Faculty:  Karen S. Murray DrPH, MSN, RN - Clinical Associate Professor and Course Coordinator

Class Date/Time:  Spring Semester, 2015/ Monday / 1 – 3:50 PM
Location:  Island Hall Room 163
Office Hours:  Monday 10:00 AM to noon & by appointment
Office Phone/Room: (361) 825-2275   IH 332
Credits:  Six Semester Hours (3:9)

Course Description:  Explores Community Health Nursing, focusing on historical development, philosophy, health care systems, epidemiology, and nursing care of specific populations and groups in the community. Primary, secondary and tertiary levels of prevention are emphasized as they relate to the natural history of disease in individuals, families, and groups.  Applies theoretical and empirical knowledge in community settings to promote, protect, maintain and restore health. Focuses on trans-cultural, rural and home health care delivery.  Progressively more independent behaviors are expected of students in community health practice.  Diverse roles of the community and public health nurse are examined and a community assessment is completed using research and data processing skills.

Clinical Faculty Team:  Karen Murray, DrPH, MSN, RN (101)
Dr. Patti Conard, PhD, MSN, RN

Kathleen Crane RN, MSN (102)  Mary Ellen Miller, MSN, RN  (103)
Island Hall 336 H  Island Hall 334
Office Phone: 361- 825-2162  Office Phone: 361-825- 6021
Kathleen.crane@tamucc.edu  mary.miller@tamucc.edu

Petra Martinez, RN, MSN (105)
Island Hall 328H
Office Phone: 825- 2264
Petra.martinez@tamucc.edu

Required Text:
Student Resources: Use the code provided in the textbook to access:

- Full Text Online
- Journal Articles
- Web Resources
- Spanish-English Audio Glossary

Other Texts and Reference:


Additional readings are assigned throughout the course.

**Course Objectives and Learning Outcomes**

1. *Examines the philosophy, goals, past, present and emerging roles of community-oriented nursing practice.*

   1.1 Distinguishes public health, community health and community-based nursing practice.

   1.2 Describes the historical development of public health, public and community health nursing and the transformation of the health care system domestically and globally.

   1.3 Compares and contrasts ethical theories and principles inherent in the core functions of community-oriented nursing practice.

   1.4 Describes laws and functions of government that affect community-oriented nursing practice, health policy and health care delivery.

   1.5 Compares organizing theories, conceptual models and paradigms applied to community-oriented nursing practice.

2. *Applies a systematic approach to defining the concept of community as client and to assessing and analyzing community health status and risks.*

   2.1 Analyzes the epidemiologic approach to understanding the distribution and determinants of disease as a basis for health interventions.

   2.2 Uses demographic and epidemiologic methods to describe and analyze associations and causal relationships in community health.

   2.3 Applies epidemiology to evaluate the effectiveness of health services & screenings.

   2.4 Analyzes the relationship between the environment and human health in chronic and infectious disease states.

   2.5 Applies the levels of prevention, primary, secondary and tertiary, to the natural history
2.6 Develops population-based educational objectives that serve as a guide for community health education programs.
2.7 Integrates community resources with community health program objectives.

3. Analyzes family health, health risks, health promotion and disease prevention strategies across the life span.

3.1 Defines family, family health, family health risks and resilience.
3.2 Compare and contrast different models of family health assessment
3.3 Describes community-oriented approaches to family health risk reduction.
3.4 Analyzes major community health problems of children and adolescents.
3.5 Analyzes women and men’s health risks and issues at the community level.
3.6 Describes community mental health approaches to families and groups at risk for psychiatric/mental health problems.
3.7 Discuss the implications of governmental and health policy on family health.

4. Explains the transactional nature of health.
4.1 Analyzes the concept and extent of risk and vulnerability at the community level.
4.2 Examines the increasing complexity of health and social problems with genetic, social and cultural variables in communities
4.3 Examines socio-economic barriers and health disparities in health care
4.4 Identify how community organizations collaborate, prepare for, & respond to natural & man- made disasters and bioterrorism.

Learning Experiences and Teaching Methods:

Blackboard support for this course consists of Syllabus, Schedule (subject to change) Calendar, Individual and Group clinical assignments, Lecture Power Points, Resources, Student Tools, Private Group Discussion Rooms, Case Studies, BB9.1 Mail, Exams and Tests. Power Point lectures are located in course content units.

