Insights from the Henry Street Consortium Development of a Competency-Based Public Health Nursing Clinical Manual

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Patricia M. Schoon, MPH, PHN
Saint Mary’s University of Minnesota
University of Wisconsin Oshkosh

Marjorie Schaffer, PhD, RN, Bethel University
Carolyn Garcia, PhD, RN, University of Minnesota
Disclaimer – Conflict of Interest

- The outcome of this project is a clinical manual for PHN that has been published and is being sold by Sigma Theta Tau International.

- Each of the three authors will receive 3.33% of the profits from sale of the manual after the first 2000 copies are sold.
Objective One

Describe the process and value of an academic-practice partnership approach to development of a competency-based public health nursing clinical manual for baccalaureate nursing students and entry-level public health nurses.
The Henry Street Consortium

- **2002 - 13 agencies and 5 nursing programs** receiving funding to develop model for academic-practice collaboration to prepare public health nursing workforce for 21st century
  - Developed set of entry-level competencies based on national standards
  - Developed clinical guidelines and clinical menu as communication and planning tools for PHN faculty, agency preceptors, and students

- **2010 - 16 agencies and 8 nursing programs**
  - Developed evidence-based practice action-oriented clinical manual to provide guidance to faculty, agency preceptors, and students in the teaching-learning process for developing entry-level competencies.
Based on Nationally Accepted Public Health Frameworks & Standards

- QUAD Council
- Council on Linkages
- American Nurses Association
- Core PH Functions Steering Committee

**ENTRY-LEVEL POPULATION-BASED PUBLIC HEALTH NURSING COMPETENCIES**
For the New Graduate or Novice Public Health Nurse

1. Applies the public health nursing process to communities, systems, individuals, and families
2. Utilizes basic epidemiological principles (the incidence, distribution, and control of disease in a population) in public health nursing practice
3. Utilizes collaboration to achieve public health goals
4. Works within the responsibility and authority of the governmental public health system
5. Practices public health nursing within the auspices of the Nurse Practice Act
6. Effectively communicates with communities, systems, individuals, families, and colleagues
7. Establishes and maintains caring relationships with communities, systems, individuals, and families
8. Shows evidence of commitment to social justice, the greater good, and the public health principles
9. Demonstrates nonjudgmental and unconditional acceptance of people different from self
10. Incorporates mental, physical, emotional, social, spiritual, and environmental aspects of health into assessment, planning, implementation, and evaluation
11. Demonstrates leadership in public health nursing with communities, systems, individuals and families

*Figure 1.5* Henry Street Consortium Entry-Level Competencies

Schaffer, Garcia, and Schoon (2011)
In 2009 HSC members renewed their commitment to the Henry Street Consortium by revising their mission and vision statement. Two goals were identified.

- **Goal One**: Ensure the continuation of the Henry Street Consortium as a viable, flexible, and sustainable partnership between PHN education and practice.

- **Goal Two**: Create teaching learning strategies to promote the achievement of entry-level population-based PHN competencies for students and novice PHN staff.
Why write a PHN clinical manual anyway? It’s a lot of work!

Academic Perspective and Value

- Provides a consistent curriculum framework across academic programs that is based on evidence from practice.

- Ensures that students are equally exposed to core competencies and foundational knowledge regardless of academic and clinical settings.

- Provides an action-oriented approach that facilitates student engagement and outcome achievement.

- Provides novice PHN faculty with a clinical teaching-learning resource based on best practice educational strategies.
Why write a PHN clinical manual anyway? It’s a lot of work!

Practice Perspective and Value

- Provides a staff orientation and staff development resource for agencies with new or novice PHNs

- Provides agency preceptors with a versatile resource when working with students from a variety of academic programs

- Provides agency staff with opportunity to influence what is taught based on their real world day-to-day experiences

- Provides practicing PHNs an opportunity to share their expertise with academic faculty and students.
Responding to Students’ Diverse Learning Styles and Needs

Student Characteristics and Needs

- Diverse Student Population
- Competing Roles and Responsibilities
- Looking for Meaning
- Committed Scholar
- Disengaged Learner
- Difficulty Translating Knowledge and Theory into Practice

Teaching-Learning Strategies

- Student Centered Learning
- Focused Meaningful Learning
- Relevant Real-Time Learning
- Evidence-Based Practice
- Foster Active Learning and Reflective Practice
- Guide by the Side versus Sage on the Stage
- Clinical Based Learning Model
Why collaborate?

