CSUN
NURSING

Department of Nursing
Preceptor Handbook
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td>3</td>
</tr>
<tr>
<td>Mission, Values, Philosophy and Framework</td>
<td>4</td>
</tr>
<tr>
<td>Terminal Student Learning Outcomes</td>
<td>7</td>
</tr>
<tr>
<td>Curriculum Overview</td>
<td>8</td>
</tr>
<tr>
<td>Clinical Site Requirements</td>
<td>12</td>
</tr>
<tr>
<td>Student Requirements</td>
<td>12</td>
</tr>
<tr>
<td>Clinical Instructor/Liaison</td>
<td>12</td>
</tr>
<tr>
<td>The Role and Responsibilities of the Preceptor</td>
<td>13</td>
</tr>
<tr>
<td>The Role and Responsibilities of CSUN Faculty</td>
<td>14</td>
</tr>
<tr>
<td>The Role of the Nursing Student</td>
<td>15</td>
</tr>
<tr>
<td>The Role of the Nursing Clinical Coordinator</td>
<td>16</td>
</tr>
<tr>
<td>&quot;Reality Shock&quot; or &quot;From Novice to Expert&quot;</td>
<td>17</td>
</tr>
<tr>
<td>The Phases of Preceptorship</td>
<td>18</td>
</tr>
<tr>
<td>The Learning Process</td>
<td>19</td>
</tr>
<tr>
<td>Principles of Effective Communication</td>
<td>19</td>
</tr>
<tr>
<td>Steps in Problem Solving</td>
<td>20</td>
</tr>
<tr>
<td>Steps in Decision Making</td>
<td>20</td>
</tr>
<tr>
<td>Methods of Conflict Resolution</td>
<td>20</td>
</tr>
<tr>
<td>Some Tips from Expert Preceptors</td>
<td>21</td>
</tr>
<tr>
<td>Evaluating Students</td>
<td>23</td>
</tr>
<tr>
<td>References</td>
<td>24</td>
</tr>
</tbody>
</table>
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CSUN – Department of Nursing: Mission, Values, Philosophy and Framework

Mission

The mission of the CSUN Bachelor of Science in Nursing (BSN) program is to develop professional nursing leaders in all areas of practice who can apply new and past knowledge and can build upon existing competencies.

Values

We value integrity, advocacy, excellence, life-long learning, respect for others, and competence.

Philosophy & Framework

The faculty of the California State University, Northridge, nursing program support the philosophy and mission of California State University, Northridge (CSUN), the College of Health and Human Development, and the Department of Health Sciences. The framework and patients’ philosophy reflect faculty beliefs regarding customers, the health-illness continuum, environment, nursing practice, and importance of the contributions of related disciplines to nursing practice and knowledge. Content related to these areas and to all aspects of the philosophy are woven into the curriculum from the first to last semesters. Courses reflect an understanding of all persons, whether students, faculty, or patients, as diverse, psychosocial, physical, and spiritual beings. The concepts and language of the faculty are largely grounded in Dorothea Orem’s (2001) self-care deficit nursing theory and complemented by other theories and models such as health promotion model (Pender et al., 2006) and transcultural nursing theory (Leininger, 2006).

The Nursing Program framework emphasizes the practice of professional nursing including the design of nursing systems to promote health prevention, and provide assistance to individuals, families, groups, communities, and populations who are either unable to meet self-care and dependent-care needs or who require assistance for therapeutic self-care. A variety of theories are applied to assist clients to achieve optimal levels of wellness. The faculty believe the following about persons, environment, health, and professional nursing.

Persons are unique physical, psychosocial, spiritual beings with the responsibility for self-care and dependent care agency. As physical beings humans act upon and are subject to the material world, as psychosocial beings they interact with society, and as spiritual beings they seek meaning in and interact symbolically with their environment. The responsibility for self-care and dependent care agency rests on the human capacity for self-knowledge, learning, ethical behavior, and deliberate action.
Persons demonstrate varying abilities to practice self-care agency and to give and receive appropriate dependent-care agency. Self-care agency is determined first by the ability of persons to perform activities that maintain their own physical, psychosocial, and spiritual health. Secondly, it is determined by the ability of persons to receive appropriate dependent care when, for therapeutic reasons they must refrain from self-care activities. The ability of persons to practice activities that maintain the physical, psychosocial, and spiritual health of vulnerable individuals determines dependent-care agency. Agency is the ability and decision to take action. Adult persons have primary responsibility for self-care and for the care of their dependents within the context of family, groups, community, and populations. Dependent and vulnerable persons—including the elderly, the challenged, and children—are those who are unable independently to exercise either effective self-care or dependent-care activities.

The external environment or society influences both the development of persons throughout the life span and their ability to seek and maintain health. Society includes other individuals, families, groups, communities, and populations who in varying degrees are both similar and diverse in many attributes, such as culture, religion, age, education, socioeconomic status, health beliefs, and health resources available to them in their own geographic area. In the United States persons must exercise self-care and dependent-care within an increasingly community-based and community-focused environment of integrated health care systems. The faculty believe that health care in the United States is a client-driven wellness system, the dynamic interaction of person and environment affects their health and well-being.

The health or internal environment of persons is a dynamic state of wholeness and well-being along physical, psychosocial, social, and spiritual continuums. Health is supported by the person's ongoing ability to practice self-care and to give or receive appropriate dependent-care within the family, groups, communities, and populations. Any interference with the ability to perform self-care and dependent-care, or to receive, and give appropriate dependent care, indicates a need for professional nursing practice.

The art and science of professional nursing includes assessment, diagnosis, planning, delivery and evaluation of care that assists individuals, families, groups, communities, and populations to meet potential and actual deficits in self-care and dependent-care needs. Nurses diagnose, plan, intervene, and evaluate outcomes. They serve as leaders and coordinators of care in providing direct and indirect care. Nursing practice takes place within a context of caring relationships with a goal of assisting individuals, families, groups, communities, and populations to achieve optimal health and well-being and make informed decisions about self-care and dependent care.

Nursing practice as a foundation in a distinct body of knowledge acquired from the integration of knowledge from nursing and other disciplines such as biological sciences, social sciences and the humanities. Application of nursing knowledge to health and illness results in the analysis and improvement of nursing practice. In addition to a knowledge base and psychomotor and technical skills, the following are essential: critical thinking, communication and interpersonal skills, leadership, management, teaching, and the use of current research, technology and information systems. Nursing practice involves a process of action and evaluation in order to reach outcome-based goals of clients. The client may be an individual, a group, a family, a community, or a population. CSUN BSN graduates through critical
thinking, therapeutic interventions, and communication demonstrate Professional nursing practice.

**Critical thinking** is the use of reflective reasoning to form goal-directed decisions. It is a purposeful and systematic process that involves analysis and interpretation, inductive and deductive reasoning, drawing logical inferences, and evaluating and justifying those inferences. The critical thinker is inquisitive, well-informed, flexible, focused, creative, and open to new ideas and reconsideration.

Therapeutic nursing intervention is the direct or indirect application of the nursing process to diagnose and treat human responses to actual or potential health problems. Nursing practice incorporates the caring and inquiry processes to diagnose, treat, teach, lead, manage, communicate, coordinate, collaborate, and consult with individuals, families, groups, communities, and populations within the context of promoting well-being. The ability to provide theory-based therapeutic nursing interventions is the core of professional nursing practice.

**Collaboration** is the dynamic developmental process of receiving, integrating, synthesizing, communicating, and transmitting perceptions, thoughts, and ideas in verbal, non-verbal, and written interaction. Within an intentional caring process, messages are effectively conveyed by persons or technology. Outcomes of communication are reflected in the student's written, oral, and non-verbal communication, group process, information technology, and/or media production.

**Nursing education** is a caring, collaborative, and dynamic process shared by students, faculty, administration, and the community of nursing. The process of professional nursing education is personalized and takes into consideration students’ diverse backgrounds, including their education, existing competencies, cultural milieus, ethnicities, communication skills, learning styles, goals, motivations, and support systems. The faculty believe that the education of nurses is achieved through the joint efforts of students, faculty, university administration and the nursing community. Faculty believe that nursing students are or can learn to become self-directed, adult learners who are able to accept responsibility for their own learning. Course objectives, content, and learning activities reflect both the diversity of BSN students and the diversity of the individuals, families, groups, and communities whom they serve.
**Terminal Student Learning Outcomes**

Upon completion of the CSUN RN to BSN Program, graduates will use critical thinking, therapeutic nursing interventions, and effective communication in order to:

1. Use nursing systems to promote health and prevent disease & injury among diverse communities, families, and individuals across the life span.

2. Translate current, best evidence into practice that meets professional standards.

3. Demonstrate competence in information management and patient care technology.

4. Function collaboratively as a member within an inter-professional healthcare community to improve health outcomes.

5. Provide direct and indirect care within legal and ethical professional standards.

6. Demonstrate leadership skills in providing safe, quality, patient-centered care to individuals, families, groups, communities and populations.

7. Serve as a patient advocate locally, nationally, and globally.

Curriculum Overview

The B.S. in Nursing (BSN) enables students to function independently and interdependently with other professionals in a wide variety of settings and to meet the present and future health care needs of society.

Three tracks exist within the CSUN BSN curriculum: 1) the post-licensure RN to BSN track, 2) the pre-licensure Accelerated BSN track and 3) the Collaborative Pathway ADN-BSN track. The framework for the RN-BSN, A-BSN, and ADN-BSN emphasizes the practice of professional nursing as the design of nursing systems that will best promote the self-care and dependent care agency of individuals, families, groups, communities and populations.

In the three tracks; RN-BSN, A-BSN, and ADN-BSN courses are built from the foundation courses through application level courses to synthesis knowledge learned. The courses in which require precepting students are the highest level: Synthesis. Synthesis level courses are capstone courses where students synthesize knowledge derived from previous course work. Students are expected to demonstrate independent, self-directed learning with a clinical emphasis on leadership and management of nursing systems for individuals, families, groups, communities, and populations.

Synthesis courses:

1. **NURS 427 Dynamics of Nursing Leadership**: Focuses on the function of the professional nurse as self-care agent through leadership, administration and change. Presents theories of group dynamics, leadership, organizations, planned change, power and conflict as they apply in the nursing unit. Regular written assignments are required. Lab: Application of self-care agency through use of leadership and administration theories and skills in clinical settings. Students synthesize professional nursing roles through individualized learning contract. See Appendix A.

2. **NURS 427L Dynamics of Nursing Leadership Lab**: Focuses on application of self-care agency through use of leadership and administration theories and skills in clinical settings. Students synthesize professional nursing roles through individualized learning contracts. See Appendix A-1.

3. **NURS 428 Community Health Nursing**: Theory and multicultural society. Study of self-care agency and therapeutic self-care needs of individuals, families, the community and society. Regular written assignments required. Clinical experience in community health agencies under the leadership of nursing faculty. See Appendix B.