Students are expected to respect the rights of all others in the classroom. Individual conversations, chatting online, text messaging, arriving late to class, sleeping during class, working on online assignments, playing computer games, surfing the internet and studying for another class during classroom time are unacceptable behaviors. Students who demonstrate these behaviors are asked to leave class. Cell phones and pagers are turned off for the duration of the class. No children are allowed in class at any time.
Students are expected to complete all required reading prior to each class. As a 6-credit course, it is expected that students will spend 8-12 hours of independent study and preparation each week in addition to class time. Preparation for class includes assigned reading. **Students are held accountable for content from previous and concurrent courses. Questions related to content from previous or concurrent coursework may appear on quizzes or examinations.**

It is the student’s responsibility to obtain handouts, lecture notes, and class information in the event a class is missed. Taping of lectures is permitted upon request. Clinical examples or examples from clinical experiences cannot be recorded due to patient confidentiality and HIPAA regulations.

**Required** Individual and Group Classroom and Clinical Assignments supplement the lecture and class discussion. **Submit all** written assignments in Word, 12 pt font.

**Course exams** provide formative evaluation of learning. Located in the BB9.1 exams are individual activities – not group events which are open book and based upon text chapter readings. Note the **date, time and length of time for each test/exam.** Once the quiz time is ended, you have no further access to the exam.

Make-up exams are provided only in **extraordinary** circumstances. Students who are absent from an exam/quiz for any reason must notify the course coordinator at least one day **prior** to the exam. Students who do not call before an exam receive a zero for that exam are not eligible to make-up the score except for extreme circumstances. Any make-up exam must be completed within two days of the original exam/quiz date or at the discretion of the course coordinator. Late submissions are penalized one point for each late day.

**Clinical application exam:** During the first week of the clinical practicum, a chapter exam is given based upon the Harkness Chapter readings which relate to each unique clinical practicum setting, and nursing expectations. This exam is calculated into the course grade.

**A Midterm Grade** is required for the course. A mid-term exam is given to assess content mastery by the midterm of the course.

**The HESI Community Health Specialty Exam**, a web-based computerized nationally standardized test is required as the final exam for the course. You will have only one opportunity to take the HESI exam.

**COURSE POLICIES and GUIDELINES:**
Use Blackboard E-mail and Discussion Rooms for all communications related to the course. The Faculty Instructor will return all E-mail within 48 hours Monday through
Friday - not on weekends.

**COURSE OBJECTIVES** may be met through individual study using suggested resources, active involvement in classroom activities, evidence based literature searches, exchange of ideas with classmates and colleagues regarding specific topics as well as use of critical thinking questions and case studies. While the professor and clinical faculty provide guidance and consultation, the student is responsible for identification of learning needs, self-direction, seeking consultation and demonstrating mastery of course objectives.

**Student Course Evaluations**
The faculty of the College of Nursing and Health Sciences places great value on evaluative input from students. Evaluation of courses, instructors and clinical facilities provides the College with important data, which is used to strengthen the program. Data is analyzed as to trends and themes and is important to curriculum and sequencing decisions. All evaluations for courses are posted online. This online mechanism allows us the opportunity to tabulate and store information in order to analyze trends within the curriculum. Please be assured that this information is secured and not released until after grades are submitted. In order to obtain a measure of reliability and validity, the College must have representative evaluation from a minimum of 70% of the course student body before final grades for the course are released to students. The College expectation is that students will thoughtfully participate in the evaluation process, which will assist the faculty with the growth of the specific tracks within the CONHS. A link to evaluations will be available before the end of the semester.

**Academic Advising:** The College of Nursing and Health Sciences require that students consult with an Academic Advisor regarding their degree plan and/or changes to their degree plan. The Academic Advisor will set up a degree plan and indicate plan is active by signing the plan. Once the plan is completed it will be filed in the student’s record. The College’s Academic Advising Center is located in Island Hall Room 319. The Undergraduate Academic Advisor is Angelica Santillan at Extension 2461 and the Graduate Academic Advisor is Barton Bailey at extension 5893.

**Class Cancellation:** In the event that a class is canceled, the student is expected to do the readings and complete the objectives and quizzes for that day.

**Late Work:** Quizzes and assignments must be submitted by midnight of the due date. Except for excuses related to force majeure, late assignments are graded down by two points for each late day.