- Collaboration between practice and academia leads to:
  - enhanced student learning
  - increase in the number of BSN interested in PHN as a career (Anderson, Richmond, & Stanhope, 2004; Hall-Long, 2005)

- Collaboration leads to increased community placements and greater availability of PHN mentors (Sowan, Moffatt, & Canales, 2004; Zahner & Gredig, 2005).

- Increase in effective interaction and communication between faculty, PHNs, and students enhances the richness, depth, and breadth of student learning (Anderson et al., 2004; Hall-Long, 2004; Zahner & Gredig, 2005.)
Collaboration commits two or more persons or organizations to achieving a common goal through enhancing the capacity of one or more of them to promote and protect health.

(Henneman, Lee, & Cohen, 1995; MDH, 2001, p. 177.)

HSC members promote population health and population-based PHN practice.
Henry Street Consortium - Successful History of Collaboration

- **Effective leadership:** Co-Chairs from Academia and Practice, Ad hoc work groups

- **Commitment:** Ongoing membership since 2002

- **Shared values and purpose:** Preparing PHN workforce for the 21st century

- **Linkages between groups and individuals:** Linkages between colleges and agencies, instructors and preceptors, colleagues

Minnesota Department of Health, 2001, Collaboration
Henry Street Consortium - Successful History of Collaboration

- **Strategies and resources to achieve goals:**
  - History of convening time-limited ad hoc groups for HSC projects
  - Open membership for PHN faculty and agency staff
  - Expertise of diverse membership
  - Agency and college resources

- **Structure and internal systems to support collaborative work:**
  - Four meetings annually during academic year – same time
  - Meet at MDH office – central location for metro area
  - Annual work plan
  - Published agendas, minutes, and project reports
  - Membership Roster updated frequently
  - Member Listserv and periodic email updates
  - Celebrations and socializing
  - Recognition of member accomplishments
  - Linkages to other PH organizations and groups

MDH, 2001, Collaboration
Henry Street Consortium
Membership Commitment
Writing the Manual – Why It Worked

Effective leadership – 3 co-authors submitted a book proposal to 2 publishers; established work plan and timeline

Sense of Purpose – Manual was consistent with HSC mission, vision, and goals and passion of members for PHN

Commitment – Idea presented at Henry Street meeting and adopted

History of Collaboration – Completed Projects and Shared Writing

Shared Responsibility for Writing
  • Opportunity to participate offered to all who wanted to be involved
  • 3 HSC co-authors and 15 HSC contributing authors
  • PHNs and educators collaborated for each competency chapter
  • Co-authors did most of writing but relied on practicing PHNs for real-life practice
  • Each chapter was brought back to Henry Street meeting for review
  • Co-authors also co-edited and read and reread every chapter
Objective Two

Discuss how an action-oriented approach to clinical and classroom learning will encourage student achievement of entry-level public health nursing competencies.
Providing a Variety of Learning Activities to Engage Students

- Meeting Diversity of Student Learning Style Needs
- Providing Diverse Opportunities for Developing Entry-Level Public Health Nursing Competencies
- Providing Clarity of Written and Verbal Information for Students with English as a Second Language
- Pique Student Interest
- Provide for Student Choice
Provide Learning Activities that Apply PHN Process at All Three Levels of PHN Practice


Minnesota Department of Health, 2001
Starting Where Students Starts Using Storytelling

Abby will soon be starting her public health nursing clinical and is struggling with the idea of practicing nursing outside the hospital. She was at lunch with two of her classmates, Alberto and Sia. “I can’t imagine myself out in someone’s home, or in a school, or in a community center or public health agency. How will I be respected without scrubs or my uniform? Is it really true that one of the most important skills in public health is listening and sometimes that is all that you do? I feel like I should be doing something.”

