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Perspectives in Ambulatory Care

Health Care in the Community: Developing Academic/Practice Partnerships for Care Coordination and Managing Transitions

EXECUTIVE SUMMARY

► The delivery of health care is quickly changing from an acute care to a community-based setting.

► Faculty development and mastery in the use of new technologies, such as high-definition simulation and virtual communities are crucial for effective student learning outcomes.

► Students' benefits include opportunities for hands-on experience in various patient care scenarios, real-time faculty feedback regarding their critical reasoning and clinical performance, interdisciplinary collaboration, and access to a nonthreatening learning environment.

► The results of this study provide some evidence of the benefits of developing faculty and nursing curricula that addresses the shift from an illness-based, acute hospital model, to a community and population health-based preventive model.

Beth Ann Swan

HEALTH CARE IN THE United States has shifted from an illness-based model to a community and population health-focused preventive model. The Patient Protection and Affordable Care Act (2010) emphasizes prevention and coordination of care and channels funding toward programs that promote health and prevent disease. With this paradigm shift, the role of registered nurses (RNs) in a variety of community settings has and will continue to expand. Overall employment of RNs is projected to increase 19% from 2012 to 2022, and larger increases are expected in a variety of outpatient and long-term care centers due to financial pressures related to earlier hospital discharge and prevention of readmission, an emphasis on prevention, and an increase in the number and complexity of procedures performed in ambulatory care settings (Bureau of Labor Statistics, U.S. Department of Labor, 2014).

In the context of this changing landscape, the Institute of Medicine (IOM) (2011) described the U.S. health care system as highly fragmented. At the same time, it identified RNs practicing to the full extent of their education and training, as playing a major role in decreasing this fragmentation and increasing quality of care. In particular, RNs are likely to play an emerging role as care coordinators and transition managers in community care environments (Haas & Swan, 2014).

To effectively equip the next generation of nurses with the knowledge, skills, and attitudes needed for their expanded role in the community, schools of nursing must re-evaluate their curricula, as well as assess the need for nursing faculty development in this area. Prelicensure programs, in particular, have traditionally focused their clinical experiences in the acute care setting. However, hospital clinical sites have become increasingly difficult to secure and may not provide students with the skills needed to function beyond the limited scope of this particular role. Care coordination and transition management outside of the acute care setting are cornerstones of ambulatory care nursing practice (American Academy of Ambulatory Care Nursing [AAACN], 2011); therefore, greater exposure to these clinical settings and roles is necessary at all levels. AAACN (2014) identified nine dimensions of care coordination and transition management that are relevant to RN practice (Haas, Swan, & Haynes, 2014). They included support for self-management, engagement of patient and family, cross-setting communication, coaching and counseling, teamwork and collaboration, patient-centered care planning, decision support and information systems, advocacy, and implementation of the nursing process (Haas, Swan, & Haynes, 2013). These dimensions are relevant to RN practice in most environments, and therefore, can be woven into existing coursework.

Finally, schools of nursing and community health settings need to develop and maintain academic-practice partnerships. These partnerships can be made in a variety of community settings, such as ambulatory care centers, senior centers, long-term facilities, and other community organizations, all of which provide rich opportunities for both nursing practice and research. Such partnerships could develop ambulatory care RN competencies for care coordination and transition management (Haas et al., 2013) and could

provide foundational knowledge for the expanded role for RNs in the community domain.

Innovative strategies for faculty development, as well as the design of effective teaching and learning strategies in the context of academic practice partnerships, are explored in this column.

Background and Significance

The New Jersey Nursing Initiative (NJNI) is a multi-year, multi-million-dollar program of the Robert Wood Johnson Foundation. With assistance and support provided by the New Jersey Hospital Association/Health Research and Educational Trust, NJNI is working to transform nursing education in the state. In its early years, NJNI worked to address the state's nursing faculty shortage by supporting 61 New Jersey Nursing Scholars who pursued advanced degrees to become nursing faculty. Under the leadership of Program Co-Directors Aileen Holmes, DNP, RN, senior vice president of clinical affairs, NJ Hospital Association, and Susan Salmond, EdD, RN, ANEF, FAAN, executive vice dean, Rutgers School of Nursing, and Deputy Director Jennifer Polakowski, MPA, NJNI is now focused on faculty development and on encouraging nursing educators in New Jersey to reshape curricula and clinical experience to better prepare RNs to provide community-based and population-based health care. By supporting new and sustainable innovations in nursing curricula, NJNI intends to dramatically change the way nursing students are prepared. NJNI's focus on academic and clinical partnerships also reflects the creative direction of health care education.

