JMU School of Nursing

COLLEGE OF HEALTH AND BEHAVIORAL STUDIES
JAMES MADISON UNIVERSITY

The Big Picture in a Small Place: A Clinical Education Collaborative in Rural Primary Care Settings

Christina Lam PhD, RN
Jamie Robinson PhD(C), RN, CNL

Acknowledgements:
Erika Metzler-Sawin PhD, RN
Tina Switzer, MSN, RN, CNL

Disclosure

This program is funded by the Nurse Education, Practice, Quality and Retention (NEPQR) – Registered Nurses in Primary Care (RNPC) Training Program (HRSA-18-012)

Presenters have no other conflicts of interest

Purpose

The aim of this presentation is to describe the impact of a clinical education model implemented in rural primary care settings.

American Academy of Ambulatory Care Nursing Position Paper: *The Role of the Registered Nurse in Ambulatory Care*

In 2011, the American Academy of Ambulatory Care Nursing (AAACN) published the first-ever position statement regarding the role of the registered nurse (RN) in ambulatory care. Since that time, tremendous changes have occurred in health care, especially in ambulatory care. Healthcare reform, the Affordable Care Act, the implementation of care coordination as a strategy to improve health and prevent rehospitalization, and the transition from volume-based to value-based care have resulted in an increased focus on the ambulatory care setting as the site of health care provision now and in the future. This position paper reflects the current state of ambulatory care and the crucial role of the RN as a care provider, care coordinator, and care partner. It also highlights potential role changes and adaptations for the future.

Background

Health care is in the midst of unprecedented change. Improving the health of our nation will require reframing our healthcare system from one that emphasizes acute, episodic, interventional care to one that engages patients and providers in health promotion, disease prevention, and early intervention (Bodenheimer, Bauer, Syer, & Olayiwola, 2015). As a result, this enhancement of the Role of the Registered Nurse in Ambulatory Care position statement (AAACN, 2011a) reflects current trends and changes to the RN role in response to the changing healthcare environment.

Across the continuum of care, ambulatory care RNs work independently and collaboratively, partnering with patients, caregivers, providers, and other healthcare professionals in the design and provision of care in an ever-expanding array of settings. The context of the ambulatory care environment is complex, rapidly changing, and often difficult to navigate. Care delivery design and implementation is directly influenced by social determinants, environmental factors, and access to care issues that impact the patient's ability to adhere to a prescribed plan of care and obtain needed services (Fraher, Spetz & Naylor, 2015; Lamb, 2014; Smolowitz et al., 2014).

Concurrently, health care is evolving rapidly to meet the needs of an increasingly diverse and aging population. At the same time healthcare costs are driving value-based reimbursement and innovative models of care. Ambulatory care RNs are well-prepared to assume an expanded role in the design and delivery of high-quality care, defying traditional boundaries, and working in redefined interprofessional relationships, expanded community partnerships, and nontraditional healthcare settings.

The Importance of the RN in Ambulatory Care

- RNs provide high-quality, evidence-based care across the lifespan to enhance patient safety, reduce adverse events, impact and improve patient satisfaction, support and promote optimal health status, track admissions and readmissions, and manage costs within and among continually expanding, diverse, and complex populations. Therefore, RNs are essential to the delivery of safe, high-quality care and should not be replaced by less skilled licensed, or unlicensed members of the healthcare team.
- RNs are the team members best prepared to facilitate the functioning of interprofessional teams across the care continuum, coordinate care with patients and their caregivers, and mitigate the growing complexity of transitions in care.
- RNs play a critical role in the delivery of telehealth services and virtual care. The development of the art and science of telehealth nursing practice has improved and expanded coordination of healthcare services, reduced patient risk, and contributed significantly to care management models.

AAACN's Position Statement

Creating a future that maximizes the role of RNs in an evolving healthcare environment will require sustained forward movement in nursing practice, education, research, and leadership. Therefore:

AMERICAN ACADEMY OF AMBULATORY CARE NURSING TASK FORCE MEMBERS: Susan M. Paschke, MSN, RN-BC, NEA-BC, Chair; Stephanie Witwer, PhD, RN, NEA-BC, Co-Chair; Wanda C. Richards, PhD, MSM, MPA, BSN; Anne Jessie, DNP, RN; Linda Harden, MS, BSN, RN-BC; Kathleen Martinez, BSN, RN, CPN; Margaret F. Mastal, PhD, MSN, RN; Cynthia L. Murray, BN, RN-BC; Maureen T. Power, MPH, RN, LNCC; Mary Hines Vinson DNP, RN-BC.

