



Maintaining Speed on the Highway of Change: Keeping up with Societal Forces Impacting Nurse Practitioner Education and Practice

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Objective

Educators will leave this presentation with feasible, concrete educational strategies to incorporate the evolving forces of society as they impact on NP education and practice.



2 Courses (5 credits)
50+ students 3 faculty

Fall Semester: Societal Forces Influencing
Advanced and Professional Nursing
Practice (3 credits)

Spring Semester: Community Service
Learning Practicum – minimum 45 hours
and Seminar (meets every other week)
(2 credits)



NONPF NP Core Competencies by *Domains*

DOMAIN	# COMPETENCIES ADDRESSED
1. Management of Pt Health/Illness Status	15/25
2. The NP-Patient Relationship	5/10
3. Teaching-Coaching Function	3/6
4. Professional Role	13/16
5. Managing and Negotiating Health Care Delivery Systems	7/9
6. Monitoring and Ensuring the Quality of Health Care Pract.	3/3
7. Culturally-Sensitive Care	4/6



Master's Essentials for APN

Graduate Core Curriculum Content	Introduced/Addressed in our 2 Courses 5 credits/CSL 45 hrs
II. Policy, Organization & Financing of Health Care	Expert Presenters, Cases, CSLs
III. Ethics	Ethicist, Cases, CSLs
IV. Professional Role Development	LACE lecture/discussion Role/Synthesis Paper, CSL, IP exp., Exec. Sum
V. Theoretical Foundations of Nursing Practice	Health Behavior Change Frameworks, Precede- Proceed Application CSL
VI. Human Diversity and Social Issues	Presenters Determinants of Hlth, Cult Comp, stereotyping , Hlth Literacy, CSLs, Cases
VII. Health Promotion/ Disease Prevention	Cases, CSLs



*New Master's Essentials

Essentials of Master's Education in Nursing	# /total addressed
I. Background for Practice from Sciences & Humanities	6/8
II. Organizational and Systems Leadership	3/7
III. Quality Improvement and Safety	4/8
IV. Translating and Integrating Scholarship into Practice	5/6
V. Informatics and Healthcare Technologies	3/6
VI. Health Policy and Advocacy	4/5
VII. IP Collaboration for Improving Pt. and Pop. Health Outcomes	3/6
VIII. Clinical Prevention and Population Health for Improving Health	5/5
IX. Master's-Level Nursing Practice	11/15

*American Association of Colleges of Nursing .(March 21, 2011). *The Essentials Of Master's Education In Nursing*.



Challenges of these courses for Graduate Nursing Faculty *and students*

- Required course seen as a “means to an end”
- Material that is highly conceptual and often not seen by students as important to their role/ specialty
- Lays the foundation for current/future and lifelong learning
- Academic Health Center Opportunities, expectations and challenges
- Promoting an interprofessional environment for population health outcomes
- Many *seemingly* disparate topics to *some* students
- Time Management and Group Work



Rapid and Evolving Changes related to the Healthcare Arena

Selected Examples

- Patient Protection and Affordable Care Act (March 2010)
- Consensus Document on Educational Advancement of Nurses Tri-Council (May 2010)
- ANP/GNP Competencies (March 2010) *implementation*
- Institute of Medicine/RWJ *Future of Nursing* (October 2010)
- “Carnegie Report” Benner, P., Sutphen, M., Leonard, V. & Day, L. (2009). *Educating nurses: a call for radical transformation.*
- *Healthy People 2010 to 2020*



Course Topics (1)

- Population Health
- Health Promotion
- Disease Prevention
- Role, NE, NP, DNP/PhD
- LACE
- Nurse Educator Competencies
- NONPF Competencies
- Program Evaluation
- Health Disparities
- *Healthy People* 2010, now 2020
- Health Policy
- Unified Health Communications (Cultural competency, Health Literacy, working with translators, etc.)



