-professionally, resolve conflict, prevent conflict
- Ability to work/empathy with vulnerable populations
- Critical thinking, clinical reasoning, anticipatory thinking, early identification
- Cultural sensitivity, awareness, and inclusion... diversity

So Why Prison as a Clinical Learning Environment?

- **Effects of the nurse's role in a prison setting have far-reaching implications beyond providing health care services alone.**
- **Improving health behavior and mental health have a significant impact on preventing re-offending (recidivism) ... nursing care/correctional health directly affects the general public as well as the inmates, their friends, and families.**

So Why Prison as a Clinical Learning Environment?

- This is a **chance for nursing students to see people with diseases and conditions that rarely crop up in the general population**
 - High risk lifestyles
 - Drugs and alcohol
 - Poor living conditions
 - General lack of access to medical care



The Prison Experience

- This is **an opportunity to work through ethical issues** – how to maintain privacy and dignity when an officer is present during an examination (detention scenario).
- The inmates have health care issues related to the fact that many have avoided HC for years because they lacked health insurance or wanted to avoid capture by police.
- Autonomy and professional freedom behind bars – **increases nurses' reliance on critical thinking/clinical reasoning, early identification, and decision making skills.**
- Need to learn to provide HC in an environment that does not have a “magic closet” or readily available resources.



More Reasons to Place Students in Correctional Facilities

- It offers BSN students **“real-time” learning opportunities in community and population-based care, cultural awareness, patient advocacy, ethics, inter-professional collaboration, and professionalism.**
- Teaches strategies to practice nursing and health care from the **new model of health care delivery.**
- Provides opportunities to develop and enhance skills in patient education amid challenges and obstacles related to language, literacy, culture, cost, and DOC rules and regulations.
- Students **“see” the impact of low health literacy and social determinants** and then the effects and benefits of partnered education over an extended period of time.

Why Should Nursing Students be in Prison Facilities?

- **Prison Service protects the public by holding those committed by the courts in a safe environment.**
- **Prison is a functioning self-contained community...a **microcosm of society** that provides many essential services found in any community**
 - Educational facilities
 - Library
 - Places of worship
 - Health care and “outpatient” clinics
 - Catering service
 - Laundry service
 - Legal services
 - Indoor gym facilities
 - Outdoor recreation activities
 - Commissary
 - Wide range of therapeutic services

The Prison Offers...

- Substance abuse treatment programs
- Primary care in detention cells, ambulatory care clinics
- 12-chair dialysis unit 6 days a week
- Palliative/hospice care for chronically and terminally ill inmates
- Mental/behavioral health unit
- Ortho, surgical, dental, and podiatry clinics
- X-ray department
- Discharge planning and Ombudsman Department
- Acute care unit... known as the infirmary (PICC lines, ventilators, isolation, IV lines, etc.)

It also offers...

- **Infectious and communicable disease department** (epidemiology) - scabies, chickenpox, herpes, HIV/AIDS, TB, hepatitis C, MRSA
- Therapy - PT
- Two ambulatory “outpatient” clinics in each of the three housing units... one for sick visits and follow-up care run by a registered nurse... the other for chronic care visits and minor surgical procedures run by an NP or PA
- An extended long-term care skilled facility (ECU) for elderly inmates who are paraplegic or quadriplegic, on hospice and/or palliative care, and inmates on suicide watch

Prison Also Offers...

- Neurology services connecting inmates to a neurologist via **tele-health/tele-medicine robotics in collaboration with an in-house physician and/or NP**
- In-house pharmacy... medications dispensed to the general population and individual ownership of medications (KOP's)
- Mental health counseling via groups and one-on-one visitations
- Physical therapy, rehabilitation, and in-house and outside gym facilities and recreation

Health Care Personnel Include:

- Physicians in house and via tele-health robot
- RN's, NP's, PA's, LPN's (to dispense medications), and certified nurses' aides... inmate companion program
- Certified wound and ostomy care nurse (NP)
- Infectious disease RN
- Physical Therapist and at times Occupational Therapist
- Dentist
- Podiatrist
- Psychiatrist/Psychologist
- Ophthalmologist
- Social Worker/Discharge Planner and Ombudsman

But What Do Students Think?

