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471-P Community Health Nursing Practicum

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XAVIER UNIVERSITY
COLLEGE OF PROFESSIONAL SCIENCES SCHOOL OF NURSING
THE SCHOOL OF NURSING
NURS 471-COMMUNITY HEALTH NURSING PRACTICUM
Fall 2018

Course Number & Name: NURSING 471

Community Health Nursing Practicum

Number of Credits Hours: 3 Semester Credit Hours

Number of Contact Hours: 135 contact hours

90 Planned Clinical Hours

45 Planned Lab Hours

High Fidelity Sim 3

Medium Fidelity Sim 0

Low fidelity Sim 42

Prerequisites: All 300 level nursing courses.

Co-Requisites: NURS 470- Community Health Nursing

Course Description: Application of promotive, preventive, and interventive holistic nursing therapeutics to be used with communities experiencing transitions. Practicum experience within community based organization is provided. Community assessment skills and accessing community resources are emphasized. The partnership role of the community as the client/teacher with the holistic nurse is emphasized.

Course Objectives:

| Course Objectives | | BSN Essentials | |
|--------------------------|---|-----------------------|---|
| 1) | Apply the epidemiological concepts to explore health problems. | III | Scholarship for Evidence-based Practice |
| | | VII | Clinical Prevention and Population Health |
| | | IV | Information Management and Application of Patient Care Technology |
| 2) | Demonstrate the application of the Standards of Community Health Nursing Practice in caring for populations experiencing transitions. | VIII | Professionalism and Professional Values |
| 3) | Examine the interrelationships of macro and micro health systems as related to the role of community health nurses. | II | Basic Organizational and Systems Leadership for Quality Care and Patient Safety |
| | | V | Healthcare Policy, Finance, and Regulatory Environments |
| 4) | Consult with other health care providers to facilitate healthy outcomes in populations experiencing transitions. | VI | Interprofessional Communication and Collaboration for Improving Patient Health Outcomes |

| | | | |
|----|--|-------------|--|
| 5) | Demonstrate the integration of the four major curricular strands in nursing practice in a variety of settings. | I IX | Liberal Education for the Baccalaureate Generalist Nursing Practice Baccalaureate Generalist Nursing Practice |
|----|--|-------------|--|

Time and Location:

Tuesday: Clinical Site approx: 0800-1400 (total of 6 hours)
Location: TBA
Time and location coordinated with faculty member

Thursday: Clinical or Lab 0900-1200
Location: TBA
See calendar for specific information regarding location; Conaton Learning Center Rm. 412; conference/guest lectures, small group work, home visits, clinical experience, and Web Based Applications/Media

Faculty:

Clinical Course Coordinator: Candace L. Fischer, MSN RN
Office: Cohen 112
Office Hours: Monday/Wednesday 12:30 p.m. – 2 p.m.
And by appointment

Phone: 513-745-3857 (office)
Email: Fischerc3@xavier.edu (Preferred method of contact)

Xavier Main Office: 513-745-3814

Clinical Instructors: (Each instructor will provide contact information to students)

| Sec | Name: |
|-----|--|
| 01 | Trisha Burger, BSN, RN/Lisa Moton, MSN, RN |
| 02 | Barbara Brown, BSN, RN |
| 03 | Devin Robinson, MSN, RN |
| 04 | Emily Zaebst, MSN APRN-C |
| 05 | Janice MacBair, MSN CPNP |
| 06 | Susan Ewald-Korst, BSN, RN |
| 07 | Aimee Schulten, BSN, RN |

Textbook:

Stanhope, M., & Lancaster, J. (2014). *Foundations of Nursing in the Community* (4th ed.). St. Louis, MO: Mosby-Elsevier

Supplemental Readings:

American Psychological Association. (2010). *Publication manual of the APA, Sixth edition*. Washington, DC: American Psychological Association

See Canvas for additional resources and readings.

Additional Course Materials:

Each clinical group will prepare and print a poster (details provided in Canvas modules) for the Community Project. Students may utilize any printing service of their choice as long as it meets the criteria under the modules. The students in the group will be equally responsible for the cost or printing.

Teaching/Learning Strategies:

Clinical Agency Experiences, Interprofessional Collaborative Labs, Simulations, Community Project, Professional Dissemination of Community Project, Health Promotion Project, Weekly Journals, and PostClinical Conferences.

Academic Integrity

The pursuit of truth demands high standards of personal honesty. Academic and professional life requires a trust based upon integrity of the written and spoken word. Accordingly, violations of certain standards of ethical behavior will not be tolerated at Xavier University. These include theft, cheating, plagiarism, unauthorized assistance in assignments and tests, unauthorized copying of computer software, the falsification of results and material submitted in reports or admission and registration documents, and the falsification of any academic record including letters of recommendation.

All work submitted for academic evaluation must be the student's own. Certainly, the activities of other scholars will influence all students. However, the direct and unattributed use of another's efforts is prohibited as is the use of any work untruthfully submitted as one's own.

Penalties for violations of this policy may include one or more of the following: a zero for that assignment or test, an "F" in the course, and expulsion from the University. The dean of the college in which the student is enrolled is to be informed in writing of all such incidents, though the teacher has full authority to assign the grade for the assignment, test, or course. If disputes of interpretation arise, the student, faculty member, and chair should attempt to resolve the difficulty. If this is unsatisfactory, the dean will rule in the matter. As a final appeal, the academic vice president will call a committee of tenured faculty for the purpose of making a final determination.

Behavioral Expectations

Development of professional behaviors is a key component of the nursing curriculum. Therefore, it is expected that the student demonstrate professional behaviors consistent with the Ohio Board of Nursing Regulation (Refer to Nursing Student Handbook) and the Professional Conduct Policy for the Xavier University School of Nursing (Refer to Nursing Student Handbook) in all aspects of this course.

Inappropriate behavior (use of computer or phone; tardiness; reading; talking; or sleeping during class) or behavior judged by faculty to be disruptive to the educational environment will not be permitted. This behavior will equate with absence from class and result in loss of points.

If the student is asked to leave the clinical for behavioral issues, the student will get a zero for the clinical day. The day will be counted as an absence due to the number of clinical hours missed. The clinical day must be made up including the journal; however, there will be no points issued for the day or the journal.

Attendance Policy:

Clinical practice is an integral part of professional nursing education. The student is expected to be at the clinical sites at the agreed upon time. Should circumstances prevent a student from attending the Community

Health clinical, it will be the responsibility of the student to inform the Xavier clinical instructor and the student's clinical agency prior to the agreed upon start time of the clinical.

If clinical needs to be cancelled due to extenuating circumstances there is a make-up date scheduled in the calendar. It is the week of exams.

If a student misses any of the labs (community mental health sim, hospice/non-hospice sim, basic skills lab days, or interprofessional collaborative lab days), the student cannot make-up the journal because the lab experience or personnel may not be available. The student will receive a zero for those journal points. If the student misses more than 1 lab day, they will also have 3 points deducted from their FINAL GRADE for the course for each subsequent absent.

If the clinical agency or lab opportunity is not available due to extenuating circumstances out of the control of the student, the faculty will provide options for making-up the clinical or lab. This may include, but is not limited to: practica experiences conducted during the week of December 10, 20178(This would involve make up during exam week.

If a student has extenuating circumstances, they should notify their clinical instructor who may assign an alternative assignment.

Grade Scale:

| | | | |
|----|--------|----|----------|
| A | 94-100 | C- | 70-74 |
| A- | 90-93 | D+ | 67-69 |
| B+ | 87-89 | D | 64-66 |
| B | 84-86 | F | Below 64 |
| B- | 80-83 | | |
| C+ | 77-79 | | |
| C | 75-76 | | |

Passing grades will be rounded to the nearest whole number, however Grades lower than a 75.0% will not be rounded and will be considered non-passing for progressing in the Nursing program. In addition, the course coordinator has the right to make the determination of the final grade in the course regardless of the student's score on graded assignments. Students must meet all objectives for the course on the final evaluation in order to pass this course.

Methods of Evaluation

| <u>Learning Activities</u> | <u>% Of Final Grade</u> |
|---|-------------------------|
| Community Project | 45% |
| Community Project Peer Evaluation | 5% |
| Health Promotion Project for an Aggregate | 20% |
| Journals | 30% |
| Clinical Evaluation (Must meet all objectives to pass course) | Pass/Fail |
| Total | 100% |

Students with Disabilities

It is my goal that this class be an accessible and welcoming experience for all students. If you are a student with a disability who may have trouble participating or effectively demonstrating learning in this course, contact me to arrange an appointment to share your Accommodation Letters from Disability Services and to discuss your needs. Disability related information is confidential. If you have not contacted Disability Services (located in the Learning Assistance Center) to arrange accommodations, I encourage you to do so by contacting Cassandra Jones, by phone at 513-745-3280, in person on the Fifth Floor of the Conaton Learning Commons, Room 514, or via e-mail at jonesc20@xavier.edu as soon as possible as accommodations are not retroactive.

Office of Student Success:

The Staff in the Office of Student Success is available to assist students to make the most of their Xavier experience. Personal staff consultations, success coaching, referrals to on-campus Solution Centers, and guiding students to effectively navigate their college experience are central to our work. Please visit www.xavier.edu/student-success to learn more or visit us in the Conaton Learning Commons.