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As part of its effort to support faculty preparation and innovation in nursing education, the NJNI has sponsored the Collaborative Learning Community (CLC), led by Diane Billings, EdD, RN, FAAN, chancellor's professor emeritus, Indiana University School of Nursing. The CLC has hosted numerous national speakers on topics of importance to health care and nursing education today including interprofessional education, innovations in nursing education, meeting the needs of older adults, technology and informatics in education and practice, managing transitions in care, and academic and practice partnerships. In addition, scholars participate in regular webinars on topics relevant to the novice faculty member such as academic integrity, teaching challenges, and succeeding in the nurse educator role. These educational experiences complement their graduate programs, which are not traditionally rich in content related to the science of nursing education. Scholars work toward the National League for Nursing's Nurse Educator Competencies through participation in the CLC, their coursework and research, and teaching practicum.

Description of Faculty Development Session

In October 2014, scholars and alumni from the Faculty Preparation Program met with faculty and mentors from participating and invited schools of nursing, and with community leaders from clinical agencies in New Jersey. The meeting aimed to foster collaboration and innovation among educators and community health care organizations. Specific meeting goals included (a) preparing scholars and faculty, who can then develop academic programs to prepare students to manage the shift to community-based health care; (b) learning about resources, agencies in the community, and their plans and activities in making the transition to community-based care; (c) fostering an understanding of new roles that faculty should be preparing students to fill and the possible clinical sites where these roles can be learned; and (d) networking opportunities with the ultimate goal of fostering collaborative arrangements and partnerships of benefit to both schools of nursing and clinical agencies. The "take away" messages for participants included:

- For faculty, what competencies do graduates need to be prepared for community-based health care; what types of clinical learning experiences are needed; how can faculty locate these new clinical sites?
- For clinical services providers, what are the new roles; what do academic programs need to do to prepare their graduates for working in these environments?
- For all, what skills are needed (team, communication, informatics, technology); how can academic-service collaborations around these issues be fostered? What are next steps?

Working in small groups, participants created a total of 10 teaching/learning strategies focused on developing community-based academic/practice partnerships for care coordination and managing transitions. Each group developed associated learning objective(s); specified whether the strategy was for a didactic, laboratory, simulation, clinical, or other learning setting; identified the timeframe, whether the strategy was one point in time, recurring over time, or several weeks versus full semester; described the activity and how faculty and practice partner(s) would collaborate to support and sustain the strategy; and how the strategy would engage students in active learning and critical thinking related to community-based health care. In addition, participants were asked to identify the required nonfinancial and financial resources along with evaluation methods.

Designing Teaching/Learning Strategies In the Context of Academic/Practice Partnerships

To get started, the session leader identified the dimensions of care coordination and transition management; described the associated competencies including knowledge, skills, and attitudes; and discussed strategies to educate nursing students in support of developing team-based ambulatory practice environments that deliver quality and safe patient and population-centered care.

Nursing faculty must be knowledgeable on designing teaching/learning strategies conducive to effective pedagogies and utilizing practice sites such as clinical labs, acute/long-term care hospitals, as well as community settings. Some faculty scholars would agree planning is needed to create collaborative learning methods and partnerships using innovative technologies and other resources are needed as well. For example, successful academic nursing program partnerships will need (a) specific short and long-term goals that focus on faculty development and innovative teaching strategies within experiential learning settings (Halstead & Billings, 2012), (b) interdisciplinary affiliations among a variety of academic and practice settings, (c) ongoing communication with academic practice partners (Stokes & Kost, 2012), and (d) guidelines to implement and evaluate the teaching and learning strategies within the academic/practice sites (Bonnel, 2012). Although much effort is required, the investment in these practices has the potential to improve student and patient outcomes. The authors developed three exemplars to showcase evidence on teaching and learning approaches for the purpose of creating academic/practice partnerships.

Exemplar #1. Communication: Simulation and Standardized Patients. Effective communication is a core competency to nursing, but teaching students how to communicate effectively can be challenging. Faculty can use numerous techniques to teach effective communication with patients, family members, and members of the health care staff as described in Table 1 (Cooper, Martin, Fisher, Marks, & Harrington, 2013; Rosenberg & Gallo-Silver, 2011; Spinner-Gelfars, 2013; Webster, 2014). In particular, providing various opportunities to practice communication techniques will increase the student's ability to communicate effectively (Rosenberg & Gallo-Silver, 2011; Spinner-Gelfars, 2013; Webster, 2014).

Increasingly, nursing programs are using simulated community-based and ambulatory settings to give students the opportunity to practice in controlled nonthreatening environments. The techniques described in Table 1 allow students to be responsible for their own learning, apply techniques discussed in class, demonstrate effective learning behaviors, build on current skills, and benefit from feedback from faculty and classmates. Creative alternatives to classroom lecture are proving beneficial in teaching nursing students effective communication skills (Rosenberg & Gallo-Silver, 2011; Spinner-Gelfars, 2013; Webster, 2014).