Course Topics (2)

- **Multiple Determinants of Health**
- **Quality and Safety**
- **Health Behavior Change**
- **Ethics**
- **Health Care Financing**
- **Economics of Health Care**
- **Comprehensive assessment, program planning and evaluation in health care (Precede Proceed Framework, Social Ecological Model)**
- **Legislative and Regulatory Processes**



Course Methodology

- **Didactic presentations (experts in field)**
- **Interprofessional learning opportunities: some joint classes with the med students**
- **Case (complex & comprehensive) -based group work**
- **Community Service-Learning (45 hours min.)**
- **Peer Evaluation – 4 times over 2 semesters**
- **Student presentations**



Course Evaluation

- **Health Promotion/Disease Prevention cases**
- **Multiple Choice Exam(1 or 2)**
- **Role Synthesis Paper**
- **Community Service Learning**
 - **Formal Summary and Checkpoint (Individual)**
 - **Executive Summary (Group)**
 - **Oral Presentation (sem I)**
 - **Poster presentation (sem II)**
 - **Peer evaluation each semester (individual of group)**



Case Study Methodology

Case Titles and Presentation Dates

- **Case 1. The Health Fair: Cancer Prevention - (11/3/10)**
- **Case 2. Obesity and Weight Management– (11/3/10)**
- **Case 3. Stress and Exercise – (11/10/10)**
- **Case 4. Accidents Happen and We Must Cope - (11/10/10)**
- **Case 5. Tobacco/Alcohol Use/Abuse and Prevention - (11/17/10)**
- **Case 6. Complementary and Alternative Modalities for the Elderly – (11/17/10)**
- *Match Process*



Case Study Deliverables

Due: 1 week before group case presentation:

- **Group-Readings/websites** for non-presenters to prepare for your case.
- **Group-HP 2010 /2020** goals and objectives pertinent to your case discussion.
- **Group-10** Annotated references/websites.
- **Group-2** multiple choice questions (2 questions for each member compiled as one document)
- **Individual-Brochure** as outlined in guidelines. Please label each item with your name, content and year. Example:
Brochure_Terrien_Colon Cancer_2010.



Case Example 1

Case Study #1 - The Health Fair: Cancer Prevention

- Cancer is now beginning to be thought of as a largely preventable disease. You are asked to help plan and organize a cancer screening and prevention health fair (real or virtual) for a large company with predominantly blue collar workers, except for the management component. This company's employees receive health care at the HMO where you are currently working as a master's prepared nurse. Since community service learning is part of your role and you are familiar with this organization, you agree to help.
- Some helpful information you gather prior to the planning of this event is:
 - There are about 3500 employees (150 are high level managers)
 - Two-thirds of the employees are male
 - The ages of the employees range from 22-70 years, with a median age of 46 years.
 - Fifty percent of the employees are Caucasian, thirty five percent are African-American, ten percent Hispanic and five percent are of other backgrounds.



Case Example 2

Case Study # 5-Tobacco and Alcohol: Use, Abuse, Cessation and Prevention

- Tobacco use may be the single most modifiable risk factor for a number of chronic illnesses. The U.S. Preventive Services Task Force strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. The 2007 National Healthcare Quality Report found that only about 60 % of patients who smoke receive such advice during a routine office visit or hospital stay. Alcohol ruins many American lives and families and cuts lives short through accidents, injuries, and self-destruction.
- Develop your own case that incorporates tobacco (cigarettes, chew, and other forms of tobacco) and alcohol use. What is the best approach to screening for and treating tobacco and alcohol use? How would you approach your provider/educator colleagues to increase the rate at which they screen their patients for these social and behavioral issues? What are the tobacco producers currently marketing to “hook” their population? Is there just “chew” and cigarettes being sold? How many forms of tobacco are there and where can you find them?



