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Designing a New Model for Clinical Education
An Innovative Approach

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Abstract: To keep pace with the ever-changing health care delivery system, it is important to transform the way future nurses are educated, both in classroom and in clinical settings, to care for people along the life and care continuum, not only in acute-care settings. The purpose of this article is to describe a new approach to educating baccalaureate nursing students using immersion practicums that expose students to population health, transitions of care, care coordination, and the multiple roles a nurse engages in along the continuum. The curriculum includes 5 immersions, each with a specific life and care continuum focus to develop anticipatory thinkers.
Keywords: care coordination; clinical education; curriculum innovation; immersion; nursing education

Health care systems are strengthening their commitment to their communities, providing greater access to the right care, at the right time, and in the right setting, both in person and virtually, and delivering health care for the future with a focus on keeping people healthy. This redesigned health care delivery system is requiring nurses' roles to expand beyond acute-care practice, moving into the community. Nurses' responsibilities are expanding to include a focus on population health, care coordination, and transitions of care. To keep pace with the ever changing health care delivery system, it is important to transform the way future nurses are educated, both in classroom and in clinical settings. The purpose of this article is to describe a new approach to educating baccalaureate nursing students using immersion practicums that expose students to population health, transitions of care, care coordination, and the multiple roles a nurse engages in along the continuum.

Future of Health Care Delivery
Multiple national reports and initiatives have identified new and changing roles for nurses in the transformed care delivery system and have issued focused actionable recommendations for nursing education.[1-5] The Robert Wood Johnson Foundation's (RWJF's)Nursing in a Transformed Health Care System emphasized nurses' roles in health care delivery and the need for nursing education to prepare graduate nurses with a new skill set.[1] A second RWJF initiative, the New Jersey Nursing Initiative Collaborative Learning Community, provided faculty development opportunities for schools of nursing to reevaluate their curricula to effectively equip the next generation of nurses with the knowledge, skills, and attitudes needed for their expanded role in the community.[2] In 2015, the Institute of Medicine evaluated movement toward its recommendations. Findings reinforced the need to continue developing an RN workforce that practices to the full extent of their education and training, participates as full partners with the interprofessional care team using collaborative team based models, and prepares RNs for roles in primary care and community-based settings.[3]

Most recently, the Josiah Macy Jr Foundation convened an invitational meeting dedicated to preparing nurses for enhanced roles in primary care. Three notable themes emerged: (1) improving primary care, (2) preparing nurses for leadership roles, and (3) linking education reform and health care delivery transformation.[4] Of the 6 actionable recommendations, 4 focused on facilitating change in baccalaureate nursing education and are listed in the Table, Supplemental Digital Content 1, http://links.lww.com/NE/A411. Aligned with the Macy Conference nursing education recommendations, the American Academy of Ambulatory Care Nursing developed a position statement highlighting current and future roles for all ambulatory care practice settings, including primary care.[5] Creating a

future that maximizes the role of RNs in an evolving health care environment requires sustained forward and collaborative movement in nursing education, practice, research, policy, and leadership.

Ideal Skill Set for New-to-Practice RNs

Motivated by the challenge to design a new baccalaureate nursing curriculum aligned with the evidence of national reports and initiatives, nursing faculty at an urban academic health center created a new education paradigm to prepare nurses for 21st-century practice. Faculty shifted the paradigm from caring for patients to caring for people and transformed from a disease-based, acute-care–focused curriculum to one promoting a culture of health and multiple new and emerging roles for RNs.[6,7] As part of designing the new concept-based curriculum, faculty explored the clinical component of the curriculum related to current settings where students completed clinical rotations, the structure of the clinical rotations, level and end-of-program competencies, and readiness for practice in new RN roles. With this information about the current state, faculty then looked to the future state.