Location: 514 Conaton Learning Commons
 Phone: 513-745-3036
 Email: studentretention@xavier.edu

Social Media:

Social media and the internet provide an important medium for sharing information and offers easily accessible methods for mass communication. Nursing students must be aware of the risks and consequences associated with social networking. On-line social networking (e.g., Face book, MySpace, Twitter, blogs, etc.) are open, publicly accessible sites. Unprofessional or unbecoming online behavior undermines not only the nursing student's reputation, but may also have negative implications for Xavier University, and the profession of nursing. Certain violations in the use of social media may expose the offender to criminal and civil liability. Refer to the student handbook or the handbook policy addendum for more information and to view the Social Media Policy <http://www.xavier.edu/nursing/current-students.cfm>

Late Assignments:

Assignments are expected to be submitted by the time and date specified in this document. In the event that a circumstance arises requiring a late submission of an assignment advance notice should be given to the clinical faculty member. Unless there is a mutual agreement between the student(s) and clinical faculty, due to extenuating circumstances, points will be deducted from late assignments as follows:

5 point deduction for submissions received within 24 hours past due date
 10 point deduction for submissions received between 24-48 hours past due date No
 Credit for assignments received more than 48 hours after the due date

Caveat

The schedule and procedure in this course are subject to change in the event of extenuating circumstances as well as class learning needs and desires.

Weekly Journal Guidelines Journal Prompt:

During each clinical or lab day the student will have the opportunity to experience a variety of community and public health sites, work on a Community Project, practice community/public health skills, and collaborate with interprofessional partners. The AACN provides the *Essentials of Baccalaureate Education for Professional Nursing Practice* and *Public Health: Recommended Competencies and Curricular Guidelines for Public Health Nursing* to provide recommended competencies for students in community and public health nursing education.

Each of the *Essentials* connect to the objectives of this course. Each *Essential* has one or more “Recommended Competency” Statements. For your journal, you will reflect on the clinical/lab experiences on each Tuesday and Thursday in an electronic journal by connecting your experiences to one of the “competency statements” associated with the *Essentials*. **Essentials are listed in the Assignment section of Canvas.**

NURS 471 Weekly Journal Rubric

Tuesday Journal – 50 points + Thursday Journal – 50 Points = 100 points

| Tuesday Journal: | | | |
|--|--|--|--|
| 1 or more <i>BSN Essential</i> Competency Statement addressed, including addressing one or more of the “related content” statements | 10 1 or more BSN Essential Competency addressed, including addressing the “related content” | 5 1 BSN Essential Competency addressed, but not the “related content” | 0 BSN Essential Competency statement not included |
| Gives 2 examples of the student’s clinical work and how it relates to the <i>BSN Essential</i> Competency Statement | 20 2 or more examples of the student’s clinical work is provided and how each relates to the Essential. Clearly connects the student’s work to the Essential | 10 2 or more examples of the student’s clinical work are provided but connection to Essential is unclear OR Only one example is provided from the student’s clinical | 0 No examples are provided from the student’s clinical experience to relate to the Essential |
| Indicate your plan or goal for the next Tuesday and provide one proposed action to meet this plan/goal. | 10 -Plan/Goal addressed and provides 1 action for how plan/goal will be accomplished. | 5 -Plan/Goal mentioned, but does not give action for how plan/goal will be accomplished | 0 -Plan/Goal not mentioned |
| Required: -Journal dated with Specific experience and time checked (if indicated) -Meets the recommended length guidelines -Document saved with the proper format | 10 All items on list addressed | 5 1-2 items from list not addressed | 0 3 or more items from list not addressed |
| Thursday Journal | | | |
| 1 or more <i>BSN Essential</i> Competency Statement addressed, including addressing one or more of the “related content” statements | 10 1 or more BSN Essential Competency addressed, including addressing the “related content” | 5 1 BSN Essential Competency addressed, but not the “related content” | 0 BSN Essential Competency statement not included |
| Gives 2 examples of the student’s clinical work and how it relates to the <i>BSN Essential</i> Competency Statement | 20 2 or more examples of the student’s clinical work is provided and how each relates to the Essential. Clearly connects the student’s work to the Essential | 10 2 or more examples of the student’s clinical work are provided but connection to Essential is unclear OR Only one example is provided from the student’s clinical | 0 No examples are provided from the student’s clinical experience to relate to the Essential |
| Indicate your plan or goal for the next Thursday and provide one proposed action to meet this plan/goal. | 10 -Plan/Goal addressed and provides 1 action for how plan/goal will be accomplished. | 5 -Plan/Goal mentioned, but does not give action for how plan/goal will be accomplished | 0 -Plan/Goal not mentioned |

| | | | |
|--|--|---|---|
| Required: -Journal dated with Specific experience and time checked (if indicated) -Meets the recommended length guidelines -Document saved with the proper format | 10 All items on list addressed | 5 1-2 items from list not addressed | 0 3 or more items from list not addressed |
| TOTAL WEEKLY JOURNAL SCORE | | | /100 |

NURS 471 Community Health Nursing Practicum Health Promotion Project

For this project you will identify a priority health need within a population served by one of your Tuesday clinical agencies. This can be either a school-based site or one of your other sites. **This project does not replace any assigned teaching or health promotion projects that you will do as part of your routine clinical experiences.** Instead, it will be a planned health promotion activity that you will implement at one of your sites that will be evaluated by your instructor and for which you will write a brief reflection. You may work on this project in pairs or a larger group (if approved by your instructor) but each student must submit a separate reflection paper. **Complete assignment description is listed in the Assignment section of Canvas.**

NURS 471 Community Nursing Practicum Health Promotion Project Rubric

| Topic | Points | Points | Points | Points |
|---|---|--|---|---|
| Introduction, Target Population, and Purpose | | | | |
| Introduction: Include a brief introduction to the topic that engages the reader. Also include: Group Members Participating, clinical agency, date and time of project implementation | 2 All required information provided and introduction is engaging | 1 Missing one part of the required information | 0 Missing multiple parts of the information | |
| Target population: age, demographics, socioeconomic status, health literacy level, developmental stage. Also, include how you decided to implement this project with this population. How did you determine the need for this project? | 15 -Selected the aggregate - Addressed Developmental Level -Addressed literacy level and how this was determined | 13 -missing or unclear explanation of one or two pieces of information related to SES, health literacy, developmental stage, or decision process | 11 -missing or unclear explanation of three pieces of information related to SES, health literacy, developmental stage, or decision process | 9 or less -serious omissions or errors with information related to SES, health literacy, developmental stage, or decision process |
| Purpose of the project -What do you expect to accomplish with this project? | 3 Clear purpose statement for Health Promotion Project | 2 Purpose statement provided but is unclear or not concise | 0 No purpose statement | |
| Description of Health Promotion Project | | | | |

| | | | | |
|--|---|---|--|---|
| <p>Brief description of what you intend to do for your project (teaching presentation, health information handouts, etc.)</p> <p>-How did you address the developmental status/health literacy level, etc. of your target population -</p> <p>Indicate what each group member (if applicable is responsible for) -</p> <p>Indicate the length of time the project implementation took -Indicate and describe any supplies or equipment that you used. If you created any materials include a description of these as well.</p> | <p>15</p> <p>-Clear description of the health promotion project -</p> <p>Information on how the project was tailored for the health literacy and developmental status of the population is included with relevant sources cited.</p> <p>-Description of supplies used or created is included</p> | <p>13</p> <p>-description of the health promotion project is included but unclear -</p> <p>Information on how the project was tailored for the health literacy and developmental status of the population is provided but relevant sources are not included -</p> <p>Description of supplies used or created is included</p> | <p>11</p> <p>One of the following portions is omitted:</p> <p>-description of the health promotion project</p> <p>-Information on how the project was tailored for the health literacy and developmental status of the population is provided with relevant sources cited</p> <p>-Description of supplies used or created</p> | <p>9 or less</p> <p>Two or more of the following portions are omitted: -</p> <p>description of the health promotion project</p> <p>-Information on how the project was tailored for the health literacy and developmental status of the population is provided with relevant sources cited</p> <p>-Description of supplies used or created</p> |
| <p>“Health Promotion Project Outline” With Objectives, Time Frame, Content, Methods, and Evaluation Strategy</p> | <p>10</p> <p>At least 4 specific and clear objectives provided with relevant content clearly stated. Time frame for meeting each objective is provided and appropriate. The evaluation strategy is realistic and measurable.</p> | <p>9</p> <p>All content is included as necessary, but has a one or two issues such as lack of clarity, questionable method, inappropriate time frame, or nonspecific evaluation strategy.</p> | <p>8</p> <p>Significant issues or omissions of necessary information. Less than 3 objectives included or multiple missing pieces of data such as time frame, content, methods, or evaluation strategy. If included, there are serious errors with three or more required points.</p> | <p>7 or less</p> <p>Serious omissions of significant portions of information such as two or less objectives, inappropriate time frames, lack of content, methods that do not match objectives, and poor evaluation strategies.</p> |

| Evaluation of Project | | | | |
|--|---|---|--|---|
| <p>How do you think the project went? Describe what went well and what did not go well. What went according to plan? How did your implementation of the project deviate from your expected plan?</p> | <p>10</p> <p>Clear and thorough description of all portions of the project and reflection on the process of implementing</p> | <p>9</p> <p>All information is included but the description or the project, deviations, or reflection portions are brief or lacking depth.</p> | <p>8</p> <p>Very brief, superficial, and unclear description of the project or omission of one or more pieces of information totally.</p> | <p>7 or less</p> <p>Omission of a significant portion of the required responses. Minimal evidence of reflection on the project implementation.</p> |

