

**CALIFORNIA STATE UNIVERSITY, CHICO
SCHOOL OF NURSING
NURSING 474
FALL 2011
COURSE SUPPLEMENT**

COURSE DESCRIPTION:

This course is a synthesis of nursing and public health practice with the goal of promoting and preserving the health of populations. Emphasis is on establishing a caring presence in the community with responsibility to the population as a whole. Students will apply the nursing process and concepts to culturally diverse individuals, families, and communities in homes, community agencies, and schools to facilitate movement toward achievement of maximum potential for daily living. This course includes a service-learning project. **The student is required to complete 9.0 clinical hours per week or a total of 135 clinical hours. Travel time cannot count toward academic credit.**

OVERALL OBJECTIVE:

To assist the student to be able to practice in beginning positions in Community Health Nursing by providing the student with the ability to assess factors in the community that affect individual, family and aggregate responses to health states and actual or potential health problems across the life span and to use this ability to plan, implement and evaluate community health nursing care in various settings. The opportunity for learning through service will further develop the student's role as a responsible and effective citizen in the context of professional nursing.

COURSE DESIGN: This service learning clinical course has 3 components:

1. Students are required to participate in field experiences at an assigned community agency. Students will be assigned to an agency and partner with a preceptor at that agency to complete course objectives.
2. Students are required to participate individually or as a group in a self-directed comprehensive community assessment project experience. The project should be meaningful to both student learning and the community being served. Students will present their project by developing a professional poster presentation.
3. The student is also required to attend and participate in scheduled seminars that allow students to reflect on their community experience. Students are required to present one case presentation for their seminar group. Times and details of seminars will be determined by each clinic instructor.



When you see the action character it means student action is required!

SERVICE LEARNING AND COMMUNITY HEALTH NURSING:

The community health nursing clinical practicum provides students with the opportunity to develop their role as a responsible and effective citizen in the context of professional nursing. Students benefit as they work with a community agency or program (partner) to develop community health nursing skills and apply and integrate all community health nursing course theory content in meaningful ways. This experience will provide the student with a broader vision of health care. The community and client benefit as students apply the nursing process as they assist in caseload management and community projects. An integral part of the student's learning will be the reflection and structured assignments that are based on concrete experiences; as well as the sharing of experiences with peers through scheduled seminars and a professional presentation. This service-learning course enhances the mission of the university that states, "Believing in the value of service to others, we will continue to serve the educational, cultural, and economic needs of Northern California" (University Catalog).



CONTRIBUTING OBJECTIVES:

At the end of the clinical rotation the student will be able to:

- 1. Communicate effectively in all interactions in the community.** This includes skills in:
 - a. Direct communication with clients: listening, observing, questioning, interviewing, teaching, collaboration, consulting.
 - b. Appropriate professional communication.
 - c. Conferences with appropriate personnel such as: instructor, staff nurse, physician, other agencies.
 - d. Ability to express assessments to the appropriate individual or agency in a timely and professional manner. This includes all written and verbal communication, records and referrals (initiating and responding to).

- 2. Demonstrates information literacy competency in required course assignments (for example, logs, seminar, etc.). This includes the ability to:**
 - a. Determine the nature of the information needed and access this effectively and efficiently.
 - b. Evaluates information and its sources critically.
 - c. Individually or as a member of a group, uses information effectively to accomplish a specific purpose.
 - d. Understands the economic, legal, and social issues involving the use of information and uses information ethically and legally.

- 3. Demonstrate critical thinking skills and apply the nursing process in giving nursing care to families in home, community agency and other settings. This includes:**
 - a. Assessment of health status of individuals and families in various settings.
 - b. Document the critical thinking that led you to the identification of the family's strengths and weaknesses.
 - c. Refinement of needs (nursing diagnosis).
 - d. Establishing goals and plan of action.
 - e. Intervention
 - f. Evaluation.

