Assessing Community Health Competencies in BSN Students: A Curriculum Evaluation

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Presenter Disclosures
Nancy Menzel, PhD, RN
(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
No relationships to disclose

School of Nursing Curriculum Revision
• Launched 1/2011
• Population-Focused Care in the Community credits reduced from 5 to 4
  – (30 hrs. class, 90 hrs. clinical)
• Placement: From Level 4 to Level 2

ACHNE Essentials (2009)
• Identifies 5 Core Professional Values, 15 Core Knowledge areas, and 78 Basic Competencies

Course Revision Considerations
• AACN Essentials (2008)
• SON curriculum outcomes
• Level objectives
• Program objectives
• ACHNE Essentials (2009)
• Faculty and clinical site resources
• Employer expectations

Process
• Community faculty course objectives
• Identified Core Knowledge areas to include
  – Excluded: Illness and Disease Management, Policy Development, Coordinator and Manager
• Selected 30 Basic Competencies to achieve
• Created survey tool to measure
• Created didactic topical outline
Process (continued)

- Used Team-Based Learning in didactic
  - Structured application exercises to achieve selected competencies; e.g., emergency response
- Structured clinical experiences to achieve competencies
  - “Provide health information to clients from different cultures” Students were assigned home visits to clients of a refugee center

Student Efficacy Survey

- Likert scale (very little to quite a lot) to measure how confident the students were that they could perform the activity (competency) and how important they thought the activity was

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<thead>
<tr>
<th>Activity</th>
<th>Confidence</th>
<th>Importance</th>
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<td>A, B, C, D, E</td>
<td>A, B, C, D, E</td>
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- Pilot tested

Research Design

- Compared Level 4 students at end of last semester of old curriculum to Level 2 students at end of semester when new course first taught (taught concurrently but separately)
- Obtained Institutional Review Board approval

Results

- High internal reliability (Cronbach’s α = 0.97)
- Scoring: “Very Little” (1) to “Quite a Lot” (5)
- Independent samples t-test at 96%:
  - Level 4 students (n=29) significantly more confident than Level 2 students (n=46) for 22 activities (competencies)
- Level 4 students rated some more important

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<thead>
<tr>
<th>Core Knowledge and Basic Competencies</th>
<th>No. of Significant Differences in Confidence</th>
<th>No. of Significant Differences in Importance</th>
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<tbody>
<tr>
<td>Communication</td>
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Discussion

- Course placement, content, and clinical model were not as effective as previous course
- Revised course in Spring 2012
  - Reduced observational experiences
  - Changed from geographic community (zip code) to defined aggregates (e.g., homeless)
  - Provided more epi content
  - Experienced CH faculty mentored less experienced
Efficacy Survey #2

- Only two significant differences when Spring '12 (n=28) compared to Spring '11:
  - Increase in importance of “4. Locate data to identify community health problems” and decrease in confidence for “18. Initiate community partnerships for planning and implementing a community intervention.”

One Way ANOVA

- Significant differences in confidence persisted
- Level 4 $M \geq 4$; Level 2’s range 3 to 3.9

Limitations

- Small sample size
- Tool has content validity only

Discussion

- Clinical hours not reduced, so differences in confidence level might be a function of time in program (4 semesters versus 2)
- Differences in rating importance of knowledge might also be a function of time in program
- Course needs redesign to improve confidence and perception of importance

ACHNE Essentials

- While ideal, impossible to achieve all in undergraduate programs with compressed or accelerated curricula
- Recommend the next version be distilled further

Conclusions

- Placing a community health course near the beginning of a BSN curriculum traded off the ability of students to achieve C/PH specific competencies for goal of providing population focus concepts as foundation for all care
- “Now you’ve ruined me. I don’t want to go back to the hospital with sick people!”