With a new curriculum design focus, a designated group of undergraduate and graduate faculty members known as curriculum navigators (CNs), along with stakeholders including students, alumni, practice partners, community partners, clinical adjunct faculty, and a consumer of health care, asked, "What is the ideal skill set for a new-to-practice nurse now and in the future?"[6,7] With this in mind, all nursing faculty, along with the stakeholder group, were asked to describe the ideal BSN graduate and identify the skill set graduates should exemplify at the end of the BSN program.[6,7]

A comprehensive list of essential characteristics and skills was generated. The ideal skill set included (1) emotional intelligence, (2) social awareness, (3) clinical competence, (4) cultural awareness, (5) clinical reasoning, (6) adaptability, (7) self-awareness, (8) professionalism, (9) interprofessional leadership, and (10) innovative thinking.[6,7] Guided by the American Association of Colleges of Nursing's (AACN's) The Essentials of Baccalaureate Education for Professional Nursing Practice[8] and Public Health: Recommended Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing,[9] the CNs synthesized the list and identified 4 themes to be threaded throughout the concept-based curriculum: (1) practice excellence, (2) population health, (3) interprofessional collaboration, and (4) innovation. The result is the development of a new-to-practice skill set that is foundational for functioning in any practice environment.

As faculty members identified the curricular themes and ideal skills set, 1 of their next steps was to align the didactic and clinical curricular components with diverse practice environments to optimize clinical education for the future state of health care delivery and system redesign. This process required a shift in focus from the current BSN-prepared generalist to the future professional clinician who is an anticipatory thinker capable of processing information in multiple directions from a variety of starting points along the life and care continuum.

Changing the Clinical Education Paradigm

With the knowledge that health care delivery is shifting from a traditional, acute-care focus to ambulatory, community/ population-based care and to promoting health along the life and care continuum, nursing education needs to be responsive to emerging roles for RNs and drastically change curricula. This shifting of delivery of care requires an understanding of social determinants and their impact on health and wellness, disparities with regard to health care access, the change from a disease and treatment model of care to a model that is person centered, and the need to engage people in the management of their own conditions. Consistent with the AACN's Essentials[8] and recommended baccalaureate competencies for public health nursing[9] and its commitment to a variety of practice settings and population health, faculty needed to reimagine the clinical preparation of future nurses.

To address this new frame of thinking, nursing faculty believed that clinical rotations should be centered on immersing students in experiences reflective of a variety of care environments beyond the hospital and representative of the multiple roles of RNs. Ultimately, students need to be prepared with the requisite interpersonal skills and broad based knowledge required to care for individuals and families across the care continuum and life span rather than care that is episodic and disease based.

In response, 5 immersion practicums were created to provide practice opportunities for students to acquire the skill set that can be applied in any care setting.[6,7] Each immersion is designed for students to spend time in both an acute-care setting and areas where people transition along the life and care continuum all in the same semester.

Immersion Practicums

To accomplish a transformation from traditional clinical to immersion practicums required bold and innovative thinking by faculty. For example, in traditional nursing programs, students often gain understanding of psychiatric-mental health issues, as well community concepts, in individual courses that provide singular didactic learning and clinical experiences. Faculty members believed that behavioral health, mental health, and community health concepts were no longer specialty content, but broad based and foundational for today's practicing nurses. Nurses engage with people along the care continuum who are experiencing behavioral and mental health concerns, as well as social determinants and community-related obstacles. Therefore, students need a comprehensive understanding of how behavioral, mental, and community health issues impact care; prevent engagement in one's own care; and directly affects one's health. Throughout the curriculum, students gain knowledge of behavioral health, mental health, and community health concepts and apply them to the care they provide during each immersion. In addition, all nursing students, through a grant provided by the city, become First Aid Mental Health certified. Students also complete an interprofessional Team Strategies and Tools to Enhance Performance and Patient Safety Program (TeamSTEPPS)[10] and are introduced to motivational interviewing, health coaching, and self-assessment of unconscious bias.

Additional concepts integrated across immersions include coordination and transitions of care, primary care, community and population care, advocacy, social justice, person-centered care, and interprofessional collaboration and team building, all content that is possible when students move from a traditional, acute-care clinical education to immersion practicums and experiential learning. Immersion practicums in community/population health–based settings provide students with an opportunity to collaborate with diverse health care partners such as pharmacy students, public health providers, physicians, nurse practitioners, social workers, primary care providers, home care clinicians, and others who focus on maintaining healthy and independent communities.

