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Creating a BSN Population Health Internship: Translating Evidence into Innovation

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»» Disclaimer & Recommendation Citation

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Purpose & Objectives

- **Purpose of Paper** – To present the processes by which a BSN program translated evidence of best practices in population health teaching to a curricular innovation: a year-long Population Health Internship.
- **Objectives** –
 - **Explain the evidence** underlying the need for BSN students to be prepared to serve the health of populations.
 - **Outline the steps** that can be taken to design an educational program for meeting the population health learning needs of BSN students and agency needs of community partners.
- Note: Seattle U. is on a **quarterly** academic system (Fall, Winter, Spring)

→→ Abbreviations Used in Presentation

- SUCON – Seattle University College of Nursing
- PHI – Population Health Internship (@SUCON)
- Pop Health – Population Health
- C/PHN – Community/Public Health Nurses



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THE NEED –
BACKGROUND & RECENT LITERATURE



What is population health?

The health outcomes of a **group** of individuals, including the distribution of such outcomes within a group. The focus is on trying to understand the **determinants of health** of populations. The overall goal of a population health approach is to **maintain and improve the health of the entire population and to reduce inequalities** in health between population groups.

Sources: Kindig & Stoddart (2003, p. 380); Kindig, (2007).

Population Health Teaching at the BSN Level – Foundational guidance documents with various approaches

Document	Approaches/Guidance
AACN BSN Essentials¹	Essential VII: Clinical Prevention and Population Health – Health promotion and disease prevention at the individual and pop level are necessary to improve pop health and are important components of a baccalaureate generalist nursing practice; outlines 13 goals within BSN education and sample content
AACN BSN Essentials Supplement²	Outlines recommended BSN competencies (9) and curricular guidelines for public health nursing specifically
Quad Council³	Three tiers of C/PHN competencies from day-to-day generalist functions to senior mgmt./leadership levels; specifies critical behaviors in each domain for educational planning
ACHNE⁴	Emphasizes pop health is core part of BSN practice; outlines core professional values and core knowledge & basic competencies to be included in BSN education

Sources: (1) AACN, (2008); (2) AACN, (2013); (3) Quad Council, (2018); (4) ACHNE, (2009).

More Recent Literature Outlining Evolving Educational Need for Population Health Nursing

Document	Year and Authors
A Framework for Educating Health Professionals to Address the Social Determinants of Health	2016 – National Academies of Sciences
Preparing Nurses for New Roles in Population Health Management	2016 – National Advisory Council on Nurse Education and Practice (NACNEP)
Catalysts for Change: Harnessing the Power of Nurses to Build Population Health in the 21st Century	2017 – Storjell, J.L., Winslow, B.W., & Saunders, J.S.D.
Activating Nursing to Address Unmet Needs in the 21st Century	2019 – Pittman, P.
Quad Council Report of Key Action Areas for Addressing Social Determinants of Health through a Public Health Nursing Lens	2019 – Engle, T. & Campbell, L.A.
WA State Deans and Directors of Nursing Schools Guidance	2017 – White Paper – Bekemeier, B., Hermer, J., Nyirati, C., Hirsch, A., Smith, S., Dotson, J.A., Murphy, L., Shirley, J., and Oneal, G. 2019 – Published Article – Hermer, J., Hirsch, A., Bekemeier, B., Nyirati, C., Wojnar, D., Wild, L., Dotson, J.A., Smith, S., Griffin-Sobel, J.P., & Oneal, G.

Key Points from More Recent Literature on Pop Health Nursing Education

Key Takeaways

1. All nurses need prep to address pop health
2. Pop health care must be responsive to demographic, technological, political, healthcare changes in U.S. and globally – implies understanding epidemiological patterns across lifespans
3. All nurses must understand care coordination, chronic disease mgmt., determinants of health, interprofessional collaboration, policy development and health advocacy, and health (in)equity
4. Requires practice in variety of settings outside of acute care environment; involves service ethic & reflection
5. Differentiates pop health from pop health *mgmt.*
6. Led/taught by pop health faculty experts

Curricular Implications

1. Effectively integrate into BSN education for **all** students
2. Include basic epidemiological principles/analysis and opportunity for application of these to environmental analyses of population-level clients
3. Provide students opportunities to practice skills in community-based, community health, and/or pop/public health settings in way that enables long-term engagement akin to actual pop health nursing practice
4. Same as 3., above
5. Differentiate (in theory and practice) between pop health nursing and pop health management; lens of health equity and social justice may be useful
6. Engage faculty with experience in pop health practice and education in design, implementation, and evaluation of pop health components of curriculum

Note: Numerical order for tracking across columns; not indicative of sequence or importance