4. **NURS 428L Community Health Nursing Lab**: Theory and multicultural society. Study of self-care agency and therapeutic self-care needs of individuals, families, the community and society. Regular written assignments required. Clinical experience in community health agencies under the leadership of nursing faculty. See Appendix B-1.
RN to BSN Curriculum:

The **RN to BSN** degree plan articulates with community college programs and provides a baccalaureate completion program for **LICENSED RNs** with an associate degree in nursing or its equivalent. Students are individuals already licensed by the state to practice as registered nurses and are seeking to advance their nursing knowledge and education. The RN to BSN curriculum gives students an opportunity to broaden their base of liberal education through Upper Division general education and elective courses. RN to BSN students may attend full-time or part time with nursing courses 1-2 days per week. Nursing courses enhance knowledge of human development, assessment skills, and theories of nursing, ethics and current issues in the practice of professional nursing, community health, leadership and research. Course work includes:

**Level One: Foundation**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 303</td>
<td>Professional Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NURS 302</td>
<td>Basic Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>NURS 307</td>
<td>Health Assessment in Self Care Agency</td>
<td>2</td>
</tr>
<tr>
<td>NURS 307L</td>
<td>Health Assessment in Self Care Agency Lab</td>
<td>1</td>
</tr>
<tr>
<td>NURS 310</td>
<td>Principles of Nursing Research</td>
<td>3</td>
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**Level Two: Application**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>NURS 306</td>
<td>Supportive/Educative Nursing Systems</td>
<td>3</td>
</tr>
<tr>
<td>NURS 308</td>
<td>Family Systems Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NURS 426</td>
<td>Nursing Systems Issues &amp; Ethics</td>
<td>3</td>
</tr>
<tr>
<td>NURS 488</td>
<td>Epidemiology</td>
<td>3</td>
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**Level Three: Synthesis**

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<tr>
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<th>Title</th>
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<tbody>
<tr>
<td>NURS 427</td>
<td>Dynamics of Nursing Leadership</td>
<td>3</td>
</tr>
<tr>
<td>NURS 427L</td>
<td>Dynamics of Nursing Leadership Lab 6 hours/week</td>
<td>2</td>
</tr>
<tr>
<td>NURS 428</td>
<td>Community Health Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NURS 428L</td>
<td>Community Health Nursing Lab-6hrs/week</td>
<td>2</td>
</tr>
<tr>
<td>NURS495AA</td>
<td>Clinical Advances in Health Sciences (RN to BSN Senior Project)</td>
<td>2</td>
</tr>
</tbody>
</table>
A-BSN Curriculum

The Accelerated BSN (A-BSN) track is an intensive, PRELICENSURE, 15-month immersion degree plan for those who have an earned BA/BS from an accredited university. That degree plan builds on the strong academic backgrounds of these students and includes all state- required pre-licensure content. In addition to those areas emphasized in the RN to BSN, A-BSN students complete class and clinical work related to adult medical-surgical, geriatric, pediatric, psychiatric/mental health, and childbearing families. Courses include:

Level One: Foundation

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>NURS 302</td>
<td>Basic Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>NURS 315</td>
<td>Pharmacology</td>
<td>2</td>
</tr>
<tr>
<td>NURS 307</td>
<td>Health Assessment in Self-Care Agency</td>
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<tr>
<td>NURS 307L</td>
<td>Health Assessment in Self-Care Agency</td>
<td>1</td>
</tr>
<tr>
<td>NURS 318</td>
<td>Introduction to Professional Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NURS 318L</td>
<td>Introduction to Professional Nursing</td>
<td>4</td>
</tr>
<tr>
<td>NURS 310</td>
<td>Principles of Nursing Research</td>
<td>3</td>
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Level Two: Application

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<tr>
<th>Course Number</th>
<th>Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>NURS 319</td>
<td>Effective Communications in Professional</td>
<td>2</td>
</tr>
<tr>
<td>NURS 321/AL</td>
<td>Adult/Older Adult Medical-Surgical Nursing and Lab</td>
<td>4/8</td>
</tr>
<tr>
<td>NURS 321BL</td>
<td>Nursing Care of Older Adult: Clinical Lab</td>
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<tr>
<td>NURS 426</td>
<td>Nursing Systems Issues and Ethics</td>
<td>3</td>
</tr>
<tr>
<td>NURS 430/L</td>
<td>Psychiatric/Mental Health Nursing and Clinical Lab</td>
<td>2/1</td>
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<tr>
<td>NURS 443/L</td>
<td>Nursing Care of Children and Clinical Lab</td>
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<tr>
<td>NURS 444/L</td>
<td>Nursing Care of the Childbearing Family and Clinical Lab</td>
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<td>HSCI 488</td>
<td>Epidemiology</td>
<td>3</td>
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Level Three: Synthesis

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<th>Course Number</th>
<th>Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>NURS 427</td>
<td>Dynamics of Nursing Leadership</td>
<td>3</td>
</tr>
<tr>
<td>NURS 427L</td>
<td>Dynamics of Nursing Leadership Lab (6 hrs/week)</td>
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<tr>
<td>NURS 428</td>
<td>Community Health Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NURS 428L</td>
<td>Community Health Nursing Lab-6hrs/wk</td>
<td>2</td>
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ADN-BSN: Community College Collaborative

The **ADN-BSN Pathway Program** is a collaborative model for academic progression in Nursing that links CSUN with designated California Community College (CC) partners. This program enables the ADN student to earn a BSN degree in just over 2 1/2 years from starting the program. This enables a significant increase to access and the capacity to advance more BSN-prepared RNs into the nursing workforce. The course sequence includes:

### CSUN NURSING COURSE SEQUENCE

<table>
<thead>
<tr>
<th>1st Spring Semester</th>
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<th>3rd Summer Semester</th>
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<tbody>
<tr>
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<td>CSUN Units</td>
<td><strong>COURSE</strong></td>
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<td>Total 0</td>
<td>UD General ed for nonB/BS if already have earned 60 units</td>
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<tr>
<td></td>
<td></td>
<td>Nurs 324 Nursing systems issues</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>1st Summer Semester</td>
<td>2nd Summer Semester</td>
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<tr>
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<td>CSUN Units</td>
<td><strong>COURSE</strong></td>
</tr>
<tr>
<td>HSCI 458 Epidemiology</td>
<td>3</td>
<td>Nurs 303 Professional Nursing</td>
</tr>
<tr>
<td>Nurs 302 Pathophysiology</td>
<td>3</td>
<td>Nurs 330 Nursing res (EER)</td>
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<tr>
<td>Nurs 387/387L Health assessment</td>
<td>2/2</td>
<td>Nurs 386 Family Systems course</td>
</tr>
<tr>
<td>Total 9</td>
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<td>Total 9</td>
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<tr>
<td>1st Fall Semester</td>
<td>2nd Fall Semester</td>
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<tr>
<td><strong>COURSE</strong></td>
<td>CSUN Units</td>
<td><strong>COURSE</strong></td>
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<tr>
<td>UD General ed for nonB/BS if already have earned 60 units</td>
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<td>UD General ed for nonB/BS if already have earned 60 units</td>
</tr>
<tr>
<td>Total 3</td>
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<td>Total 3-6</td>
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**KEY**
- CSUN NURSING COURSES
- GE FOR STUDENTS WITHOUT BA/BS
Requirements

Clinical Site Requirements

1. Orient the student to the facility and to the unit as necessary.
2. Facilitate student involvement in daily nursing staff activities as appropriate for level and objectives.
3. Recognize that the student needs an environment of support, feedback and inquiry.

Student Requirements

1. Complete agency orientation requirements and complete needed forms.
2. Arrive promptly when scheduled to work; BE SURE to call the unit and your clinical faculty if you cannot attend your assigned clinical facility.
3. Provide safe, basic nursing care at the highest level of your knowledge/competence.
4. Participate in daily patient care and unit activities as delegated by the assigned preceptor.
5. Share your objectives with your preceptor.
6. Review your competency achievements on a regular basis (weekly) with your preceptor and your clinical instructor/faculty liaison.

Clinical Instructor/Liaison

1. Seek regular feedback from the student and the agency/preceptor on progress and developments.
2. Provide regular feedback to students and agency/preceptor on progress and development; keep written records at least at midterm and final points of experience.
3. Be available for questions, problem identification and resolution.
4. Meet regularly with student(s) for clinical conferences.
The Role and Responsibilities of the Preceptor

Role: The preceptor is an RN employee of a healthcare agency, who agrees to serve as role model and teacher directing senior BSN student learning in the clinical setting. Preceptors must demonstrate strong interpersonal skills and the abilities to set goals, to plan learning experiences, and to provide meaningful feedback about performance to the learner/student. Preceptors are generally expected to hold a BSN degree or higher, preferably with experience.

Responsibilities: Preceptors are expected to:

1. Submit curriculum vita or other appropriate documentation of expertise and academic preparation to CSUN faculty or clinical coordinator. (No need to redo vita format; just needs to be up-to-date.)

2. Complete preceptor orientation to the CSUN Nursing Program curriculum and clinical course.

3. Clarify expectations with and communicate concerns to the CSUN faculty as needed.

4. Set goals with the student in collaboration with the faculty according to curriculum.

5. Review and revise with the learner, her or his written learning contract/goals.

6. Assist learner with agency orientation, scheduling, and opportunities for completing clinical objectives within the agency, and provide opportunities for student integration into the clinical agency.

7. Meet weekly with the learner in order to clarify questions, goals, expectations, and progress and participate in identification of learning needs of the nursing student and coordinate learning experiences within the agency.

8. Model patient care in accordance with established, evidence-based nursing practice standards.

9. Fulfill nursing duties according to hospital and unit policies and procedures.

10. Notify faculty and arrange for alternative preceptor in the event that the preceptor is unavailable during a student clinical day.

11. Monitor the progress of the student in meeting clinical objectives and facilitate the student's professional socialization into the new role and with a new staff.

12. Consult with the CSUN faculty member regularly during the clinical course.

13. Provide the student/Lead faculty with feedback on student’s progress, based on preceptor's observation of clinical performance, assessment of achievement of clinical competencies and patient care documentation.

14. Complete written documentation of student progress in meeting objectives at midterm and at the end of the semester.

15. Participate in ongoing evaluation of the program.
The Role and Responsibilities of CSUN Faculty

Role: Faculty are registered nurses with advanced degrees, who are employed by CSUN and who are responsible for the day-to-day oversight of student learning under the guidance of the preceptor. Faculty have complete responsibility for final evaluation and grading of the student.

Responsibilities: Faculty are required to:
1. Facilitate communication between preceptor and student in that faculty’s assigned clinical group.
2. Meet and communicate regularly with the preceptor and student throughout the semester.
3. Maintain accessibility and flexibility to meet the needs of preceptors and students.
4. During on-site visits with preceptor and students, review student progress in meeting objectives.
5. Conduct regular clinical conferences with students enrolled in the clinical course throughout the semester.
6. Evaluate student performance based on data gathered from preceptors, observations, and student work.
7. Complete midterm and final student clinical evaluations.
8. Provide faculty's midterm and final student clinical evaluations to individual students.
9. Determine final student grade based on student performance as documented by student written assignments, faculty observations, and preceptor feedback.
10. Submit final clinical grade to the University as required by policy.
11. Assure completion of preceptor and clinical agency evaluations of students, and return these to Clinical Coordinator or Nursing Program Director.
12. Validate prior to allowing student into the clinical area that all items on the clinical checklist (e.g., Health Clearance, TB testing) and any other items as required by agency are current (e.g., Background Check, drug screen). (See Appendix A for current clinical checklist). Continue to enforce the requirements during the rotation.
13. Provide student confirmation of meeting agency clinical requirements meeting the clinical checklist.
14. Provide own confirmation of meeting clinical checklist as required by agency are current (e.g. Health Clearance, TB testing, Background Check, drug screen).
The Role of the Nursing Student

Role: The student is an adult learner, who bears the responsibility for learning and for completing all assignments on time and in accordance with ethical standards and published guidelines.

Responsibilities: Students are required to:

1. Abide by all applicable rules of conduct and the academic guidelines that are included in the CSUN catalog and Nursing Program materials and maintain current documentations of all items on the clinical checklist tracker through using Certified Back Ground Check tracker.

2. Abide by all applicable agency rules of conduct, and the BSN Student Handbook.

3. Maintain professional behavior and dress when present in the agency. This includes wearing a student name-tag.

4. Provide a copy to the preceptor of draft written learning contract/goals during the 1st meeting with the preceptor. Negotiate elements of the contract in good faith.

5. During 1st meeting with preceptor, provide written contact information to the preceptor, including student's email, phone(s), & mailing address, for use in event of need to change clinical hours or plans with preceptor.

6. Complete any required agency orientation, including online self-study, completion of manuals (e.g. Code of conduct, HIPPA, Network Usage) according to the agency policy.

7. Participate in the identification of own learning needs and in the planning and implementation of learning experiences

8. Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience.

9. Accept and act in accordance with the direction provided by the preceptor.

10. Clarify assignments and required activities with the faculty and preceptor as needed.

11. In the event of illness or emergency, notify the preceptor and CSUN faculty prior to any absence from planned clinical hours.