**Academic Integrity:**
Scholastic dishonesty will not be tolerated. See the TAMU University Student Handbook: Article III, section – B (Prescribed Conduct) for a complete list. As commonly defined, plagiarism is passing off as one’s the ideas, words, work, writing, etc. which belongs to another person. You are committing plagiarism if you copy the work of another person and turn it is as your own, even if the other person has given you permission. To
avoid plagiarism - **Cite your sources.** All students are expected to abide by the Aggie Honor Code. Students should be aware of all Honor Council Rules and Procedures of the Honor council website at [www.tamu.edu/aggiehonor](http://www.tamu.edu/aggiehonor)

**Statement Regarding Disabilities**
The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. This legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodations of their disabilities. If you believe that you have a disability requiring an accommodation, please contact the Disabilities Services Office located in Driftwood Room101G. The phone number is 825-5816 or see the Web site: [http://disabilityyservices.tamucc.edu](http://disabilityyservices.tamucc.edu)

**Course Changes:**
Elements of the Course Schedule are subject to change and are announced on the Course BB9.1 Announcement Link.

_Attendance, Participation, and In-class activities_ is expected and given serious consideration in the final grades earned in this course. Participation includes being on time and prepared for class, and contributing to class discussion. Class activities, discussion posts, and assignments must be submitted for credit on the due date. If you have a problem preventing you from attending class, e-mail the professor prior to class. As per the Texas A&M University Student Rules and Regulations, the student is responsible for providing evidence to the instructor to substantiate the reason for any absence. See TAMU Student Rules and Regulations (#7 – Attendance) for a complete listing of authorized absences. Veterans and active duty military personnel with special circumstances (deployment, drill requirements) must advise the faculty of conflicts.

**Netiquette:**
Complete the Netiquette video link in the BB9.1 Orientation files and take the Netiquette self-assessment in this link to assure your update of on-line courtesy and terminology.

**Grade Appeal Process**
As stated in the College of Nursing and Health Sciences (CONHS) Handbook under section VII Policies and Procedures, a student that believes they have an academic grade appeal is encouraged to go through the CONHS academic review process prior to pursuing University Grade Appeal. See the handbook for the process.

As stated in University Rule 13.02.99.C2, Student Grade Appeals, a student who believes that he or she has not been held to appropriate academic standards as outlined in the class syllabus, equitable evaluation procedures, or appropriate grading, may appeal the final grade given in the course. The burden of proof is upon the student to demonstrate the appropriateness of the appeal. A student with a complaint about a grade is encouraged to first discuss the matter with the instructor. For complete details, including
the responsibilities of the parties involved in the process and the number of days allowed for completing the steps in the process, see University Rule 13.02.99.C2, Student Grade Appeals, and University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures. These documents are accessible through the University Rules Web site at http://www.tamucc.edu/provost/university_rules/index.html. For assistance and/or guidance in the grade appeal process, students may contact the Office of Student Affairs. The following class participation agreement concerning classroom conduct must be signed and submitted to the course coordinator on the first day of class.

**NURS 4660 Class Participation Agreement**

In respect for academic colleagues, class guests and faculty, I agree to:

1. Arrive on time - after class begins, re-admission follows the first break;

2. Limit distracting food or snacks – water and beverages acceptable;

3. Shut down cell phones and other electronic devices unrelated to class;

4. Uphold academic integrity;

5. Participate in discussions, quizzes and classroom assignments;

6. Raise questions, deliberate and debate viewpoints based upon readings, research and clinical application of concepts;

7. Evaluate learning outcomes at the conclusion of the class;

8. Notify the instructor of need for early dismissal.

9. Students who disregard this agreement will be asked to leave class and a report of classroom dismissal will be documented in the student personal file.

___________________________  __________________
Signature                 Date
NURS 4660 Nursing Care of the Community as Client

Clinical Objectives and Learning Outcomes

1. Applies the nursing process in the community oriented care of selected families, groups and communities

1.1 Assessment:
- Uses the epidemiologic method to identify the health status of the population to which the family belongs, understand the determinants of health and disease in the communities where the family resides, and investigate and evaluate interventions to prevent disease and maintain health of the family.
- Uses a social science theoretical framework to assess the physical; developmental, environmental, psychosocial and spiritual influences on the family within the community.
- Identifies potential and actual stressors and risk factors that influence client/family/community system.
- Assesses behavioral patterns, needs, coping patterns and resources of the client/family system.
- Identifies and resolves differences in health perceptions of the caregiver and client; family and community.

1.2 Diagnosis
- Identifies actual and potential risk factors affecting the family
- Employs diagnostic criteria for early detection of health problems and risks
- Collaborates with the client, family to define and prioritize problems;
- Analyzes the natural history of disease in determining the etiology of health problems;
- Identifies the nursing needs of clients.