REVIEWERS: Ann Marie Matlock, DNP, RN, NE-BC; Rachel Start MSN, RN-BC; CDR David V. Thomas, MSN, RN; Nancy May, DNP, MSN, RN-BC, NEA-BC; M. Elizabeth Greenberg, PhD, RN-BC, C-TNP.

NOTE: This column is written by members of the American Academy of Ambulatory Care Nursing (AAACN) and edited by Kitty Shulman, MSN, RN-BC. For more information about the organization, contact: AAACN, East Holly Avenue/Box 56, Pitman, NJ 08071-0056; (856) 256-2300; (800) AMB-NURS; FAX (856) 589-7463; Email: aaacn@ajj.com; Website: http://AAACN.org

CONFERENCE RECOMMENDATIONS

June 15–18, 2016 | Atlanta, GA

Registered Nurses: Partners in Transforming Primary Care

Recommendations from the Macy Foundation Conference on Preparing Registered Nurses for Enhanced Roles in Primary Care

Primary care in the United States is in urgent need of transformation. The current organization and capacity of our primary care enterprise are insufficient to meet the healthcare needs of the public. The 2010 Affordable Care Act (ACA), which emphasizes the importance of primary care, has enabled millions more people to seek care at a time when more than half of Americans have at least one chronic condition and many have multiple illnesses and complex healthcare needs—trends that will continue as the population ages. However, resources currently allocated to primary care are inadequate. Strengthening the core of primary care service delivery is key to achieving the Triple Aim: improved patient care experiences, better population health outcomes, and lower healthcare costs.

These mounting pressures from external forces are shifting primary care toward new practice models staffed by high-functioning, interprofessional teams. Teams can increase access to care; improve the quality of care for chronic conditions; and reduce burnout among primary care practitioners including physicians, physician assistants, and nurse practitioners. But this team-focused culture shift is nascent and, without enough appropriately trained healthcare professionals, primary care could falter under the increased demand.

Who can help alleviate the pressures on primary care? A tremendous, available resource is the 3.7 million registered nurses (RNs)—who comprise the largest licensed health profession in the nation. RNs are the ideal team members to help expand primary care capacity, yet they have been woefully underutilized in primary care settings. Practices that have deployed registered nurses in enhanced roles have shown improved health outcomes, reduced costs, and enhanced patient satisfaction.

Registered Nurses: Partners in Transforming Primary Care

Proceedings of a conference on Preparing Registered Nurses for Enhanced Roles in Primary Care

Chaired by
Thomas Bodenheimer, MD, MPH and **Diana Mason, PhD, RN, FAAN**

June 2016 | Atlanta, Georgia

March 2017

JMU School of Nursing

ValleyHealth
Page Memorial Hospital

Undergraduate **P**rimary **C**are and **R**ural **E**ducation Project

UPCARE
BIG PICTURE IN A SMALL PLACE
JAMES MADISON UNIVERSITY

The Goal:

- Recruit future nurses to practice in primary care utilizing their **full scope** of practice in the team

Undergraduate **P**rimary **C**are and **R**ural **E**ducation Project

The Approach:

- Trained primary care RN preceptors
- Longitudinal Clinical Experiences
- Learning Communities

UPCARE
BIG PICTURE IN A SMALL PLACE
JAMES MADISON UNIVERSITY

Clinical Immersions

Clinical Applications I 16 hours	Psych-Mental Health, 16 hours	Community Health, Pediatrics, 30 hours	Capstone, 100 hours
•Communication •Health Assessment	•Integrated BHI •Substance use disorder •Mental Health	•Population Health	•Care Coordination •Health Policy


STUDENT

Learning Communities

UPCARE Learning Community: Bridging Education, Research, and Practice

Learning Community Focus

Rurality & Rural Health	Opioid crisis Mental Health	Illness complexity across healthcare settings	Policy, Advocacy, Transition to Practice

