Integrating Population Health Content into a Family Nurse Practitioner Program Curriculum

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**Aim:** Prepare Family Nurse Practitioner (FNP) students to lead population health initiatives to close gaps in health inequities and achieve IHI’s Triple Aim.

**Rationale:** Population health has long been considered part of the public health domain, with a major distinction between public health and clinical care services. However, population health is seen increasingly as spanning both public health and clinical care. Therefore, primary care providers, such as FNPs, must be prepared to lead population health initiatives.

**Approach:** The overarching theme which guided the design and implementation of the population health content was the imperative for Advanced Practice Registered Nurses, including FNPs, to lead in the transformation of health and healthcare, as outlined in the *Future of Nursing* report (IOM, 2010). The curricular changes were guided by the IHI’s Triple Aim and the Social Ecological Model. New and enhanced population health content was integrated throughout four consecutive FNP clinical courses.

**Teaching modalities utilized:** didactic lecture, group exercises, and simulation (high and low fidelity).

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<thead>
<tr>
<th>Term</th>
<th>Population Health Content</th>
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<tr>
<td>Spring</td>
<td>Didactic content: APRN’s role in population health; health outcomes, determinants and disparities; clinical epidemiology; review of the social ecological model; and introduction to evidence-based practice. Exercises/skills: Application of social ecological model. Review population health and evidence-based practice resources.</td>
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<td>Summer mini-term</td>
<td>Exercises/skills: Develop PICO questions, and locate and critique selected evidence Simulation I: Evidence-based practice highlighting IHI’s triple aim</td>
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<td>Fall</td>
<td>Didactic: Institute for Healthcare Improvement modules Exercise/skills: Use the Five Whys (root cause analysis) method to analyze a problem and develop a quality improvement plan Simulation II: Patient-centered care and quality improvement</td>
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**Program Evaluation Methods**
Rapid cycle evaluations were completed every three months- including quantitative and qualitative data. Changes were implemented based on findings.

- End of session surveys of students and faculty.
- Summative testing (exams/quizzes) to evaluate students’ knowledge of topics.

**Student Responses about Simulation**

**Simulation I**
- “I liked hearing the patients’ inputs about the scenario. It was great to hear their perceptions of the information provided, and how it was provided.”
- “I learned how to create a PICO question and how to access a patient and the whole situation that they came in for. I realized how important it is to access and provide the patient with information they came in for, even if it is not my plan.”
- “How much we don’t consider [what] patients want.”

**Simulation II**
- “Seeing barriers for patients, healthcare providers, and administrator was helpful”
- “Surprising to see the financial impact of inefficiently run office”
- “Being able to look at a clinic practice—administrative issue rather than clinical issue was a nice change of pace”
- “Review of root cause analysis process and how it applies to healthcare”

**Lessons Learned**
1. Introduce population health content into all APRN programs (expand beyond the FNP concentration).
2. Integrate population health content throughout the APRN curriculum (e.g., advanced pharmacology and research).
3. Incorporate population health into didactic, flipped classroom activities, conferences, and simulations.