

BREAKING SILOS
BETWEEN
PUBLIC HEALTH
NURSING AND
NURSING INFORMATICS
EDUCATION
USING INTERACTIVE
CASE STUDIES

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DISCLOSURE

The members of the team involved in this research study declare no financial interest or support from any organization for the submitted work; no financial relationships with any organization that may have an interest in the submitted work and no other relationships or activities that could appear to have influenced the submitted work.

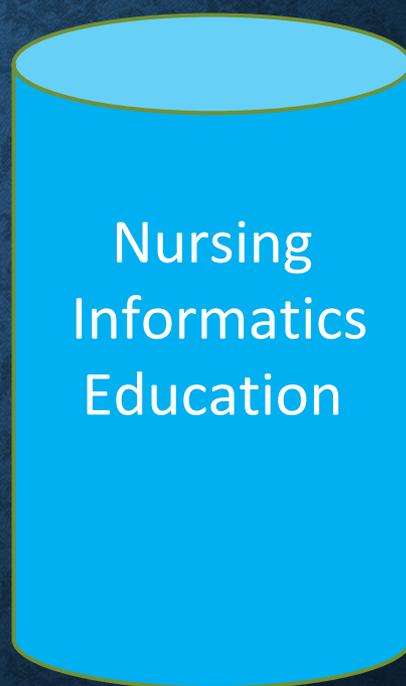
OBJECTIVES

