Instructor’s Guide for

POPULATION-BASED PUBLIC HEALTH CLINICAL MANUAL
THE HENRY STREET MODEL FOR NURSES
THIRD EDITION

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Introduction

About the Instructor’s Guide

Welcome to the Instructor’s Guide for Population-Based Public Health Clinical Manual: The Henry Street Model for Nurses (Third Edition). This guide is designed to be a valuable resource for educators in education and practice who use the manual. It is divided into four units:

- **Unit One:** Using the Manual for Teaching and Learning
- **Unit Two:** Resources for Academic-Practice Community Partnerships
- **Unit Three:** Henry Street Consortium Toolkit for Academic-Practice Community Partnerships
- **Unit Four:** Chapter Resources

In this instructor’s guide, we offer suggestions for nursing faculty, public health practitioners, and students regarding the ways in which the manual can be used to foster learning, thinking, and practicing public health nursing.

About the Manual

The manual offers a systematic exposure to evidence-based public health nursing activities organized by entry-level competencies. As an orientation tool, it guides new public health nurses (PHNs) through the foundational aspects of the work they are going to be doing. As a student clinical manual, it presents examples and learning opportunities that encourage the student to grasp what public health nursing entails.

The manual provides numerous mechanisms for learning and applying public health nursing principles in learning environments. Examples are provided of real projects that could be completed in an agency by a group of public health nursing students. Rather than replace didactic textbooks, this manual is competency-based and process-driven (not content-driven), purposed to meet the needs of clinical learning, and a rich resource that can supplement community health nursing theory texts. The manual may be utilized in theory-driven courses as the primary text with supporting theory from the literature, other texts, and web-based learning modules. The evidence-based examples and the organization by competency make this manual an up-to-date resource that provides nursing students with opportunities to learn and understand the scope of public health nursing. Although informed by theory, the manual is not a theoretical text—it contains many practical, real-world examples meant to encourage practice-based learning.
This unit includes a discussion of how the competencies are consistent with other educational frameworks, useful teaching strategies for a variety of curricular approaches, a summary of chapter curricular concepts, an overview of evidence-based practice levels, and an overview of ethical concepts relevant to public health nursing.

**Consistency With Educational Guidelines**

The competencies are consistent with other frameworks for public health nursing practice—in particular, the Core Competencies for Public Health Professionals supported by the Quad Council (American Nurses Association, American Public Health Association, Association of Community Health Nursing Educators, and Association of State and Territorial Directors of Nursing), the Scope and Standards of Public Health Nursing, and Essential Public Health Services.

The learning experiences in this manual are consistent with preparing students for nursing practice as envisioned in *The Future of Nursing* by the Institute of Medicine (2011), which states that nurses “must demonstrate new competencies in systems thinking, quality improvement, and care management and a basic understanding of health policy and research” (p. 31). This manual contains many examples of systems thinking and includes activities that promote systems thinking in nursing students and newly practicing PHNs. *The Future of Nursing* shows that care is moving into the community, which will require a strong public health infrastructure to sustain services that focus on prevention, education, and surveillance. This manual emphasizes these essential competencies for PHNs.

In addition, student participation in manual activities will contribute to their development of several quality and safety competencies identified by Quality and Safety Education for Nurses (QSEN, 2011). Two of the six competencies—teamwork and collaboration and evidence-based practices—are key themes reflected in most chapters of this manual. The definitions of these competencies (from the QSEN website, www.qsen.org) are as follows:

- **Teamwork and collaboration:** “Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.”
- **Evidence-based practice:** “Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.”

This manual integrates examples of evidence-based practice into every competency chapter and provides many examples of collaborative practice techniques. Suggested activities provide further learning opportunities for the development of these two competencies.

**Strategies for Teaching in Diverse Programs and Curricula**

This section provides nursing faculty with teaching-learning strategies for incorporating the clinical manual content and learning activities into unique curricular models. Baccalaureate nursing program options include:

- Traditional baccalaureate programs—2 to 3 years (4 to 6 semesters)
- RN-to-BSN completion programs (classroom, online, or mixed model)
- Post-baccalaureate pre-licensure programs (classroom, online, or mixed model)
- Master’s level pre-licensure programs

Curricula may also be structured using a variety of frameworks, including:

- Traditional content-driven curriculum with a free-standing public health/community health nursing course (silo approach)
- Integrated curriculum in which public health nursing and community health nursing theory and clinical learning activities are integrated into other theory and clinical courses
- Spiral curriculum in which content or process is reintroduced in courses longitudinally in increasingly complex teaching-learning activities
- Process- or competency-based curriculum
- Interdisciplinary team teaching with content-specific curriculum pulled from or integrated into interdisciplinary courses
- Mixed model using one or more of the preceding curriculum frameworks

**Strategies for Teaching in Diverse Clinical Settings**

Clinical settings also vary significantly within and between programs. Creating teaching-learning activities that consistently provide students with the opportunities they need to develop entry-level competencies in public health nursing, regardless of their community settings, can be extremely challenging. Students might be supervised by public health nursing faculty or public health nursing preceptors, or they might be working alone without the benefit of direct nursing supervision. Students could be in traditional public health settings, such as governmental agencies, voluntary agencies, or school settings. They might also be in daycare facilities, correctional facilities, clinics, homeless shelters, home care and hospice settings, worksites, faith-based settings, international settings, and other community agencies. Strategies for meeting the challenges of creating learning activities that may be carried out in diverse settings as well as teaching and supervising students in these settings are presented in Table 1.

**TABLE 1 Strategies for Teaching in Diverse Clinical Settings**

<table>
<thead>
<tr>
<th>Clinical Guidelines for Faculty</th>
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<tbody>
<tr>
<td>Faculty credentials</td>
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<table>
<thead>
<tr>
<th>Agency Clinical Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic-agency contracts</td>
</tr>
<tr>
<td>Clinical arrangements and learning activities</td>
</tr>
</tbody>
</table>
### Guidelines for Independent Clinical Experiences

**Student learning activities**

Any activities students carry out need to be congruent with the program’s policies and accrediting bodies. States that require public health nursing certification have specific requirements for public health nursing theory and clinical experience in pre-licensure nursing programs as well as in RN-to-BSN completion programs. Check to make sure that planned learning activities meet these state regulations.

Guidelines for independent learning outcomes and teaching/learning need to be specific. See suggestions for learning activities in each chapter of the manual and in this instructor’s guide.

Students should be in compliance with CPR certification, immunization, and criminal background checks even if they are not in a community agency.

**Student supervision**

RN-to-BSN students will be practicing under their own licenses; however, their scope of practice will be limited, as they have not completed their public health nursing education. These students may also be practicing dually under the RN/PHN licensure of their instructors and preceptors. The boards of nursing of individual states may have specific rules clarifying the legal status of RN students practicing public health nursing.

Pre-licensure students are functioning under preceptors’ and instructors’ licenses.

Students should clearly understand their instructors’ availability during and outside clinical hours.

### Distant Location Clinical Guidelines

**Clinical arrangements with a community agency in a distant location**

Agencies prefer that faculty initiate formal arrangements with community agencies. You may need to fax or email student documents (e.g., CPR certifications, immunization records) and have criminal background checks sent directly to the agency. Some agencies require students to complete online volunteer applications and may do their own criminal background checks.

If students need to initiate contact with agencies, faculty should follow up with community agencies as soon as possible.

Policies need to be established regarding how far faculty will travel to meet with site preceptors for orientation and evaluation visits.

If clinical instructors are not able to conduct site visits, they should email an introduction message and then follow up by phone or face-to-face communication as soon as possible.

Clinical faculty should maintain contact with agency preceptors on a weekly basis either by phone or email.

**Clinical arrangements when no community agency is available**

Make decisions about whether to contact non-healthcare community sites on an individual basis. All community sites and activities should be preapproved by the instructor.

**Student supervision at a distant location**

When possible, make orientation and evaluation visits to agencies. Maintain weekly communication with students.

Have students establish weekly clinical learning goals and report progress toward the completion of these goals at the end of the week.

Have students complete a midterm self-evaluation and a final self-evaluation.

Have students maintain an activity log. If a student has an agency preceptor, have the preceptor sign off on the log at the end of the clinical.

Ask students to journal weekly.

Establish clear guidelines regarding professional expectations and behaviors in clinical agency settings and in independent learning situations.

Request that the agency preceptor complete a qualitative student evaluation without a letter or numerical score at the end of the clinical.
Table 2 serves as a quick reference to key curricular concepts when integrating or building on content across the curriculum for orienting or updating agency staff.

**TABLE 2 Application of Population-Based Public Health Nursing Competencies Across the Curriculum**

<table>
<thead>
<tr>
<th>Chapter and Competency</th>
<th>Related Curricular Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chapter 1</strong>&lt;br&gt;Introduction to Public Health Nursing Practice</td>
<td>- History of nursing&lt;br&gt;- Nursing theory&lt;br&gt;- Holistic nursing practice&lt;br&gt;- Professional roles and standards&lt;br&gt;- Scope of practice&lt;br&gt;- Health determinants&lt;br&gt;- Health promotion&lt;br&gt;- Prevention&lt;br&gt;- Ethics</td>
</tr>
<tr>
<td><strong>Chapter 2</strong>&lt;br&gt;Evidence-Based Public Health Nursing Practice</td>
<td>- Nursing process&lt;br&gt;- Nursing interventions&lt;br&gt;- Evidence-based practice&lt;br&gt;- Research</td>
</tr>
<tr>
<td><strong>Chapter 3 (Competency #1)</strong>&lt;br&gt;Applies the Public Health Nursing Process to Communities, Systems, Individuals, and Families</td>
<td>- Nursing process&lt;br&gt;- Informatics and Omaha System&lt;br&gt;- Home visiting&lt;br&gt;- Family assessment and intervention&lt;br&gt;- Community</td>
</tr>
<tr>
<td><strong>Chapter 4 (Competency #2)</strong>&lt;br&gt;Utilizes Basic Epidemiological Principles (the Incidence, Distribution, and Control of Disease in a Population) in Public Health Nursing Practice</td>
<td>- Infectious and communicable disease management&lt;br&gt;- Statistics&lt;br&gt;- Informatics&lt;br&gt;- Child health&lt;br&gt;- Leadership-management</td>
</tr>
<tr>
<td><strong>Chapter 5 (Competency #3)</strong>&lt;br&gt;Utilizes the Principles and Science of Environmental Health to Promote Safe and Sustainable Environments for Individuals/Families, Systems, and Communities</td>
<td>- Environmental health&lt;br&gt;- Environmental hazards&lt;br&gt;- Environmental exposure&lt;br&gt;- Home environment&lt;br&gt;- Home safety assessment&lt;br&gt;- School environment and asthma&lt;br&gt;- Healthcare environment&lt;br&gt;- Community environment&lt;br&gt;- Climate change&lt;br&gt;- Environmental stewardship</td>
</tr>
<tr>
<td><strong>Chapter 6 (Competency #4)</strong>&lt;br&gt;Practices Within the Auspices of the Nurse Practice Act</td>
<td>- Role and scope of practice&lt;br&gt;- Professional accountability&lt;br&gt;- Ethical and legal issues&lt;br&gt;- Professional boundaries&lt;br&gt;- Confidentiality&lt;br&gt;- Delegation and supervision&lt;br&gt;- Maternal-child health</td>
</tr>
<tr>
<td><strong>Chapter 7 (Competency #5)</strong>&lt;br&gt;Works Within the Responsibility and Authority of the Governmental Public Health System</td>
<td>- Three levels of government&lt;br&gt;- Core functions&lt;br&gt;- Ten essential services&lt;br&gt;- Statutory authority and laws&lt;br&gt;- Public health system&lt;br&gt;- Infectious disease management</td>
</tr>
<tr>
<td><strong>Chapter 8 (Competency #6)</strong>&lt;br&gt;Utilizes Collaboration to Achieve Public Health Goals</td>
<td>- Partnerships&lt;br&gt;- Community engagement&lt;br&gt;- Interprofessional collaboration&lt;br&gt;- Community assets&lt;br&gt;- Health disparities</td>
</tr>
<tr>
<td><strong>Chapter 9 (Competency #7)</strong>&lt;br&gt;Effectively Communicates With Communities, Systems, Individuals, Families, and Colleagues</td>
<td>- Interpersonal communication&lt;br&gt;- Health teaching&lt;br&gt;- Motivational interviewing&lt;br&gt;- Health literacy&lt;br&gt;- Social marketing&lt;br&gt;- Use of statistical information&lt;br&gt;- Technological tools&lt;br&gt;- Sexually transmitted infections</td>
</tr>
</tbody>
</table>
UNIT 1  ■  Using the Manual for Teaching and Learning