Clinical Focus

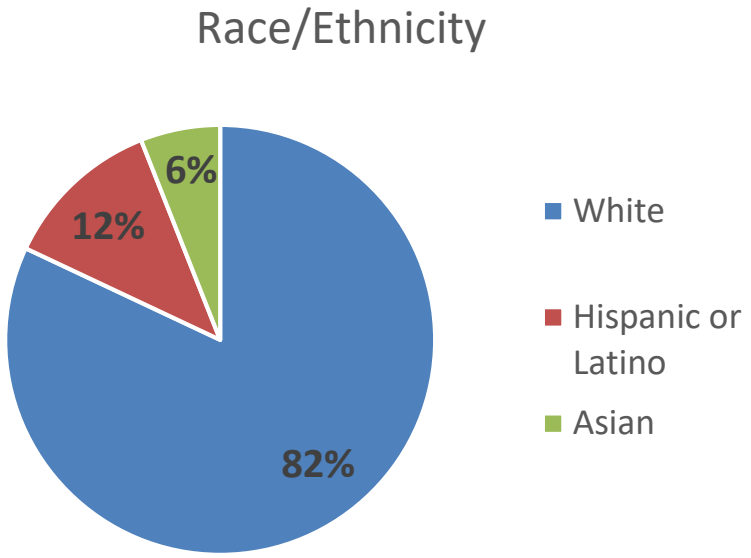
Clinical Applications I 16 hours	Psych-Mental Health, 16 hours	Community Health, Pediatrics, 30 hours	Capstone, 100 hours
•Communication •Health Assessment	•Integrated BHI •Substance use disorder	•Population Health	•Care Coordination •Health Policy

Measurements

1. Jeffrey's Transcultural Self-Efficacy Tool (TSET)
2. Competency Domains for Rural Care
3. Self-Efficacy & Performance in Self-management Support (SEPSS)
4. Mental Illness: Clinical Attitudes Scale (MICA)
5. Student self-assessment of entry-level public health nursing competencies

Demographics

- Two UPCARE scholar cohorts (n=17)*
- 16 female, 1 male
- 52% previous healthcare experience



Results: TSET

Area	Description	Mean Pre (n = 9)	Mean Post (n = 9)	Difference in Means	Effect Size (Cohen's d)
1	Health history and interview	7.22	8.56	1.33	0.485
2	Physical examination	7.22	8.44	1.22	0.445
3	Informed consent	7.33	8.44	1.11	0.462
4	Health promotion	7.00	8.56	1.56	0.606
5	Illness prevention	7.11	8.56	1.44	0.644
6	Health maintenance	7.44	8.78	1.33	0.548
7	Health restoration	7.00	7.67	0.67	0.244

Results: Competency Domains for Rural Care

	Domain / Capabilities	Mean Pre (n = 9)	Mean Post (n = 9)	Difference in Means	Effect Size (Cohen's d)
1	Adaptability: • Demonstrates improvisation and creativity • Adapts scope of practice to community needs • Exhibits the ability to work with diverse individuals in multiple practice settings	4.44	4.38	- 0.07	0.099
2	Agency & Courage: • Articulates a calling: "I've been led to do it" • Tolerates risk: "I can overcome fear to do it" • Finds inspiration: "I've seen others do it" • Demonstrates self-efficacy: "I am capable of doing it" • Voices commitment: "I will do it" • Gets things done: "I did it"	4.78	4.22	- 0.56	1.046
3	Collaboration & Community Responsiveness: • Engages the community in responding to need, including health equity • Works well in interprofessional teams; promotes collaboration • Exhibits grace, and respect for individuals and culture • Effective advocates for others • Accepts multiple leadership roles • Builds effective networks across time and place	4.56	4.44	- 0.11	0.201
4	Comprehensiveness: • Maintains and even expands as necessary a wide scope of clinical practice • Enhances skills or learns new ones in order to be prepared for the unexpected and to meet community needs • Maintains infrequently used skills through periodic retraining • Demonstrates breadth in leadership ability, community health management	4.56	4.33	- 0.22	0.389
5	Integrity: • Demonstrates authenticity • Adapts to transparency and accountability • Negotiates relationships with integrity • Behaves in a way that is true to self and others	4.67	4.44	- 0.22	0.393