Alberto responded, “My friend, Zack, had public health last semester. He said that it bothered him a lot at first that he had to listen and not tell his family what to do. He wanted to do more than listen—take a blood pressure or something. But after a while, he started to get comfortable. He said he really worked on his communication skills and got an A for therapeutic listening.”
Putting Students in the Moment of Real Life Day-to-Day PHN Practice

Ongoing Chapter Case Study

Sarah’s first day of public health nursing clinical experience with Jennifer began right away on Monday morning (See Table 7.2 for Jennifer’s schedule). Sarah met Jennifer at the Public Health Office at 7:30 a.m. She had met Jennifer briefly a week earlier, but this would be the first time that Sarah would have the opportunity to observe nursing through the eyes of a public health nurse. Sarah was on time and ready to enter the building at 7:28 a.m., but the door was locked! Sarah worried. This never happened at the hospital. She tried to open the door several times. It did not budge. She checked her calendar to be sure she had the correct day and time. She did. Within a minute, Jennifer drove up. They were off to their first visit.

Sarah rode with Jennifer. Jennifer had three home visits scheduled for the morning, followed by two home visits in the afternoon. At the end of the day Jennifer had a planning meeting for a health fair. Jennifer briefly described the three morning home visits were to families that she knew from previous visits: 1) a 93-year-old woman with congestive heart failure who lived alone, 2) a toddler with an elevated lead level whose parents had emigrated from Mexico last year, and 3) a 17-year-old teen with a 3-month-old girl. After the morning visits, Jennifer planned to return to the office for a short time to make any follow-up phone calls and review plans for the afternoon home visits. The last hour of the day, they would meet with the new director of an alternative learning center in the school district who had identified a need among her students for a health fair that focused on healthy foods.

Facilitating Reflective Practice

**ACTIVITY**

Review Jennifer’s schedule for the week (Table 7.2). Answer the following questions:

What public health interventions from the Public Health Intervention Wheel did Jennifer use?

Analyze which interventions were independent and which were delegated functions.

What skills and knowledge enabled Jennifer to practice independently?

How did Jennifer collaborate with other individuals, groups, professionals, or organizations?

**ACTIVITY**

When is it helpful to share something personal about yourself with a client? When is it not helpful?

What are some “red flags” that indicate you might not be maintaining professional boundaries with clients?

Is it a boundary violation to attend a patient’s baby shower? A funeral for a client? Why or why not?

How do you think Jennifer should handle the Facebook request from Mindy?
## Competency 1: Applies the Public Health Nursing Process to Communities, Systems, Individuals, and Families

*Schaffer, Garcia, & Schoon, 2011, p. 59.*

### Table 3.1 How the Nursing Process Occurs in Home Visits

<table>
<thead>
<tr>
<th>Home Visiting Components</th>
<th>Nursing Process</th>
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<tbody>
<tr>
<td><strong>Orientation Phase</strong></td>
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<tr>
<td><em>Introduction</em></td>
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<tr>
<td><em>Determine purpose of visit and visit activities with client</em></td>
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<tr>
<td><em>Engage in social conversation</em></td>
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<tr>
<td><em>Assessment</em></td>
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<tr>
<td><em>Identify and state client’s problems</em></td>
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<tr>
<td><strong>Working Phase: Identification</strong></td>
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<tr>
<td><em>Client asks questions and identifies nurse as someone who can help</em></td>
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<tr>
<td><em>Client identifies problems</em></td>
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<tr>
<td><em>Nurse provides health teaching, support and counseling, follow-up assessment, referral, and advocacy</em></td>
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<tr>
<td><strong>Working Phase: Mutual Relationship</strong></td>
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<tr>
<td><em>Client uses nurse as resource and accesses community resources</em></td>
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<tr>
<td><em>Nurse engages client in mutual problem-solving</em></td>
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<tr>
<td><strong>Resolution and Termination</strong></td>
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<tr>
<td><em>Problems solved or ongoing but stable</em></td>
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<tr>
<td><em>Client becomes independent of nurse or continues to need support</em></td>
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<tr>
<td><em>Relationship ends when client no longer needs nurse or no longer participates in plan (moves or refuses participation in plan or visits)</em></td>
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<tr>
<td><strong>Assessment and Diagnosis</strong></td>
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<tr>
<td><em>Individual and family assessment</em></td>
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<tr>
<td><em>Strengths-based assessment—protective factors identified</em></td>
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<tr>
<td><em>Resources identified</em></td>
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<tr>
<td><em>Health risks and active health problems identified</em></td>
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<tr>
<td><em>Unmet health needs identified</em></td>
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<tr>
<td><strong>Planning and Implementation</strong></td>
<td></td>
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<tr>
<td><em>Mutual planning, priority setting, goal-setting</em></td>
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<tr>
<td><em>Primary interventions used are health teaching, counseling, referral and follow-up, and advocacy</em></td>
<td></td>
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<tr>
<td><strong>Implementation</strong></td>
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<tr>
<td><em>Primary interventions used are case management, health teaching, counseling, collaboration, and consultation</em></td>
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<tr>
<td><strong>Evaluation</strong></td>
<td></td>
</tr>
<tr>
<td><em>Evaluation of outcomes: outcomes met, partially met, or not met</em></td>
<td></td>
</tr>
<tr>
<td><em>Replan—change in goals, outcomes, and/or interventions</em></td>
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<tr>
<td><em>New priorities or emerging problems identified and nursing process continues</em></td>
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</tbody>
</table>