Role/Synthesis Paper

- Please respond to the following scenario: It is 2012 (or 2013) and you have graduated! You have just been notified from the large tertiary care teaching hospital system you applied to for your first NP/NE/Research position that you have been granted an interview. The system has inpatient, outpatient and long term care facilities in its network. Prior to the interview, the system requests the following:
- Please submit your ideal job description. Included in the description should be LACE and your scope of practice/prescriptive authority within Massachusetts in your role and how you envision yourself as a contributor in the healthcare system.
- Please address your unique qualifications, how you plan to work in an interprofessional environment and what evidence exists that you will be an active contributor to the health and well-being of the patients served by this hospital system. This is the section where you should synthesize all of the topics/content from 603 A and 603 B and indicate how this expertise contributes to your selection as the best candidate (value added) for your ideal position.
- This paper is focused on you in your specialty (Nurse Educator, Adult Primary Care NP, Acute Care NP, Family NP, or Dual Track Geri or Researcher).



How are we doing?

- Week 1: “What are your expectations for this course?”
- Formative and Summative Evaluations
 - Evaluation forms with each class meeting
 - Faculty gain insight and ideas for future consideration, or immediate response
 - On target with student needs



Evaluation of course(s) thus far (quantitative)

Range of 1-5: Mean 4.3

- Scores for textbook were the lowest as were the readings that complemented the course content.
- Objectives, stimulation of learning, content relevant, teaching methods, evaluation and resources were all evaluated at the higher end.
- Faculty evaluated at 4.55



Evaluation of course(s) thus far (qualitative) +

- *Case study projects were excellent!*
- *Presentations on Health Care Reform could be twice the length.*
- *Excellent guest speakers throughout the semester*
- *Assignments all relevant and fairly graded. I thoroughly enjoyed this class.*
- *This course, although it presents a lot of information, is very fair. I have had a great experience thus far and looking forward to next semester.*
- *Loved the “current events” in nursing.*



Evaluation of course(s) thus far (qualitative) -

- Reduce the size of the groups. Hard to coordinate when only see each other twice a week.
- Brochure was time consuming; should be worth more than 10 points.
- I did not enjoy the large scale group project, although the presentations were informative.
- Guest lecturers were great, but for some I would have preferred a quick 5 minutes on “what it is” and more on “how to apply” than vice versa.
- I originally found the case study and all that went with it very confusing, but by the end of the project, I thought it all came together well and really enjoyed it!



Future Considerations

- Keeping current with all of the topics and societal events
- Updating the syllabus, presentations, cases, to ensure they are contemporary
- Guest experts are great; but need to make sure they keep the focus on expectations for master's level nursing graduates.
- Based on these courses, some of the benefits for the NP master's to evolve to the DNP level are apparent to give more time and depth to these very important topics for those going into advanced practice.



Course References and Resources (selected)

- ***America's Health Rankings: Massachusetts***
- <http://www.americashealthrankings.org/yearcompare/2009/2010/MA.aspx>
- ***Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education.*** (July 7, 2008).
- <http://www.aacn.nche.edu/education/pdf/APRNReport.pdf>
- ***"The Carnegie Report" Educating Nurses: A Call for Radical Transformation*** by Benner, P., Sutphen, M., Leonard V. & Day, L. <http://www.aacn.nche.edu/media/NewsReleases/2010/carnegie.html>. A 5-page summary of the book is available at <http://www.carnegiefoundation.org/elibrary/educating-nurses-highlights>. To order copies of *Educating Nurses: A Call for Radical Transformation*, go to <http://www.josseybass.com/WileyCDA/Section/id-306213.html>
- ***Clinical Prevention and Population Health Curriculum Framework.*** Association for Prevention Teaching and Research and Healthy People Curriculum Task Force. Framework funded by Josiah Macy, Jr. Foundation of New York. (January 2009)
- [http://www.aptrweb.org/about/pdfs/Revised CPPH Framework 2009.pdf](http://www.aptrweb.org/about/pdfs/Revised_CPPH_Framework_2009.pdf).



