CURRICULUM REDESIGN:

PREPARING NURSES FOR THE SHIFT FROM ACUTE & EPISODIC CARE TO HEALTH MANAGEMENT AND POPULATION-BASED CARE

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INDIANA UNIVERSITY SCHOOL OF NURSING—ABOUT US!

- We are 100 years old this year!
- Sigma Theta Tau International began at IUPUI
- We are one of the largest multi-purpose schools of nursing in the country
- Traditional, Second Degree, and RN to BSN
- 9 MSN Tracks
- DNP– Post Masters'; prepares advanced practice nurses to lead health systems change
- PhD– preparing nursing scientists to generate knowledge and shape nursing practice to meet society's needs

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THAT WAS THEN, THIS IS NOW

Faculty tend to teach and organize curricula in the way they were taught. It is the way that we have "made sense of" the field-it is our conceptual understanding of nursing.

But the field is changing dramatically and rapidly.

We need to move toward organizing curricula for:

- Care delivery systems that are radically different
- Complex skills that relate to many environments
- Leadership and management of populations and care environments
- Innovation, change management and lean practices
- Retrieving, analyzing, judging, applying information from a variety of sources, and using this to create the future

OUR CURRENT OVER-RELIANCE ON THE ACUTE EPISODIC, MEDICAL MODEL

Most nursing faculty learned to nurse in a fee for service health system in which nursing was often part of the "room rate."

Most nursing care occurred in a hospital—or at least that is what was most visible to us. This is how we learned to think about the work of the nurse. It shaped our organizing structures for teaching and learning and our value system about nursing education.

Discussion point:

How many of you have colleagues who hold views about the centrality of acute episodic care and nursing?

Unfortunately, we are still preparing nurses for practice in the 20th century.

HOW DO WE PREPARE NURSES FOR THE FUTURE?

Teaching *what you don't know* and *what you have not done in your own practice* is a real challenge!

The skillsets needed by our graduates often are skillsets that we don't fully grasp as faculty.

Discussion Point:

Let's talk about some of those skills that we (speaking broadly about faculty) may not have but our graduates will need.

THE FUTURE OF NURSING REPORT CALLS FOR…

- **Nurses should practice to the full extent of their education and training.**
  - Leadership, health policy, system improvement, research and EBP, teamwork and collaboration
  - Complex skills in community, public health and geriatrics
- **Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.**
- **Nurses should be full partners, with physicians and other health professionals, in *redesigning health care* in the United States.**
- **Effective workforce planning and policy making require better data collection and an improved information infrastructure.**

(Institute of Medicine [IOM], 2010)

FACTS TODAY ARE OFTEN OBSOLETE TOMORROW

http://www.youtube.com/watch?v=YmwwrGV_aiE

This short clip shows some startling considerations about the way the world is changing. Depending on time, we may watch it now or you can watch it later.

Nursing education has not kept pace!

Short Discussion:
What practices from your own experience in nursing education are not as relevant today? What is new since you have been in school for your first nursing degree?

RATIONALE: TRANSFORMATION OF NURSING EDUCATION

Teaching for a sense of salience and situated cognition

Integrating clinical and didactic courses

Emphasize clinical reasoning and multiple ways of knowing—critical, creative, and scientific

Emphasis on formation—changing self identity

(Benner, Sutphen, Leonard, & Day, 2009)

Content saturation in nursing education is one of the biggest concerns facing nurse educators

Move from Industrial to an information age

Teacher centered curricula must give way to learner centered curricula

Changes in health care and health care delivery

(Giddens & Brady, 2007)

SO WHAT SHOULD WE BE FOCUSING ON?

Giving up the idea that we can impart all the knowledge needed to be a "good nurse."

Covering it does not equal learning it.

The skills of inquiry, data retrieval, creation, and application are more important than knowing facts.

Help students relate what they know to what they learn

Help student organize and retain information -- CONCEPTUAL MAPPING

Help students see the relationship between course content, client care and the nursing profession

LESS FOCUS ON ACUTE, EPISODIC CARE

Step One: **Attitude and beliefs of nurse educators need to grow to meet future thinking; need to change to let go of the need to cover every disease, and need to focus off the idea of rotating through every acute care specialty.**

Step Two: **Once there is space, think about ways to look at future care environments and high impact transferrable skills!**

SO, WHAT SHOULD WE BE FOCUSING ON?
IMPACTS OF THE ACCOUNTABLE CARE ACT

- Focus on care coordination
- Focus on patient transitions across care environments
- Medical Homes
- Telehealth
- Focus on prevention and staying well
- Primary care
- Capitated and bundled payments

UNPREDICTABLE AND UNINTENDED CONSEQUENCES

CARE OVER THE CONTINUUM—NOT A NEW THOUGHT, BUT..