Results: Competency Domains for Rural Care

	Domain / Capabilities	Mean Pre (n = 9)	Mean Post (n = 9)	Difference in Means	Effect Size (Cohen's d)
6	Abundance in the face of scarcity & limits: • Demonstrates humility and knows the limits of his/her own competence • Looks things up when faced with limits of one's own knowledge • Effectively uses the resources at hand and working within limits of local capability makes timely referrals	4.67	4.56	- 0.11	0.227
7	Reflective Practice: • Demonstrates critical reflection towards action • Protects time for reflection on action and engages in scholarly activity • Exhibits awareness of self in relation to others and of their perspectives • Reframes problems and pursues actionable solutions • Attends to surprise to things that do not fit, improvising in the moment in clinical situations • Keeps the whole in mind, even while focusing on details	4.56	4.33	- 0.22	0.474
8	Resilience: • Demonstrates endurance and the ability to overcome hardship and thrive • Sustains self in practice and enlists support of others • Demonstrates boundary-setting and ability to set limits, to set side time for self-care and renewal • Builds or joins a resilient community	4.67	4.33	- 0.33	0.588

Results: SEPSS

Area	Self-efficacy and Performance Subscale Description	Mean Pre (n = 9)	Mean Post (n = 9)	Difference in Means	Effect Size (Cohen's d)
1	**Assess** (8 items)	3.58	3.92	0.33	0.353
2	**Advise** (7 items)	3.65	4.10	0.44	0.441
3	**Agree** (6 items)	3.59	4.11	0.53	0.456
4	**Assist** (9 items)	3.65	4.01	0.36	0.378
5	**Arrange** (7 items)	3.32	3.60	0.29	0.286

Results: MICA

Area	Description	Mean Pre (n = 9)	Mean Post (n = 8)	Difference in Means	Effect Size (Cohen's *d*)
1	I just learn about mental health when I have to, and would not bother reading additional material on it.	4.11*	4.25*	0.14	0.135
2	People with severe mental illness can never recover enough to have a good quality of life	4.11*	4.50*	0.39	0.448
3	Working in the mental health field is just as respectable as other fields of health and social care.	4.00	4.00	0.00	0.000
4	If I had a mental illness, I would never admit this to any of my friends because I would fear being treated differently.	3.22*	3.63*	0.40	0.383
5	People with mental illness are dangerous more often than not.	4.11*	3.88*	- 0.24	0.341

Results: MICA

Area	Description	Mean Pre (n = 9)	Mean Post (n = 8)	Difference in Means	Effect Size (Cohen's *d*)
6	Health/social care staff know more about the lives of people treated for a mental illness than do family members and friends.	3.11*	3.50*	0.39	0.727
7	If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently.	3.33*	3.13*	- 0.21	0.165
8	Being a health/social care professional in the area of mental health is not like being a real health/social care professional.	4.78*	4.63*	- 0.15	0.260
9	If a senior colleague instructed me to treat people with mental illness in a disrespectful manner, I would not follow their instructions.	3.67	3.63	- 0.04	0.041
10	I feel as comfortable talking to a person with mental illness as I do talking to a person with physical illness	3.44	4.00	0.56	0.954
11	It is important that any health/social care professional supporting a person with mental illness also ensures that their physical health is assessed.	4.00	4.00	0.00	0.000
12	The public does not need to be protected from people with mental illness.	3.22	3.25	0.03	0.041
13	If a person with a mental illness complained of physical symptoms (such as chest pain), I would attribute it to their mental illness.	4.67*	4.88*	0.21	0.517
14	General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist.	4.25*	4.38*	0.13	0.142
15	I would use the terms "crazy", "nutter", "mad", etc. to describe to colleagues people with mental illness that I have seen in my work.	5.00*	4.75*	- 0.25	0.536
16	If a colleague told me they had a mental illness, I would still want to work with them.	4.00	4.00	0.00	0.000