| | | | | |
|--|--|---|--|---|
| <p>Did the intervention meet your stated objectives? If yes, how did you determine this? If not, why do you think this was the case? Was there an issue with the methods or was the evaluation plan inappropriate? How receptive was the target population? Would you do anything differently in the future if you were to implement this again?</p> | <p>10 Thorough and clear evaluation of the intervention based on the outline created. Each objective is addressed and evaluated and rationale for how objectives were determined to be met is included. Any objectives not met are discussed and rationale for why is provided. Potential changes for the future are include.</p> | <p>9 One of the objectives is not evaluated per the outline. Rationale may be unclear for how objectives were determined to be met. Objectives that were not met were addressed but rationale may not be provided or is unclear.</p> | <p>8 Two objectives are not evaluated per the outline created. OR the description of the evaluation is not specific to the objectives. Rationale is not provided for how objectives were or were not met.</p> | <p>7 or less Omission of a significant portion of the evaluation components. Objectives are not referred to or addressed. It is unclear if the intervention met the stated objectives or how the evaluation was conducted.</p> |
| <p>Relate your project to at least two of the <i>ANA Standards of Practice and Professional Performance for Public Health Nursing</i> (see Appendix C.2 page 629 of Stanhope 4th Edition text). Provide specific examples from your Health Promotion Project.</p> | <p>10 Clear and connection of the project to two Standards with appropriate associated examples.</p> | <p>9 Connection of the project to two Standards but one of the examples does not fit the Standard.</p> | <p>8 Omission of one Standard or one example. Or very unclear or inappropriate examples to support the Standards.</p> | <p>7 or less Complete Omission of one two Standards AND one or two examples.</p> |
| Formatting and Conclusion | | | | |
| <p>Conclusion</p> | <p>5 Conclusion is clear and succinct. Summarizes the project and includes what the student learned and how it relates the project to the student's future nursing practice.</p> | <p>4 Conclusion summarizes the project but does not include what the student learned or how it relates to the student's future nursing practice.</p> | <p>3 Conclusion is unclear and does not summarize the project or include what the student learned or how it relates to the student's future nursing practice.</p> | <p>0 Conclusion not provided</p> |
| <p>APA Style and Format</p> | <p>5 Correct use of APA Style for any references used. Appropriate headers are used. Reference list is provided and correct.</p> | <p>4 Minimal, incorrect internal citations or reference list errors. Overall the attempt was made to cite, but occasional mistakes occurred.</p> | <p>3 Multiple and frequent incorrect internal citations or reference list errors. The attempt was made to cite, but mistakes occurred throughout.</p> | <p>0 APA format is not used. (NOTE: failure to provide citations for another's work is considered plagiarism and subjects the student to the "Academic Honesty Policy" discussed above.</p> |
| Faculty Evaluation of the Intervention Implementation | | | | |

| | | | | |
|--|--|--|---|---|
| <p>Faculty will evaluate the implementation of the intervention. The faculty will rate the students' overall performance by considering their demonstrated level of preparation and professionalism. While multiple unanticipated situations may arise, the faculty will evaluate how well the students carry out their intervention considering the circumstances. The intervention should be appropriate for the age, developmental level, and literacy level of the population.</p> | <p>15 The intervention was implemented in a professional manner and congruent with the age, developmental stage, and literacy level of the population. The students were adequately prepared and had mastery over the content related to the intervention. Despite any barriers that may have occurred with implementing the students were able to adjust accordingly. The intervention was effective and carried out in an appropriate manner.</p> | <p>13 The intervention was implemented in a professional manner and congruent with the age, developmental stage, and literacy level of the population. The students were mostly prepared and had understood most of the content related to the intervention. Despite any barriers that may have occurred with implementing the students were able to adjust accordingly. The intervention was effective and carried out in an appropriate manner.</p> | <p>11 The intervention was implemented in a professional manner, however, students were not adequately prepared and did not have adequate content knowledge regarding the intervention. The intervention was not quite adequate for the age, developmental stage, and literacy level of the population. Students may have required faculty assistance to carry out the intervention due to lack of preparation or knowledge.</p> | <p>9 or less The intervention was implemented in a manner that did not meet professional expectations. Students were clearly unprepared and did not have adequate content knowledge regarding the intervention. Faculty assistance was necessary. The intervention was not appropriate for the age, developmental stage, and literacy level of the population.</p> |
| <p>TOTAL POINTS POSSIBLE: 100</p> | | | | |

NURS 471 Community Health Nursing Practicum Community Project

Purpose and Description:

The purpose of this multi-step, group Community Project is guide you and your group in evaluating community assets, strengths, and challenges and designing interventions that incorporate these to address priority nursing concerns in the community. This project will provide you the opportunity to select and examine issues in the community with respect to various levels of health care, levels of prevention, and health interventions. For this project you will work in your clinical group with your instructor throughout the semester. You will apply the Nursing Process (Assessment, Diagnosis, Planning, Implementation, and Evaluation) within your assigned Community for this project. You and your group will work together, under the supervision of your clinical instructor, on this project. By the end of the project you will create a written document describing all parts of the project, and a printed poster to disseminate your findings to your instructors, peers, and community.

Complete assignment description is listed in the Assignment section of Canvas.

NURS 471 Community Nursing Practicum Community Project Rubric

Clinical Group Member Names:

Community: _____

| Topic | Points | Points | Points | Points |
|--|--|---|--|--|
| <p>Introduction</p> <p>A. Introduces the project</p> <p>B. Provides a purpose statement for the project</p> <p>C. Describes the methods the group undertook</p> <p>D. Provides an brief overview of the information that will be presented throughout the paper</p> <p>E. This section should be 1 to 2 pages in length</p> | <p>5</p> <p>-Strong first sentence.</p> <p>-Captures the reader's attention.</p> <p>-Clear purpose statement - gives a concise overview of the entire paper.</p> <p>-Length is 1 to 2 pages</p> | <p>4</p> <p>-Introduction is complete but is missing one of the pieces (A-E)</p> | <p>3</p> <p>-Introduction is brief and missing 2 of the required portions (A-E)</p> | <p>0</p> <p>-Introduction not completed</p> <p>-Less than 1 page or longer than 2 pages in length</p> |
| <p>Assessment</p> | | | | |

| | | | | |
|---|--|--|---|--|
| <p>The Community</p> <p>A. Brief introduction: include if you knew anything about the community prior, how familiar you were with the community, etc.</p> <p>B. General identifying data: urban or rural and supporting facts</p> <p>C. Boundaries (geographical)</p> <p>D. History of the area and how it was settled</p> <p>E. New construction: Major changes and anticipated changes</p> <p>F. Asset mapping of individual, organizational, and institutional assets</p> <p>G. Other significant findings (health centers, community centers, etc.)</p> <p>H. Synthesize multiple sources of subjective/objective data that you gathered related to the Community and compare to other communities, city, state, and national data as appropriate (Walking and windshield tour, interview resident, etc)</p> <p>I. This section should be no longer than 3 pages in length</p> | <p>5</p> <p>-All areas addressed (A-I) -Appropriate supporting data provided -Missing data acknowledged and rationale for why provided -Provides a clear overview of the community and flows together well -Length is 2 to 3 pages</p> | <p>4</p> <p>-Missing one piece of information (A-I) without providing rationale for missing data -Appropriate supporting data provided -Provides a clear overview of the community and flows together well</p> | <p>3</p> <p>-Missing two pieces of information (A-I) without providing rationale for missing data -Appropriate supporting data provided -Provides an overview of the community despite missing information</p> | <p>2 or less</p> <p>-Missing three pieces of information (A-I) without providing rationale for missing data -Supporting data still provided but may be limited -Less than 1 page or longer than 2 pages in length</p> <p>AND/OR</p> <p>-Overview of community is abbreviated -Does not flow together well -Difficult to understand the pieces of data given</p> |
|---|--|--|---|--|

| | | | | |
|--|--|--|--|---|
| <p>Population Characteristics</p> <p>A. Brief introduction</p> <p>B. Total population and population age breakdown</p> <p>C. Population changes related to any recent immigrant, refugees, or migrant workers living in the area</p> <p>D. Population demographics: Sex, race/ethnic groups, religion, education level</p> <p>E. Other significant finding</p> <p>F. Synthesize multiple sources of subjective/objective data that you gathered related to the population in this community</p> <p>G. Compare data to other communities, city, state, and national data as appropriate</p> <p>H. This section should be 2 to 3 pages in length including graphics</p> | <p>5</p> <p>-All areas addressed (A-H)</p> <p>-Appropriate supporting data provided -Missing data acknowledged and rationale for why provided</p> <p>-Provides a thorough and clear description of the population and flows together well</p> | <p>4</p> <p>-Missing one piece of information (A-H) without providing rationale for missing data</p> <p>-Appropriate supporting data provided -Provides a clear description of the population and flows together well</p> | <p>3</p> <p>-Missing two pieces of information (A-H) without providing rationale for missing data</p> <p>-Appropriate supporting data provided</p> <p>-Provides only a weak description of the population</p> | <p>2 or less</p> <p>-Missing three pieces of information (A-H) without providing rationale for missing data</p> <p>-Supporting data may still be provided but is limited</p> <p>AND/OR</p> <p>-Description of population is abbreviated and unclear - Does not flow together well</p> <p>-Difficult to understand the pieces of data given</p> |
|--|--|--|--|---|