12. Complete all assignments and all clinical hours within specified time frames.

13. Abide by the ethical guidelines and codes of ANA, CSUN, and the agency.

14. Serve as a patient advocate and maintain confidentiality.

15. Complete a preceptor evaluation and submit it to faculty at the end of the clinical experience.

16. Maintain complete personal records of ALL DOCUMENTS submitted as part of the clinical checklist materials.
17. Participate in ongoing evaluation of progress with the preceptor, program director and faculty clinical liaison

18. Participate in ongoing evaluation of the program

**The Role of the Nursing the Clinical Coordinator Role**

**Role:** The clinical coordinator is a member of the CSUN faculty or administrative staff who bears overall responsibility for the selection, coordination, and evaluation of the appropriateness of the agency to meet student objectives. The clinical coordinator may also function in the role of clinical faculty and/or assistant program director.

**Responsibilities:** The clinical coordinator is required to:

1. Identify clinical sites appropriate for student clinical learning objectives.

2. Recommend agency staff to become or continue as preceptors.

3. Coordinate preceptor orientation.

4. Maintain a file of the requirements of specific agencies for students assigned to those agencies.

5. Notify clinical faculty and student of requirements unique to particular agencies.

6. Assign students to clinical preceptors & agencies, and provide CSUN clinical faculty with that information.

7. Meet with clinical faculty or preceptors on an as needed basis.

8. Keep Nursing Program Director appraised of the status of affiliations and related issues or concerns.

9. Compile agency evaluations, preceptor evaluations, and history of student placements.

10. Assure that all contract requirements of CSUN are met.
Guidelines for Effective Student-Preceptor Experience

"Reality Shock" or "From Novice to Expert"

The term "reality shock" is sometimes used to describe the reaction of students when they discover that the clinical experience does not always match the values and ideals that they had anticipated. There are four phases of adaptation to this reaction: the honeymoon, the shock, the recovery and the resolution as described by Patricia Benner and her colleagues in the classic text From Novice to Expert: Excellence and Power in Professional Nursing Practice.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Behaviors</th>
<th>How to Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Honeymoon</td>
<td>• Perceives everything as being wonderful</td>
<td>• Harness the student’s enthusiasm for skills and routines</td>
</tr>
<tr>
<td></td>
<td>• Fascinated by the newness of the experience</td>
<td>• Be realistic but don’t stifle the enthusiasm</td>
</tr>
<tr>
<td></td>
<td>• Focused on mastery of skills, routines and integration with the staff</td>
<td>• Introduce the student to the staff, be inclusive</td>
</tr>
<tr>
<td>The Shock/Crisis</td>
<td>• Sets in when needs and goals are not met</td>
<td>• Be a good listener</td>
</tr>
<tr>
<td></td>
<td>• Experiences outrage</td>
<td>• Have the student record his/her suggestions for improvement</td>
</tr>
<tr>
<td></td>
<td>• Rejects school and work values</td>
<td>• Provide opportunities to vent</td>
</tr>
<tr>
<td></td>
<td>• Preoccupied with the past</td>
<td>• Assist the student to see more of the situation and view it more objectively</td>
</tr>
<tr>
<td></td>
<td>• Globally negative</td>
<td></td>
</tr>
<tr>
<td>The Recovery</td>
<td>• Sense of humor returns</td>
<td>• Assist student to see positives</td>
</tr>
<tr>
<td></td>
<td>• Tension lessens</td>
<td>• Talk about ways to improve the work environment</td>
</tr>
<tr>
<td></td>
<td>• Discrimination between effective and ineffective behaviors</td>
<td>• Verify and support critical thinking efforts</td>
</tr>
<tr>
<td>The Resolution</td>
<td>• Conflicts in values resolve in either constructive or destructive ways (crisis doesn’t last forever)</td>
<td>• Assist the student with constructive problem solving</td>
</tr>
<tr>
<td></td>
<td>• Could see rejection of role/nursing or burnout, or new ways to cope positively</td>
<td>• Help the student with new, more helpful coping mechanisms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Acknowledge and manage conflicts that persist</td>
</tr>
</tbody>
</table>
The Phases of Preceptorship

I: Establishing the Relationship  Establishing trust is one of the most crucial steps in the preceptor-student relationship and provides the foundation upon which the learning experience will develop. The student frequently experiences anxiety in this new learning situation and can benefit from structure provided by the preceptor in the form of carefully scheduled meetings and conferences. The preceptor’s availability at the beginning of the student’s placement is crucial in planning the student’s experience.

In the first few weeks of the semester, the focus of the relationship is to clarify roles, discuss mutual experiences, and review the student’s background, career goals and learning objectives and to discuss agency policies. Orienting the student to the clinical setting, especially if the student has not been there before, promotes entry into the system and communicates respect and acceptance. The preceptor and student negotiate and determine the frequency of scheduled conferences that best meets the needs of the student and the schedule of the preceptor. Weekly or bi-weekly conferences are recommended.

II: The Working Phase  The implementation of an educational plan is the main focus of the working phase. Reviewing the student’s experience, discussing patients, exploring feeling regarding the experience and identifying the meeting of learning objectives are all appropriate areas that can be discussed. Feedback from the preceptor on a regular basis assists the student in maximizing his/her strengths and systematically addressing problems that may interfere with the achievement of the professional role.

During this phase, preceptors serve as role model, resource person and consultant to the student. By demonstrating his/her own skills as an expert clinician, the preceptor assists the student in role development, application of theory and science, problem solving and decision-making. An effective strategy is to encourage the student to observe and analyze the preceptor’s role as s/he works with patients and families and interacts with colleagues and staff members. Mutually sharing observations and discussing strategies for nursing practice enables the student to enrich his/her own understanding of how the role is operationalized and how problems are solved.

By applying the principles of adult education, the student’s self-direction and autonomy are fostered. Over time, utilization of the preceptor changes: the preceptor becomes less directive and the student becomes more independent and self-reliant. A loss may be felt by the student and preceptor as the relationship changes.

Evaluation is an ongoing process to assess how the learner is achieving his/her goals. At least daily verbal feedback is helpful. Students, through their clinical logs and competency checklists, should track their own progress and accomplishments. Formal, written evaluation procedures should occur at midterm and at the end of the experience, using the program evaluation forms provided. The clinical faculty liaison is responsible for the grade but the input of the preceptor is invaluable. Nevertheless, the final responsibility for the grade belongs to the faculty member. Even if the student does not agree with the evaluation received, all parties involved should sign the evaluation form. The student has the opportunity to write a response.

There are many aspects of being a preceptor to a nursing student. Each student in the ETP program is an adult learner. Recognizing this as well as the steps involved in learning a new role that are specific to an adult learner will assist you in being a successful preceptor. Following are several tips on problem solving, decision-making, communication, conflict resolution and advice
The Learning Process

1. Learning is an active and continuous process manifested by growth and changes in behavior.
2. Learning styles vary from one individual to another.
3. Learning is dependent on the readiness, emotional state, abilities and potential of the learner, as well as his/her life experiences.
4. Learning happens when the material to be learned is relevant to the learner.
5. Learning takes place ‘within’ the learner: unless a new behavior or competency has been ‘internalized,’ it hasn’t been ‘learned.’
6. Moving from simple to complex and known to unknown facilitates learning.
7. Learning is facilitated when the student has an opportunity to test ideas, analyze mistakes, take risks and be creative.
8. Learning how to learn and that learning is a life-long process enables the students to deal with expansion of knowledge and changes in nursing and society.
9. Learning is facilitated when the learner has feedback of his/her progress toward the goal.
10. Learning takes place more effectively in situation where satisfaction is derived: good work deserves praise just as problem performance requires correction.
11. Interpersonal relationships are important in determining the kind of social, emotional and intellectual behavior that emerges in the learning situation.
12. Recognition of similarities and differences between past and current experience facilitates the transfer of learning.

Principles of Effective Communication

1. An active listener shows interest and acceptance.
2. Eye contact is important.
3. Be open-minded and avoid prejudging the speaker or the message.
4. Tune into words, meanings and feeling conveyed.
5. Focus on the central message or the message being sent.
6. Note the other person’s body language (and your own...).
7. Avoid interrupting.
8. Listen first, then respond.
9. Respond to what is communicated rather than how the message is sent.
10. Ask questions to verify your understanding of the message: ‘Do I understand you correctly that...’ ‘What I hear you saying is...’
11. Communication involves both the sending and receiving of a message.
12. ‘I’ messages (I think, I feel) are more effective than ‘you’ messages; they minimize defensiveness and resistance to further communication. ‘Shoulds’ and ‘Oughts’ hinder communication.
13. Communication is more effective when it involves talking with and to rather than at the listener.
**Steps in Decision Making**

1. Determine situations that require some action be taken.
2. Analyze possible courses of action and the potential effects (determine pros and cons, gather evidence and opinions).
3. Select the best course of action from the available alternatives.
4. Implement the selected action.
5. Monitor the effect of the decision.
6. Reevaluate the decision in light of the effects and outcomes.

**Steps in Problem Solving**

1. Define the nature of the problem.
2. Identify possible causes of the problem.
3. List a number of possible solutions for each cause: identify the evidence for each one.
4. Select the best solution.
5. Decide on necessary actions and implement them.
6. Reassess, evaluate and replan as necessary.

**Methods of Conflict Resolution**

- **Denial or Withdrawal** Using this approach, the person attempts to get rid of the conflict by denying that it exists. S/he simply refuses to acknowledge it. Usually the conflict does not disappear but will grow to the point where it becomes all but unmanageable. When the issue or the timing is not critical, denial can be a very productive way of dealing with conflict.

- **Suppression or Smoothing Over** A person using suppression plays down the differences and does not recognize the positive aspects of handling conflict openly. Again, the source of the conflict rarely goes away. Suppression may be used when it’s more important to preserve a relationship that to deal with an insignificant issue through conflict.

- **Power or Dominance** Power is often used to settle differences. The source of power may be vested in one’s authority or position. Power may take the form of a majority, or of a persuasive minority. Power strategies result in winners and losers, and the loser will not usually support the final decision in the same way winners will. Future meetings of the group may then be marred by the conscious or unconscious renewal of the struggle previously ‘settled’ by the use of power. In some instances, where other forms of handling conflict are clearly inappropriate, use of power can be effective.

- **Compromise or Negotiation** Although often regarded as a virtue, this method has some drawbacks. Bargaining often causes both sides to assume an inflated position, since each is aware that the other is ‘going to give a little.’ The compromise solution may be watered down or weakened to the point where it will not be effective, and there is often not enough commitment by any of the parties. There are times when compromise makes sense, such as when resources are limited or when it is necessary to avoid a win-lose situation.

- **Integration or Collaboration** This approach requires that all parties recognize the abilities and expertise of the others. Each individual’s position is well prepared, but the emphasis of the group is in trying to solve the problem at hand, rather than in defending particular
positions or factions. All involved expect to modify their original view as the group’s work progresses. Ultimately the best of the group’s thinking will emerge. The assumption is that the whole of the group effort exceeds the sum of the individual member contributions. If this approach is allowed to become an either/or statement or if because of lack of resources the conflict is resolved by the use of power, the final decision will suffer accordingly.

