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

NUR 431 Course Section 501  
NUR 431 Clinical Sections 010 - 016  
Spring 2020

Course Instructors  
Carol Athey MA, MSN, RN, CNOR, CCAP  
Michelle Klein, BBA, MSN, RN

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

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

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

THE STUDENT IS RESPONSIBLE FOR ALL INFORMATION IN THIS SYLLABUS.

This syllabus is provided for information purposes only.
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Class meeting time and place: Most class meetings scheduled Mondays 1000-1200 in Room 115. (Please check the calendar to see where we will meet for each date).

Exams scheduled: Room 115
2/3/19  (Monday) Exam #1 (1000-1200)  
2/24/19  (Monday) Exam #2 (1000-1200)  
3/23/19  (Monday) Exam #3 (1000-1200)  
4/13/19  (Monday) Exam #4 (1000-1200)  
5/4/19  (Monday) Exam #5 - HESI (1300-1500)

Text and Materials Required:
  ISBN: 978-1-4511-9131-8  
- Sentinel City Community Virtual Simulations: (You will be given purchase information prior to class; approximate cost is $100.00)  
- Students must have the required computer access and programs to support SFASU BRIGHTSPACE.

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

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

**Credit Hour Description**
(4 credit hours; 2 didactic hours and six hours clinical practicum per week) This course typically meets once a week for 2 hour segments for 15 weeks and an additional final week. Students have reading assignments with quizzes and are required to take major exams and a comprehensive final exam. Didactic preparation and activities require an average minimum of 6 hours a week to prepare outside of classroom hours.
The clinical component is composed of 90 designated clinical hours. These hours consist of attending clinical practice sites, virtual simulations, lab simulations, and several collaborative community projects. Students are required to successfully pass the clinical component to pass this course.

**Number of Credit Hours:**
4 credit hours (2 hour didactic and 6 hours clinical practicum).

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

**Program Learning Outcomes**
Graduates of the program will:

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

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

**Differentiated Essential Competencies (DEC’s)**
The Richard and Lucille DeWitt School of Nursing prepares graduates to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs). The competencies are based upon the preparation in the program of study. In nursing education, the DEC’s serve as a guideline and tool for curriculum development and revision, a tool for benchmarking and evaluation of the program, and statewide standard to ensure graduates will enter practice as safe and competent nurses. The DECs are incorporated into every course in the SON to ensure uniformity and continuity of standards
Please refer to the Texas BON website for additional information
https://www.bon.texas.gov/pdfs/differentiated_essential_competencies-2010.pdf

Please review the School of Nursing Policies located on the SFASU Nursing website. You are required to consent to, and abide by, the policies of SFASU and of the DeWitt School of Nursing while a student in this nursing program. http://www.sfasu.edu/nursing/115.asp

**Course Requirements:**
Evaluation is based on achievement of the objectives. Evaluation strategies may include exams, quizzes, homework assignments, case studies, observation in clinical settings, patient care conferences, clinical paperwork documenting the nursing process, and clinical performance evaluations
To pass this course, the student must:
Have a weighted mean test score of 75%, or better, have an overall course grade of 75%, or better, receive a grade of PASS for the clinical portion, receive no more than two (2) “F” days in the clinical portion of this course; and meet all course requirements as specified in the course syllabi and related School of Nursing policies.
Faculty reserve the right to change any previously graded quiz, test, presentation, or any written work at any time in the semester until final course grade is posted on MySFA. Late work will not be accepted without prior approval from instructors.

Students who fail to meet any one or more of these criteria will receive a grade of F for NUR431 Community Health.
EVALUATION AND GRADING CRITERIA

<table>
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<tr>
<th>Didactic</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Exam #1</td>
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<td>Exam #4</td>
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<td>Quiz Grades (lowest grade is dropped)</td>
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<tr>
<td>Exam #5 (HESI exam conversion score)</td>
<td>20%</td>
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<tr>
<td>Assignments</td>
<td>10%</td>
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<tr>
<td>1. Welcome Assignment (10)</td>
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<td>2. Windshield Survey (90)</td>
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<td>Total</td>
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It is necessary to obtain a WEIGHTED MEAN TEST SCORE OF 75 or better in the class exam grades to pass this course. A weighted mean test score below 75, or a course grade below 75, constitutes failure. Clinical will be graded as a Pass/Fail. You must pass both the class and clinical in order to pass Nursing 431. Students must receive no more than two (2) “F” days in the clinical portion of courses (SON Policy 1.7)

Grading Scale

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

SON Rounding Policy:

(SON Policy 1.7) for all courses:
1. Rounding is confined to the final course grade.

   Grades on individual exams (including comprehensive or HESI), assignments, quizzes, and projects are recorded in the gradebook (BRIGHTSPACE) in their original form without rounding.

2. Final course grades are rounded to the closest whole number using the 0.5 math rule and using one decimal point to the right of the whole number. If the final course grade is not a whole number, the following rounding rules apply:
   a. If the decimal attached to a whole number is 0.5 or greater, then round up to the next whole number (equal to or greater than 85.50 = 86)
   b. If the decimal attached to a whole number is less than 0.5, then round down to the previous whole number (equal to or less than 85.49 = 85).