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| <p>Income and Industry</p> <p>A. Brief introduction: include why income and employment is important for health</p> <p>B. Industry categories: Give examples of large, medium, small businesses common to the area. Include: -Demographics for % of people employed in each industry category -Environmental factors related to the industries - Safety issues for workers. -Unemployment statistics and if the trends are going up or down</p> <p>C. Percent of individuals and families living in poverty. For example: -Include what the Federal Poverty line is -% of families under the 185% of the Federal Poverty Level (FPL) -% of single mother families under the 185% FPL -% of individuals under the 185% FPL -% of children receiving free or reduced lunch</p> <p>D. Cost of Living Index</p> <p>E. Observable signs of poverty</p> <p>F. Other significant finding</p> <p>G. Synthesize multiple sources of subjective/objective data that you gathered related to the income or industries in this community</p> <p>H. Compare income/industry data other communities, city, state, and national data as appropriate</p> <p>I. This section should be 2 to 3 pages in length</p> | <p>7</p> <p>-All areas addressed (A-I) -Appropriate supporting data provided -Missing data acknowledged and rationale for why provided -Provides a thorough and clear description of the community's income and industry and flows together well</p> | <p>6</p> <p>-Missing one piece of information (A-I) without providing rationale for missing data -Appropriate supporting data provided -Provides a clear description of the community's income and industry and flows together well</p> | <p>5</p> <p>-Missing two pieces of information (A-I) without providing rationale for missing data -Appropriate supporting data provided -Provides only a weak description of the community's income and industry</p> | <p>4 or less</p> <p>-Missing three pieces of information (A-I) without providing rationale for missing data -Supporting data may still be provided but is limited</p> <p>AND/OR</p> <p>-Description of income and industry is abbreviated and unclear -Does not flow together well -Difficult to understand the pieces of data given</p> |
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| <p>Environmental Factors</p> <p>A. Brief Introduction: include why environment is important for health</p> <p>B. General description of appearance of environment</p> <p>C. Housing areas and zoning: Identify areas related to lower, middle, and upper income housing. Include apartment areas and one family homes; include condition and age of homes.</p> <p>D. Homeless: Identify homeless areas and homeless shelters</p> <p>E. Environmental pollutants: include types of exposure and sources such as lead-based paint, industry pollutant, smog, etc.</p> <p>F. Stores: Neighborhood markets, corner stores, used clothing stores, liquor, large grocers</p> <p>G. Food: Access to healthy food sources in relationship to housing (distance, transportation, cost, quality)</p> <p>H. Sanitation: Water supply, sewage, trash/garbage. Is there visible garbage in any of the housing areas?</p> <p>I. Safety and protection: -Police, fire presence -safety issues: traffic lights, sidewalks, crosswalks, unleashed dogs, etc. -crime stats: violent and nonviolent crime data</p> <p>J. Transportations: How do people get around by percentages? What is the cost of public transportation? Include land, rail, air, and water transportation</p> <p>K. Recreational: Parks, playgrounds, recreational centers</p> <p>L. Shopping: Type, include second-hand shops</p> <p>M. Religion: Denominations, community services provided, their involvement in the community</p> <p>N. Education: Preschool through colleges, Number of preschools, elementary, middle, high school, vocational schools, community colleges, universities. -Include number and condition. -Include services provided such as school nurses, school based clinics, after school programs, day cares within a high school - Include services for immigrants, refugees, and migrant populations such as English As a Second Language.</p> <p>O. Other significant findings</p> <p>P. Synthesize multiple sources of subjective/objective data that you gathered related to the environment of this community</p> <p>Q. Compare environmental data to other communities, city, state, and national data as appropriate</p> <p>R. This section should be 2 to 3 pages in length</p> | <p>10</p> <p>-All areas thoroughly addressed (A-R) -Appropriate supporting data provided -Missing data acknowledged and rationale for why provided -Provides a thorough and clear description of the Environment and flows together well</p> | <p>8</p> <p>-Missing one or two pieces of information (A-R) without providing rationale for missing data -Appropriate supporting data provided -Provides a clear description of the population and flows together well</p> | <p>6</p> <p>-Missing three or four pieces of information (A-R) without providing rationale for missing data -Appropriate supporting data provided -Provides only a weak description of the population</p> | <p>4 or less</p> <p>-Missing five or more pieces of information (A-R) without providing rationale for missing data - Supporting data may still be provided but is limited</p> <p>AND/OR</p> <p>-Description of environment is abbreviated and unclear -Does not flow together well -Difficult to understand the pieces of data given</p> |
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| <p>Health Facilities</p> <p>A. Hospitals: Ownership, faith-based or not, size, services provided, average length of stay, accessibility</p> <p>B. Ambulatory Services: Clinics, Free clinics, Nurse-Practitioner run clinics, Dialysis clinics</p> <p>C. Nursing homes: Ownership, faith-based or not, accreditation</p> <p>D. Mental health services: Children and adult</p> <p>E. Substance abuse services and rehab facilities, needleexchange, etc.</p> <p>F. Other resources: Occupational health, Public Health Departments, Social Services, Domestic Violence Shelters, volunteer agencies</p> <p>G. Include whether or not these facilities offer services to homeless, uninsured, underinsured, etc. Are there free services provided?</p> <p>H. Include any transportation or other access issues to these facilities. How would people get to these facilities without a car?</p> <p>I. Other significant findings</p> <p>J. Synthesize multiple sources of subjective/objective data that you gathered related to the healthcare services available to this community</p> <p>K. This section should be 1 to 2 pages in length</p> | <p>5</p> <p>-All areas thoroughly addressed (A-K)</p> <p>-Appropriate supporting data provided -Missing data acknowledged and rationale for why provided</p> <p>-Provides a thorough and clear description of the health facilities and flows together well</p> | <p>4</p> <p>-Missing one piece of information (A-K) without providing rationale for missing data</p> <p>-Appropriate supporting data provided -Provides a clear description of the Health facilities and flows together well</p> | <p>3</p> <p>-Missing two pieces of information (A-K) without providing rationale for missing data</p> <p>-Appropriate supporting data provided</p> <p>-Provides only a weak description of the health facilities in the community</p> | <p>2 or less</p> <p>-Missing three pieces of information (A-K) without providing rationale for missing data</p> <p>-Supporting data may still be provided but is limited</p> <p>AND/OR</p> <p>-Description of health facilities in the community is abbreviated and unclear - Does not flow together well</p> <p>-Difficult to understand the pieces of data given</p> |
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| Health Indicators | 8 | 7 | 6 | 5 or less |
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| <p>A. Introduction</p> <p>B. Vital statistics: Births, average maternal age, infant mortality rates, life expectancy, etc.</p> <p>C. Leading causes of deaths of infants, children, adults: include both acute and chronic diseases, violence, suicide etc. as necessary.</p> <p>D. Disease incidence and prevalence: such as reportable illnesses and acute and chronic disease</p> <p>E. Drug specific usage such as: Naloxone use reported, overdose response calls, etc.</p> <p>F. Immunization rates</p> <p>G. Other significant findings</p> <p>H. Synthesize multiple sources of subjective/objective data that you gathered related to the health indicators of this community</p> <p>I. Compare health information statistics to other communities, city, state, and national data as appropriate</p> <p>J. This section should be 2 to 3 pages in length</p> | <p>-All areas thoroughly addressed (A-J)</p> <p>-Appropriate supporting data provided -Missing data acknowledged and rationale for why provided</p> <p>-Provides a thorough and clear description of the health indicators and flows together well</p> | <p>-Missing one piece of information (A-J) without providing rationale for missing data</p> <p>-Appropriate supporting data provided -Provides a clear description of the health indicators and flows together well</p> | <p>-Missing two pieces of information (A-J) without providing rationale for missing data</p> <p>-Appropriate supporting data provided</p> <p>-Provides only a weak description of the health indicators</p> | <p>-Missing or errors with three pieces of information (A-J) without providing rationale for missing data - Supporting data may still be provided but is limited</p> <p>AND/OR</p> <p>-Description of health indicators is abbreviated and unclear</p> <p>-Does not flow together well</p> <p>-Difficult to understand the pieces of data given</p> |

The Nursing Process should be a maximum of 10 pages.

| Diagnosis | | | | |
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| <p>A. Introduction: summarize the relevant community assessment findings to transition to your priority health problems for your community. Specifically state your two priority health problems for this community.</p> <p>B. Provide your rationale for choosing these two problems as the priority.</p> <p>C. Include why these two problems are important to this community. Make sure to include the views you obtained from community members during at least two interviews.</p> <p>D. Who is most affected by these problems? Is the problem affecting all members of the community or a specific population?</p> <p>E. This section should be 2 to 3 pages in length</p> | <p>10</p> <p>-Introductory paragraph present and transitions clearly from assessment to health problems -Two primary problems provided and thoroughly described</p> <p>-Supporting data/rationale for the health problems is strong</p> | <p>8</p> <p>-Introductory paragraph present and transitions from assessment to health problems -Two primary problems provided but description is brief</p> <p>-Supporting data/rationale for the health problems is understandable, but more information is really needed</p> | <p>6</p> <p>-Introductory paragraph is either absent or unclear in connecting from assessment to priority health problems</p> <p>-Two primary problems provided but description but not described or description is very brief - Very limited supporting data/rationale is provided or is questionable. -The thought process for arriving at these two priority problems is unclear given the assessment data previously presented.</p> | <p>4 or less</p> <p>-Only one health problem provided</p> <p>-Introductory paragraph is either absent or unclear in connecting from assessment to priority health problems</p> <p>-Very limited supporting data/rationale is provided or is questionable. -The thought process for arriving at this priority problem is unclear given the assessment data previously presented.</p> |
| Planning | | | | |