**Some Tips from Expert Preceptors**

1. Remember how you felt when you started a new job and how incompetent you felt. If you can remember how overwhelmed you felt, then you can understand the student.
2. Make the student feel welcome by introducing him/her to other staff members.
3. Listen to what the students need or want to learn, and don’t present only what you want to teach. One teaches more by what one does than by what one says.
4. Take time in the beginning to explain explicitly what will be expected. This decreases anxiety and helps both parties know what to expect of the other. Be sure you are accurate in what is expected...
5. Remember that every individual is unique and that you must tailor the learning to the individual.
6. Get to know the student’s strengths and weaknesses as soon as possible, and then help find experiences to address the weaknesses and capitalize on the strengths.
7. Learn from your student: they usually bring a wealth of information with them.
8. Be patient and understanding.
9. Give the student some independence; don’t do too much for them.
10. Don’t rush the teaching.
11. Communicate!
12. Be open and honest.
13. Encourage the student to either ask for advice or consult with any member of the staff if unsure of his/her assessment of a patient.
14. Let people make mistakes - as long as it doesn’t jeopardize patient safety. This is an excellent way for learning to have an impact.
15. Encourage questions, and make sure the student understands that no question is stupid.
16. Make sure to take 10-15 minutes at the end of the shift to review what was learned, answer questions and set goals for the next time.
17. Go step by step: students cannot be taught short cuts - they first need to learn things the established way. On the other hand, if there is a safe short cut, share it!<
18. Build on previously learned knowledge.
19. Create a non-threatening environment that is friendly because learning can be stressful.
20. Give feedback along the way - find the positives and share them; don’t wait to ‘drop a bomb’ till the end of the experience.
21. Keep a brief outline of what was covered each day - better still, have the student do it!
22. Set clear goals with time for feedback in both directions.
23. Be open and available after the new training time has ended.
24. Have fun! Laughter can be most helpful sometimes.
25. Remember that everyone has a contribution to make.
Table 1.
Precepting in a Pinch – Guidelines for Stress Reduction

<table>
<thead>
<tr>
<th>PREPARE</th>
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</thead>
<tbody>
<tr>
<td>• Know clinical skill level of the student.</td>
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<tr>
<td>• Who is doing what for each patient?</td>
<td></td>
</tr>
<tr>
<td>• When does the day end for the student?</td>
<td></td>
</tr>
<tr>
<td>• Do student goals and objectives match faculty input?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>RIGHT EXPERIENCE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is the goal multiple skills or total care of patients?</td>
<td></td>
</tr>
<tr>
<td>• How many patients?</td>
<td></td>
</tr>
<tr>
<td>• Is observation appropriate or is skill performance expected?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ENGAGE</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Require written, personal objectives from each student.</td>
<td></td>
</tr>
<tr>
<td>• Is this unit new for the student? Are roles clear?</td>
<td></td>
</tr>
<tr>
<td>• Introduce yourself and your team members.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do you have a cell phone or pager number for faculty?</td>
<td></td>
</tr>
<tr>
<td>• Do you know the faculty member’s location for the assigned time period?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ENERGIZE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Share your enthusiasm and knowledge.</td>
<td></td>
</tr>
<tr>
<td>• Include observation/learning outside routine activities.</td>
<td></td>
</tr>
<tr>
<td>• Keep safety as the first priority; intervene when necessary, but allow the student to learn from experience.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROGRESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Require reports on achievement of personal goals/objectives.</td>
<td></td>
</tr>
<tr>
<td>• Is the student appropriately engaged?</td>
<td></td>
</tr>
<tr>
<td>• If little or no progress is being made, call faculty immediately!</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TALK OUT LOUD</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Have the student talk out loud when making clinical decisions.</td>
<td></td>
</tr>
<tr>
<td>• Require frequent patient updates.</td>
<td></td>
</tr>
</tbody>
</table>
Evaluating Students

Key Points

Gain understanding of courses and preparation of the student for experience.

Don't hesitate to contact faculty with questions or to ask faculty to visit the site with the student anytime or as soon as you have a concern about the student. This can be even after 1 contact with the student.

Communicate frequently with learner.

Be aware that preceptor gives formative evaluation and faculty provides final evaluation.
References


Rodrigues, L. (March/April 1992) *Nursing Staff Development Insider* (2) 2.


List of Appendices

Appendix A: NURS 427 Course Syllabi
Appendix A-1: NURS 427L Course Syllabi
Appendix B: NURS 428 Course Syllabi
Appendix B-1: NURS 428L Course Syllabi
Appendix C: BSN Clinical Checklist
Appendix D: Preceptor Resume Format
Appendix E: Preceptor needs survey & Program evaluation
APPENDIX A

NURS 427 Dynamics of Nursing Leadership (3 units)

PREREQUISITES:
Completion of 300 level nursing courses and lower division writing requirements; NURS 426.

COREQUISITE:
NURS 427L

COURSE DESCRIPTION:
Focuses on the function of the professional nurse as self-care agent through leadership, administration and change. Presents theories of group dynamics, leadership, organizations, planned change, power and conflict as they apply in the nursing unit.

COURSE OBJECTIVES:*
After completing this course, the student will be able to apply liberal studies education, critical thinking and communication skills in order to:

1. Use leadership concepts to design nursing systems as they relate to clients, colleagues, and community. 1,2,4,5,6,7
2. Analyze how philosophy, goals, and organization of a health care system affect the delivery of quality nursing care. 1,4
3. Analyze barriers within a health care organization, which impact the nursing leadership role. 5,7
4. Compare and contrast selected theories of leadership, administration, and organization in relation to the delivery of nursing care. 1,2,4,5,6,7,8
5. Demonstrate accountability for own actions. 2,3,4,5
6. Describe evaluation of planned change. 2,3,4,6
7. Use collaboration in analyzing selected theories and concepts of leadership and administration in professional nursing. 4
8. Relate concepts of power and authority to the professional nursing role and management of nursing care. 1,2,4
9. Identify strategies for conflict resolution in a nursing unit. 4,5
10. Apply nursing research in design of nursing systems (evidence-based practice). 2
11. Apply concepts of nursing informatics and effective use of computers in managing nursing services. 3

*Footnotes are related to proposed aggregate student learning outcomes: #1Nursing Systems, #2EBP, #3Informatics, #4 Interprofessional collaboration, #5 Legal/Ethical practice, #6 Quality, patient-centered care, #7 Patient Advocacy, #8Life-long learner.
Course Outline:

Unit I: Leadership Role in Professional Nursing

A. Leadership Roles and Management Functions

B. Related characteristics and concepts in the nursing situation

1. Personal accountability
2. Client advocacy
3. Collaboration
4. Critical Thinking
5. Problem-solving
6. Decision-making
7. Teaching
8. Research
9. Management
10. Self-actualization

C. Issues related to leadership role

1. Barriers in the Health Care System
2. Cultural diversity
3. Politics
4. Bureaucracy vs. professionalism
5. Economics

Unit II: Theories and Process of Leadership in Nursing

A. Leadership theories related to nursing
B. Theories of Administration and Organization
C. Assessing leadership styles in organizations

Unit III: Related Concepts and Theories

A. Change theory and the process of change
B. Power and authority
C. Motivation
D. Group Dynamics

Unit IV: Leadership Strategies for Nursing Care Delivery

A. Planning
   1. Strategic Planning
   2. Setting goals, philosophy, objectives
   3. Program development, policies, and procedures
   4. Time management
   5. Delegation

B. Organizing the Delivery of Nursing Care
1. Organizational structure
2. Authority and power in organizations
3. Nursing Systems
4. Organizing client care
5. Committees
6. Nursing Informatics
   a. Computer applications for delivery of nursing services
   b. Approaches to staff development for computer literacy

C. Leadership Roles and Functions in Staffing for the Delivery of Nursing Care
   1. Personnel
   2. Fiscal planning/budgeting
   3. Staffing and Scheduling
   4. Staff Development

D. Directing Others in the Delivery of Nursing Care
   1. Application of leadership/management theories
      a. Leadership style
      b. Delegation
      c. Communication
      d. Conflict management
      e. Motivation
   2. The organizational climate
      a. Implementation of change
      b. Unions and employment laws
      c. Cultural diversity

E. Leadership Roles and Functions in Control
   1. Outcome assessment and evaluation
   2. Quality management
   3. Risk management
   4. Performance Appraisal
   5. Discipline

Unit V: Professional and Social Issues in Leadership and Management

   A. Health care policy issues
   B. Ethical issues
   C. Legal Issues
   D. Personal and Professional Growth
      1. Stress management
      2. Career development
      3. Networking
Peer Evaluation Form

To submit this form via e-mail, save a copy to your computer, complete and send as an attachment. Save a copy on your computer. Forward in an attachment to faculty

Directions: Complete for each member in your group.
Date: _____________________ Evaluator/Your name: _____________________________________
Name of student being evaluated:    _____________________________________________________

<table>
<thead>
<tr>
<th>Score</th>
<th>Excellent = 5</th>
<th>Good = 4</th>
<th>Average = 3</th>
<th>Poor = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completed his/her full share of the work or more</td>
<td>Completed an equal share of the work</td>
<td>Did almost as much work as others</td>
<td>Did less work than others</td>
</tr>
<tr>
<td></td>
<td>Took initiative in helping group get organized</td>
<td>Worked agreeably with group concerning times and places to meet</td>
<td>Could be coaxed into meetings with others</td>
<td>Did not meet others as agreed time or place</td>
</tr>
<tr>
<td></td>
<td>Provided many ideas for group project</td>
<td>Participated in discussions about project</td>
<td>Listened a lot but made occasional suggestions</td>
<td>Did not contribute ideas to the project</td>
</tr>
<tr>
<td></td>
<td>Assisted other members</td>
<td>Offered encouragement to others</td>
<td>Seemed preoccupied with own part of the project</td>
<td>Took little pride in group project</td>
</tr>
<tr>
<td></td>
<td>Work was ready on time or sometimes even early</td>
<td>Work was ready very close to agreed time</td>
<td>Work was usually late but completed</td>
<td>Some work never got completed and others completed the assignment</td>
</tr>
<tr>
<td></td>
<td>Clearly communicates desires, ideas, personal needs and feelings.</td>
<td>Usually shared feelings and thoughts with group members</td>
<td>Rarely expressed feelings and preferences</td>
<td>Never expressed feelings.</td>
</tr>
<tr>
<td></td>
<td>Expressed frequent appreciation for other group members</td>
<td>Often encouraged and appreciated others</td>
<td>Encouraged and appreciated work of others but seemed to take work of others for granted</td>
<td>Group members often wondered “What is going on here?”</td>
</tr>
<tr>
<td></td>
<td>Gave feedback to others that dignified</td>
<td>Gave feedback in ways that did not offend.</td>
<td>Sometimes hurt feelings with feedback.</td>
<td>Was openly rude when giving feedback.</td>
</tr>
<tr>
<td></td>
<td>Accepted feedback from others willingly</td>
<td>Reluctantly accepted feedback</td>
<td>Argued own point of view over feedback</td>
<td>Refused to listen to feedback.</td>
</tr>
</tbody>
</table>

Average score = 45

BSN ORAL PRESENTATION
EVALUATION FORM

Complete heading and submit to your faculty before giving your presentation.
Student/s Name: _________________________________________ Date: _____________
Course: _______________ Topic: ____________________________________________

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>%Possible</th>
<th>% Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Comprehensive and appropriate to purpose of presentation.</td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>• Presentation includes clear, logical and relevant examples to clarify main points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Terms are defined.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Presentation is well organized and attention getting. Purpose is specified in the introduction.</td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>• Body of Presentation is related to introductory purpose.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Conclusion is based on the purpose and body of the presentation and is more than summary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Emphasis on key concepts is clear. Logical transitions are made between segments of the paper.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFERENCES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• APA format</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>• Current and peer reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESENTATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Presentation approach is appropriate to topic</td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>• Demonstrates interest in topic.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Demonstrates preparation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• VERBAL: Volume and pace are suitable to audience and content. Pitch, tone and volume vary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• NONVERBAL: Eye contact with audience. Appropriate facial and hand gestures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Responds appropriately to audience feedback / questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any audiovisual aids are used effectively.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Encourages audience participation constructively.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• No reading of PowerPoint</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Faculty Signature: _________________________________________________________

COMMENTS:________________________________________________________________________
_____________________________________________________________________________________
_________________________________________________________________________
APPENDIX A-1

NURS 427 Dynamics of Nursing Leadership Lab (2 units)

COURSE DESCRIPTION:
Focuses on application of self-care agency through use of leadership and administration theories and skills in clinical settings. Students synthesize professional nursing roles through individualized learning contract.