Exemplar #2: Patient-Centered Care, Patient Advocacy, and Continuum of Care. Patient-centered care is associated with improved quality of care (IOM, 2001). Essential concepts needed to provide patient-centered care include respecting a patient's basic human right (dignity) to make a choice or decision regarding treatment of care, sharing of accurate information so patients can make informed choices based on their values and needs, encouraging all patients to participate in planning their care as they are able, and viewing patients as full partners in the collaboration of all aspects of their care (Institute for Patient- and Family-Centered Care, 2014). Patient-centered care supports patients in their self-management role, particularly when the patient transitions from an acute care setting to the community (Coleman, 2006). Patient advocacy in nursing includes safeguarding a patient's autonomy and championing social justice (Bu & Jezewski, 2007). Foley, Minick, and Kee (2002) found nurse educators tell nursing students about patient advocacy but do not formally teach the skills of being a patient advocate. Since that time, the Quality and Safety in Nursing Education for Nurses (2014) initiative developed competencies for prelicensure nursing students that focus on attainment of patient-centered care. Teaching-learning strategies were identified in the literature to educate nursing students in the concepts of patient advocacy and patient-centered care as illustrated in Table 2.

Exemplar #3: Building Capacity and Integrating Community throughout BSN, MSN, and Doctoral Programs. Nurse faculty leaders and their staff at academic institutions are adept at building capacity and integrating health care in the community. Faculty members will teach, supervise, and motivate students to broaden their conceptualization of patient care

Table 1.
Innovative Approaches for Teaching Communication

Author	Technique	Description	Rationale
Rosenberg & Gallo-Silver (2011)	Role play	A case study is given to the students of patients with various temperaments such as angry, mistrusting, and avoidant. Students are broken into small groups in which the students play the role of the patient and the faculty play the role of the nurse.	This type of role play allows the students to have a greater understanding of the patient's experience while allowing them to observe the seasoned faculty demonstrating the appropriate nursing responses to the patient. This also allows the students to learn appropriate phases or responses they may be able to utilize in the health care setting.
Rosenberg & Gallo-Silver (2011)	Role play	Break students into groups of three. One is the patient, one is the student nurse, and one is the observer. Give the "patient" cue cards as to his or her temperament, such as using hostile language, being confused, withdrawn, anxious, and refusing care. Provide the observer a checklist for what the student "does" or "does not" do. Another option is to videotape the interactions.	This allows the students to assume various roles. Students learn how to remain calm and work with patients to participate in their plan of care. To help students deepen this experience you can have them write a reflection of the experience. This allows students to identify their weaknesses and strengths.
Rosenberg & Gallo-Silver (2011)	Role play	Break students into groups of three. One is the patient, one is the student nurse, and one is the observer. Give "patients" cue cards with behaviors such as ignore the nurse, pick your nose and pretend it is bleeding, take a phone call while the nurse is talking, ask your nurse personal questions that have nothing to do with why her or she is there, and pretend to throw up. Provide the observer a checklist for what the student "does" or "does not" do. Another option is to videotape the interactions.	This allows the students to assume various roles. Students learn how to remain calm and work with patients to participate in their plan of care. To help students deepen this experience, ask them to write a reflection of the experience. This allows students to identify their weaknesses and strengths.
Webster (2014)	Standardized patients	Patients can be recruited from the acting club, communications majors, or local acting group. Each standardized patient (SP) can be given a diagnosis such as a mental illness, cancer, post-traumatic stress disorder, or a debilitating disease such as multiple sclerosis. Students will interact with patients for 15-20 minutes including a nursing assessment/intake of the patient. The setting could be a medical office, hospital, or even home care setting. The session is videotaped.	Watching the video will allow the students to self-reflect as well as observe their strengths and weaknesses. Along with faculty feedback, students can identify the communication techniques utilized and areas for improvement.
Lin, Chen, Chao, & Chen (2012)	Standardized patients	Patients can be recruited from the acting club, communications majors, or local acting group. Students are given a case study. An example of a case study could be an 18-year-old female with a history of depression, who attempted suicide the previous night, and has been brought to the emergency room by her father. After reading the case study, the student will interview the SP. The session is videotaped.	Watching the video will allow the students to self-reflect as well as observe their strengths and weaknesses. Along with faculty feedback, students can identify the communication techniques utilized and areas for improvement.
Cooper, Martin, Fisher, Marks, & Harrington (2013)	Peer-to-peer teaching	Senior-level nursing students work with junior-level nursing students on acquiring health histories. Senior students demonstrate health history interviews. During the interview process, the senior students explain the techniques used throughout the interview. At the completion of the demonstration, a large group debriefing session led by faculty facilitators can be held. This will allow the students to reflect on the interview process and what they have learned. Upon the completion of the debriefing, divide the juniors into groups of two. The seniors will act as standardized patients while the pair of juniors conducts the health histories. A second debriefing immediately follows simulation experience. The second debriefing is held by the faculty facilitator leading the group.	The purpose of the second debriefing is to allow students to self-reflect and synthesize the information they learned in the classroom as well as the simulation experience.