Clinical Pass/Fail
ATTENDANCE/ABSENCE POLICY

Classroom: Attendance is not mandatory. However, all students are expected to attend classes regularly. If you are not in class when in-class quizzes are given you will receive a zero (0) for the quiz. The grades for these quizzes are 10% of your grade for this course. Your contribution to this class is invaluable. Participation is part of the professional nurse’s role; students are expected to be punctual in class attendance and be prepared for educational activities. Students should review the syllabus and calendar to assure that assignments are turned in timely. Late submissions are discouraged except for major emergencies, and the instructor must be advised prior to due dates for the student to get an extension. Excessive tardiness for turning in assignments will result in lowering of grades. (Refer to SON Policies).

Exams: Attendance is mandatory. The only excused absence is one related to illness of self, death of immediate family member or significant other, the result of a catastrophic event, or any event approved by the instructor. If so directed by the instructor, the student must send a written excuse from the professional health care provider. If the absence is not excused, a zero (0) will be received for the exam. (SON policy 1.1)

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

TESTING EXPECTATIONS

Because of the testing classroom environment, if you need a larger font, you must seek accommodations through Disability Services. Changing the font size during an exam is not allowed. Changing the font size requires a two-click process; therefore, it is a blatant violation of testing expectations and this will result in a ZERO on the exam.

Testing is never a joint effort in this course.

Students may only have earplugs and a pen/pencil.
One piece of paper may be supplied by instructors only.

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

Please visit the restroom before the test. (An instructor will accompany the student if a restroom break is necessary; only one student may leave the testing room at a time and no additional testing time is given.)

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

Testing will begin promptly. All students must remain in the testing center during the scheduled testing time until dismissed by the instructors. Failure to remain in the testing center until dismissed by the instructors will result in a zero for the test.
Unacceptable Actions:

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

**Student Academic Dishonesty – University Policy**

**Last Revision:** January 31, 2017

Abiding by university policy on academic integrity is a responsibility of all university faculty and students. Faculty members must promote the components of academic integrity in their instruction, and course syllabi are required to provide information about penalties for cheating and plagiarism as well as the appeal process.

Definition of Academic Dishonesty

Academic dishonesty includes both cheating and plagiarism. Cheating includes, but is not limited to:

- using or attempting to use unauthorized materials on any class assignment or exam;
- falsifying or inventing of any information, including citations, on an assignment; and/or;
- helping or attempting to help another in an act of cheating or plagiarism.

Plagiarism is presenting the words or ideas of another person as if they were one’s own.

Examples of plagiarism include, but are not limited to:

- submitting an assignment as one's own work when it is at least partly the work of another person;
- submitting a work that has been purchased or otherwise obtained from the Internet or another source; and/or,
- incorporating the words or ideas of an author into one's paper or presentation without giving the author credit.

**Withheld Grades (SFASU Course Grades Policy 5.5)**

At the discretion of the instructor of record and with the approval of the academic unit head, a grade of WH will be assigned only if the student cannot complete the course work because of unavoidable circumstances. Students must complete the work within one calendar year from the end of the semester in which they receive a WH, or the grade automatically becomes an F, except as allowed through policy [i.e., Active Military Service (6.14)]. If students register for the same course in future semesters, the WH will automatically become an F and will be counted as a repeated course for the purpose of computing the grade point average.

**Students with Disabilities**

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

CLASSROOM BEHAVIOR
Professional behavior is expected in the classroom. Any disruptions will be addressed and if they do not cease then the student(s) will be asked to leave the class. Classroom behavior should not interfere with the instructor’s ability to conduct the class or the ability of other students to learn from the instructional program (see the Student Conduct Code, SFASU policy 10.4). Unacceptable or disruptive behavior will not be tolerated. Students who disrupt the learning environment may be asked to leave class and may be subject to judicial, academic or other penalties. This prohibition applies to all instructional forums, including electronic, classroom, labs, discussion groups, field trips, etc. The instructor shall have full discretion over what behavior is appropriate/inappropriate in the classroom. Students who do not attend class regularly or who perform poorly on class projects/exams may be referred to the Early Alert Program. This program provides students with recommendations for resources or other assistance that is available to help SFA students succeed.

Course Evaluations By Students
Please complete on-line course evaluations. Your evaluation is important!

COMMUNITY CLINICAL EXPERIENCE
(0 credit hours, required to pass NURS 4431) The clinical component is composed of 90 designated clinical hours. These hours consist of attending clinical practice sites, virtual simulations, lab simulations, and several collaborative community projects. Students are required to successfully pass the clinical component to pass this course.

PURPOSE: The purpose of the community clinical experience is to provide the nursing student a total of 90 hours of clinical experience in order to utilize the nursing process as a framework for practice with clients in a community requiring nursing care.

Designated Clinical Hours

1. Practice in various clinical settings 36 hours
2. Virtual Simulations 16 hours
3. Poverty Simulation 4 hours
4. End of life: Grief Simulation 4 hours
5. Community Fair with Brown Clinic (Spring) 8 hours
   /Pineywoods Fair with ETHC (Fall)
6. Disaster Simulation 8 hours
7. Community Service 8 hours
8. Post Conference/Evaluation 2 hours
9. Disaster training with the Firefighters 2 hours
10. Stop the Bleed Training 2 hours

Total 90 hours

Clinical: Attendance is mandatory for all clinical hours. To be an excused absence the student must be excused directly by the clinical instructor. The only excused absence is one related to illness of self, or death of immediate family member or significant other. The student must bring a written excuse by the health provider or an obituary notice.
If a student must be absent from clinical, they must directly notify the clinical instructor and the facility as soon as the facility opens. Failure to notify the instructor and the facility constitutes unprofessional behavior and the student will receive a clinical “F” day. Absence from the clinical area exceeding 10% will result in a clinical failure regardless of the reasons (including excused absences). (Refer to SON Policy 3.3)

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

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

Required Documentation
Clinical Evaluation by Nursing Student by Preceptor:
This form is available on Brightspace. Students must have each preceptor complete this written evaluation form. If preceptors choose to return the evaluation form with the student, the evaluation should be in a sealed envelope with the preceptor’s signature over the flap. The forms are turned in for each clinical day during the group post conference. (They also may be submitted during class meeting times prior to the end of the student’s clinical rotations.)

