Assessing the Continuing Education Needs of Nurse Practitioners in Rural Ontario

Kate Tilleczek, Raymond Pong,
Suzanne Caty, Isabelle Michel, Sandy Lemieux

Centre for Rural and Northern Health Research
Laurentian University
Context

Provincial monitoring of NP education

a) CRaNHR
b) NP tracking study
c) Support for continuing education
Project Objectives

- Guide continuing education strategy
- Determine perceived needs of NPs
Overview

1. Survey
2. Re-analysis of NP tracking study*
3. Key informantant information
4. Literature Review

* FOR MORE INFO...
www.laurentian.ca/cranhr
Research Team

- Suzanne Caty, RN, MSc
- Kate Tilleczek, B.Ed., PhD (candidate)
- Raymond Pong, PhD
- Isabelle Michel, RN, MA
- Sandy Lemieux, BA
- Mark Richards, BA
Key Lessons from Literature

- Both clinical and professional content
- Content defined by current practice context
- Prior learning assessments are useful
- Utilize existing infrastructure and supports
- Enhance networking and mentoring
- Delivery that is flexible, practical and short
- Most satisfied with face-to-face approaches
- Increased comfort with distance technologies

FOR MORE INFO...
See reference section and literature review
Procedures

- Ethics Review
- Questionnaire development
- Complex Sampling Frame
  (combined 4 lists and approached Health Canada)
- Data collection
Project Schedule

See Methods Section

4/24/2003
Return Rate

Total Questionnaires Sent
n=468

Questionnaires Returned
n=227

Questionnaires Suitable for Analysis
n=145

Questionnaires Not Suitable for Analysis
n=82

Questionnaires Not Returned
n=241
Survey Results

Respondent Profile
Major Health Problems
Key Continuing Education Issues
Content and Modalities
<table>
<thead>
<tr>
<th>Geographic Location</th>
<th>Rural Southern Ontario</th>
<th>Northern Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>25% (n=36)</td>
<td></td>
<td>75% (n=109)</td>
</tr>
<tr>
<td>Mean population 5,030</td>
<td></td>
<td>Urban- (27%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rural- (46%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remote- (27%)</td>
</tr>
</tbody>
</table>

4/24/2003
<table>
<thead>
<tr>
<th>Practice Settings</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing station/Outpost nurse clinic</td>
<td>34</td>
<td>23%</td>
</tr>
<tr>
<td>Community health centre</td>
<td>31</td>
<td>21%</td>
</tr>
<tr>
<td>Physician’s office/Family practice unit</td>
<td>18</td>
<td>12%</td>
</tr>
<tr>
<td>Aboriginal health access centre</td>
<td>17</td>
<td>12%</td>
</tr>
<tr>
<td>Other community health agencies</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Public health unit</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Long-term care facility</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Hospital emergency</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Hospital ambulatory</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Health service organization</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Community care access centre</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Hospital inpatient</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>145</td>
<td>98%***</td>
</tr>
</tbody>
</table>
Professional Designation

- 59% (n=85) RNs(EC)
- 22% (n=32) RNs in FNIHP
- 19% (n=27) RN expanded role or medical directives
Clientele

Combination of age groups and health needs. Focus on health promotion, disease prevention, treatment and health maintenance. 81%
Major Health Problems/Issues

1. Diabetes (57%)
2. Cardiovascular Disease (56%)
3. Psycho-social Problems (47%)
4. Lack of access to health services (55%)
Key Continuing Education Issues

- Importance
- Access
- Barriers
Importance

- Virtually all had previous CE experience especially in clinical topics
- Virtually all rated CE as highly important
“Continuing education is critical in maintaining and expanding my professional competence. With the constant development of new treatments and guidelines, it is difficult to stay current without continuing education....”

“Both to meet the College of Nurses of Ontario requirements and from a sense of professional responsibility, I feel it is very important”
Access and Barriers

Lack of access

Only 27% had high levels of access to courses.