*Source: Adapted from McNaughton, 2005*
Engaging Students in the Independent Practice of PHN

Showing How Students Make A Difference

Evidence Example: Student Initiative Demonstrates Leadership and Improves Population Health

A student nurse completed her leadership clinical in an inner city school with a 95% poverty rate among its students. She developed a dental screening program for the third grade as her leadership project. After screening all of the children, she found that almost all of them had dental disease such as decay, bleeding gums, abscess, and missing or broken teeth. Almost none of them had received dental care in the last year and few owned a toothbrush. All of the children were given a toothbrush, toothpaste, and were taught how to brush their teeth. The nursing student then decided to screen all of the children in the elementary school. She managed to screen about 90% of the children. She prepared a report showing the need for dental care in almost all of the children screened, sent home referrals to all parents, and included information on local dental clinics that provided care for low-income patients. The principal used the report to obtain a grant to put a dental clinic in the school. Within a few years, dental clinics were established in elementary schools located in high poverty neighborhoods throughout the school district.

Source: Schoon, 2010
Think, Explore, Do

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. How can you take advantage of the learning opportunities available to you during your public health clinical? Consider the following suggestions.
   - Participate in a variety of community experiences so you get a broad exposure to the diverse community populations, their health priorities and concerns, their strengths (resilience, support networks, capacity for change, etc.), and their needs.
   - Observe an activity where community members partner with health care providers to solve community health problems.


Making Clinical Learning Activities Meaningful

- Doing Population-Based Projects that Make A Difference
- Engaging Students in the Real Work of the Community to Improve Population Health

Making a Difference in the Lives of Individuals and Families

Recognition and Rewards Achievement of Entry-Level PHN Competencies
Provide Entry-Level Leadership Opportunities

Using Storytelling and Role Models to Stimulate Reflective Thinking

**Learning Examples for Social Justice: The Story of Edna Dell Weinel, PHN**

One's first experience working with people who have been systematically disenfranchised can be a powerful learning experience. It reshapes one's view of the world. Read the story of one public health nursing leader.

Edna Dell Weinel, was a PHN whose career included positions as a former executive director (1980–1991) of the Family Care Center, a federally funded neighborhood health center in St. Louis, Missouri; a county PHN; a state maternal-child nursing consultant; and a public health nursing educator. She was a leader in public health nursing in the 20th century and held leadership positions in the American Public Health Association. Edna Dell had this to say about her first experience with poverty as a new PHN with the Visiting Nurse Association of St. Louis.

It was also my first understanding of poverty. I had a district, 20th Street to the Mississippi River, and at one point of the river there was an area that was called Hooversville, where people . . . had houses that were put together with found wood, just desperately poor people, and when the river came up very high, it kind of went behind Hooversville. This meant I had to get to Hooversville by boat. (Kalnins, 2008, p. 195)

This early experience helped to shape Edna Dell Weinel's career. Her career was dominated by four themes: to work to one's highest level of skill; to provide care with a social conscience; to develop effective team relationships; and to become skilled in the strategic use of power and influence for the health of the community (p. 199).