Author	Technique	Description	Rationale
Spinner-Gelfars (2013)	High-fidelity simulation	A seasoned nursing faculty will assume the role of the patient out of the students' view. This will allow an accurate and realistic experience for the students, one that is much less intimidating than seeing the faculty during the experience. A second faculty member who will also be out of sight will monitor and observe the group for reactions and help with the debriefing process. "Real life" faculty experiences make the simulation even more realistic. Students are not given the patient's diagnosis only the sex, age, name, and admission date. The students enter the patient room in pairs. Faculty initiate the dialogue. Faculty responses will vary according to student statements. For example, when a student responds therapeutically and picks up on faculty's cues, the faculty can challenge the student with more difficult cues or symptoms. If the student misses the cues, the "patient" will become frustrated, angry, anxious, or perplexed. The faculty can also intervene if one student is more dominant and address the quieter student. The session is videotaped.	In this scenario students are consistently challenged to use therapeutic communication and intervene therapeutically based on their responses to the patient with heart failure. Watching the video will allow the students to self-reflect as well as observe their strengths and weaknesses. Along with faculty feedback, students can identify the communication techniques utilized and areas for improvement.

Table 2.
Innovative Approaches for Teaching Patient-Centered Care, Patient Advocacy, and Continuum of Care

Author	Technique	Description	Rationale
Byrnes (2014)	Teaching with technology: Text4baby app	Homeless pregnant 18-21 year-olds living at Covenant House in New Jersey were enrolled in a study using Text4baby. Text4baby is a free mHealth text messaging program in the Unites States for pregnant or postpartum women in high-poverty areas and low-income households. Some of the topics covered via this service include warning signs during their pregnancy or after the birth of their child and information on breastfeeding. Three texts are sent weekly for 1-year post birth. These messages include reminders of follow-up appointments. Evaluations on the effectiveness of this program show Text4baby has facilitated conversations between women and their providers based on a topic that was texted to them. In this study, women chose to stay in the program as the un-enrollment rate was 0.	An essential nursing value is safeguarding a patient's autonomy. This novel use of technology improves health literacy for populations of people that may not always consistently access health care services. In addition, this program provides a way for schools of nursing to engage with partners in the community, including information technology specialists.
Harrison (2010)	Learning patient advocacy through service learning projects	Faculty began by increasing nursing students' awareness of a health policy change as it related to people with mental illness in the community. Local articles and publications, along with a guest speaker, were brought into the classroom and the issue was discussed. At the clinical setting site where clients with mental illness were cared for, students engaged with the clients about this issue. Faculty went beyond the walls of the college setting and obtained permission for the students to accompany patients to the polling site to vote on the issue, should the client want to vote. Reflection papers by the students revealed an expanded view of the role of nursing, and a perception of an energized partnership between the student and the client.	Patient advocacy, which includes social justice, is a core nursing value. This service learning experience, which went beyond the walls of an institution, provided clients with an opportunity to make a decision to advocate for themselves. In addition, this service project provided nursing students with an opportunity to develop leadership skills and an expanded way of viewing the role of nurse as patient advocate.

Author	Technique	Description	Rationale
Fahrenwald et al. (2005)	Nursing education based on caring throughout the curriculum	Each semester, a different nursing value is emphasized. In semester I, *human dignity* is the first value introduced in the curriculum. Within a sensory-deficit lab, students learn what it is like to not hear, see, or be mobile and after the experience they participate in a discussion. In semester III, nursing students are introduced to *patient autonomy* by learning to critically evaluate websites related to health; completing a personal values questionnaire adapted from the Vermont Ethics Network; and participating in a course module on ethics focused on the meaning of informed consent. In semester V, students focus on *social justice* by being exposed to local, national, and international social issues; learning about faculty engagement in social mission work; journaling their experiences from a social justice perspective when in clinical practicum; and developing and implementing a social justice issue project.	The unifying approach used in this nursing curriculum to teach and role model caring behaviors allowed for an ethos of care to permeate throughout the curriculum and among faculty and students. The nursing values identified to reflect caring are embodied within the definition of patient advocacy. By integrating the five nursing values in different courses, students conceptually learn what patient advocacy is, and also learn the practical skills of being a patient advocate.
Girdley, Johnsen, & Kwekkeboom (2009)	Clinical assessment tool in undergraduate baccalaureate nursing program	A clinical assessment checklist (tool) was developed so students could recognize safety risks for patients in the hospital, and learn about patient-centered care. The safety scan (checklist) was designed for students and included safety checks such as making sure the board in the patient's room had the accurate names of the people caring for them. The skill of patient-centered care occurred through a focused interview. The patient interview comprised three open-ended questions: What would you like to see happen today? How would you describe your hospitalization, and is there anything that could have been done to make it better? And, what should nursing students know about what it is like being a patient in the hospital? During the patient interview, the student sits with the patient for 5 minutes, and asks additional questions as needed.	A patient-centered care competency is eliciting a patient's values and preferences (Quality and Safety Education for Nurses [QSEN], 2014). The three open-ended questions are a vehicle to attaining this competency. Checklists provide a way for RNs and patients to be mutually engaged in care.
McKeon, Norris, Cardell, & Britt (2009)	Computer-based social simulation to develop the competency of patient-centered care	Study aimed to compare the effectiveness of computer-based learning and traditional simulation with manikins or actors. Nursing student volunteers were randomly assigned to one of the arms of the study. In developing the computer-based social simulation intervention, a pediatric case study was written, photos were used, and the script was recorded to make it more real. Pre and post-testing was done (the post-test was different from the pre-test). All students' post-test scores increased regardless of type of simulation. However, much less faculty time was used in developing the computer-generated simulation when compared to the traditional simulation.	QSEN identified patient-centered care as one of the six competencies all nursing students should attain. A finding from this study found this competency can be achieved by computer-based learning using real case scenarios.
Schwind et al. (2014)	Developing personal knowing to foster person-centered care among nursing students	Personal reflection; aesthetic reflection that can be a poem, video, picture, poster that represents what community health means to the individual student; small group sharing whereby individuals can tell their stories; nurse educator shares patient's experiences as represented in images which engenders discussion among students; and a format where reflection and engagement of the senses are combined.	Reflection as a teaching-learning strategy promotes personal knowing of self. The authors believe the more one knows oneself, the more likely the nurse is to provide patient-centered nursing care.