Course References and Resources (2)

- ***Commitment to Quality Health Reform: A Consensus Statement from the Nursing Community: Solutions for Improving Access, Cost, and Quality.***
<http://www.aacn.nche.edu/Government/pdf/ConsensusStmnt.pdf>
- ***Connecting Those at Risk to Care: A Guide to Building a Community “HUB” to Promote a System of Collaboration, Accountability, and Improved Outcomes.*** (September 2010). Agency for Healthcare Research and Quality (AHRQ).
- ***County Health Rankings: Mobilizing Action Toward Community Health - Massachusetts.*** (2010). University of Wisconsin Population Health Institute.
www.countyhealthrankings.org/massachusetts
- **Cronenwett, L & Dzau, VJ. (2010). Chairman’s Summary of the Conference In: Culliton, B., editor, *Who Will Provide Primary Care and How Will They Be Trained?* Durham, NC: Josiah Macy, Jr. Foundation.**
- ***Educational Advancement of Registered Nurses: A Consensus Position.*** Released May 14, 2010 by the Tri-Council for Nursing (AACN, ANA, AONE, NLN)
<http://www.aacn.nche.edu/Education/pdf/TricouncilEdStatement.pdf>



Course References and Resources (3)

- ***Enhancing Quality and Safety in Nursing Education: Preparing Nurse Faculty to Lead Curricular Change.*** (January 2010 through November 2011) American Association of Colleges of Nursing Quality and Safety Education for Nurses (QSEN) Consortium.
- **Epidemiology and Data Sources:**
 - <http://www.cdc.gov/nchs/>
 - HRSA's Bureau of Primary Health Care www.bphc.hrsa.gov/
 - <http://virtualgateway01.ehs.state.ma.us/MassCHIP/start.jsp>
 - Partners in Information Access for the Public Health Workforce http://phpartners.org/health_stats.html
- ***Healthy People 2020*** website home:
<http://www.healthypeople.gov/hp2020/default.asp>
- **Hamric, A., Spross, J. & Hanson, C. (2009).** *Advanced practice nursing: An integrative approach* (4th ed.). Philadelphia, PA: Elsevier Saunders. ISBN: 978-1-4160-4392-8
- ***Interventions to promote physical activity and dietary changes for cardiovascular risk factor reduction in adults.*** American Heart Association .
www.aha.org



Course References and Resources (4)

- **Institute of Medicine:** <http://www.iom.edu/>
- **1999 *To Err is Human: Building a Safer Health System.*** IOM Washington, DC: National Academy Press.
- **2001 *Crossing the Quality Chasm.*** IOM Washington, DC: National Academy Press.
- **2003 *Health Professions Education: A Bridge to Quality.*** IOM Washington, DC: National Academy Press
- **2006 *Preventing Medication Errors Report.*** IOM Washington, DC: National Academy Press
- ***Leadership Commitments to Improve Value in Health Care: Finding Common Ground*** Workshop Summary. IOM Roundtable on Evidence-Based Medicine. (2009).
- ***Low Health Literacy: Implications for National Health Policy*** (2007)
http://www.npsf.org/askme3/pdfs/Case_Report_10_07.pdf



Course References and Resources (5)

- **MA Board of Registration in Nursing (MA BORN)**
- **244 CMR 4.00: MASSACHUSETTS REGULATIONS GOVERNING THE PRACTICE OF NURSING IN THE EXPANDED ROLE**
<http://www.mass.gov/Eeohhs2/docs/dph/regs/244cmr004.pdf>
- **2009 National Healthcare Disparities Report (NHDR). (March 2010). Agency for Healthcare Research and Quality Publication No. 10-0004 .**
<http://www.ahrq.gov/qual/nhdr09/nhdr09.pdf>
- The Office of Minority Affairs has sponsored ***the National Partnership for Action (NPA) to end health disparities***. This is a national multifaceted effort to mobilize and connect individuals and organizations across the country to create a Nation free of health disparities, with quality health outcomes for all people.
<http://minorityhealth.hhs.gov/npa>
- **2009 National Healthcare Quality Report. (NHQR) (March 2010). Agency for Healthcare Research and Quality Publication No. 10-000.**
<http://www.ahrq.gov/qual/nhqr09/nhqr09.pdf>



