

Expanding Clinical Models of Nurse Practitioner Education: Service Learning as a Curricular Strategy

Kathleen R. Sheikh, MSN, FNP-BC

ABSTRACT

A context-relevant curriculum is responsive to educational and societal demands. Nurse practitioner (NP) faculty members are challenged to prepare practitioners to provide high-quality compassionate care to diverse populations. Changes in the health care environment, a limited number of clinical sites and preceptors, and competition for access to clinical sites necessitate creative solutions and curriculum development. Service learning, as a curricular strategy, facilitated NP students to achieve academic course goals, appreciate the NP role working with underserved populations, and translate classroom knowledge to the clinical environment.

Keywords: clinical education, curricular strategy, expanding clinical models, nurse practitioner education, service learning

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Teaching knowledge in context, integrating classroom and clinical teaching, fostering clinical reasoning, and emphasizing role formation are essential shifts suggested to transform nursing education.¹ Given the evolving landscape of health care, nursing education is under pressure to respond to more complicated health and social issues.² Nationally, important changes have occurred in the didactic portions of the advanced practice registered nurses curricula, but challenges remain in addressing the model of clinical education.³ There is increasing competition for access to clinical learning opportunities that necessitate creative strategies and approaches to facilitate clinical learning and experiences.⁴ Nurse practitioner (NP) education programs are challenged to increase the number and quality of preceptors and clinical sites.⁵

To address the constraints in the availability of clinical placements and the need to develop NP students' cultural care of diverse populations, the graduate faculty purposefully embedded a service learning clinical component into the initial graduate clinical course. The impetus for this article was to explore the inclusion of service learning as a model to expand on the traditional primary care venue. The aim was to use existing teaching-learning strategies

established in the graduate curriculum to their fullest extent to address academic goals, clinical educational needs, and the NP core competencies.⁶ The Model of Context-Relevant Curriculum Development⁷ was used as a guide to develop the curriculum plan.

DETERMINANTS FOR CURRICULAR CHANGE

The need for change in the curriculum begins with the belief that the current curriculum is no longer working effectively as desired. This belief can result from changes within the school of nursing, in faculty or student profiles, or in standards of nursing practice; accreditation standards may also precipitate the need for change within the curriculum.⁷ Evaluation of the clinical sites used for the NP students revealed varying exposure and interaction with underserved populations. A student could potentially have no exposure to underserved populations, depending on the clinical sites and preceptors the student worked with. To ensure working with the underserved was represented in the students' clinical education and to expand our base of clinical sites, the service learning component was implemented. Internal and external factors were considered to inform the graduate nursing faculty decision.

CONTEXTUAL FACTORS IN THE CURRICULUM DEVELOPMENT PROCESS

Gathering data concerning the internal and external environments that influence the direction and development of curriculum is important.⁷ The graduate nursing faculty reviewed internal contextual factors, including the mission, culture, and infrastructure of the university, and concluded that service learning was directly supported. The nursing program philosophy, faculty beliefs, and values are congruent with the university; the congruence is integral to the success of introducing cultural competence and service learning into the nursing curriculum.

The external contextual factors shaping the development of the graduate nursing curriculum are varied. Cultural influences have changed in North-eastern Pennsylvania and the nation. Changes in the diversity of the population require the response of NP faculties to prepare students to provide quality, culturally appropriate care to clients and their families. A dynamic health care environment, limited number of clinical sites and preceptors, and a concentration of educational programs in the area were factors considered as the impetus in considering curricular changes.

SERVICE LEARNING: FROM EXPERIENCE TO COURSE INTEGRATION

After a review of the internal and external factors, the consensus of the graduate nursing faculty was to address the changing environment by maximizing the potential of existing strategies to meet clinical challenges in the NP program. Service learning was well established at the university and in the graduate nursing program.

The graduate nursing service learning experience was established at the university in 2002 and grew out of a need for health care of the local migrant farmworker population. A partnership was established between a state migrant farmworkers' program, translation services provided from a state university, and our university family NP program. In 2012, the graduate nursing faculty purposely decided to place service learning as a curricular strategy in the initial clinical course to accomplish academic learning objectives. Service learning as a curricular strategy, aimed at cultural competence, supports the

identified essential components of transformation and facilitates the development of cultural competence identified in *The Essentials of Master's Education in Nursing*⁸ and *The Nurse Practitioner Core Competencies*.⁶

Graduate Nursing Faculty Development

Purposeful faculty development is the foundation of the curriculum development process.⁷ Faculty participation, engagement, support, and education are the initial steps in the process to promote the success of cultural competence within the curriculum.^{9,10}

Graduate nursing faculty development of the service learning component required support, time, and participation in the clinical experience. The graduate faculty involved with the course needed knowledge and familiarity with the population of interest and required approval as recognized providers through the state agency. The care of the migrant workers and their families took place at their housing accommodations about 14 miles from the university campus. Graduate faculty coordinated the clinical times with the state agency and arranged the student rotations. During the camp visit, faculty supervised the students performing physical examinations and formulating a differential diagnosis and a treatment plan. Faculty focused the service clinical experience and care of the migrant farmworkers and their families on course learning objectives.

Graduate Nursing Prerequisite Courses

The intent of the graduate faculty was to integrate the service learning experience into the first clinical rotation for the NP students. The placement of service in the initial clinical course is important because service learning is shown to be most effective when it is introduced early.¹¹ Courses required before the initial service learning component are advanced pathophysiology, advanced pharmacology, advanced physical assessment and diagnostic reasoning, and family health promotion and disease prevention (didactic portion).

SERVICE LEARNING COMPONENT DESIGN

The service learning clinical requirement was placed within the framework of the existing initial clinical course, and an explanation of service learning clinical

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