Clinical Experience Form:
Students must complete this form for EACH PRECEPTED CLINICAL DAY. The form is located in Brightspace Dropbox and due by Sunday evening, following the clinical experience(s).

Community Service Hours:
Students must complete 8 hours of community service and provide documentation utilizing the form, located in Brightspace. There will be many opportunities provided through our community partners, including coordinated experiences with your peers (i.e. Stop the Bleed initiative).

Clinical Learning Outcomes
1. Examine populations at risk from epidemiological, social, and environmental perspectives.
2. Collaborate in developing goals for community-based programs whose primary goal is health promotion or health restoration.
3. Provide direct and indirect care in community-based programs whose goals are health prevention, promotion, or restoration.
4. Implement health risk appraisal for diverse community settings.
5. Advocate for health education, healthy lifestyles, & early detection and treatment of disease, including vulnerable populations.
6. Identify problems that clients experience in accessing health care including vulnerable populations.
Clinical Expectations
The clinical experience for Community Health Nursing will be graded. The following are general criteria: **Mastery level passing on all clinical components of the clinical evaluation tool must be met.**

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

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

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

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

5. Assignments are to be typed and submitted in the assigned dropbox on BRIGHTSPACE. No hardcopies with be accepted.

6. Students will follow the SON dress code policy during clinical. (SON Policy 3.6) Agency guidelines for dress are to be followed or adapted to the satisfaction of the agency and faculty. **SFA Nursing Student identification is to be worn at all times when engaged in clinical activity.**

7. **Additionally, students must have stethoscope, watch with second hand, pen and paper when presenting to any clinical site.**

8. Required paperwork from clinical rotations must be signed by the designated preceptor. (Refer to Texas BON Education Guidelines 3.8.2.a effective 4/10/19)

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

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

Method of evaluation: Include evaluations after each clinical experience, final evaluations, counseling conferences, documentation of clinical experiences.

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

Clinical Failure

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

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

C. Failure to receive a “Satisfactory” rating on all behaviors outlined on the formal Summative Clinical Evaluation form.

Clinical Attendance:

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

If a student must be absent from clinical, they must directly notify the clinical instructor and the facility as soon as the facility opens. Failure to notify the instructor and the facility constitutes unprofessional behavior and the student will receive a clinical “F” day. Absence from the clinical area exceeding 10% will result in a clinical failure regardless of the reasons (including excused absences). (Refer to SON Policy 3.3)

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

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

CHAPTER OBJECTIVES

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

Learning Objectives
1. Outline three major changes in healthcare in the 21st century.
   • Discuss examples of the three major changes in healthcare in the 21st century.
2. Identify the eight principles of public health nursing practice.
   • Define public health nursing.
   • Review the eight principles of public health nursing practice.
3. Explain the significance of the standards and their related competencies of professional public health nursing practice.
4. Discuss historical events and relate them to the principles that underlie public health nursing today.
   • Review historical events that relate to public health nursing
   • Discuss the relationship of historical events to the principles that underlie public health nursing today. The historical roots of public health nursing have set the framework for current nursing practice in the community.
5. Consider the challenges for public health nurses in the 21st century.

Chapter 2: Public Health Systems

Learning Objectives
1. Understand and describe the challenges in reducing the gap between healthcare expenditures and healthcare disparities.
   • Explain that healthcare systems are organized based on philosophies of care and are culturally influenced.
   • Review challenges in healthcare expenditures and healthcare disparities.
2. Compare and contrast differences across international public health systems.
   • Discuss differences across international public health systems. (Refer to Box 2.1, and Table 2.1.)
3. Explain the different contributions of governmental and nongovernmental structures in public health systems in different countries.
• Define governmental and nongovernmental structures in public health systems.
• List contributions of governmental and nongovernmental structures in different countries. (Refer to Box 2.1, and Table 2.1.)

Chapter 3: Health Policy, Politics, and Reform
Learning Objectives
1. Define public health, policy, and politics while identifying the relationships between concepts.
   • Review definitions for public health, policy, and politics while identifying the relationships between concepts.
2. Explain the effect of politics on healthcare policy.
3. Identify the steps in policy-making and understand them comprehensively.
4. Apply the process of policy-making to explain daily decisions regarding health and health choices.
   • Review examples of the process of policy-making. (Refer to Figure 3.1.)
5. Understand facts regarding the healthcare system, access to care, and insurance issues.
   • Identify the facts regarding the healthcare system, access to care, and insurance issues.
6. Identify the basic economic and financial concepts in relation to healthcare services.
7. Identify the definition and determinants of quality of care.
8. Discuss the role of nurses in informing healthcare policies.
9. Explain the importance of workforce diversity and the concept of cultural competency.
10. Explain how information management is involved in the healthcare system.
11. Discuss the ethical and legal considerations in the policy-making process.
12. Explain the major reforms in the healthcare system in the United States.
13. Understand the value of health services research in the healthcare system.
   • Discuss the value of health services research in the healthcare system.

