

Non-traditional, Community-based Clinical Activity to Broaden Nursing Student Awareness of the Complexity of Disease Management for Individuals with Chronic Illness

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Chronic Illness

60% of adults have one
40% have more than one

Heart Disease

#1 Cause of Death
in the U.S.

Nearly half of all
U.S. adults have
some type of
cardiovascular
disease

Heart
failure

DIABETES
30.3
million
people

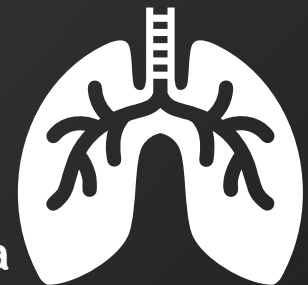
1 in 4 are
unaware
they have
diabetes



Worldwide

1 in 3 adults has high
blood pressure

COPD
Asthma



Strain on Healthcare Expenses



Exceeds
TRILLIONS of
dollars ANNUALLY



Rand Report 2017

Out-of-Pocket Costs



LESS UNDERSTOOD



CAN REPRESENT A
LARGE FINANCIAL
BURDEN



SPENDING INCREASES
WITH NUMBER OF
CHRONIC ILLNESSES



IMPACT ON
ADHERENCE

Baccalaureate Nursing Students

Majority are under
the age of 30

Unlikely to have a
personal
experience with
chronic illness
management

- Courses integrated into the clinical course
 - Pharmacology
 - Healthcare Communications
 - Evidence-based Practice and Informatics
 - Aging, Chronicity, and Care Coordination

NURS 2315
Integrated
Clinical II

Typical Clinical Sites

Community & Primary Care Settings

- Haven for Hope (homeless shelter)
- Head-Start Schools (lead testing)
- FQHC (home visits with clients managing chronic illness)

Long-Term Acute Care Settings

- Memory care
- Assisted care
- Post-acute long-term complex care

Clinical Simulation

- Primary Care
- Disaster (Emergency shelter, Alzheimer's unit, & home setting)

Changing our thinking...

How to impart understanding of the complexity of chronic illness self-management to young adults??

Can a clinical experience in a community retail setting have value?

What would that clinical look like?

Do we have to maintain control of the setting?

Knowledge



Skills

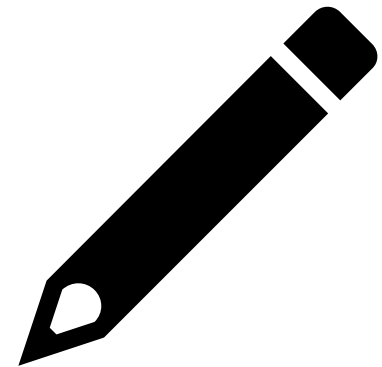


Attitudes



Application Create Reality

- Four different clients created in the EHR used by our institution
 - All had more than one chronic illness; all adults
 - Variety of income sources: working, retired, undocumented / immigrant
 - Various payor sources: insurance, Medicare, cash-only (no insurance)
- Charts were outpatient encounters only
- All clients needed education regarding recommended dietary modifications, medications, use of DME, etc. from the RN
- Each clinical group was assigned one client to use as their focus on the community retail setting



Mechanics: Start of Day (1.5 hrs)

All students started together at the school with two faculty

Reviewed the assignment

Created small groups (4-5 students each)

Groups reviewed EHR of assigned client

Groups selected areas of the city to visit & collaborated with each other to avoid overlap of retailers

Clinical faculty remained at the school and available if needed by groups

Mechanics: Clinical Experience (4 hrs)



Mechanics: Debrief (1.5 hrs)



All groups returned to the school for debrief



Immediately upon return

Used white boards to write data for comparison

Documented client teaching in the EHR



Debrief

Facilitated by clinical faculty

Initial reactions

What went well / what did not

Findings, discoveries, comparisons, meanings

Application to client encounters from the past

Application to future practice

Take Aways / Lessons Learned



Future Plans



References



Questions