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THE PROCESSES –
TRANSLATING EVIDENCE INTO INNOVATION




Outline of Steps Taken at SUCON

1. Evaluation of previous model of integrating pop health into other clinical rotations
2. Analysis of evaluation data and previous curricular model shortcomings
3. Proposal for new curricular model, with rationales and anticipated benefits
4. Survey of community agency partners regarding interest and capacity
5. Leading proposal through college- and university-level curricular change approval processes; vote of SUCON faculty
6. Operationalization of approved curricular change into programming with faculty leadership, placement and communication processes, and launch planning

Step 1:

Evaluation of Previous Curricular Model

- Former model – integration of randomly assigned community-based practicum within existing specialty clinical rotations (e.g. pediatrics, mental health)
- Example –
 - Cohort of students divided into 5 clinical section of pediatrics for a quarter;
 - Four of those sections were in the (usual) inpatient pediatrics environment and one section was with school health nurses;
 - Students in that community section were randomly chosen for that rotation/setting if they had not yet had a community health clinical experience in their previous clinical rotations



Step 2: Analysis of Evaluation Data, Former Curricular Model Shortcomings (1 of 2)

- Clinical faculty in specialties not always comfortable with or experienced in teaching in community setting;
- Accompanying theory content did not always apply to community settings (focus on acute care);
- “Arbitrariness” of student assignments affected student attitudes towards community-embedded rotation;
- Community partner resources spent on short (8-10 week) experiences with students, repeated 3 times per academic year due to quarter system (logistical complexity);

Step 2:

Analysis of Evaluation Data, Former Curricular Model Shortcomings (2 of 2)

- Short time in community settings not aligned with pop health practice of building trust and rapport, assessing needs, etc.;
- Managing logistics of finding 40-50 student community-embedded clinical placements each quarter was challenging and time-consuming;
- Some clinical specialties had an abundance of community-embedded clinical opportunities (e.g. mental health), while others had very few (e.g. reproductive health), which led to uneven clinical section numbers;
- Inability to consistently achieve 100% of students in each cohort having at least one community-embedded clinical rotation in course of their program (range: 69 to 100%)

Step 3:

Proposal for New Curricular Model (1 of 4)

Component of New Model	Challenges Addressed and/or Anticipated Benefits
Curricular Innovation and Quality	Academic-year-long series developed by pop health faculty with progressive objectives, concepts, and activities through Fall, Winter, and Spring quarters
	Longer time in agencies for deeper, evolving experiences with same preceptors
	Better alignment of time needed to understand community health and see effects of engagement
	Everyone feels more settled in roles due to longer timeframe

Step 3:

Proposal for New Curricular Model (2 of 4)

Component of New Model	Challenges Addressed and/or Anticipated Benefits
Student-Centeredness	Deeper consideration of student skills, abilities, and preferences incorporated into placements
	Centralized orientation to PHI, site, led by pop health faculty and involving community partners
	Guidance throughout year by dedicated pop health faculty who are experts in pop health
	Consistency and quality of student experiences across sites assured

Step 3:

Proposal for New Curricular Model (3 of 4)

Component of New Model	Challenges Addressed and/or Anticipated Benefits
Focusing on Mutual Benefit with Community Partners	Once per year student placements: <ul style="list-style-type: none">• Increase chance agencies will benefit from presence of students;• Provide preceptors/mentors opportunity to feel more settled in their roles and consistency of student practice
	Orientation needs of agencies supported and happen only once per year; partners invited to centralized, on-campus orientation
	Students not unintentionally draining agency resources due to start-up time, quarterly turn-over, lack of engagement, or observational-only experiences

Step 3:

Proposal for New Curricular Model (4 of 4)

Component of New Model	Challenges Addressed and/or Anticipated Benefits
Finding Faculty and Programmatic Efficiencies	Consolidation of internal management of processes to allow for creation of PHI faculty team for more consistency with students and community partners
	Pop health faculty again utilized in specialty area to accompany undergrads as they learn about pop health practice; often having existing relationships w/ agencies
	Orientation centralized and run by pop health faculty; have experience managing community relationships
	Internship Coordinator work less affected by rapid quarterly placement turn-over and bolstered by pop health faculty team camaraderie

Step 4:

Survey of Community Agency Partners (1 of 2)

- At time of curricular change, existing community partners numbered over 60 agencies
- Important to collect info from them about feasibility of and interest in proposed curricular change
- 55 total partners sent surveys on 13 Aug 2018 with follow-up reminder on 30 Aug 2018
- 21 surveys received for a response rate of 38%

Step 4:

Survey of Community Agency Partners (2 of 2)

