Stephen F. Austin State University  
DeWitt School of Nursing  
CARE OF COMMUNITY POPULATIONS  

NUR 431 Course Section 501  
NUR 431 Clinical Sections 010 - 016  
Spring 2016  

Course Instructors  
Della Connor PhD, RN, FNP-BC  
Janice Hensarling PhD, RN, FNP-BC  

ALL INFORMATION IN THIS SYLLABUS IS SUBJECT TO THE WRITTEN POLICIES AND PROCEDURES OF THE SCHOOL OF NURSING, STEPHEN F. AUSTIN STATE UNIVERSITY, NACOGDOCHES, TEXAS.  

IN THE CASE OF COMMISSION, OMISSION, AMBIGUITY, VAGUENESS, OR CONFLICT, THE POLICIES AND PROCEDURES OF THE SCHOOL OF NURSING SHALL CONTROL.  

EACH STUDENT SHALL BE RESPONSIBLE FOR ACTUAL AND/OR CONSTRUCTIVE KNOWLEDGE OF THE POLICIES AND PROCEDURES OF THE SCHOOL OF NURSING AND FOR COMPLIANCE THEREWITH.  

THE STUDENT IS RESPONSIBLE FOR ALL INFORMATION IN THIS SYLLABUS.  

This syllabus is provided for information purposes only.
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Office: 146  
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Class meeting time and place: Most class meetings scheduled Tuesdays 1:00 – 3:00 PM, Room 115. (Please check the calendar and dates for classes to see where we will meet for each date).

Exams scheduled: Room 115 (closest to breezeway)  
02/08/16 (Monday) Exam #1 (10:00 AM)  
02/29/16 (Monday) Exam #2 (10:00 AM)  
04/04/16 (Monday) Exam #3 (10:00 AM)  
04/25/16 (Monday) Exam #4 (10:00 AM)  
05/03/16 (Tuesday) Exam #5 - HESI (10:00 AM)

ISBN: 978-1-4511-9131-8

Students must have the required computer access and programs to support SFASU D2L.

Course Description
Application of nursing theory, research, and practice to community populations with foci on health promotion, prevention of illness, and the impact of situational and developmental stressors on social units.

Unabridged Course Description
This course builds on previous, concurrent, and prerequisite courses and introduces the student to concepts of health promotion and illness prevention in community populations. Students apply nursing theory, research, practice, and the nursing process to provide holistic care for communities of various developmental levels, spiritual, ethno-cultural, and socioeconomic backgrounds. Emphasis is placed on collaboration with community
members and interdisciplinary healthcare providers to promote awareness and needs of healthy communities. Students are encouraged to think critically about bioethical and health issues, distribution of healthcare resources, and to communicate effectively on professional, interpersonal, and intrapersonal levels.

Number of Credit Hours: 3 semester hours (2 hour didactic and 3 hours clinical practicum).

Prerequisites and Co-requisites:
Prerequisites: NUR 406, NUR 407, NUR 408
Co-requisites: NUR 430, NUR 432, NUR 433. Required lab fee.

Program Learning Outcomes
Graduates of the program will:
1. Apply knowledge of the physical, social, and behavioral sciences in the provision of nursing care based on theory and evidence based practice.
2. Deliver nursing care within an established legal and ethical parameters in collaboration with clients and members of the interdisciplinary health care team.
3. Provide holistic nursing care to clients while respecting individual and cultural diversity.
4. Demonstrate effective leadership that fosters independent thinking, use of informatics, and collaborative communication in the management of nursing care.
5. Assume responsibility and accountability for quality improvement and delivery of safe and effective nursing care.
6. Serve as an advocate for clients and for the profession of nursing.
7. Demonstrate continuing competence, growth, and development in the profession of nursing.

Student Learning Outcomes
1. Relate concepts and principles of the arts, sciences, humanities, and nursing as a source for providing leadership and care to community clients.
2. Demonstrate responsibility and accountability using consistent professional behavior patterns and communication.
4. Evaluate research for application of findings to nursing practice with communities.
5. Utilize the nursing process to provide professional nursing care and education to communities.
6. Discuss current social, economic, and political ramifications of healthcare policy, the impact on communities, and potential changes.
7. Design and implement education plans in collaboration with community and interdisciplinary healthcare team members to meet identified needs of communities of diverse developmental, spiritual, ethno-cultural, and socioeconomic backgrounds.
8. Describe existing and potential nursing roles to meet emerging health needs of communities in a changing society.
9. Incorporate moral, legal, economic, and ethical issues in the provision of care to communities.

Differentiated Essential Competencies (DEC’s)

The Richard and Lucille DeWitt School of Nursing prepares graduates to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs). The competencies are based upon the preparation in the program of study. In nursing education, the DEC’s serve as a guideline and tool for curriculum development and revision, a tool for benchmarking and evaluation of the program, and statewide standard to ensure graduates will enter practice as safe and competent nurses. The DECs are incorporated into every course in the SON to ensure uniformity and continuity of standards.

Please refer to the Texas BON website for additional information

https://www.bon.texas.gov/pdfs/differentiated_essential_competencies-2010.pdf

Course Requirements:

Evaluation is based on achievement of the objectives. Evaluation strategies may include exams, quizzes, homework assignments, case studies, observation in clinical settings, patient care conferences, clinical paperwork documenting the nursing process, and clinical performance evaluations. In order to receive a C grade for the course, each student must first obtain a weighted mean exam score of 75% or better on the 5 unit exams. A weighted exam average below 75% or an overall weighted course average below 75% constitutes failure of NUR 431 and will result in a grade of “F” on the transcript.

Course Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>January 19, 2016</td>
<td>Welcome Introduction to Course &amp; review Syllabus</td>
</tr>
<tr>
<td>(Tuesday 10:00-12:00)</td>
<td>Discuss Introduction Assignment</td>
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<tr>
<td>(Rm 111)</td>
<td>Discussion of Group Projects</td>
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<td></td>
<td>Discuss Disaster Simulation</td>
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<tr>
<td>January 25, 2016</td>
<td>Welcome Assignment Due (10:00 AM)</td>
</tr>
<tr>
<td>(Monday 10:00-12:00)</td>
<td>Chapters 1-3</td>
</tr>
<tr>
<td>(Rm 115)</td>
<td>Turn in names of group members in your community project group (No more than 5 students per group).</td>
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</tbody>
</table>
Discuss Clinical Schedules.

