



School of Nursing

University of North Florida, College of Health

Proposal For Flagship Program Status

Respectfully Submitted by the

School of Nursing Faculty

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The School of Nursing (SON) deserves designation as a Flagship Program at the University of North Florida (UNF) because of its response to an identified need in nursing education through the development of a nationally distinctive community-based and population-focused undergraduate nursing curriculum. The SON proposes that this innovative curriculum be further refined as an exemplar program for national dissemination.

Radical changes in the health care industry over the past two decades demand a transformation in the preparation of nurses and modification of the skill set those nurses possess upon entry into the workforce. Patient acuity in hospitals has increased while third party payers stipulate shorter lengths of stay, resulting in discharge of patients who have more complex home care, rehabilitation and community-based needs. The concomitant increase in those living with chronic conditions such as diabetes, heart disease, hypertension and emphysema accompanied by advancements in medical treatments and palliative measures for these conditions has resulted in longer life-spans and more need for complex care with a community focus. For all of these reasons, nurses today require a higher level of technical and critical care skills to practice in the acute care/hospital setting as well the ability to transfer those skills to community settings.

Delivery of health care is also shifting from specialty care to primary care; from episodic one-time interventions to continuous long-term interventions; from the care of individuals to the care of families and communities; from care of the sick to health promotion for all. Consequently, nurses being prepared for the 21st century require a broad range of new skill sets to prepare them to function in these environments. As a result, schools of nursing must provide both the conceptual knowledge and opportunities for students to practice these skills in a broad variety of community settings among diverse population groups.

Understanding community environments and how individuals and families with health challenges reintegrate into their home communities is important for today's health care providers. Many national groups have delineated the importance of knowledge and skill acquisition in community health prevention and health promotion, professional networking, interdisciplinary teamwork, community partnerships, collaboration, case management, and cultural competency with vulnerable populations (American Association of Colleges of Nursing (AACN), 1998; American Nurses Association, 1996; Association of Community Health Nursing

Educators, 2000; Hahn, Bryant, Peden, Robinson, & Williams, 1998; Halstead, Rains, Boland, & May, 1996; National League for Nursing, 1997; Pew Health Professions Commission, 1998).

Robert Wood Johnson Community-Partnerships for Health funded initiatives supported the development of a handful of new models of community-based nursing education during the 1990's (Norbeck, Connolly, & Koerner, 1998). These endeavors funded coordination and development of model programs, establishment of nurse-managed centers providing primary personal health care services in the community, and integration of multiple levels of graduate and undergraduate nursing students and faculty. Some programs incorporated community nursing clinical experiences into existing or elective coursework. Others eliminated traditional final semester community courses and opted to integrate community concepts across the curriculum while others simply moved community nursing concepts earlier in the curriculum.

The more subtle challenge for nursing education, however, is *how* to teach students to work in communities. Initiating community relationships and sustaining them over time while providing clinical placements for students who rotate each semester can be difficult. The most influential determinants of the health of a community are individual behaviors, social relations, physical environment, economic status and community structures (Community-Campus, 1997; Kretzmann & McKnight, 1997). For nursing education, this implies a consumer-driven agenda with the community as expert versus a student-driven agenda with professional as expert. The emphasis here is on collaboration, addressing priorities that the community itself wishes to address, being willing to learn from community partners, focusing on assets and strengths instead of deficiencies, and helping to mobilize resources.

In 2002, the UNF SON chose to refine its curriculum to correspond to changes in health care system delivery trends as noted above. Our approach was and continues to be unique. Without the luxury of extramural funding to plan, develop, and implement the program, we have utilized existing faculty and student resources to make these comprehensive changes within a three-year period. Our focus is on building a contemporary curriculum with limited resources, a curriculum that extends the mission of UNF and the SON in partnership with the community over time. Our curriculum embodies a longitudinal community-based and population-focused approach, while at the same time retaining a strong emphasis on the knowledge and skills needed by SON graduates to function in acute care settings. Our program includes many distinguishing attributes:

Continuous Community Nursing Theory and Practice. The curriculum supports engagement with the community throughout the nursing major. Students are introduced to community and family concepts and clinical practice experiences during the first semester of the nursing program alongside traditional acute care clinical experiences. While most nursing programs focus on acute hospital care early in the program and relegate community concepts and practice to the end of the program, UNF establishes the importance of community practice and the future nurses' integration into the community upon admission into the nursing program. Community concepts and clinical practice experiences continue to be integrated in all other nursing courses during each succeeding semester, so that from inception students are socialized to see their patients as members of a family and community rather than the more limited view of "patients in a hospital." We have, therefore, integrated a new approach with the more traditional curricula. All of our students have the opportunity to participate in all aspects of the curriculum.