COURSE OBJECTIVES:*
After completing this course, the student will be able to apply liberal studies education, critical thinking and communication skills in order to:

1. Apply decision-making theories and models in a nursing practice setting. 6
2. Apply change theories and models to planned change within a nursing system. 1
3. Use administrative strategies to plan, organize, direct, or control quality nursing care. 6
4. Evaluate structure, process, and outcomes in the management of nursing care. 6
5. Demonstrate accountability, advocacy, and collaboration in the management of nursing care. 4
6. Apply stress management strategies to own professional growth and to colleagues. 8
7. Identify and act on professional growth goals. 8
8. Demonstrate a working knowledge of nursing informatics. 3
9. Demonstrate evidenced based practice. 2

*Footnotes are related to proposed aggregate student learning outcomes: #1 Nursing Systems, #2 EBP, #3 Informatics, #4 Interprofessional collaboration, #5 Legal/Ethical practice, #6 Quality, patient-centered care, #7 Patient Advocacy, #8 Life-long learner.

METHODOLOGY:
Clinical experiences will entail active collaboration with preceptor in applying change, leadership and management theory to a clinical setting.

- The students will be required to go to the agency a minimum of 10 times: 7.5 hours a day to complete their 75 required hours. They must not complete this before the 14th week. If they do, students must continue to show up until the 14th week.
- Students may choose to spend fewer hours per visit and do more visits.
- Students may spend more hours per a visit and adjust it lower on another day.
- Students MUST present a signed documentation that they have showed up at the facility 10 times and completed their last day of their clinical rotation no sooner than the 14th week of the semester.

Seminar meetings may use discussion, small group work, case studies, required reading, library and electronic resources, Hyper News discussion, written assignments, & oral presentations.
Seminar will meet for 15 weeks to meet the total 90 hours required.

Clinical Time Log Summary: Date, time spent, and a 1-2 line summary of activities should be entered for each clinical day spent at the assigned facility by each student. Activities performed must be initialed by your preceptor on the clinical day indicated on the Clinical Time Log Summary form.
# CLINICAL TIME LOG

**SUMMARY**

Preceptor initials are required each week.

**Course NURS 427L**  
Student name: ________________________________________

Preceptor name, title: ___________________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>HRS</th>
<th>Cum. HRS</th>
<th><strong>ACTIVITY (1st 2 lines are examples only)</strong></th>
<th>Preceptor's initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/29/13</td>
<td>2 hrs</td>
<td>2 hrs</td>
<td>Orientation to facility/unit. Met with preceptor and discussed her role</td>
<td>XX</td>
</tr>
<tr>
<td>9/10/13</td>
<td>7 hrs</td>
<td>9 hrs</td>
<td>Attended 3 meetings, discussed change project ideas with preceptor</td>
<td>XX</td>
</tr>
</tbody>
</table>

---

33
Grading Rubric for the change project Presentation

Student/s Name/s: _________________________________________________ Date: _____________
Presentation Topic: ___________________________________________________________________

<table>
<thead>
<tr>
<th>CONTENT/CRITERIA</th>
<th>Possible points</th>
<th>Earned points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review of *Literature</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriateness (10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currency (05)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accuracy (05)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Problem identification and documentation</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Development of plan</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Implementation activities</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Change theory and how it relates to the project</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Evaluation of change process</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. APA format for references</td>
<td>05</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All literature referenced in any written assignment should be from a textbook or refereed (peer-reviewed) journal published within the past five (5) years unless it qualifies as a "classic" or landmark research. Information about how to identify a refereed journal is available.
NURS 427L

CALIFORNIA STATE UNIVERSITY,
NORTHRIDGE
BSN Program

NURS 427L Leadership in Nursing

Student Name ________________________________ Clinical Agency ___________________

Preceptor Name, Credentials & Title _______________________________________________

Clinical Instructor Name: ________________________________________________________

Date: _________________________  Check One: □ Midterm evaluation  □ Final evaluation

CLINICAL PERFORMANCE EVALUATION TOOL: (Page 1 of 2)

- The student will use this Clinical Evaluation Tool to evaluate their own clinical leadership performance by mid-semester.
- The Clinical Preceptor will use the same Clinical Evaluation Tool to evaluate the student’s clinical leadership performance at the end of the semester.
- The Clinical Faculty will use the completed evaluations to grade the student’s overall clinical leadership performance. It is the responsibility of the student to make sure that both completed pages are submitted to their clinical faculty by the due date.

FAILURE TO MEET A MINIMUM OF ONE OF THE DESIGNATED CRITICAL BEHAVIORS CONSTITUTES A FAILING GRADE FOR THE COURSE.

<table>
<thead>
<tr>
<th>*CRITICAL BEHAVIORS:</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. *Maintains professional confidentiality, objectivity, and accountability for nursing actions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. *Demonstrates responsibility for self within the legal, ethical, and professional role appropriate to the setting/situation.</td>
<td></td>
<td></td>
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<tr>
<td>4. Demonstrate professional behavior and the ability to work effectively with others.</td>
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</tr>
</tbody>
</table>

Comments: ___________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
### CLINICAL PERFORMANCE EVALUATION TOOL: (continued Page 2 of 2)

<table>
<thead>
<tr>
<th>Please rate each objective and give comments as appropriate</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identifies &amp; meets own leadership learning objectives that are based on analysis of personal strengths &amp; weaknesses.</td>
<td></td>
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</tr>
<tr>
<td>2. Identifies the need for guidance and seeks it from appropriate resources.</td>
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<tr>
<td>3. Follows recommendations from constructive criticism.</td>
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<tr>
<td>4. Seeks opportunities to meet learning objectives.</td>
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<tr>
<td>5. Works effectively with individual &amp; groups.</td>
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<tr>
<td>6. Thinks critically about multiple variables when making clinical decisions.</td>
<td></td>
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<tr>
<td>7. Evaluates &amp; seeks to improve own verbal, nonverbal, and written communication skills.</td>
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<tr>
<td>8. Analyzes clinical situations using nursing theories &amp; models.</td>
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<tr>
<td>9. Serve as an advocate for patients or colleagues.</td>
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<tr>
<td>10. Applies a working knowledge of nursing informatics in the clinical setting.</td>
<td></td>
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</tr>
<tr>
<td>11. Apply administrative strategies (incl. scope and standards) to • Planning quality nursing leadership outcome. • Organizing quality nursing leadership project • Directing quality nursing care, and/or • Controlling quality nursing care</td>
<td></td>
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</tr>
<tr>
<td>12. Makes a significant contribution to the clinical agency by collaborating on a planned change project.</td>
<td></td>
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</tr>
<tr>
<td>13. Evaluates nursing care management in terms of: • Structures • Processes • Outcomes</td>
<td></td>
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<tr>
<td>14. Demonstrates professional approach to conflict resolution.</td>
<td></td>
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<tr>
<td>15. Applies research findings from the literature to recommend health care system changes (evidenced-based practice).</td>
<td></td>
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<tr>
<td>16. Identifies problems amenable to future nursing research.</td>
<td></td>
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<tr>
<td>17. Meets deadlines.</td>
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</tr>
</tbody>
</table>

### REQUIRED SIGNATURES:

Student: ___________________________     Preceptor ______________________________
**Change Project Contract** (template)

By the end of **(Target date)**, I **(student name)** a RN-BSN student at CSU Northridge will be working with my leadership preceptor **(name, title, unit, and agency)** to conduct a change project that involves the following:

**(Topic of the Project)**

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Target completion date</th>
<th>Outcome (Met / Not met) / Delayed</th>
<th>Justification/Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial investigation/review/assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Planning</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Implementation</td>
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<td></td>
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<tr>
<td>Evaluation</td>
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<td></td>
</tr>
</tbody>
</table>

Additional Activities:

Preceptor Name: ________________________________

Student Name: ________________________________

Signature, Date ________________________________

Signature, Date ________________________________

**Final Change Project outcome with recommendations and future implications**

[ ] Completed ____________________________________________________________

________________________________________________________________________

[ ] Not-Completed __________________________________________________________

________________________________________________________________________

________________________________________________________________________
APPENDIX B

NURS 428 - Community Health Nursing (3 units)

Catalog Description: Theory and multicultural society. Study of self-care agency and therapeutic self-care needs of individuals, families, the community and society. Regular written assignments required. Clinical experience in community health agencies under the leadership of nursing faculty. Credit given only if a passing grade is earned. 3 hours lecture, 6 hours lab per week.

Prerequisites: All 300-level Nursing courses; HSCI 488; NURS 426.

Corequisite: NURS 428L.

Course Objectives
After completing this course, the student will be able to apply liberal studies education, critical thinking and communication skills in order to:

1. Apply knowledge of the concept of community health including the history, philosophy, and purpose.

2. Apply knowledge of child and elder abuse assessment, identification of appropriate intervention, and mandated reporting requirements.

3. Apply principles of Epidemiology and Biostatistics in community health nursing practice to promote health in clients, families, aggregates, and communities.

4. Utilize risk assessment, teaching/learning theories, and communication theories in promoting self care agency.

5. Apply current research and/or current nursing theories to community health nursing practice.

6. Utilize the nursing process to provide community health nursing services to selected clients and families in a community setting.

7. Demonstrate accountability with clients, families, aggregates, and communities as an advocate, collaborator, and decision maker.

8. Evaluate selected health care delivery systems in relation to meeting current and anticipated self care needs.

Footnotes relate individual learning outcomes in course to these aggregate student learning outcomes (SLOs): 1 health promotion/disease prevention across life span; 2 evidence based practice; 3 information management/patient care technology; 4 interprofessional collaboration; 5 legal/ethical; 6 leadership in safe/quality practice; 7 patient advocate; 8 lifelong learner

Content Outline
I. Population–focused practice
   A. Definitions: Health, public health
   B. Public health as a system
   C. Contributions of public health
   D. Distinguishing features of public health
II. History of public health and public and community health nursing
A. Public health nurses in history
B. Public health nursing today

III. Public health and primary health care systems
A. Landmark health care legislation
B. Organization of public health system levels
C. Scope of public health and private health care systems
D. Roles of health team members
E. Concerns for the health care delivery system

IV. Conceptual frameworks for population-centered nursing
A. Public health nursing as a field of practice
B. Metaparadigm of community-oriented nursing
C. Prevention modes
D. Orem’s Theory of Nursing
E. Minnesota community-oriented nursing conceptual model
   1. Interventions
   2. Assumptions

V. Evidence-based practice (EVP) applied to population-centered nursing
A. Definition
B. Relationship between EVP and community-oriented nursing
C. Barriers and resources for EBP in community-oriented nursing

VI. Public Health Nursing Standards & Scope of Practice
A. Social Justice
B. ANA Social Policy
C. Healthy People 2020

VII. Community as client
A. Definition and dimensions of community
B. Goal of community health nursing
C. Community assessment
D. Community health nursing diagnosis
E. Community health nursing process

VIII. Community health education and health promotion
A. Definitions: health, disease
B. Difference between personal health care and public health care
C. Public health agencies
E. Economic, demographic, utilization trends in the US
F. Definitions: education, learning
G. Learning: domains, educational process
H. Health promotion

IX. Family in the community
A. Definitions: family, family nursing, family health
B. Changes in family function and structure
C. Approaches for family assessment and intervention
D. Social and family policy

X. Cultural diversity
A. Definitions
B. Cultural competence
C. Cultural nursing assessment
D. Cultural group variations
E. Culture and socioeconomic factors

XI. Population-Centered Nursing in Rural and Urban Environments
A. Differences in characteristics of rural and urban populations
B. Historical overview
C. Definitions and terms
D. Rural population characteristics and health status
E. Nursing care in rural environments

XII. Migrant and Seasonal Farm Workers (MSFW) Health Issues
A. Definitions and characteristics
B. Causeive factors of stress
C. Migrant lifestyle
D. Health and healthcare

XIII. Environmental Health Services
A. Definitions
B. Historical context
C. Epidemiologic triangle
D. Environmental assessment
E. Reducing environmental risks
F. Advocacy

XIV. Infectious Disease Prevention and Control
A. Health concerns in 20th & 21st centuries
B. Transmission of communicable diseases
C. Prevention and control of communicable diseases
D. Vaccine preventable diseases

XV. Surveillance of communicable diseases
A. Definitions
B. Emerging Infectious Diseases
C. Surveillance of communicable diseases
D. Prevention and Control of Communicable Diseases
E. Role of nurses in prevention

XVI. Bioterrorism and disaster preparedness
A. Definitions
B. Role of public health & public health nurses in disaster preparedness
C. Category A, B, C, agents
D. Key indicators of a bioterrorism event
E. Differences and collaboration in public health and law enforcement investigations

XVII. Vulnerability and Vulnerable Populations
A. Definitions
B. Trends
C. Effects of policies
D. Individual and social factors
E. Strategies to improve health status
F. Roles of nurses

XVIII. Genomics and Public Health Nursing

Methodology: Lecture, guest faculty, discussion, exercises, and other real and virtual teaching strategies and activities that help students to meet course objectives and master content.
APPENDIX 1

Public Health in the News Presentation Form

Student Name: ___________________________ Date: __________________

Insert Reference for Public Health in the News Clipping & Journal Abstract (APA) format. Attach a copy of each.