February 1, 2016
(Monday 10:00-12:00) (Rm 115)
Chapters 4-6

February 2, 2016
Clinical rotations start for Clinical Group B

February 8, 2016
(Monday 10:00) (Rm 115)
Exam # 1 Chapters 1-6 (10:00)
(Must be signed up by today for time to take photographs at Creative Photography for the composite picture)

(Wednesday 10 or Friday 12)
Creative Photography (Get Photo Taken)

February 12, 2016
Clinical paperwork Group B due to Dr. Hensarling 5:00 PM

February 15, 2016
(Monday 10:00) (Rm 115)
Chapters 7-9
Post Conference Group B 9:00 AM-10:00 AM Room 115

February 16, 2016
Clinical rotations start for Group C

February 22, 2016
(Monday 10:00) (Rm 115)
Chapters 10-12
Clinical Activity: Complete a Windshield Survey (Due 02/29/16 @ 10:00 am in Dropbox)

February 29, 2016
(Monday 10:00) (Rm 115)
Exam # 2 Chapters 7-12 (10:00)
Windshield survey due at 10:00 am in dropbox
Turn in posters for project in dropbox

March 4, 2016
Clinical paperwork Group C due to Dr. Hensarling 5:00 PM in dropbox

March 7, 2016
(Monday 10:00) (Rm 115)
Chapters 13-15
Post conference Group C (9:00-10:00 Room 115)

March 08, 2016
Clinical rotations start for Group A

March 21, 2016
Chapters 16-18

Revised: 8/19/15dc
April 1, 2016  Clinical paperwork Group A due to Dr. Hensarling 5:00 PM in dropbox

April 4, 2016  Exam # 3: Chapters 13-18 (10:00)
(Monday 10:00) (Rm 115) Post conference for group A (3:00-4:00 Room 107)

April 11, 2016  Chapters 19-21
(Monday 10:00) (Rm 115)

April 18, 2016  Chapter 22-25
(Monday 10:00) (Rm 101)

April 25, 2016  Exam # 4: Chapters 19-25 (10:00) (Rm 115)
(Monday 10:00) (Rm 115)

May 2, 2016  HESI review
(Monday 10:00) (Rm 115)

May 3, 2016  Exam # 5: COMMUNITY HESI (10:00 am) (Rm 115)
(Tuesday 10:00 am Room 115)

May 10 or 11, 2016  Disaster Simulation (8:00-1:00) (CLINICAL)
Location Simulation lab (All Students)

May 13, 2016  Pinning Ceremony

May 14, 2016  Graduation!

EVALUATION and GRADING CRITERIA

<table>
<thead>
<tr>
<th>Didactic</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Exam #1</td>
<td>15%</td>
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<td>Exam #2</td>
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<td>Exam #3</td>
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<tr>
<td>Exam #4</td>
<td>15%</td>
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<tr>
<td>Quiz Grades</td>
<td>10%</td>
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<tr>
<td>Exam #5 (HESI exam conversion score)</td>
<td>20%</td>
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<tr>
<td>(Assignments)</td>
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<tr>
<td>1. Welcome Assignment (5)</td>
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<td>2. Poster for Health Fair(50)</td>
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<tr>
<td>3. Windshield Survey (45)</td>
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Total 100%

It is necessary to obtain a WEIGHTED MEAN TEST SCORE OF 75 in the class exam grades to pass this course. A weighted mean test score below 75 or a class average below 75 constitutes failure. Clinical will be graded as a Pass/Fail. You must pass both the class and clinical in order to pass Nursing 431. (Nursing Policy No. 25)

Grading Scale
A = 90 - 100
B = 80 - 89
C = 75 - 79
F = below 75

Clinical Pass/Fail

ATTENDANCE/ABSENCE POLICY

Classroom: Attendance is not mandatory. However, all students are expected to attend classes regularly. There will be quizzes that you will receive a grade for. If you are not in class when in-class quizzes are given you will receive a zero (0) for this assignment. The grades for these quizzes will be worth 15% of your grade for this course.

Your contribution to this class is invaluable. Participation is part of the professional nurse’s role, students are expected to be punctual in class attendance and be prepared for educational activities. Students should review the syllabus and calendar to assure that assignments are turned in timely. Late submissions are discouraged except for major emergencies, and the instructor must be advised prior to due dates for the student to get an extension. Excessive tardiness for turning in assignments will result in lowering of grades. (Refer to SON Policies).

Exams: Attendance is mandatory. The only excused absence is one related to illness of self, death of immediate family member or significant other, the result of a catastrophic event, or any event approved by the instructor. If so directed by the instructor, the student must send a written excuse from the professional health care provider. If the absence is not excused, a zero (0) will be received for the exam. See School of Nursing Policy # 20.

In the event that a student must be absent for an exam, the student must:
1. Notify the instructor prior to the exam;
2. Contact the instructor within two (2) days following the exam, in order to make arrangements to take the exam. If the student has an excused absence from an exam, the instructor has the option of requiring a make-up exam or increasing the percentage of the points of another test.
CLASSROOM BEHAVIOR

Professional behavior is expected in the classroom. Any disruptions will be addressed and if they do not cease then the student(s) will be asked to leave the class. Testing is never a joint effort in this course. Students may only have earplugs and a pen/pencil. One piece of paper may be supplied by instructors only.

NO hats, NO caps, No hoodies, NO drinks or food, NO calculators, NO sunglasses, NO IPODs, NO watches, NO note cards with information on content are allowed. Backpacks and keys will be placed in designated area in testing room; cell phones will be turned off and left at the front of the room.

Please visit the restroom before the test. Students who arrive late will ONLY be allowed to take the exam if no other student has left the testing room, and they will complete the test without time extension within the allotted testing period.

Unacceptable Actions:

- Turning in any portion of someone's work without crediting the author of that work, if the source of that work is not the course text.
- Writing for or with another student any course assignment and/or case study.
- Receiving from another person any course assignment, quiz content, and/or case study.
- Helping another person complete any course assignment, quiz, and/or case study.
- Logging into computer programs and/or signing for another student on computer or the roster.
- Sharing passwords to tests, quizzes or content.

COURSE EVALUATIONS BY STUDENTS

Please complete on-line course evaluations by May 6, 2015. Your evaluation is important!

Clinical: Attendance is mandatory for all clinical hours. To be an excused absence the student must be excused directly by the clinical instructor. The only excused absence is one related to illness of self, or death of immediate family member or significant other. The student must bring a written excuse by the health provider or an obituary notice. If a student must be absent from clinical, they must directly notify the clinical instructor and the facility as soon as the facility opens. Failure to notify the instructor and the facility constitutes unprofessional behavior and the student will receive a clinical “F” day.

Absence from the clinical area exceeding 10% will result in a clinical failure regardless of the reasons (including excused absences). Refer to Policy # 21.

Clinical meeting times and places:
NUR 431 clinicals are scheduled around other course clinicals during the semester. Most clinicals will be scheduled on Wednesdays and Thursdays although other days may be scheduled at the discretion of the instructor. Students will be assigned to various community clinical sites. Times and dress code vary so consult the Clinical Agency List posted on D2L.

**Required clinical materials:**

Students **must** have stethoscope, watch with second hand, pen and paper when presenting to any clinical sight. Students **must** wear name tag at all times during clinical.

**Community Clinical Experience**

PURPOSE: The purpose of the community clinical experience is to provide the nursing student a total of 42 hours of clinical experience in order to utilize the nursing process as a framework for practice with clients in a community requiring nursing care.

