

Addressing Health Equity Education through a Community-based Telehealth Experience

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A History of Nursing Education Innovation

- 1951 - 1st MS program; 66' PNP; 73' FNP, 89' 1st ACNP
- 1972 - Dean Loretta Ford co-founder of the NP role created the unification model
- 1979 - PhD program – one of 1st 15 nationally; 2007 – DNP program
- 2002 – early adopter of the accelerated bachelor's program used iPod Touch
- 2020 - 4 time recipient of HEED award



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Background

The *Future of Nursing 2020-2030* report has called for a change in nursing school curricula to enhance graduate nurses' education to promote health equity and reduce health disparities by:

- Identifying SDOH
- Engaging in community learning experiences
- Caring for the aging, diverse population
- Adapting to the technological advancements
- Participating in intra/inter-professional collaboration

(National Academies of Sciences, Engineering, and Medicine, 2021).

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Purpose

To prepare accelerated baccalaureate students for the demands of contemporary nursing, we **developed, implemented, and evaluated a virtual telehealth experience** by leveraging **community partnerships** to address **health disparities** and promote **health equity**.

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Methods: Summer 2020

Initial implementation in response to supplement the traditional in-person community clinical experience:

- Rochester windshield survey & interactive map
- Community partner interviews vs. tele-health experience (COVID-related)



Virtual Community Health Simulation
Nur 377 - Summer 2020

| | |
|-----------------------------|---|
| Name/Age/Sex | Mr. Joshua Jones 43 (DOB: June 20th), male • The student should confirm your name and age as two patient identifiers |
| Ethnicity/Race | Any race/ethnicity |
| SP Objective | To present as an older adult, primary caregiver for his family, who was recently diagnosed with COVID and is concerned that he will not be able to support his family if he cannot go to work due to COVID. |
| Presenting Situation | Five days ago, you went to the closest Urgent Care (Greece, NY) to be tested for COVID as you had been experiencing a cough and felt more tired than usual. You were notified two days ago from a provider at the Urgent Care you visited that you were positive, and you need to self-isolate for 14 days at home. Your PCP office (Dr. Brady) just learned of your test results, and the office RN/COVID team is calling to see how you're doing, track your symptoms, and to discuss any questions and/or concerns you might have. Throughout the scenario, you reiterate how you need to return to work ASAP as your family is counting on your financial support (food, bills, etc), and if rent can't be paid, you could all be evicted. |
| Opening Statement | The student should start by stating that he/she is following up after you were notified that you are COVID+ to track your symptoms and to provide any education or helpful resources. |

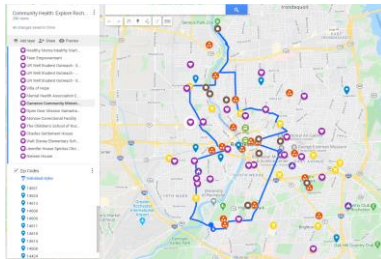
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Methods: Fall 2020

The Fall 2020 experience was enhanced based on student and faculty feedback:

- All participated in the community interviews and tele-health experience.
- Tele-health scenarios revised to have direct connection to assigned community partner.
- Exposure to the variety of community RN roles.

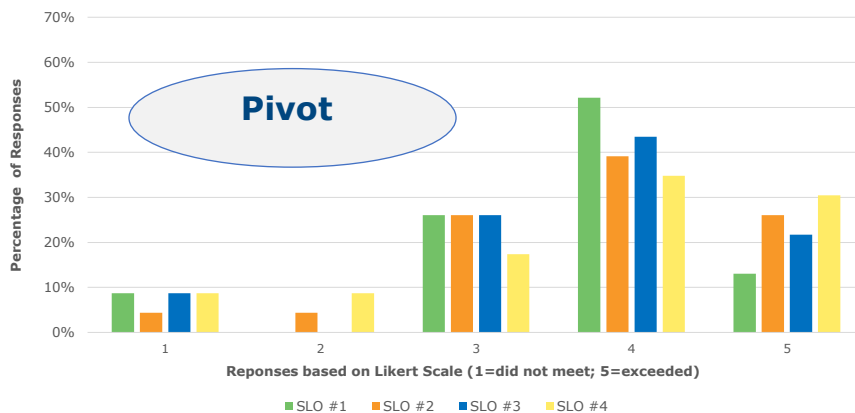


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Results: Summer 2020

Student Responses for Achieving SLOs (student learning outcomes) for the Community Health Experience

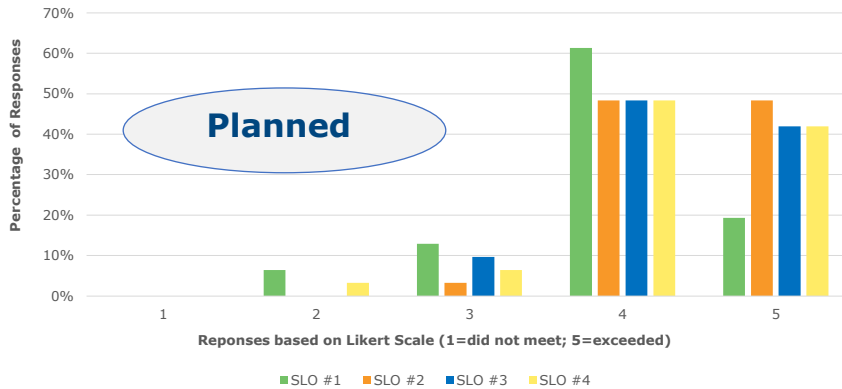


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Results: Fall 2020

Student Responses for Achieving SLOs (student learning outcomes) for the Community Health Experience



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Results: Qualitative Data

"My favorite part of this experience was the SP encounter. This helped me to **put a face to a patient that might be in need and that is experiencing real health issues during the pandemic.** It made it **more real and put things into perspective for me.**"

"Everything during our community health portion of the class really **helped bring awareness of how the SDH impact patients.** From the transportation video to the interviews with the community partners, I thought they really helped bring an awareness to the Rochester community and SDOH in general. I also really liked the patient interviews as this **helped me think about factors that I wouldn't normally have considered, such as available resources to the patient.**"

"The experience was very **realistic, enjoyable, and was a great exercise in teamwork.** It highlighted the **complexities of community health** and gave us an opportunity to explore the positive and negative aspects of tele-health."

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Limitations



- Standardized Patients (SPs)
- Moderators



- Faculty (experts in course content and simulation)
- Instructional designers

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Implications

Team-approach assists with bandwidth

Once created, bandwidth is significantly reduced

Transferability

- Scenarios
- Technology
- Volunteers, train within (SPs, moderators, faculty)

Evaluation

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Conclusion

COVID was an accelerant.

Prepares future nurses to address health disparities and promotion in practice.

Recognized benefit of infusing through undergraduate curriculum.

Currently integrated as a component of the psych mental health course.

- Challenge with clinical settings
- Common utilization of tele-health



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