- Describe the silos between public health nursing education and nursing informatics.
- Explore use of an interactive case study method that blends public health nursing education with nursing informatics.
- Discuss the effectiveness of an interactive case study.

ACADEMIC SILOS



Public
Health
Nursing
Education



Nursing
Informatics
Education

LITERATURE REVIEW

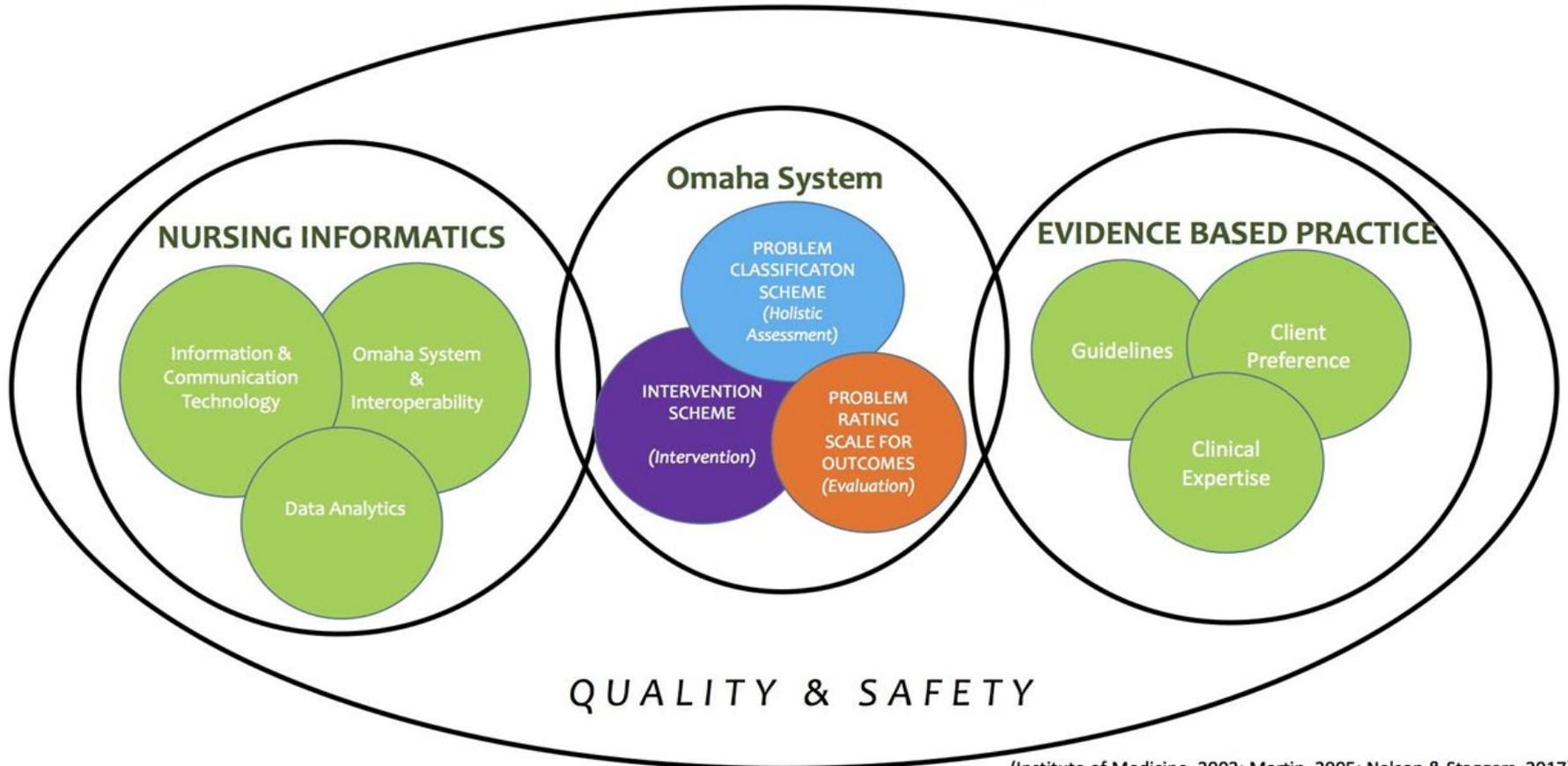
A systematic literature search was conducted in 2014 and 2018 by PINE to examine the scientific literature for current evidence regarding the extent to which the Omaha System is being used in nursing education