Author	Technique	Description	Rationale
Toth-Lewis, Sheehan, & Jessie (2014)	Listening and teaching using the technique of "Explore, Offer, and Explore"	Students can design a tool that contains several relevant topics to the patient's situation. From this tool, the patient chooses which one to focus on. 1. *Explore.* Ask what the patient knows, or would like to learn. 2. *Offer.* Offer information in a neutral and nonjudgmental manner. 3. *Explore.* Ask the patient about his or her thoughts, feelings, and/or reactions.	Keys to successful motivational interviewing maintain the relationship is the most important tool in motivational interviewing. By involving patients from the beginning in their care and listening to their needs, the nursing competencies of patient-centered care and safeguarding patient autonomy are met.
Zawacki & Patterson (1984)	Putting the patient on the team	Using a baseball team as an analogy, freshman nursing students were asked who they identified as the pitcher for the team. The pitcher is the one in control. The physician viewed himself as the pitcher, and the nurse as the catcher, with the patient a fan in the bleachers. In the nursing student model, the pitcher was the patient, and the family was in the bullpen. Anyone on the health care team could play the position of catcher.	This strategy involves learning what patient-centered care is, and includes the role of the patient, RN, physician, and others on the health care team. This activity could be done with an interdisciplinary focus, and could include actual patients to obtain their perception of where they fit in. It would make an interesting study to see if and how viewpoints may have changed over the last 30 years.

from the bedside to the community setting. The literature supports the design of student learning objectives that includes the pedagogy of community health across the core curriculum requirements of baccalaureate, master's, and doctoral-level nursing programs as described in Table 3. Teaching strategy opportunities may include hybrid teaching methods, student engagement, use of evidence-based practice and research, opportunities for critical reasoning and collaborative teamwork, and use of new technologies such as simulation, virtual communities, and web-based interdisciplinary coordination and care management. For example, in their multi-site educational research study, North and Giddens (2013) suggested faculty use effective communication techniques and promote faculty and student engagement when implementing a web-based virtual community such as *The Neighborhood*.

Implications for Nursing Education and Community-Based Practice Partners

The changing landscape of health care in the United States necessitates RNs know how to coordinate care and manage transitions. Being an effective care coordinator requires RNs possess the skills of communication, patient advocacy, patient-centered care, and an ability to work as an equal partner on a health care team in the community. Currently, the majority of nursing students acquire the skills needed to function in tertiary care settings, not community settings. The field of nursing education will benefit greatly from academic practice partnerships that foster the skills needed to function in community settings. In particular, these partnerships could support

innovative strategies for faculty development and contribute toward effective student teaching and learning strategies. Baccalaureate, master's, and doctoral-level students can benefit from experiential learning as they coordinate care for patients in need of transition management from an acute care setting to a community-based setting.

Registered nurses are expected to be patient advocates, but they need opportunities to learn the skills of patient advocacy, including social justice. Preventive health care should address the social determinants of health, and benefit communities across the continuum. A person's health is shaped by circumstances in which people are born, grow, live, work, and age, and by the distribution of money, power, and resources at all levels. Learning the skills of care coordination, communication, patient advocacy, patient-centered care, and working on a team is possible when students complement traditional tertiary care education with experiential learning strategies.