Sustained Student-Directed Community Partnerships. Relationship building is foundational for nursing practice and the effort of building and maintaining partnerships with communities requires a longitudinal view. We nurture and build relationships with community agencies consistently over time through an innovative home-basing of students in one of our designated "communities" for the entire length of their nursing program. Each student is "home-based" within an underserved or vulnerable group in the community and continues to provide meaningful nursing services within the home-base community throughout the curriculum. Learning is emphasized equally with service enabling students to understand resources and barriers patients must face once discharged from the hospital and at the same time practice clinical skills while meeting health needs defined by the home-base community. The "home-base" aspect of the curriculum means that individual students and faculty are infused into the same community each semester allowing for a better understanding of the particular community's needs. This hands-on community experience helps students apply problem solving, communication, and critical thinking skills over several semesters. Clinical practice is student-designed and population-focused. Junior and senior level students work together with the community to identify unmet needs and work as change agents to provide valuable services. Critical reflective thinking is a key evaluation strategy. A unique aspect of this program is that students are not re-inventing services, but rather develop synergy with the community, allowing them to maximize available resources. The home-base approach was developed and refined

using a participatory approach to planning which included the faculty, students, and agency partners. Many of the new curricula approach the re-design through a top-down approach. Students were influential in the curriculum design as were non-community prepared faculty which has been instrumental to its acceptance and success. Students have the opportunity to complete service-learning projects that “make a difference” to these communities in which they work.

Multiple Primary Care Community Clinical Practice Sites. The curriculum subsumes the broad spectrum of health care that registered nurses are mandated to practice via the Nurse Practice Act, encompassing health promotion and illness prevention as well as care during illness and at the end-of-life. The curriculum provides breadth and depth of clinical experience across multiple community practice sites in addition to traditional hospital settings.

Students have additional community clinical experiences during each semester that correspond to the population focus of the particular course. In the first semester, where the emphasis is on health promotion across the lifespan as well as skilled nursing care, students assist with health screenings and education and practice in local nursing homes and intermediate care facilities. In another semester, when the focus is on women and children’s health, students will spend time in the pediatric emergency room and attend local classes for women who choose to breastfeed. In other semesters, they will practice in primary care centers like the Volunteers in Medicine Clinic, We Care Clinics, Community Hospice, and many others. The fact that we are able to enhance the traditional hospital focus with a breadth of community agency experience and at the same time maintain a continuous presence in a home-base is truly innovative.

Non-Community Faculty Teaching in the Community. The incorporation of non-community prepared nursing faculty who have specialization in areas such as psychiatric/mental health nursing, adult health nursing, and maternal-child nursing into community clinical practice sites is also innovative. While many schools of nursing designate only a few faculty to implement and teach the “community” courses we have 75% faculty involvement in one or more of our home-bases, regardless of original area of nursing specialization. All nursing faculty have input and participate in the orientation to the home-base concept through SON faculty development and have become immersed in the home-base concept and willingly contribute service beyond their faculty loads. Home-basing has already provided faculty with the opportunity to consolidate and develop teaching, service, and scholarship (Kruger, 2005; Kruger

& Bush, 2004; Kruger, Bush, & Meires, 2004; Kruger, Radjenovic, & Comeaux, 2005; Meires, Christie, & Kruger, 2005; Meires, Kruger, & Bush, 2005). Our goal is to integrate all UNF SON faculty into the home-base curriculum model, ready to assume responsibility for working with students in service-learning activities within designated community home-bases. We predict that in the future all nursing faculty across the nation will include a community setting in their practice. Our approach provides a demonstration for how that might be accomplished in other schools.

Ongoing Outstanding Student Performance Outcomes. The revised curriculum is accomplished within the same number of credit hours as the previous curriculum and without compromising the excellent nursing education UNF nursing students and employers of UNF graduates have come to expect. Of particular note is that the SON has successfully managed to implement this curriculum and maintain excellence in the graduates' ability to perform positively on the national licensure examination. This aspect was of concern to faculty, as the licensing examination tends to focus primarily on acute care skills and concepts. However, the very first class graduating from the new curriculum had a 100% pass rate. Subsequent classes have maintained pass rates above state and national averages, with the program perennially ranking among the top five in the state. The final confirmation of merit of the new curriculum is in the approval of employers. They continue to seek out our graduates, and anecdotal data indicate that they are even more pleased with students graduating from the community-based, population-focused curriculum. Our graduates are well prepared for eventual leadership positions in the profession. In addition, over the past four years, the number of applicants to the nursing program has increased progressively every year. This past year we had over 1200 applicants for 120 seats.