**Designated Clinical Hours**

1. Practice in various clinical settings: 28 hours
2. Health fairs: 9 hours
3. Disaster Simulation: 4 hours
4. Post Conference/Evaluation: 1 hour

**Total** 42 hours

**Clinical Requirements**

**See course calendar and individual clinical schedule for specific dates.**

**Required Documentation**

Students must complete an agency experience form for **EACH CLINICAL DAY**. Students must also have **each preceptor complete an evaluation form**. If preceptors choose to return the evaluation form with the student, both forms should be turned in for each clinical day during group post conference. Both forms can be found on D2L.

**Course Calendar**

**See calendar located in the class syllabus.**

**Clinical Learning Outcomes**

1. Examine populations at risk from epidemiological, social, and environmental
perspectives.
2. Collaborate in developing goals for community-based programs whose primary goal is health promotion or health restoration.
3. Provide direct and indirect care in community-based programs whose goals are health prevention, promotion, or restoration.
4. Implement health risk appraisal for diverse community settings.
5. Advocate for health education, healthy lifestyles, & early detection and treatment of disease, including vulnerable populations.
6. Identify problems that clients experience in accessing health care including vulnerable populations.

Clinical Expectations

The clinical experience for Community Health Nursing will be graded. The following are general criteria: **Mastery level passing on all clinical components of the clinical evaluation tool must be met.**

1. Students are expected to follow through with all clinical assignments and commitments. An absence must be excused or result in a failed clinical day. Makeup on an excused absence must be arranged with faculty. Students must notify faculty, and any and all of the following which are applicable, if an unavoidable absence is about to occur: agency contact person, home family, peer committee chairperson, or member. To the extent possible, a student should arrange for a substitute for group work and arrange to reciprocate the time. Failure to make appropriate notifications of change to the established schedule will be grounds for an “F” day.

2. Students are expected to meet all objectives in carrying out the nursing process with professional care and courtesy to all clients, staff members, public contacts in the process of Service-Learning, peers, and faculty. Evaluation of specific written work and observed behavior by instructor and agency contact evaluation will contribute to grade.

3. **No medicines may be given by the student nurse in the home.** Students may perform procedures for which they have received prior instruction and validation by a nursing instructor in clinical settings other than a home, if an RN acts as a preceptor.

4. Client information is kept confidential and shared only with faculty, other students in the course of consultation, staff members of the agency, or the client’s physician on a need to know basis. Family must give their consent for any referral or physician contact.

5. Assignments are to be typed.

6. Students should dress in a manner reflecting representation of a professional school of nursing when engaged in clinical activity. Agency guidelines for dress are to be
followed or adapted to the satisfaction of the agency and faculty. Denim is not acceptable dress. *SFA Nursing Student identification is to be worn at all times when engaged in clinical activity.*

7. *Students must have stethoscope, watch with second hand, pen and paper when presenting to any clinical sight.*

**Grading Policy**

Evaluation is based on achievement of the objectives. Evaluation strategies include unit tests, a comprehensive course final examination (HESI), completion of required assignments, practice within the clinical setting, patient care conferences, and clinical performance evaluations.

*It is necessary to obtain a weighted mean of C (75) in the class exam grades to pass this course. An exam weighted mean below 75 or a class weighted mean below 75 constitutes failure of Nursing 431 and will result in a grade of “F” on the transcript. Clinical will be graded as a Pass/Fail. You must pass both the class and clinical in order to pass Nursing 431.*

**Clinical** Pass/Fail

Must have a weighted mean of 75% to pass class, have a weighted mean of 75% for the test average, and pass clinicals.

Faculty reserve the right to change any previously graded quiz, test, presentation, or any written work at any time in the semester until final course average is posted on MySFA.

Late work will not be accepted without prior approval from instructors.

**Clinical Evaluation**

*Purpose:* The purpose of the clinical evaluation process provides a method of determining whether desired outcomes have been successfully achieved by the student and to determine whether the student has sufficient knowledge for the established level of clinical practice to care for clients within a community.

*Method of evaluation:* Include evaluations after each clinical experience, final evaluations, counseling conferences, documentation of clinical experiences.
1. Based on coming to clinical prepared to care for any patient assigned by the instructor/preceptor.
2. Based on actual care given.
3. Based on clinical skills performance.
4. Based on communication skills with clients, nursing staff, physicians, and instructor.
5. Based on behavior denoting professionalism and acceptance of responsibility.
6. Based on initiative in all areas of clinical practice.
7. Based on time management skills development.
8. Includes clinical evaluations by instructor/preceptor to notify student of areas of strengths and weaknesses.

**Clinical Failure**

**A.** Equals more than two (2) failed clinical days (2 “Clinical F” days). The following represent one (1) failed day each:

1. Failure to provide care for clients in accordance with the Texas Standards of Nursing Practice Act 217.11
2. Failure to take advantage of opportunities at various clinical sites (i.e. being asked to follow doctors, studying instead of following nurse …) or complaints from clinical sites.
3. Failure to give satisfactory performance in all oral or written paper work and complete all prescribed remediation.
4. Failure to adhere to all SON policies.
5. Unexcused absence from clinical.
6. Two failures to arrive at clinical site on time. Tardiness is described as being more than 10 minutes late to arrive at the appropriate clinical setting.
7. Failure to meet any/all of the clinical expectations listed above.

**B.** Failure to receive a passing grade on 3 formative clinical evaluations during the semester. These evaluations are completed by the instructor and/or preceptor for each clinical experience.

**C.** Failure to receive a “Satisfactory” rating on all behaviors outlined on the formal summative clinical evaluation form.

**Poster**

Posters will be evaluated using NURS 431: Poster Assessment Grading Criteria posted on D2L.

**Attendance Policy**

**Clinical Attendance:**
Attendance is mandatory for all clinical hours. To be an excused absence the student must be excused directly by the clinical instructor. The only excused absence is one related to illness of self, or death of immediate family member or significant other. The student must bring a written excuse by the health provider or an obituary notice. Social conflicts are inexcusable.

If a student must be absent from clinical, they must directly notify the clinical instructor and the facility as soon as the facility opens. Failure to notify the instructor and the facility constitutes unprofessional behavior and the student will receive a clinical “F” day. Absence from the clinical area exceeding 10% will result in a clinical failure regardless of the reasons (including excused absences). Refer to Policy # 21.

Students are expected to arrive to all clinicals on time, as well as complete the clinical assignments by required date and time. At the third late occurrence, students will be required to meet with faculty to discuss progression in course.

All absences from the clinical setting will be made up at the discretion of the instructor.

All students are responsible for the Policies and Procedures of the School of Nursing. These can be found online at http://www.fp.sfasu.edu/nursing/

Academic Integrity (A-9.I)

Academic integrity is a responsibility of all university faculty and students. Faculty members promote academic integrity in multiple ways including instruction on the components of academic honesty, as well as abiding by university policy on penalties for cheating and plagiarism.