<table>
<thead>
<tr>
<th>Core Public Health Function*</th>
<th>Essential Public Health Services**</th>
<th>Population/Client Served</th>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Critical Analysis:

a. Healthy People 2020 Objective
b. Public health or nursing conceptual framework or theory
c. Implications for public health nursing
d. Conclusion and recommendations

NOTE: USE FORM IN LANDSCAPE FORMAT.
APPENDIX B-1

NURS 428L: Community Health Nursing Laboratory (2 units)
Fall 2013 - Wednesday 0800-1430
Off Campus: LACDPH Antelope Valley Health Center

COURSE DESCRIPTION: Theory and multicultural society. Study of self-care agency and therapeutic self-care needs of individuals, families, the community and society. Regular written assignments required. Clinical experience in community health agencies under the leadership of nursing faculty. Credit given only if a passing grade is earned. 3 hours lecture, 6 hours lab per week.

Course Objectives
After completing this course, the student will be able to apply liberal studies education, critical thinking and communication skills in order to:

1. Apply knowledge of the concept of community health including the history, philosophy, and purpose.²,⁸

2. Apply knowledge of child and elder abuse assessment, identification of appropriate intervention, and mandated reporting requirements.¹,⁵,⁷

3. Apply principles of Epidemiology and Biostatistics in community health nursing practice to promote health in clients, families, aggregates, and communities.³,⁴

4. Utilize risk assessment, teaching/learning theories, and communication theories in promoting self care agency.²,⁴,⁸

5. Apply current research and/or current nursing theories to community health nursing practice.²,⁸

6. Utilize the nursing process to provide community health nursing services to selected clients and families in a community setting.¹,⁴

7. Demonstrate accountability with clients, families, aggregates, and communities as an advocate, collaborator, and decision maker.¹,⁴,⁷

8. Evaluate selected health care delivery systems in relation to meeting current and anticipated self care needs.¹,³,⁶

Footnotes relate individual learning outcomes in course to these aggregate student learning outcomes (SLOs): 1 health promotion/disease prevention across life span; 2 evidence based practice; 3 information management/patient care technology; 4 interprofessional collaboration; 5 legal/ethical; 6 leadership in safe/quality practice; 7 patient advocate; 8 lifelong learner

Course Content Outline: See course content in NURS 428 Syllabus.

Methodology: Off-site clinical experiences under the direction of faculty and preceptors. Post-clinical conference will occur at the end of each clinical day. Assignments are subject to change at the discretion of the instructor, and/or as a result of class negotiations with the instructor. If changes occur, they will be announced in time to allow for adequate preparation (or relief).
**Course Requirements:** Clinical experiences will use active collaboration with preceptor in applying public health theories for populations in a community setting.

- Students are required to go to the agency weekly 0800-1430 for a minimum of 15 times. i.e., six (6) hours a day clinical time, which includes the post-clinical conference, in order to complete the 90 required clinical hours in a population based agency. 30 minutes for lunch are included.
- Students must have signed documentation on the clinical log that they were present at the agency weekly or at other approved clinical experience.
- Students may accept opportunities to attend community outreach and public health leadership meetings when arranged by the student liaison and/or preceptor and approved by the instructor; hours will count towards the required 90 clinical hours.
- Post conference will meet at the end of each clinical day. It may use discussion, small group work, case studies, exercises, written assignments, & oral presentations.
- Students will complete Mid-term Self-Evaluation by the 8th week (October 16) & Final Self-Evaluation & a confidential Evaluation of the Preceptor by the 16th week.
- Students will schedule a meeting between the Preceptor and the Clinical Instructor for a Mid-term Conference during the 7th or 8th week.
- Each student will provide the Preceptor with a Mid-term & Final Student Evaluation for completion and return it to the Clinical Instructor. All final evaluations will be placed in the Student’s CSUN file.
- Students will complete LACDPH documentation, including evaluation of the clinical experience.
- Completed Community/Population Assessment Presentations and Community Health Promotion Intervention Projects will be presented during the post-clinical conference December 4 and 11, 2013.
- Any clinical time missed will have to be made up by the student before the end of the semester.

**Clinical checklist requirements are due before or by the 1st day of class**

Submit to Certified Background Check.Com all appropriate documentation on the preclinical checklist and other information required by the clinical agency and/or CSUN by the first clinical morning. The clinical experience cannot proceed until the required documentation (e.g., current RN license, physical exam, TB skin test, malpractice insurance, titers or vaccinations, etc.) is completed. Submit a copy of the completed HIPPA Certificate and the Stimulus Act and HIPPA Certificate to the Clinical Coordinator by or on the first clinical day. Beginning the clinical experience prior to completion of checklist requirements is not allowed.

**ASSIGNMENTS are DUE AT THE BEGINNING OF POST-CONFERENCE**

1. **Post Clinical Conference Participation**

Participation grade is based on weekly attendance, presentation of activities, and relevant, content-based discussion. Comments should reflect application, analysis, and synthesis of theory and related assignments. Students are expected to attend each meeting, read all assignments prior to each class, and complete all tasks assigned.

Unexcused absences, lack of preparation for class, and incomplete or late assignments will
negatively affect your ability to complete class objectives, and points will be deducted from the assignment.

2. Clinical Performance (Appendix 1 page 10) (15%)

The purpose of the clinical performance assignment is to provide community health nursing experiences and to define expectations in the clinical setting. Clinical performance grade will be based on weekly participation in clinical activities, timeliness, attendance, and behaviors in the clinical setting. Appropriate professional dress, i.e., business casual or other professional attire as appropriate to the setting and according to agency policy, and appropriate professional behavior is expected at all times while at the agency and in the community.

- Document brief summary of clinical activity on the Clinical Time Log Summary
- An identification badge identifying the student as a LACDPH volunteer and nursing student is required and must be worn at all times in the clinical setting.
- Students are responsible for contacting and communicating with their preceptor.
- Notify faculty immediately of any concerns in meeting clinical hours or other requirements.
- Faculty, not preceptor, is responsible for student course grade.

3. Clinical reports (5) (Appendix 2 page 11) (15%)

The purpose of this activity is to provide the student with experiential learning in the course and to provide a reflective journal of learning objectives and how the student is meeting them through analysis and evaluation of specific events (i.e., a meeting attended, clinic attended, home visit, something specific or unusual that was significant to your learning, etc.).

- A concise description of a clinical incident or experience (details, description, insights)
- Analysis of event using 428 readings, LACDPH Manuals, and a minimum of one (1) peer-reviewed journal article synthesized into the report
- Your personal reactions, thoughts, & feelings regarding the incident
- What the incident & analysis contributed to your learning about public health/community health course content
- Relate community health nursing theory, health promotion and disease prevention concepts, and use public health language to describe what you observed or learned from the clinical experience.
- Duplicate the form as needed.
- Type or write legibly by hand; submit hard copy to Clinical Instructor weekly.
- APA format for references of text, articles, and resources used.
- Limited to 1-2 pages including references.

4. Community Assessment Group/Team Project (25%)

Purpose: The purpose of this activity is to:

- Orient the students to the community used for the community health nursing clinical
- Conduct a community assessment based on the Dreher and Skemp (2011, pp. 50, 52) model for community and population assessment, i.e., direct observation, what people tell us, and population data collection.
- Assess and problem solve at the community level utilizing a population-focused approach including suggestions for promoting healthy changes (Schaffer, Garcia, and Schoon, 2011).
Utilize the nursing process to guide the collection and interpretation of data and the evaluation of nursing strategies to promote community health

- Identify a health promotion need
- Develop a community health nursing diagnosis for the health promotion need
- Recommend a community intervention that addresses the health promotion need

**Method and steps:**

1. Determine assessment target, i.e., community and population to be assessed
2. Planning: Team member(s) responsibility for tasks, e.g., windshield survey, key informant interviews, data collection, and presentation, summary of each section
3. Directly observe the targeted community utilizing a windshield survey *(Appendix 3 page 12)*
4. Interview key informants in the community *(Appendix 4, pp. 13-15)*
5. Collect Determinants of Health data: (Descriptors are in Schaffer, Garcia, and Schoon, 2011) Tables 3.2 and 3.3 pp. 62-69)
   a. Biology
   b. Behaviors
   c. Natural environment
   d. Built environment
   e. Social environment
   f. Policy and interventions
   g. Health statistics
   h. Identify key health concerns
   i. Identify community health priorities
6. Establish the health promotion need
7. Select the Healthy People 2020 health indicator & objective(s) to guide the intervention for the health promotion need
8. Develop the community health nursing diagnosis: Risk of ____________ among __________________ related to __________________________ (text p. 74 & 75 but use this format)
9. Identify the outcome goal
10. Develop a PowerPoint® presentation of your findings, summary, and recommendations that include an intervention for the health promotion need.
11. Submit to instructor for grading via MOODLE.

**5. Community Intervention: Health Education Group/Team Project Goal, (5%)**

**Objectives and Contract**

**Purpose:** The purpose of the health education project is to:

a. Develop objectives to guide the community intervention
b. Provide health education for an identified health promotion need in the community
c. Promote better health for clients

**6. Community Intervention: Health Education Group/Team Project (30%)**

a. Select a population or client with the health promotion need and community health nursing diagnosis that you identified during the community assessment
b. Develop a teaching plan for client learning that addresses the health promotion need, community health nursing diagnosis, and outcome goal
a. Use relevant education, health education, and community health nursing theory. See text pp.186-188 and Figure 8.1 p. 194.

b. Integrate methods from NURS 306, appropriate chapters in NURS 428 texts, and a minimum of two (2) peer-reviewed journal articles to support your teaching.

c. Submit teaching plan to instructor for approval prior to implementation.

c. Implement the plan

d. Evaluate the outcome

e. Develop a PowerPoint® presentation that continues from the assessment. Submit to instructor for grading via MOODLE.

f. Present to the class and Health Center staff (if available).

g. Use scoring guideline (Appendix 5 page 16) to guide you.
APPENDIX 1

CLINICAL ACTIVITY TIME LOG SUMMARY
(Duplicate as needed.) Have each day signed by the preceptor or Public Health professional.

Course **NURS 428L**  Student Name:______________________________

<table>
<thead>
<tr>
<th>DATE 2016</th>
<th>HRS</th>
<th>Cum HRS</th>
<th>ACTIVITY (1st 3 lines are examples only)</th>
<th>Preceptor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/28/</td>
<td>3.0</td>
<td>3.0</td>
<td>Orientation to LACDPH</td>
<td></td>
</tr>
<tr>
<td>8/28/</td>
<td>3.0</td>
<td>6.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/4</td>
<td>7.0</td>
<td>15</td>
<td>Orientation to AVHC</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>Post Conference</td>
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<tr>
<td>9/11</td>
<td>6.0</td>
<td>18.5</td>
<td>Home visits for ACD, pregnant Chlamydia client, senior center for Ask the Nurse, Conference with PHN</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2

CLINICAL REPORT

NAME_______________________________________

(TYPE directly on this form; or write LEGIBLY. You may use more space than allotted on this page. This form does NOT require preceptor signature.)

