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Primary Care Plus Global at Home: A Clinical Option in a BSN Ambulatory Nursing Course

Caroline Varner Coburn, DNP, MS, BSN, RN, ANP-BC

Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA, USA

Valerie V. Mac, PhD, BSN, RN

School of Nursing, Emory University, Atlanta, GA, USA

Purpose:

The value of RNs in primary care is becoming increasingly recognized, as is the need for schools of nursing to prepare students for that role (Wojnar and Whelan, 2017; Bauer and Bodenheimer, 2017; Fortier et al., 2015). As global communication and collaboration become easier and more common, nursing students also need to be prepared for a professional career that may include care for clients from many different cultures (MacNeil and Ryan, 2013). In a literature review of global nursing competencies, one recommendation made was to “Focus clinical experience in undergraduate nursing curricula on low-resource or resource-constrained settings.” (Joyce, Brown-Schott, Hicks, Johnson, Harmon, and Pilling, 2017, p 649). Worldwide crises for refugees makes this content especially relevant for current students, and is noted by an article specifically addressing this topic (Feldman, R, 2006).

Methods:

In this Southeastern United States school of nursing, these themes have been integrated into a course that focuses on primary or ambulatory care nursing. Both global nursing and community service have been long-standing elements of this BSN program. However, as part of a relatively new course on Ambulatory Care Nursing, a clinical rotation was made available that provided clinical experience in a setting that incorporated principles of both global health and primary care. In this clinical setting, students participated in a Nurse Practitioner (NP)-led clinic that primarily served refugee or immigrant clients with little to no resources for healthcare.

This course consists of both classroom and clinical components, and occurs in the last semester of the BSN program. The clinical objectives for these students were 1) to apply their clinical skills and critical thinking to a primary care environment, 2) to provide effective, culturally sensitive care to clients from diverse backgrounds, and 3) to understand the challenges in healthcare that are specific to the ambulatory care setting.

Specific to this clinical site, additional objectives included 1) applying population health principles and skills to clients with the specific challenges of refugee or immigrant status, and 2) understanding the professional, management, and clinical structure needed in order to initiate and sustain practice in a clinic for underserved populations.

This is a free or low-cost clinic open to any client without insurance. However, because the population of the area is primarily refugees and immigrants, students gained experience in the related challenges for this population, such as working through interpreters and addressing cultural or dietary barriers to optimal health. Student activities in the setting included obtaining the history of clients as they came to the clinic, making appropriate clinical assessments, assisting the NP in delivering care, and providing education. They also gained experience in the administrative functioning of a clinic through participating in the creation of standard operating procedures for different student roles.

Results:

The student evaluation of this experience was strongly positive. The faculty obtained formative evaluation during the clinical day as well as in the end-of-clinical post conference. The students also provided summative evaluation through an anonymous survey at the end of the semester. A frequent suggestion was to increase the number of days for their participation in the clinic, and in fact many of the students continued to volunteer at the site during their free time.

Evaluation also was sought from the clinic NPs and participating faculty. The clinic leadership provided projects for student participation, and reviewed the results before implementation. With that input and course coordinator assessment, several plans for improvement were developed. They included increased outreach to the community through individual visits, increased student leadership, and more emphasis on the use of full scope of practice for the registered nurse in that setting.

Conclusion:

This clinical experience was a successful collaboration that contributed to the success of a newly-created clinic as well as providing students in an ambulatory care course a different perspective on the content. The future plans for this setting include additional home visits to provide both assessment and education, and initiation of student-led quality improvement or evidence-based practice projects. The combination of a global-at-home perspective and the ambulatory care principles of collaborative, client-focused care provided an experience that will enrich the students' professional careers in any setting.

Title:

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Keywords:

ambulatory care, educational curriculum and global nursing

References:

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Abstract Summary:

As part of an Ambulatory Care Nursing course, BSN students had an opportunity for clinical experience in a Nurse Practitioner-run clinic that serves refugee and immigrant clients. They gained experience in primary care nursing with specific cultural implications, and observed the challenges in sustaining a clinic for underserved populations.

Content Outline:

1. Introduction
 1. Background of curriculum change to include ambulatory care
 2. History of collaboration with Clarkston Community Health Center in several courses
 1. General clinical objectives
2. Details for this clinical rotation
 1. Objectives for this site
 1. Differentiating between service learning and clinical hours
 1. The challenge of using same site for both, in different courses
 2. Faculty understanding of different goals for service learning vs clinical experience
 2. Incorporating population-specific learning: challenges for refugees and immigrants with difficult backgrounds
 1. Principles of population health applied to this setting
 2. Challenges of communication and education
 3. Trauma-informed care principles
 4. Cultural competence
 3. Professional development: sustaining a clinic for underserved clients
 1. Providing referrals and treatment at little to no cost
 2. Implementing and organizing nurse practitioner coverage; regulatory requirements, collaborative practice agreements
 2. Clinical skills and critical thinking
 1. Initial assessment
 1. Vital signs and blood glucose
 2. Reviewing the presenting problem and obtaining supporting information for the provider
 3. Triage of high-risk clients who may need immediate referral
 4. Medication reconciliation
 2. Assisting the provider
 1. Scribe: entering dictated information as the client is being seen
 2. Assessment tests (e.g. Snellen eye examination)
 3. Observation of focused examination
 3. Professional education
 1. Application of RN role in primary care
 2. Creating standard operating procedures for student roles
 3. Creating clinical pathways for commonly seen problems such as diabetes and hypertension
 4. Education
 1. On site: verbal explanations and written materials
 1. Use of interpreters; considerations when the interpreter is a family member
 2. Incorporating cultural and dietary considerations in client education
 2. Creation of educational materials
 1. Obtaining translation for commonly-needed topics
 5. Incorporating population health
 1. Windshield survey, housing availability and cost, and grocery store assessment
 2. Individual home visits for assessment of need
 6. Evaluation

1. Student assessment of the site: summative and formative
2. Faculty assessment of areas to sustain, change, and add
3. Provider assessment of ways to incorporate students
3. Strengths and areas for improvement
 1. Strengths
 1. Environment with multiple areas for learning: population, cultural, preventive/primary care
 2. Allows students to observe RNs and APRNs using full scope of practice
 3. Academic connection enhances use of evidence-based practice
 4. Long-term collaboration with the community and clinic physicians
 2. Areas for improvement
 1. Greater emphasis and clarity about connections and application from other courses
 1. Refreshing the content from professional nursing and population health courses
 2. Summarizing clinical content application after each rotation
 2. Modeling use of RNs in primary care
 1. Creating a template for students to use in assessing client needs and conveying that information
 2. Formalizing a hand-off from provider to student for client follow-up that would be appropriate for the RN
 3. Review of evaluation tools to consider
 1. Pre and post clinical assessment
 2. Inclusion of clinic clients
4. Next steps
 1. Home visits
 1. Students in pairs with supervision
 2. Home assessment (fall risk, environmental assessment, etc.) and health education
 2. Student leadership
 1. Triage and assignment of peers to various jobs
 2. Oversight for student-run clinic projects
 3. Evidence-based and quality improvement projects

First Primary Presenting Author

Primary Presenting Author

Caroline Varner Coburn, DNP, MS, BSN, RN, ANP-BC

Emory University

Nell Hodgson Woodruff School of Nursing

Clinical Assistant Professor

Atlanta GA

USA

Professional Experience: Currently Clinical Assistant Professor at Emory University Nell Hodgson Woodruff School of Nursing, with primary responsibility for teaching in the undergraduate program. Implemented and coordinated Ambulatory Care Nursing, the first course of this type. 2015- present: In conjunction with 3-year VA grant, responsible for creating and implementing a Post-NP Residency Program at the Atlanta VA Medical Center.

Author Summary: Dr. Caroline Coburn is Assistant Professor at Emory University School of Nursing in Atlanta, GA. Primary responsibilities have been in the undergraduate nursing program. She is one of the initiators of a new Ambulatory Care nursing course at Emory University. She also participates in a multi-year grant to implement a post-NP Residency Program for adult-gerontology Nurse Practitioners.

Second Author

Valerie V. Mac, PhD, BSN, RN
Emory University
School of Nursing
Doctoral Student
Atlanta GA
USA

Professional Experience: 2006- 2007 -- Research Assistant, Bleomycin-Induced Pulmonary Fibrosis in Senescence-Accelerated Mice & Repair Mechanisms Of Adult Mesenchymal Stem Cells In Lung Injury, Center for Translational Research of the Lung, Pulmonary Medicine, Emory University, Atlanta, GA 2007-2008 -- Public Health Nurse Specialist, Women's Health, Hall County Health Department, Gainesville, GA 2008-2009 -- RN Case Manager/Home Health, Amedysis, Gainesville, GA 2009, 2010 -- Camp Nurse (Seasonal), Camp Merrie-Woode, Sapphire, NC 2009- 2011 -- University Nurse/Outreach Coordinator, Brenau University, Gainesville, GA 2011- Present -- Graduate Research Assistant, Pregnancy Health Among Florida Farmworkers, PI: Dr. Linda McCauley, RN, PhD, FAAN, FAAOHN, School of Nursing, Emory University, Atlanta, GA 2011- 2012 -- Weekend Nursing Supervisor (PRN), Long-term Care, New London Healthcare, Snellville, GA 2012- Present -- Principal Investigator, Mentor: Dr. Linda McCauley, RN, PhD, FAAN, FAAOHN, Characterization of Heat-Related Illness in Central Floridian Fernery Workers, Emory University, Atlanta, GA. NIOSH ERC University of South Florida Sunshine ERC Pilot Grant.

Author Summary: Dr. Valerie Mac has participated in research and clinical teaching for underserved and refugee clients. She has been instrumental in creating the undergraduate clinical curriculum for this aspect of the Ambulatory Care Nursing course at Emory University.