**ACTIVITY**

Keep track of your stories and listen to the stories of your classmates. These stories and experiences can transform the way you think and act as a practitioner of caring and just nursing care.

What themes emerge about social justice from your stories?
What have you learned about your nursing practice?
Facilitating Summarizing and Synthesizing Cognitive Domain Learning

Key Points

- Social justice serves as the foundation for public health nursing.
- Social justice states that individuals have the right to receive resources based on need.
- PHNs must be able to work in partnership with health care systems based on either market justice or social justice.
- Population health disparities and health inequities persist in the United States and worldwide.
- Nurses are responsible for providing health care as a basic human right.
- PHNs advocate for health equity and justice for individuals, families, populations, and communities at all three levels of practice—individual/family, community, and systems.
- PHNs advocate for vulnerable individuals, families, populations, and communities.
- Key public health nursing advocacy interventions include coalition building, collaboration, community organizing, and policy development and enforcement.

Who Do You Need to Be?

Henry Street Consortium members also identified personal characteristics that contribute to effective public health nursing practice. You can also consider the following characteristics as character virtues that can enhance your ability to be successful and committed to public health nursing.

- Adaptability
- Caring
- Compassion
- Confidence
- Courage
- Creativity
- Flexibility
- Hard work
- Humor
- Independence
- Leadership qualities
- Lifelong learning attitude
- Passion
- Persistence
- Positive attitude
- Resourcefulness
- Risk taking
- Self-care

Schaffer, Garcia, & Schoon, 2011, p. 311.
Objective Three

Use case studies and evidence-based practice resources to facilitate student achievement of entry-level public health nursing competencies.
Levels of Evidence

All levels of evidence utilized in manual

Evidence Examples
- Levels I, II, III

Practice Guidelines
- Level IV

Case Studies, PHN Agency Experiences & Reports, Student & PHN Clinical Experiences
- Level V

Figure 2.3 Modified from Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines, Newhouse et al., 2007; Keller & Strohschein, 2009; by Schaffer, Garcia, & Schoon, 2011. p. 37.
Competency 1: Applies the Public Health Nursing Process to Communities, Systems, Individuals, and Families

Evidence from Practice and Academic Partners Provides Real World Learning

Determining Population Needs in a Rural/Suburban County

- Intake nurse report on referrals of working adults without primary care or insurance led to hospital and other community partners providing assistance with applying for financial aid and purchase and staffing of a mobile health unit.

Schaffer, Garcia, & Schoon, 2011, pp. 73 – 74.

Elementary School Health Assessment by PHN Students

- PHN students conducted a mass health screening of all students at a K-6 charter school. The major finding was that 80% of students had unmet dental needs and 20 – 30% had emergency dental needs. Finding led to school establishing dental health priority for the school.

Schaffer, Garcia, & Schoon, 2011, p. 69.
Competency 1: Applies the Public Health Nursing Process to Communities, Systems, Individuals, and Families

Demonstrating Practice Partner Innovative Response to Population Health Needs

Evidence Example: In-Home Influenza Immunizations

The Minnesota Visiting Nurse Agency (MVNA) has been providing flu shots at public clinics and at contracted corporate sites for over 13 years but had not extended the program to in-home services. Family health nurses wanted to be able to give flu shots to family members of newborns and high-risk infants. New moms were getting flu shots before coming home with the baby, leaving the other family members (siblings and extended family) not protected and putting the infants at risk because they cannot receive the influenza vaccine until age 6 months. Many family members did not have health insurance. The family health nurses brought this unmet health need to the attention of their program managers. Working together, the family health managers, flu program managers, and MVNA administration developed a plan to purchase the needed coolers to transport the vaccine and to provide the nurses with the training necessary to give the shots and to complete the documentation for billing. MVNA was able to find donors who were willing to underwrite the cost of the flu shots for family members who were uninsured. Since starting this in-home immunization program, MVNA family health has given more than 400 flu shots to members of families with new infants in their homes.

