

## Enhancing Knowledge of Registered Nurses Working in the Primary Care Setting

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### ABSTRACT

*To provide additional primary care education and improve the knowledge, skills, and attitudes for nurses working in the primary care setting, Methodist College developed a module-based Registered Nurse Community-Based Primary Care Certificate (RN CBPC) that provided foundational concepts related to epidemiology and health promotion and prevention. The certificate consisted of four modules and 30 continuing education credits. Upon completion of the modules, registered nurses served as preceptors for nursing students that were enrolled in the Community Based Primary Care Program. The preceptors were able to mentor and educate students about the primary care setting and the different opportunities for nurses. Students were able to care for underserved populations, learn about local community resources to refer patients, and understand the barriers that patients encounter when it comes to managing their chronic illnesses and health prevention.*

### Keywords

Education, Primary Care, Registered Nurses.

### Introduction

Throughout the United States, there is a deficit of healthcare workers, specifically registered nurses. A projected deficit between 2014-2025 is over one-million nurses. This deficit indicates a gap in the current healthcare delivery system. Locally, the Greater Peoria Economic Development Council conducted an annual Greater Peoria Talent Forecast 2017-2018 labor projection survey. These survey results were used to guide workforce development initiatives throughout Greater Peoria. This year, 43 employers participated in the survey. Collectively, these employers are planning to hire over 9,000 people in 2017 and 2018 to meet their workforce needs. A large majority of the opportunities are concentrated in the healthcare sector. By preparing future nurses and existing nurses to provide population and community-based primary care, these individuals will have the knowledge, skills, and attitudes (KSAs) needed for expansion of current nursing roles, varied and new job opportunities, and the potential for job and career advancement [1].

### Background

Methodist College (MC), a four-year health professions Carnegie classification institution of higher education, proposed the MC-Advancing Registered Nurses in Primary Care Training (MC-ARNPCT). MC was dedicated to the education of professional nurses and health care professionals in the Midwest region of the United States. Methodist College in partnership with UnityPoint Health decided to work on a project to recruit, prepare, and retain registered nurses to serve on community-based primary care teams to assure access to and delivery of, primary care in the areas of chronic diseases prevention, mental health, and substance abuse.

Integral to the development and implementation of practices to address identified healthcare themes and barriers in clinical training, Methodist College was committed to training a nursing workforce that acquired the KSA's in population-focused healthcare. We identified a gap in both current registered nurses, current curricular models, and current nursing faculty in having knowledge about KSA's related to primary healthcare. Anecdotally, those nurses who practice in community healthcare settings experientially need to acquire additional KSA's, however, this expertise needed to be expanded to prepare existing and future nurses to meet the needs of

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identified healthcare gaps. According to the 2017 Bureau of Labor Statistics data, of the 3.0 million nurses practicing in the United States, less than 30 percent of nurses were practicing in areas that could be classified as community or population-focused arenas with the remaining nurses practicing in hospitals, government, or educational services, thus demonstrating a gap of nurses who acquire population-focused healthcare expertise through practice experience [2].

Buerhaus, Skinner, Auerbach, and Staiger [3] indicate that one of the four challenges facing the nursing workforce is the need for registered nurses to have expertise in concepts of public health, care coordination, and community partnerships. This need is driven by existing registered nurses already working in expanded roles in accountable care organizations, including direct provision of services and in care management and coordination of roles (p. 45). This preparation may be self-limiting related to the parameters of existing practices in preparing our nursing workforce.

## Methods

### Step One: Meet with Project Faculty to develop curriculum

To address this gap, Methodist College Faculty developed a module-based Registered Nurse Community-Based Primary Care Certificate (RN CBPC) that provided foundational concepts related to epidemiology and health promotion and prevention. To attain the certificate two additional modules had to be completed that focused on the learner to address specific healthcare disparities identified as critical to the community of interest healthcare needs. Identified health disparities from the Tri-County Community Health Needs Assessment include- obesity, inadequate dental care, low infant birth weights, substance abuse (opioid), asthma, sexually transmitted infections, heart disease, and cancer. Post-graduate certificate consisted of four modules and 30 continuing education credits:

#### o Module One- Epidemiology in the Community Healthcare Setting Objectives

- Learn analytic and assessment skills as directed by the Council of Linkages between Academia and Public Health Practice.
- Understand disease frequency and occurrence related to specific populations.
- Understand risk factors of disease related to specific populations.
- Outline a community-based healthcare plan to address a specific disease.
- Increase the practicing nurse's understanding of epidemiology and how it can impact practice and client outcomes.