Chapter 4: Health and the Global Environment
Learning Objectives
1. Identify critical determinants of global health and the intersection between health and the environment.
   • Define key terms for health in the global environment.
   • Review critical determinants of global health.
2. Describe the approaches to achieving maximum health outcomes in poor countries and in affluent countries.
   • Review transitions that are used as a measure of improvement of health of a nation (Refer to Box 4.4.)
3. Define the concept of burden of disease, how it is measured, and the ultimate effect on a population’s health.
   • Define global burden of disease.
   • Review how the concept of burden of disease is measured and the ultimate effect on a population’s health. (Refer to Box 4.1.)
4. Identify and explain the effects of political, economic, and sociodemographic risk factors on health.
   • Provide examples of the effects of political, economic, and sociodemographic risk factors on health. (Refer to Box 4.2.)
5. Describe the purpose of the Millennium Development Goals and their future impact on improving global health.
   - Discuss the purpose of the Millennium Development Goals and the impact on improving global health. (Refer to Box 4.5, and Table 4.1.)
6. Describe key indicators of health that can be measured or used as benchmarks to examine the health outcomes of a population. (Refer to Box 4.3.)

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

**Learning Objectives**

1. Discuss the contribution of the Centers for Disease Control and Prevention to the health and well-being of people in the United States. (Refer to Box 5.1.)
2. Explain three levels of prevention in relation to levels of pathogenesis.
   - Review examples of the three levels of prevention in relation to levels of pathogenesis. (Refer to Box 5.2.)
3. Identify and define health behavior change models and their practical use in altering behavior to enhance health and well-being.
   - Review the health behavior change models and their practical use in altering behavior to enhance health and well-being.
4. Identify a multisystem prevention approach to people, families, and communities. (Refer to Box 5.5.)
5. Describe epidemiologic models of health promotion and modifiable risk reduction. (Refer to Table 5.1.)

**Chapter 6: Epidemiology: The Science of Prevention**

**Learning Objectives**

1. Trace the origins of epidemiology.
   - Highlight the key origins of epidemiology. (Refer to Figure 6.1, and Tables 6.1, 6.2, and 6.3.)
2. Comprehend the basic principles and scope of epidemiology.
   - Describe the basic principles and scope of epidemiology.
3. Contrast three epidemiologic conceptual models.
   - Explain the similarities and differences of the three epidemiologic conceptual models. (Refer to Figures 6.2, 6.3, and 6.4.)
4. Relate the problem-solving process to both the epidemiologic process and the nursing process. (Refer to Table 6.4.)
5. Apply epidemiologic principles to the practice of public health nursing.
   - Provide examples of the application of epidemiologic principles in the practice of public health nursing.

**Chapter 7: Describing Health Conditions: Understanding and Using Rates**

**Learning Objectives**

1. Describe the primary method used to measure the existence of states of health or illness in a population during a given period.
   - Explain the primary method used to measure the existence of states of health or illness in a population during a given period.
2. Explain the formula and rules for calculation of a rate. (Refer to Box 7.1.)
3. Differentiate between crude and adjusted rates.
   - Demonstrate the differences between crude and adjusted rates. (Refer to Table 7.2.)
   - Demonstrate the differences between incidence rates and prevalence rates. (Refer to Table 7.3.)
5. Discuss the use of specific rates when describing characteristics of person, place, and time.
   - Review the use of specific rates when describing characteristics of person, place, and time.
6. Differentiate between incidence density, incidence rates, and relative risk ratio.
   - Demonstrate the difference between incidence density, incidence rates, and relative risk ratio.
7. Explain the differences between the sensitivity and specificity of tests. (Refer to Box 7.2.)
8. Using examples, interpret the relevance of the use of rates in nursing practice.
   - Review examples of the relevance of the use of rates in nursing practice. (Refer to Figures 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, and 7.10.)

Chapter 8: Gathering Evidence for Public Health Practice
Learning Objectives
1. Describe the difference between descriptive and analytical research.
2. Discuss the strengths and weaknesses of retrospective, prospective, case-control, and experimental designs.
   - Review the strengths and weaknesses of retrospective, prospective, case control, and experimental designs.
3. Generate research questions related to problems identified in community and public health nursing practice.
   - Formulate and discuss research questions related to problems identified in community and public health nursing.

Chapter 9: Planning for Community Change
Learning Objectives
1. Explain social determinants of health and how they contribute to the health status of a community.
2. Describe social justice and health equity.
3. Apply force field analysis as a technique for managing change at the community level.
   - Describe examples of the use of force field analysis as a technique for managing change at the community level. (Refer to Figure 9.2.)
4. Explain the importance of changing the social and environmental context to make healthy choices by default.
   - Review Lewin’s Model of Change
5. Use a logic model as a planning and communication tool for community programs.
   - Describe the use of a logic model as a planning and communication tool for community programs. (Refer to Figure 9.3, and Box 9.1.)
6. Develop community program objectives that are specific, measurable, achievable, relevant, and time bound (SMART).
   - Identify community program objectives that are specific, measurable, achievable, relevant, and time bound (SMART). (Refer to Box 9.5)
7. Describe the role of the community health worker in providing services for poor, underserved, and diverse populations.
8. Explain why multilevel interventions are needed to achieve change in complex community health conditions that have multiple determinants.
   - Review why multilevel interventions are needed to achieve change in complex community health conditions that have multiple determinants. (Refer to Box 9.4)
9. Identify sources of funding for community health intervention programs.
10. Describe the contributions made by nurse-managed health centers.