Examples of experiential learning experiences occur when students partner with public health nurses, health officers, physicians and nurse practitioners, public health workers, and social workers working in public health departments, primary care sites, home care, and other settings that focus on maintaining healthy and independent communities. Experiential learning also occurs when students meet community members in places where the community gathers, such as ethnic restaurants, bakeries, and churches. The purpose of these encounters can be to communicate with diverse people in a sensitive and culturally appropriate manner, ascertain community needs, and evaluate the needs of community dwellers. However,

Author	Technique	Description	Rationale
Chan (2014)	Simulation and role play	Videotaping of individual nursing students' cue-responding behaviors during their provision of routine care to other student-patient actors in a simulated lab. The experience includes debriefing interviews, written comments, and peer focus group activities.	Nurse-patient communication is critical in the promotion of safe clinical practice and prevention of adverse patient care outcomes. Research studies have consistently shown improved caregiver and patient communication can improve patient care outcomes (IOM, 2011; The Joint Commission, 2010).
North & Giddens (2013)	Virtual communities	A web-based learning application that explores the evolving lived experiences of multiple characters (clients/patients) who reside within a virtual community.	This method uses an integrative teaching and student learning focus that is based on health-related conditions and risk factors from the perspectives of the nurse and health care team which includes the client (patient) and his or her family/significant others.
Popil (2011)	Case studies	Students are provided opportunities to actively participate in a case study regarding a particular client's health-related situation that they may not normally have exposure to in a real clinical setting. Opportunities for active student learning with faculty and peer collaboration involve reading health histories and lab data for analysis, evidence-based practice synthesis, and hands-on experience in a nonthreating clinical lab.	The use of case studies facilitates active student engagement and the progression of professional nursing skills that are essential to the provision of high-quality patient-centered care. Of importance, this teaching strategy stimulates clinical problem solving and encourages the development of critical reasoning skills and decision making in a supportive environment.

what experiential learning offers in terms of diversity, it lacks in consistency. A potential disadvantage of community clinical sites is that experiential learning strategies may vary.

To support experiential learning in the community, nursing faculty need to consider a variety of learning environments and strategies, such as a hybrid method of didactic classroom lectures and online lectures for theory and content-based learning; laboratory, high-fidelity simulation, and clinical observation; and clinical sites in the community. Additional learning strategies may include journaling, direct observation and/or care, utilization of evidence-based practices to improve community outcomes, narrative, and storytelling. Faculty members can teach, oversee, supervise, debrief pre and post-conference learning, and increase the student's ability to communicate effectively in different settings with different partners in care. Innovative approaches for teaching communication, patient-centered care, patient advocacy, and continuum of care and for building capacity and integrating community are shown in Tables 1, 2, and 3.

Registered nurses are the largest segment of the health care workforce, and as such, they have the greatest potential to influence health care outcomes and be coordinators of care. To facilitate student acquisition of the skills necessary to coordinate care and manage transitions, and to facilitate their development as leaders in a changing health care environment, nursing faculty need to actively acquire new partners in the community. These new partnerships can include other schools of nursing and health professions, outpatient and ambulatory care practices, community-based organizations, and nontraditional care settings.

In collaboration with new partners, RNs in academia can develop programs that improve the health of the community. An added feature of such collaboration is that these new partnerships provide opportunities for nursing students to develop necessary skills for practicing in varied environments with diverse populations, and with an interprofessional approach. As academic partnerships become established, infrastructure support will be necessary to manage the requirements related to contracts, background checks, health forms and immunizations, as well as daily operations to ensure seamless management of partnerships and oversee students' needs and satisfaction. Faculty and practice partners can collaborate to support these strategies and sustain the experience for students as they gain exposure to expanded roles in community practice settings.

Conclusion

The delivery of health care is changing quickly from an acute-care to a community-based setting. Community centers, ambulatory care centers, and senior centers, as well as long-term care and rehabilitation centers, will be the new settings where the delivery of health care will occur. This change will

require RNs to be proficient as health care navigators, patient advocates, community partners, and policy-makers in the promotion of health and disease prevention. To facilitate the transition from an acute care setting to the community, RNs in academia, in partnership with other health care professionals, community leaders, and politicians, will need to design and pilot new programs to benefit communities, thus contributing to healthier populations and the forging of new partnerships. In addition, RNs must have the skills of communication, patient advocacy, and person-centered care, and they must be able to work with others as equal contributors on health care teams.

Faculty development and mastery in the use of new technologies, such as high-definition simulation and virtual communities, are crucial for effective student learning outcomes. Students' benefits include opportunities for hands-on experience in various patient care scenarios, real-time faculty feedback regarding their critical reasoning and clinical performance, interdisciplinary collaboration, and access to a nonthreatening learning environment.

Launching pilot studies, simulation labs, computer technology, and other resources such as designated clinical faculty and lab coordinators will require adequate funding. The integration of innovative nursing education and development of community partnerships across BSN, MSN, and doctoral-level curriculums for the implementation of these teaching and learning strategies will require internal and external funding. Procurement of adequate funding is essential to the successful initiation and sustainability of contemporary nursing programs.