Not your mother's care in the community—

- Not just the traditional role of the RN (which is very limited in traditional primary care models) *but envisioning the patient care experience in the community as a rich and deep learning opportunity for patients.*
- Not limited to traditional public health nursing, *but also incorporating practice in accountable care organizations, with health navigators, and learning by and with other professionals.*
- Not necessarily home health nursing, but also telehealth, web based health information and teaching and phone check ups.
- Not always "hands on, " but always requiring excellent communication skills, which must be developed deeply.

DISCUSSION POINT: BASED ON OUR WORK SO FAR THIS MORNING, WHAT SKILLSETS DO YOU THINK NURSES WILL NEED THE MOST?

THE TOP 3!

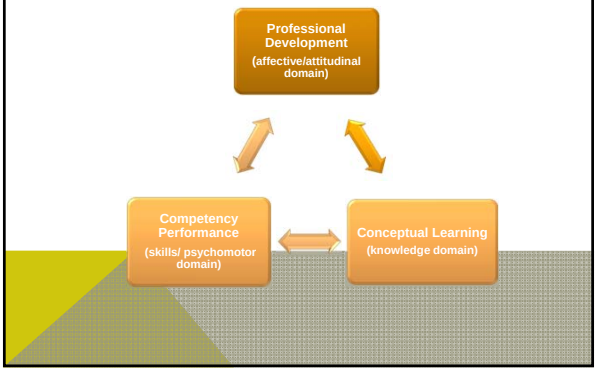
HIGH IMPACT LEARNING FOR THE FUTURE

WHAT ARE SOME OF THE RESPONSES TO THESE TRENDS IN THE CURRICULUM AT INDIANA UNIVERSITY?

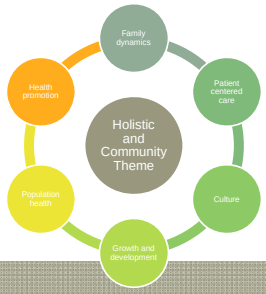
- Our *Classic* curriculum, being phased out, could be described as "medical model."
- It had been in place a long time, with many additions.

- We are implementing a new curriculum:
- 9 program outcomes with leveled competencies
- 47 concepts, defined, organized into 7 themes, and mapped to program outcomes
- 7 themes are used to create short series of courses that build upon one another.
- Electronic portfolio threaded throughout for reflection, and demonstration of professional development.

IUSON BSN TRIANGULATION MODEL



THEME: HOLISTIC AND COMMUNITY CONCEPTS- MAJOR CONCEPTS



FIRST COURSE: SOPHOMORE LEVEL PROMOTING HEALTHY POPULATIONS

This course focuses on preventative health care and health promotion in individuals, families, and communities, considering the influence of culture and lifespan development. Using biophysical, environmental, sociocultural, and economic determinants of health, students focus on improving health outcomes with individuals, families, and communities.

Key Innovations:

Health Coaching Clinical: with about 30 hours of lab time practicing coaching following best practices; about 35 hours of clinical time in a community setting that either uses health coaching, or where students can coach staff.

Service Learning in Health Promotion: about 10 – 12 hours in a community based agency doing health promotion.

LET'S TALK RATIONALE AND OUTCOMES!

SECOND COURSE: JUNIOR LEVEL TRANSITIONAL CARE OF FAMILIES AND POPULATIONS

Using the childbearing family as an extensive exemplar, this course focuses on family and community health: community assessment, epidemiology, and intervention with individuals, families, communities and populations. Students address prenatal care, normal and high risk pregnancy and childbirth, newborn care, genetic counseling, care coordination, complementary care, and environmental health.

Key Innovations:

Using the childbearing family as a whole semester example about community and population health—students learn both topics deeply. Childbearing families serve as a VECTOR for understanding community and public health.

Using simulation for aspects of the course that we want everyone to practice.

Since poor infant and maternal outcomes are a serious problem in our state, students can engage in real problem solving.

Combined clinical and didactic course.

THIRD COURSE: SENIOR LEVEL MANAGING TRANSITIONS ACROSS CARE ENVIRONMENTS

Students study a focused clinical area of concern for nursing, exploring the ways in which culture, health disparity, transitions between care environments, and health policy impact care for an aggregate, population, or specialty. Immersed in a care environment, students gain relevant clinical knowledge as well as an understanding of the aggregate health concerns.

Key Innovations:

4 week intensive, with creative thinking about care environments, including the OR, an international experience, a specific vulnerable aggregate, and ACO, etc.

Small courses with about 20 students each—didactic + clinical

Project-based learning: Each student follows/studies the experience of one patient or family across the continuum of the care environment; bringing back findings to a small student group who create an improvement in the care transitions process using patient centered quantitative and qualitative data, EBP, and lean processes, and incorporating plan for a PDSA cycle.