<table>
<thead>
<tr>
<th>Chapter and Competency</th>
<th>Related Curricular Concepts</th>
</tr>
</thead>
</table>
| Chapter 10 (Competency #8) Establishes and Maintains Caring Relationships With Communities, Systems, Individuals, and Families | ■ Relational nursing  
■ Caring and caring relationships  
■ Maternal-child health  
■ Mental health  
■ Boundary issues  
■ Safety of nursing student |
| Chapter 11 (Competency #9) Incorporates Mental, Physical, Emotional, Social, and Spiritual Aspects of Health Into Assessment, Planning, Implementation, and Evaluation | ■ Holistic nursing care  
■ Environmental health  
■ Home safety  
■ Child health  
■ Older adult health  
■ Program development and evaluation |
| Chapter 12 (Competency #10) Demonstrates Nonjudgmental/Unconditional Acceptance of People Different From Self | ■ Role development  
■ Communication  
■ Diversity  
■ Culture and ethnicity  
■ Maternal-child health |
| Chapter 13 (Competency #11) Shows Evidence of Commitment to Social Justice, the Greater Good, and the Public Health Principles | ■ Social justice and human rights  
■ Institutionalized racism  
■ Health equity and health disparities  
■ Social determinants of health  
■ Market justice versus social justice  
■ Nursing advocacy  
■ Civic engagement and political process |
| Chapter 14 (Competency #12) Demonstrates Leadership in Public Health Nursing With Communities, Systems, Individuals, and Families | ■ Nursing leadership in organizations and communities  
■ Leadership journey  
■ Leadership skills, styles, strategies  
■ Organizational culture  
■ Workload and resource management  
■ Collaborative leadership |
| Chapter 15 Putting It All Together: What It Means to Be a Public Health Nurse | ■ Role development  
■ Transition to practice  
■ Reflective practice |

### Evidence-Based Practice Overview

The text *Johns Hopkins Nursing Evidence-Based Practice: Model and Guidelines*, Third Edition (Dang & Dearholt, 2018), is used throughout this manual as the framework for evidence-based practice. An explanation of the model is found in *Population-Based Public Health Clinical Manual* (pp. 32–34). Each chapter contains evidence in examples, tables, figures, and the narrative. The types of evidence for each level are outlined in Table 3.

Evidence in the manual is found in a structured format in Evidence Example boxes. In addition, many examples of evidence are outlined in tables and incorporated into the text in each chapter.

### TABLE 3 Levels of Evidence

<table>
<thead>
<tr>
<th>Level</th>
<th>Evidence Types</th>
</tr>
</thead>
</table>
| Level 1 | ■ Experimental research  
■ Randomly controlled trials (RCTs)  
■ Systematic reviews of RCTs |
| Level 2 | ■ Quasi-experimental studies  
■ Systematic reviews of experimental studies  
■ Systematic reviews of quasi-experimental studies |
| Level 3 | ■ Nonexperimental studies  
■ Systematic reviews of nonexperimental studies |
| Level 4 | ■ Opinions of experts based on scientific evidence  
■ Clinical practice guidelines |
| Level 5 | ■ Experimental and nonresearch evidence  
■ Literature reviews  
■ Program evaluation  
■ Case reports  
■ Opinions of nationally recognized experts |

Public Health Nursing Ethics Overview

This section discusses how to use the “Ethical Application” and “Ethical Considerations” sections in Chapters 3–14 in the *Population-Based Public Health Clinical Manual*. Ethical decision-making becomes more difficult when nurses have to consider the impact of their decisions related to competing social justice and human rights on multiple clients and their families, diverse populations, and communities at the same time.

PHNs in a suburban-rural public health nursing agency have identified four ethical issues involving human rights and social justice that commonly occur in public health nursing practice (Kleinfehn-Wald, 2010):

1. Right to self-determination (human right)
2. Right to a standard of living adequate for the health and well-being of individuals and families (human right)
3. Autonomy (human right) versus greater good (social justice)
4. Inequitable distribution of power, money, and resources (social justice)

Oberle and Tenove (2000) have identified five categories of ethical problems that PHNs experience in their work:

1. Relationship with healthcare providers
2. Systems issues, such as distribution of resources and consequences of policies
3. Character of relationships with clients
4. Respect for persons
5. Putting self at risk (values conflict or potential physical danger); rights of the individual versus rights of the community come into play

PHNs who often work alone in the community benefit from having clear ethical guidelines for their practice. They do not have an ethics committee for consultation and may have to make time-sensitive decisions when in the field. One set of ethical principles common to all helping professions is based on rule ethics or principles. Racher (2007, pp. 66–68) places these seven principles within the context of contemporary public health nursing practice in the community:

- **Autonomy**: This principle stresses respecting the rights of individuals to make their own decisions and provide for their own healthcare needs.
- **Beneficence**: This principle emphasizes “doing good” by maximizing benefits to individuals and society and minimizing potential harms. Beneficence promotes the common good and protects individuals from harm, particularly those who are vulnerable. Community practice requires active advocacy for individuals and populations that are at risk.
- **Nonmaleficence**: This principle dictates doing no harm. Health professionals must consider the potential consequences of their actions, both known and unknown.
- **Justice**: This principle says that the rules of justice are based on fairness. Health professionals allocate resources based on the concept of equity, which dictates that individuals should receive resources or assistance based on their specific needs. The principle of distributive justice is based on this concept. It can be viewed from the perspective of utilitarianism, or doing “the greatest good for the greatest number.” Community practice is based on utilitarianism and supports the position that giving more to socially disadvantaged individuals and populations ultimately benefits all of society.
- **Fidelity**: This principle highlights the axiom of the need to be faithful and loyal to relationships. Maintaining promises and commitments to others is imperative.
- **Veracity**: This principle articulates that individuals have a duty to tell the truth and be honest. Veracity is essential to establishing trust between health professionals and their clients as well as to building their relationships with the community and the public.
- **Respect**: This principle supports the rights of individuals to privacy and confidentiality. An ethical dilemma occurs when these individual rights are in conflict with the rights of the community to be informed about risks emanating from individuals. Respect for individuals also includes respect for their knowledge and experiences. In community practice, this concept leads to the inclusion of community members in the decision-making process.

However, community practice is complex, and the rule ethics framework alone is insufficient to address all the ethical problems that PHNs experience. Culturally diverse societies and communities display multiple (sometimes conflicting) moral standards that nurses must consider in their decision-making process (Racher, 2007). This ethical diversity that exists in many communities, along with the need to concurrently consider the impact of decisions on multiple diverse client populations, requires a more complex ethical framework for nursing practice. Volbrecht (2002) and Racher (2007) present a comprehensive ethical framework that provides complementary approaches to help solve these ethical dilemmas. The framework, which includes rule ethics, virtue ethics, and feminist ethics, is integrated into Chapters 3–14 in the *Population-Based Public Health Clinical Manual* and provides an overview of the major concepts and subconcepts in each of the ethical frameworks as applied to chapter content. Table 4 outlines the three-tiered ethical framework.
<table>
<thead>
<tr>
<th>Ethical Framework</th>
<th>Major Concepts</th>
<th>Subconcepts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rule ethics</strong> (action-based)</td>
<td>Rules or principles are defined. Ethical principles are standards that guide behavior (Racher, 2007, p. 66).</td>
<td><em>Core ethical principles</em></td>
</tr>
<tr>
<td></td>
<td>Moral duties and obligations are specified.</td>
<td>Autonomy</td>
</tr>
<tr>
<td></td>
<td>Community rights may be given priority over individual rights in some situations.</td>
<td>Beneficence</td>
</tr>
<tr>
<td></td>
<td>Rules of justice are based on perceptions of fairness.</td>
<td>Nonmaleficence</td>
</tr>
<tr>
<td></td>
<td>Distributive justice requires that resources be given based on need and thus may be distributed unequally.</td>
<td>Justice (Beauchamp &amp; Childress, 1979, 2001)</td>
</tr>
<tr>
<td></td>
<td>Compensatory justice requires that those who have been unfairly burdened or harmed be compensated.</td>
<td>Fidelity</td>
</tr>
<tr>
<td></td>
<td><em>Core ethical principles</em></td>
<td>Veracity</td>
</tr>
<tr>
<td></td>
<td><em>Fidelity</em></td>
<td>Respect (Aiken, 2004; Purtilo, 2005; Scoville Baker, 2004)</td>
</tr>
<tr>
<td><strong>Virtue ethics</strong> (agent-based)</td>
<td>Characteristics of the moral agent (individual) and that person’s intentions and behaviors are identified.</td>
<td><em>Standards of conduct</em></td>
</tr>
<tr>
<td></td>
<td>Seeing, feeling, acting are integrated.</td>
<td>Loyalty</td>
</tr>
<tr>
<td></td>
<td>Individual responsibility to develop good character and responsibility for the types of communities that agents develop are dictated (Volbrecht, 2002).</td>
<td>Courage</td>
</tr>
<tr>
<td></td>
<td>Foundation for codes of professional ethics that specify professional values and virtues is provided.</td>
<td>Honesty</td>
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<tr>
<td></td>
<td><em>Loyalty</em></td>
<td>Caring (Tschudin, 2003)</td>
</tr>
<tr>
<td></td>
<td><em>Courage</em></td>
<td>Dignity</td>
</tr>
<tr>
<td></td>
<td><em>Honesty</em></td>
<td>Confidentiality</td>
</tr>
<tr>
<td></td>
<td><em>Caring</em></td>
<td>Fairness</td>
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<tr>
<td></td>
<td><em>Dignity</em></td>
<td>Accountability (Canadian Nurses Association, 2002)</td>
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<td></td>
<td><em>Confidentiality</em></td>
<td>Compass</td>
</tr>
<tr>
<td></td>
<td><em>Fairness</em></td>
<td>Trustworthiness (Johnstone, 2004)</td>
</tr>
<tr>
<td><strong>Feminist ethics</strong> (relationship-based)</td>
<td>This is the core ideal of achieving social justice.</td>
<td><em>Key considerations</em></td>
</tr>
<tr>
<td></td>
<td>Social justice and distributive justice are applied to social structures and context.</td>
<td>Inclusion</td>
</tr>
<tr>
<td></td>
<td>Characteristics of relationships are a main focus.</td>
<td>Diversity</td>
</tr>
<tr>
<td></td>
<td>Relationships and connectedness are strengthened, oppression is eliminated, and power imbalances are realigned.</td>
<td>Participation</td>
</tr>
<tr>
<td></td>
<td>A commitment is made to restructuring relationships, social practices, and institutions so that people will live freer and fuller lives (Volbrecht, 2002).</td>
<td>Empowerment</td>
</tr>
<tr>
<td></td>
<td><em>Social justice</em></td>
<td>Advocacy</td>
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<tr>
<td></td>
<td><em>Interdependence</em></td>
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</tbody>
</table>
The seven attributes of the PEM are:

1. **Planning and flexibility**: PHN preceptors and faculty need to respond to the internal and external environments of both organizations (schools and agencies).