Source: Lanigan, 2010
Evidence Example: Comparing Maternal Child Health Problems and Outcomes across PHN Agencies

An exploratory descriptive study analyzed maternal child health data from four public health nursing agencies to determine the needs of maternal child health clients and to demonstrate outcomes of services provided. The four agencies developed and implemented a formal standardized classification data comparison process using structured Omaha System data. The Omaha System problems addressed most often by the four agencies were Growth and Development; Antepartum/Postpartum; Caretaking/Parenting; Family Planning; Income; Mental Health; Residence; Abuse; Substance Use; and Neglect. Significant improvement was demonstrated in 84% of the problems addressed. The greatest improvement was noted for Antepartum/Postpartum and Family Planning. The least improvement was noted in Neglect and Substance Use. Though there were some differences by agency, statistically significant improvement was consistent across all agencies (Monsen et al., 2010).
Competency 3: Utilizes Collaboration to Achieve Public Health Goals

Demonstrating Community Approach to Epidemiology and Ecological Model

Evidence Example for Neighborhood Mapping: Infant Mortality Prevention

Neighborhood mapping was used to evaluate the effectiveness of an infant mortality prevention program called Healthy Start. Baltimore City community residents were paid to collect data, which was combined with census data for the Healthy Start target areas by using a GIS software program. Data from walkthroughs done by the community residents included the condition of each block and addresses of vacant or boarded up buildings, businesses, healthcare providers, schools, and parks and recreational centers. They also collected data on where people gathered together such as liquor stores or in parks. Healthy Start program data included program participation and pregnancy outcomes. Program staff gained information that could improve recruitment of community members and suggest where to focus resources.

Source: Aronson et al., 2007
Competency 5: Practices Public Health Nursing Within the Auspices of the Nursing Practice Act

Helping Students Understand the Independent Practice of Public Health Nursing

<table>
<thead>
<tr>
<th>Public Health Intervention</th>
<th>Frequency</th>
</tr>
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<tbody>
<tr>
<td>Health Teaching</td>
<td>100%</td>
</tr>
<tr>
<td>• Individuals and Families (100%)</td>
<td></td>
</tr>
<tr>
<td>• Groups (82%)</td>
<td></td>
</tr>
<tr>
<td>• Educational classes, meetings, workshops for providers (73%)</td>
<td></td>
</tr>
<tr>
<td>• Health education classes (47%)</td>
<td></td>
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<tr>
<td>Referral and Follow-up (100%)</td>
<td></td>
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<tr>
<td>Case Management (88%)</td>
<td></td>
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<tr>
<td>Counseling (individuals and families) (88%)</td>
<td></td>
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<tr>
<td>Disease and Health Event Investigation (78%)</td>
<td></td>
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<tr>
<td>Screening (78%)</td>
<td></td>
</tr>
<tr>
<td>Advocacy (70%)</td>
<td></td>
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<tr>
<td>Community Organizing (60%)</td>
<td></td>
</tr>
<tr>
<td>Policy Development</td>
<td>37%</td>
</tr>
<tr>
<td>• Present information to decision makers (37%)</td>
<td></td>
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<tr>
<td>• Promote or lobby for public health legislations (20%)</td>
<td></td>
</tr>
<tr>
<td>• Testify for public health issues to policy makers (13%)</td>
<td></td>
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</tbody>
</table>

Online survey of 60 PHNS in 28 states, Olson Keller & Litt, 2008
Competency 7: Establishing and Maintaining Caring Relationships with Communities, Systems, Individuals, and Families

### Table 9.2 Factors Influencing Safety when Conducting Home Visits

<table>
<thead>
<tr>
<th>Conditions In/Outside the Home</th>
<th>Environmental Conditions</th>
<th>Organizational Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>People loitering around the home or street</td>
<td>Night travel</td>
<td>Absence or inaccessibility of written policies/procedures</td>
</tr>
<tr>
<td>Known felon in home</td>
<td>Traveling in remote areas</td>
<td>Safety policies not enforced</td>
</tr>
<tr>
<td>Verbal, physical, and sexual aggression</td>
<td>Increase of garage or home-based methamphetamine labs</td>
<td>Safety policies not relevant to home care issues</td>
</tr>
<tr>
<td>Gangs and gang activity</td>
<td>Domestic, neighborhood violence</td>
<td>Staff unfamiliarity with community</td>
</tr>
<tr>
<td>Police raids and drug busts</td>
<td>Poverty</td>
<td>Lack or delay of security assistance</td>
</tr>
<tr>
<td>Weapons and shootings</td>
<td></td>
<td>Cellular phones not provided for staff</td>
</tr>
<tr>
<td>Garbage, debris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor lighting or ventilation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes in disarray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pests</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from Fazzone et al., 2000, p. 47

