

**ADDRESSING PRACTICE
COMPETENCIES ACROSS ACUTE
AND COMMUNITY NURSING TO
REDUCE HEALTHCARE DISPARITIES**

Kathlynn Northrup-Snyder, PhD, RN, CNS,

Renee Menkens, RN, MS

Annette Garner, MSN, RN, CNE

Amanda Marcus, MN, RN, CPN

Mary Clark, MPH, RN

PRESENTER DISCLOSURES

Kathlynn Northrup-Snyder

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

Dr. Northrup-Snyder is owner/consultant for Community Health Concepts



BACKGROUND

- Oregon Consortium of Nursing Education (OCNE) guiding nursing education for 10 years (Tanner, Gubrud-Howe & Shores, 2008; Gaines & Spencer, 2013).
- The OCNE curriculum for program completion at the AD and BS levels
 - 10 overarching competencies,
 - 38 dimensions
 - Level Benchmarks: I, II, III
 - Level III/BS: 62 benchmarks



PURPOSE

- Students in a statewide RN-BS program focus on acute care prior to the 9 credit, 2 term Population Based Care course
- Explore OCNE competency understanding to include public health practice.
 - Initial OCNE document application in 410B students had some trouble noting Benchmark fit in population setting
 - Round 2 done with a Population site preceptor



OCNE COMPETENCIES

A competent nurse...

1. bases personal and professional actions on a set of shared core nursing values.
2. uses reflection, self-analysis and self-care to develop insight.
3. engages in intentional learning.
4. demonstrates leadership in nursing and healthcare.
5. collaborates as part of a health care team.



OCNE COMPETENCIES CONT.

A competent nurse...

6. practice within, utilizes and contributes to the broader health-care system.
7. practices relationship-centered care.
8. communicates effectively.
9. makes sound clinical judgments (noticing, interpreting, responding, reflecting).
10. uses the best available evidence.



THREE COURSE APPLICATION

- RN to BS students
- All Courses **Online** (Discussions & Assignments)
- 427 Beginning Integrative Practice (3 cr)
 - Strengths & Challenges – of the competency
- 410B Population Based Nursing & Chronic Illness (2 cr didactic; 4 cr clinical)
 - OCNE Benchmark reflection
 - Clinical Log with Clinical Judgment Model and OCNE reference
- 426 Integrative Practice (2 cr didactic; 4 cr clinical)
 - Strengths & Challenges - of the competency



BENCHMARK ATTAINMENT IN SENIOR YEAR AN ANALYSIS

- Primary goal – Determine attainment in each course of the 62 benchmarks.
- Secondary outcome – Found gaps in benchmark language related to representation of full/broader scope of nursing practice. One example related to population/community focus.