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| <p>A. Introduction: provide brief explanation of how you plan to address the two priority health problems.</p> <p>B. Problem Analysis (review pg. 223) for both problems: what are the origins of the problem, how might an intervention be undertaken, who has an interest in this problem, what else is the problem related to, what contributes to the problem? Provide relevant research data to support this.</p> <p>C. What has been done before to address this problem in this community or elsewhere? Did it work? Why or why not?</p> <p>D. Locate agencies or experts that might have information related to this problem (this could include social work, etc). These agencies do not have to be located in the specific community. How do these agencies or individuals recommend that you address this problem?</p> <p>E. Identify who your partners and community stakeholders are that will be in addressing the problems.</p> <p>F. Establish Goals and Objectives for each problem -Goals: statement of desired outcome; be specific, is it a short-term or long-term goal? -Objectives: means of obtaining these desired outcomes</p> <p>G. Interventions: Activities specific to achieving each objective for the problems identified (p. 224)</p> | <p>10</p> <p>-All areas addressed (A-I) thoroughly -The plan is related to the assessment data and the priority health problems discussed in diagnoses - The plan is realistic, well researched, and explained in detail</p> | <p>8</p> <p>-One area (A-I) not addressed -The plan is related to the assessment data and the priority health problems discussed in diagnoses -The plan is realistic, well-researched, and explained in detail</p> <p>OR</p> <p>-All areas A-E addressed, but one of the plans is questionable or not thoroughly developed or has limited rationale.</p> | <p>6</p> <p>-Two areas (A-I) not addressed</p> <p>OR</p> <p>-All areas A-E addressed, but both of the plans are questionable or not thoroughly developed or has limited rationale.</p> | <p>4 or less</p> <p>-Three or more areas (A-I) not addressed</p> |
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| <p>-Identify interventions that you will implement -how did you determine to use these interventions? (ex. Expert recommendation, used elsewhere, research supported, etc.) -Include the expected effect of each interventions -Identify which are nurse-specific interventions -Identify which are community partner-specific interventions -Are the interventions Individual-focused, Systems-focused, Community-focused, State level-focused, or National level focused? -identify if your interventions are primary, secondary, or tertiary. -how will you address cost and funding issues associated with these interventions? Who will pay for this?</p> <p>I. This section should be 2 to 3 pages in length</p> | | | | |
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Implementation

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| <p>A. Identify who is responsible for implementing the intervention: nurse or partner-specific?</p> <p>B. Identify the any factors that might influence the implementation of the intervention in the community (socioeconomic status, perceived need for change, community participation)</p> <p>C. How will the change fit in with the culture, norms, and values of the community?</p> <p>D. How will you share information regarding the interventions in the community?</p> <p>E. How can you make the change easier to accept in the community?</p> <p>F. This section should be 1 to 2 pages in length</p> | <p>5</p> <ul style="list-style-type: none"> -All areas addressed (A-F) -Correctly identifies nursing implementations - Correctly identifies community partner implementations -Adequately explains how the social change process affects the community - Adequately explains how to make the change easier to accept in the community | <p>4</p> <ul style="list-style-type: none"> -One area (A-F) not addressed -Otherwise describes appropriate implementation strategies | <p>3</p> <ul style="list-style-type: none"> -Two areas (A-F) not addressed -Otherwise describes appropriate implementation strategies | <p>2 or less</p> <ul style="list-style-type: none"> -Three or more areas (A-F) not addressed - Otherwise describes appropriate implementation strategies |
| Evaluation | | | | |
| <p>A. How will you evaluate your goals and objectives? How will you evaluate if your intervention is effective? When will you do this?</p> <p>B. How will you carry out ongoing evaluation of the process of your intervention?</p> <p>C. Will you be able to make changes to your intervention after you implement?</p> <p>D. How will you share your results? Who will you share these with?</p> <p>E. This section should be 1 to 2 pages in length</p> | <p>10</p> <ul style="list-style-type: none"> -All areas addressed (A-E) -Thoroughly describes the formative and summative evaluation processes - Includes good description of how results will be disseminated | <p>8</p> <ul style="list-style-type: none"> -Missing one area (A-E) <p>OR</p> <ul style="list-style-type: none"> -All areas included (AD) -One Evaluation strategy is inappropriate for the goals/objectives | <p>6</p> <ul style="list-style-type: none"> -Missing two areas (A-E) <p>OR</p> <ul style="list-style-type: none"> -All areas included (A-E) -Two Evaluation strategies are inappropriate for the goals/objectives | <p>4 or Less</p> <ul style="list-style-type: none"> - Missing three or more areas (A-E) |
| Conclusion (Summary of Community, Nursing Interventions, and Outcome) | | | | |

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| <p>A. Provides closure to your paper</p> <p>B. Does not present new material</p> <p>C. Provides a summary of the paper and key findings D. How the community will be impacted by the proposed interventions and outcomes related to the 2 problems that were addressed</p> <p>D. Provides the reader with something important to take away</p> <p>E. This section should be 1page in length</p> | <p>5</p> <p>-Provides clear closure to the paper</p> <p>-Does not include new material but reinforces the major points of the paper - indicates how the community will be impacted</p> <p>-flows well from the rest of the paper</p> | <p>3</p> <p>-Conclusion is unclear or confusing</p> <p>-Does not bring the paper together</p> <p>-lacks a summary of the paper</p> <p>-leaves the reader confused</p> | <p>0</p> <p>-Conclusion absent</p> | |
| APA Formatting and Style | | | | |
| <p>A. Title page formatted correctly</p> <p>B. Body of paper formatted correctly, include use of headings on outline</p> <p>C. Internal citations utilized throughout paper</p> <p>D. Reference page included and contains properly formatted citations of all references from the paper E. Acknowledgement of community members/leaders/groups/business that were interviewed and/or played a role in completing the Community Project.</p> <p><i>Note:</i></p> <p><i>-Paper will be run through Turn-It-In.</i></p> <p><i>-Significant problems such as non-cited quotes will result in return of paper for corrections. Deductions will apply. If not corrected, paper will receive a grade of 0 and all members of the group will fail the course. In addition, if paper is resubmitted beyond 48 hours after the initial due date, the paper will receive a grade of 0 and all members of the group will fail the course.</i></p> | <p>5</p> <p>APA formatting correct throughout paper with only minor errors.</p> | <p>4</p> <p>APA formatting correct in 4 areas with major or multiple mistakes in 1 of 5 areas</p> | <p>3</p> <p>APA formatting correct in 3 areas with major or multiple mistakes in 2 of 5 areas</p> | <p>2</p> <p>APA formatting correct in 2 areas with major or multiple mistakes in 3 of 5 areas</p> |
| Score for Paper | | | | /90 |
| <p>Poster Presentation 10 8 6</p> <p>A. Professional appearance -All items present -Poster is well-done,</p> <p>B. Pertinent information clear (A-F) meets expectations or more of</p> <p>C. Poster font is readable from 4 feet away -Professional poster and</p> <p>D. Members professionally dressed group mastery of knowledge</p> <p>E. All group members participating & knowledgeable of topic</p> <p>F. Members able to answer questions from faculty and peers</p> | <p>and -Poster is complete, the expected</p> <p>-One of the required exceeds portions expectations</p> | <p>but 2 portions (A-F) are not (Aadhered to. - F) is</p> | <p>not adhered to.</p> | <p>0</p> <p>-Poster was not completed</p> |

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| Poster Score | /10 |
| TOTAL SCORE | /100 |

471 Community Nursing Practicum Community Project Peer Evaluation

| Team Member Name: | | | | | | | |
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| Participated in the planning of the assessment. Student added valuable ideas and suggestions. | | | | | | | |
| Gathered assigned data from the through online scholarly databases and reported back to group in timely fashion. | | | | | | | |
| Participated in coordinating, contacting, or interviewing at least one community member, as assigned. | | | | | | | |
| Participated in collecting Windshield and Walking Survey data as agreed upon. | | | | | | | |
| Completed their assigned, typed portion of the final paper by agreed upon time. | | | | | | | |
| TOTAL SCORE | | | | | | | |

471 Community Nursing Practicum Community Project Peer Evaluation

The Community Project is a group assignment. It is expected that all members of the clinical group participate fully in the project. After the project is completed, each group member will evaluate each other on the bullet points listed below. Each student’s scores will be averaged by the instructor. This average will constitute 5% of the clinical grade. Failure to turn in a peer evaluation will result in a 0% for your score in the Peer Evaluation Component of the community project.

-Please indicate the Score for each of your Group Members in each category per the scale below:

0 = lowest score, little self-initiative; 3 = moderate initiative, required reminders to get work done; 5 = excellent initiative, self-motivated

NURS 471 Community Nursing Practicum Mid-Term Clinical Evaluation - Fillable

Note: Need to have all scores in the range of 4-5 to pass this clinical. Failure to obtain a passing score will result in failing the course.

| Instructor Name: | | | | | |
|---|---|--|---|--|--|
| Student Name: | | | | | |
| Objectives | 5 The student met the objective independently or with minimal assistance. | 4 The student met the objective, but with intermittent supervision and input by clinical instructor. | 3 The student met the objective, but requires ongoing assistance to translate concepts to practice. | 2 The student is unable to complete assignments in a timely and consistent manner. | 1 The student is unable to meet the objective of the course. |
| 1. Applies the epidemiological concepts to explore health problems | | | | | |
| 2. Demonstrates the application of the Standards of Community Health Nursing Practice in caring for populations experiencing transitions. | | | | | |
| 3. Examine the interrelationships of macro and micro health systems as related to the role of community health nurses. | | | | | |
| 4. Consults with other health care providers to facilitate healthy outcomes in populations experiencing transitions. | | | | | |

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| 5. Demonstrate the integration of the four major curricular strands in nursing practice in a variety of settings. (The four strands are scholarship, service, leadership, personal and professional growth.) | | | | | |
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Faculty Biographies

Candace L. Fischer, MSN, RN

I have been an RN for over 30 years. My experience is in Special Care Nursery (Level 2), Mother Baby, and as an independent contractor working with and teaching couples about the laboring process. I graduated from The Christ Hospital School of Nursing and obtained my MSN from Xavier University. My passion is teaching nursing principles/concepts whether it be to the community or academic environment. I am honored to be a part of the journey of student students as they become caring and competent nurses.

