





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


A	B	C	D	E		A	B	C	D	E
Very Little				Quite a Lot		Very Little				Quite a Lot
Confidence						Importance				
A	B	C	D	E	1. Use communication strategies to negotiate with clients (C)	A	B	C	D	E
A	B	C	D	E	2. Communicate with clients with different levels of health literacy (C)	A	B	C	D	E

- 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 $\alpha=0.97$)
- 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





Core Knowledge and Basic Competencies	No. of Significant Differences Confidence	No. of Significant Differences Importance
Communication	3	
Epidemiology and Biostatistics	4	2
Community/Population Assessment	4	3
Community/Population Planning	3	
Assurance	3	
Health Promotion and Risk Reduction	1	
Information and Health Care Technology	1	1
Environmental Health	2	1
Human Diversity	1	

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.”

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One Way ANOVA

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

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Limitations

- Small sample size
- Tool has content validity only

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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

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ACHNE Essentials

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

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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!”

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