Definition of Academic Dishonesty
Academic dishonesty includes both cheating and plagiarism. Cheating includes but is not limited to (1) using or attempting to use unauthorized materials to aid in achieving a better grade on a component of a class; (2) the falsification or invention of any information, including citations, on an assigned exercise; and/or (3) helping or attempting to help another in an act of cheating or plagiarism. Plagiarism is presenting the words or ideas of another person as if they were your own. Examples of plagiarism are (1) submitting an assignment as if it were one's own work when, in fact, it is at least partly the work of another; (2) submitting a work that has been purchased or otherwise obtained from an Internet source or another source; and (3) incorporating the words or ideas of an author into one's paper without giving the author due credit.

Please read the complete policy at http://www.sfasu.edu/policies/academic_integrity.asp

Withheld Grades Semester Grades Policy (A-54)

Ordinarily, at the discretion of the instructor of record and with the approval of the academic chair/director, a grade of WH will be assigned only if the student cannot
complete the course work because of unavoidable circumstances. Students must complete the work within one calendar year from the end of the semester in which they receive a WH, or the grade automatically becomes an F. If students register for the same course in future terms the WH will automatically become an F and will be counted as a repeated course for the purpose of computing the grade point average.

The circumstances precipitating the request must have occurred after the last day in which a student could withdraw from a course. Students requesting a WH must be passing the course with a minimum projected grade of C.

**Students with Disabilities**

To obtain disability related accommodations, alternate formats and/or auxiliary aids, students with disabilities must contact the Office of Disability Services (ODS), Human Services Building, and Room 325, 468-3004 / 468-1004 (TDD) as early as possible in the semester. Once verified, ODS will notify the course instructor and outline the accommodation and/or auxiliary aids to be provided. Failure to request services in a timely manner may delay your accommodations. For additional information, go to [http://www.sfasu.edu/disabilityservices/](http://www.sfasu.edu/disabilityservices/).

**Acceptable Student Behavior**

Classroom behavior should not interfere with the instructor’s ability to conduct the class or the ability of other students to learn from the instructional program (see the Student Conduct Code, policy D-34.1). Unacceptable or disruptive behavior will not be tolerated. Students who disrupt the learning environment may be asked to leave class and may be subject to judicial, academic or other penalties. This prohibition applies to all instructional forums, including electronic, classroom, labs, discussion groups, field trips, etc. The instructor shall have full discretion over what behavior is appropriate/inappropriate in the classroom. Students who do not attend class regularly or who perform poorly on class projects/exams may be referred to the Early Alert Program. This program provides students with recommendations for resources or other assistance that is available to help SFA students succeed.

**CHAPTER OBJECTIVES**

Chapter 1, Public Health Nursing: Present, Past, and Future

**Learning Objective 1.** Outline three major changes in healthcare in the 21st century.
1. Explain the three major changes in healthcare in the 21st century. Discuss examples of the three major changes in healthcare in the 21st century.

**Learning Objective 2.** Identify the eight principles of public health nursing practice.
1. Define public health nursing.
2. Review the eight principles of public health nursing practice.

Learning Objective 3. Explain the significance of the standards and their related competencies of professional public health nursing practice.

1. Explain the significance of the standards and their related competencies of professional public health nursing practice.

Learning Objective 4. Discuss historical events and relate them to the principles that underlie public health nursing today.

1. Review historical events that relate to public health nursing
2. Discuss the relationship of historical events to the principles that underlie public health nursing today. The historical roots of public health nursing have set the framework for current nursing practice in the community.

Learning Objective 5. Consider the challenges for public health nurses in the 21st century.

1. Discuss the challenges for public health nursing in the 21st century.

Chapter 2, Public Health Systems

Learning Objective 1. Understand and describe the challenges in reducing the gap between healthcare expenditures and healthcare disparities.

1. Explain that healthcare systems are organized based on philosophies of care and are culturally influenced.
2. Review challenges in healthcare expenditures and healthcare disparities.

Learning Objective 2. Compare and contrast differences across international public health systems.

1. Discuss differences across international public health systems. (Refer to Box 2.1, and Table 2.1.)

Learning Objective 3. Explain the different contributions of governmental and nongovernmental structures in public health systems in different countries.

1. Define governmental and nongovernmental structures in public health systems.
2. List contributions of governmental and nongovernmental structures in different countries. (Refer to Box 2.1, and Table 2.1.)

Chapter 3, Health Policy, Politics, and Reform

Learning Objective 1. Define public health, policy, and politics while identifying the relationships between concepts.

1. Review definitions for public health, policy, and politics while identifying the relationships between concepts.

Learning Objective 2. Explain the effect of politics on healthcare policy.

1. Discuss the effect of politics on healthcare policy.

Learning Objective 3. Identify the steps in policy-making and understand them comprehensively.

1. Identify the steps in policy-making and understand them comprehensively.
Learning Objective 4. Apply the process of policy-making to explain daily decisions regarding health and health choices.
   1. Review examples of the process of policy-making. (Refer to Figure 3.1.)

Learning Objective 5. Understand facts regarding the healthcare system, access to care, and insurance issues.
   1. Identify the facts regarding the healthcare system, access to care, and insurance issues.

Learning Objective 6. Identify the basic economic and financial concepts in relation to healthcare services.
   1. Identify the basic economic and financial concepts in relation to healthcare services.

Learning Objective 7. Identify the definition and determinants of quality of care.
   1. Identify the definition and determinants of quality of care.

Learning Objective 8. Understand the role of nurses in informing healthcare policies.
   1. Discuss the role of nurses in informing healthcare policies.

Learning Objective 9. Explain the importance of workforce diversity and the concept of cultural competency.
   1. Discuss the importance of workforce diversity, and the concept of cultural competency.

Learning Objective 10. Understand the information management involved in the healthcare system.
   1. Explain how information management is involved in the healthcare system.

Learning Objective 11. Explain the ethical and legal considerations in the policy-making process.
   1. Discuss the ethical and legal considerations in the policy-making process.

Learning Objective 12. Explain the major reforms in the healthcare system in the United States.
   1. Review the major reforms in the healthcare system in the United States.

Learning Objective 13. Understand the value of health services research in the healthcare system.
   1. Discuss the value of health services research in the healthcare system.

Chapter 4, Health and the Global Environment

Learning Objective 1. Identify critical determinants of global health and the intersection between health and the environment.
   1. Define key terms for health in the global environment.
   2. Review critical determinants of global health.

Learning Objective 2. Describe the approaches to achieving maximum health outcomes in poor countries and in affluent countries.
   1. Review transitions that are used as a measure of improvement of health of a nation (Refer to Box 4.4.)

Learning Objective 3. Define the concept of burden of disease, how it is measured, and the ultimate effect on a population’s health.
   1. Define global burden of disease.
2. Review how the concept of burden of disease is measured and the ultimate effect on a population’s health. (Refer to Box 4.1.)

Learning Objective 4. Identify and explain the effects of political, economic, and sociodemographic risk factors on health.
1. Provide examples of the effects of political, economic, and sociodemographic risk factors on health. (Refer to Box 4.2.)

Learning Objective 5. Describe the purpose of the Millennium Development Goals and their future impact on improving global health.
1. Discuss the purpose of the Millennium Development Goals and the impact on improving global health. (Refer to Box 4.5, and Table 4.1.)