Attending to student and client safety and Maslow’s Hierarchy of Need

Schaffer, Garcia, & Schoon, 2011, pp. 208 - 209
Competency 9: Demonstrates Nonjudgmental and Unconditional Acceptance of People Different from Self

Helping Students Use the Evidence

Evidence Example: Quantitatively Assessing Empathy

A scale was developed to assess the level of empathic understanding a nurse has demonstrated (Nagano, 2000). Although the scale is intended to provide an opportunity for a client to give feedback about a nurse, it can also be useful in self-reflection by the nurse regarding verbal and nonverbal behaviors. Examples on this scale include the following:

“The [nurse] summarizes the client’s emotions or feelings by saying ‘it seems that you are feeling this...’

The [nurse] looks at the client with a warm expression (eyes, facial expression).
The [nurse]’s voice and rate of speaking are calm, slow, and relaxed.
The [nurse] faces the client and shows interest in the client” (p. 26–27).

ACTIVITY

As a new PHN, you need to learn to carefully reflect on why people might be reacting the way they are when you are trying to intervene. What are they going through? How are they handling it?

How can you determine if the response you are receiving, when it is cautious or unwelcoming, is because of the situation and not necessarily specific to you?

Consider how you might incorporate strategies into your practice that send a message to those you are serving which gives them confidence you come open-minded and open-handed.
Competency 11: Demonstrates Leadership in Public Health Nursing with Communities, Systems, Individuals, and Families

Practice Partner Provides Expertise

Leadership for Entry-Level Public Health Nurses. Based on the PHN population-based practice focus in public health, a new PHN needs to demonstrate clinical leadership for the work with individuals and families while also providing leadership at the community level. This leadership might be as a participant or a lead role on various committees such as a family service collaborative, early intervention, or other school teams. The PHN must also be a leader in doing community outreach and group education. The “client” in public health is often the community, and having skills to lead groups, coalitions, and committees is essential to achieve the goals of improving the health of the population.

—Bonnie Brueshoff, MSN, RN, PHN, Public Health Director and Robert Wood Johnson Executive Nurse Fellow (2006–2009), Dakota County Public Health

Schaffer, Garcia, & Schoon, 2011, p. 296
Lessons Learned in Writing the Manual

Power of the collective combined with diversity and expertise of the individual

“This work is an example of what is able to be accomplished by group power, wisdom, expertise, and experience.”

“Integrating different voices is a difficult process but worth the effort.”

“Humility”

Effective Team Strategies

- Teaming of academic and practice partners
- Dividing the workload made it manageable
- Organized and focused work group meetings
- Flexible communications such as conference calls
- Opportunities for review, reflection, and revision
References


Contact Information

Marjorie A. Schaffer, PhD, RN
Professor of Nursing
Bethel University
3900 Bethel Drive
St. Paul, MN 55112
651-638-6298
m-schaffer@bethel.edu
fax: 651-635-1965

Carolyn Marie García, PhD, MPH, RN
Assistant Professor
NIH K12/BIRCWH Scholar
School of Nursing
5-140 Weaver Densford Hall
308 Harvard Street SE
Minneapolis, MN 55455
612-624-6179
garcia@umn.edu

Patricia M. Schoon, MPH, RN, Retired
Adjunct Associate Professor
Graduate and Professional Programs
Saint Mary’s University of Minnesota
Distance Clinical Instructor
University of Wisconsin Oshkosh
871 Mendakota Court, Mendota Heights, MN 55120
651-452-5337 (home) / 651-335-5337 (cell)
patschoon@gmail.com