2. **Shared knowledge**: Knowledge of population-based practice by partners is needed for effective practice and collaboration.

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**Henry Street Consortium Partnership Engagement Model**

The Henry Street Consortium (HSC) obtained funding from the Robert Wood Johnson Executive Nurse Fellows Alumni Association to conduct a partnership engagement project. PHNs and faculty members collaborated on developing resources and tools to be used in the clinical education of public health nursing students. Analysis of project outcomes led to the development of the Partnership Engagement Model (PEM) (Schaffer, Schoon, & Brueshoff, 2017). See Figure 1.

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**FIGURE 1.** Partnership Engagement Model (PEM)
3. Role preparation and expertise: Both PHNs and faculty members need to be in agreement about expectations for their roles. Preparation in population-based practice and preceptor skill development serve to build a strong foundation for partnership in educating public health nursing students.

4. Collaboration: Mutual respect, ongoing communication, and mutually beneficial goals contribute to successful collaboration.

5. Communication: Ongoing communication on planning for teaching-learning experiences, implementation of clinical experiences, and their evaluation is essential to designing effective learning experiences. HCS members recommended initial face-to-face communication between partners, which could then be followed by phone and email communication once partners have established an effective working relationship.

6. Teaching-learning tools: The HCS created a set of teaching-learning resources and tools that provided structure for learning experiences in community settings and facilitated understanding public health nursing practice at the community and systems levels.

7. Accountability: PHN and faculty member partners are accountable for the quality and effectiveness of learning experiences. Areas to evaluate include partnership role performance, precepting effectiveness and satisfaction, and achievement of student outcomes.

"When educators and PHNs invest time in developing engaged partnership relationships, they will more likely be 'on the same page' as they work together to create effective clinical learning experiences that are rewarding to nursing students, educators, and agency preceptors/coordinators" (Schaffer, Schoon, & Brueshoff, p. 583).


Preceptors

As we know, students have a variety of clinical experiences in public health/community health agencies. Sometimes students shadow a PHN for a day; sometimes students spend several days or weeks working with a preceptor. Regardless, the experiences require planning, coordination, and collaboration involving academic and community partners. It is necessary to have shared understandings and expectations for students working with PHNs regardless of the time or nature of the experience. The roles and responsibilities of clinical faculty and public health nursing preceptors need to be clear to all: faculty, preceptors, and students. The following section provides a starting point for faculty and public health nursing staff to develop their own unique set of expectations.

For students, preceptors enhance the link between theoretical knowledge and the practice of public health nursing by providing a supportive relationship for students during their population-based clinical experience. The nurse preceptor is an “essential bridge between the classroom and the real world of human patients and clinical settings” (Raines, 2012, p. 76). PHN preceptors from local and tribal health departments collaborate with schools of nursing and baccalaureate public health nursing students to illustrate their passion for public health nursing and the complexity of the PHN’s role. Preceptors help strengthen the link between the health department and the schools of nursing by assisting students in integrating their learning objectives with real-world nursing practice skills and supporting their efforts to help the health department meet its public health goal.

Definitions

A shared set of definitions about the precepting relationship and precepting experience is a starting point for establishing relationships, legal contracts between academic institutions and community agencies, and ways in which the preceptor, student, and faculty instructor work together.

- **Preceptor**: A preceptor is an experienced nursing professional who teaches, supervises, and serves as a role model for a student or graduate nurse for a prearranged time in a formalized program (Usher, Nolan, Reser, Owens, & Tollefson, as cited in Biggs & Schriner, 2010, p. 319).

- **Precepted experience**: A precepted experience involves an experienced nurse and a novice, either a student or a new hire, working together in a formal relationship for a specific period of time to assist the novice in successfully adjusting to and meeting the expectations of the new role (Canadian Nurses Association, 1995).

- **Preceptorship triad**: Precepting consists of a preceptorship triad—an equal relationship among the nurse preceptor, the faculty instructor, and the student. Paton (2010) has also identified four domains of preceptor practice (pp. 143–145):
  - Artfully connecting
  - Creating a culture of respect
  - Acknowledging contextual realities
  - Preserving the ideals of ethical, competent, and respectful care

Partnership Guidelines

The following guidelines are based on a preceptor protocol developed through the support of a federal grant in a project titled “Linking Public Health Nursing Practice and Education to Promote Population Health” (Minnesota
Department of Health, 2005). These guidelines were modified and published online by the Henry Street Consortium in 2015 (http://www.henrystreetconsortium.org/). Additional modifications have been made for this guide.

Benefits for the Preceptor
The added responsibility for taking on the preceptor role brings potential benefits to the public health nursing preceptor (Beancuzzo, 1994):
- A sense of achievement
- Management recognition of this added responsibility
- The reward of contributing to the development of a future PHN
- The opportunity for professional advancement

Preceptor Qualifications
For PHNs who wish to take on the preceptor role, the following qualifications will contribute to a successful experience:
- Interest in the preceptor role
- Completion of a preceptor orientation program
- Knowledge of population-based practice that includes (a) practice at the individual/family, systems, and community levels; (b) public health interventions; and (c) the Cornerstones of Public Health Nursing (Keller, Strohschein, & Schaffer, 2011)
- Sufficient experience and expertise as a PHN to be able to convey the essential components of the PHN’s role to students
- Strong communication skills that include the ability to verbally negotiate needs and expectations of individuals as well as to constructively provide positive and negative feedback to others
- Ability to support the learning process of students
- Willingness to develop qualities that will contribute to being an effective preceptor, including acting as:
  - A role model: someone whom others admire and wish to emulate
  - An investor: someone who invests time and energy into others’ personal growth
  - A supporter: someone who offers emotional support and builds self-confidence in others
  - An idea bouncer: someone who will listen and discuss others’ ideas
  - A problem-solver: someone who will help examine problems and identify possible solutions
  - A teacher/coach: someone who can teach the interpersonal, technical, and political skills essential for career and academic advancement

Preceptor Expectations
Preceptors guide and enhance the population-based learning of students by providing ideas, information, resources, knowledge, and feedback about the reality of practice. They work with a specific student or group of students for the duration of their clinical experience in the health department or community agency and are available to students regularly. Possible roles/activities include:
- Attending preceptor training(s)
- Working with health department administration, students, and faculty to identify a variety of population-based learning opportunities for the students’ clinical experience
- Ensuring ongoing communication with the health department, the school of nursing, and students
- Being available to students as arranged and contacting them if a scheduling conflict arises
- Supporting a population-based curriculum and helping demonstrate real-life applications within the framework of clinical course objectives
- Helping students develop the needed knowledge and skills for population-based practice
- Acting as a health department and community resource person for faculty
- Serving as a community resource and support for students in the health department
- Modeling aspects of professional practice, including the values and ethics of caring for diverse populations
- Integrating adult learning theories and principles in interactions with students
- Coaching students as they resolve complex situations and problems encountered by PHNs
- Providing feedback regarding students’ progress, identifying problems, and suggesting ways to resolve issues
- Evaluating the preceptor experience with input from faculty and the health department or community agency (it is not the preceptor’s role to “grade” students, but the preceptor may contribute to student evaluations)

Health Department Expectations
Staff members from local health departments collaborate with nursing faculty and students to create a positive learning experience in community settings. Actions that support a positive clinical experience for students include:
- Working with the preceptor, faculty members, and students to identify a range of learning opportunities for the public health nursing student clinical experience
- Ensuring ongoing communication with the school of nursing, the preceptor, and students
- Supporting the preceptor and providing resources and accommodations for the student experience
Student Expectations
Students are responsible for maximizing and enhancing their learning opportunities in the following areas:

1. Planning clinical
   - Together with the preceptor, faculty, and other health department staff, identify a range of population-based learning opportunities for the public health nursing student clinical experience.
   - Determine individual learning goals for specific clinical experiences.
   - Collaborate with the preceptor to identify learning experiences congruent with students’ goals and objectives.
   - Review goals and plans at the start of each clinical day or week and evaluate progress at the end of each day or week.

2. Communication and feedback
   - Ensure ongoing communication with the health department, preceptor, and faculty.
   - Communicate learning needs to the preceptor.
   - Ask questions and seek feedback.
   - Follow up on suggestions/recommendations made by the preceptor.
   - Contact the preceptor when unable to make scheduled meetings.

3. Accountability
   - Demonstrate professional nursing behavior at all times.
   - Be an active learner by taking the initiative to meet personal learning needs.
   - Know and adhere to agency policies and procedures regarding safe nursing practices, dress and appearance, confidentiality, nurse-client interactions, and documentation.
   - Be flexible in scheduling to achieve the needed number of clinical hours and maximum learning experiences.
   - Be assertive, self-directed, and accountable throughout the clinical experience.
   - Monitor progress and carry out self-evaluations on an ongoing basis.
   - Fulfill the learning goals, course objectives, and assignments.
   - Participate in the evaluation of the clinical experience.
Application of Theory to Clinical Practice

Applying public health nursing theory to clinical practice is easier than it used to be thanks to contemporary theory sources. Public health nursing foundational content in the *Population-Based Public Health Clinical Manual* includes:

- Criteria for Population-Based Public Health Nursing Practice
- Cornerstones of Public Health Nursing
- American Nurses Association (ANA) Standards of Public Health Nursing Practice and Professional Performance

Additionally, most competency chapters feature a theory, conceptual framework, or model consistent with chapter content.
This section identifies tools and resources developed by the Henry Street Consortium, beginning with an overview.

**Introduction to the Henry Street Consortium Tools and Resources**

The tools and resources listed were developed by the Henry Street Consortium through collaboration with academic and practice partners to facilitate organization of clinical learning experiences by both nurse educators and agency PHNs and to enhance student learning experiences. These tools and resources will provide strategies for sharing your expert knowledge with nursing students. The tools can be adapted; however, the Henry Street Consortium should be acknowledged when adapting tools.

Online access to the Henry Street Consortium tools and additional resources are available at www.henrystreetconsortium.org.

Modifications to existing tools and resources may be made periodically. Additional tools and resources developed by the Henry Street Consortium may be added to the website as they are developed.

**Resources**

1. **Guidelines for Role Expectations**
   
   This document distinguishes the roles of all involved in public health learning experiences for nursing students: a) PHNs/preceptors, b) students, c) health departments, and d) nursing instructors. Agencies and schools of nursing/nursing departments may choose to attach role expectations to the contract or agreement for placement of students.

2. **Glossary of Key Terms**
   
   This resource provides definitions of the most common concepts and terminology used in public health nursing practice. Public Health Intervention Wheel definitions are included.

3. **Adult Learning Principles for Preceptors Working With Nursing Students**
   
   This handout applies learning principles to a scenario, which provides examples of how a preceptor supports the learning of a public health nursing student.

4. **Henry Street Consortium Population-Focused Student Project Examples**
   
   This resource contains examples of student projects completed by collaborations of academic/practice partnerships. The list identifies the at-risk population or county, the unmet need, a description of the project, and the relevant Wheel interventions.

5. **Henry Street Consortium Entry-Level Population-Based Public Health Nursing Competencies for the New Graduate or Novice Public Health Nurse (long form)**
   
   This document is a resource for students, faculty, and public health agencies interested in a listing of the competencies and behavior outcomes or matrices to guide and evaluate students in the development of Entry-Level Public Health Nursing Competencies. These competencies were developed by the Henry Street Consortium (2003) to facilitate clinical learning experiences for baccalaureate nursing students by creating shared expectations between education and practice.
5. **Confidence in Using Public Health Nursing Skills**

This form is one option for having students self-evaluate their learning in public health nursing clinical experiences. The tool focuses on key knowledge and skills needed to be an effective PHN. For a semester-long learning experience, the tool can be completed by students as a mid-semester self-evaluation and then as a final self-evaluation after completion of their clinical experience to help identify additional learning that occurred.