Learning Objective 6. Describe key indicators of health that can be measured or used as benchmarks to examine the health outcomes of a population.
1. Describe key indicators of health that can be measured or used as benchmarks to examine the health outcomes of a population. (Refer to Box 4.3.)

Chapter 5, Frameworks for Health Promotion, Disease Prevention, and Risk Reduction

Learning Objective 1. Discuss the contribution of the Centers for Disease Control and Prevention to the health and well-being of people in the United States.
1. Discuss the contribution of the Centers for Disease Control and Prevention to the health and well-being of people in the United States. (Refer to Box 5.1.)

Learning Objective 2. Explain three levels of prevention in relation to levels of pathogenesis.
1. Review examples of the three levels of prevention in relation to levels of pathogenesis. (Refer to Box 5.2.)

Learning Objective 3. Identify and define health behavior change models and their practical use in altering behavior to enhance health and well-being.
1. Review the health behavior change models and their practical use in altering behavior to enhance health and well-being.

Learning Objective 4. Identify a multisystem prevention approach to people, families, and communities.
1. Identify a multisystem prevention approach to people, families, and communities. (Refer to Box 5.5.)

Learning Objective 5. Describe epidemiologic models of health promotion and modifiable risk reduction.
1. Describe epidemiologic models of health promotion and modifiable risk reduction. (Refer to Table 5.1.)

Chapter 6, Epidemiology: The Science of Prevention

Learning Objective 1. Trace the origins of epidemiology.
1. Highlight the key origins of epidemiology. (Refer to Figure 6.1, and Tables 6.1, 6.2, and 6.3.)

Learning Objective 2. Comprehend the basic principles and scope of epidemiology.
1. Describe the basic principles and scope of epidemiology.
Learning Objective 3. Contrast three epidemiologic conceptual models.
1. Explain the similarities and differences of the three epidemiologic conceptual models. (Refer to Figures 6.2, 6.3, and 6.4.)

Learning Objective 4. Relate the problem-solving process to both the epidemiologic process and the nursing process.
1. Relate the problem-solving process to both the epidemiologic process and the nursing process. (Refer to Table 6.4.)

Learning Objective 5. Apply epidemiologic principles to the practice of public health nursing.
1. Provide examples of the application of epidemiologic principles in the practice of public health nursing.

Chapter 7, Describing Health Conditions: Understanding and Using Rates

Learning Objective 1. Describe the primary method used to measure the existence of states of health or illness in a population during a given period.
1. Explain the primary method used to measure the existence of states of health or illness in a population during a given period.

Learning Objective 2. Explain the formula and rules for calculation of a rate.
1. Explain the formula and rules for calculation of a rate. (Refer to Box 7.1.)

Learning Objective 3. Differentiate between crude and adjusted rates.
1. Demonstrate the differences between crude and adjusted rates. (Refer to Table 7.2.)

1. Demonstrate the differences between incidence rates and prevalence rates. (Refer to Table 7.3.)

Learning Objective 5. Discuss the use of specific rates when describing characteristics of person, place, and time.
1. Review the use of specific rates when describing characteristics of person, place, and time.

Learning Objective 6. Differentiate between incidence density, incidence rates, and relative risk ratio.
1. Demonstrate the difference between incidence density, incidence rates, and relative risk ratio.

Learning Objective 7. Discuss differences between the sensitivity and specificity of tests.
1. Explain the differences between the sensitivity and specificity of tests. (Refer to Box 7.2.)

Learning Objective 8. Using examples, interpret the relevance of the use of rates in nursing practice.
1. Review examples of the relevance of the use of rates in nursing practice. (Refer to Figures 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, and 7.10.)

Chapter 8, Gathering Evidence for Public Health Practice
Learning Objective 1. Describe the difference between descriptive and analytical research.
   1. Describe the difference between descriptive and analytical research.

Learning Objective 2. Discuss the strengths and weaknesses of retrospective, prospective, case-control, and experimental designs.
   1. Review the strengths and weaknesses of retrospective, prospective, case-control, and experimental designs.

Learning Objective 3. Generate research questions related to problems identified in community and public health nursing practice.
   1. Formulate and discuss research questions related to problems identified in community and public health nursing.

Chapter 9, Planning for Community Change

Learning Objective 1. Explain social determinants of health and how they contribute to the health status of a community.
   1. Explain social determinants of health and how they contribute to the health status of a community.

Learning Objective 2. Describe social justice and health equity.
   1. Describe social justice and health equity.

Learning Objective 3. Apply force field analysis as a technique for managing change at the community level.
   1. Describe examples of the use of force field analysis as a technique for managing change at the community level. (Refer to Figure 9.2.)

Learning Objective 4. Explain the importance of changing the social and environmental context to make healthy choices by default.
   1. Review Lewin’s Model of Change

Learning Objective 5. Use a logic model as a planning and communication tool for community programs.
   1. Describe the use of a logic model as a planning and communication tool for community programs. (Refer to Figure 9.3, and Box 9.1.)

Learning Objective 6. Develop community program objectives that are specific, measurable, achievable, relevant, and time bound (SMART).
   1. Identify community program objectives that are specific, measurable, achievable, relevant, and time bound (SMART). (Refer to Box 9.5.)

Learning Objective 7. Describe the role of the community health worker in providing services for poor, underserved, and diverse populations.
   1. Describe the role of the community health worker in providing services for poor, underserved, and diverse populations.

Learning Objective 8. Explain why multilevel interventions are needed to achieve change in complex community health conditions that have multiple determinants.
   1. Review why multilevel interventions are needed to achieve change in complex community health conditions that have multiple determinants. (Refer to Box 9.4.)

Learning Objective 9. Identify sources of funding for community health intervention programs.
   1. Identify sources of funding for community health intervention programs.
Learning Objective 10. Describe the contributions made by nurse-managed health centers.
   1. Describe the contributions made by nurse-managed health centers.

   Chapter 10, Cultural Diversity and Values

Learning Objective 1. Define culture, and describe ways in which it is propagated.
   1. Define culture.
   2. Describe ways in which culture is propagated.
Learning Objective 2. Define cross-cultural nursing practice.
   1. Review what cross-cultural nursing practice is.
Learning Objective 3. Explain ways in which a nurse can be culturally competent.
   1. Describe ways in which a nurse can be culturally competent.
Learning Objective 4. Define subculture, and explain how it may come into play in a clinical encounter.
   1. Discuss subculture and provide examples of how it comes into play in the clinical setting. (Refer to Box 10.1.)
Learning Objective 5. Describe the limitations and possible pitfalls of cultural competence.
   1. Describe the limitations and possible pitfalls of cultural competence.
Learning Objective 6. Explain how culture can affect health.
   1. Review ways in which culture can affect health.