Patricia (Trisha) Burger, BSN, RN

Patricia graduated from the University of Cincinnati with a bachelor's of science degree in nursing in June of 2003. After graduation she began working as a staff nurse at Bethesda North hospital specializing in orthopedics, neurology and trauma. She moved on to a management position and in 2008 transferred to the emergency department. She continues to work prn in the emergency department at Bethesda North, functioning not only as a staff nurse but also a relief charge nurse. In addition to her work in the hospital, Patricia spent a year working a ground MICU and then transitioned into a flight nurse position with Air Evac Lifeteam over five years ago. She currently continues to work full-time as a flight nurse and also fills the role of base clinical lead. Patricia is a certified emergency nurse and also holds her TNCC. She teaches outreach education and is a certified instructor of ACLS, PALS, PHTLS, and ITLS.

Lisa Moton, MSN, RN

Lisa Moton MSN, RN is a Site Educator at Crossroads of Hospice. Lisa has 20 years of experience in the nursing field, including acute care, emergency room, nurse management, nursing education, hospice, telemetry and hematology /oncology. Lisa Moton received her undergraduate degree from Cincinnati State Technical and Community College. Lisa Moton earned her BSN in 2012 and her MSN in 2014, both at Indiana Wesleyan University. Lisa Moton has been a nursing instructor for Good Samaritan College of Nursing and Galen College of Nursing. She is a member of Chi Eta Phi and Sigma Theta Tau.

Barbara Brown, BSN, RN

Barbara Brown is currently an adjunct clinical Community Nursing Instructor in the Xavier University BSN, and ABSN Nursing Programs. In addition, she works prn with the Cincinnati Health Department, School and Adolescent Health Program in Cincinnati Public Schools.

Barbara retired from the Cincinnati Health Department after 30 years of Public Health Nursing Services in Cincinnati. She was the Nursing Supervisor for the School and Adolescent Health Nursing Program, which provides nursing and NP services in the Cincinnati Public Schools, and the Cincinnati Health Department School Based Health Centers. She was instrumental in the startup of the OneSight Vision Center at Oyler School in Lower Price Hill in Cincinnati. This is the first self-sustaining school-based vision center in the country, since opening in 2012. Barb also assisted with the development and startup of many of the School Based Health Centers, and Dental Centers in some of the Cincinnati Public Schools.

Barbara, originally from Maysville Ky, graduated from Mount Saint Joseph University with her BSN in 1980, before starting her public health nursing career in Cincinnati, after working at Good Samaritan Hospital for two years.

When not working, Barbara and her husband Chuck love to travel, and spend time with their family and friends.

Devin Robinson, MSN, RN

Devin has been a nurse for 11 years. She started her career in Denver, Co. as an adult mental health nurse. She moved to Northern Kentucky soon after graduation and was fortunate to get a nursing position in the Pediatric Psychiatry Department at Cincinnati Children's Hospital. Currently, she is working as a Forensic Nurse at the Mayerson Center. The Mayerson Center is a child advocacy center located in Cincinnati Children's.

During her time at the Mayerson Center, she became the coordinator of the Pediatric Sexual Assault Nurse Examiner (PSANE) and Forensic Nursing programs. Devin also coordinates and facilitates two 40-hour PSANE trainings a year along with a yearly Ohio State PSANE conference. She is currently participating on a committee to implement a pediatric Human Trafficking tool at CCHMC.

In December of 2014, Devin graduated with her Master's Degree in Nursing Education from Xavier University in Cincinnati, Ohio. During her education journey, she taught undergraduate and graduate clinical/practicums in Community Health and Mental Health nursing. She has been a preceptor for several students during their Forensic Nursing practicum as well.

Devin also practices as an Adult Sexual Nurse Examiner/Forensic Nurse at St. Elizabeth in Northern Kentucky and is involved in several volunteer organizations and groups that work with survivors of human trafficking and disasters.

Emily Zaebst, MSN APRN-C

Emily has been a family nurse practitioner for 10 years. She currently works for the Cincinnati Health Department in the school and adolescent medicine program. This is her second year as a clinical instructor at Xavier. Emily has spent her career working with minority and underserved populations.

Janice MacBair, MSN, CNP

I have spent my entire nursing career at Cincinnati Children's Hospital. My experience as a RN includes working in the OR and in the Division of Developmental and Behavioral Pediatrics specializing in children with cerebral palsy.

I have been a Pediatric Nurse Practitioner at Cincinnati Children's Hospital in Pulmonary Medicine since 2010. I provide comprehensive, coordinated care for medically complex pulmonary patients and their families in collaboration with a multidisciplinary team. Majority of the patients require mechanical ventilator support. We achieve medical stabilization and ventilation optimization for the patient. We also provide family support, provide education and resources that allow patients and families to successfully manage care at home.

I also have a BS in Microbiology. Prior to becoming a nurse, I worked for 10 years as a Research Associate at Procter & Gamble.

Susan Ewald-Korst, BSN, RN

I have been a nurse for 35+ years in clinical practice and 6 years as an adjunct. I have worked in various clinical settings which include ICU, ED and Mental Health. I received my bachelor’s degree from Rush University in Chicago.

I am an ACLS and BLS instructor. I am certified in TNCC, PALS and ACLS.

I am currently on a summer camp nurse assignment in Cape Cod. During the school year I work PRN at a local Psychiatric Facility. I recently given up my position in a local ED, which allows me to have more time for adjunct teaching.

On a personal level, I have a terrific husband; we have share four grown kids that have been successfully educated and launched. We are expecting our first grandchild in April. We have avoided the empty-nest syndrome by caring and assisting with the needs of our elder parents.

Aimee Schulten, BSN, RN


Hello! I’m Aimee and I have been a RN for over 8 years. I graduated from Kettering College of Medical Arts in 2010 with my ADN and from Miami University with my BSN in 2014. I have a critical care/trauma background from working in an ER, as well as experience in ortho, tele, LTC, and home health care. I’m still not sure what type of nurse I want to be when I grow up, but I do know that I love teaching and sharing my knowledge with others! My goal for this clinical is to teach you all how to be safe nurses out in the “real world”. I look forward to meeting everyone!

**XAVIER UNIVERSITY
COLLEGE OF PROFESSIONAL SCIENCES
SCHOOL OF NURSING
CALENDAR Fall, 2018
NURS 471-Community Health Nursing Practicum
NURS 753 – Practicum for Community Nursing and Public Health Policy**


Overview: The Community Nursing Practicum is unique. Clinical instructors will either be onsite or immediately available per cell phone on clinical days and will visit the site regularly. For BSN students, you will have 6 hours at a clinical site each week. MIDAS students will have 5 hours at a clinical site each week. In addition, you will have time (usually on Thursday morning) for your group’s community or population health project, debriefing on you community experience, and practicing community/population health skills or interprofessional collaborative skills in a simulated lab setting. Each lab will have a specific focus with preparation expected beforehand.