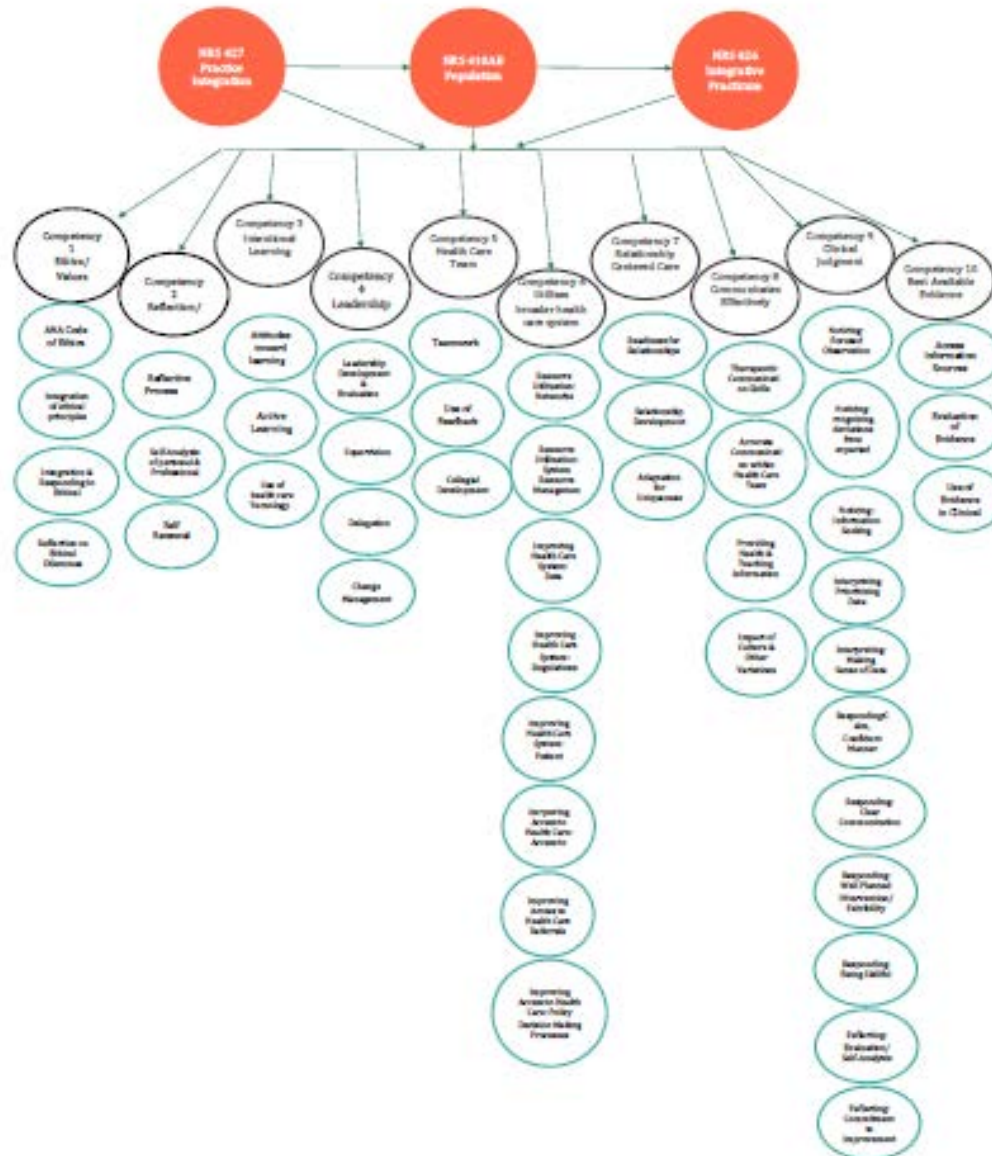
OCNE COMPETENCY COMPONENTS

OCNE Competency #4: A competent nurse demonstrates leadership in nursing and healthcare.

| DIMENSION | <u>Level III Benchmark:</u> At completion of NRS 425/426 |
|---------------------------------------|---|
| Leadership development and evaluation | <ol style="list-style-type: none">1. Uses personal characteristics of effective leadership to inspire team members toward achieving client/agency goals, and diminish resistance among others.2. Regularly evaluates and augments own leadership behaviors.3. Mentors others by demonstrating effective communication in interprofessional team settings.4. Leads effective interdisciplinary teams and manages conflict resolution. |