   Chapter 11, Community Assessment

Learning Objective 1. Define and describe types of communities.
   1. Describe types of communities. (Refer to Figure 11.3.)
Learning Objective 2. Describe the process of a community assessment.
   1. Review the process involved in a community assessment. (Refer to Boxes 11.1, 11.2, and 11.3.)
Learning Objective 3. Identify biological, psychological, and sociocultural indicators of community health.
   1. Identify biological, psychological, and sociocultural indicators of community health.
Learning Objective 4. Conduct a systematic community assessment using a specific framework or a combination of frameworks.
   1. Review what is included in a systematic community assessment using a specific framework or combination of frameworks. (Refer to Box 11.4.)
Learning Objective 5. Explain how community health nurses can effect change within a community based on conclusions drawn from assessment.
   1. Explain how community health nurses can effect change within a community based on conclusions drawn from assessment.

   Chapter 12, Care Management, Case Management, and Home Healthcare

Revised: 8/19/15dc
Learning Objective 1. Identify the relationship between care and case management as a philosophical underpinning to the care given by community health nurses in the home.

1. Review the relationship between care and case management as a philosophical underpinning to the care given by community health nurses in the home. (Refer to Box 12.1.)

Learning Objective 2. Define home care nursing practice.

1. Define home care nursing practice.

Learning Objective 3. Identify the role of the home care nurse as part of an interdisciplinary team.

1. Describe the role of the home care nurse as part of an interdisciplinary team.

Learning Objective 4. Describe the key components of a home visit.

1. Discuss financing and regulation of care. (Refer to Box 12.4, and Table 12.1.)
2. Describe the key components of a home visit.

Learning Objective 5. Identify common care situations and interventions in home care.

1. Review common care situations and interventions in home care. (Refer to Table 12.2.)

Chapter 13, Family Assessment

Learning Objective 1. Define family and examples of family systems.

1. Define family and examples of family systems. (Refer to Table 13.1.)

Learning Objective 2. Describe the key components of family assessment.

1. Describe the key components of family assessment. (Refer to Boxes 13.1 and 13.2, and Table 13.2.)

Learning Objective 3. Identify situations that make families vulnerable.

1. Review situations that make families vulnerable.

Learning Objective 4. Apply recommendations from Healthy People 2020 to meet family health needs.

1. Review recommendations from Healthy People 2020 to meet family health needs. (Refer to Table 13.3.)

Learning Objective 5. Identify indicators of family health across the life span and risks to family health.

1. State indicators of family health across the life span and risks to family health. (Refer to Box 13.3.)

Chapter 14, Risk of Infectious and Communicable Diseases

Learning Objective 1. Explain the difference between infectious and communicable diseases.

1. Describe the difference between infectious and communicable diseases.

Learning Objective 2. Examine the agent, host, and environmental characteristics of healthcare-associated infections and common community-acquired infections.

Learning Objective 2. Examine the agent, host, and environmental characteristics of healthcare-associated infections and common community-acquired infections.
1. Review the agent, host, and environmental characteristics of healthcare-associated infections and common community-acquired infections. (Refer to Box 14.2.)

**Learning Objective 3.** Describe the major means of transmission of communicable diseases.

1. Describe the major means of transmission of communicable diseases.

**Learning Objective 4.** Define an outbreak investigation by person, place, and time.

1. Review steps in an outbreak investigation. (Refer to Box 14.3.)

**Learning Objective 5.** Describe public health surveillance.

1. Describe public health surveillance. (Refer to Boxes 14.4 and 14.5.)

**Learning Objective 6.** Differentiate between foodborne and waterborne illnesses.

1. Review differences between foodborne and waterborne illnesses.

**Learning Objective 7.** Outline prevention and control measures for sexually transmitted diseases.

1. Review key prevention and control measures for sexually transmitted diseases. (Refer to Boxes 14.6, 14.7, and 14.8.)

**Chapter 15, Emerging Infectious Diseases**

**Learning Objective 1.** Identify factors that influence emerging and reemerging infectious diseases.

1. List factors that influence emerging and reemerging infectious diseases. (Refer to Boxes 15.1 and 15.2.)

**Learning Objective 2.** Describe recent emerging and reemerging infectious diseases from a global perspective.

1. Review recent emerging and reemerging infectious diseases from a global perspective.
   - Severe acute respiratory syndrome
   - MERS-CoV
   - Avian influenza
   - H1N1 influenza
   - Novel avian influenza A
   - West Nile virus
   - E. Coli 0157:H7

**Learning Objective 3.** Relate the methods of transmission of emerging and reemerging infectious diseases to methods of control and prevention.

1. Describe the methods of transmission of tuberculosis and methods of control and prevention. (Refer to Box 15.4, and Table 15.2.)

2. Describe the methods of transmission of Ebola virus disease and methods of control and prevention.

**Chapter 16, Violence and Abuse**

**Learning Objective 1.** Identify the incidence and prevalence of intimate partner violence (IPV).

1. Identify incidence and prevalence of violence on the health of patients and families.
Learning Objective 2. Understand the health consequences that violence has on the health of patients and families.
1. Define violence.
2. Describe the health consequences of guns and school violence on the health of patients and families.

Learning Objective 3. Explain the effects of IPV on adults and children.
1. Review risk factors for intimate partner violence. (Refer to Table 16.1.)

Learning Objective 4. Summarize the models of care that have evolved in caring for victims of intentional violence.
1. Review factors that indicate significant concern for the safety of the children of intentional violence. (Refer to Box 16.2.)
2. Describe questions to ask for lethality risk. (Refer to Box 16.3.)

Learning Objective 5. Describe interventional strategies (screening) and the limitations of measuring the effects of these interventions.
1. Describe interventional strategies (screening) and the limitations of measuring the effects of these interventions.

Learning Objective 6. Summarize the tenets of mandatory reporting laws.
1. Describe considerations when making a mandatory report. (Refer to Box 16.6.)

Learning Objective 7. Apply nursing process in caring for and screening for IPV.
1. Describe inquiry and assessment for intimate partner violence. (Refer to Box 16.4.)
2. Review key principles for trauma-sensitive care. (Refer to Box 16.5.)

Chapter 17, Substance Use

Learning Objective 1. Define substance use, substance abuse, and addiction.
1. Describe substance use, substance abuse, and addiction.

Learning Objective 2. Describe the impact of substance abuse and addiction on individual people and their families, communities, and nations.
1. Discuss the impact of substance abuse and addiction on individual people and their families, communities, and nations.

Learning Objective 3. Identify risk factors for substance misuse and abuse in individual people and populations.
1. Review risk factors for substance misuse and abuse in individual people and populations. (Refer to Boxes 17.2, 17.3, 17.6, 17.8, and Table 17.2.)

Learning Objective 4. Apply evidence-based practice in the nursing care of populations most at risk for substance use disorders.
1. Describe evidence-based practice in the nursing care of populations most at risk for substance use disorders. (Refer to Table 17.1.)

Learning Objective 5. Apply evidence-based interventions in providing nursing care in the community for clients with substance abuse.
1. Describe evidence-based interventions in providing nursing care in the community for clients with substance abuse. (Refer to Boxes 17.4, 17.5, and 17.7.)