6. **Shadowing a PHN for a Day: Scope of Practice**

This tool may be used with a variety of learning experiences. It can be used for a one-time observation of a PHN or school nurse or as part of a longer clinical experience. Some of the content area knowledge in the tool may be obtained by researching the agency website and attending an agency orientation. The tool may be adapted by omitting sections that may not apply during the shadowing experience or may already be present in a current assignment or worksheet. In addition, instructions can be given to students to provide some examples applicable to the experience, as an option to completing the entire tool. One suggestion is to ask students to complete portions of the tool and then use it to debrief learning experiences each week of clinical. A contract that specifies the purpose of the tool and possible activities is included on the last page. It is designed for both the student and the PHNs or school nurses who provide the experience. Providing the Glossary of Terms to the agency and preceptor prior to the student use of the tool will also facilitate student-preceptor communication.

### Preparation for the Shadowing Experience

The agency PHNs and the clinical faculty should determine the preparation needed for specific shadowing experiences. Students should be instructed that preparation is required. Two sources for preparation are:

- **Population-Based Public Health Clinical Manual: The Henry Street Model for Nurses** (Third Edition): All the items from the tool are included in Chapters 1 and 2. These chapters provide content on foundational public health concepts, the Public Health Intervention Wheel, Entry-Level Public Health Nursing Competencies, and evidence-based practice.

- Public health agency or school/school district: Review the agency website. Information about how the agency carries out the Core Functions and Essential Services of Public Health may be obtained from the website and an agency orientation, as well as the shadowing experience.

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### Tools

1. **Competency Clinical Menu**

The competency menu is organized by each of the 11 Population-Based Public Health Nursing Competencies developed by the Henry Street Consortium. The clinical menu includes learning experiences from the *Population-Based Public Health Clinical Manual: The Henry Street Model for Nurses* (Second Edition, 2014), as well as additional suggestions for student learning. Both individual and group learning experiences are identified, including web-based learning activities.

Instructors and PHNs may use this menu to identify additional student learning activities to supplement agency-identified activities. This menu may also be used for orientation and shadowing experiences of novice PHNs.

2. **Agency Feedback Form for Student Clinical Experience**

This form is recommended for use when students have a minimum of three clinical experiences with the same PHN. The PHN may complete the first page of the form alone, or it may be completed with the student. The student can use the second page to document activities that are consistent with interventions from the Public Health Intervention Wheel. The form is useful for organizing a debriefing with the student and preceptor or the student and instructor about the learning experience.


This form may be used for one or multiple home visits. It focuses on application of the Public Health Nursing Process during the home visit. Following the home visit, the student checks topics/nursing activities that occurred during the home visit, records observations, and writes reflections about learning. The completed form can then be used for debriefing the home visit experience between the student and the PHN. It may be useful for the student to review Table 3.1, How the Nursing Process Occurs in Home Visits (p. 53), in the manual before the shadowing experience.

4. **Student Learner Self-Assessment and Planning Tool**

Students can use this form to help them prepare for their public health nursing clinical experience. It helps both the student and instructor to be mindful of activities that are required by the clinical agency and that will enhance their learning.

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7. Professional Accountability: Self-Evaluation

This tool can be used by students to record their evaluation of their own professional behaviors in public health nursing clinical experiences. Students have the opportunity also to reflect on potential boundary violations in relationships and behavior, which is particularly valuable in more unstructured and flexible clinical settings. An updated list of the provisions of the Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) is also included for faculty and/or preceptors who choose to have students evaluate how their behaviors are consistent with the Code of Ethics.

8. Student Self-Assessment of Entry-Level Public Health Nursing Competencies

This tool can be completed by students to appraise their accomplishment of the Entry-Level Population-Based Public Health Nursing Competencies. For longer public health nursing clinical learning experiences, students may complete the tool both in the middle and at the end of the clinical experience and compare their ratings. Faculty and preceptors may use this tool to encourage students’ reflective practice.

References


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**Additional Tools**

This section includes the following templates:
- Introductory letter from faculty to public health agency
- Student biographical form to send to preceptor
Sample Letter: Communication From Faculty to Educational Coordinators or Preceptors
Introductory Letter on University/College/Program Letterhead

Date
Name with Credentials Title
Program Agency Address

Dear _______:  

I am looking forward to collaborating with you to provide a community health/public health nursing clinical this semester for ________ . I will be contacting you shortly to arrange a meeting to finalize our clinical arrangements. In the meantime, I would like to provide you with some introductory information about the students and their learning needs.

- STUDENTS: (number) students in their ________ semester of our ________ (traditional baccalaureate/RN-to-BSN completion/post-baccalaureate pre-licensure) will be coming to your agency. Their names and contact information are attached. Each student has completed a short biographical form that is available to you and his or her preceptors. *May be attached or sent separately.*

PLACEMENT IN CURRICULUM:
- Students have completed the following theory and clinical coursework prior to their community clinical experience:

  [Insert list]

- Students will be completing the following theory content during this clinical experience:

  [Insert list]

- CLINICAL ARRANGEMENTS: The clinical starts (date) and ends (date). Students are expected to complete _____ hours working with the (agency name) public health nursing staff.

  - The students and I will be at the agency on _____ days from the hours of _____ to _____.
  - Students will be available to participate in CHN/PHN activities in your agency during the hours of _____.
  - Students will be contacting their preceptors to arrange to work with them for approximately _____ hours per week on (days) between the hours of _____ and _____.

CLINICAL EXPECTATIONS:
- The students will be completing a variety of learning activities to demonstrate achievement of the following course objectives: *Insert course objectives.*
• The PHN preceptor will be asked to provide feedback on student progress in achieving these objectives but will not be asked to give a numerical score or letter grade. The Preceptor Evaluation of Student Progress form is attached.

• As we agreed at our planning meeting, the students will be participating in the following clinical activities while at your agency: Insert list of activities. Examples:
  - Home visits with PHN or home visits supervised by PHN
  - PHN team meetings or other departmental or interdisciplinary meetings
  - Community assessment project activities
  - Other PHN/CHN activities provided by your agency
  - Online or paper documentation related to clinical activities
  Or
  - The clinical menu that we developed provides a guide for the public health nursing mentors and students as they develop their activity plan for the completion of ____ clinical hours. The clinical menu is attached.

• During this clinical experience, students are expected to demonstrate beginning competency in the Henry Street Consortium Entry-Level Population-Based Public Health Nursing Competencies. A copy of these competencies is attached.


• CLINICAL RESPONSIBILITIES: The clinical responsibilities of clinical faculty, students, and preceptors are consistent with the university-agency contract that is in place and our planning-meeting discussion. A copy of the clinical responsibilities is attached.

Please feel free to contact me to discuss any ongoing clinical or student issues. I may be reached at (phone numbers) or (email address) Monday through Friday between the hours of ____ and ____ . Thank you again for sharing in the education of our students. We could not do this without you.

Sincerely,
Name, Credentials, Position Program, University Address

Attachments:
Student Biographical Data Form

Student: ____________________________

Address: ____________________________

Phone: ____________________________  Type: ____________________________

Type: ____________________________

Texting: ____________________________  Email: ____________________________

The best way and time to reach me is:

I am available the following days and times:

Travel:  ____ I have my own transportation  ____ I will be taking public transportation

Languages spoken:

My education to date includes:

My experience in healthcare includes:

My experience working as a volunteer or employee in the community includes:

My experience working with ____ population includes:

My personal goals for this clinical include:

I would also like to share:

Student may wish to embed student photo in this form.
Resources

Resources listed in each chapter include:

- Key questions that are not included in the textbook
- Theories, frameworks, models, and standards highlighted in each chapter
- A list of graphics, figures, and tables included in each chapter
- Additional learning activities that are not included in the textbook

PowerPoint slides of graphics, figures, and selected tables for each chapter are available as additional resources.

Chapter 1: Introduction to Public Health Nursing Practice

Key Questions

1. Public health nursing is a population-based nursing practice. What does this mean?
2. Why is public health nursing considered holistic nursing practice?
3. How can the Cornerstones of Public Health Nursing guide you in learning how to practice public health nursing?
4. What does the Health Determinants Framework tell you about the causes of health status?
5. Why does public health nursing focus on primary prevention?
6. Which of the Entry-Level Population-Based Public Health Nursing Competencies would you like to develop in your clinical practice learning activities?

Theories, Frameworks, Models, Standards

- Cornerstones of Public Health Nursing
- Holistic Foundations of Public Health Nursing
- Population-Based Public Health Nursing Criteria
- Scope and Standards of Public Health Nursing
- United Nations Sustainable Development Goals
- Ethical Framework for Public Health Nursing
- Health Determinants Framework
- Healthy People 2020
- Prevention Continuum
- Entry-Level Population-Based Public Health Nursing Competencies
Graphics/Figures
- Figure 1.1: Public Health Nursing in the United States
- Figure 1.2: UN Sustainable Development Goals With Icons
- Figure 1.3: Interrelationships of Families, Communities, Systems
- Figure 1.4: A Health Determinants Model for Individuals/Families, Communities, and Populations
- Figure 1.5: Stages of Health and Disease and Levels of Prevention

Tables
- Table 1.1: Cornerstones of Public Health Nursing and Related ANA Principles of PHN Practice
- Table 1.2: Standards of Public Health Nursing Practice and Professional Performance
- Table 1.3: Ethical Framework for Public Health Nursing Practice
- Table 1.4: Populations Served by Public Health Nurses
- Table 1.5: Levels of Public Health Nursing Practice
- Table 1.6: Protective and Risk Factors for Childhood Communicable Diseases
- Table 1.7: Prevention Continuum With Public Health Nursing Examples
- Table 1.8: Healthy People 2020 Mission and Goals
- Table 1.9: Henry Street Consortium Entry-Level Population-Based Public Health Nursing Competencies

Additional Learning Activities
1. Shadow a PHN.
   a. Preparation:
      1) Go to www.henrystreetconsortium.org for a copy of the Henry Street Consortium tool, *Shadowing a PHN for a Day: Scope of Practice*.
      2) Prepare by reading Chapter 1 in your textbook.
   b. Visit: Visit with the PHN and find out about the nurse’s role and responsibilities.
      1) Ask the PHN to sign the Informed Consent form for the shadowing activity.
      2) Gather information about the client population, the agency, and the services provided. Take notes as appropriate.
      3) Tour the clinical setting as appropriate.
      4) Observe the PHN’s interactions with clients and staff.
      5) Depending on setting, attend meetings, make home visits, observe clinical activities, and participate in other activities related to the position responsibilities of the PHN preceptor.
   c. Follow-Up: A formal thank-you letter or email should be sent to the PHN preceptor following the shadowing experience.
   d. Reflection: Review the *Shadowing a PHN for a Day: Scope of Practice* form and answer the following questions. Be concise but make sure that your responses reflect an understanding of the practice of the PHN or LSN and that you are applying theory from your textbook accurately.
      1) What did you learn in your preparation for the shadowing experience that helped you the most in preparing for this activity? You may wish to cite relevant assigned readings.
      2) What did you do during the shadowing experience? Make a list of these activities.
      3) Describe specific knowledge you acquired about one of the following Public Health Nursing Competencies: 1, 4, 5, or 12. Apply theory from your course textbook with appropriate citations and references. Make sure you consider the entire competency and not just the initial summary statement of the competency. The complete competencies are listed in Appendix A of the manual.
4) What were the key learnings based on PHN theory and practice or take-away from this experience that will help you in this course and/or your future nursing practice? Make sure you cite your course textbook.

e. Include a reference list.