Course References and Resources (6)

- **National League for Nursing (NLN) Core Competencies for Nurse Educators (2005).** <http://www.nln.org/profdev/pdf/corecompetencies.pdf>
- **NONPF Competencies (2006):**
[.http://www.nonpf.com/associations/10789/files/DomainsandCoreComps2006.pdf](http://www.nonpf.com/associations/10789/files/DomainsandCoreComps2006.pdf)
- **The AHRQ's State Snapshots tool** <http://statesnapshots.ahrq.gov> Specifically for Massachusetts: **Massachusetts Dashboard on Health Care Quality Compared to All States**
- <http://statesnapshots.ahrq.gov/snaps09/dashboard.jsp?menuId=4&state=MA&level=0>
- **Think Cultural Health** (<http://www.ThinkCulturalHealth.org>)
- **Tri-Council for Nursing Response to the 1999 Institute of Medicine's Report To Err is Human: Building a Safer Health System AACN Position Statement (September 2000)**
<http://www.aacn.nche.edu/publications/positions/tricouncsept00.htm>

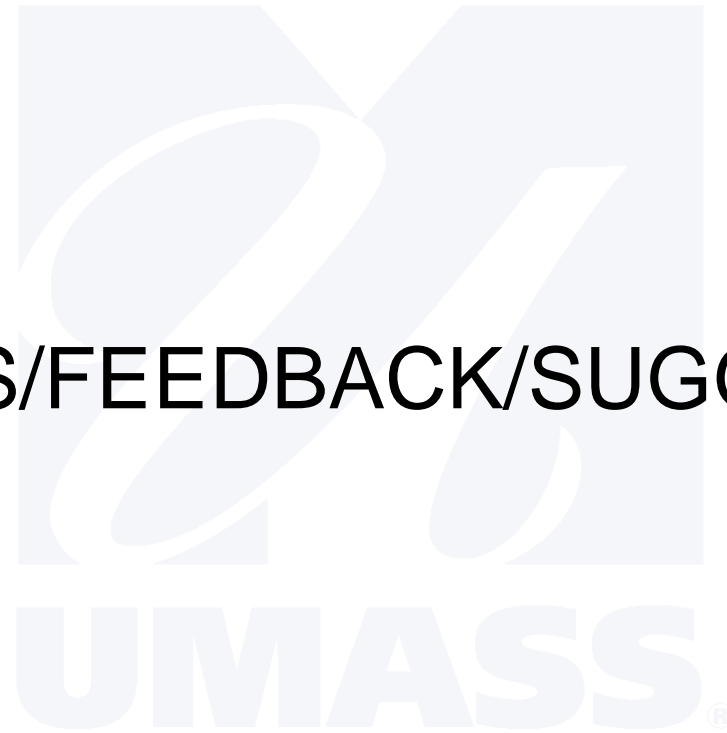


Course References and Resources (7)

- ***The U.S. Preventive Services Task Force: An Evidence-Based Prevention Resource for Nurse Practitioners and Nurse Educators.***
- <http://www.USPreventiveServicesTaskForce.org> also the Pocket Guide to Clinical Preventive Services, and the **2009 Electronic Preventive Services Selector (ePSS)**
- ***The Value of Genetic and Genomic Technologies: Workshop Summary (2010).*** Institute of Medicine: The National Academies Press.
<http://www.nap.edu/catalog/12947.html>
- **Wachter, RM. (January 2010). Patient Safety at Ten: Unmistakable Progress, Troubling Gaps. *Health Affairs* 29:1.1-9.**
<http://www.allhealth.org/BriefingMaterials/Wachter-HealthAff2009-PatientSafetyatTen-1717.pdf>



QUESTIONS/FEEDBACK/SUGGESTIONS



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