Chapter 10: Cultural Diversity and Values
Learning Objectives
1. Define culture, and describe ways in which it is propagated.
2. Define cross-cultural nursing practice.
   - Review what cross-cultural nursing practice is.
3. Explain ways in which a nurse can be culturally competent.
   - Describe ways in which a nurse can be culturally competent.
4. Define subculture, and explain how it may come into play in a clinical encounter. (Refer to Box 10.1.)
5. Describe the limitations and possible pitfalls of cultural competence.
6. Explain how culture can affect health.
   - Review ways in which culture can affect health.

Chapter 11: Community Assessment
Learning Objectives
1. Define and describe types of communities. (Refer to Figure 11.3)
2. Describe the process of a community assessment.
   - Review the process involved in a community assessment. (Refer to Boxes 11.1, 11.2, and 11.3)
3. Identify biological, psychological, and sociocultural indicators of community health.
4. Conduct a systematic community assessment using a specific framework or a combination of frameworks.
   - Review what is included in a systematic community assessment using a specific framework or combination of frameworks. (Refer to Box 11.4)
5. Explain how community health nurses can effect change within a community based on conclusions drawn from assessment.

Chapter 12: Care Management, Case Management, and Home Healthcare
Learning Objectives
1. Identify the relationship between care and case management as a philosophical underpinning to the care given by community health nurses in the home.
   - Review the relationship between care and case management as a philosophical underpinning to the care given by community health nurses in the home. (Refer to Box 12.1.)
2. Define home care nursing practice.
3. Identify the role of the home care nurse as part of an interdisciplinary team.
   - Describe the role of the home care nurse as part of an interdisciplinary team.
4. Describe the key components of a home visit.
   - Discuss financing and regulation of care. (Refer to Box 12.4, and Table 12.1.)
5. Identify common care situations and interventions in home care.
   - Review common care situations and interventions in home care. (Refer to Table 12.2.)

Chapter 13: Family Assessment
Learning Objectives
1. Define family and examples of family systems. (Refer to Table 13.1.)
2. Describe the key components of family assessment. (Refer to Boxes 13.1 and 13.2, and Table 13.2.)
3. Identify situations that make families vulnerable.
   - Review situations that make families vulnerable.
4. Apply recommendations from Healthy People 2020 to meet family health needs.
   - Review recommendations from Healthy People 2020 to meet family health needs. (Refer to Table 13.3.)
5. Identify indicators of family health across the life span and risks to family health.
   - State indicators of family health across the life span and risks to family health. (Refer to Box 13.3.)

Chapter 14: Risk of Infectious and Communicable Diseases
Learning Objectives
1. Explain the difference between infectious and communicable diseases.
   - Describe the difference between infectious and communicable diseases.
2. Examine the agent, host, and environmental characteristics of healthcare-associated infections and common community-acquired infections.
   - Review the agent, host, and environmental characteristics of healthcare-associated infections and common community-acquired infections. (Refer to Box 14.2.)
3. Describe the major means of transmission of communicable diseases.
4. Define an outbreak investigation by person, place, and time.
   - Review steps in an outbreak investigation. (Refer to Box 14.3.)
5. Describe public health surveillance. (Refer to Boxes 14.4 and 14.5.)
6. Differentiate between foodborne and waterborne illnesses.
7. Outline prevention and control measures for sexually transmitted diseases. (Refer to Boxes 14.6, 14.7, and 14.8.)

Chapter 15: Emerging Infectious Diseases
Learning Objectives
1. Identify factors that influence emerging and reemerging infectious diseases. (Refer to Boxes 15.1 and 15.2.)
2. Describe recent emerging and reemerging infectious diseases from a global perspective.
   - Review recent emerging and reemerging infectious diseases from a global perspective.
     - Severe acute respiratory syndrome
     - MERS-CoV
     - Avian influenza
     - H1N1 influenza
     - Novel avian influenza A
     - West Nile virus
3. Relate the methods of transmission of emerging and reemerging infectious diseases to methods of control and prevention.
   - Describe the methods of transmission of tuberculosis and methods of control and prevention. (Refer to Box 15.4, and Table 15.2.)
   - Describe the methods of transmission of Ebola virus disease and methods of control and prevention.

Chapter 16: Violence and Abuse

Learning Objectives
1. Identify the incidence and prevalence of intimate partner violence (IPV).
2. Identify incidence and prevalence of violence on the health of patients and families.
3. Understand the health consequences that violence has on the health of patients and families.
   - Define violence.
   - Describe the health consequences of guns and school violence on the health of patients and families.
4. Explain the effects of IPV on adults and children.
   - Review risk factors for intimate partner violence. (Refer to Table 16.1.)
5. Summarize the models of care that have evolved in caring for victims of intentional violence.
   - Review factors that indicate significant concern for the safety of the children of intentional violence. (Refer to Box 16.2.)
   - Describe questions to ask for lethality risk. (Refer to Box 16.3.)
6. Describe interventional strategies (screening) and the limitations of measuring the effects of these interventions.
7. Summarize the tenets of mandatory reporting laws.
   - Describe considerations when making a mandatory report. (Refer to Box 16.6.)
8. Apply nursing process in caring for and screening for IPV.
   - Describe inquiry and assessment for intimate partner violence. (Refer to Box 16.4.)
   - Review key principles for trauma-sensitive care. (Refer to Box 16.5.)

