Chronic Care Model: A Framework for Experiential Learning During Clinical Rotation

Chronic illness affects approximately 50% of adults in the United States (Centers for Disease Control and Prevention, 2011). Nurses must be educationally prepared to meet the challenges of chronic disease management. The Chronic Care Model (CCM) is an effective framework for delivering planned, patient-centered care, with improved outcomes for individuals with chronic disease (Nutting et al., 2007). The model can also guide experiential learning activities during clinical rotations for undergraduate, master’s, and doctoral students. Experiential learning is a powerful teaching activity that facilitates critical thinking (Lisko & O’Dell, 2010). Experiential activities bring the classroom to the clinic, and the CCM provides the framework.

In 2010, George Mason University School of Nursing launched a Health Resources and Services Administration–funded faculty practice at a community free clinic. The CCM is the practice’s framework for integrative primary care, behavioral health care, and patient education for hypertensive and diabetic patients. The faculty found that the CCM is a useful model for directing planned clinical learning opportunities. Finding meaningful clinical experiences for students is challenging due to lack of facilities. The faculty practice at the free clinic was an ideal site for clinical rotations because many levels of nursing students could be accommodated simultaneously. This allows the graduate student to mentor and act as a role model for the undergraduate.

The CCM includes the following six essential components of primary care for chronic conditions (Nutting et al., 2007):

- Community resources and policies.
- Organizations of health care systems.
- Self-management support.
- Delivery system design.
- Decision support.
- Clinical information system.

These elements were incorporated into meaningful experiences for nursing students. The shared medical appointment (SMA) provides an example of how the CCM elements offer a guide for experiential learning. SMAs are group visits during which patients with similar conditions receive both education and medical care. SMAs have been shown to provide quality care and improve outcomes and are an effective alternative to individual visits for patients with diabetes (Dickman, Pintz, Gold, & Kivlahan, 2012).

The following case study highlights how undergraduate, master’s, and doctoral students, supervised by faculty, participate in the SMAs with the CCM as a framework. Mr. M is a 65-year-old uninsured, unemployed patient with type 2 diabetes. Mr. M is likely to benefit from a SMA for diabetics, during which he can share with patients who have similar concerns.

At the SMA, undergraduate students take Mr. M’s vital signs and review his medications, health history, behaviors, and glucose logs. The student helps Mr. M set health goals for the upcoming month. Graduate students lead the SMA diabetic teaching with undergraduate student assistance. The graduate nurse educator student reviews the goals with Mr. M and discusses concerns related to his diabetes. The nurse practitioner (NP) student, with the preceptor, reviews Mr. M’s history, laboratory results, and medications; performs a targeted examination; adjusts his medications; orders tests; and develops a plan. The doctoral student mentors undergraduate and master’s students and evaluates the outcomes of the program.

With faculty oversight, students at all levels of education participate in planned evidence-based activities that incorporate elements of CCM. Students provide Mr. M with strategies for self-management. They participate in an alternative delivery system and use the information system for review and documentation in the electronic medical record. Students use the American Diabetes Association guidelines to support their clinical decision making. They see the challenges that Mr. M faces in accessing care for his chronic illness as an uninsured individual and how U.S. health policies impact Mr. M’s care. Each of these experiences involves a CCM component and facilitates critical thinking.

Prior to starting the clinical rotation, students must complete modules covering the CCM, cultural competency, and health literacy. The learning experience is part of a course with distinct objectives and requirements within the student’s specific program. The undergraduate students focus on skills and community resources. The graduate students focus on direct patient care and interventions. The doctoral students focus on systematic evaluation of clinical outcomes and patient satisfaction. Students found the learning experiences to be meaningful in applying what they learned in class to patient care and how to help patients self-manage their diabetes.

The CCM framework for learning opportunities provides a comprehensive approach in understanding the many factors that influence the health of chronically ill individuals. The CCM supports learning experiences for novice and advanced roles. Use of the CCM as a tool for experiential learning is an innovative method that brings the classroom to clinical practice and prepares nurses to be leaders in chronic care management.

References


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