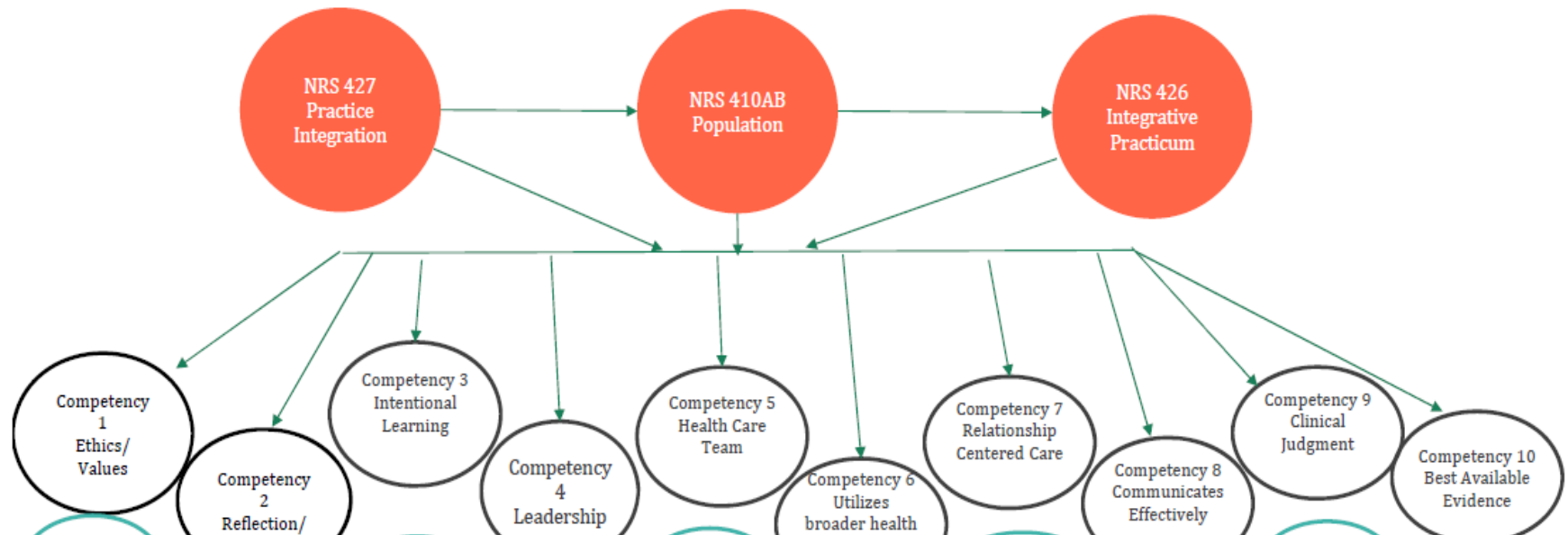
OCNE Competency Model

Student Perspectives in RNBS Clinical Courses



OCNE Competency Model

Student Perspectives in RNBS Clinical Courses



METHODOLOGY

- 2 groups within each course. Uniquely ID students
- NVivo 10 qualitative software
- Framework of OCNE with focus on population
- Content Analysis of discussions & reflection assignments
- Frequent meetings between researchers to assess meaning and themes



DEMOGRAPHICS

○ 427 *Beginning Practice Integration*

- 84% white, 11% Asia/PI/India; 4% Latino; 1% Black
- 84% **Female** (15 Males)
- 47% **(20-29)**; 38% (30-39); 13% (40-49); 2% >50

○ 410B **Population Based Nursing**

- 73% **white**, 18% Asia/PI/India; 3% Latino; 6% Black
- 88% **Female** (5 Males)
- 34% (20-29); 39% **(30-39)**; 16% (40-49); 11% >50



DEMOGRAPHICS

○ 426 Integrative Practicum

- **69% white**, 17% Asia/PI/India; 6% Latino; 8% Black
- **97% Female** (1 Males)
- 33% (20-29); **38% (30-39)**; 14% (40-49); 15% >50

○ Sample size = 45 students across courses

- 18 in 427 *Beginning Practice Integration*
- 9 in 410B **Population Based Nursing**
- 18 in 426 **Integrative Practicum**



427 STRENGTHS/CHALLENGES

*“I found it interesting that 3 peers said that competency 6 **[broader health care system]** was their most challenging competency and 4 peers said that competency 4 **[leadership]** was most challenging for them. It appears as **new nurses** it is common for us to...feel like we are trying to **‘become competent at the basics.’** Each new situation I encounter I find myself building a stronger foundation of skills and knowledge. It is a long process because there is so much to learn.”*

427fa13Mcken5



CHALLENGES

| Challenges | 427 | 426 |
|--------------------------------------|----------|----------|
| C1 Ethics | 0 | 0 |
| C2 Reflection, self-care | 0 | 1 |
| C3 Intentional learning | 1 | 1 |
| C4 Leadership | 7 | 4 |
| C6 Broader Health Care system | 8 | 9 |
| C9 Sound Clinical Judgments | 3 | 3 |
| C10 Evidence | 2 | 0 |



STRENGTHS

| Strengths | 427 | 426 |
|--|----------|----------|
| C1 Ethics | 1 | 2 |
| C2 Reflection, self-care | 1 | 4 |
| C3 Intentional learning | 5 | 3 |
| C4 Leadership | 0 | 0 |
| C5 Collaboration with Health Care Team | 4 | 1 |
| C6 Broader Health Care system | 0 | 0 |
| C9 Sound Clinical Judgments | 4 | 0 |
| C10 Evidence | 0 | 2 |

I was pleasantly surprised with my progress after evaluating the competencies. I wasn't aware of just how far I have come. 426ASP14hum7