2. Interview or shadow a nurse who is working in a specialized area of public health nursing: school nursing, occupational health nursing, care coordination, correctional nursing, mental health community nursing, etc.
   a. Describe the nursing specialty.
   b. Identify the roles and responsibilities of the nurse.
   c. Use the shadowing tool to compare and contrast this nurse’s role with the traditional public health nursing role.

3. Research the history of public health nursing in a country other than the United States.
   a. You may wish to start with the following publication:
   b. Compare and contrast what you know about public health nursing in the United States with the WHO global perspective and another country.

Chapter 2:
Evidence-Based Public Health Nursing Practice

Key Questions

1. If you were teaching handwashing to a class of first grade students, what level of public health nursing would you be practicing: individual/family, community, or system?

2. What public health interventions would you be practicing when you went to the elementary school and taught the handwashing class?

3. How and where might you search for evidence of effective ways to teach handwashing to first grade students?

4. What criteria would you use to determine if the evidence you find is credible?

Theories, Frameworks, Models, Standards

- Public Health Nursing Process
- Public Health Intervention Wheel
- Levels of Evidence-Based Practice
- Johns Hopkins Nursing Evidence-Based Practice Model

Graphics/ Figures

- Figure 2.1: Nursing Process at Three Levels of Nursing Practice
- Figure 2.2: Public Health Intervention Wheel
- Figure 2.3: Best Practice Approach to Evidence-Based Practice in Public Health Nursing
- Figure 2.4: JHNEBP PET Process

Tables

- Table 2.1: Public Health Nursing Interventions at All Three Levels of Practice
- Table 2.2: Three Levels of PHN Practice and Three Levels of Prevention With Public Health Interventions to Reduce Tobacco Use in Teens
Table 2.3: Best Practices in Public Health Nursing by Levels of Evidence
Table 2.4: Effectiveness of Selected Public Health Nursing Interventions
Table 2.5: Analyzing Effectiveness and Efficiency of Interventions
Table 2.6: Using the 5 A’s for Evidence-Based Practice in Student Clinical Learning Activities
Table 2.7: The PICOT Approach to Clinical Problem-Solving
Table 2.8: Finding Keywords Using PCO

Additional Learning Activities

1. Select a public health intervention that you would like to know more about.
   a. Research the intervention using credible professional and scientific sources (for example, the CINAHL and CDC websites).
   b. Consider how you might implement this intervention for which the public health nursing team would like to know best practices.

2. Ask your PHN preceptor to identify an intervention for which the public health nursing team would like to know best practices.
   a. Research the intervention using credible and scientific sources.
   b. Look for reports on both effectiveness and efficiency of the intervention.
   d. Present your report to the public health nursing team.

Chapter 3:
Competency #1—Applies the Public Health Nursing Process to Communities, Systems, Individuals, and Families

Key Questions

1. How would using the components of the Holistic Family Assessment Framework help you in carrying out a family assessment in the home setting?
2. How would you use the Omaha System KBS Problem Rating Scale to determine if your nursing interventions were effective?
3. How can you use the Community Assessment Guide to carry out a community assessment as part of your clinical learning activities?
4. How might a windshield survey help you when carrying out your community assessment?
5. When you create a Public Health Population Risk Diagnosis, why is it important to make it asset-based?

Theories, Frameworks, Models, Standards

- Transforming Data to Practice
- Omaha System
- Home Visiting and Nursing Process
- Holistic Family Assessment Framework
- Community Planning Process: MAP-IT
- Community Assessment Guide
- Asset-Based Public Health Population Risk Diagnosis
- Public Health Nursing Community Intervention Plan
Graphics/Figures
- Figure 3.1: Transforming Data to Practice
- Figure 3.2: Omaha System Model of the Problem-Solving Process
- Figure 3.3: How PHNs Collect Data About Individuals, Communities, and Systems
- Figure 3.4: Community Planning Process: MAP-IT

Tables
- Table 3.1: How the Nursing Process Occurs in Home Visits
- Table 3.2: Holistic Family Assessment Framework
- Table 3.3: Sara’s Family Assessment: Individual/Family Health Determinants
- Table 3.4: Sara’s Family Assessment: Physical and Social Environmental Health Determinants
- Table 3.5: Sara’s Pregnancy and Family Stress in the Omaha System
- Table 3.6: Community Assessment Guide
- Table 3.7: Windshield Survey—Snapshot of Community Assessment
- Table 3.8: Determining Community Health Priorities
- Table 3.9: Asset-Based Public Health Population Risk Diagnosis
- Table 3.10: Ethical Application of the Nursing Process in Public Health Nursing

Additional Learning Activities
1. Make one or more home visits with a PHN.
   a. Prepare by reviewing the home visiting content in Chapter 3.
   b. Research the demographic and health data specific to the family you will visit. Ask the PHN if there is anything specific you should review before the visit.
   c. Use the Henry Street Consortium tool, Public Health Nursing Process: Home Visit Observations and Reflections, as a guide for observation and reflection of how the PHN carried out the nursing process in the home setting.
   d. Debrief with the PHN using the tool after the home visit.

2. Carry out a family assessment and family intervention in the home setting.
   a. Use the Holistic Family Assessment Framework outlined in Chapter 3 of your textbook as a guide for your assessment.
   b. Document your assessment and review your data with your PHN preceptor and/or your nursing instructor.
   c. Use the Omaha System to identify the domain problem, modifiers, and signs and symptoms, and create the KBS Problem Rating Scale. Select an intervention scheme and target using the Omaha System. See Appendix B in your textbook, which outlines components of the Omaha System, to help you.
   d. Make a second visit to the family and implement your intervention plan.
   e. Make a third visit to the family to evaluate the outcomes of your interventions. Evaluate the family’s progress using the KBS Problem Rating Scale.
   f. Based on your evaluation, consider what your next steps might be in working with this family.

3. Carry out a windshield survey using Table 3.7 in Chapter 3 of your textbook.
   a. Compile your data using photos and narrative.
   b. Reflect and analyze your data using the questions listed in Table 3.7.
   c. Share your experience, your reflections, and your analysis with your classmates.

4. Participate in a meeting with a community group planning or conducting a community assessment. Analyze the group’s progress using the MAP-IT framework in Chapter 3.
5. Collaborate with a community partner in conducting a modified community assessment (i.e., aggregate assessment) of an at-risk population in your community.
   a. Meet with the community partner to select an at-risk population that the community partner would like assessed. Some possibilities include:
      1) Elementary school students who have a history of tardiness or absence.
      2) Child and teen client population to assess oral health assets, needs, and community resources.
      3) Homeless population to determine unmet health needs, community resources, and gaps in resources.
      4) Older adult population (urban or rural) to assess food security and food insecurity.
   b. Use the Community Assessment Guide, Table 3.6 in Chapter 3, as your guide in carrying out your assessment.
   c. Create an Asset-Based Public Health Population Risk Diagnosis. (See Table 3.6 in Chapter 3.)
   d. Identify a public health priority linked to a Healthy People 2020 objective.

6. Report your assessment to your community partner and agree on a priority for intervention. A PowerPoint presentation may be an effective method for presentation.

7. Develop a Public Health Nursing Intervention Plan. You may use the template and directions that follow at the end of this activity.

8. Implement at least one component of the intervention plan in collaboration with your community partner.

9. Evaluate the outcome of your PHN intervention.

10. Report the outcome to your community partner. A short report and/or letter would be an appropriate method for your communication to your community partner.

Directions for Completing the PHN Intervention Plan

1. Population-at-Risk: This is the population that is the focus of your community and/or aggregate assessment.

2. Asset-Based Public Health Population Risk Diagnosis with five components:
   a. Health risk (increased risk of . . . )
   b. Population at risk
   c. Modifiable risk factors (related to)
   d. Modifiable protective factors (related to)
   e. Biostatistical data (as evidenced by)

3. SMART Outcomes column: Remember that outcomes should be directed at target you wish to change or influence: individual/family, community, or system. Check the one that fits your outcomes. To review SMART Outcomes, go to https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf.

4. PHN Interventions column: Identify which of the 17 PHN interventions you would use. Then, describe the strategy you will use to implement the intervention. For example, PHN Intervention: social marketing; Strategy: develop brochure.

5. Rationale for PHN Intervention With Citations: Evidence-based rationale includes:
   a. Scientific evidence (Evidence Levels 1–4)
   b. Nursing and clinical expertise (Evidence Level 5)
   c. Client preference and/or fit. (Examples: culture, developmental stage, language literacy, situation or condition, stated preference.) You want to empower clients to manage their own health-care needs or services, so you may also consider the clients’ strengths.
   d. Each citation should have a complete reference in a reference list at end of plan.
6. Evaluation: Remember that you are measuring achievement of behavioral outcome and not intervention. Indicate how you will measure achievement of outcome, who will carry out the measurement, and when you will measure the outcome. Because this is a plan, you will not actually be measuring outcome, but you will plan how you will measure outcome.

### Public Health Nursing Intervention Plan Template

Population at Risk:

Asset-Based Public Health Population Risk Diagnosis:

Public Health Priority & Related Healthy People 2020 Objective Primary Prevention Goal:

<table>
<thead>
<tr>
<th>SMART Outcomes</th>
<th>Public Health Nursing Interventions</th>
<th>Rationale With Citations</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Outcome 1:</td>
<td>PHN Intervention 1:</td>
<td>Rationale for PHN Intervention 1:</td>
<td>Measurement of Outcome 1:</td>
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<tr>
<td></td>
<td>PHN Intervention 2:</td>
<td>Rationale for PHN Intervention 2:</td>
<td>Measurement of Outcome 2:</td>
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<tr>
<td></td>
<td>PHN Intervention 3:</td>
<td>Rationale for PHN Intervention 3:</td>
<td>Measurement of Outcome 3:</td>
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<td></td>
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</tr>
</tbody>
</table>

Rationale for PHN Intervention 1:

Rationale for PHN Intervention 2:

Rationale for PHN Intervention 3:

Source: Schoon, P. M. (2018)
Chapter 4:
Competency #2—Utilizes Basic Epidemiological Principles
(The Incidence, Distribution, and Control of Disease in a Population)
in Public Health Nursing Practice

Key Questions

1. How is epidemiology a core foundation to the work of PHNs?
   a. What is the shift that has happened, from traditional epidemiological models toward more complex models that consider social influences on health?
   b. In what ways does epidemiological data, including prevalence and incidence data, help set national and local public health priorities?
   c. How can PHNs use epidemiological data to advocate for health promotion priorities in their areas of influence?

Theories, Frameworks, Models, Standards

- Epidemiological Triangle
- Ecosocial Theory

Graphics/Figures

- Figure 4.1: How Lillian Wald Practiced the Individual/Community/System Approach to Healthcare
- Figure 4.2: A Map Detailing Cholera Deaths in 1800s London: The Beginning of Epidemiology
- Figure 4.3: Sample Trend of Active and Latent Tuberculosis Cases in a Community
- Figure 4.4: Chlamydia Example of Case Rates per 100,000 Over 5 Years
- Figure 4.5: Reported Cases of Lyme Disease in Minnesota 1996–2016 (n = 16,439)
- Figure 4.6: Reported Cases of Lyme Disease—United States, 2016
- Figure 4.7: Population Pyramid of United States—2016
- Figure 4.8: County Health Rankings and Roadmaps: Health Outcomes in Minnesota
- Figure 4.9: Sample GIS Map Viewer: Network for a Healthy California
- Figure 4.10: Epidemiological Triangle in the 21st Century

Tables

- Table 4.1: Alignment of Epidemiologist Activities With PHN Intervention Wheel
- Table 4.2: States With Incidence of Pertussis the Same or Higher Than the National Incidence During 2015, Which Is 6.5/100,000 Persons
- Table 4.3: Association Between Risk Factor and Disease
- Table 4.4: Ethical Action in Using Epidemiological Principles in Public Health Nursing

Additional Learning Activities

1. Look through your local newspaper (or a national online news source) and identify all the articles that describe problems a PHN might be involved in addressing. How will the tools of epidemiology assist in identifying ways to intervene on the problems?
2. Develop an ecosocial model that portrays contributing factors to the problem of childhood obesity.
3. Explore the mobile applications available for a smartphone or tablet. Specifically, identify GIS applications and how these could be used for public health nursing epidemiological purposes (e.g., ArcGIS by Esri). The CDC has an application game in which you try to prevent an outbreak (Solve the Outbreak), or you can attempt to spread a virus through the popular application Plague Inc.
4. Read *The Ghost Map: The Story of London’s Most Terrifying Epidemic and How It Changed Science, Cities, and the Modern World* by Steven Johnson (Riverhead Books, 2006), or *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused It*, by Gina Kolata (Touchstone, 2001), and reflect on whether PHNs should be concerned about these types of pandemic threats resulting in an outbreak in the United States. Which changes (positive or negative) contribute to your opinions (e.g., global travel in the 21st century, communication capabilities via text and IM, etc.)?

