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Creating a Primary Care Track in Prelicensure Nursing Education

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Creating a Primary Care Track in Prelicensure Nursing Education

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ABSTRACT

Background: RNs practicing in primary care (PC) increase access to health care and contribute to better patient outcomes and cost savings, yet undergraduate nursing education traditionally focuses on disease-oriented care. This article describes a curricular track for infusing PC prelicensure programs. **Method:** PC content is threaded across four semesters with targeted assignments and clinical experiences. Providing clinical immersion experiences with practicing RNs as preceptors in community and PC settings is a key component of this initiative. **Results:** Student feedback has been favorable. Students stated they gained insight to the role of RNs in PC through class assignments and clinical rotations. Graduating seniors were offered employment in PC settings where they completed their practicum clinical rotations. **Conclusion:** The PC track contributes to building a nursing workforce to meet health care demands and promote health equity. Nurse educators interested in infusing PC content throughout the curriculum can adapt this model for all student populations. [*J Nurs Educ.* 2023;62(3):171-174.]

(Bodenheimer & Mason, 2017), function as part of PC teams by sharing patient care responsibilities associated with new patient screenings, well visits, preventative care, and complex care management. Using protocols and standard procedures, RNs in some practices independently titrate medications, manage anticoagulation therapy, screen for retinopathy, review laboratory results, and perform simple procedures (Bodenheimer & Mason, 2017; Flinter et al., 2017). RNs in PC serve as health coaches and contribute to targeted health interventions to improve health outcomes of patients managing chronic disease, such as diabetes, hypertension, and obesity (Bodenheimer & Mason, 2017; Flinter et al., 2017; Vanhook et al., 2018).

Despite the renewed interest in the RN role in PC settings, corresponding didactic and clinical content is limited in prelicensure nursing education (Watkins & Neubrandner, 2020). To prepare the future nursing workforce, the undergraduate curriculum needs to transition from an acute care only focus to include PC content (Martinez Rogers et al., 2021; Wojnar & Whelan, 2017). This article describes the development and implementation of a curricular model that infuses PC content and clinical experiences throughout prelicensure nursing education. The PC track, spearheaded by a Health Resources and Services Administration (HRSA) grant at Old Dominion University, prepares graduates for expanded RN roles (Ashley et al., 2016).

Background

There is a need to shift to an increased focus on health promotion and well-being to meet consumer demands for more affordable and convenient health care options (Vogenberg & Santilli, 2018). The National Academies of Sciences, Engineering, and Medicine (2021) detail how this shift must be led by nursing in their report, *The Future of Nursing 2020-2030: Charting a Path*

The traditional disconnected and disease-oriented acute care approach to health care is costly and inadequate to meet health care demands. A shift to integrated primary care (PC) health promotion and well-being is needed. Using RNs in PC team-based settings increases access to health care and contributes to better patient outcomes and cost savings (American Academy of Ambulatory Care Nursing [AAACN], 2017; Bauer & Bodenheimer, 2017; Bodenheimer & Mason, 2017). However, few RNs work in PC to the full extent of their licensure. RNs in enhanced roles, as described by the Macy Foundation

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to Achieve Health Equity. Currently, there are 3,439 designated Medically Underserved Areas in the United States with 83 million people living in Health Professional Shortage Areas (HRSA, 2020). Chronic disease is the leading cause of death and disability in the U.S., with more than half of all adults diagnosed with a chronic disease (Centers for Disease Control and Prevention, 2021). Increasing rates of chronic disease and lack of access to quality health care underscores the importance of changing health care delivery to promote equal access and equitable care (Vanhook et al., 2018).

Simultaneously, the financial pressure for early discharge of hospital patients has shifted care to outpatient settings. Additionally, reimbursement for PC services is moving from a fee-for-service payment structure to value-based care where payment is tied to health outcomes (NEJM Catalyst, 2017). As a result, the demand for nurses employed in PC settings in roles that improve health outcomes such as health promotion and care coordination activities is increasing exponentially (Allard, 2020; Ashley et al., 2016).

The landmark Heckler Report (1985) confirmed that non-medical circumstances, such as housing, education, and income, affect health outcomes. Nonmedical risk factors, known as social determinants of health (SDOH), are increasingly being assessed and addressed in PC settings (Drake et al., 2021; Frier et al., 2020). The American Nurses Association (2015) code of ethics, provision 8 affirms the role of RNs as collaborators in addressing SDOH and promotion of health equity. Infusing PC content throughout the prelicensure curricula allows students to assess and address SDOH in PC experiences and perform in expanded roles to address barriers and provide resources to improve health. The expanded role of the nurse in PC centers around three core functions. The first function is managing the care of patients with chronic disease, including SDOH assessments, health conditions and behavior interventions, and medication adjustments based on a physician protocol. The second function is coordinating and leading interdisciplinary teams of providers for patients with multiple diagnoses to improve and streamline care. The third function is acting as managers of transition care among hospital, PC, and home care (Bauer & Bodenheimer, 2017; Thornton & Persaud, 2018). Functioning in these roles increases access to care, promoting greater health equity for marginalized populations (Bauer & Bodenheimer, 2017; Thornton & Persaud, 2018).