#### o Module Two- Health Promotion and Prevention in the Community Healthcare Setting Objectives

- Enhance knowledge of KSA's relation to concepts such as: promoting health and wellness, behavioral and environmental factors in health and wellness, concepts of health education, reviewing leading causes of disease, developing and implementing a program for health promotion and disease prevention, and identify scientific, societal, and ethical issues

in health promotion.

- Increase the practicing nurse's understanding of health promotion, disease prevention, and initiatives.

#### o Module Three- Service Learning Objectives

- Increase the practicing nurse's understanding of the role of the nurse in health policy and how it can impact practice and client outcomes.
- Increase knowledge of best practice models to enhance the health of the community and residents.
- Increase knowledge of the nurse's role as change agents in their communities.

#### o Module Four – Population and Community Health Objectives

- Analyze and develop competent nursing care for the total population by reviewing theories from nursing, public health, and social and behavioral science.
- Develop primary prevention strategies for at-risk populations to promote and protect health, and prevent disease across the lifespan.
- Recognize how local, state, and national health policies, as well as political and economic influences, are incorporated into community health.

We used service learning as a teaching methodology as it supports various learning outcomes including increased awareness of community needs, increased ability to work with diverse populations, increased empathy and less stigmatizing attitudes about the homeless population, improved leadership skills, and interest in social justice, and development of a sense of professional and civic responsibility [4].

The goal of developing and implementing these modules was to prepare registered professional nurses to deliver community-based primary care in interdisciplinary teams through a longitudinal post-graduate certificate comprised of continuing education modules designed to enhance and expand on concepts of wellness, patient-centered care, care coordination, data analytics, and quality improvement in relation to population health.

### Step Two: Establish an advisory board to obtain Input from Community-Based Primary Care Clinics

An advisory board was created with leaders from Unity Point, faculty who teach in the Population's/Community Health Course, Peoria City/County Health Department, and other Community members that serve underserved populations. These agencies serve at-risk populations who are culturally diverse and economically disadvantaged. The members focused on the social determinants of health and provided feedback on how to best teach existing nurses to provide population and community-based primary care in a holistic and interprofessional manner. According to Maton [5], community empowerment increases the capabilities of citizens to improve community health and health outcomes. It was important that we developed a solid partnership with trust, respect, and a collaborative relationship. The first advisory board meeting was

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held August 2019, with meetings held twice a year. Prior to the creation of the advisory board, MC nursing leadership, the project director, project team, and faculty teaching in the Population's/Community Health Course met to create, plan, and decide who in the community should serve on the advisory board.

### **Step Three: Recruiting Registered Nurses who work in Community-Based Clinics**

1. Registered nurses were recruited from the UnityPoint Health clinics, public health departments, and at-large from the community. Nurses selected completed four modules, received a continuing education certificate and were known as RN Community Based Specialists. Nurses agreed to be preceptors for nursing students during their Community Based Intensive Course that included a clinical component.
2. The Associate Director of Community Based Partnerships reached out to directors/managers of community-based clinics, public health departments, home health, and ambulatory settings to discuss the grant program, the modules, the continuing education certificate program and precepting of nursing students in the grant program.
3. Registered nurses were selected based on their area of practice, which had to be in primary care and their willingness to serve as a preceptor to nursing students in the grant program. Nursing students were selected based on their essay. The essay asked students to write about the importance of primary care and their future plans to work in primary care.

### **Practice Activities**

The types of practice activities nursing students fulfilled in primary care clinics, home care, community settings, and health departments included vital signs, education on hypertension, diabetes, and medications and other health care topics. Medication reconciliation, vaccination administration, and dressing changes.

The preceptors were registered nurses that completed the four modules and agreed to precept students. The nurses worked in primary care clinics, home care, and health departments. Students also had experiences at community agencies that served vulnerable populations in the community, for example a local soup kitchen, and a market located in a food desert that sold fresh produce at low prices. Students also experienced virtual simulation, in-person simulation and telehealth with a local agency on aging.

### **Conclusion**

Twenty-three nurses completed the post-graduate certificate which consisted of four modules, with 30 continuing education credits being awarded upon completion. The nurses precepted students in their place of employment in primary care settings. Students were able to provide care to a variety of patients in a variety of clinical settings in medically underserved areas. Students were exposed to patients with a variety of chronic illnesses that were low income and had minimal resources. Students were able to provide prevention education and assist patients with obtaining community resources. The impact on nursing students with having the ability to interact with and assess patients in primary care settings allowed students to understand the importance of knowing available resources in their communities for patient referrals, be exposed to barriers underserved populations may encounter when it comes to their health and engaging in health behaviors, and the lack of resources underserved populations encounter. The importance of providing nurses with continuing education allowed for better preparation in delivering care to patients in the primary care setting.

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