4. Demonstrate an awareness of the community "as a client". This includes:

- a. Participation in a community assessment. Students gather population-focused and other appropriate community data necessary to identify potential or actual health problems of a defined community.
- b. Identification of a public policy (local, state, national) that impacts on the community or project chosen.
- c. Determine a nursing diagnosis of the aggregate.
- d. Establishing goals and plans for the aggregate community.
- e. Plan an intervention at the aggregate level.
- f. Evaluation of the project.

5. Identify subgroups across the life span within the population which are at high risk of illness, disability or premature death, and direct resources toward these groups. This includes:

- a. Understanding cultural, social, economic and age specific influences in the community that result in the development of disease.
- b. Apply the nursing process to the underserved aggregate, particularly the economically disenfranchised, including racial and ethnic groups disproportionately at risk of developing health problems.
- c. Describe and where possible, apply all three levels of prevention at the individual, family and community level.
- d. Identify the protocols for notifiable situations including disease, abuse, etc. and where possible participate in this process.

6. Become aware of administrative process in a specific agency and describe how changes in the health care system have affected the agency and its' policies. This includes:

- a. Use of structure and organization, philosophy of a local agency and how they relate to state and national health care organizations.
- b. Understand how national policies and practices impact on state and local governments handling of health and social problems. .
- c. Know roles of team members of agency, characteristics of a functioning team.
- d. Identify policies of the agency - including legal constraints and learn how national, state and local policies are derived.
- e. Be aware of and where possible observe the role of nursing in health policy development.

7. Demonstrate the ability to be a professional person. This includes ability to:

- a. Describe how working in the community supports becoming a responsible and effective citizen in the context of professional nursing.
- b. Seek out and utilize supervision in a timely manner.
- c. Demonstrate skills in problem solving within a group.
- d. Behave in a professional manner this includes ones affect, dress, communication, record keeping, and approach to clients, staff and instructor.
- e. Be able to function professionally in diverse environments.
- f. Be committed to tasks assigned.

ROLES OF COURSE PARTICIPANTS:

1. THE STUDENT:

- a. Is expected to assume responsibility for and an interest in learning.
- b. Is expected to meet at required times in required agencies to meet learning objectives.
- c. Is expected to work with the agency staff, initially listening and learning from the staff and then assuming the lead in the case management process.
- d. Is expected to interact with clients in an appropriate and professional manner.
- e. Is expected to be aware of agency policies, recording requirements, become familiar with resources and take advantage of learning opportunities as they present.
- f. Should demonstrate the ability to use the nursing process in a community setting.
- g. Should report progress, concerns, or changes to staff in a timely manner.
- h. Will discuss clinical experiences with the instructor on a regular basis.

2. THE PRECEPTOR:

- a. Participates in student learning by sharing knowledge of community and clients and reviewing preceptor information.
- b. Will be available during clinical hours to assist the student.
- c. Will be aware of opportunities and select experiences that seem appropriate to the students' ability and that will benefit the students understanding of community nursing.
- d. Will serve as a resource person offering additional client information and sharing knowledge of community resources with the student.
- e. Will alert the instructor of any problems or concerns relative to student performance.
- f. Will provide evaluation information to the clinical instructor.
- g. Is responsible for student knowledge about the recording process in their particular agency.

3. THE INSTRUCTOR:

1. Assumes responsibility to orient agency staff to expected student performance outcomes on an ongoing basis.
2. Assumes responsibility with the appropriate staff for arranging learning experiences to meet course goals.
3. Is responsible for student knowledge of safety and knowledge of community health nursing theory and public health science.
4. Confers with agency staff regarding any concerns relative to student performance.
5. Reviews the clinical experience with students in the field and at seminars.
6. Is responsible for student performance and competency evaluation.
7. Is responsible for school, agency, preceptor and student evaluations.