- All studies were descriptive
- Two were feasibility studies
- One was a previous literature review from 2004-2012
- All studies touched on the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), Quality & Safety Education for Nurses (QSEN, 2019) and Community/Public Health Competencies (Quad Council Coalition, 2018)

PINE INNOVATION MODEL

PARTNERSHIP for INFORMATICS in NURSING EDUCATION

Nursing Informatics Case-Based Learning



(Eardley, DeBlieck, Garner, Krumwieder, Rudenick, 2017)

STRUCTURE OF NI PHN CASE STUDY

NI = Technological Triad
+
PHN = population based care
+
Case Scenario

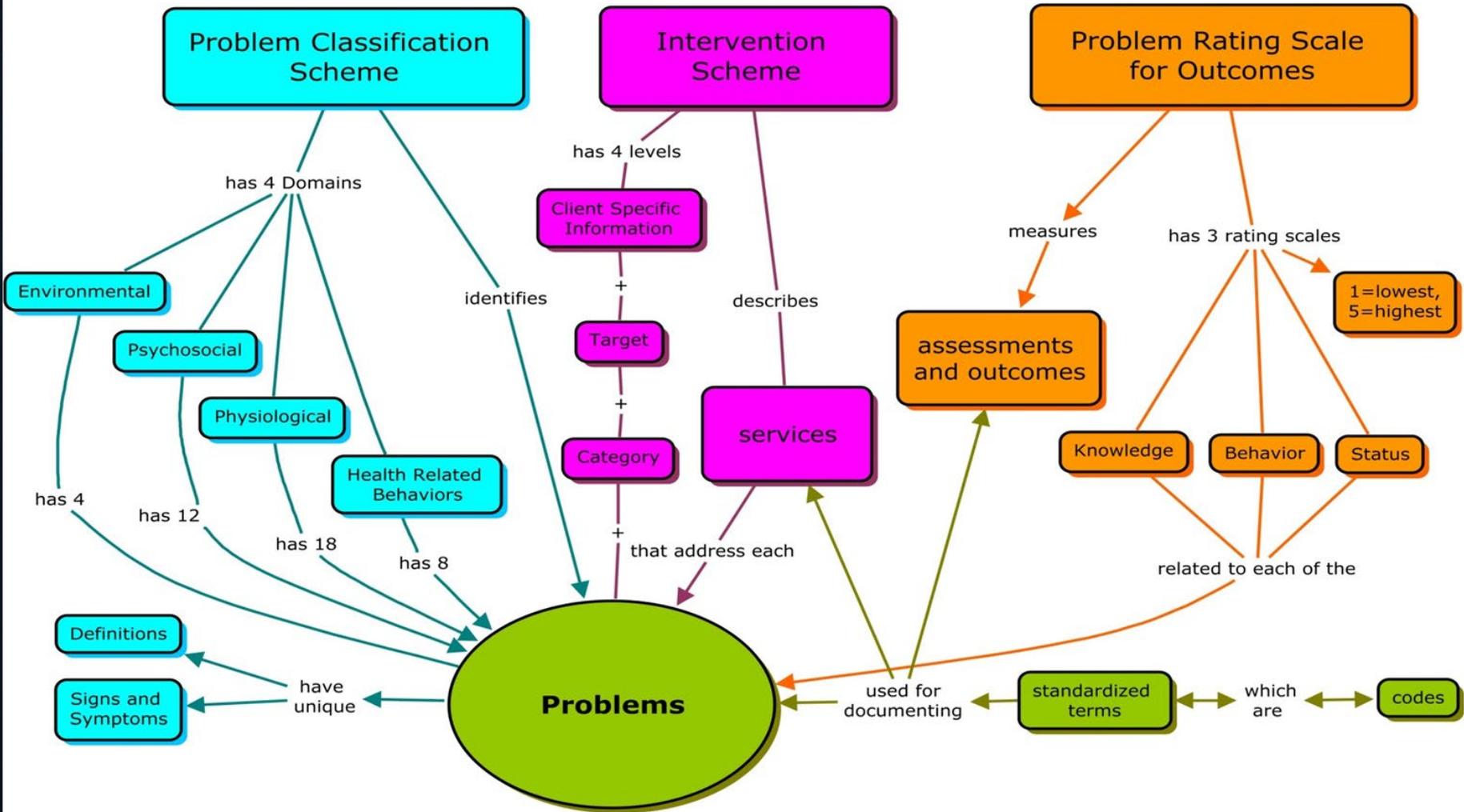
STRUCTURED APPROACH FOR TEACHING

- NI (technological triad)
 - Charting in the EHR
- Topical content
- PHN holistic assessment
 - Identifies the social determinants of health
- EBP
- Outcomes evaluation



STANDARDIZED TERMINOLOGY

The Omaha System (Martin, 2005)



(Monsen, 2008)

NI PHN CASE STUDIES MAPPING

Essentials of Baccalaureate Education (2008)

- II, III, IV, VII, VIII

Quad Council PHN Competencies (2018)

- 1, 3, 6

QSEN Competencies (2019)