1.3 Planning
- Encourages client/family responsibility for setting goals and implementing health care practices – including health promotion, disease prevention, health care and restoration.
- Contracts with the client to develop a plan of care based on identified needs and resources;
- Identifies long-term and short-term goals that are consistent with identified problems.

1.4 Implementation
- Assists the family to use primary, secondary or tertiary methods of intervention;
- Demonstrates self-reliance in working interdependently;
- Participates actively with families in meeting health needs;
- Bases nursing practice decisions on evidence-based research;
- Implements a health teaching plan appropriate to the learner.
1.5 Evaluation

- Mutually evaluates, reassesses, and summarizes progress toward goals at regular intervals.
- Makes decisions to modify, renegotiate, or terminate nursing activities in collaboration with client and family.

2. Applies the group process in community-oriented nursing practice

- Uses interpersonal skills which facilitate effective group process
- Participates in planning, implementing, and evaluating team activities
- Evaluates group effectiveness and makes recommendations for improvement;
- Evaluates personal, leadership, group, and problem-solving behaviors.

3. Communicates sensitivity and respect in caring for clients, families, communities and group

- Practices client-centered communication, focusing on client-identified needs rather than provider-identified problems;
- Expresses positive feelings for individuals families and communities with regard to cultural beliefs, values, norms and expressions;
- Responds with empathy to individuals’ and families’ expressions of feelings and coping behaviors;
- Displays a nonjudgmental attitude toward individuals’ families and communities with regard to their needs, characteristics, and feelings.

4. Synthesizes learning from the biological, psychological, and social sciences into the nursing process to promote community focused health in families and group.

- Utilized the ecological perspective in selected nurse-family situations to promote, maintain and restore health.
- Integrates knowledge of developmental/situational crises into care of families.
- Integrates research findings into population focused nursing practice decisions.
- Assesses the community health needs of an identified neighborhood from a data based, systems perspective;
- Applies a systematic method of documenting and evaluating client/family care;
- Applies the teaching/learning process to families and groups;
- Evaluates community-focused nursing roles in the community;
- Applies the principles of primary, secondary and tertiary prevention in the community setting.

5. Accepts responsibility for independent professional judgments and behavior

- Evaluates personal strengths and limitations in relationship to professional
behavior;
• Validates nursing actions on the basis of professional standards and accepted research findings;
• Demonstrates self-reliance in working independently and interdependently;
• Identifies ethical and legal principles relevant to community nursing;
• Demonstrates safe and competent practice;
• Demonstrates accountability for behavior.

NURS 4660 COMMUNITY HEALTH CLINICAL PRACTICUM GUIDELINES

The College of Nursing Clinical Evaluation states the following expectations:

As a member of the profession, students: ‘demonstrate behaviors consistent with professional values (such as preparedness, confidentiality, respect, caring, and reliability); participates in identifying own strengths and areas for further growth’.

As a provider of patient-centered care for diverse individuals, families, groups, communities and populations, students “incorporate effective and professional communication techniques, including negotiation and conflict resolution, to produce positive, professional working relationships, and collaborative skills to deliver evidence based care”.

The American Association of Colleges of Nursing has called for educators to examine and insure professionalism and civility among students in baccalaureate & other entry-level programs to “enhance professionalism and civility in nursing education”.

A fairly universal definition that takes social order, as well as personal sentiments into account is: “civility - the extent to which citizens of a given culture speak and act in ways that demonstrate a caring for the welfare of others as well as the welfare of the culture”.

In Nursing Care of the Community as Client, students are assigned to clinical practicum groups for collaborative practice, team nursing care and group didactic assignments, in particular, a family and a community assessment. At the advanced senior level, every practicum group and student member is responsible to meet these professional expectations. Students who fail to demonstrate ethical behavior within each group for support, respect, civility, and collaboration incur grade penalties along with clinical warnings as described in the student handbook.

IT IS THE RESPONSIBILITY OF THE STUDENT to be sure that all health records, immunizations, CPR certification and Hospital Orientation are current and on file. These
are required by the University, the college, and the clinical facilities to insure the health of students and patients. Students who do not have Hospital Orientation, current immunizations, CPR certification, liability insurance, background checks, and urine drug screening on file will not be permitted to attend clinical until their file is complete and current. The student will receive a clinical failure for every day clinical is missed. Each student is required to complete the **135 hours** of clinical laboratory time. Clinical hours are documented weekly on a course clinical calendar provided in the practicum.

