

Expanding the Spheres of Care: A Program Gap Analysis and Needs Assessment

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Background

- Patient Protection and Affordable Care Act¹ promotes high quality, cost-effective care, shifting care from a disease-focused to disease prevention & health promotion model²
- Nurse-led care has been associated with improved:
 - Patient outcomes^{3,4}
 - Medication and diet adherence⁵
 - Healthcare costs^{4,6}
- American Association of Colleges of Nursing (AACN) new *Essentials* emphasize the need for the expansion of nursing education to include preparation for practice in diverse care settings, including primary care⁷
- Few nursing programs integrate primary care into their curricula⁸
- Dolansky et al.⁹ identified 32 key primary care activities for the RN role

Project Aims:

- Assess current level of primary care content in the baccalaureate nursing curriculum at a University in the Northeast

Methods

Faculty assessed the presence of 32 primary care activities in their undergraduate courses

- Assessment adapted from the Faculty Primary Care Assessment Tool developed by Dolansky et al.⁹

Queried faculty regarding:

- Their comfort level with integrating primary care into the curriculum
- Their perceived feasibility of integrating primary care into the curriculum

References



Results

- 16 faculty respondents (some teach more than one course)
- 22 total responses reflecting one elective and all 18 required undergraduate courses

Table 1
Program Integration of Primary Care Activities

% Integration	Primary Care Activities
0.00	Panel management
9.09	Clinic flow
9.09	Safety huddle
9.09	Shared accountability
13.64	Telehealth
22.73	Data analysis-health information management
27.27	Cross-setting communication and transition management
27.27	Support for self-management
31.82	Care coordination-longitudinal care plan
31.82	Conflict management
31.82	Delegation
31.82	Triage
36.36	Motivational interviewing
36.36	Population health management
36.36	Quality improvement
40.91	Addiction
40.91	Nursing process to systems level
45.45	Health literacy
50.00	Interprofessional coordination
50.00	Relationship building
50.00	Teamwork and collaboration-shared decision-making
54.55	Continuity of care
59.09	Chronic disease management
63.64	Patient-centered care planning
68.18	Mental health services/behavioral health
68.18	Nutrition and lifestyle management
72.73	Values diversity
77.27	Advocacy
77.27	Education and engagement of patient and family
81.82	Ethical and legal aspects of nursing
86.36	Evidence-based practice
86.36	Health inequities

Discussion

- Low program integration of activities most unique to primary care
- Integration of primary care activities increased each year of the program
- Faculty development will be necessary for successful program integration of primary care content

Figure 1

Faculty Comfort with Delivering Primary Care Content in Their Respective Courses (n=22)

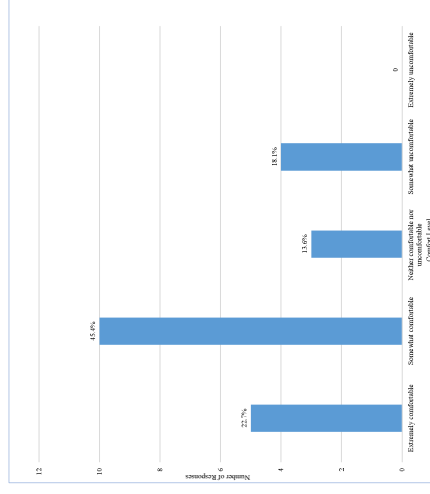


Figure 2

Faculty Themes Regarding Integration of Primary Care into the Curriculum (n=14)

Concerns	Suggestions	Resources Needed	Content Recommendations
<ul style="list-style-type: none"> • "If we integrate more primary care content, will that be difficult to balance with the existing content?" • "Clinical experience will be a challenge...many primary care practices are understaffed...do not know how to precept an RN student." • "Most of our undergraduate faculty do not have experience in primary care." 	<ul style="list-style-type: none"> • "Focusing either a class specifically on primary care or integrating primary care issues into current curriculum." • "Would need to introduce early on, with shared concepts between courses." • "Connect to the nursing process in discussing care and how care is similar and different in various settings." 	<ul style="list-style-type: none"> • "More education for staff about primary care; many clinical faculty don't work in primary care and I would want to ensure I had more education/insight about this field should I incorporate it into my courses." • "Leverage faculty who work or have worked in ambulatory or primary care offices and reach out to community resources if we still have knowledge deficits." 	<ul style="list-style-type: none"> • "...I think a beneficial outcome will be better understanding of care coordination which is something we desperately need. I think focusing on how health systems work and the role of the nurse across systems..." • "Make sure the curriculum focuses on inequities specific to Vermont (rural health care) along with inequities in other parts of the country."

Conclusion & Implications

- Integrated primary care curriculum is essential for enhancing delivery of quality primary healthcare
- Primary care curriculum aligns well with AACN new *Essentials* Spheres of Care⁷
- Mapping current program curriculum to the new *Essentials* core competencies provides further opportunity to identify primary care gaps and opportunities