Section 3: Incorporating into Nursing Curriculum

Calls to Transform Nursing Education

AACN® Essentials

In 2021, the American Association of Colleges of Nursing (AACN) re-envisioned *The* Essentials and newly identified the domain of population health as an essential component in undergraduate and graduate nursing education, further focusing on the concept of SDOH (AACN, 2021). Additionally, AACN recognizes SDOH are closely interrelated with the concepts of diversity, equity, inclusion, health policy, and communication. Resources have been developed to enhance SDOH concepts within nursing curricula, including recommendations for integrating SDOH learning and assessment strategies, exemplars, and recommended content for entry-level and advanced-level students.

You may access the tool kit here: https://www.aacnnursing.org/essentials/database/kit/i/c_social_det

AACN® Spheres of Care

Evolving healthcare needs require nursing education to meet the needs of our dynamic, global, and diverse population. Historically, nursing education has focused efforts primarily in acute care settings. However, future emphasis should focus on spheres of care addressing a broader spectrum of care. AACN identifies the four spheres of care as 1) disease prevention/promotion of health and well-being, 2) chronic disease care, 3) regenerative or restorative care, and 4) hospice/palliative/supportive care (AACN, 2021).

Demonstrating competence through practice experiences with individuals, families, communities, and aggregates across the lifespan and within each of the four spheres of care is needed to holistically prepare nursing students. The future workforce needs nurses who can practice in diverse settings, including community settings. Table 3.1 provides exemplar categories for each sphere of care.

TABLE 3.1 Spheres of Care

Sphere Of Care	Exemplar Categories
Disease Prevention/Promotion of Health & Well-Being	Promotion of physical and mental health in clients across the lifespan Management of minor acute and intermittent care needs of generally healthy clients
Chronic Disease Care	Chronic disease Prevention of negative sequelae
Regenerative or Restorative Care	Critical/trauma care Complex acute care Acute exacerbations of chronic conditions Treatment of physiologically unstable clients
Hospice/Palliative/ Supportive Care	End-of-life care Palliative and supportive care for clients requiring extended care Individuals with complex, chronic diseases Clients requiring rehabilitative care

(Table Source: American Association of Colleges of Nursing, 2021)

National Council State Boards of Nursing

The National Council of State Boards of Nursing (NCSBN) has put in place multiple initiatives toward the goal of achieving health equity (NCSBN, 2021). Moving forward, it is essential for the licensing exam to contain questions that assess a nurse's ability to address SDOH, the needs of clients and communities, and appropriately respond to public health emergencies and disasters (NCSBN, 2021). In this workbook, each case study contains six frames, outlining layer three of the NCSBN Clinical Judgment Measurement Model® (NCJMM). Additional contextual elements are realistically and intentionally brought into the case studies to further enhance layer four of the NCJMM.

Teaching SDOH Across the Curriculum

The nursing profession is most capable of assessing social determinants of health (SDOH) and positively addressing health inequities in the nation and worldwide. Exploring and integrating SDOH and cultural aptitude into nursing curricula is essential to healthcare today. Traditionally, content related to SDOH in nursing curricula has been isolated into community and public health nursing courses, and graduate-level programs have varied depending on the program's focus. Consequently, isolating concepts of SDOH within curricula does not enable students or nurses to see the wide-ranging influence of SDOH and its impact on clients, communities, and aggregates (Thornton & Persaud, 2018). Merely integrating SDOH into didactic components of the nursing curriculum has yet to be effective when preparing nurses for the workforce. Therefore, influencing future engagement and advocacy through the integration of SDOH content into nursing curricula through transformative learning strategies is preferred. Allowing student perspectives to move beyond gaining knowledge and allowing students to understand, reflect, analyze, apply, and create content and experiences will increase their awareness of SDOH and its impact on health outcomes.

Teaching SDOH to students as only academic content rather than through clinical or active experiences does not provide the students with adequate knowledge, skills, or abilities to equip them to take necessary social and/or political actions required to help society achieve health equity and eliminate disparities (NACNEP, 2019). Curricular integration opportunities must focus on purposeful education for students and nurses to understand the connections between SDOH and clients' challenges (Thornton & Persaud, 2018). Providing opportunities for students to connect didactic material with meaningful clinical experiences in a variety of settings will lead to improved learning outcomes. A curriculum that is committed to addressing SDOH will allow students to develop an understanding of and ability to screen for SDOH so they can intervene and advocate as needed. Integrating SDOH concepts into the curriculum serves as the foundation; however, for students to thoroughly gain competence and confidence in serving as advocates in addressing SDOH, experiential learning scattered across the curriculum is essential for student growth and competence. Strategies may include interprofessional education and collaboration, case studies, motivational interviewing, empathic inquiry education, simulation, advocacy/policy, and mindful service-learning experiences. Each of these is briefly described below.