Week #:

______________Date:_____________Time:_____________Site___________________

DESCRIPTION OF CRITICAL INCIDENT OR EXPERIENCE

ANALYSIS OF INCIDENT IN TERMS OF READINGS

PERSONAL REACTIONS, THOUGHTS, & FEELINGS

WHAT I LEARNED FROM THIS IN REGARD TO COMMUNITY HEALTH NURSING (LIST)

Student Signature _______________________________
APPENDIX 3

Windshield Survey Guidelines
- Record this experience on the time log summary on the day(s) performed
- A maximum of three (3) clinical hours may be used
- Note and record the following if applicable:

A. Kind of Population: Are there people in the stores, in cars, walking or running? What are they doing? Note their ethnicity, gender, age, dress, and language, etc.
B. Dwellings: Are they well cared for? Are there vacancy signs evident, or abandoned buildings or boarded up buildings?
C. Environment: Is sanitation adequate? Is garbage visible? Are there abandoned buildings? Are there dirty vacant lots? Does the air smell clean or dirty? Is the water clean or polluted? Are there vacant lots and fields? Are they located near residences?
D. How much open space is there? Are there recreational areas? Are they used? Do you see people in them during the day? Are they well maintained?
E. Commercial Space: Are they located close to residences? How do people get to the commercial areas of town? Cars?
F. What type of industry predominates? Are the buildings maintained? What is their appearance? Are there vacant factories? What is the community’s main source of employment?
G. Access and transportation (within the community): Are roads in good condition? Are they paved, gravel or dirt roads? Do emergency vehicles have easy access over these roads? Do most residents use cars?
H. Water: Are there community boundaries made by water, such as rivers? Is there standing water?
I. Boundaries: Are community boundaries made up of railroads, highways? Is it obvious when you enter different parts of the community? Or is the community homogeneous?
J. Neighborhood: Are there common areas or recreation areas? Bars, movie theaters? Community centers? Who do you see on the street? If the weather nice for the residents socialize on the streets or do they stay indoors? Are there any animals visible? Are there drug dealers or prostitutes visible?
K. Schools: What are the schools like? Are there daycare centers and preschools? Are there private/parochial schools? Are they close to the residential areas? Do students have to walk to school or do they take school buses?
L. Religion: Are there any churches or other places for religious activity in the area? If so what is the denomination of each?
M. Government or safety facilities: Is there a fire department, police station, post office or public telephones?
N. Political views: Do you see political signs? Is one party dominant?
O. Healthcare Facilities: Is there a hospital? Are there physician offices, clinics, dentist, drug stores, etc? Where is the closest health department?

Note: All of the elements may not be present for your population. Document what you find.
APPENDIX 4

Guidelines for

A. INTERVIEW WITH KEY INFORMANT-PUBLIC HEALTH AGENCY

OBJECTIVE:
Student will gain experience and knowledge by interviewing someone involved in disease prevention and health promotion in the community.

DEFINITION OF A KEY INFORMANT:
A person who:
- Knows the community and the health care services provided.
- Will talk to someone from outside the neighborhood.

PROCEDURE TO FOLLOW:
1. Select a person who you think will help you begin to understand the agency and the community it serves and a recipient of care who knows the community.
2. Explain that you are a nursing student and want to ask some questions. Provide the interview guide if the person wants to think about the questions before you meet.
3. If the candidate agrees, make an appointment that is convenient.
4. During the interview, follow guide, but feel free to ask other questions.
5. Remember that this person is giving up time and energy to help you. Be grateful.
6. Be prepared to share this person’s responses with your class.
7. Write a thank you note to the key informant after the interview.

Name of agency: _____________________________________________________

Role of person in the agency:____________________________________________

Initials of resident: ____________________________________________________

Population need: _____________________________________________________

Documented visit & observation in clinical log (circle one) yes / no

Areas to cover:

1. Historical development of the site.
   Why was it established?
   How long has it existed?
   Is the need for its services increasing or decreasing?

2. Philosophy of organization (may be in written document online or hard copy): Care?

3. What goals does the organization have?


7. Hours of operation?

8. Health services provided?

9. Health services needed?

10. Health services met through referrals?

11. Source of funding for agency?

12. What community outreach services are available?

13. What educational events are available to help?

14. Are there rehabilitation programs available?

15. Are there groups for people with mutual concerns?

16. Are there counselors or therapists to help people with specific problems?

17. Is emergency care available?

18. What health care professionals are available (circle and/or comment) nurses, psychiatrists, MSW, MD, psychologists, DDS, podiatrists, other?

19. What does the key informant see as the health problems of the people who use the agency?

20. What does the key informant see as the solution?

21. What does the key informant think are the potential care problems for residents?

22. Health Resources (Available and Absent)
   a. What health care resources are located in this neighborhood (e.g. people in neighborhood with special expertise, doctors, clinics, hospitals, emergency services, pharmacies?)
   b. What resources do residents generally use for emergency health care?
   c. What resources do residents generally use for nonemergency health care?
   d. Are there resources within the neighborhood for these services, if so, why do people tend to use them or not use them, whichever is the case?

23. Access / Barriers to Care
   a. What factors are the most helpful to residents in their efforts to know about and seek needed health care services?
   b. What factors make it difficult to know about, gain entry into, or use health services?
B. INTERVIEW WITH KEY INFORMANT-Resident
Description of Resident’s Health

- What are the residents’ definitions of health and general approach to health care?
- What health needs, problems, issues, and concerns were identified or raised by residents?
- How do residents typically use health care services?
- What health resources are present and which are absent in the neighborhood?
- How do residents pay for health care services?
- How accessible are health care services generally?
- What factors serve as barriers to care for residents?
### APPENDIX 5

#### COMMUNITY INTERVENTION: HEALTH EDUCATION PROJECT

**PRESENTATION/PAPER 30%**

**NAME ___________________________   Date:___________________**

<table>
<thead>
<tr>
<th>Possible Score</th>
<th>Student’s Score</th>
<th>Criteria</th>
<th>Comments On Paper</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>45</strong></td>
<td></td>
<td>CONTENT</td>
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<td></td>
<td></td>
<td>• Teaching plan &amp; rationale</td>
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<td>o Demographics</td>
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<td>o Education content &amp; plan</td>
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<td>o Rationale for plan chosen, including education/community/public health theory &amp; standards</td>
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<td>• Comprehensive and appropriate to purpose of presentation.</td>
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<td>• Presentation includes clear, logical and relevant examples to clarify main points</td>
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<td>o Terms are defined.</td>
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<td><strong>10</strong></td>
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<td>ORGANIZATION</td>
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<td></td>
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<td>• Title Clear, concise</td>
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<td>• Introduction: Purpose is specified</td>
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<td>• Body of presentation is related to introduction &amp; well-organized with logical flow.</td>
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<td>• Conclusion is based on purpose &amp; body of presentation and goes beyond summary.</td>
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<td><strong>10</strong></td>
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<td>APPENDIX</td>
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<td></td>
<td></td>
<td>• Teaching plan</td>
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<td></td>
<td>• Visual aids, other</td>
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<td><strong>10</strong></td>
<td></td>
<td>REFERENCES</td>
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<td></td>
<td></td>
<td>• 2 peer reviewed journal articles</td>
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<td></td>
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<td>• Additional references to support views</td>
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<td>• APA format</td>
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<td><strong>10</strong></td>
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<td>FORMAT &amp; STYLE</td>
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<td></td>
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<td>• Follows established APA guidelines.</td>
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<td>• Correct grammar, sentence, &amp; paragraph structure.</td>
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<td>• Clear expression of ideas.</td>
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<td><strong>85</strong></td>
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<td>Sub-Total</td>
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<td><strong>15</strong></td>
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<td>Presentation Evaluation (See p. 19 also)</td>
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<td>• Organization</td>
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<td>o Well organized, attention getting</td>
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<td>o Emphasis on key concepts is clear</td>
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<td>• Presentation</td>
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<td>o Approach appropriate to topic</td>
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<td>o Business casual dress or other as appropriate with instructor approval</td>
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<td></td>
<td>o Nonverbal: Eye contact with audience</td>
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<td></td>
<td>o Verbal: Pitch, tone, volume vary</td>
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<td><strong>100%</strong></td>
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<td>Total</td>
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</table>
The Clinical Evaluation Tool is used throughout the semester to describe clinical performance. Faculty will grade overall performance at the end of the clinical experience using preceptor critique and validation of experiences and faculty evaluation. The student will also complete a midterm and final self-evaluation using this form.

Please check if:  ____ Midterm  ____ Final
  ____ Preceptor  ____ Student

DATE: ____________________

STUDENT

NAME:____________________________________

CLINICAL

AGENCY:____________________________________

PRECEPTOR NAME &

TITLE:_____________________________________

REQUIRED SIGNATURES:

Preceptor:___________________________ Student:_________________________________

Faculty:____________________________________________________________________

*CRITICAL BEHAVIORS:

These objectives are essential & are pass/fail (P/F)  
P  F

1. *Maintains professional confidentiality, objectivity, and accountability for nursing actions.


3. *Demonstrates responsibility for self within the legal, ethical, and professional role appropriate to the setting/situation.

4. Demonstrates professional behavior and the ability to work effectively with others.

COMMENTS___________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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Preceptor/Faculty Initials:________________________ Student Initials:__________________

FAILURE TO MEET A MINIMUM OF ONE OF THE DESIGNATED CRITICAL BEHAVIORS CONSTITUTES A FAILING GRADE FOR THE COURSE.
CLINICAL EVALUATION TOOL PAGE 2

GENERAL BEHAVIORS: These objectives are rated according to the following scale:
- N/A = No opportunity OR Not observed
- 1 = Never
- 2 = Infrequently
- 3 = Sometimes
- 4 = Frequently
- 5 = Always

<table>
<thead>
<tr>
<th>Please rate each objective according to the above scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Analyzes own strengths &amp; weaknesses to identify and implement learning objectives</td>
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<td>2. Identifies the need for guidance and seeks it from appropriate resources</td>
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<td>3. Assumes responsibility for seeking and selecting appropriate opportunities to meet learning objectives</td>
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<td>4. Demonstrates the ability to work effectively with individual &amp; groups appropriate to each situation</td>
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<td>5. Applies critical thinking strategies during clinical decision-making activities</td>
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<td>6. Demonstrates appropriate &amp; professional approach to conflict situations</td>
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<td>7. Evaluates own verbal, nonverbal, and written communication skills with recommendations for improvement</td>
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<td>8. Identifies problems amenable to nursing research</td>
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<td>9. Applies research findings from the literature to recommend health care activities</td>
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<td>10. Examines the application of appropriate theoretical concepts to analysis of clinical situations</td>
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<td>11. Follows recommendations from constructive criticism</td>
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<td>12. Makes a significant contribution to the clinical agency (e.g., teaching project)</td>
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<td>13. Applies leadership/management skills, in clinical decision-making, communication, and group interactions</td>
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<td>14. Demonstrates a working knowledge of nursing informatics as applied in the clinical setting</td>
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COMMENTS:

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Preceptor Initials: __________
Student Name: __________________________________

GENERAL BEHAVIORS: These objectives are rated according to the following scale:
1 = Never
2 = Infrequently
3 = Sometimes
4 = Frequently
5 = Always
N/A = Not observed

<table>
<thead>
<tr>
<th>SPECIFIC SKILLS</th>
<th>Poor</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Involves client/family in mutual agreement for planning, implementing and evaluating care within the context of client values &amp; goals</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Incorporates levels of prevention in planning and implementing nursing care</td>
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<tr>
<td>3. Employs change agency appropriately</td>
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<td>4. Support families in developing problem-solving strategies</td>
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<td>5. Assists clients/families to be responsible for their own health</td>
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<tr>
<td>6. Uses effectively community resources in the assessment and analysis of public health problems and makes appropriate referrals</td>
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<tr>
<td>7. Collaborates with discharge planning nurses and others to facilitate transfer of client care from acute facility to community/home care</td>
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Preceptor Signature________________________________ Date_______________________