**Clinical attendance is mandatory. Tardiness is unacceptable** – clinical time lost must be made up in related clinical assignments and also is graded into clinical performance and participation. If you have an emergency and will be absent from the clinical site, you **must notify the clinical professor and the agency** prior to the absence. All absences require a makeup activity to meet clinical objectives and hours.

**Standardized, acceptable dress wear** in the NURS 4660 clinical practicum includes the College of Nursing uniform. Alternatively (for particular clinical exceptions) black, navy or khaki trousers and a ‘collared’ College of Nursing polo shirt are acceptable. Texas A&M University - Corpus Christi College of Nursing name tag is required during all practicum hours. A white lab coat may be required in some clinical assignments. Body piercing other than conservative earrings must be removed during clinical assignments. Body tattoos must be covered.

The Clinical Practicum requires the application of the theoretical knowledge and evidence based practice information into clinical assignments. Clinical performance is graded **pass/fail** and is evaluated on the basis of mastery of the course clinical objectives. If the student fails clinical, an “F” in the course obtains regardless of the didactic. Clinical failure is based upon “Issues of Clinical Concerns” (College of Nursing Student Handbook) documented by faculty, witnessed and co-signed by the student.

Ten students are assigned to each clinical practicum section. Under the supervision of a College of Nursing Clinical Instructor, students make family home visits **in pairs and always with a partner**. Each student is expected to develop a family health assessment, and conduct a community health assessment, for written and public presentation. The community assessment is a direct application of the tools of epidemiology, evidence based literature and public health theory. The community assessment is a population focused analysis of the health status, needs and resources of the assigned community. Geographic areas, census tract summaries, demographics, morbidity and mortality data and other evidence are researched to develop an evidence based nursing diagnosis, plan, intervention and outcome evaluation for the community. The family assessment is a written report of the health assessment of a family assigned to the care of the student(s) from the practicum agency, and is based upon scientifically and theoretically based models of family assessment.
Each student is assigned a minimum of (2) two families for the assessment. Students contact the family on behalf of the agency and plan the home health visits. Faculty and agency staff may accompany students on home visits.

Student home visits are to be made only during agency work hours; no after-hours visits are acceptable and constitute a violation of safety requirements of the practicum. Documentation of student itineraries are required for each visit activity during the practicum.

The definition and purpose of home visits must be related to the mission of the assigned agency and may include the following basic goals:

1.) Engaging is primary prevention, secondary screening and tertiary maintenance of illness, injury, or disability;

2.) Promoting adequate, effective care of individuals and families in their own homes who have specific medical problems related to illness or disability;

3.) Assessing and supporting efforts to enhance normal growth and development of family members across the life cycle.

4.) Teaching families in their own home and community settings about health promotion, disease prevention and health maintenance;

4.) Assessing and promoting healthful family and community environments;

5.) Participating in public health surveillance programs and surveys for official agencies

6.) Identifying and advocating for family and community needs through formal and informal processes

7.) Performing other activities as assigned by the agency nurse or supervisor.

A minimum of (5) five family home visits to agency assigned families is expected. The Clinical Professor accompanies each student on one home visit.

The following pages include documents and forms are designed to promote professionally informed preparation and safety of students in the clinical practicum.

**NURS 4660 Student Travel Information:**

Each student who is driving a personal auto during the clinical practicum must complete and provide the instructor with the Student Travel Information form prior to beginning the
clinical practicum experience in either paper copy or electronic form.

Texas A&M University- Corpus Christi
College of Nursing and Health Sciences

Name: ____________________ Contact Number__________________
Clinical Agency _____________     Contact Number__________________
Faculty Instructor ______________Contact Number_________________
Driving Partner _______________ Contact Number__________________
Drivers License No. ____________________________
Auto Make ________ Model_________ Year _____  Color __________
License Plate Number ______________
Insurance Agency  ____________________________
Insurance Policy Number ____________________________
Person to notify in case of Emergency __________________________
Contact Number ______________
Semester / year ____________________________
Other Pertinent Information ______________

NURS 4660 Student Itinerary Information
Each student is required to complete and submit a daily itinerary form to the clinical instructor before travelling on any clinical assignment. Failure to account for your destination and return at the end of the business day constitutes a clinical warning from
the instructor. A second violation is reported to the course coordinator and a third violation constitutes reason for dismissal from the practicum.