5. Read about the United States Agency for International Development (USAID) Emerging Pandemic Division. Reflect on the benefits of interdisciplinary efforts (animal, human, and environmental health professionals) working together to prevent outbreaks locally and globally.

6. Visit the CDC website and search for the following short videos. Consider the epidemiologic activities of a PHN in addressing these public health concerns:
   - “The Obesity Epidemic”
   - “Healthy Swimming Is No Accident”
   - “Global Disease Detectives”

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**Chapter 5:**

**Competency #3—Utilizes the Principles and Science of Environmental Health to Promote Safe and Sustainable Environments for Individuals/Families, Systems, and Communities**

**Key Questions**

1. Why should environmental health be a core component of nursing practice?
2. How do you envision including environmental health in your nursing practice?
3. How would you use the Precautionary Principle in your nursing practice?
4. There are several models of environmental hazard transmission exposure in this chapter. Which model(s) would you use in determining the risk and impact of exposures for your family, your patients, or your community?
5. How might you be an environmental steward at work, at home, and in your community?

**Theories, Frameworks, Models, Standards**

- World Health Organization Definition of Environmental Health
- ANA’s Principles of Environmental Health for Nursing Practice
- The Precautionary Principle
- Process of Exposure and Impact
- Environmental Public Health Exposure Continuum
- CDC’s IPREPARE
- Environmental “Riskscape”
- Community Environmental Assessment
- Climate Change
- Environmental Stewardship

**Graphics/Figures**

- Figure 5.1: Process of Exposure and Impact
- Figure 5.2: Environmental Public Health Exposure Continuum
- Figure 5.3: Multimodal Air Pollution Pathways
- Figure 5.4: Surgeon General’s Healthy Home Checklist
- Figure 5.5: Morello-Frosch & Schenassa’s Environmental “Riskscape”
- Figure 5.6: The Impacts of Climate Change on Human Health

Tables
- Table 5.1: ANA’s Principles of Environmental Health for Nursing Practice
- Table 5.2: Top Ten Reasons That Nurses and Environmental Health Go Together
- Table 5.3: Common Household Chemicals
- Table 5.4: Indoor Air Pollution
- Table 5.5: CDC’s Environmental Assessment for Individuals and Families
- Table 5.6: Home Safety Assessment Tools
- Table 5.7: Environmental Health Community Assessment by Health Determinant Categories
- Table 5.8: Protective Factors and Risk Factors for Students With Asthma at Environmental Magnet School
- Table 5.9: Ethical Action in Environmental Health
- Table 5.10: Content Analysis of Environmental Health Issues Calls to PHN

Additional Learning Activities

1. Preventing and mitigating noise-induced hearing loss (NIHL) in adolescents
   a. Research the causes of NIHL in children and adults. You may start with the following list of resources:
   b. Collaborate with a PHN or a school nurse to screen a specific population for NIHL.
   c. Create a brief survey that includes the causes and symptoms of NIHL for a specific population (e.g., adolescents, factory workers, etc.).
   d. Search for and review guidelines for hearing screening and pure tone audiometry for a specific population by age.
   e. Screen for NIHL causes and symptoms using:
      1) The NIHL survey
      2) Pure tone audiometry
f. If NIHL is suspected, refer individuals for diagnostic testing.
g. Provide health teaching on how to prevent NIHL using social marketing materials.

2. Visit waste management staff at your local hospital to discuss and observe how toxic chemical, pharmacological, and biological hazardous waste is collected, stored, and disposed of.

3. Carry out an Environmental Health Community Assessment for environmental pollution in the natural and/or built environment of your community or immediate neighborhood.
   a. Use Table 5.7, Environmental Health Community Assessment by Health Determinant Categories, as a guide.
   b. You may wish to use a windshield or walk-about survey to help you with this effort.
   c. Research your state or county pollution control agency (PCA) to find out the quality of your air, water, and earth and the policies and actions of the PCA to protect your environment.

4. Healthy home activity
   a. Use the ACT Process (Assessment, Critical Thinking, Take Actions) to assess the environmental hazards in your own home and create a healthier environment for your family. There are several tools in Chapter 5 to assist you in this process. Keep the Precautionary Principle in mind as you carry out your assessment.
   b. Identify key hazards and prioritize what you would like to change in your home environment.
   c. Implement at least one change in your home environment to make you and your family safer.

5. Consider the social environment and social actions that make your community less safe (e.g., interpersonal violence, community violence, hazardous behaviors).
   a. Select one social environmental hazard that you would like to see eliminated or weakened.
   b. Research the social environmental hazard.
   c. Take a position on the actions your community should take.
   d. Write a letter to the editor of your local newspaper or participate in online social media to encourage your community to take actions to reduce the social environmental hazard.

6. Environmental stewardship at work and in your community
   a. Research an organization that promotes environmental stewardship of your community and/or the earth.
   b. Research an organization that promotes environmental stewardship of the healthcare environment.
   c. Identify an environmental stewardship organization that you would like to keep in touch with as you pursue your own environmental stewardship goal.

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Chapter 6:
Competency #4—Practices Within the Auspices of the Nurse Practice Act

Key Questions

1. What is the purpose of the Nurse Practice Act, and how does your state Nurse Practice Act guide public health nursing practice?

2. What independent interventions do PHNs implement under the auspices of the Nurse Practice Act?

3. What common challenges to maintaining professional boundaries might PHNs experience?

4. What are the standards for confidentiality and privacy that PHNs need to consider in their practice?

5. What delegation responsibilities may occur for PHNs?
Theories, Frameworks, Models, Standards
- Nurse Practice Act
- Independent Practice From Public Health Intervention Wheel

Graphics/Figures
- None

Tables
- Table 6.1: Nurse Practice Act Themes
- Table 6.2: Task Analysis of PHN Interventions
- Table 6.3: Jennifer’s Schedule
- Table 6.4: Boundaries and the Continuum of Professional Nursing Behavior
- Table 6.5: Attributes of Nursing Professionalism
- Table 6.6: Care Provisions for Determining Effective Delegation
- Table 6.7: Ethical Action in Maintaining Professional Boundaries

Additional Learning Activities
The following learning examples can be used to expand your knowledge about public health nursing responsibilities covered in the Nurse Practice Act in your state. In addition, the examples will help you think about how to maintain professional boundaries and act ethically in public health nursing practice.

1. Locate a copy of the Nurse Practice Act from your state (internet search). In a small group or pairs, explore implications of the Nurse Practice Act for public health nursing practice:
   - How does the language in the Nurse Practice Act describe the scope of nursing practice?
   - Do any requirements apply specifically to PHNs? If so, what are the requirements?
   - What does the Nurse Practice Act say about delegation and the supervision responsibilities of the professional nurse?
   - Does the Nurse Practice Act identify any specific educational requirements?
   - What does the Nurse Practice Act say about the ethical and legal accountability of nurses?

2. Analyze the following scenario from the rule ethics, virtue ethics, and feminist ethics perspectives. Do you agree with the actions taken by the students? Why or why not?
   **Scenario:** Two students visited a single mother and her three preschool-age children. The mother was in the final trimester of pregnancy and had severe swelling in her ankles and feet, leaving her unable to walk. She had not been able to use a cab or a bus to get to the grocery store and had no food in the apartment. The mother reported that the children had not eaten for 2 days and were very hungry. The students knew that they were not supposed to give food to their clients; however, they were very concerned about the children. They went out to their car and got their bag lunches, made sure the food was appropriate for children, and, with the mother’s permission, gave lunches to the children. They also called the police and the social services agency to obtain help for the family, but first they fed the children.

3. Questions for reflection or small group discussion:
   a. Think of an ethical concern that you have encountered in your public health nursing clinical. How can you use rule ethics, virtue ethics, and feminist ethics to help you know how to act ethically in this situation? Which ethical perspective offers the most guidance?
   b. Think about a situation in which you were concerned about maintaining professional boundaries. What are some strategies you could use to avoid a potential violation of boundaries?
Chapter 7: Competency #5—Works Within the Responsibility and Authority of the Governmental Public Health System

Key Questions

1. How do the three levels of government work together to promote public health?
2. What are the Core Functions and the Ten Essential Services, and how are they applied in public health nursing practice?
3. What laws do PHNs need to know about in their public health nursing practice?
4. What is the difference between the Public Health and Medical Models?
5. How does the healthcare system in the United States contribute to public health and public health services (funding, organization, and so on)?

Theories, Frameworks, Models, Standards

- Core Functions and Ten Essential Services
- Public Health and Medical Models
- Standards of Public Health Nursing Practice and Professional Performance
- Triple Aim Initiative

Graphics/Figures

- Figure 7.1: Essential Public Health Services and Core Functions
- Figure 7.2: Percentage of PHNs’ Time Dedicated to Essential Services ($n = 57$)
- Figure 7.3: Triple Aim Initiative

Tables

- Table 7.1: Characteristics of Local Health Departments
- Table 7.2: Emergency Preparedness Examples
- Table 7.3: Ten Essential Services of Public Health, With Examples
- Table 7.4: Ten Essential Services: Measles Outbreak Response by Local Public Health
- Table 7.5: Public Health Law Examples
- Table 7.6: Differences Between the Public Health and Medical Models
- Table 7.7: Standards of Professional Performance—Application to Measles Outbreak in Minnesota
- Table 7.8: Major U.S. Healthcare System Programs and Funding
- Table 7.9: Public Health IT Structures
- Table 7.10: Ethical Action in Providing Immunizations to Children

Additional Learning Activities

1. Emergency preparedness
   - Participate as a volunteer in a mock pandemic or biological terrorism event, and then reflect through writing or in a clinical conference discussion about the effectiveness of the governmental response to the event.
   - In a clinical group, review the emergency response plan of a selected agency in the community. Evaluate the plan and summarize what the group has learned. Evaluate or develop a risk communication plan.
1. Study a natural disaster (hurricane, tornado, or flood) and review the literature about the governmental response, as well as this CDC website: https://www.cdc.gov/disasters/index.html


2. Updating immunization records
   - Update immunization data on student health records at a charter school by accessing the immunization database on the state health department website.
   - Review data privacy and requirements for immunizations for schoolchildren.

3. Implementing nutrition policy for schoolchildren
   a. Review the following governmental guidelines and educational strategies for promoting healthy eating:
   b. Discuss how each of the three levels of government would be involved in implementing nutrition policy for schoolchildren.
   c. Identify interventions from the Public Health Intervention Wheel that you find represented by suggested strategies.

4. Reducing youth access to tobacco
   a. Review the following resources and information about strategies for reducing youth access to tobacco:
   b. Identify PHN interventions for reducing youth access to tobacco.
   c. Identify governmental and community resources for reducing youth access to tobacco.