PC providers recognize the value of RNs in roles such as triage, patient teaching, care coordination, wellness visits, and postoperative follow up (Bogrett & Carriel, 2018; Norful et al., 2018). As PC team members, RNs contribute to increased quality of care, especially for patients with complex health care needs (Brown et al., 2016). Despite the need, existing barriers including complex regulatory, reimbursement, and health care delivery structures limit RNs employed in PC (Watkins & Neubrandner, 2020). Bauer and Bodenheimer (2017) suggest one barrier to expanding the role of the RN in PC is rooted in the lack of education. Few programs include substantial didactic or clinical content. A national survey of baccalaureate nursing (BSN) programs found most programs had some PC content but more content was needed. Only 6% of those who responded had implemented PC content across the curricula in theory and

clinical courses (Wojnar & Whelan, 2017). Lack of faculty buy-in for shifting to more PC-focused content was identified as another barrier (Watkins & Neubrandner, 2020), often citing that the NCLEX-RN® blueprint has a greater focus on acute care than PC (National Council of State Boards of Nursing, 2019).

An additional barrier is the lack of clinical sites and RN role models (Watkins & Neubrandner, 2020; Wojnar & Whelan, 2017). Sixty percent of RNs work in acute care, whereas only 18% of RNs work in ambulatory care settings (Bureau of Labor Statistics, 2021). In Virginia, the authors' state, only 7% of RNs in state are employed in PC (Virginia Department of Health Professions, 2017), limiting the availability of preceptors. Many of the PC sites are small and thus are unable to accommodate student groups, which leads to challenges in scheduling students' clinical rotations.

As the population ages, RN employment is expected to grow significantly, particularly in preventive care sectors. RNs are needed to educate and care for patients with chronic diseases, such as hypertension, arthritis, dementia, asthma, diabetes, and obesity (American Association of Colleges of Nursing, 2019). In support of the expanded roles for RNs, the Josiah Macy Foundation (Bodenheimer & Mason, 2017) recommends that BSN programs increase PC content in their curricula. In 2017, the AACN issued a position statement endorsing PC nursing education. In response, a curricular model to infuse PC content in prelicensure nursing education was implemented at the authors' institution.

Method

Infusing PC Content in the Prelicensure Curriculum

The prelicensure curriculum track threads PC content throughout four semesters with targeted assignments and clinical rotations in research, two semesters of community health, and the capstone role transition preceptorship courses. Providing clinical immersion experiences in settings that facilitate development of skills more relevant to the role of RNs in PC is a key component of this initiative. The prelicensure curriculum includes nontraditional clinical rotations such as hospital outpatient departments, school nursing, hospice care, and home care settings expands horizons for nursing students beyond acute care. The community health and role transition preceptorship courses have dedicated PC clinical hours. Didactic content is threaded throughout both research and community health courses. In addition, an interprofessional elective course emphasizing SDOH, health promotion, disease prevention, and chronic disease management is offered.

Nursing research. PC content is introduced in the research course in the second semester of the program. As with all BSN programs, the nursing research course is required for graduation. Although most undergraduate nursing research courses focus on evidence-based practice, the enhanced nursing research course builds a firm foundation for students to identify clinical problems, conduct literature reviews, and design original research projects to better understand how evidence is developed. The course includes two major assignments: one assignment is designing an original research project and the second assignment is evaluating the evolution of evidence-based practice on a self-selected nursing topic. Traditionally,

students have selected hospital-based topics; however, students in the PC track focus their research on holistic care management of chronic disease. Students build on this knowledge during their community health clinical rotations.

Community health. During a two-semester community health course, students participated in activities, readings, and conversations that built on their therapeutic communication skills, including motivational interviewing. After initial training about SDOH, students participated in a simulation exercise with a standardized patient. This activity was designed to prepare students to be a member of an interdisciplinary team that assesses and addresses social determinants that may negatively affect health.

Students applied their understanding of SDOH assessment in a real-world context at an interdisciplinary ambulatory care center that provided health care for the underinsured population in the community. Nursing students served as patient navigators and were directly involved with assisting clients to access resource such as Supplemental Nutrition Assistance Program (SNAP) (Martin et al., 2020). To enhance students' understanding of PC in family systems, a partnership was formed with the Children's Health Investment Program of South Hampton Roads (<https://www.chipshr.org/>), which provides holistic nursing home visitation to expectant mothers and families with young children living in poverty. Students worked with an RN preceptor using a patient-centered team approach in tandem with a parent educator. The primary focus of the visits was to build family resilience and provide on-going support, access to care, and resources. A third partnership was established with the Healthy Living Center (<http://www.hlcnorfolk.com/>), run by a family nurse practitioner and a physician who were both certified diabetes educators. The Healthy Living Center provides individual and community education by engaging clients in activities such as working in the community garden, assisting with cooking classes, and providing healthy lifestyle support.