4. THE SUPERVISOR-DIRECTOR:

- a. Facilitates arrangements for student clinical experiences in the agency, including, assigning agency staff to work with students.
- b. Informs instructor of changes in agency policy.
- c. Assists with orientation where appropriate.
- d. Participates with instructor in evaluation of student experiences within the agency.



DISTRIBUTION OF CLINICAL HOURS

Students participating in the 474 clinical are given 3 units of academic credit from the university. All laboratory courses require 3 hours of student time for each unit credited. In order to receive full academic credit for N474 students must complete a total of **135 hours** that are to be distributed in the following way:

1. Clinical Orientation: 5 hours*

2. Clinical Agency: 80 hours *

Each student will be assigned a clinical agency placement during orientation. Students are expected to spend 6-8 hours per week on the day scheduled at the time scheduled until clinical hours are completed

3. Community Project: 40 hours*

Students will be assigned to a community project during orientation. Each project plan will determine how a student completes required hours.

4. Seminar: 10 hours*

Students are required to participate in seminars. The seminars will include completion of a child abuse module. Information on the seminars will be provided during orientation.

***Students are required to keep a weekly running total of their clinical hours completed.**

CLINICAL PERFORMANCE CRITERIA

1. Clinical Orientation: Students will attend an on campus orientation scheduled for the first week of the semester. Course objectives, dress code, and clinical requirements will be reviewed. Attendance is mandatory.

2. Clinical Agency: The instructor will determine the appropriate placement of the student with a community agency and preceptor. Student nurses in this clinical practicum will work with a nurse preceptor to accomplish course objectives. Students will sign records and be known as Student Public Health Nurse (SPHN). SPHN's work in health departments, homes, schools, workplaces and a variety of other community settings.

Students will all have different experiences depending on the community agency and preceptor they are assigned. Not all students will be able to participate in all public health interventions. Students are required to successfully complete all course objectives.

3. Community Project: All students will participate in a community project. Criteria for participation and a detailed explanation of the project objectives are listed below:



Project Guidelines: This is an individual or group activity.

The Planning Process:

1. You will assess and identify a health problem in a chosen aggregate. Community projects include a variety of settings, for example: workplace, low cost housing projects, adult day care, schools, jails, juvenile hall, and etc.

2. You will have the opportunity to review options for community projects during the clinical orientation.
3. Once a project is chosen the student/student group will complete a project plan and send it via e-mail to your clinical instructor(s).
4. The plan should be submitted by the deadline established at orientation.
5. A clinical day may be scheduled for groups to meet, discuss their projects, and make contact with agency and instructor to get a firm grasp on the project requirements.
6. Assessment of data from the community will lead to design and implementation of a health promotion/screening activity specific for that community.
7. Evaluation is based on application of the nursing process to a community and identification of a policy related your project population or health problem.



The Poster Starts Here...With your plan!

Please submit the following information to your instructor no later than the 3rd week of the semester.

- Project Title:
- Members of Project Group (include phone numbers and e-mail addresses). Please indicate a primary contact person.
- Community Agency/Program and personnel involved with project (name and phone number and e-mail address).
- Project Description and Objectives (Describe activities proposed).

Students should be able to clearly document their understanding of community assessment and represent this by developing a poster for presentation at the end of the semester. The purpose of the Poster Presentation is to enable students to summarize their community assessment experience, and report on it to a wide audience in a meaningful way.

Students should begin to think about the nature, focus, and content of the presentation right from the beginning. Thinking about the end product in advance can help focus the project learning objectives and activities. Students should discuss the development of the presentation, including the media/method of presentation, with the clinical faculty throughout the semester.



The project poster and accompanying materials should include:

1. **A description of all involved participants including the number of participants.**
2. **Representation of your research review related to the select community population.** *Key references should be listed.*
 - a. Summarize national state and local statistics
 - b. Include sources and methods of data collection.
3. **Assessment and problem identification:** *This should the target population.*
 - a. What are the "at-risk" problems?
 - b. What are the actual health problems for this population?