Chapter 17: Substance Use

Learning Objectives
1. Define substance use, substance abuse, and addiction.
2. Describe the impact of substance abuse and addiction on individual people and their families, communities, and nations.
   - Discuss the impact of substance abuse and addiction on individual people and their families, communities, and nations.
3. Identify risk factors for substance misuse and abuse in individual people and populations.
   - Review risk factors for substance misuse and abuse in individual people and populations. (Refer to Boxes 17.2, 17.3, 17.6, 17.8, and Table 17.2.)
4. Apply evidence-based practice in the nursing care of populations most at risk for substance use disorders. (Refer to Table 17.1.)
5. Apply evidence-based interventions in providing nursing care in the community for clients with substance abuse. (Refer to Boxes 17.4, 17.5, and 17.7.)

Chapter 18: Underserved Populations
Learning Objectives
1. Identify situations that make populations underserved. (Refer to Boxes 18.2, 18.3, 18.5, and 18.9.)
2. Apply recommendations from Healthy People 2020 initiatives to meet individual, family, and population health needs. (Refer to Box 18.4.)
3. Discuss creative solutions such as increased use of Internet technologies to build participation and capacity in underserved populations. (Refer to Boxes 18.6 and 18.8.)
4. Compare and contrast population-based healthcare needs with unique needs of other population groups (urban, heterosexual, homeless dwellers).

Chapter 19: Environmental Health
Learning Objectives
1. Identify the links between human health and the environment.
2. Understand how the nursing process of using assessment, intervention, and evaluation can be used to examine the impact of the environment on human health.
   - Outline the steps of the nursing process to examine the impact of the environment on human health. (Refer to Box 19.2.)
   - Identify subject areas of taking an exposure history. (Refer to Table 19.3.)
3. Describe the concept of an exposure pathway.
   - Define the concept of an exposure pathway.
   - Provide examples of common exposure pathways for selected environmental contaminants. (Refer to Table 19.1.)
4. Describe several environmental conditions to consider when assessing the environment of a community.
   - Provide examples of environmental conditions and the effects on health. (Refer to Table 19.2.)
5. Define environmental justice.
6. Identify major global environmental health issues.

Chapter 20: Community Preparedness / Disaster and Terrorism
Learning Objectives
1. Identify disaster types.
   - Provide examples of disaster types. (Refer to Box 20.5.)
   - State clues of a biologic attack. (Refer to Box 20.7.)
2. Explain the disaster planning process and nursing participation.
   - Review simple triage and rapid triage: The START model. (Refer to Box 20.3.)
   - Review the color coding for prehospital triage. (Refer to Table 20.2.)
3. Understand nursing participation in a disaster.
   - Identify the nursing roles in a disaster.
   - State the do’s and don’ts in disaster response. (Refer to Box 20.11.)
   - List the level of protection and equipment for personal protections in disasters. (Refer to Table 20.3.)
   - Identify the established treatment guidelines for chemical exposures. (Refer to Table 20.6.)
4. Promote increased competency levels through the use of simulation technology and field drills, and exercises.
   - Review disaster preparedness and management competencies. (Refer to Box 20.1.)
• Identify biosafety levels for infectious agents. (Refer to Box 20.8.)

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

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

Chapter 21: Community Mental Health

Learning Objectives

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

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

   • Describe assessment, interventions, and medication treatment for schizophrenia.
   • Review key information about antipsychotic medication and its implications for nursing assessment and long-term treatment.

4. Analyze emerging models of treatment that offer promise in improving the quality of life for the chronically mentally ill in communities.
   • Review emerging models of treatment that assist in the quality of life for the chronically mentally ill in communities.

5. Identify the social and biologic factors associated with the incidence of mood and anxiety disorders.
   • Identify the epidemiology associated with mood and anxiety disorders.

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

7. Differentiate the key signs and symptoms of attention-deficit/hyperactivity disorder and bipolar disorder in children as members of families in communities.
   • Describe the assessment findings of attention-deficit/hyperactivity disorder and bipolar disorder in children.

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

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

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

Chapter 22: School Health

Learning Objectives
1. Trace the history of school health practice.
2. Explain the scope of the school nurse’s role in the provision of healthcare
   - Review the guidelines for implementing a screening program. (Refer to Box 22.2.)
   - Discuss Youth Risk Behavior Surveillance Survey risk behavior categories. (Refer to Box 22.3.)
   - Describe comprehensive school health programs. (Refer to Table 22.1.)
3. Identify useful sources for tracking the epidemiology of common health concerns. (Refer to Box 22.2.)
4. Use best practice guidelines to address common preventable health concerns of the student population.
   - Describe best practice guidelines to address common preventable health concerns of the student population.
   - Describe recommendations for school-based tobacco prevention programs. (Refer to Box 22.4.)
   - Identify practice guidelines for bullying prevention. (Refer to Boxes 22.5, 22.6, and 22.7.)

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

Learning Objectives
1. Differentiate faith community nursing from community health nursing.
   - Define faith community nursing.
2. Describe various models of faith community nursing practice. (Refer to Table 23.1.)
3. Explain the scope and standards of faith community nursing practice. (Refer to Table 23.2.)
4. Give examples of community assessments and interventions used by faith community nurses. (Refer to Box 23.1, and Tables 23.3 and 23.4.)