Chapter 18, Underserved Populations
Learning Objective 1. Identify situations that make populations underserved.
   1. Identify situations that make populations underserved. (Refer to Boxes 18.2, 18.3, 18.5, and 18.9.)

Learning Objective 2. Apply recommendations from Healthy People 2020 initiatives to meet individual, family, and population health needs.
   1. Discuss recommendations from Healthy People 2020 initiatives to meet individual, family, and population health needs. (Refer to Box 18.4.)

Learning Objective 3. Discuss creative solutions such as increased use of Internet technologies to build participation and capacity in underserved populations.
   1. Review creative solutions such as increased use of Internet technologies to build participation and capacity in underserved populations. (Refer to Boxes 18.6 and 18.8.)

Learning Objective 4. Compare and contrast population-based healthcare needs with unique needs of other population groups (urban, heterosexual, homeless dwellers).
   1. Compare and contrast population-based healthcare needs with unique needs of other population groups (urban, heterosexual, homeless dwellers).

Chapter 19, Environmental Health

Learning Objective 1. Comprehend the links between human health and the environment.
   1. Identify the links between human health and the environment.

Learning Objective 2. Understand how the nursing process of using assessment, intervention, and evaluation can be used to examine the impact of the environment on human health.
   1. Outline the steps of the nursing process to examine the impact of the environment on human health. (Refer to Box 19.2.)
   2. Identify subject areas of taking an exposure history. (Refer to Table 19.3.)

Learning Objective 3. Describe the concept of an exposure pathway.
   1. Define the concept of an exposure pathway.
   2. Provide examples of common exposure pathways for selected environmental contaminants. (Refer to Table 19.1.)

Learning Objective 4. Describe several environmental conditions to consider when assessing the environment of a community.
   1. Provide examples of environmental conditions and the effects on health. (Refer to Table 19.2.)

Learning Objective 5. Understand the concept of environmental justice.
   1. Define environmental justice.

Learning Objective 6. Identify major global environmental health issues.
   1. List major global environmental health issues.

Chapter 20, Community Preparedness: Disaster and Terrorism

Learning Objective 1. Identify disaster types.
   1. Provide examples of disaster types. (Refer to Box 20.5.)
2. State clues of a biologic attack. (Refer to Box 20.7.)

Learning Objective 2. Explain the disaster planning process and nursing participation.
1. Review simple triage and rapid triage: The START model. (Refer to Box 20.3.)
2. Review the color coding for prehospital triage. (Refer to Table 20.2.)

Learning Objective 3. Understand nursing participation in a disaster.
1. Identify the nursing roles in a disaster.
2. State the do’s and don’ts in disaster response. (Refer to Box 20.11.)
3. List the level of protection and equipment for personal protections in disasters. (Refer to Table 20.3.)
4. Identify the established treatment guidelines for chemical exposures. (Refer to Table 20.6.)

Learning Objective 4. Promote increased competency levels through the use of simulation technology and field drills, and exercises.
1. Review disaster preparedness and management competencies. (Refer to Box 20.1.)
2. Identify biosafety levels for infectious agents. (Refer to Box 20.8.)

Learning Objective 5. Differentiate between biologic, chemical, and radiologic agents and response to exposure.
1. Compare the similarities and differences between biologic, chemical, and radiologic agents. (Refer to Boxes 20.4 and 20.6.)
2. Review common bioterrorism agents. (Refer to Table 20.4.)
3. Review the Centers for Disease Control and Prevention Categorization of Hazardous Chemicals. (Refer to Table 20.5.)

Learning Objective 6. Describe the public health response.
1. State the responsibilities of public health nurses in disaster management. (Refer to Box 20.2.)
2. Examine the daily public health nursing practice versus disaster response. (Refer to Table 20.1.)
3. List the guidelines for sheltering in place. (Refer to Box 20.9.)
4. List guidelines for evacuation. (Refer to Box 20.10.)
5. List the suggested actions following release of a hazardous chemical. (Refer to Table 20.7.)

Chapter 21, Community Mental Health

Learning Objective 1. Interpret the meaning of mental illness in the context of societal and cultural norms about behavior.
1. Identify the meaning of mental illness in the context of societal and cultural norms about behavior.

Learning Objective 2. Describe the scope of mental illness and the effects on morbidity and mortality worldwide.
1. Review the scope of mental illness and the effects on morbidity and mortality worldwide. (Refer to Tables 21.1 and 21.2, and Box 21.2.)

1. Describe assessment, interventions, and medication treatment for schizophrenia.

**Learning Objective 4.** Analyze emerging models of treatment that offer promise in improving the quality of life for the chronically mentally ill in communities.

1. Review emerging models of treatment that assist in the quality of life for the chronically mentally ill in communities.

**Learning Objective 5.** Identify the social and biologic factors associated with the incidence of mood and anxiety disorders.

1. Identify the epidemiology associated with mood and anxiety disorders.

**Learning Objective 6.** Describe public health programs to decrease the incidence of suicide, especially among youth.

1. Review public health programs to decrease the incidence of suicide, especially among youth. (Refer to Box 21.1.)

**Learning Objective 7.** Differentiate the key signs and symptoms of attention-deficit/hyperactivity disorder and bipolar disorder in children as members of families in communities.

1. Describe the assessment findings of attention-deficit/hyperactivity disorder and bipolar disorder in children.

**Learning Objective 8.** Identify the motor, language, and social characteristics of infants and toddlers that are early signs of autism spectrum disorders as members of families in communities.

1. Describe the characteristics of autism spectrum disorders of infants and toddlers.

**Learning Objective 9.** Describe the policy implications in the shift in locus of care to community mental health centers for the chronically mentally ill.

1. Describe the evolution of community mental health centers for the chronically mentally ill.

**Learning Objective 10.** Identify the key components of psychological first aid.

1. List the key components of psychological first aid. (Refer to Box 21.3, and Table 21.4.)

**Chapter 22, School Health**

**Learning Objective 1.** Trace the history of school health practice.

1. Review the history of school health practice.

**Learning Objective 2.** Explain the scope of the school nurse’s role in the provision of healthcare

1. Review the guidelines for implementing a screening program. (Refer to Box 22.2.)

2. Discuss Youth Risk Behavior Surveillance Survey risk behavior categories. (Refer to Box 22.3.)

3. Describe comprehensive school health programs. (Refer to Table 22.1.)

**Learning Objective 3.** Identify useful sources for tracking the epidemiology of common health concerns.

1. Identify useful sources for tracking the epidemiology of common health concerns. (Refer to Box 22.2.)

**Learning Objective 4.** Use best practice guidelines to address common preventable health concerns of the student population.
1. Describe best practice guidelines to address common preventable health concerns of the student population.
2. Describe recommendations for school-based tobacco prevention programs. (Refer to Box 22.4.)
3. Identify practice guidelines for bullying prevention. (Refer to Boxes 22.5, 22.6, and 22.7.)

Chapter 23, Faith-Oriented Communities and Health Ministries in Faith Communities

Learning Objective 1. Differentiate faith community nursing from community health nursing.
1. Define faith community nursing.