5. Choose a public health concern applicable to a population group. Analyze how the three levels of government are involved in responding to the public health concern.

6. Locate the annual report for the local health department (city or county) in which you have your clinical experience or where you live. (Annual reports are usually available on health department websites.) Find the financial report and identify revenue and expenses for provided services. Analyze the sources of public and private funding streams for public health in the county or city.

7. Discuss the mandate for reporting suspected child abuse, which is a responsibility of the professional nurse. Which public health interventions would the PHN use in working with a family in which child abuse might be occurring? How could community resources contribute to the prevention of child abuse?

8. Make a list of public health programs and services provided by the local health department in which you work or have your clinical experience. Analyze how the programs and services are consistent with the public health model.
9. How can you prepare yourself to be ready for the challenge when a disaster happens in your community? How can nurses and community organizations collaborate with the government to deliver healthcare during emergencies and disasters?


Chapter 8:
Competency #6—Utilizes Collaboration to Achieve Public Health Goals

Key Questions

1. What strategies promote effective interprofessional collaboration?
2. What actions can PHNs take to develop effective partnerships?
3. How does the Culture of Health Action Framework guide community engagement?
4. How can PHNs build partnerships based on community assets?

Theories, Frameworks, Models, Standards

- Normative Group Development
- Culture of Health Action Framework

Graphics/Figures

- Figure 8.1: How PHNs Work With Individuals, Communities, and Systems
- Figure 8.2: Culture of Health Action Framework

Tables

- Table 8.1: Collaboration Example
- Table 8.2: Best Practices for Collaboration
- Table 8.3: Domains and Actions Consistent With Interprofessional Collaboration
- Table 8.4: Normative Group Development
- Table 8.5: Checklist for Successful Community Engagement
- Table 8.6: Needs Assessment vs. Asset Mapping
- Table 8.7: Questions for Community Groups to Promote Thinking About Assets
- Table 8.8: Strengths and Challenges of an Asset-Based Approach
- Table 8.9: Ethical Action in Collaboration

Additional Learning Activities

The following examples illustrate collaboration with other nurses, professionals, community members, or organizations. As you read through these examples, think about your community and how you could collaborate with other health professionals, people, and organizations to improve the health of the population.

1. Infection control and emergency preparedness toolkit for the faith community
   - Collaborators included six health departments, parish nurses, a county emergency preparedness coordinator, public health nursing consultant, and nurse educators in Wisconsin.
   - A toolkit included resources for faith communities: fact sheets, posters, bulletin announcements, resources for children and church nurseries, recommendations for faith-based emergencies, and pandemic planning and emergency preparedness instructions for individuals and families.
A follow-up survey revealed an increase in awareness about infection control and an increase in the number of resources that faith communities determined they would use to prevent the transmission of infection.


2. Worksite health promotion

- The Office of Health Promotion and Wellness at the University of Alabama and a college of nursing collaborated to encourage employees to engage in healthy behaviors.
- The health and wellness program provided health assessment, screening, and health advising meetings and facilitated identifying and monitoring individual health goals.
- Interprofessional collaboration included participation from health professionals, undergraduate nursing students, and graduate students in nursing, dietetics, psychology, and kinesiology.


3. Project Hope: A partnership between a city and a school of nursing

- Pairs of nursing students in an RN-BSN program in Denver, Colorado, conducted outreach with an outreach worker in downtown parks and a mall. They carried backpacks with supplies for assessment and wound care and gloves, hats, socks, and water to give to homeless individuals.
- Nursing students also provided assessment and health-related education in a downtown shelter for homeless individuals and families.
- Assessment, health teaching, and referrals were the most frequently provided interventions.


4. Which previous experiences have you had with collaboration or working in a partnership to promote health (student work groups or task forces)? What do you think went well, and what did not go well? Which factors contributed to the partnership’s success (or lack thereof)?

5. Select a specific public health concern that could be addressed through an approach that integrates interprofessional collaboration, partnership development, and community engagement (e.g., gun violence, youth suicide). Discuss the following questions:

- Which assets in the community where you live do you think promote a population health approach to the public health concern?
- Which actions do you think are essential for developing an effective partnership?
- What can you do to promote equality when power differences exist among partners?
- What can you do to promote buy-in for committing to the partnership among community members and organizations?
- What can you do to “learn about, from, and with” as you collaborate with professionals from other disciplines?

Chapter 9:
Competency #7—Effectively Communicates With Communities, Systems, Individuals, Families, and Colleagues

Key Questions

1. How does Motivational Interviewing work to promote positive health behavior change?
2. How can the PHN use learning principles and strategies to design effective health promotion education?
3. How does knowledge about health literacy and social marketing guide the design of health messages?

4. How are technological tools used to craft health messages and influence health behavior?

5. What are concerns about the use of social media for community health messages?

**Theories, Frameworks, Models, Standards**

- Stages of Change (Transtheoretical Model)
- Motivational Interviewing
- Vark Learning Theory
- Teaching-Learning Principles
- ASSURE Model for Teaching/Learning

**Graphics/Figures**

- None

**Tables**

- Table 9.1: Tips for Working With Interpreters
- Table 9.2: Stages of Health Behavior Change
- Table 9.3: Application of MI Strategies to Individual Level
- Table 9.4: Application of MI Strategies to Community Level
- Table 9.5: Teaching-Learning Principles
- Table 9.6: The ASSURE Model for Planning, Implementing, and Evaluating Health Teaching Interventions
- Table 9.7: Factors Influencing Choice Between Targeting and Tailoring
- Table 9.8: Free Content-Creation Tools
- Table 9.9: Ethical Action in Communication

**Additional Learning Activities**

The literature has many examples of activities that provide opportunities to learn about effective practices for communicating health information. In addition, interprofessional learning activities are helpful in preparing you for the reality of working with different disciplines. Here are some examples of nursing student projects that involved communicating health information to community groups:

1. Presented targeted health information at senior food commodity distribution centers that included heart healthy recipes and samples made from the recipes (Sowan, Moffatt, & Canales, 2004).

2. Implemented a prevention project to reduce deaths from motor vehicle accidents in a rural Appalachian county (nursing, medical, and public health students). Students interviewed key informants, worked with a community coalition on a media campaign, conducted a driver safety fair, and wrote articles for the local newspaper. The community had a reduction in automobile-related fatalities, and the state initiated an investigation on improving the roadways (Goodrow, Scherzer, & Florence, 2004).

3. Nursing students collaborated with a local safe communities coalition to implement a social marketing plan for the Take Back Meds Program to gather expired, unused, and unwanted medications to reduce drug abuse, accidental poisoning, and water contamination. The students modified marketing material to appeal to a broad audience and developed a public service announcement in collaboration with stakeholders to promote a drug disposal drop box program (Alexander, Canclini, & Krauser, 2014).
4. Nursing students provided training in child development centers in rural communities based on materials from the National Institutes of Health Safe to Sleep campaign. After learning about safe sleep in their nursing coursework, students delivered a PowerPoint presentation that included open-ended questions to help facilitate participant discussion. The sessions included a board game activity and return demonstration of a safe sleep environment using infant manikins and crib equipment (Lambert, Johnson, Fox, & Wang, 2018).


5. Select a health promotion topic (e.g., teaching about sexually transmitted infections targeting the 18-to-25-year age group). Work through the following questions in designing a poster presentation:
   - Who will look at the poster?
   - What are the literacy level and languages of the viewers?
   - What are some sources of reliable information about the topic?
   - Where will the poster be displayed?
   - How can it be designed to grab attention and pull people in to look at it?
   - What are the key health issues to focus on in the poster? Which key issue will you focus on, and what is the rationale for your choice?
   - What are two learning objectives you want your target audience to achieve?
   - How can the poster be designed so that take-away information is secure and firmly attached?
   - How could the presentation be interactive for the viewer?
   - How can the environment of the poster location (clinic, college, or other community setting) be organized to focus attention on the poster?
   - Whom will you collaborate with on the poster, what resources do you need, and what is your desired budget for producing the poster?
   
   Using the above questions, how would you design a PowerPoint presentation to address the same topic?

6. Practice motivational interviewing with a peer. Choose a health behavior change that your peer would like to initiate. Use the list of behavior change counseling items in the Behavior Change Counseling Index to evaluate your effectiveness. You will find the index in the following article:

7. Review guidelines for using electronic and social media in the following sources. Read through or watch several of the provided scenarios and identify the ethical course of action in using electronic and social media:
   - View the video Social Media Guidelines for Nurses found on the National Council of State Boards of Nursing website: https://www.ncsbn.org/videos.htm
8. Choose a health promotion topic and search for apps related to the topic. Review three apps that address that topic for Android, iPad, or iPhone devices. Evaluate and compare each app based on the following criteria:

- Target user (professional or public)
- Ease of use
- Main features
- Availability on specific devices
- Cost
- Language availability
- Interactivity
- Consistency with evidence on topic

One example is breastfeeding apps, such as iBabyLog.

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**Chapter 10:**

**Competency #8—Establishes and Maintains Caring Relationships With Communities, Systems, Individuals, and Families**

**Key Questions**

1. In what ways are caring relationships at the core of effective public health nursing?
2. How can caring relationships be established with individuals, families, communities, and systems?
3. How are caring relationships built on trust, respect, and empathy? Give examples.
4. What might happen to a caring relationship if PHNs do not follow through on commitments, maintain appropriate boundaries, and demonstrate tact and diplomacy?
5. What are some strategies a PHN might employ to ensure safety of self and others?
6. How might a PHN be required to step outside personal comfort zones?

**Theories, Frameworks, Models, Standards**

- Smith-Campbell Caring Model
- Caritas Process

**Graphics/ Figures**

- Figure 10.1: Smith-Campbell Caring Community Model (adapted with permission)

**Tables**

- Table 10.1: The Caritas Process
- Table 10.2: Empathy Versus Sympathy
- Table 10.3: Sample Warning Signs of Inappropriate Boundaries in a Nurse-Client Relationship
- Table 10.4: Factors Influencing Safety When Conducting Home Visits
- Table 10.5: Safety Suggestions for Nursing Students Conducting Home Visits
- Table 10.6: Ethical Action in Establishing Caring Relationships

**Additional Learning Activities**

1. Write a brief reflection about what makes self-awareness such an important part of caring effectively for another person.
2. You are discussing with another PHN student the state teen pregnancy rate, and this student states, “Teen mothers are not ready to be parents; it is so sad.” How might you respond to share your knowledge of a caring relationship?

3. Questions for small group discussion or individual reflections/journaling:
   a. What are some ways in which a PHN can progress to listening to more than what is said?
   b. Describe the relationships that exist in your life, such as those that exist between you and your parents, siblings, peers, and friends. Describe the caring aspects of each of these relationships. Do you need to work harder at maintaining a caring relationship with some versus others?
   c. Describe a friend’s strengths. Ask this friend to describe his or her strengths. How do these two perspectives compare? How can you use this knowledge to build a stronger caring relationship with this friend?
   d. Describe a time when your first impression of someone was inaccurate. How did you come to realize the inaccuracy? How did this influence the relationship you then had with this person?
   e. Reflect on the last argument that you had with someone. Would you have said or done something differently after reading this chapter?

Chapter 11:
Competency #9—Incorporates Mental, Physical, Emotional, Social, and Spiritual Aspects of Health Into Assessment, Planning, Implementation, and Evaluation

Key Questions

1. What are the key components of the Public Health Nursing Process cycle?
2. What component is most critical to the success of the other nursing process phases?
3. Assessment should include consideration of what key assets and risks?
4. What role does collaboration and support have in making an intervention successful?
5. When should evaluation of interventions be planned?
6. Thorough evaluation should include what two key types of strategies?
7. In what ways are PHNs uniquely positioned to collaborate with many different agencies in promoting the health and well-being of individuals/families, communities, and systems?