Interprofessional Education

In 2010, the Institute of Medicine highlighted the benefits of interprofessional education (IPE). Since then, healthcare has significantly transformed, and the concept of IPE has been essential in improving healthcare delivery and health outcomes. The nursing profession plays a vital role in collaborative practice amongst health care professionals both in acute and community settings. Interprofessional collaboration is often an untapped student experience and can provide exceptional opportunities to gain perspectives and insights. Nurse educators can integrate content related to SDOH (legal, economic, social, and political implications) into existing nursing curricula through interprofessional experiences. IPE can profoundly impact students' knowledge and attitudes toward such practice issues. Students will gain collaboration skills, teamwork, leadership, and diversity of thoughts when addressing complex issues within

healthcare (Thornton & Persaud, 2018). Adopting IPE experiences through live activities or simulation across undergraduate and postgraduate curricula supports the future evolution in nursing (Buckley et al., 2012).

Case Studies

Case studies are one method to teach critical thinking and clinical reasoning by allowing students to purposefully understand and interpret information in the delivery of care. Specifically, unfolding case studies align with nursing practice as they progress gradually in real time (Hekel, 2023). Incorporating unfolding case studies into nursing curricula allows for active engagement of students and can evolve throughout the individual course or multiple courses throughout a program. Unfolding a case study across multiple courses allows students to holistically assess their client and incorporate previous learnings with the client through repetitive exposure.

Illustrating Healthy People 2030's five SDOH domains allows for a multitude of cases to be developed. For example, a case study could focus on economic stability as the client encounters poverty, homelessness, lack of access to care, and food insecurities. An additional emphasis on social justice and care inequities can be introduced through case studies as an innovative teaching strategy to introduce such concepts. Unfolding case studies have a unique ability to provide sequential snapshots of changes clients, families, and communities experience and can be tailored to emphasize a focus on client care and the impact of SDOH. Students build fundamental thought processes through the presentation of realistic, real-world scenarios occurring over a period of time. Furthermore, it provides fundamental thought processes, enhances clinical judgment, and prepares students to enter the workforce or advance their knowledge within the nursing profession (Hekel, 2023).

Motivational Interviewing / Empathic Inquiry

SDOH screening and inquiry may require the nurse to ask potentially sensitive questions. Encouraging an interview method that is less data-driven and more relationship-driven may result in a better nurse-client relationship and improved health outcomes. Motivational interviewing and empathic inquiry encourage participants to further explore reasons for their health and provide a structure for collaboration and conversations related to health behavior changes. When conducting SDOH interviewing, empathic inquiry is an effective method based on motivational interviewing and trauma-informed care. This method of inquiry emphasizes engaging, empathizing, supporting, summarizing, action planning, and collaborating with the healthcare team (Thornton & Persaud, 2018). Incorporating motivational interviewing and empathic inquiry across nursing curricula in didactic content in the classroom and simulation can provide students the opportunities to master such interviewing and inquiry skills, further stimulating information regarding SDOH.

Simulation

Simulation is used as both a teaching strategy and an evaluation method in nursing education (Thornton & Persaud, 2018). Simulation is a "…technique, not a technology, to replace or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion" (Gaba, 2004, p.i2). Healthcare Simulation Standards of Best Practice™ are outlined and maintained through the International Nursing Association for Clinical Simulation and Learning (INACSL) and are designed to advance the science of simulation, provide evidence-based guidelines, and share best practices. Additionally, it provides a detailed process for evaluating and improving simulation procedures and delivery methods that students, facilitators, and faculty benefit from. The adoption of these standards demonstrates a commitment of an organization to quality and implementation of evidence-based practices within healthcare and improving client care across all aspects of healthcare and healthcare professionals. Incorporating SDOH case scenarios through simulation is an effective and resourceful way for students to gain experiential knowledge and insights into a variety of care settings, populations, and aggregates.

