Role of the RN in Primary Care: Implications for Nursing Education

A n area of health workforce development that has been receiving attention in the past few years has been the role of the RN within the primary care environment. Since the landmark report about the future of nursing (Institute of Medicine, 2010), great emphasis has been placed on RNs practicing at the top of their scope. The American Academy of Ambulatory Care Nursing (2012) embraced this notion and published a position statement that stated: “RNs enhance patient safety and the quality and effectiveness of care delivery and are thus essential and irreplaceable in the provision of patient services in the ambulatory setting” (p. 1). The California Healthcare Foundation (Bodenheimer, Bauer, Olayiwola, & Syer, 2015) identified that nursing education has focused primarily on preparing students for positions in acute care and home care, but not as much in primary care. A recent study of 16 high-functioning primary care practices revealed RN activities in the areas of “episodic and preventive care, chronic disease management, and practice operations” (Smolowitz et al., 2015, p. 133).

The Josiah Macy Jr. Foundation (2016) commissioned four papers about RNs and primary care practice to facilitate a convening in June 2016. The recommendations of this report were (p. 7):

1. Leaders of nursing schools, primary care practices, and health systems should actively facilitate culture change that elevates primary care in RN education and practice.

2. Primary care practices should redesign their care models to utilize the skills and expertise of RNs in meeting the health care needs of patients—and payers and regulators should facilitate this redesign.

3. Nursing school leaders and faculty should elevate primary care content in the education of pre-licensure and RN-to-BSN [bachelor of science in nursing] nursing students.

4. Leaders of primary care practices and health systems should facilitate lifelong education and professional development opportunities in primary care and support practicing RNs in pursuing careers in primary care.

5. Academia and health care organizations should partner to support entry-level and pre-licensure and RN-to-BSN students in primary care knowledge, skills, and perspective.

6. Leaders and faculty in nursing education and continuing education programs should include interprofessional education and teamwork in primary care nursing curriculum.

Included in the report are numerous actionable recommendations. Those focused on nursing education can be organized into themes of Leadership, Partnership, Curriculum Development, Faculty Development, and Lifelong Learning.

Leadership within nursing education is essential to transform the culture to support emerging roles for nurses, especially the current opportunity to develop robust roles within primary care. To prepare the workforce of the future, it is important to scan the environment for meaningful trends and lead faculty in the development of an innovative and flexible curriculum. It is essential to effectively communicate with a variety of stakeholders, such as policy makers, payers, employers, and advocacy organizations, and to be responsive to community needs.

Partnership with community organizations and health care systems is necessary to explore new opportunities for curriculum development and clinical experiences in primary care. Patients, families, and community members should be represented in partnerships to maintain the focus of curriculum development activities. The process should be one of co-design to include patients, families, community members, and health professionals engaged in primary care. Development of partnerships to support the role of the RN may also present opportunities to further support interprofessional education and team-based care within the primary care environment. It is essential that these partnerships are mutually beneficial and allow modeling of a culture in which RNs are equal partners in the process.

A broader and deeper primary care focus in the curriculum has been identified as a strong need among entry-level nursing education programs. Wojnar and Whelan (2016) recently published results from a survey concerning facilitators and barriers of primary care curriculum for BSN- and master’s-entry-level programs, associate degree programs, and RN-to-BSN programs. Respondents from the RN-to-BSN programs were the most positive about content already being included in the curriculum. Entry-level programs cited lack of faculty buy-in, lack of resources, and lack of RN role models as key barriers.

Specific topics to be included in the curriculum include:
• Care coordination and care transitions.
• Chronic care and complex care management with associated behavioral health concerns.
• Improving patients’ self-management of prevention and behavioral health issues.
• Longitudinal care through the lifespan.
• Interprofessional education and teamwork.

In addition to patient-focused content, concepts related to practice operations and management are also important. These include:
• Culture change and primary care practice transformation.
• Informatics and data analytics.
• Telehealth and virtual delivery models.
• Motivational interviewing and health coaching.
• Health equity.
• Population health and risk stratification.
• Leadership, cost of care, delivery models, and systems innovations.

Faculty development is important so that those who teach have competence in primary care as well. Creating joint appointments for community-based nurses who function in an enhanced RN role will allow student exposure to appropriate role models. Creation of residency or fellowship programs could also benefit faculty who are interested in taking a leadership role in curriculum development.

Lifelong learning is the final theme with implications for nursing education. This begins with creating a workforce pipeline with diverse students to provide care to an equally diverse population. A more holistic admissions process that includes aptitude for community service may help in identifying strong candidates. Other aspects of lifelong learning include creating flexible, engaging educational modalities to attract existing nurses to a career in primary care. These may take the form of residency programs, continuing education programs, or certificate programs.

The vision for an enhanced role of RNs in primary care has been established and validated with evidence from the field. How can you contribute to preparing the workforce in meeting the need?

References

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