Results: Public Health Competencies

Competency	Mean Pre (n = 9)	Mean Post (n =7)	Difference in Means	Effect Size (Cohen's *d*)
1. Applies the public health nursing process to communities, systems, individuals, and families.	2.33	2.86	0.52	0.542
2. Utilizes basic epidemiological principles (the incidence, distribution, and control of disease in a population) in public health nursing practice.	2.44	3.14	0.70	0.794
3. Utilizes collaboration to achieve public health goals.	2.89	3.29	0.40	0.467
4. Works within the responsibility and authority of the governmental public health system.	2.44	2.86	0.41	0.383
5. Practices public health nursing within the auspices of the Nurse Practice Act.	2.33	3.29	0.95	1.158
6. Effectively communicates with communities, systems, individuals, and families.	2.78	3.14	0.37	0.411
7. Establishes and maintains caring relationships with communities, systems, individuals, and families.	2.89	3.17	0.28	0.328
8. Shows evidence of commitment to social justice, the greater good, and the public health principles.	2.89	3.14	0.25	0.327
9. Demonstrates non-judgmental and unconditional acceptance of people different from self.	3.11	3.43	0.32	0.410
10. Incorporates mental, physical, emotional, social, spiritual, and environmental aspects of health into assessment, planning, implementation, and evaluation.	2.44	2.86	0.41	0.407
11. Demonstrates leadership in public health nursing with communities, systems, individuals, and families.	2.22	2.86	0.63	0.602

Conclusions

- Power of strong academic-practice partners
- Commitment to partnerships and mentoring
- High impact practices foster deep learning and interest
- Role development of RN in primary care

References

American Academy of Ambulatory Care Nursing (2017). AAACN position paper: The role of the registered nurse in ambulatory care. *Nursing EconomicS*, 35(1), 39-42.

American Nurses Association (2014). *The Nursing Workforce 2014: Growth, Salaries, Education, Demographics & Trends.* Retrieved from http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce/Fast-Facts-2014-Nursing-Workforce.pdf

American Nurses Association (2017). Workforce. Retrieved from http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce

Barton, A. J. (2016). *Josiah Macy Jr. Foundation. Registered nurses: Partners in transforming primary care. Conference on preparing registered nurses for enhanced roles in primary care.* Josiah Macy Jr. Foundation. New York, NY.

Barton, A.J. (2017). Role of the RN in Primary Care: Implications for Nursing Education127Journal of Nursing Education • Vol. 56, No. 3, 2017. *Journal of Nursing Education*, Vol 56, No.3

Bodenheimer, T., Bauer, L., Olayiwola, J.N., and Syer, S. (2015). *RN role reimagined: How empowering registered nurses can improve primary care.* Oakland, CA: California Health Foundation.

HRSA Bureau of Health Professions. (2013). *Projecting the supply and demand from primary care practitioners through 2020.* Retrieved from http://bhpr.hrs.gov/healthworkforce/supplydemand/usworkforce/primarycare.

HRSA (n.d.). Shortage Designations. Retrieved from http://muafind.hrsa.gov

HRSA Data Warehouse. (n.d.). *HPSA Find Results.* Retrieved from https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx

Kuh, G.D. (2008). High-impact educational practices: What they are, who has access to them, and why they matter. American Association of Colleges & Universities. Washington, DC.

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health.* National Academy Press: Washington, D.C.

Rural Health Information Hub (n.d.). *Rural Health Disparities*. Retrieved from https://www.ruralhealthinfo.org/topics/rural-health-disparities

Rural Health Information Hub (2016). *Rural Mental Health*. Retrieved from https://www.ruralhealthinfo.org/topics/mental-health

Rural Health Information Hub (n.d.) *Substance Abuse in Rural Areas.* Retrieved from https://www.ruralhealthinfo.org/topics/substance-abuse

Smolowitz, J., Speakman, E., Wojnar, D., Whelan, E., Ulrich, S., Hayes, C., and Wood, L. (2014). Role of the registered nurse in primary health care: Meeting health care needs in the 21st century. *Nursing Outlook*, 63(2), 130-136. Retrieved from http://dx.doi.org/10.1016/j.outlook.2014.08.004.

U.S. Department of Agriculture Economic Research Service (2017). *State Data: Virginia*. Retrieved from https://data.ers.usda.gov/reports.aspx?StateFIPS=51&StateName=Virginia&ID=17854

Virginia Department of Health, Division of Chronic Disease Prevention and Control (n.d.). *Chronic Disease Indicators by Health District, Virginia: Demographics*. Retrieved from www.vdh.virginia.gov