Policy

Identifying SDOH in health inequities often requires a social justice perspective (Thornton & Persaud, 2018). Social justice refers to the fair and equal treatment of individuals, where their rights are protected, and there is an equitable distribution of resources and unbiased decisions. Often, healthcare outlines this in terms of health equity, which is the work of reducing health disparities and allowing all individuals to achieve their highest level of health. Nurses are uniquely positioned to drive social justice and equity in healthcare. To do so, holistic training and adherence to ethical principles must occur. The American Nurses Association (ANA) provides a statement on Ethics and Human Rights, calling for nurses to advocate, protect, and amplify human rights and social justice concerns (Timmons, 2021). Additionally, the American Association of Colleges of Nursing (AACN) states, "…nursing must address structural racism, systemic inequity, and discrimination in how nurses are prepared" (American Association of Colleges of Nursing, 2021, p.6).

Further guidance suggests providing students opportunities to engage in ongoing personal development toward understanding their own conscious and unconscious biases. The foundations of professional nursing practice and values in nursing include altruism, autonomy, human dignity, integrity, and social justice. Incorporating these values while threading SDOH across the curricula will enable students to identify SDOH's significance to the overall health of individuals, families, and communities. Furthering their ability to contribute to the greater purpose of the nursing profession (Thornton & Persaud, 2018).

Service-learning Experiences

Service-learning experiences work directly with vulnerable and marginalized populations most affected by SDOH (AACN, 2008). Such experiences are valuable and critical components of nursing education. Nurse educators must consider the importance of service-learning experiences and develop innovative opportunities for students to gain insights and understand the barriers these groups face. Service-learning experiences are not the same as volunteerism or clinical experiences. Instead, service-learning experiences are based on a collaboration between academic institutions and community partners that allow students to interact and utilize reflective exercises. Particularly, reflective exercises could include journaling, artwork, storytelling, or portfolios. These strategies allow students and faculty to explore difficult SDOH issues uncovered through the service-learning experience (Thornton & Persaud, 2018).

Service-learning experiences should be incorporated into all realms of nursing education. Every student moves into areas of practice that require an understanding of how SDOH impacts the health of individuals and communities (Thornton & Persaud, 2018). Incorporating structured content focused on introducing service-learning concepts, gaining knowledge, developing compassion for others, and purposefully reflecting on experiences will allow students to increase their knowledge related to SDOH and build confidence in their own practice.

In nursing education, transformative changes are needed to adequately prepare nurses when assessing and addressing the SDOH of individuals and communities they serve. Nurse educators are uniquely positioned to proactively develop curricula addressing SDOH by incorporating interprofessional education, teaching new skills and communication methods, and forming new community partnerships. Thornton & Persaud (2018) established clear recommendations for incorporating SDOH into nursing curricula; review Table 3.2 below for an overview of recommendations.

TABLE 3.2 Recommendations to Incorporate SDOH in Nursing Curricula

1.	Commit to the integration of content related to SDOH throughout curricula.
2.	Expand clinical education experiences outside of the acute care setting.
3.	Develop interprofessional education initiatives that encourage collaboration.
4.	Focus on assessment skills such as motivational interviewing and empathic inquiry.
5.	Increase curricular content related to social justice and advocacy.
6.	Create intentional programs of service learning.
7.	Require faculty education programs related to SDOH and curricular content.
8.	Focus on improving workforce, student, and faculty diversity.

(Table Source: Thornton & Persaud, 2018)

Teaching Strategies (Classroom, Lab, Clinical, and Simulation)

Classroom

Enhancing the classroom through active teaching strategies addressing SDOH will help to bridge students' clinical knowledge with social considerations. Active learning techniques may include simulation, group discussion, client case videos, guided self-reflection exercises, service learning, team-based learning, book club, or photographic essays. Examples of these learning techniques are described in Table 3.3 below.

TABLE 3.3 Active Learning Activities in the Classroom

- ✓ Use a team-based learning approach to discuss client scenario videos addressing culture, diversity, etc.
- ✓ Utilize a series of videos addressing SDOH factors to curate group discussion and self-reflection.
- ✓ Create client cards using the "Think-Pair-Share" method to discuss incorporating the client's personal beliefs into care recommendations. Rewrite client education at a 6th-grade reading level.
- ✓ Have students complete a photographic essay where they take a photograph in their local environment that demonstrates social, cultural, or environmental determinants of health.
- ✓ Practice administering health literacy assessments and identify formal signs of low health literacy.
- ✓ Have students complete group projects/presentations on cultural healthcare dilemmas.
- ✓ Create an active learning workshop, including a self-awareness activity for the student to relate to various groups of people in society. May also include implicit bias, cultural humility, and cultural safety.
- ✓ Create a reflective activity around one's own cultural awareness and identify personal biases.
- ✓ Videos and discussions around religious and socioeconomic factors. Have students present on various health disparities
- ✓ Create a cultural book club and have student(s) champion.

