NP students learning from medically underserved: Academic-community organization partnership

Angela Ritten, DNP, ARNP, FNP-BC; Julee Waldrop, DNP, ARNP, FNP-BC, PNP; Diane Wink EdD, ARNP, FNP-BC

RESEARCH QUESTIONS
• In NP nursing students, does the inclusion of clinical hours with medically underserved, uninsured patients change their attitude towards poverty?
• How do attitudes toward poverty differ before and after a 160 hour clinical course for NP students who completed a minimum of 32 hours working with the medically underserved, uninsured patients compared with those who have not?
• What are the faculty and student perceptions related to the experience?

BACKGROUND
• Institute of Medicine advocates that nurses should become full partners in redesigning healthcare (The Future of Nursing: Leading change, Advancing Health, 2010).
• AACN and AONE indicate that placement of students is their top partnership endeavor (AACN/AONE, 2012).
• Partnerships should include much more than clinical placements, but instead focus on sustaining and building relationships (Beat, Green & Bakewell, 2012).
• NONPF (2012) competencies include: advocating for improved access, quality and cost effective healthcare; evaluating relationships among access, quality, cost and safety; understanding relationships between policy and practice; examining the impact of health care delivery on all stakeholders; applying ethically sound decision making to individuals, systems and populations receiving care;
• Attitudes towards poverty among undergraduate nursing students revealed that personal experience had the most influence on the development of favorable attitudes, therefore additional clinical experiences with the poor were recommended (Sword, Reutter, Meagher-Stewart & Rideout, 2004).
• After an 8-hour clinical experience with poor patients, the attitudes of second-degree Bachelor of Science in nursing students improved (Boylston, 2013).
• To date, the literature is void of studies that examine the influence of clinical experience with uninsured patients on the attitudes of Nurse Practitioner students caring for them.

ACADEMIC-SERVICE PARTNERSHIP
• In an effort to assist NP students to attain clinical competence and understand the health care system for a variety of stakeholders, the UCF College of Nursing established an academic-service partnership with Shepherd’s Hope (http://shepherdshope.org), a non-denominational, faith-based, non-profit community organization that sponsors medical care clinics for uninsured, low-income patients.
• A faculty member and NP students have been immersed into the Shepherd’s Hope clinic with reciprocal goals of empowering uninsured individuals to access healthcare that consequently improves health, and providing a unique, high-quality educational experience.

FACULTY PERCEPTION OF EXPERIENCE
• “Actively providing patient care, while directly mentoring NP students growth, provides unique opportunity to offer correction, support and guidance individually, while evaluating possible deficiencies in training systems.”
• “Candid real-time observation allows unique insight that is critical to positively influencing the quality of the overall program.”
• “Having University presence creates opportunity for recruitment of volunteer providers to serve as future preceptors.”

NP STUDENT PRELIMINARY ATTITUDE TOWARDS POVERTY

<table>
<thead>
<tr>
<th>Pre-experience Data Initial 12 Items</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People are poor due to circumstances beyond their control.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>2. Any person can get ahead in this country.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>3. An able bodied person using food stamps is ripping off the system.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>4. Poor people are satisfied receiving welfare.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>5. There are more options for low-income/no-income individuals within the community than I thought.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>6. Patients are glad you are seeing them, without disdain for how long they wait or how long you kept them in the room.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>7. The partnerships with local area hospitals and the amount of providers giving back surprised me.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>8. The partnerships with local area hospitals and the amount of providers giving back surprised me.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>9. Populations across the board need health promotion and that takes time and resources.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>10. There are more options for low-income/no-income individuals within the community than I thought.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>11. It motivates me to advocate policy changes, because I have worked first-hand with patients who have fallen through the cracks.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>12. It motivates me to advocate policy changes, because I have worked first-hand with patients who have fallen through the cracks.</td>
<td>4%</td>
<td>12.5%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

NP STUDENT PERCEPTIONS OF EXPERIENCE
• Observations of the Health Care System
  • “There are more options for low-income/no-income individuals within the community than I thought.”
  • “If low-income patients have major problems, they run out of options and must go to ED.”
  • “Patients are glad you are seeing them, without disdain for how long they wait or how long you kept them in the room.”
  • “The partnerships with local area hospitals and the amount of providers giving back surprised me.”
  • “Patients seemed to really listen and were receptive to the information we offered to assist them in managing their health.”
  • “Populations across the board need health promotion and that takes time and resources.”
• Use of NP faculty as preceptor
  • “They knew where we were in our plan of study and were easily accessible outside of clinical hours.”
  • “Faculty gave immediate feedback on questions/concerns/thoughts and provided assistance in perfecting physical assessment skills and verifying patient findings.”
  • “The explicit purpose was to enhance student learning and improve performance 100% of the time.”
  • “Having someone dedicated to your assessing, diagnosing and planning care for patients made such a difference for me.”
• Impact on future care delivery
  • “I now know there are resources for patients who are uninsured.”
  • “All should be able to be cared for the same regardless of income.”
  • “Patients benefit from time and attention, but this must be balanced with moving fast enough to keep the lights on.”
  • “I have seen firsthand, with my own eyes, that primary care in the communities that seem to need the most help can actually work.”
  • “This population can respond well to health promotion and health interventions, given the opportunity.”
• Influence on pursuit of health policy changes
  • “It motivates me to advocate policy changes, because I have worked first-hand with patients who have fallen through the cracks.”
  • “I have realized that every person deserves basic, barebones, evidence based health care.”
  • “Seeing improved patient outcomes and reduction of costs will empower me to advocate for health policy changes.”
• Future desire to work with underserved populations
  • “I plan on volunteering my time with this organization, or an organization that specializes in meeting needs of Hispanics.”
  • “If this type of program is available after healthcare reform, I definitely want to give my time and experience.”
  • “I feel that I am less nervous about working with this population.”
  • “Volunteering would be a great opportunity for me to grow during my transition between graduation and starting my first job.”

REFERENCES