However, they could access learning technologies

Main barriers

- Distance to travel
- Travel costs
- Work obligations
- Tuition costs
- Lack of employer funds
- Family obligations
Content Area Needs

Clinical & Professional
Clinical Content Needs

1. Drug Prescriptions and interactions
2. Interpreting laboratory tests
3. Assessment, diagnosis and differential diagnosis
4. Advanced counseling skills
5. Endocrine health
6. Women’s health
Professional Content Needs

1. Community development and mobilization
2. Program planning
3. Proposal writing
4. Program evaluation
5. Evidence-based practice
6. Health promotion models
Voices

“I need a community advisory team and must work politically within the new city (recently amalgamated) to develop the NP role”

“I am interested in empowering people to improve their health and lifestyles and take control of their health…”

“I need to know more about the administrative and organizational and political structure of Health Canada, FNIHB and First Nations Bands”
Preferred Modalities

1. Workshops
2. Seminars
3. Conferences
4. Print-based course materials
5. Face-to-face lectures
6. Web-based & Internet
7. CD-Rom
8. Videoconferencing
9. Networking
10. Computer conferencing
11. Teleconferencing
## Differences in Northern Ontario

<table>
<thead>
<tr>
<th>Modality</th>
<th>Mean Helpfulness Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban</td>
</tr>
<tr>
<td>Face-to-Face lectures</td>
<td>4.0</td>
</tr>
<tr>
<td>Conference</td>
<td>4.5*</td>
</tr>
<tr>
<td>CD-ROM</td>
<td>3.4</td>
</tr>
<tr>
<td>Seminar</td>
<td>4.3*</td>
</tr>
<tr>
<td>Workshop</td>
<td>4.4*</td>
</tr>
<tr>
<td>Teleconferencing</td>
<td>2.9*</td>
</tr>
</tbody>
</table>

* Significance level = p < .05
** Rating scale from 1 “not at all helpful” to 5 “extremely helpful”
Convenient times to participate

<table>
<thead>
<tr>
<th>Time of Day and Year</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evenings</td>
<td>62%</td>
</tr>
<tr>
<td>In the fall</td>
<td>60%</td>
</tr>
<tr>
<td>In the winter</td>
<td>58%</td>
</tr>
<tr>
<td>During work hours</td>
<td>57%</td>
</tr>
<tr>
<td>In the spring</td>
<td>48%</td>
</tr>
<tr>
<td>During weekends</td>
<td>43%</td>
</tr>
<tr>
<td>In the summer</td>
<td>19%</td>
</tr>
</tbody>
</table>
NP Tracking Study

Secondary Analysis
# Continuing Education Activities

## Clinical
- Women’s health
- Psychosocial health
- Emergency care
- Endocrine health
- Integumentary health
- Cardiovascular health

## Professional
- Professional and regulatory issues
- Leadership and management
- Research and evidence-based practice
Key Informant Information

Three themes
Three themes

1. Content Areas
2. Issues and Strategies
3. Delivery of Continuing Education
Corroborative Evidence

Literature, Survey, NP Tracking Study and Key Informants
## Summary

<table>
<thead>
<tr>
<th>Describe Continuing Education Needs</th>
<th>Guide Continuing Education Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context</td>
<td>Context</td>
</tr>
<tr>
<td>Issues</td>
<td>Issues</td>
</tr>
<tr>
<td>Content</td>
<td>Content</td>
</tr>
<tr>
<td>Modalities</td>
<td>Modalities</td>
</tr>
</tbody>
</table>
Recommendations

1. Paradox of modality and barriers
2. Focus on current NP practice and context
3. Consider modules
4. Existing provincial strategies
5. Formative and summative evaluation
Initiatives

✓ Strategies
  Constructivist model

✓ Modalities
  Mixed

✓ Content Areas
  Both clinical and professional

✓ Implementation and Evaluation