Texas A&M University- Corpus Christi
College of Nursing and Health Sciences
Daily Travel Itinerary

Date: ___________________

Student Name: __________________ Contact Number __________________

Clinical Agency __________________ Contact Number __________________

Faculty Instructor __________________ Contact Number __________________

Driving Partner __________________ Contact Number __________________

1. Destination: _______________________________________________________

Purpose: ____________________________________________________________

Time of departure _______ Time of return _______

Contact verification: Method: _______ Date: _______ Time ____________

2. Destination: _______________________________________________________

Purpose: ____________________________________________________________

Time of departure _______ Time of return _______

Contact verification: Method: _______ Date: _______ Time ____________

3. Destination: _______________________________________________________

Purpose: ____________________________________________________________

Time of departure _______ Time of return _______

Contact verification: Method: _______ Date: _______ Time ____________

NURS 4660 Weekly Clinical Record: A weekly clinical activity record of practicum activities, dates and time spent in the assigned public/community health agency is completed by each individual student and submitted weekly to the instructor.
### Weekly Clinical Activity Record

**Name:** ____________  **Week of:** _________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Type of action (be specific)</th>
<th>Dates</th>
<th>Hours/time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical time:</strong></td>
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<tr>
<td>At school/agency</td>
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<tr>
<td>Family visits</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Research:</strong></td>
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<td>Library, On-line</td>
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<td>Phone</td>
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<tr>
<td>On-site (e.g., visits to agencies, government offices, etc.) Identify agency.</td>
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<tr>
<td><strong>Meetings:</strong></td>
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<tr>
<td>Conference time</td>
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<td>Group meetings</td>
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<tr>
<td>Partner meetings</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Surveys:</strong></td>
<td>(Include actual survey time and documentation time)</td>
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<tr>
<td><strong>Paper/project preparation:</strong></td>
<td>(i.e., writing, typing, proofing, etc.)</td>
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<tr>
<td><strong>Travel time</strong></td>
<td>(does not include travel to and from the agency/school from home)</td>
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<tr>
<td><strong>Other</strong></td>
<td>(specify)</td>
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<tr>
<td><strong>Total hours for week</strong></td>
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<tr>
<td><strong>Running total</strong></td>
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</table>

**Reflection on the week** — (Essay report required for documentation of critical thinking and application of contextual learning during the week). Continue essay on reverse of this sheet.
CONSENT FOR STUDENT HOME VISITS Purpose and Information

As part of their learning experiences, TAMU-CC nursing students make home visits to patients and their families. These visits are for the purpose of providing the student with an opportunity to visit patients in their homes to assess their present health status and health education needs. Patients and their family members are given the opportunity to have questions about their health answered, and when necessary be referred for further health care. These visits in no way may replace or interfere with the primary health care provider's recommendations or treatments. There is no charge for these visits. There is no risk involved to the patient or family members and any information will be kept confidential.

I, hereby give permission for the visits by TAMU-CC nursing students and understand that I can cancel these visits at any time. I understand the purposes, benefits, limitations, and confidentiality of these home visits.

Patient’s Signature                               Date

I verify that the above signed patient has been fully informed of the purposes, benefits, limitations, and confidentiality of the home visits.

Nursing Student:________________________________________

Instructor’s Signature:____________________________________

TERMINATION SUMMARY OF STUDENT HOME VISITS

Student Name:                                               Patient’s Initials:

Dates of home visits:                                      Summary:

Clinical Course Reports :

The FAMILY HEALTH ASSESSMENT
Family Assessment is the process community health nurses make to appraise family health care needs. The family assessment is holistic and includes examination of cultural, spiritual, and developmental needs with biopsychosocial needs.

Each student completes a family assessment based upon a study of one family assigned by the clinical agency and visited during the practicum. The family assessment report is a scientific manuscript developed to describe and summarize the clinical nursing assessments, nursing interventions and outcomes and must demonstrate application of the theoretical approaches to family health as defined in the professional literature and in the Harkness text, (Chapter 12 Family Assessment). You may also use Friedman Family Assessment Model (see BB Resources). The oral PPT presentation and written report is due to the assigned clinical faculty in each practicum.