TYPES OF 410B CLINICAL PROJECTS (CASP)

- A Time & Motion study to track patient/HCP progress
- An education and one information tool for new health care enrollees
- Nutritional Meal Plan within Adult Day Care guidelines
- Educational information on e-cigarettes
- Connecting teams through a website



ETHICS

- **Students explore ethics through Social Justice issues in population:**

*“The work that[this] Clinic, does falls directly in line with this competency. One of the dimensions references social justice, which is at the core of the Clinic philosophy. As a **historically free clinic open to anyone** and anyone whose major clientele are mentally ill, addicted and/or homeless, the staff...devote their time (often personal time that is off the clock) **to securing health-care for a population that have virtually nowhere else to go**. The care given is holistic, and [they]operate as a primary care home model, which aims to serve each dimension of a person’s health.”*


410BW141



REFLECTION, SELF-ANALYSIS, SELF-RENEWAL

- **By observing staff as population, students notice elements of Competency 2**

*“The clinic...can have a very high burnout rate, as such it is very important for the staff to develop a good support system. This has been evident since my first day of observation at this facility. The staff has developed a great system of dividing work and making sure that there is accountability in self-monitoring strategies. ...**After a particular trying patient experience another staff member offered to take the next exam** in order for the particular individual to have some time to re-group. This is behavior that **I have not often witnessed on the floor in the acute care setting.**” 410BW143*



INTENTIONAL LEARNING

- **Observation of staff as population and personal experiences support this competency**
 - *“Videoscribe [audio/visual white board] is a great program, but tutorial is limited, and much is learned through trial and error (doesn’t help that I’m not greatly computer literate!).”*
410BW141
 - *“A lot of continuing education goes on to keep Case Management nurses up to date on what they are doing for their populations and why.”*
410BW149



BARRIERS TO LEADERSHIP

○ Discomfort with title:

- *“I am a bit uncomfortable applying the term “leader” to myself.* 427fa13Mcken4
- *“I have never really considered myself a leader”* 426aSp14blu6

○ Leadership Focus on Delegation or supervision

○ Lack of opportunity for leadership

○ New nurse: *“I feel that I am too new to practice to begin to be a leader.”* 427fa13Mcken2



LEADERSHIP DEMONSTRATED

- **Leadership with patients:** *“[I] do see the importance of being an individual who advocates for my patients (and I am a leader in that aspect).”* 426aSp14blu5
- **Change management:** *“all management...were impressed with the work and stated the **data gathered was extremely useful** on helping them plan change management as well as validated their feelings about problems within the clinic with measurable data. We put forth ideas for quality improvement that were divided into patient driven and clinic driven methods. Some of these ideas had management enthusiastic and **discussions were made during the presentation** about how implementation could be achieved.”* 410BWN14kath3



HEALTH CARE TEAM

- Observing staff as a population increases awareness of this competency:

*“There are over 450 volunteers at [clinical site]. Some of these are health care professionals, others are members of the community who have no formal medical training at all. **It takes all of these volunteers to make [site] run.** This is truly an example of working in a health care team.”* 410BWN14kath4



BARRIERS TO COMPETENCY ON BROADER HEALTH CARE SYSTEM

- New nurse
- Lack of exposure: “*While I had some experience last term through my population class and at my clinical placement, I have very little exposure to this at my work. The specific dimensions that I think will be the most difficult to gain experience in is system resource management and policy- decision making processes.*” 426ASP14hum4



BARRIERS TO COMPETENCY ON BROADER HEALTH CARE SYSTEM

- **Focus on direct patient care:** *“Within my practice at the hospital, I feel **that time limitations are my greatest barrier to accomplishing that “over and above”** level of care. In my personal life, time remains a barrier to me being able to get more involved in larger health care system / community issues that I care about.”* 426ASP14hum4



DEMONSTRATING UNDERSTANDING OF BROADER HEALTH CARE SYSTEM

- **“*Networks:*** partners with WIC, Springfield High School, Lane County Mental Health, and various other agencies on behalf of clients.
- **“*Regulations:*** Staff assigned to help the community sign up for Cover Oregon insurance.
- **“*Improving access to healthcare:*** multiple specialties in one clinic, referring patients to specialist, providing in house interpreters to all Hispanic patients, having a bi-lingual front office staff” 410BWN14kath8