To support this clinical education transformation, a variety of innovative teaching and learning strategies were developed and implemented to connect the experiential learning opportunities, creating clinical reasoning along a continuum, focused not only on an individual setting. Some of the strategies used in the immersion practicums include simulation; standardized care scenarios; clinical reasoning tools; trauma-informed care for underserved, marginalized populations and communities; postpracticum debriefing through journaling; use of evidence based practices and community health databases to improve population and community outcomes; person-centered narratives; unfolding case scenarios; and storytelling.

Essential concepts needed to provide person-centered care include respecting a person's basic human rights to make a choice or decision about treatment and care, sharing of accurate information so individuals can make informed choices based on their values and needs, encouraging all individuals to participate in planning their care as they are able, and viewing individuals as full partners in the collaboration of all aspects of their care.[11] Students benefit by seeing the impact their nursing care has on the health of medically underserved and marginalized communities and high-risk populations. Understanding significant roles RNs assume in promoting health and providing care outside the hospital, especially with underserved high-risk groups, benefits students in examining health disparities of underserved communities and better aligning social and civic responsibilities. Overall, students benefit by developing team-based care leadership skills and experiencing a holistic approach to person-centered care for individuals, families, and communities.

Creating the Immersion Practicums
Rather than spending 2 days per week for 14 weeks in acute care, students are immersed in both an acute-care setting and an area of transition (outside the hospital) for set blocks at a time in each semester. The immersion experiences are strategically paired so that students are able to learn across settings and appreciate that the majority of one's health and health care occurs in communities where people live, work, and recreate and is significantly influenced by contextual and environmental factors. Immersion allows students to appreciate where people come from, what they are doing while engaged along the care continuum, and where they are going next and to assess their readiness to successfully move forward with their health and health care. Each immersion practicum focuses on a specific part of the health and quality-of-life care continuum designed to integrate concepts by bringing the classroom into the environment and the environment into the classroom.

Immersion I provides beginning nursing students the opportunity to practice health promotion, health restoration, and health maintenance for individuals, families, and communities. This practicum focuses on the unique needs of individuals and families experiencing acute and chronic physical conditions with an emphasis on foundational skills and assessments. Students' immersion experiences are in both acute-care and transition settings, such as continuing care facilities, assisted-living facilities, and nursing homes. Students have the opportunity to gain

confidence and skill in communication and listening in environments where multitasking skills are not essential for care. Students begin to make clinical decisions based on data collected and evaluated and discover if more information is needed to make clinical decisions, a foundation that is often forgotten when focused on skills.

Immersion II builds on Immersion I and focuses on the unique needs of individuals and their families experiencing acute and chronic conditions along the care continuum. The practicum introduces students to continuation or chronic management of care and the importance of social determinants of health, as well as mental health and psychosocial well-being. Students' immersion experiences are in both acute-care and transition settings, such as food pantries, homeless shelters, addiction recovery facilities, outpatient practices, acute rehabilitation facilities, and behavioral and mental health facilities.

Immersion III continues to build on prior immersions with a focus on the unique developmental needs of children, childbearing women, and older adults. Students participate in collaborative partnerships with other health care professionals to improve outcomes. Students' immersion experiences are in both acute-care and transitional settings along the life continuum.

During Immersion IV, students select an area of professional interest from a menu of opportunities, for example, operating room, emergency room, outpatient dialysis, correctional health, intensive care, labor and delivery, pediatrics, or behavioral health. This course builds on all previous immersion practicum concepts to synthesize the scientific process, evidence-based care, clinical reasoning, and creative problem solving to support clinical decision making and person centered care. Emphasis is on integration of knowledge and skills foundational to the care of individuals and families, transitions of care, and care coordination.

Immersion V provides a synthesis of the 4 curricular themes of innovation, practice excellence, interprofessional collaboration, and population health as they relate to specific individuals, communities, populations, and/or settings. Emphasis is on the role of the professional nurse in acute care and along the care continuum. This course builds on previous immersion practicum courses to synthesize the nursing scientific process, evidence-based care, clinical reasoning, and creative problem solving to support collaborative clinical decision making. Emphasis is on the integration of knowledge and skills foundational to the care of individuals and families when coordinating care and managing transitions. Each immersion practicum is supplemented with simulation experiences and clinical reasoning tools.