Learning Objective 2. Describe various models of faith community nursing practice.
1. Review various models of faith community nursing practice. (Refer to Table 23.1.)

Learning Objective 3. Explain the scope and standards of faith community nursing practice.
1. Describe the scope and standards of faith community nursing practice. (Refer to Table 23.2.)

Learning Objective 4. Give examples of community assessments and interventions used by faith community nurses.
1. Review examples of community assessments and interventions used by faith community nurses. (Refer to Box 23.1, and Tables 23.3 and 23.4.)

Chapter 24, Palliative and End-of-Life Care

Learning Objective 1. Describe the role of the community health nurse in providing quality end-of-life care for seriously ill patients and their families.
1. Define hospice. (Refer to Box 24.1.)
2. Describe the role of the community health nurse in providing quality end-of-life care for seriously ill patients and their families. (Refer to Table 24.1.)

Learning Objective 2. Recognize changes in demographics, economics, and service delivery that require improved nursing interventions at the end of life.
1. Review the conditions that must be met to obtain Medicare hospice benefits. (Refer to Box 24.2.)
2. Review pediatric palliative referral criteria. (Refer to Box 24.3.)

Learning Objective 3. Identify the diverse settings for end-of-life care and the role of the nurse in each setting.
1. Identify the diverse settings for end-of-life care and the role of the nurse in each setting.
2. Define palliative care.

Learning Objective 4. Describe how pain and the presence of adverse symptoms affect the dying process.
1. Review pain management of the dying patient.
Learning Objective 5. Explore pharmacologic and alternative methods of treating pain.
   1. Review pharmacologic and alternative methods of treating pain.

Learning Objective 6. Identify the signs of approaching death.
   1. State the signs of approaching death.

Learning Objective 7. Describe appropriate nursing interventions when caring for the dying.
   1. Review religion and end-of-life care. (Refer to Table 24.3.)
   2. Identify key areas of nursing care when death is imminent.
   3. Review strategies for the management of common symptoms in dying patients. (Refer to Table 24.4.)
   4. Identify nursing care after the death of a family member.

Learning Objective 8. Describe postmortem care.
   1. Describe postmortem care.

Learning Objective 9. Discuss family support during the grief and bereavement period.
   1. Discuss nursing care of family members during the grief and bereavement period. (Refer to Figure 24.2.)

Chapter 25, Occupational Health Nursing

Learning Objective 1. Explain the role of nursing in occupational health.
   1. Review the AAOHN Competency Levels in Occupational and Environmental Health Nursing. (Refer to Box 25.1.)

   1. Identify current hazards trends in the U.S. workforce.

Learning Objective 3. Describe the four types of exposures and hazards in the workplace.
   1. Provide examples of common workplace hazards and exposures. (Refer to Table 25.1.)

Learning Objective 4. Provide examples of common work-related injuries and illnesses.
   1. List examples of common work-related injuries and illnesses.

Learning Objective 5. Explain the interaction of agent, host, and environment as applied to the workplace.
   1. Review the interaction of agent, host, and environment as applied to the workplace.
   2. Define the root cause analysis process in occupational health. (Refer to Box 25.4.)

Learning Objective 6. Outline the steps involved in both worker and workplace assessment.
   1. Review the steps involved in both worker and workplace assessment. (Refer to Box 25.3.)

Learning Objective 7. Describe potential benefits to both workers and business in offering health promotion programs.
   1. Review example of potential benefits to both workers and business in implementing a smoking cessation program.

Learning Objective 8. Explain how principles of epidemiology are applied to occupational health.
   1. Review how principles of epidemiology are applied to occupational health.
Learning Objective 9. Assess specific components within an emergency preparedness plan that will vary from industry to industry based on risk.
   1. Review specific functions of an emergency preparedness plan.
Evaluation Criteria:  S = Satisfactory   U= Unsatisfactory

Ongoing clinical feedback will be provided in individual student-faculty conferences throughout the clinical rotation and will be documented on page 3.

Clinical objectives for evaluation are listed on page 2.

By the end of the clinical rotation, the student must satisfactorily demonstrate all behaviors described in the clinical objectives to pass the clinical portion of the course.

<table>
<thead>
<tr>
<th>Final Clinical Grade: (Pass or Fail)</th>
<th>Final Instructor Comments</th>
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Clinical Objectives
A. MEMBER OF THE PROFESSION
B. PATIENT SAFETY ADVOCATE

Nursing 431: Care of Community Populations
Clinical Evaluation Tool

Stephen F. Austin State University
Richard and Lucille DeWitt School of Nursing
Clinical Evaluation Tool
Nursing 431: Care of Community Populations
Clinical Objectives

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<tr>
<th>Clinical Outcomes</th>
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<td>The student will:</td>
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<td>A. MEMBER OF THE PROFESSION</td>
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<td>C. PATIENT SAFETY ADVOCATE</td>
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</table>
1. Adhere to legal and ethical standards of the nursing profession.  
2. Protect confidentiality of clients, families, community populations and facilities.  
3. Appraise own strengths and weaknesses and utilize feedback for professional growth.  
4. Assume accountability and responsibility for providing safe, quality nursing care to individuals, families, groups, and community populations.  
5. Participate and encourage others in activities to promote the role of nurses in community populations.  

B. PROVIDER OF PATIENT-CENTERED CARE

| 1. Apply knowledge, concepts, and theories of evidence-based practice to clinical practice issues in various community settings from epidemiological, social and environmental perspectives. | IIA | 1. Analyze the role of the community health nurse as a coordinator of human and material resources for the provision of care for clients in various community settings. | IVC |
| 2. Utilize nursing process in provision of care to clients in community populations. | IIC IIB IID | 2. Investigate public policies to support health care access for vulnerable populations, based on demographic changes. | IVC IIH |
| 4. Communicate therapeutically maintaining professional boundaries. | IIE | 3. Function as a facilitator with in the organizational structure of the various health care settings in the community for improved client services. | IVD IVA |
| 5. Develop and implement comprehensive teaching plans and strategies to meet the learning needs of clients/at-risk populations. | IIG | 4. Advocate for clients to insure continuity of care. | IVB |
| 6. Evaluate the responses and outcomes to therapeutic interventions of the clients/community. | IIF | 5. Serve as a health care advocate in monitoring and promoting access to and quality of health care for clients/community. | IVB |
| 6. Advocate for health education, healthy lifestyles, & early detection and treatment of disease, including vulnerable populations/aggregates of populations. | | | IVB |

D. MEMBER OF THE HEALTH CARE TEAM

| 1. Maintain strict infection control measures in various community population settings. | IIIB |
| 2. Administer medications and provide treatment regimens safely. | IIID |
| 3. Maintain physical and emotional safety of clients and health care providers in various clinical settings. | IIIB IIIC |
| 4. Perform skills safely and efficiently. Provide direct and indirect care in community-based programs whose primary goals are health prevention, promotion, or restoration. | IIID IID |

Revised: 8/19/15dc