(Table Source: Kiles et al., 2020)

Lab

Using experiential learning has long been a foundation in nursing skills labs. Applying the same experiential learning to expose students to the needs of underserved populations and help them better understand the impact of SDOH on health outcomes in the lab setting is achievable and attainable. Enhancing the skills lab space to reflect a variety of client settings allows for early immersive experiences. Diversifying skills modulars, mannequins, and culturally appropriate resources will enhance SDOH in the lab. Additionally, lab faculty/instructors should consider mini-scenarios or scenario cards outlining the skill being learned in a client situation. For example, the skill being taught is medication administration with an inhaler; however, the client does not speak English. Provide resources or have students develop resources that would allow appropriate learning to occur for the client. Such changes to traditional skills labs will allow students to engage in their learning with acute care and community focus, improving the comfort of students and enhancing their knowledge of the skill.

Clinical

There is a strong need for academic partnerships with communities that incorporate clinical placements and service-learning opportunities for students to emphasize addressing SDOH (NACNEP, 2019). Providing clinical experiences in nursing education related to SDOH requires an adjustment to traditional methods and ways of thinking. Moving some of the clinical experiences outside of traditional acute care settings to work with organizations in the community can

provide students with a holistic experience and first-hand see the impact of SDOH. Reconsidering traditional acute care clinical experiences is necessary for preparing nurses for future practice. Including multiple SDOH experiences, community engagement, and purposeful student reflection will support effective curriculum revisions within clinical sites. Designing learning opportunities that occur in a variety of locations, such as nontraditional clinical placements (free clinics, schools, non-governmental organizations, etc.), will provide the students with an opportunity to gain experiential knowledge and insights into the healthcare needs of their community and gain a better understanding to the importance of interprofessional collaboration and its impact on improving health outcomes (Thornton & Persaud, 2018).

Simulation

Simulation offers a unique approach to providing students with purposeful, controlled experiences to increase awareness and support of SDOH and considerations of individual biases. Nurse educators can incorporate SDOH simulations across the curricula. For example, income is one of the most important determinants of health, and there are several ways to simulate poverty conditions and enhance students' understanding of and attitudes toward working with individuals of low income or in poverty (Thornton & Persaud, 2018). Addressing food, shelter, low income, coping with stressful life situations, and interacting/integrating community resources are all components that could be built into the simulation(s). Such simulation experiences would help students identify life circumstances and SDOH that influence health and health outcomes.

REFERENCES

American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice.* Washington, DC: American Association of Colleges of Nursing

American Association of Colleges of Nursing [AACN]. (2021). The Essentials: Core competencies for professional nursing education. https://www.aacnnursing.org/Portals/42/AcademicNursing/ pdf/Essentials-2021.pdf

Albougami, A.S., Pounds, K.G., Alotaibi, J.S. (2016). Comparison of Four Cultural Competence Models in Transcultural Nursing: A Discussion Paper. http://clinmedjournals.org/articles/ianhc/international-archives-of-nursing-and-health-care-ianhc-2-053.php?jid=ianhc

American Association of Colleges of Nursing. (2021). The Essentials: Core competencies for professional nursing education. Accessible online at https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

Buckley, S., Hensman, M., Thomas, S., Dudley, R., Nevin, G., & Coleman, J. (2012). Developing interprofessional simulation in the undergraduate setting: Experience with five different professional groups. *Journal of Interprofessional Care, 26*(5), 362-369. doi:10.3109/13561820.2012.685993

Campinha-Bacote, J., (2018, December 4). Cultural Competemility: A Paradigm Shift in the Cultural Competence versus Cultural Humility Debate – Part I OJIN: The Online Journal of Issues in Nursing Vol. 24, No. 1

Castrucci, B., Auerbach, J. (2019). Meeting individual social needs falls short of addressing social determinants of health. https://www.healthaffairs.org/content/forefront/meeting-individual-social-needs-falls-short-addressing-social-determinants-health

Center for Disease Control and Prevention. (2022). What is health equity. https://www.cdc.gov/healthequity/whatis/index.html

Danso, R. (2018). Cultural competence and cultural humility: A critical reflection on key cultural diversity concepts. Journal of Social Work, 18(4), 410 – 430

Gaba, D. (2004). The future vision of simulation in health care. *Quality and Safety in Health Care, 13* (Suppl 1), 2-10

Hassmiller, S. B., & Wakefield, M. K. (2022). The Future of Nursing 2020–2030: Charting a path to achieve health equity. *Nursing Outlook*, *70*(6), S1–S9. https://doi.org/10.1016/j.outlook.2022.05.013