Clinical Reasoning Tools in Immersion Practicums
Clinical reasoning tools are not new to active learning in the classroom. While tools were available to support the process of clinical reasoning, new ones were needed to address student learning across settings.[12] The CNs proposed the use of existing tools, as well as identified the need for new tools, to use in diverse immersion settings to develop anticipatory thinkers and foster learning along the care continuum. The fundamental question that provides the building block for students is ''why?'' With the creation of the first clinical tool, the Why Concept Map (see Figure, Supplemental Digital Content 2, http://links.lww.com/NE/A412), students develop plans of care by asking questions, such as "Why am I worried, why am I not worried? Why am I giving this medication, and why do I return in 45 minutes to assess effectiveness?" As students progress through the curriculum, clinical reasoning tools move from simple to complex in thinking, eventually evolving to the Priority Map (see Figure, Supplemental Digital Content 3, http://links.lww.com/NE/A413, and Figure, Supplemental Digital Content 4, http://links.lww.com/NE/A414). The Priority Map illustrates the priority information and nursing process steps in a conceptual and interconnected manner. These clinical reasoning tools enable students to develop and enhance skills in formulating priority assessments and interventions in each immersion practicum, as described in the Table, Supplemental Digital Content 5, http://links.lww.com/NE/A415, and in the Figure, Supplemental Digital Content 6, http://links.lww.com/NE/A416.

As students progress in developing their skill set, student self-evaluation is a critical component to the evaluation methods used for successful advancement in immersion practicums. In the initial immersion practicums, students are guided through a series of questions to help them set goals for the experience and evaluate their performance. Through reflection, students explore growth in knowledge and skill acquisition as they progress through immersion practicums. Rolfe's model of reflection is the guide for developing the student's attitudes of reflective practice.[13]

Each immersion practicum concludes with a Student Nurse Evaluation of Competency (SNEC). Unlike Objective Structured Clinical Examinations, which singularly demonstrate skill task proficiency, SNEC focuses holistically on

the proficiency of concepts demonstrated by the students' knowledge, skills, and attitudes of the conceptual framework of the curriculum covered in that semester. Students are presented with scenarios that encompass concepts and interrelated concepts requiring a higher level of thinking.

Developing Immersion Educators

With the development of the concept-based curriculum and the integration of didactic teaching and immersion experiences, faculty members examined the current role and responsibilities of clinical adjunct faculty who teach students in a clinical area. Faculty members identified the need to create a new role called immersion educator with associated new responsibilities, as their role is integral to student success. Immersion educators are empowered to model innovative and forward thinking and encouraged to think out loud for students to observe the multidimensional complex process a nurse uses to ensure safe, effective, and quality care; guide clinical decision making; and support clinical reasoning and anticipatory thinking.

Immersion educators from acute-care and transitional settings work in dyads/teams to guide and educate students. The immersion educator teams ensure open and ongoing communication related to student experiences between the acute-care and transition settings. They use the knowledge of both settings to see care along the continuum, not episodically, and they also expose students to different ways of knowing and thinking patterns.

One strategy that helped with the implementation of the new immersion practicum was to rethink relationships with current community partners and how they could be utilized differently as transition sites. The creation of innovative teaching teams that include immersion educators, didactic faculty, and interprofessional and community partners helped redefine the role of the clinical setting in preparing students for new-to-practice roles along the care continuum. Nurse educators with specialty areas of expertise in mental and behavioral health, community and population health, care coordination, and transitional care for transition sites were sought out to provide a holistic view of care enhancing clinical decision making.

Conclusion

While the traditional model of clinical education prepares students as generalists who can perform care related to patient care in hospital-based settings, our new concept-based and immersion curriculum prepares nurses with a multifaceted skill set ready to practice in any care setting along the life and care continuum. It is an innovative approach long overdue in clinical nursing education. The development of an evaluation team for the curriculum will continue to assess the impact this new model has on student outcomes including the National Council Licensure Examination, future practice, and the experiences of clinical and community partners.

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