OBSERVING/PARTICIPATING IN BROADER HEALTH CARE SYSTEM

- *“There is a major shortage of providers. **It is so important that [site] continues to see patients who have [Oregon Medicaid] but do not have providers yet because otherwise their only options for coverage would be the ED or Urgent Care.** Of the people we contacted 69 have providers and 72 need providers. It is amazing to me that almost half of the people who have [Oregon Medicaid] still need PCP’s.”*

410BWN14kath8



OBSERVING/PARTICIPATING IN BROADER HEALTH CARE SYSTEM

- *Every interaction with a patient is an opportunity to help them understand their own health and how they can help maintain it. This creates a healthier individual which creates a healthier population which creates less costs for the healthcare industry. All healthcare providers in all areas of healthcare are critical in helping achieve and maintain the health of the entire population. It is one world and we are all interconnected.”* 410BWN14kath9



SHIFTING UNCERTAINTY TO EVIDENCE

- “...it’s **definitely challenging** to incorporate evidence-based interventions into your practice when you’re just learning the basics. As a new graduate and a new nurse, **I often find myself focusing on protocols and fundamental knowledge** more so than evidence-based interventions.” 427FA13coq9
- “...learning in this program how to research and evaluate the information found has been a most valuable tool that **will remain an important part of my practice forever.**” 410BWN14Kath2
- “I feel that the resources I’ve chosen are top-notch evidence based and government mandated rules on producing low literacy materials, so **I feel that these are appropriate decisions** [for the project].” 410BWN14Kath1



BENEFITS OF POPULATION CLINICAL

*“I am the least competent in competency 6...broader health-care system. At this level, I can see my lack of experience networking, improving health care system and improving access to health care. **My experience is quite limited; in fact most of it comes from my population clinical last term.** By mastering this competency my practice will be improved greatly. My patients will reap the benefits of having a nurse that is able to care more holistically for them.” 426ASP14hum7*



SEEING A BROADER HEALTH CARE SYSTEM

- *“Interesting to find out the entire behind the scenes work that goes on to help our diabetic patients. This is a program that I did not know existed, **despite my almost 13 years** with the company.” 410BWN14Kath9*



FINAL INTEGRATED PRACTICUM IN THE COMMUNITY

- Up to 50% of current students are choosing non-acute care placements
- 6 of the 18 in the Spring 2014 sample continued or initiated an IP-426 community clinical
 - Corrections Institution
 - Community health care clinics
 - University Student Health Clinic
 - Lactation services
 - Head Start



SEEING A BROADER HEALTH CARE SYSTEM

*“Now I have the opportunity through my community placement [in Integrated Practicum] to really strengthen this area. By doing so I believe that I will have a lot more to offer my individual patients, my peers and my community. **By improving upon access to care, improving the healthcare system,** and resource utilization **I will be able to help in determining appropriate resources and providing care holistic patient care,** as well as be a voice of part of the nursing community striving for quality changes which will benefit my community, patients, and peers.”*

426ASP14hum5




*“In my [clinical], I interviewed a nurse about the differences in how you are taught to give care, and how you actually practice in the real world. What was **surprising to me was she didn't mention short-cuts or technical skills and techniques**, what she told me was that **textbooks don't account for patient's lives**; care plans and interventions are great in theory, but if you have a patient who is worried about their basic human needs like food, water, and/or safety, they are not going to give a crap about their medication compliance or whatever we may think should be important to them. They have all come from different backgrounds, with different problems, and different traumas. **We cannot fit them into a cookie cutter treatment plan because they are all different**, so their treatments should all be different.”* 426aSp14blu5

LIMITATIONS

- Initial exploration-pilot
- Small group
- Not a full cohort from 427 - 410B - 426
- Students report at the larger competency or Dimension levels vs Level III Benchmarks.



CONCLUSIONS

- A population based nursing course strengthens several competencies.
 - Several competencies may not be easily achieved as a new nurse.
 - Students may not recognize Level III Benchmark attainment within non-acute care settings without “translation” support from faculty or preceptor.
 - Experiencing population health clinical creates a connection to acute care nursing allowing the student to see a broader nursing role within the health care system.
 - Faculty need to be more conscious of verbiage around competencies and benchmarks as a framework for students.
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REFERENCES

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