- Are students even willing to consider correctional health and placement in a maximum security prison as a potential clinical experience for their community health rotation?
- 10 years' of data, related to senior level, pre-licensure, BSN student perceptions and evaluations of their community clinical rotation in a 4000 all male maximum security prison, in rural New Jersey, were analyzed for this research study.

Community Clinical Evaluation Survey

- Developed by the regional director of nursing, who oversees all prisons in New Jersey
- Administered to students in the prison, on the last day of their clinical rotation
- Surveys were anonymous and had no identifiers
- 186 surveys completed from 2006-2016 (100% return rate); response rates varied by question

Qualitative Methods

- Conducted separate thematic analyses of the survey data using open coding
- Responses separated by perceptions **before** and **after** the prison rotation
- **Main themes included:**
 - General impressions
 - Learning environment
 - Prison environment
 - Nature of medical care
 - Perceptions of correctional nursing

Expectations of Prison Rotation Prior to First Day

- Uncertainty... But also excitement!
 - Nearly a third of respondents indicated that they didn't know what to expect (49/169)
 - ***“I felt a little anxious, but excited. I was never in this type of setting and didn't know what to expect.”***
- Extensive clinical opportunities
 - Thought the prison would provide a deeper level of experience than “traditional” clinical sites like hospitals
 - Expecting to perform more “hands-on” care

Expectations of Prison Rotation Prior to First Day

- Initial expectations centered on negative stereotypes of prisons and inmates (obtained from media)
 - “Dirty,” “dark,” “violent,” “scary”
 - “Disrespectful,” “street attitude”
- Expected subpar medical care
 - ***“I expected that there would be bare-bones health care options.”***
 - More emphasis on mental health and communicable disease, rather than chronic disease or end-of-life care

Expectations of Prison Rotation on the Last Day

- Overwhelmingly positive feedback
 - Able to observe balance between care delivery and strict security regulations
 - ***“I am sad to end this rotation. I have found this to be a fascinating and eye-opening experience.”***
- High satisfaction with clinical learning
 - ***“I learned more, performed more procedures, than all my previous clinicals combined.”***
 - Correctional health staff were praised for their patience, respect, and willingness to teach inmates and students.

Expectations of Prison Rotation on the Last Day

- **Reversed prison perceptions**
 - Students praised the prison for its safety, cleanliness, and controlled atmosphere
 - Described as a well-functioning “society”
- Praise for correctional health care
 - Praised the quality and quantity of care provided
 - BUT a few were unhappy in this regard – ***“I was astonished and baffled that the prisoners receive more health care than people on the outside. I found it very unfair.”***

Student Perceptions of Correctional Nursing

- Described as a “noble” nursing role that offers autonomy, freedom, and a wide-ranging scope of practice
- Working in corrections?... In the future?
 - Half of the 22 students interested in correctional nursing considered it something for the “future” but only after several years of experience (in a hospital)
*****students still think “community” cannot enhance/hone their nursing skills and that skills can only be acquired in a hospital**

Student Perceptions of Barriers in Correctional Nursing

- Barriers
 - Lack of closeness
 - Morally challenging – ***“I couldn’t separate my morals from my profession at this point”***

Feedback on Continuing the Prison Rotation

- All but one student recommended continuing the rotation (n=175)
- Unique skills and perspective
 - ***“I think a rotation here teaches how to react without the availability of unlimited supplies in a contained environment.”***
- Cultural sensitivity and bias reduction
 - The rotation ***“promotes humane treatment of all people, regardless of their personal circumstances.”***

Safety and Health Care Unit Ratings

- **87% of the respondents (n=156) felt safe** while in the prison
 - 13% conditioned their feelings of safety, indicating that they felt “mostly safe” or safer as time went on
- Nearly all of the students (n=155, 98%) felt safe while interacting with inmates on various units including when providing primary care directly to inmates in their cells or in the ambulatory clinics
- Highest rated units were 1) physical therapy, 2) infection control nursing, 3) extended care unit
 - Students praised the staff and clinical practice time