- [Specific survey data available upon request]
- Overall, respondents enthusiastic about possibility of ≥ 1 student at their agency for entire year PHI
- Over 75% of respondents said their agency would have a need for 15 different population health-related activities students could perform (e.g. service data collection, health education to groups, community and environmental assessments, referrals, outreach, etc.)
- Agencies also asked about: number of students they could accommodate; hours of operation; preferred distribution of internship hours w/in a quarter; and the role of the person(s) who would serve as preceptor/mentor

Step 5:

Leading Proposal through College- and University-Level Approval Processes

Steps/Bodies	Key Activities
Undergraduate Curriculum and Evaluation Committee (SUCON)*	<ul style="list-style-type: none">• Presentation of evaluation data from previous curricular model• Outline of proposed curricular model w/ anticipated benefits aligned with challenges addressed• Presentation of community partner survey data• Plan for handling faculty workload and budgetary implications• Vote to approve curricular change and bring to Faculty Assembly
Faculty Assembly (SUCON)	Presentation of UCEC approved motion, discussion, Q&A, vote by faculty to adopt curricular change
Program Change Committee (SU)	Submission of packet of forms, program change rationales, new course forms and provisional syllabi, and statement of support from SUCON UCEC
Circling Back	After approval from SU Program Change Committee, communication to all key stakeholders about next steps

*Included close collaboration with Associate Deans for Undergraduate Studies and Academic Affairs, CON advising team, CON undergraduate support staff

Step 6:

→ Operationalization of Approved Curricular Change

(i.e. what else needed to happen after programmatic approvals)

- Collaborative creation of quarterly syllabi for three-part internship, incl. design of assignments and rubrics*
- Creation of student preference survey; launch of survey to inaugural cohort
- Analysis of student preference survey data and individualized internship assignment, matching community partner needs with student preferences
- Creation of PHI Student Handbook and PHI Preceptor/Mentor Handbook
- Communications to community agencies, students, PHI faculty, SUCON advising team; development of flyers for students and curricular change “cheat sheets” for faculty to assist in advising and answering questions from students
- Planning and launch of PHI Kick-Off Event/Orientation for early Fall Quarter, including break-out sessions for students to meet agency representatives in attendance

*See next slide for details

Year-Long PHI Learning Arc

Quarter/ Course	Course Objectives	Primary Assignments
Fall – NURS 4401 PHI I	<ol style="list-style-type: none"> 1. Apply community engagement principles to the building of relationships at your assigned pop health site; 2. Assess a pop linked to or receiving services from your assigned pop internship site; 3. Analyze a pop using the ecological and determinants of health models of pop health assessment. 	<ul style="list-style-type: none"> • Internship Hours and Log • Organizational Snapshot • Community Assessment • Reflections – middle and end of quarter
Winter – NURS 4402 PHI II	<ol style="list-style-type: none"> 1. Identify a relevant and meaningful community activity in collaboration with assigned pop health internship partner; 2. Analyze the origins and purposes of the community activity as a part of overall service delivery model of partner; 3. Participate in a piece of the community activity in a way that is mutually beneficial to your learning and the execution of the activity for the assigned pop health partner. 	<ul style="list-style-type: none"> • Internship Hours, Scheduling, and Log • Population Health Intervention Description • Reflection – end of quarter
Spring – NURS 4403 PHI III	<ol style="list-style-type: none"> 1. Evaluate the community activity in which you engaged during Winter, applying a pop health program evaluation framework; 2. Engage in closure with community partner-student relationship and apply professional communication principles to transition of partnership to future students at assigned site; 3. Reflect on pop health practice series, professional and personal development, and implications of internship for future practice. 	<ul style="list-style-type: none"> • Internship Hours, Scheduling, and Log • Population Health Intervention Evaluation • Legacy Folder/Relationship Closure and Handoff • Reflection – end of year



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**NEXT STEPS –
INITIAL OUTCOMES AND FUTURE PLANNING**



Initial Outcomes and Formative Evaluation

- First year's placements:
 - 82 students
 - 19 agencies
 - 64 preceptors or mentors
- Academic work (excellent, needs improvement) sampling for future use
- Repository of students' population health intervention activities for showcasing and future preceptor ideas
- Documentation of pivot to remote activities during Spring Quarter 2020 due to COVID-19 pandemic

→→→ Future Planning and Summative Evaluation

- Comprehensive end-of-year evaluation underway using Stufflebeam's Context, Input, Process, and Product (CIPP) Model
 - Context and Input Evaluation – helped form basis of this presentation
 - Process and Product Evaluation –
 - Surveys – to students, community agency representatives, and PHI faculty
 - Interviews – with students



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Thank You!

Please Send Questions and Comments to:
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