In summary, this review of the literature provides some evidence of the benefits of developing faculty and nursing curricula that addresses the shift from an illness-based, acute hospital model, to a community and population health-based preventive model. Additional research is needed to further understand the benefits of providing a community and population health-based curricula to undergraduate and graduate nursing students. Evidence-based research is also needed to provide further knowledge of new teaching strategies such as simulation and patient safety, simulation and patient care outcomes, and the effects of new technology teaching strategies on student orientation and continuing education program outcomes. $

REFERENCES

American Academy of Ambulatory Care Nursing (AACN). (2011). The role of the registered nurse in ambulatory care. *Nursing Economic$ 24*(6), 315-322.

Bonnel, W. (2012). Clinical performance evaluation. In D. Billings, & J. Halstead, J (Eds.), *Teaching in nursing: A guide for faculty* (4th ed.) (pp. 495-497). St. Louis, MO: Elsevier Saunders.

Bu, X., & Jezewski, M.A. (2007). Developing a mid-range theory of patient advocacy through concept analysis. *Journal of Advanced Nursing, 57*(1), 101-110. doi: 10.1111/j.1365-2648. 2006.04096.x

Bureau of Labor Statistics. (2014). *Healthcare: Millions of jobs now and in the future.* Retrieved from http://www.bls.gov/career-outlook/2014/spring/art03.pdf

Byrnes, M. (2014). *Implementation of a mHealth program within a homeless population of young mothers* (Doctoral dissertation). Retrieved from http://scholarship.shu.edu/final-projects/1/

Chan, E. (2014). Cue-responding during simulated routine nursing care: A mixed method study. *Nurse Education Today, 34*(7), 1057-1061. doi: http://dx.doi.org/10.1016/j.nedt.2014.02.010

Coleman, E. (2006). The care transitions intervention: Results of a randomized controlled trial. *Archives of Internal Medicine, 166*(17), 1822-1828. doi:10. 1001/archinte.166.17.1822

Cooper, J., Martin, T., Fisher, W., Marks, J., & Harrington, M. (2013). Peer-to-peer teaching: Improving communication techniques for students in accelerated nursing programs. *Nursing Education Perspectives, 34*(5), 349-350.

Fahrenwald, N.L., Bassett, S.D., Tschetter, L., Carson, P.P., White, L., & Winterboer, V.J. (2005). Teaching core nursing values. *Journal of Professional Nursing, 21*(1), 46-51. doi: 10.1016/j.profnurs.2004.11.001

Foley, B.J., Minick, M., & Kee, C.C. (2002). How nurses learn advocacy. *Journal of Nursing Scholarship, 34*(2), 181-186. doi:10.1111/j.1547-5069.2002.00181.x

Girdley, D., Johnsen, C., & Kwekkeboom, K. (2009). Facilitating a culture of safety and patient centered care through use of a clinical assessment tool in undergraduate nursing education. *Journal of Nursing Education, 48*(12), 702-705. doi: 10. 3928/01484834-20091113-05

Haas, S. & Swan, B.A. (2014). Developing the value proposition for registered nurse care coordination and transition management role in ambulatory care settings. *Nursing Economic$, 32*(2), 70-79.

Haas, S., Swan, B.A., & Haynes, T. (Eds.). (2014). *Care coordination and transition management core curriculum.* Pitman, NJ: American Academy of Ambulatory Care Nursing.

Haas, S., Swan, B.A., & Haynes, T. (2013). Developing ambulatory care registered nurse competencies for care coordination and transition management. *Nursing Economic$, 31*(1), 41-48.

Halstead, J., & Billings, D. (2012). Teaching and learning in online learning communities. In D. Billings, & J. Halstead, J (Eds.), *Teaching in nursing: A guide for faculty* (4th ed.) (p. 403). St. Louis, MO: Elsevier Saunders.

Harrison, P.A. (2010). Casting a vote: A creative opportunity for service learning. *Journal of Nursing Education, 49*(9), 539-540.

Institute for Patient-and-Family Centered Care. (2014). *What are the core concepts of patient- and family-centered care?* Retrieved from http://www.ipfcc.org/faq.html

Institute of Medicine (IOM). (2001). *Crossing the quality chasm: A new health system for the 21st century.* Washington, DC: The National Academies Press.

Institute of Medicine (IOM). (2011). *The future of nursing: Leading change, advancing health.* Washington, DC: The National Academies Press.

Lin, E.C-L., Chen, S., Chao, S., & Chen, Y. (2012). Using standardized patient with immediate feedback and group discussion to teach interpersonal and communication skills to advance practice nursing students. *Nurse Education Today, 33,* 677-683.

McKeon, L.M., Norris, T., Cardell, B., & Britt, T. (2009). Developing patient-centered care competencies among prelicensure nursing students using simulation. *Journal of Nursing Education, 48*(12), 711-715. doi:10.3928/01484834-20091113-06

North, S., & Giddens, J. (2013). Lessons learned in multisite, nursing education research while studying a technology learning innovation. *Journal of Nursing Education, 52*(10), 567-573. doi:http://dx.doi.org/10.3928/01484834-20130313-02

Patient Protection and Affordable Care Act, 111-1, 2nd Session Cong. (2010). Retrieved from http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf

Respond by Reframing

Place the facts within a meaningful frame that is yours. Be sincere, use frames you really believe in, based on your values.