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| Week | Tuesday BSN Clinical Day 6 hours | Wednesday MIDAS Clinical Day 5 hours | Thursday (9:00 a.m. – 12 p.m.) Kennedy Theatre: Conaton Learning Center -CLC 412 Assigned seating areas for each clinical group – sit with your clinical instructor |
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| <p>Week 1</p> | <p>8-21-18 8AM- 10:30AM Clinical 11A-2P Lab)</p> <p>-Injection skills practice (Cohen)</p> | <p>8-22-18 9A – 12P (Cohen 190)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Go through the syllabus with Dr. Bohnhoff <input type="checkbox"/> Meet with your clinical instructor <input type="checkbox"/> Exchange contact information and get information about your first placement <input type="checkbox"/> Population-Based group exercise <input type="checkbox"/> Discuss SIMs (Hospice vs. Non-Hospice) <input type="checkbox"/> Complete CHD Confidentiality Form <input type="checkbox"/> Injection skills practice | <p>8-23-18: School Based Health and Screening (3 hour lab) CLC 412 Kennedy Auditorium (with breakout sessions as indicated below)</p> <p>Prior to attending this lab please review the following materials on Canvas:</p> <ul style="list-style-type: none"> -CPS Screening Materials: Hearing, Vision, Asthma (ACT), and student encounter form -Also, read Confidentiality P&P document, Confidentiality Responsibility Document, Employee Security Agreement and Notice of Privacy Practices. Print and sign the Confidentiality Responsibility Acknowledgement Form and bring it with you to seminar. -Bring Stethoscopes and CHD Confidentiality Responsibility Acknowledgment form. <i>-You may bring your computer with you.</i> 9:00am-9:45am: Vision, Hearing, Dental, and Asthma Assessments Dawn Jansen, RN and Sue Burton, RN 10:00a- 12:00pm.: Breakout Skills Session -Vision/Hearing and Dental/ACT: Practice in clinical group in CLC 412 or small study room in CLC, attend audiometer training as indicated below. <u>You are to practice taking blood pressures so bring your stethoscope and sphygmomanometer.</u> <p>-Hearing: CLC 414 Study Room 10:00a-10:30a: 753-Hayes 10:30a-11:00a: 753-Bowers 11:00a-11:30a: 753-Hoch 11:30a-12:00p: 754:Wetterich</p> <p>-Hearing: CLC 415 Study Room 10:00a-10:30a: 471-01, 02 10:30a-11:00a: 471-03, 04, 11:00a-11:30a: 471-05, 06 11:30a-12:00p: 471- 07</p> |
| <p>Week 2</p> | <p>8-28-18 6 hours clinical site</p> | <p>8-29-18 5 hours clinical Site</p> | <p>8/30/2018: Community Safety Lab; Community and Population Health Data Lab</p> <ul style="list-style-type: none"> -Review materials on canvas prior to attending -You may bring your computer with you this day for data lab 9:00 a.m. – 10:00 a.m. Orientation/Resources for Community Assessment Interprofessional Partner: Daphne Miller, Xavier University Library 10:00-11:00 a.m. Police presentation 10:00 a.m. – 12:00 p.m. -All others: Breakout session for students to meet with faculty. |
| <p>Week 3 (Jour nal due 11:59 p.m. on Sund ay)</p> | <p>9-4-18 6 hours clinical site</p> | <p>9-5-18</p> | <p>9-6-18</p> <p>BSN Community Project (3 hours)</p> <ul style="list-style-type: none"> -Windshield and Walking Survey -Arrange location for group and faculty meeting -Make plans to contact community members, relevant organizations, or government officials to get their input on the community as available <p>MIDAS Population-Based Community Assessment PART 1 (3 hours)</p> |

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| <p>Week 4 (Journal due 11:59 p.m. on Sunday)</p> | <p>9-11-18 6 hours clinical site</p> | <p>9-12-18</p> | <p>9-13-18 BSN Community Project (3 hours) -Continue gathering assessment data -Visit relevant community agencies, organizations, businesses, and other stakeholders -Complete ongoing Assessment data</p> <p>MIDAS Population-Based Community Assessment PART 1 (Continued) (3 hours)</p> |
| <p>Week 5 (Journal due 11:59 p.m. on Sunday)</p> | <p>9-18-18 6 hours clinical site Section 01 SIM</p> | <p>9-19-19</p> | <p>9-20-18 9:00 – 10:00 Steve Sunderman 10:00 -12:00 TBD</p> |
| <p>Week 6 (Journal due 11:59 p.m. on Sunday)</p> | <p>9-25-18 6 hours clinical site</p> | <p>9-26-18</p> | <p>9-27-18 BSN Community Project (3 hours) -Prioritize community health priority problem diagnoses based on assessment data</p> <p>MIDAS Population-Based Community Assessment PART 1 (Continued) (3 hours)</p> |
| <p>Week 7 (Journal due 11:59 p.m. on Sunday)</p> | <p>10-2-18 6 hours clinical site</p> | <p>10-3-18</p> | <p>10-4-18 FALL BREAK: NO COURSE ACTIVITIES</p>  |
| <p>Week 8 (Journal due 11:59 p.m. on Sunday)</p> | <p>10-9-18 6 hours clinical site</p> | <p>10-10-18</p> | <p>10-11-18</p> <p>9:00-12 p.m. Telehealth Lab Devon Lehman, MSN, RN, CCRN, Kandi Fischer, MSN RN, Michelle Eckert, MBA, MSN, RN, CCRN</p> |
| <p>Week 9 (Journal due 11:59 p.m. on Sunday)</p> | <p>10-16-18 6 hours clinical site</p> | <p>10-17-18</p> | <p>10-18-18 BSN Community Project Time (3 hours)</p> |

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| <p>Journal due 11:59 p.m. on Sunday)</p> | <p>Section 02 SIM</p> | | <p>-Research and develop nursing plan for intervention strategies for the priority diagnoses -Develop evaluation strategies</p> <p>MIDAS Population-Based Community Assessment PART 2 (continued) [3 hours]</p> |
| <p>Week 10 (Journal due 11:59 p.m. on Sunday)</p> | <p>10-23-18 6 hours clinical site</p> <p>Section 03 SIM</p> | <p>10-24-18</p> | <p>10-25-18 BSN Community Project Time (3 hours) -Research and develop nursing plan for intervention strategies for the priority diagnoses -Develop evaluation strategies</p> <p>MIDAS Population-Based Community Assessment PART 2 (continued) [3 hours]</p> |
| <p>Week 11 (Journal due 11:59 p.m. on Sunday)</p> | <p>10-30-18 6 hours clinical site</p> <p>Section 04 SIM</p> | <p>10-31-18</p> | <p>11-1-18 BSN Community Project Time -Finalize interventions and plan for implementing -Revise evaluation strategies -Submit Community Project draft to faculty member in canvas by end of day (this is not graded, but will allow for some feedback if needed on 11/17) -Draft poster submitted to Faculty by 11/10 for review</p> <p>MIDAS Population-Based Community Assessment PART 3 (3 hours)</p> |
| <p>Week 12 (Journal due 11:59 p.m. on Sunday)</p> | <p>11-6-18 6 hours clinical site</p> <p>Section 06 SIM</p> | <p>11-7-18</p> | <p>11-8-18 Interprofessional Collaborative Lab: Crime, Violence and Health -Prior to attending, review discussion questions on canvas and come with issues from clinical or projects to collaborate with panel experts</p> <p>9:00 a.m. – 10:15 a.m. Rosanne Hountz, MSN MSCJ RN Devin Robinson, MSN RN</p> <p>10:15 a.m. – 10:30 a.m. Break</p> <p>10:30 a.m. – 11:00 a.m. -International Health Lab by Lucy Goeke, MSN FNP</p> <p>11:00 a.m. – 12:00 p.m.</p> |

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| | | | Breakout session with clinical faculty |
| Week 13 (Journal due 11:59 p.m. on Sunday) | 11-13-18 6 hours clinical site Section 05 SIM | 11-14-18 | 11-15-18 BSN Community Project Time -Review Community Project with faculty and make adjustments as needed. -Final community project submitted to canvas by 11/17 at 2359 -Students to receive approval for their poster and submit to a printing service of their choice -Students to submit an electronic version of the poster to canvas by 11/17 at 2359. -Students should submit their poster to their printing service of choice and make plans to pick-up. MIDAS Population-Based Community Assessment PART 3 (continued) [3 hours] |
| Week 14 (Journal due 11:59 p.m. on Sunday) | 11-20-18 6 hours clinical site | 11-21-18 | 11-22-18  |
| Week 15 (Journal due 11:59 p.m. on Sunday) | 11-27-18 6 hours clinical site Section 07 SIM | 11-28-18 | 11-29-18 9:00 a.m. – 10:30 a.m. MIDAS Students to present their Population Health Documentary Videos to the BSN Students 10:30 a.m. – 10:45 a.m. ALL FACULTY/STUDENTS TO COMPLETE SPEAKER EVALUATION FORM. 10:45 a.m. – 11:00 a.m. (optional) BREAK 11:00 a.m. – 12:00 p.m. -Breakout session with clinical faculty: Complete clinical evaluations |

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| <p>***Week 16 (Last Journal due Thursday 12-6-18 by 9 a.m.)</p> | <p>12-4-18 6 hours clinical site</p> | <p>12-5-18</p> | <p>12-6-18 <i>Last Journal Due Today at 9:00 a.m.***</i> 9:00 a.m. – 11:30 a.m. BSN Community Project Poster Presentation Cintas Center</p> <p><u>Faculty and Students:</u> <i>Ensure that you have completed all student evaluation meetings by today.</i></p> |
| <p>Week 17 FINALS WEEK</p> | <p>12-10-18 FINALS WEEK</p> | <p>FINALS WEEK</p> | <p>12-13-18 Faculty Meeting from 10:00 a.m. – 12:00 p.m. in Cohen Room 195 to review semester and turn in Summary of Final Grade Information, Original Rubrics, Preceptor/Clinical Agency Evaluations-Faculty and Student, and Course Objectives Evaluation. FINAL GRADES DUE BY 12/13/2018.</p> |

**XAVIER UNIVERSITY
COLLEGE OF PROFESSIONAL SCIENCES
SCHOOL OF NURSING
CALENDAR Fall, 2018**

NURS 471-Community Health Nursing Practicum

NURS 753 – Practicum for Community Nursing and Public Health Policy

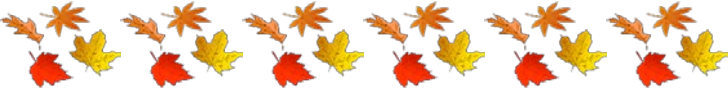
Overview: The Community Nursing Practicum is unique. Clinical instructors will either be onsite or immediately available per cell phone on clinical days and will visit the site regularly. For BSN students, you will have 6 hours at a clinical site each week. MIDAS students will have 5 hours at a clinical site each week. In addition, you will have time (usually on Thursday morning) for your group’s community or population health project, debriefing on your community experience, and practicing community/population health skills or interprofessional collaborative skills in a simulated lab setting. Each lab will have a specific focus with preparation expected beforehand.