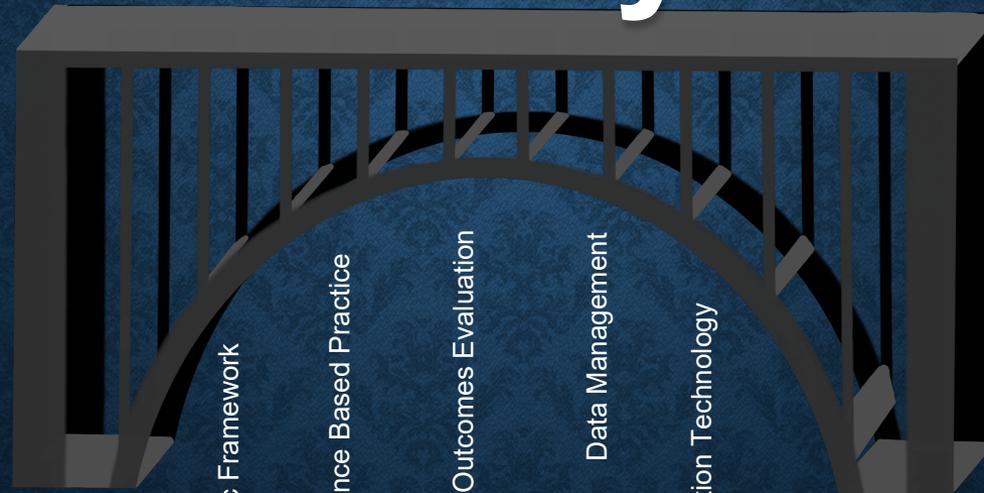
- 1, 3, 4, 6

BRIDGING THE DISCIPLINES

- Omaha System bridges C/PHN with Nursing Informatics education

Omaha System

Public and
Community
Health
Nursing
Education



Nursing
Informatics
Education

NI PHN CASE STUDY EXAMPLES



Omaha System Introduction

Dr. Karen Monsen

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DEBRA EARDLEY
Assistant Professor, Metropolitan State University

LTBI Module

The Home Visit

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Hello, Hermina. I am Abby the Public Health Nurse. Yesterday I received a referral from your provider indicating you have a new diagnosis of LTBI, which requires Directly Observed Therapy for medication management. Can you please tell me what you understand about your new diagnosis and DOT?

Hermina's File
Omaha System Notes

LTBI Module

Omaha System Charting

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Problem Rating Scale for Knowledge (KBS)

Knowledge (What the Client Knows)

- 1) No knowledge of: disease and treatment (Rx)
- 2) Minimal knowledge of: disease and Rx is willing to learn/constant coaching needed (at weekly visits)
- 3) Basic Knowledge of: disease and Rx; intermittent guidance/coaching needed every other visit
- 4) Adequate knowledge of: disease and Rx; guidance/coaching still needed (1 x month) for disease

Hermina's File
Omaha System Notes

SUBMIT

NI PHN CASE STUDY EXAMPLES

Diabetes Module

Menu Notes Resources

-10

What else would you like to talk about?

Let's review your medication. What do you do in your free time?

What are your concerns? Let's get your vitals.

Let's review your diet. Let's review your income.

Let's take a look at your foot. Continue to Documentation

Diabetes Module

Notes Resources

How would you rate the client's current knowledge her medication?

(Ability of the client to remember and interpret information)

- 1) No knowledge: names, purpose, dose, side effects, or schedule of medications
- 2) Minimal knowledge: names, purpose, dose, or side effects of medications; describes only medication schedule
- 3) Basic Knowledge: describes schedule, name, purpose, dose, and side effects of some medications
- 4) Adequate Knowledge: describes schedule, name, purpose, dose and side effects of most medications

Diabetes Module

Menu Notes Resources

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I get \$1100 from Social Security. Rent is \$600 a month. I spend about \$150 on water and electric, and \$300 for groceries so I have about \$50 for meds, but my I also need to buy things for my cats. Often I don't have enough for medication. My cats come first.

Back

Diabetes Module

Notes Resources

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Comparing EBP Guidelines to the Omaha System

Diabetic Foot Ulcers	PROBLEM: C/I Condition – Foot Ulcer
<ol style="list-style-type: none"> Diabetic Wound Care: <ul style="list-style-type: none"> Treating underlying disease processes Ensuring adequate blood supply Local wound care, including infection control Pressure offloading Daily Foot Care: <ul style="list-style-type: none"> Check feet daily Dry feet well Moisturize daily Avoid uncomfortable ill fitting shoes <p>(Wounds International, 2013)</p>	<ol style="list-style-type: none"> Teaching, Guidance, & Counseling – Dressing change/wound care: <ul style="list-style-type: none"> Recommended Technique Maintain Schedule Proper foot care Surveillance - Signs/Symptoms: <ul style="list-style-type: none"> Evidence of disease/infection or healing Drainage type, color, amount, and order Wound diameter/depth <p>(Martin, 2005)</p>

STUDENT LEARNING OUTCOMES

- Role of C/PHN
- Topical content
- Quality charting in the EHR
- Applying PHN process
 - Holistic assessment
 - Identification of social determinants of health
 - EBP plan of care
 - Evaluation of outcomes

IMPLICATIONS FOR EDUCATION

- PINE innovation model
- Bridge key aspects
- Customization of the case scenarios
- Students learn to work within Interprofessional Teams

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