**Criteria for Family Assessment Report:  Total possible points =100**

<table>
<thead>
<tr>
<th>Points</th>
<th>Criteria for Family Health Assessment Report</th>
</tr>
</thead>
</table>
| 15 Points | Presentation of the family  
A. Define your family as a system (system’s theory- D8.2 – Text 212) identifying family members, member relationships, kinship type & the primary client in the family. (focus of home visit)  
B. Supplement the assessment with the family genogram & ecomap. (D1.2 & D1.4)  
C. Analyze the ecomap with specific relationship to the environment.(D1.2) |
| 35 Points | Assessment of the family - Use the Friedman Family Assessment Criteria to guide the assessment of the family as a whole. Provide examples and evidence in your assessment. (D 1.4 Text Ch.12, p. 212)  
A. Use the ecological perspective (D 5.1, Ch. 4, p. 70) & epidemiologic data (D1.2) to assess determinants of health for the primary client & the family based upon the following factors: (D1.1)  
• Physical, biological and genetic factors  
• Psychosocial, cultural and religious factors (D4.1)  
• Environmental, social and economic factors  
• Health literacy (D3.1)  
• Nutritional status and medication regimens  
• Medical diagnoses, individual and family health risks  
• Health care resources, complementary and alternative therapies  
• Family perceptions of health  
• Family strengths and resiliency (Ch. 12)  
B. Summarize the assessment data and develop inferences about individual and family assets, need values and beliefs. (D1.1, D. 1.10) |
<table>
<thead>
<tr>
<th>30 Points</th>
<th>Identification of family diagnoses, plan for interventions, and evaluation.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>A. Based on the ecological perspective &amp; epidemiologic data, generate a family diagnoses relevant to both the individual and the family, providing evidence and rationale for the diagnoses.</td>
</tr>
<tr>
<td></td>
<td>B. Develop a plan for community based nursing interventions addressing both the family's and client's diagnosis. (D 2.7)</td>
</tr>
<tr>
<td></td>
<td>C. Develop a plan for evaluating the effectiveness of your interventions with quantitative measures and qualitative indicators. (D 2.12 &amp; 7.9)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20 Points</th>
<th>Structure and organization of paper</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Content is developed logically, expressed clearly, and reflects objective, scientific concepts and terminology</td>
</tr>
<tr>
<td></td>
<td>B. Conforms to A.P.A Format 6th edition</td>
</tr>
<tr>
<td></td>
<td>C. References support summative conclusions and include current articles from professional journals, Census Data, public health science; textbook based family assessment, and Healthy People 2020.</td>
</tr>
<tr>
<td></td>
<td>D. Power Point Presentation reflects summary for group presentation &amp; discussion.</td>
</tr>
</tbody>
</table>

**THE COMMUNITY HEALTH ASSESSMENT**

This project is a clinical **group** assignment. This group paper is a comprehensive report reflecting theoretical study and practical analysis of the health (broadly defined) of the selected community population. Refer to Harkness Part Three Chapters 8,9 &10 for theoretical framework for the Community Assessment.

Criteria for Community Assessment Report: Total possible points =100

<table>
<thead>
<tr>
<th>Windshield Assessment</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic, epidemiologic and vital statistics data</td>
<td></td>
</tr>
<tr>
<td>Evidence- based literature review</td>
<td>20%</td>
</tr>
</tbody>
</table>
### Format for Community Assessment Public Presentation

#### Introduction:
Describe the Community Agency where your practice occurred:
- Mission, purpose, location, primary population focus

<table>
<thead>
<tr>
<th>Topic</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis of the communication systems</td>
<td>20%</td>
</tr>
<tr>
<td>Analysis of socio-economic, politico-legal, cultural and religious dimensions</td>
<td></td>
</tr>
<tr>
<td>Interviews with professionals and community members and leaders</td>
<td>20%</td>
</tr>
<tr>
<td>Statement of the aggregate community health nursing diagnosis</td>
<td></td>
</tr>
<tr>
<td>Analysis of the health care delivery system and health resources</td>
<td></td>
</tr>
<tr>
<td>Outcomes and nursing interventions - (SMART)</td>
<td>10%</td>
</tr>
<tr>
<td>Implications of results and suggested policy changes/program changes</td>
<td></td>
</tr>
<tr>
<td>Report Criteria: Logic, grammar, concision and objectivity - Grammarly &amp; APA format</td>
<td>10%</td>
</tr>
<tr>
<td>Public Presentation</td>
<td>10%</td>
</tr>
<tr>
<td>PPT Rubric</td>
<td></td>
</tr>
<tr>
<td>Ability to raise and answer questions</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Comments/notes:
• The nature of the community health activities: as population focused, population based, public health focused - include the level of prevention observed: primary, secondary, tertiary, combination (Harkness Ch. 1)