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Social determinants of health. https://health.gov/healthypeople/priority-areas/social-determinants-health

Hekel, B. , Pullis, B. , Edwards, A. & Alexander, J. (2023). Teaching Social Determinants of Health Through an Unfolding Case Study. *Nurse Educator, 48* (3), 137-141. doi: 10.1097/NNE.0000000000001333

Khan, S. (2021). Cultural Humility vs. Cultural Competence — and Why Providers Need Both. Health City. https://healthcity.bmc. org/policy-and-industry/cultural-humility-vs-cultural-competence-providers-need-both

Kiles, T., Jasmin, H., Nichols, B., Haddad, R., & Renfro, C. P. (2020). A Scoping Review of Active-Learning Strategies for Teaching Social Determinants of Health in Pharmacy. *American journal of pharmaceutical education*, *84*(11), 8241. https://doi.org/10.5688/ajpe8241

Leininger, M.M. (1995). Transcultural nursing perspective: Basic concepts, principles, and culture care incidents. In M.M. Leininger (Ed.), Transcultural Nursing: Concepts, Theories, Research, and Practices (2nd ed., pp 57-92). New York: McGraw-Hill

Leininger, M.M. (2002). Essential transcultural nursing care concepts, principles, examples, and policy statements. In M.M. Leininger & M.R. McFarland (Eds.), *Transcultural Nursing Concepts, Theories, Research, and Practices* (3rd ed). New York: McGraw-Hill

Loftin, C., Hartin, V., Branson, M. & Reyes, H. (2013). Measures of cultural competence in nurses: An integrative review. The Scientific World Journal, 1-10

National Advisory Council on Nurse Education and Practice [NACNEP]. (2019). Integration of social determinants of health in nursing education. https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/nacnep-2019-sixteenthreport.pdf

Thornton, M., Persaud, S., (2018, September 30). "Preparing Today's Nurses: Social Determinants of Health and Nursing Education" *OJIN: The Online Journal of Issues in Nursing* Vol. 23, No. 3, Manuscript 5. doi.10.3912/OJIN.Vol23No03Man05

Timmons, T. (2021, May 8). Social Justice, ethics, and the nursing profession. https://www.wolterskluwer.com/en/expert-insights/social-justice-ethics-nursing-profession

Williams, R. (1999). Cultural safety — what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23: 213-214. https://doi.org/10.1111/j.1467-842X.1999.tb01240.x

World Health Organization, (2023). Social Determinants of Health. https://www.who.int/health-topics/social-determinants-of-health#

Yeager, K.A. (2013). Cultural humility: Essential foundation for clinical researchers. Applied Nursing Research, 26, 251-256

CONCEPT LIST

IOWA STATE UNIVERSITY
Nursing

Patient Profile Concepts

Attributes and Resources

- Development
- Family Dynamics
- Functional Ability
- Accountability
- Social Determinants of Health

Personal Preferences

- Culture / Diversity
- Motivation / Adherence
- Spirituality

Professional Nursing and Healthcare Concepts

Attributes & Roles of the Nurse

- Professionalism
- Clinical Judgement
- Leadership
- Ethics
- Health Promotion
- Teaching & Learning
- Evidence-Based Practice
- Advocacy
- Cultural Aptitude

Care Competencies

- Therapeutic Communication
- Collaboration
- Safety
- Technology & Informatics
- Health Care Quality
- Pharmacology

Healthcare Infrastructure

- Health Care Organization
- Health Care Economics
- Health Policy
- Health Care Law / Legal Issues
- Community-Based Practice

Healthcare Delivery

- Care Coordination
- Care Giving
- Palliation / End-of-Life

Health and Illness Concepts

Homeostasis & Regulation

- Fluid & Electrolyte Balance
- Acid-Base Balance
- Thermoregulation
- Cellular Regulation
- Intercranial Regulation
- Metabolism
- Nutrition
- Elimination

Protection & Movement

- Immunity
- Inflammation
- Infection
- Mobility
- Tissue Integrity
- Sensory Perception
- Pain / Comfort

Emotion

- Mood & Affect
- Anxiety
- Grief & Loss
- Stress
- Coping

Sexuality & Reproduction

- Reproduction
- Sexuality

Oxygenation & Homeostasis

- Perfusion
- Gas Exchange
- Clotting

Cognitive Function

- Cognition
- Psychosis

Maladaptive Behavior

- Addiction
- Interpersonal Violence