Chapter 24: Palliative and End-of-Life Care

Learning Objectives
1. Describe the role of the community health nurse in providing quality end-of-life care for seriously ill patients and their families. (Refer to Table 24.1.)
   - Define hospice. (Refer to Box 24.1.)
2. Recognize changes in demographics, economics, and service delivery that require improved nursing interventions at the end of life.
   - Review the conditions that must be met to obtain Medicare hospice benefits. (Refer to Box 24.2.)
   - Review pediatric palliative referral criteria. (Refer to Box 24.3.)
3. Identify the diverse settings for end-of-life care and the role of the nurse in each setting.
   - Define palliative care.
4. Describe how pain and the presence of adverse symptoms affect the dying process.
   - Review pain management of the dying patient.
5. Explore pharmacologic and alternative methods of treating pain.
6. Identify the signs of approaching death.
7. Describe appropriate nursing interventions when caring for the dying.
   - Review religion and end-of-life care. (Refer to Table 24.3.)
   - Identify key areas of nursing care when death is imminent.
   - Review strategies for the management of common symptoms in dying patients. (Refer to Table 24.4.)
   - Identify nursing care after the death of a family member.
8. Describe postmortem care.
9. Discuss family support during the grief and bereavement period. (Refer to Figure 24.2.)

Chapter 25: Occupational Health Nursing

Learning Objectives
1. Explain the role of nursing in occupational health.
   - Review the AAOHN Competency Levels in Occupational and Environmental Health Nursing. (Refer to Box 25.1.)
2. Identify current hazards trends in the U.S. workforce.
3. Describe the four types of exposures and hazards in the workplace.
   - Provide examples of common workplace hazards and exposures. (Refer to Table 25.1.)
4. Provide examples of common work-related injuries and illnesses
5. Explain the interaction of agent, host, and environment as applied to the workplace.
   - Review the interaction of agent, host, and environment as applied to the workplace.
   - Define the root cause analysis process in occupational health. (Refer to Box 25.4.)
6. Outline the steps involved in both worker and workplace assessment. (Refer to Box 25.3.)
7. Describe potential benefits to both workers and business in offering health promotion programs.
   - Review example of potential benefits to both workers and business in implementing a smoking cessation program.
8. Explain how principles of epidemiology are applied to occupational health.
9. Assess specific components within an emergency preparedness plan that will vary from industry to industry based on risk.
   - Review specific functions of an emergency preparedness plan.
**Course Calendar:**
Refer to Brightspace for more information

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Activity</th>
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<tbody>
<tr>
<td><strong>Wednesday, January 15th</strong></td>
<td>1000-1200</td>
<td>Rm 115</td>
<td>Welcome Brief introduction to Course &amp; review Syllabus</td>
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<tr>
<td><strong>Monday, January 20th</strong></td>
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<td>MLK Holiday – no classes</td>
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<tr>
<td><strong>Monday, January 27th</strong></td>
<td>1000-1200</td>
<td>Rm 115</td>
<td>MODULE 2 Chapters 4-6 Quiz 2 over Chapters 4-6 Welcome Assignment Due by 1000 Discuss Clinical Schedules. <em>Sentinel City Virtual Simulation: Politics and Government Assignment (Ch 8 &amp; 9)</em></td>
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<td><em>Community Clinical rotations START for Clinical Group B</em></td>
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<tr>
<td><strong>Monday, February 3rd</strong></td>
<td>1000-1200</td>
<td>Rm 115</td>
<td>Exam # 1: Chapters 1-6</td>
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<tr>
<td><strong>Thursday/Friday, February 6th / 7th</strong></td>
<td>0800-1000 Rm 101 OR 1500-1700 Rm 107</td>
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<td>Creative Photography – COMPOSITE PICTURE TAKEN COST: $25.00 by cash or credit card at the time of your portrait DRESS:</td>
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<tr>
<td><strong>Monday, February 10th</strong></td>
<td>1000-1200</td>
<td>Rm 115</td>
<td>MODULE 3 Chapters 7-9 Quiz 3</td>
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<tr>
<td><strong>Friday, February 14th</strong></td>
<td>1300-1700</td>
<td>SFASU Grand Ballroom</td>
<td>Poverty Simulation – All Students</td>
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<tr>
<td><strong>Monday, February 17th</strong></td>
<td>1000-1200</td>
<td>Rm 115</td>
<td>MODULE 4 Chapters 10-12 Quiz 4 <em>Sentinel City Virtual Simulation: Economics Assignment (Ch2&amp;10)</em></td>
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<tr>
<td><strong>Monday, February 24th</strong></td>
<td>0900-1000</td>
<td>Rm 115</td>
<td>Clinical paperwork Group B due in BRIGHTSPACE by 0800 Post Conference Group B Bring Summative Clinical Evaluation form completed and signed Exam # 2 Chapters 7-12 Clinical Activity: Complete a Windshield Survey; due 3/16/19 @ 1000 in Brightspace Dropbox <em>DUE: Sentinel City Virtual Simulation: Economics Assignment (Ch2&amp;10)</em></td>
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<td><strong>Wednesday/Thursday</strong>&lt;br&gt;February 26th/27th&lt;br&gt;Your Assigned Location(s)</td>
<td>Community Clinical rotations START for Clinical Group A</td>
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<tr>
<td><strong>Friday, February 28th</strong>&lt;br&gt;TBA</td>
<td>COMBINED Simulation NUR431 AND NUR433 End of Life: Grief Simulation for all clinical groups Make sure to complete the pre-sim assignment located in OUR NUR431 content (not just the Capstone info)</td>
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<td><strong>Monday, March 2nd</strong>&lt;br&gt;1000-1200&lt;br&gt;Rm 115</td>
<td>MODULE 5 Chapters 13-15 Quiz 5</td>
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<td><strong>Saturday ????</strong>&lt;br&gt;March 7th – 15th</td>
<td>Community Health Fair with Brown Family Clinic – All students</td>
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<td><strong>Monday, March 16th</strong>&lt;br&gt;0800-1000&lt;br&gt;Rm 115&lt;br&gt;1000-1200&lt;br&gt;Rm 115</td>
<td>Disaster Training (Nac Fire Dept.)</td>
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<td>MODULE 6 Chapters 16-18 Quiz 6 DUE: Windshield survey due at 1000 in Brightspace Dropbox</td>
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<td>Sentinel City Virtual Simulation: Home Safety and Assessment Care Plan Assignment (Ch 5 &amp; 13)</td>
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<td><strong>Monday, March 23rd</strong>&lt;br&gt;0900-1000&lt;br&gt;Rm 115&lt;br&gt;1000-1200&lt;br&gt;Rm 115</td>
<td>Clinical paperwork Group A due in BRIGHTSPACE by 0800 Post Conference Group A Bring Summative Clinical Evaluation form completed and signed</td>
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<td>Exam # 3: Chapters 13-18 DUE: Sentinel City Virtual Simulation: Home Safety and Assessment Care Plan Assignment (Ch 5 &amp; 13)</td>
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<td>Sentinel City Virtual Simulation: Population Focused Interventions Assignment (part 4)</td>
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<td><strong>Monday, March 30th</strong>&lt;br&gt;1000-1200&lt;br&gt;Rm 115</td>
<td>MODULE 7 Chapters 19-21 Quiz 7</td>
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<td><strong>Friday, APRIL????</strong>&lt;br&gt;TBA</td>
<td>Disaster Simulation</td>
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<td><strong>Monday, April 6th</strong>&lt;br&gt;1000-1200&lt;br&gt;Rm 115</td>
<td>MODULE 8 Chapters 22-25 Quiz 8 Sentinel City Virtual Simulation: Professional Roles and Organizations Assignment (part 5)</td>
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<td>Thursday, April 9th -</td>
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<td>Monday, April 13th</td>
<td>Exam # 4: Chapters 19-25</td>
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<td>Monday, April 27th</td>
<td>HESI REVIEW</td>
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<td>Monday, May 4th</td>
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<td>1300-1500</td>
<td>VOLUNTEER SHEET DUE upon entering the exam.</td>
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<td>Friday, May 8th</td>
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<td>Saturday, May 9th</td>
<td>GRADUATION</td>
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Revised: 12/1/2019 CA/MK
Richard & Lucille DeWitt School of Nursing
Stephen F. Austin State University
NUR 431: Nursing Care of Community Populations
Clinical Evaluation of Nursing Student by Preceptor

