

## Sigma's 29th International Nursing Research Congress

### Operationalizing Population Health: Translating Best Practice Into Curriculum

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Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. Specifically, population health looks to improve the health of the entire human population (Kindig & Stoddart, 2003). As it stands, nursing education emphasizes acute care and medical-surgical nursing as key curriculum with primary care and public health considered an adjunct (Simpson & Richards, 2015). As a result, there is a documented gap in the knowledge and skills required to sustain the future healthcare needs of patients as it relates to primary care and public health nursing. Due to the healthcare trend moving toward population health, nurses need to acquire new skills and knowledge that will shift their focus into a primary care and public health mindset (NACNEP, 2016). Because of these identified needs, the purpose of this Doctoral Nursing Project (DNP) is to create a nursing education model that incorporates primary care and public health competencies into the current Bachelor of Science in Nursing (BSN) program at George Mason University (GMU). By creating this nursing education model, the goal is to increase the knowledge and skills in our BSN students so that they will be better prepared to care for patients that have complex medical, behavioral, and social needs. To support the need for this nursing education model, an exhaustive literature review was conducted that looked at the current gaps in BSN curriculum as well as the best approaches that could be utilized to “reduce the gaps” in knowledge as they relate to primary care and public health knowledge for BSN students. The literature review was robust and three key reports were identified that spoke specifically to competencies and knowledge needed for a BSN curriculum to move in the direction of preparing students for competency in primary care and public health. The three key reports utilized for this DNP project include: the Macy Report, the National Advisory Council on Nurse Education and Practice (NACNEP), and the Essentials of Baccalaureate Nursing Education for Entry-Level Public Health Nursing. Each of these reports provide specific recommendations for primary care as well as public health education and the competencies that are needed to prepare our future BSN workforce for careers in these disciplines. While there were a multitude of competencies and skills, only five didactic modules were developed for timely implementation. The didactic modules developed for the nursing education model include: Navigating the U.S. Health System, Epidemiology and Biostatistics, Cultural Competency, Health Promotion and Disease Prevention, and Care Coordination in Nursing. At this time, implementation of this DNP project will begin in January 2018 with BSN students who will be completing their community health clinical rotation at the Mason and Partners (MAP) Interprofessional Clinic. The MAP clinic is a nurse-managed health clinic (NMHC) that provides Bridge Care which is not a permanent medical home model but rather bridges the gap between entry into the health care system and a permanent medical home. The MAP clinic also brings together a multidisciplinary team that unites the disciplines of nursing, psychology, social work, medicine, and nutrition to provide interprofessional education and health care in a sustainable nurse-managed health clinic model (Sutter, Sutter, & Dickman, 2015). The process for the implementation of this nursing education model will occur through the presentation of these five didactic modules during the student orientation which is part of their community health rotation. The BSN students will then be directed to apply what they have learned from the didactic modules as they coordinate the plan of care for their patients. The plan for evaluation of this nursing education model will utilize a Plan, Do, Check, Act continuous cycle which will allow for systematic changes if the nursing education model does not increase knowledge in primary care and public health competencies.

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**Title:**

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**Keywords:**

Nursing Education Model, Population Health and Primary Care

**References:**

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**Abstract Summary:**

This evidence-based DNP project will discuss the creation, implementation, and key findings of a population health nursing education model that was implemented in a Baccalaureate nursing program.

**Content Outline:**

I. Introduction

A. Defining the problem: There is a documented gap in the knowledge and skills required to sustain the future healthcare needs of patients as it relates to primary care and public health nursing

B. Project Purpose: To create a nursing education model that incorporates primary care and public health competencies into the existing Baccalaureate nursing program at George Mason University.

II. Body

#### A. Main Point #1: Supporting Literature

- 1.) Supporting point #1: The Macy Report
- 2.) Supporting point #2: The National Advisory Council on Nurse Education and Practice
- 3.) Supporting point #3: The Essentials of Baccalaureate Nursing Education for Entry-Level Public Health Nursing

#### B. Main point #2: Nursing Theory and Conceptual Framework

- 1.) Nightingale's Environmental Theory
- 2.) Creation of a Logic Model

#### C. Main Point #3: Didactic Module Break Down

- 1.) Navigating the U. S. Health System
- 2.) Epidemiology and Biostatistics
- 3.) Cultural Competency
- 4.) Health Promotion and Disease Prevention
- 5.) Care Coordination in Nursing

### III. Conclusion

A. Key findings: Did the nursing education model "reduce the gap" in knowledge as it relates to primary care and public health nursing competencies?

First Primary Presenting Author

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**Author Summary:** Tanya Haas DNP, RN has over 20 years of nursing experience. For most of her career, she has worked in the Emergency Department where she gained firsthand experience in caring for vulnerable populations. Passionate about continuing to care for those that are underserved, Tanya

has volunteered numerous hours in a nurse-managed free clinic and has participated in multiple medical mission trips to Peru providing healthcare to those that live in remote mountain and jungle villages.

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**Author Summary:** As a doctorally trained and credentialed Family Nurse Practitioner, Dr. Sutter established and managed a faculty driven nurse-managed clinic from 2003-2012, in collaboration with a large community college nursing program. Currently, Dr. Sutter serves as the Mason and Partners Clinic Director and has successfully launched numerous academic nurse managed health centers where she has become an expert in the bridge model of care.