Student/Faculty Signatures____________________________ Date____________________

Comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
APPENDIX 7

Student Evaluation of Preceptor

Preceptor: _________________________________________________________________

Agency: __________________________________________________________________

Course #: 428 L Community Health Nursing Course dates: January 26 – May 15, 2011

GENERAL BEHAVIORS: These objectives are rated according to the following scale:
1 = Never
2 = Infrequently
3 = Sometimes
4 = Frequently
5 = Always
N/A = Not observed

To what extent does the clinical preceptor:

<table>
<thead>
<tr>
<th>Objective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>1. Demonstrate strong interpersonal skills</td>
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<td>2. Provide agency orientation</td>
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<td>3. Provide opportunities to complete course objectives</td>
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<td>4. Coordinate learning experiences within the agency</td>
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<tr>
<td>5. Arrange for alternate preceptor prn</td>
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<td>6. Assist in student integration into agency</td>
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<td>7. Monitor student progress</td>
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<td>8. Provide a balance of positive and negative verbal feedback to student on progress</td>
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<td>9. Provide written feedback to student on progress</td>
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<td>10. Seek ongoing student input related to experience</td>
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</table>

Other comments:

Student Signature: ___________________________________   Date: ________________
## COMMUNITY ASSESSMENT SCORING GUIDE 25%

<table>
<thead>
<tr>
<th>Possible Score %</th>
<th>Student’s Score %</th>
<th>Criteria</th>
<th>Comments On Paper</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Windshield Survey</td>
<td></td>
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<tr>
<td>15</td>
<td>Key Informant interview – community health agency</td>
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<tr>
<td>10</td>
<td>Key Informant interview – resident</td>
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<tr>
<td>15</td>
<td>Community data: determinants of health</td>
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<tr>
<td>10</td>
<td>One significant unmet health promotion need</td>
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<td>10</td>
<td>Community health nursing diagnosis</td>
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<td>5</td>
<td>Healthy People 2020 health indicator &amp; objective(s) related to health promotion need</td>
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<td>10</td>
<td>Outcome goal</td>
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<td>10</td>
<td>Summary and Recommendation(s)</td>
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<td><strong>100%</strong></td>
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</table>

Note: % deducted from total score of Community Intervention Presentation if:

- e. APA style/format (more than four errors) 1
- f. Spelling and/or grammar errors (more than four) 1
- g. No cited sources in presentation 5
- h. No reference list 2
APPENDIX C  
BSN Clinical Checklist

The due dates for the submission of ALL of the above requirements are as follows:

- Fall Semester clinical courses - DEADLINE Second Monday of July
- Spring Semester clinical courses - DEADLINE Second Monday of December
- Summer Semester clinical courses - DEADLINE Second Monday of April

Once you complete these requirements you need only to update any expiring items. You will receive an email from CastleBranch.com notifying you of the expiring items.

Klotz Student Health Center offers TB tests, vaccines, and titers at a low cost. Appointments can be made online at http://www.csun.edu/shc/appointments or by calling (818) 677-3666 TTY (818) 677-3692.

### REQUIREMENT

<table>
<thead>
<tr>
<th></th>
<th>DATE</th>
<th>DONE</th>
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<tbody>
<tr>
<td>1. Log in to castlebranch.com and purchase package provided by The Nursing Department. Code will be issued once student is eligible to take the course.</td>
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</tr>
<tr>
<td>2. Background check and urine drug screen completed with the code printed from individual CB login.</td>
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</tr>
</tbody>
</table>
| 3. **Student Malpractice Insurance**
  You may purchase from any vendor of your choice. One example: Go to nso.com (Nursing Service Organization) and purchase either the student package (+/-$35) or the RN package (+/-$80). **This insurance must be renewed annually.** |      |      |
| 4. **Automobile Insurance**
  Required for any student driving to clinical. Please upload name, policy #, and expiration date. If carpooling, or using public transportation. Student to provide documented proof. |      |      |
| 5. **Health Insurance**
  You must have a comprehensive health insurance policy. CSUN offers low-cost health insurance policies to their students. On the main CSUN webpage, put your cursor over “students” in the red bar on top of the page, and click on “student health insurance.” |      |      |
| 6. **Driver’s License** - Number and expiration date must be valid |      |      |
| 7. **Physical Examination**
  This can be either a letter or form stating that you can perform clinical responsibilities without limitations—or it must specify those limitations. Should be signed by your healthcare provider. |      |      |
| 8. **Positive Hepatitis B Titer**
  - You must either upload a **positive numeric** hepatitis B titer **or**
  - Proof of the hepatitis B vaccines you have received to date if you are getting the series for the 1st time (titers drawn 3 months after #3) **or**
  - If you have received the series of 3 and still have a negative titer, proof of the three vaccines and a booster. You will then have to have your titer redrawn 3 months after the booster. |      |      |
| 9. **Negative TB Tests (PPD)** |      |      |
- **Two-step TB Test**- If you have never had a TB skin test or yours has expired, you must have two TB tests, one to three weeks apart and they both must be negative or

- **One-step TB Test**- If you have been receiving TB tests annually and yours has not expired or

- **Chest x-ray**- If you have ever had a **positive** TB test, you should not ever repeat the TB skin test. Instead, you are required to have a chest x-ray and submit a report every two years indicating that you do not have the disease. You must submit a completed “TB Questionnaire” every year signed by your physician stating that you do not have symptoms of the disease.

- **The TB skin test must be repeated annually.**

### 10. Positive Measles, Mumps, Rubella (MMR) Titers
- You must submit **positive numeric titers** for all three diseases or
- Show proof of having the series of two vaccines and have a titer drawn one month after the last vaccine or
- If you have had the series and your titer is negative, you must show proof of the booster and have the titer drawn one month after the booster.

### 11. Positive Varicella Titer (Chicken Pox)
- Proof of a **positive numeric titer**.
- If you have received the vaccine and the titer is negative, you must show proof of a booster and follow-up titer

### 12. Tdap (Tetanus, Diphtheria, Adacel, Pertussis) Vaccine
- Within last 10 years

### 13. Flu Shot within last 12 months & annually during Flu season
- Student may be asked by agency to show documentation.

### 14. Current American Heart Association BLS (CPR) Card

### 15. HIPPA and Blood Borne Pathogen Certification
- To complete your Blood Borne Pathogen testing please contact kristin.morris@csun.edu x 2401 for instructions on how to obtain your password to the BBP and HIPPA tests. You will need to provide her with an email address and your CSUN ID# in your email.
- Even though this test is available online, you will not be able to take it at home. You will need to come to campus to take this test.
- Follow the link below, which contains the information about the Blood Borne Pathogen program.

### 16. LA County Fire Card
- All of the area hospitals require that you take the Fire & Safety Training offered by the LAFD. Valley Presbyterian Hospital and St. Francis Hospital offer the 5-hour class. They are scheduled through the education coordinators.
- The cost is +/- $35. The card expires in four years.

### 17. RN License - If you are in the RN-BSN program.

*RN-BSN STUDENTS ONLY: The renewable clinical requirements (TB, Flu Shot, BLS,
Malpractice insurance, Health and Auto Insurance) are not required until the semester before you start clinical laboratories (Fall). It is recommended that you do these tests and renewals in the May or June prior to your clinical so that you do not need to repeat them before you complete the program the following spring.

**STUDENT CONFIDENTIALITY STATEMENT**

I understand that medical records, patient care information, personnel information, reports to regulatory agencies, conversations between or among any healthcare professionals are considered privileged and should be treated with utmost confidentiality.

If it is determined that a breach of confidentiality has occurred as a result of my actions, I can be personally liable for damages that may result from such a breach.

If a breach occurs I will notify my Faculty Supervisor immediately.

I have reviewed, understand and agree to abide by the above stated Student Confidentiality Statement.

Signed: ____________________________________________

Date: ____________________________________________
APPENDIX D

Preceptor Curriculum Vita Format**

**Preceptors may submit an up-to-date professional vita in lieu of this form.**

**Please attach business card if available & additional sheets as needed.**

Name: ________________________________________________

Preferred mailing address: ______________________________________________________

_______________________________________________________

Preferred telephone number: __________________________________

FAX: _______________________________________________________________________

Email address (if available): ________________________________________________

Education
School & location Degree obtained Year completed

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

EXPERTISE (limit to past 2 years) Employment:
Agency & location Title Length in position

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Professional committees:_____________________________________________________________________

Continuing education (most relevant):

_____________________________________________________________________

Publications/presentations/research:

_____________________________________________________________________

Community service:_____________________________________________________________________

Professional memberships/awards/honors:

_____________________________________________________________________

Other:_____________________________________________________________________


APPENDIX E

Preceptor Needs Survey

THANK YOU for taking the time to complete this questionnaire so that we may serve you better.

Part 1

**To be a more effective preceptor I need more information about or practice with the following** (please circle your answer for each item):

<table>
<thead>
<tr>
<th>NEED</th>
<th>DON'T NEED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective communication skills.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Various approaches to problem-solving.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. How to assess an individual's learning needs.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. How to develop teaching/learning strategies that meet novice or advanced beginner needs.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. Principles of adult learning.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. More experience in my current role.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. How to evaluate learner performance.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. How to provide feedback to learner.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. Asking effective questions.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. CSUN philosophy.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. CSUN organizational structure.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. CSUN policies/procedures.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. CSUN curriculum.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. Faculty support (e.g., listening to my concerns, trusting my assessment, help with problem-solving &amp; teaching-learning strategies).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. Supervisor/manager support (e.g., understanding &amp; supporting preceptor role).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>16. Peer support (e.g., empathy, understanding of role, affirmation).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>17. Opportunities to network with and learn from other preceptors.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

OTHER (please comment):
Part 2: Preceptor needs
Do you believe the following preceptor rewards are appropriate recognition for preceptors of CSUN BSN students? (please circle your answer for each item)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Letter to manager/supervisor of preceptor</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>2. Ongoing preceptor workshops/support (e.g., annual programs)</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>3. Adjunct faculty appointment at CSUN</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>4. Pin</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>5. Journal subscription/book donated in your honor to library</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>6. Subscription or book donated to you</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>7. Honorarium</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>8. Pen, mug, or similar item</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>9. Certificate of appreciation</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>10. Thank you card</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>11. Verbal acknowledgment</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>12. Continuing education workshops/credits</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>13. Written acknowledgment</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>14. Invitation to student's graduation</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>15. Write-ups in institutional newsletters</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>16. Honorary title</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>17. Invitation to participate in CSUN nursing program committees.</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>18. CSUN library privileges</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>19. Access to CSUN email/electronic resources</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>20. Discounted admission to CSUN events</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>21. Opportunity to lecture at CSUN</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>22. Other (please list):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CSUN BSN  
Preceptor Workshop Evaluation

1. How do you rate this program in regard to  
   Poor  Good

   A. Extent to which CE course objectives were met (see program) 1 2 3 4 5 N/A

   B. Presenter's knowledge & presentation style (Please insert the name(s) of your preceptor(s) and evaluate)
   1. ___________________ 1 2 3 4 5 N/A
   2. ___________________ 1 2 3 4 5 N/A
   3. ___________________ 1 2 3 4 5 N/A
   4. ___________________ 1 2 3 4 5 N/A

   C. Methods used 1 2 3 4 5 N/A
      Discussion 1 2 3 4 5 N/A
      Group activities 1 2 3 4 5 N/A
      Audiovisuals 1 2 3 4 5 N/A
      Handouts 1 2 3 4 5 N/A

   D. Physical facilities 1 2 3 4 5 N/A
      Room size 1 2 3 4 5 N/A
      Room temperature 1 2 3 4 5 N/A
      Seating space 1 2 3 4 5 N/A
      Lighting 1 2 3 4 5 N/A
      Acoustics 1 2 3 4 5 N/A
      Breakfast 1 2 3 4 5 N/A

   E. Length of presentation 1 2 3 4 5 N/A

   F. Usefulness to practice 1 2 3 4 5 N/A

   G. Expanded current knowledge 1 2 3 4 5 N/A

2. What was the most helpful content that you learned from this workshop?

3. What would improve this program?

4. Other comments (cont. on back):