Limitations of Study

- Survey did not collect demographic data...students, though all seniors, came from three different BSN program options
- Still need to understand what motivates students (the majority of whom are female) to request their community clinical rotation in an all-male, maximum security prison
- ***** clinical hours are earlier and longer, and the travel time and distance to prison is the farthest of any other clinical option, yet the waiting list grows every semester**
- Students had to request the prison rotation – survey results may be biased positively

Overall Findings

- Nursing students found prisons to be a safe, beneficial, and unique setting for clinical learning
- Exposure to diverse range of patients and medical care
- Can reduce stigma against the incarcerated and other marginalized populations



Final Student Thoughts....

On the last day of the 5-week, three days/week community clinical rotation in the 4,000-person, all-male maximum security prison a student wrote:

“I entered [the prison] feeling like little more than a student. Today I feel ready to call myself a nurse.”

Where Do We Go From Here?

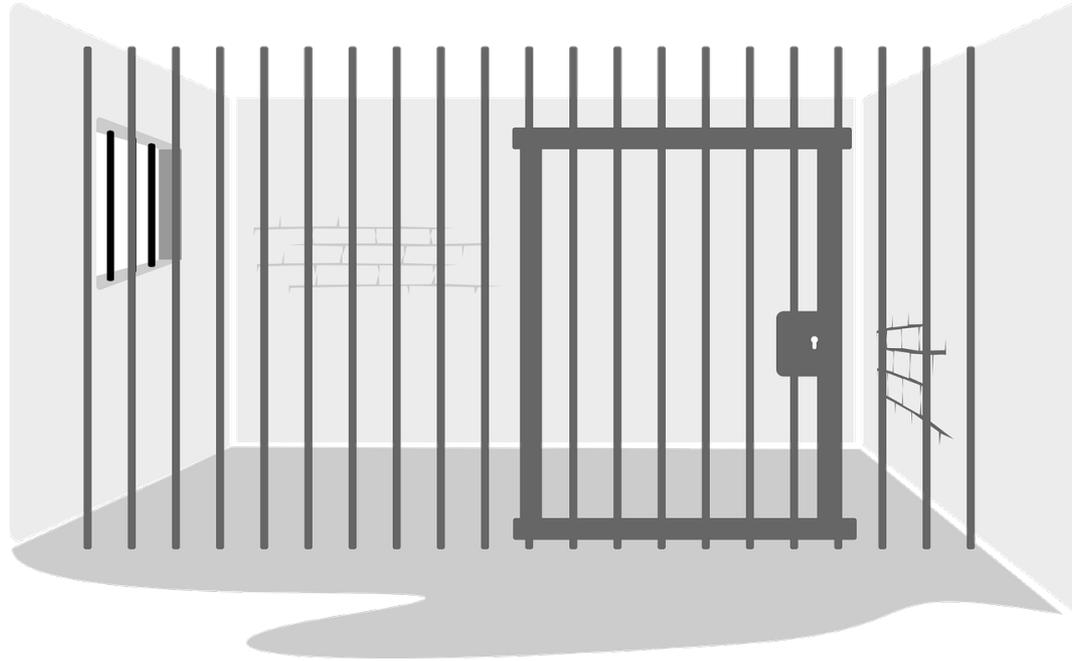
- New concept-based curriculum...no singular community course
- No “clinicals”... now offer immersions, service learning and experiential opportunities
- Correctional Health offered in an integrated immersion course requiring students to rotate three weeks each in a mental/behavioral health, chronic care, & acute care setting
- Offering prison rotation throughout BSN curriculum and in graduate NP program

Final Student Response

- Student recently completed her correctional health rotation and shared with a faculty and her peers in class that..

“I came to an open house to learn about the BSN program and what sold me on coming here to Jefferson was when the faculty stated she sends students to a correctional facility to master the new skills sets for nursing practice in the 21st century.”

Questions?



Thank you!

Sources

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