**Development**
Use the criteria for the Community Assessment to develop the body of your report.

- Visual illustrations (photos and slides) from the windshield Survey, maps and boundaries
- Presents census tract data, demographics, morbidity and mortality rates presented in tables. Table numbers, titles, figures, source citation and interpretations must follow epidemiologic conventions accurately and completely. Zip code data is not acceptable. *Numbers are meaningless.* Use rates or percentages for comparisons with the larger community – city, county, region, state or nation and provide epidemiologic and logical reasoning for the nursing diagnosis and intervention.
- PPT slides must follow conventions of size, font, readability, color, harmony and creative appeal for a professional audience. (PPT rubric)

**Conclusion**

- The conclusion of your discussion focuses on your interventions, evaluation and recommendations. Reference citations in APA format required.
- Acknowledgement of agency staff & the contributions of the interdisciplinary team. (A letter of appreciation from the student group to the agency management and staff is expected)

**Further notes on professional presentations:**
Public demeanor is affected by posture, gestures, grimacing & smirking.

**Phrases to avoid:**
‘Stuff like that’; ‘set up stuff’, the diagnosis ‘we came up with’; equating SES with ‘class (low, middle, upper’; ‘a lot of’ in place of quantitative data; . . ummm. . . umm.
This presentation is an academic, science based report – make it resound authoritatively as senior students of the nursing profession.

Scoring Rubric for PPT Group Presentations – this rubric is used for both the Family Assessment Presentation (scheduled with the clinical instructor) and for the Community Assessment Presentation (scheduled by the course coordinator).

**Nurs. 4660 Project Power Point**
SCORING RUBRIC

Group number & member names: _____________________________

Project Title: _____________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Good (4 points)</th>
<th>Adequate (2 point)</th>
<th>Poor (1 point)</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Presentation of content</td>
<td>Discusses topic in orderly manner. Provides examples to illustrate. Shows good grasp of content.</td>
<td>Most topic discussion done in orderly manner. Shows adequate grasp of content.</td>
<td>Little or no order, too much or too little detail. Shows inadequate grasp of content.</td>
<td></td>
</tr>
<tr>
<td>3. Font</td>
<td>Consistent, readable</td>
<td>Some inconsistency</td>
<td>Inconsistent, not easily readable</td>
<td></td>
</tr>
<tr>
<td>4. Use of sound, media tools, animation</td>
<td>Adds to/enhances presentation</td>
<td>Overused on some slides or distracting</td>
<td>Not used, overused, distracting, detracts from presentation</td>
<td></td>
</tr>
<tr>
<td>5. Content per slide</td>
<td>No more than six lines per slide. Uses notes feature for more detailed explanations.</td>
<td>One to two “extra” lines on one to two slides. Occasional use of notes feature for detail</td>
<td>Too much content per slide. Little/no use of notes feature for detail.</td>
<td></td>
</tr>
<tr>
<td>6. Logical Presentation</td>
<td>Good</td>
<td>Adequate</td>
<td>Poor</td>
<td></td>
</tr>
<tr>
<td>7. First Slide</td>
<td>Includes title, group number and individual names, course number and title, instructor name, date</td>
<td>Includes most elements</td>
<td>Absent or does not include many elements</td>
<td></td>
</tr>
<tr>
<td>8. Creativity</td>
<td>Good/appropriate for</td>
<td>Adequate</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>topic</td>
<td>CONSISTENTLY FOLLOWS APA</td>
<td>FOLLOWS SOME APA POINTS</td>
<td>FOLLOWS FEW OR NO APA POINTS</td>
<td>TOTAL POINTS</td>
</tr>
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<tr>
<td>9. Citations and References</td>
<td></td>
<td></td>
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<td>/36</td>
</tr>
</tbody>
</table>

**Notes:**

**Course Evaluation:**

The assignments, tests and reports for this course are designed to evaluate your performance and the extent to which you demonstrate competencies in population-focused, evidence based community health nursing. If you have questions about how a particular assignment is intended to contribute to your professional development, please consult your faculty.

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**NURS 4660: Course Grade**

- Course Assignments, & Assessments: 10%
- Course Exams: 25%
- Community HESI EXAM: 25%
- Community Health Assessment: 25%
- Family Assessment: 15%

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**College of Nursing Grading Scale**

- A = 89.5 - 100
- B = 89.4 - 82.5
- C = 82.4 - 74.5
- D = 74.4 - 66.5
- F = Below 66.4