DECs MAPPING

Student Name: ______________________
Preceptor Name (print): ______________________

Date: ______________________
Preceptor Signature: ______________________

Time in: _______ Time out: _______ Clinical Site: ________________

Clinical Group: __________________________________

Directions: For each performance indicator, evaluate whether the student performed the indicator: (S) satisfactorily, (NI) needs improvement, (U) unsatisfactorily, or (N/O) not observed for this experience.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>S</th>
<th>NI</th>
<th>U</th>
<th>N/O</th>
<th>DECs</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students telephoned the day before experience to verify time, location, and dress.</td>
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<td>IA, ID</td>
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<tr>
<td>Student was prompt and courteous.</td>
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<td>IA, IIIA, IIIE</td>
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<tr>
<td>Student displayed caring and compassion toward the clients.</td>
<td></td>
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<td></td>
<td></td>
<td>IID, IIIC</td>
<td></td>
</tr>
<tr>
<td>Student cooperated with staff in providing services to clients.</td>
<td></td>
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<td></td>
<td></td>
<td>IB, IIB, IID, IIE, IIF IIID, IVA, IVC, IVD</td>
<td></td>
</tr>
<tr>
<td>Student exhibited interest in learning new skills or concepts.</td>
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<td>IB, IIA</td>
<td></td>
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<tr>
<td>Student’s dress was appropriate for this clinical experience.</td>
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<td></td>
<td>IA</td>
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<tr>
<td>Student’s interactions and communications were professional.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IA, IVA</td>
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</tr>
<tr>
<td>Student maintained and provided patient safety at all times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IIIB</td>
<td></td>
</tr>
</tbody>
</table>

We value you and your feedback, positive or negative, in order to provide the best prepared graduate nurses possible. **The student should not be present when you are completing this evaluation.**

Please continue your comments on the back of the sheet, if necessary. Please feel free to contact us with ANY concerns:
Ms. Athey (936) 468-7720 (O); (936) 635-7105 (C) and
Mrs. Klein (936) 468-7716 (O), Cell as provided
Please hand back to student this evaluation: a) in a sealed envelope with your signature over the seal, or b) fax Attn: Community Coordinator: 936-468-7752.

DECs listed above are defined by the Texas Board of Nursing as “Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors”. More information on DECs can be found at: [http://www.bon.texas.gov/pdfs/differentiated_essential_competencies-2010.pdf](http://www.bon.texas.gov/pdfs/differentiated_essential_competencies-2010.pdf)