Theories, Frameworks, Models, Standards

- Holistic Assessment Framework

Graphics/Figures

- Figure 11.1: Public Health Nursing Process

Tables

- Table 11.1: Example of Assessment Addressing Adolescent Substance Use
- Table 11.2: Setting Up a Screening Clinic
- Table 11.3: Ethical Action in Holistic Assessment, Intervention, Planning, and Evaluation
Additional Learning Activities

1. Some questions for small group discussion or individual reflection/journaling:
   a. Why is assessment necessary before you intervene with a family?
   b. Which data might you collect as part of an assessment of community violence?
   c. When might you use an interview to evaluate the success of a health screening event instead of surveys? (Hint: Consider education levels, the population being served, languages spoken, etc.)

2. Take some time to create a safety checklist so that it is attractive and accessible to families with a child who is hearing-impaired. What information would you include? Would the checklist be paper or electronic?

3. If you are planning a community health screening event, how will you publicize it so that you have a successful, well-attended event?

4. The National Asthma Education and Prevention Program (NAEPP) has done some great work regarding addressing asthma in schools. Visit its website and identify some priority strategies you might use to engage in asthma prevention efforts at the community and systems levels (not just the individual level).

5. Consider the ways in which the Adverse Child Experiences (ACEs) initiative in Minnesota promotes holistic assessment and intervention. Select one of the nine listed ACEs and develop a holistic strategy that includes targets at the individual, community, and system levels: http://www.health.state.mn.us/divs/cfh/program/ace/content/document/pdf/acesum.pdf

Chapter 12:
Competency #10—Demonstrates Nonjudgmental/Unconditional Acceptance of People Different From Self

Key Questions

1. What are some reasons why a PHN might struggle with being nonjudgmental and accepting of other people?

2. In what ways are people and communities different from each other?

3. Does being nonjudgmental mean that PHNs are accepting of everything? Why or why not?

4. How can PHNs increase the potential for program or intervention success?

5. How important is reflection on your own reactions toward those who are different from you?

6. What role does policy have in promoting acceptance or judgment of people or groups?

Theories, Frameworks, Models, Standards

- Effective Listening

Graphics/Figures

- Figure 12.1: Population Percent Other Than White by State: 2000 Census

Tables

- Table 12.1: U.S. Population, Actual and Projected: 2005 and 2050
- Table 12.2: Nonverbal and Verbal Listening Cues
- Table 12.3: Techniques to Gain Trust at Individual, Community, Systems, and Intra-Agency Levels
- Table 12.4: Ethical Action in Providing Nonjudgmental and Unconditional Care
Additional Learning Activities

1. Questions for small group discussion or individual reflection/journaling:
   a. What might you ask yourself before you go on a home visit or meet with a client? Where is the neighborhood? Have you been there before? What do you think about it? What is something that you have in common with the family you are visiting?
   b. Which resources might you use to learn about a new cultural group you are serving?
   c. What are the key issues you need to consider when outreaching to an elderly group?
   d. What are two things you can do to create a welcoming, accepting physical environment?
   e. How might you show that you value another person or community?
   f. How can you show acceptance to your coworkers and interdisciplinary colleagues?
   g. When you see someone acting in a judgmental manner, which steps might you take to model acceptance?

2. When designing a health promotion activity for a religious audience, such as a cholesterol screening, what are some things you want to consider so that the screening is most successful?

3. Identify a policy that exists in a local public health department. How might you change the policy so that it is nonjudgmental? Does the policy encourage acceptance of others’ beliefs, cultures, etc.?

Chapter 13:
Competency #11—Shows Evidence of Commitment to Social Justice, the Greater Good, and the Public Health Principles

Key Questions

1. How are Principles of Social Justice and human rights compatible, and how do they conflict with each other?
2. What would you do if you observed Principles of Social Justice and human rights compromised in a healthcare setting?
3. What actions might you take to reduce the impact of the Social Determinants of Health on your patients or vulnerable populations in your community?
4. Consider the fact that institutionalized racism is a part of the fabric of the healthcare system. What advocacy actions could nurses take to reduce institutionalized racism in healthcare?
5. How might you use the Theory of Critical Caring to guide your nursing practice?
6. How might the Framework for Health Equity be used to improve access to primary prevention and health promotion services in your community?

Theories, Frameworks, Models, Standards

- Principles of Social Justice
- UN’s Universal Declaration of Human Rights
- ANA Code of Ethics
- Social Determinants of Health
- Theory of Critical Caring
- Framework for Health Equity
Graphics/Figures

- Figure 13.1: How a PHN Can Practice at All Three Levels
- Figure 13.2: Determinants of Health
- Figure 13.3: Infant Mortality in the United States, 2005–2014
- Figure 13.4: U.S. Life Expectancy by Race and Sex, 1999–2013
- Figure 13.5: Impact of Institutionalized Racism on Health Outcomes of African Americans
- Figure 13.6: A Framework for Health Equity
- Figure 13.7: Community Partnership Model to Achieve Health Equity

Tables

- Table 13.1: Selected Human Rights From the UN’s Universal Declaration of Human Rights
- Table 13.2: Human Rights-Based Approaches
- Table 13.3: Ethical Principles That Guide Public Health Professionals in Confronting Health Disparities
- Table 13.4: Market Justice Versus Social Justice in the United States
- Table 13.5: Healthy People 2020 Social Determinants of Health
- Table 13.6: U.S. Years of Potential Life Lost Before Age 75 by Sex, Race, and Hispanic Origin, 1990 & 2015 (Age adjusted per 100,000 under age 75)
- Table 13.7: A Framework for Becoming Empowered and for Empowering Others
- Table 13.8: Erica’s Clients: Health Determinant Analysis—Risk for Elevated Blood Lead Levels in Children
- Table 13.9: Public Health Nursing Interventions at the Community and Systems Levels of Practice That Include and Support Advocacy
- Table 13.10: The 10 HEAT Planning Process Questions to Reduce Health Disparities Among Maori
- Table 13.11: Political Process Activities
- Table 13.12: Strategies for Working With Legislators
- Table 13.13: Erica’s List of Agency Initiatives
- Table 13.14: Ethical Principles and Actions in Advocacy

Additional Learning Activities

1. Research health disparities and their major causes—the social determinants of health.
   a. Identify a health disparity in an at-risk or marginalized population in your community.
   b. Then go to Healthy People 2020 and review the overview, objectives, interventions & resources, and national snapshots: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health/objectives
   c. Select a social determinants of health objective related to the health disparity in your community.
   e. Generate a list of possible solutions and consider how one or more solutions might be implemented.
   f. Identify the key stakeholders and decision-makers in your community. Meet with one or more of these people to discuss the health disparity, its root causes, and potential solutions:
   1) Tell a story of how this health disparity impacts the at-risk population.
2) Tell a story of how the SDOH root causes have created this health disparity in your community.
3) Share the data on this health disparity and the SDOH.
4) Have a dialogue about potential solutions and how to implement at least one community intervention.

g. Consider how to work with your community partners to achieve health equity using Figure 13.7, Community Partnership Model to Achieve Health Equity, in Chapter 13 of the book.

2. Civic engagement and nursing advocacy with elected officials:
   a. Review the stages of the political process in Table 13.11 in Chapter 13. Determine the stage that you are entering in meeting with a legislator. Review the strategies for working with legislators in Table 13.12. You may also wish to visit this website for additional tips on how to meet with a legislator: https://gcdd.org/images/publicpolicy_nl/Legislative_Tips_How_Bill_Becomes_Law.pdf
   b. Make an appointment to see one of your state or national elected officials. Plan for a 5–10 minute appointment.
   c. Use the information developed in activity #1 to create a fact sheet on the health disparity and the at-risk population.
   d. Tell a story and then present your data.
   e. Identify a solution you and community members support.
   f. Ask your legislator for support in addressing this health disparity and/or support for your proposed solution.
   g. Send a follow-up communication such as a letter, an email, or a message on the legislator’s website. Thank the legislator for her/his time and reiterate a request for support.

Chapter 14:
Competency #12—Demonstrates Leadership in Public Health Nursing With Communities, Systems, Individuals, and Families

Key Questions

1. What do you perceive as your major leadership challenge in public health nursing practice, or what has been your major leadership challenge during your public health nursing clinical?

2. Where are you on your leadership journey? What steps might you take to move ahead on your journey?

3. What is your predominant leadership style? How might you use this leadership style to take the lead in practicing public health nursing in a clinical learning activity? Or, how have you used a specific leadership style in your public health nursing clinical learning activities?

4. What leadership skills do you want to strengthen during your public health nursing clinical? Or, what leadership skills have you strengthened during your public health nursing clinical?

5. How might you use the Caring Leadership Model to make your public health nursing practice more holistic?

Theories, Frameworks, Models, Standards

- Advocacy-Based Leadership
- Authentic Leadership
- Shared Leadership
- The Leadership Journey
Caring Leadership Model
Leadership Skills for Public Health Nursing
Collaborative Leadership in the Community

Graphics/ Figures
- Figure 14.1: The Leadership Journey—Ongoing Leadership Challenges
- Figure 14.2: Organizational Culture of Support for Public Health Nursing Practice
- Figure 14.3: Workload and Resource Management Responsibilities
- Figure 14.4: Consensus-Building to Achieve a Common Goal

Tables
- Table 14.1: Nursing Leadership Styles in Public Health Nursing
- Table 14.2: Taking the Lead in Using Public Health Interventions
- Table 14.3: Essential Leadership Skills for Public Health Nurses
- Table 14.4: Five Critical Leadership Dimensions in Enhanced Scope of Public Health Practice
- Table 14.5: Leadership Strategies for Successful Community Change
- Table 14.6: Ethical Action in Public Health Nursing Leadership

Additional Learning Activities
1. Discuss with your PHN preceptor how the organizational culture supports PHNs in practicing leadership by initiating new approaches and actions to reduce barriers and improve access to healthcare services for at-risk populations.
2. Discuss with your PHN preceptor how he/she has developed PHN leadership skills and how the organizational culture has supported him/her in this area of professional growth.
3. Analyze where you are on your leadership journey at the beginning of your public health nursing clinical. Identify goals and steps you can take to move along the leadership journey continuum. At the end of your clinical, analyze your progress in meeting your goal and your progress in moving forward on your leadership journey in public health nursing.
4. Identify activities and opportunities for you to develop and/or strengthen your PHN leadership skills during your public health nursing clinical.
5. Talk to PHNs about how they have worked toward consensus-building on a public health issue with people who have a different perspective from their own.

Chapter 15: Putting It All Together—What It Means to Be a Public Health Nurse
This chapter is a summary chapter that facilitates reflection about the role of the PHN in population-focused practice.

Key Questions
1. What professional nursing position do you plan on seeking once you graduate, or what professional nursing position do you currently hold?
2. How will you use what you have learned in your public health/community nursing course in this nursing position?

Graphics/ Figures
- None
Tables

- Table 15.1: Recommendations for Key Population-Focused Nursing Competencies: Consistency With Henry Street Competencies
- Table 15.2: PHNs’ Perceptions of the Impact of No Public Health Nursing Services on the Community
- Table 15.3: Ten Ways Public Health Nurses (PHNs) Improve Health
- Table 15.4: Telling Your Story

Additional Learning Activities

1. Ask students to reflect in discussion or writing on how they have contributed to improving public health using RWJF’s strategies for PHN leaders (see Table 15.3).

2. Ask students to compose a tweet about what a PHN does.

3. Have students write their own stories (limit to one to two pages) about their public health nursing experience, and as a clinical group, edit and compile them to share with their public health nursing clinical agency/preceptor.

References