Role transition preceptorship. In the final semester, students completed role transition with an RN preceptor. To apply their new skills in enhanced RN roles, students participated in 64 clinical hours in PC settings, including a newly established Academic Practice Partnership site with the Veterans Administration. Students rotated through various PC specialties, such as pediatrics, infectious disease, dermatology, and a breast health clinic. The remaining role transition hours included 20 hours for telehealth certification and 120 hours in an acute care setting matched to students' clinical interest. Acute care clinical hours were maintained to reinforce clinical decision-making concepts that aligned with the current NCLEX-RN® test. Maintaining acute care content and clinical hours that aligned with the current NCLEX-RN test helped overcome barriers to infusing PC content in prelicensure nursing education.

Interprofessional PC elective. A PC interdisciplinary elective course was created. This elective course was open to both prelicensure and postlicensure nursing students as well as upper-level students from other disciplines. Content included the economics of PC, PC delivery models, interprofessional PC teams, expanded RN roles, patient-centered communication, health literacy, patient education, medication adherence, health promotion, PC technology, mental health, chronic illnesses, and special populations.

Students participated in a 2-week virtual telehealth workshop that was offered by the university's telehealth center. The intrapro-

fessional workshop included RN students from several universities, community RN preceptors, and RNs who work in ambulatory care settings. Students learned how RNs can use telehealth technology for patient education and care management. After completing the course, participants received telehealth certification. Students then practiced newly learned telehealth skills by conducting depression and alcohol misuse screenings.

Initiatives such as Healthy Nurse, Healthy Nation (American Nurses Association, 2021), Quadruple Aim (Sikka et al., 2015), and the American Association of Colleges of Nursing's (2020) *Call to Action for Academic Nurse Leaders to Promote Practices to Enhance Optimal Well-Being, Resilience and Suicide prevention in U.S. Schools of Nursing* recognize the importance of self-care to promote overall health and prevent burnout. In this course, students learned health-promoting and resilience-building strategies and established plans at the beginning of the semester to prioritize their own health. At the end of the semester, the students completed a reflection assignment including submission of photos engaging in their self-care practices. These photos were made into a slideshow and shared on the school's social media platforms with the students' permission.

Results

Overall, student feedback was positive. Course evaluations indicated the PC instructional material was current and relevant. The initial offering of the PC elective exceeded enrollment targets and included both nursing and non-nursing majors.

Prelicensure students reported the PC-focused research project expanded their knowledge base and helped prepare them for community health. In the clinical setting, students applied evidenced-based knowledge of comprehensive chronic disease management and assessment of SDOH at an interdisciplinary clinic and during telehealth visits. Students shared their experiences building community partnerships through application of strong communication skills. One student reported that "nonjudgment and expressing appreciation for clients' willingness to reach out for assistance for their families' benefit" continue to be useful strategies for building community partnership. Students also noted how experiencing a truly collaborative partnership with interdisciplinary team members with the patient as a partner minimized barriers to comprehensive care.

Students shared the insight they gained in PC preceptorship rotations. One student in an outpatient pediatrics clinic said:

I assisted in a broad spectrum of care from well visits and vaccinations to examinations of patients with rare disorders and mental health concerns. I found myself feeling very comfortable in the PC environment, asserting myself into the role of providing care and comfort to my patients. I felt a sense of joy and elation, only attributed to my interactions with my patients, large and small. I am excited to focus my career in the PC area.

Another student working in the breast health clinic identified that biopsy results were not reported for more than 2 weeks. The student worked with her preceptor to develop new discharge instructions that addressed patients' mental health and anxiety concerns faced when they are waiting for results.

Preceptors described students as "excellent," "professional and courteous with our veterans and staff members," and "team players always ready to work." Preceptors cited the students'

integrity, work ethic, and reception to feedback as strengths. The addition of PC clinical rotations prepared students for future roles in those settings. Additionally, academic-preceptor relationships, vital to program continuation, have been successfully established. Finally, the PC preceptorship clinical rotation offered students employment opportunities beyond the traditional acute care setting.

Conclusion

As the need for PC services increases, nursing schools must meet workforce demands and make required curricular shifts based on evidence that supports these changes. Research is needed to examine the connections between PC content in BSN educational programs and PC content on the NCLEX-RN. To do so, evidence must be generated to better grasp the depth and breadth of PC content infusion in nursing schools nationwide.

This PC-focused curricular shift contributes to: (1) improving health equity and outcomes by strengthening the capacity for basic nurse education and practice, (2) achieving a sustainable PC nursing workforce equipped with the knowledge, skills and abilities necessary to deliver value-based PC and resources that address SDOH, (3) improving the distribution of the nursing workforce, and (4) increasing access to care. Nurse educators interested in infusing PC content throughout the curriculum can adapt this model for all student populations.

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