Prepare yourself for thoughtful conversations by identifying the relevant core values of an issue, write down how your positions align with those values, and then articulate the facts and their consequences within this framing.

When asked a question or comment avoid being defensive. Reframe the question to fit your values. For example, rather than saying "I disagree, I don't think we should approve another development," a reframing response be, "How can we approve this development and save our parks?" This reframe encourages collaboration.

Say What You Believe

Remember, most people have both strict and nuturant family frames. Thus, activating the family model and values that best reflect your own is authentic and clarifies your position.

In summary, it is important for nurses to develop skills in public discourse if we are to bridge the political divide and influence local, state, and national policy. Failure to do so will leave us with ineffective and dismissed voices. Developing this competence also requires some understanding of the current political context and the mental frames that shape our political debates. This is a competence that needs continual honing. With another presidential election on the horizon, the rhetoric and rancor will no doubt continue to challenge productive political conversation at all levels including federal and state politicians, communities, and our conversations with nursing colleagues, families, and neighbors. However, if we can come from a place of speaking to values, there may be hope for reducing our polarizing politics. $

REFERENCES

Bai, M. (2005, July 17). The framing wars. *The New York Times Magazine*. Retrieved from http://www.nytimes.com/2005/07/17/magazine/17DEMOCRATS.html

Doherty, C. (2014, June 12). *Seven things to know about polarization in America*. The PEW Research Center. Retrieved from http://www.pewresearch.org/fact-tank/2014/06/12/7-things-to-know-about-polarization-in-america/

Lakoff, G. (2014). *Don't think of an elephant! Know your values and frame the debate*. White River Junction, VT: Chelsea Green Publishing.

Mitchell, A., Gottfried, J., Kiley, J., & Matsa, K., (2014, October 21). *Political polarization and media habits*. The PEW Research Center. Retrieved from http://www.journalism.org/2014/10/21/political-polarization-media-habits/

Zoe, W. (2014, February 1). George Lakoff: 'Conservatives don't follow the polls, they want to change them ... Liberals do everything wrong.' *The Guardian*. Retrieved from http://www.theguardian.com/books/2014/feb/01/george-lakoff-interview

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lution of quality measurement. In many ways, quality science is in its infancy, and there's also a great potential for metric-driven harm; for example, behavior not in the patient's best interest that happens to achieve certain metrics. Much work in this area has been done in Europe, which has had public reporting of performance within and outside of health care for a longer time. One of the key recommendations emerging from that work is that the evolution of the metrics is shaped by those who are at the working surface who can really see what actions and outcomes the metrics drive. That's going to take involvement from nurses who are in a position to see "gaming," or clinical behavior that serves the metric but not the patient. There's a very important contribution nurses have the potential to make, and that society needs us to make. $

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Popil, I. (2011). Promotion of critical thinking by using case studies as teaching method. *Nurse Education Today, 31*(2), 204-207. doi:10.1016/j.nedt.2010.06.002

Quality and Safety Education for Nurses (QSEN). (2014). *Pre-licensure KSAS*. Retrieved from http://qsen.org/competencies/pre-licensure-ksas

Rosenberg, S., & Gallo-Silver, L. (2011). Therapeutic communication skills and student nurses in the clinical setting. *Teaching and Learning in Nursing, 6,* 2-8.

Schwind, J.K., Beanlands, H., Lapum, J., Romaniuk, D., Fredericks, S., LeGrow, K., ... Crosby, J. (2014). Fostering person-centered care among nursing students: Creative pedagogical approaches to developing personal knowing. *Journal of Nursing Education, 53*(6), 343-347. doi:10.3928/01484834-20140520-01

Spinner-Gelfars, A. (2013). Using simulation to promote effective communication with a diverse student population. *Teaching and Learning in Nursing, 8,* 96-101.

Stokes, L.G., & Kost, G.C. (2012). Teaching in the clinical setting. In D. Billings, & J. Halstead, J (Eds.), *Teaching in nursing: A guide for faculty* (4th ed.) (p. 314). St. Louis, MO: Elsevier Saunders.

The Joint Commission. (2010). *Advancing effective communication, cultural competence, and patient-and family-centered care: A roadmap for hospitals*. Retrieved fro http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf

Toth-Lewis, J.M., Sheehan, K.T., & Jessie, A.T. (2014). Patient-centered care planning. In S.A.Haas, B.A. Swan, & T.S. Haynes (Eds.), *Care coordination and transition management* (pp. 47-63). Pitman, NJ: American Academy of Ambulatory Care Nursing.

Webster, D. (2014). Using standardized patients to teach therapeutic communication in psychiatric nursing. *Clinical Simulation in Nursing, 10,* 81-86.

Zawacki, N., & Patterson, D.F. (1984). Putting the patient on the team: A teaching strategy. *Journal of Nursing Education, 23*(8), 346-348.