| Week | Tuesday BSN Clinical Day 6 hours | Wednesday MIDAS Clinical Day 5 hours | Thursday (9:00 a.m. – 12:00 p.m.) Kennedy Theatre: Conaton Learning Center -CLC 412 Assigned seating areas for each clinical group – sit with your clinical instructor |
|--------|---|---|---|
| Week 1 | <p>8-21-18 8AM- 10:30AM Arrupe Room in Gallagher Student Center (& 12P-2P in Cohen Lab)</p> <p>-Review syllabus and course calendar -Meet with your clinical instructor, exchange contact information -decide on simulation preferences -Get information on clinical sites -Discuss community project -Review and complete CHD forms</p> | <p>8-22-18 9A – 12P (Cohen 190)</p> <ul style="list-style-type: none"> ✓ Go through the syllabus with Dr. Bohnhoff ✓ Meet with your practicum faculty ✓ Exchange contact information and get information about your first practicum placement ✓ Population-Based group exercise ✓ Discuss SIMs (Hospice vs. Non-Hospice) ✓ Complete CHD Confidentiality Form ✓ Injection skills practice with practicum faculty | <p>8-23-18: School Based Health and Screening (3 hour lab) CLC 412 Kennedy Auditorium (with breakout sessions as indicated below)</p> <p>Prior to attending this lab please review the following materials on Canvas:</p> <p>-CPS Screening Materials: Hearing, Vision, Asthma (ACT), and student encounter form -Also, read Confidentiality P&P document, Confidentiality Responsibility Document, Employee Security Agreement and Notice of Privacy Practices. Print and sign the Confidentiality Responsibility Acknowledgement Form and bring it with you to seminar. -Bring Stethoscopes and CHD Confidentiality Responsibility Acknowledgment form. <i>-You may bring your computer with you.</i></p> <p>9:00am-9:45am: Vision, Hearing, Dental, and Asthma Assessments Dawn Jansen, RN and Sue Burton, RN</p> <p>10:00a- 12:00pm.: Breakout Skills Session -Vision/Hearing and Dental/ACT: Practice in clinical group in CLC 412 or small study room in CLC, attend audiometer training as indicated below.</p> <p><u>You are to practice taking blood pressures so bring your stethoscope and sphygmomanometer.</u></p> <p>-Hearing: CLC 414 Study Room 10:00a-10:30a: 753-Hayes 10:30a-11:00a: 753-Bowers 11:00a-11:30a: 753-Hoch 11:30a-12:00p: 753-Hountz</p> <p>-Hearing: CLC 415 Study Room 10:00a-10:30a: 471-01, 02 10:30a-11:00a: 471-03, 04, 11:00a-11:30a: 471-05, 06 11:30a-12:00p: 471- 07</p> |


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| Week | Tuesday BSN Clinical Day 6 hours | Wednesday MIDAS Clinical Day 5 hours | Thursday (9:00 a.m. – 12:00 p.m.) Kennedy Theatre: Conaton Learning Center -CLC 412 Assigned seating areas for each clinical group – sit with your clinical instructor |
|--|---|---|---|
| Week 1 | -Injection skills practice (Cohen) <u>12p-12:30p</u> Sec 01, 02 <u>12:30p-1:00p</u> Sec 03, 04 <u>1:00p-1:30p</u> Sec 05, 06 – <u>1:30p-2:00p</u> Sec 07 | See above | See above |
| Week 2 | 8-28-18 6 hours clinical site | 8-29-18 5 hours clinical site FIRST MIDAS CLINICAL DAY SITE 1 | 8/30/2018: Community Safety Lab; Community and Population Health Data Lab -Review materials on canvas prior to attending -You may bring your computer with you this day for data lab 9:00 a.m. – 10:00 a.m. Orientation/Resources for Community Assessment Interprofessional Partner: Daphne Miller, Xavier University Library 10:00 a.m. – 12:00 p.m. -All others: Breakout session for students to meet with faculty. |
| Week 3 (Journal due 11:59 p.m. on Sunday) | 9-4-18 6 hours clinical site | 9-5-18 | 9-6-18 BSN Community Project (3 hours) -Windshield and Walking Survey -Arrange location for group and faculty meeting -Make plans to contact community members, relevant organizations, or government officials to get their input on the community as available MIDAS Population-Based Community Assessment PART 1 (3 hours) |
| Week 4 (Journal due 11:59 p.m. on Sunday) | 9-11-18 6 hours clinical site | 9-12-18 SIM-HOCH 9 A – 12 P | 9-13-18 BSN Community Project (3 hours) -Continue gathering assessment data -Visit relevant community agencies, organizations, businesses, and other stakeholders -Complete ongoing Assessment data MIDAS Population-Based Community Assessment PART 1 (Continued) [3 hours] |
| Week 5 (Journal due 11:59 p.m. on Sunday) | 9-18-18 6 hours clinical site | 9-19-19 SIM-HOUNTZ 9 A – 12 P | 9-20-18 TBD |

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|--|---|---|---|
| Week 6 (Journal due 11:59 p.m. on Sunday) | 9-25-18 6 hours clinical site | 9-26-18 FIRST MIDAS CLINICAL DAY SITE 2 | 9-27-18 BSN Community Project (3 hours) -Prioritize community health priority problem diagnoses based on assessment data MIDAS Population-Based Community Assessment PART 1 (Continued) [3 hours] |
| Week 7 (Journal due 11:59 p.m. on Sunday) | 10-2-18 6 hours clinical site | 10-3-18 | 10-4-18 FALL BREAK: NO COURSE ACTIVITIES  |
| Week 8 (Journal due 11:59 p.m. on Sunday) | 10-9-18 6 hours clinical site | 10-10-18 | 10-11-18 9:00 a.m.-12:00 p.m. Telehealth Lab Devon Lehman, MSN, RN, CCRN, Kandi Fischer, MSN RN, Michelle Eckert, MBA, MSN, RN, CCRN |
| Week 9 (Journal due 11:59 p.m. on Sunday) | 10-16-18 6 hours clinical site | 10-17-18 SIM-BOWERS 9 A – 12 P FIRST MIDAS CLINICAL DAY SITE 3 | 10-18-18 BSN Community Project Time (3 hours) -Research and develop nursing plan for intervention strategies for the priority diagnoses -Develop evaluation strategies MIDAS Population-Based Community Assessment PART 2 [3 hours] |
| Week 10 (Journal due 11:59 p.m. on Sunday) | 10-23-18 6 hours clinical site | 10-24-18 | 10-25-18 BSN Community Project Time (3 hours) -Research and develop nursing plan for intervention strategies for the priority diagnoses -Develop evaluation strategies MIDAS Population-Based Community Assessment PART 2 (continued) [3 hours] |
| Week 11 (Journal due 11:59 p.m. on Sunday) | 10-30-18 6 hours clinical site | 10-31-18 | 11-1-18 BSN Community Project Time -Finalize interventions and plan for implementing -Revise evaluation strategies -Submit Community Project draft to faculty member in canvas by end of day (this is not graded, but will allow for some feedback if needed on 11/17) -Draft poster submitted to Faculty by 11/10 for review MIDAS Population-Based Community Assessment PART 3 (3 hours) |

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| Week 12 (Journal due 11:59 p.m. on Sunday) | 11-6-18 6 hours clinical site | 11-7-18 SIM-HAYES 9 A – 12 P | 11-8-18 Interprofessional Collaborative Lab: Crime, Violence and Health -Prior to attending, review discussion questions on canvas and come with issues from clinical or projects to collaborate with panel experts 9:00 a.m. – 10:15 a.m. Rosanne Hountz, MSN MSCJ RN Devin Robinson, MSN RN 10:15 a.m. – 10:30 a.m. Break 10:30 a.m. – 11:00 a.m. -International Health Lab by Lucy Goeke, MSN FNP 11:00 a.m. – 12:00 p.m. Breakout session with clinical faculty |
| Week 13 (Journal due 11:59 p.m. on Sunday) | 11-13-18 6 hours clinical site | 11-14-18 FIRST MIDAS CLINICAL DAY SITE 4 | 11-15-18 BSN Community Project Time -Review Community Project with faculty and make adjustments as needed. -Final community project submitted to canvas by 11/17 at 2359 -Students to receive approval for their poster and submit to a printing service of their choice -Students to submit an electronic version of the poster to canvas by 11/17 at 2359. -Students should submit their poster to their printing service of choice and make plans to pick-up. MIDAS Population-Based Community Assessment PART 3 (continued) [3 hours] |
| Week 14 (Journal due 11:59 p.m. on Sunday) | 11-20-18 6 hours clinical site | 11-21-18 | 11-22-18  |
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| ***Week 16 (Last Journal due Thursday 12-6-18 by 9 a.m. | 12-4-18 6 hours clinical site | 12-5-18 LAST CLINICAL DAY | 12-6-18 <i>Last Journal Due Today at 9:00 a.m.***</i> 9:00 a.m. – 11:30 a.m. BSN Community Project Poster Presentation Cintas Center <u>Faculty and Students:</u> <i>Ensure that you have completed all student evaluation meetings by today.</i> |
| Week 17 FINALS WEEK | 12-10-18 FINALS WEEK | FINALS WEEK | 12-13-18 Faculty Meeting from 9:30 a.m. – 12:30 p.m. in Cohen Room TBA to review semester and turn in Summary of Final Grade Information, Original Rubrics, Clinical Agency Evaluations- Faculty and Student, and Course Objectives Evaluation. FINAL GRADES DUE BY 12/14/2018. |