- c. What are the expressed needs?
- d. What health problems have you chosen for intervention?
- e. State the rationale for the health problem selected for intervention
- f. State how this problem is amenable to nursing solution. How can nursing make a difference?

4. Describe a public policy (local, state or national) that impacts on this project and how the nurse can make an impact on this policy development.

5. Project Planning: *The strategies employed to complete the project.*

- a. State the purpose/s of the activity.
- b. Clearly list the project goals.
- c. Discuss activities you did to prepare for project. What promotional activities were needed?
- d. Identify any special considerations in planning the program.

5. Implementation: *The activities employed to complete the project.*

- a. Describe the implementation of the program. State the level of prevention for your intervention. Include content outlines for health education programs. Describe or include any resources used.
- b. Describe alternative plans, which had to be implemented or pertinent factors that influenced implementation.
- d. Evaluate what you learned about the responsibility of the CHN to the community.

6. Evaluation: *Student should include recommendations and insights about how the project could be advanced or what should be done with the findings to improve the health of the public.*

- a. Evaluate the achievement of goals by comparing activity outcomes with objectives
- b. Indicate the number of individuals you reached with your project.
- c. Evaluate your own performance in the application of the nursing process to the community. How would you change your program if you were to repeat it?

Poster Content:

The Project Poster should contain the following information:

- Project Title and the names of students.
- The California State University, Chico School of Nursing
- Each area of the nursing process including a thorough evaluation of the project. Identify a policy related to the topic.
- Students should include citations in APA format. All material used in the presentation should be cited—including graphics or pictures. Copyrighted materials should only be used with permission or in keeping with copyright laws for use in education.



Poster Design and Printing: Please prepare the poster using PowerPoint software. The poster should be saved to a suitable storage device (USB drive or CD-Rom. Posters should be prepared in landscape view with the following dimensions: 36” high by 48” wide.

Printing Requirements: Students should have their presentations finished at least one week before the scheduled poster presentation date. Printing must be scheduled in advance and approved by the School of Nursing. Scheduling and details will be provided. It typically takes about 30 minutes to print a poster. You will only be approved for one poster/group so please be sure the poster is in the final format before printing. Optional: Students may wish to have a hard copy of any products generated and/or "props" that will help to convey the message of the poster. Since the poster is a visual medium it may be helpful to have a handout that includes portions of the poster requirements that are difficult to represent visually.

There are many websites, which provide helpful tips for professional poster construction. Please do a web search for “Professional Poster Presentation” to access these sites.

A couple sites that offer good suggestions and examples are:

<http://people.eku.edu/ritchison/posterpres.html>

<http://www.pitt.edu/~etbell/nsurg/PosterGuide.html>

http://physics.usc.edu/~amycassi/links/Poster_Guidelines.pdf (This site lets you check poster colors to see if they are visible to the color blind.)

An Example of a Poster:

Gold Mining's Toxic Legacy In the Sierra Nevada: The Toxic Impact of Gold Mining on Human Health in California's Sierra Nevada Region*
 California State University, Chico School of Nursing
 Becky Damazo, RN, PHN, MSN; Sheryl Hallstrom, RN, BSN; James Guichard, Student PHN; Gina Grayson, Student PHN; Yvette Irons, Student PHN

Introduction
 It has been estimated that in California more than 10,000,000 pounds of mercury was lost to the environment through placer mining operations. Mercury was also used in hardrock mining, drift mines and in dredging operations. Historical records indicate that about 3,000,000 lb of mercury were lost at hardrock mines. Mercury mines was readily available and used widely to extract gold until the early 1960s.[1]
 This problem is, unfortunately, not just a legacy from historic mining but is an ongoing problem. In 2003 alone, hardrock mining operations in the U.S. reported releases of 2.9 billion pounds of waste into the environment. This included more than 4 million pounds of mercury and 365 million pounds of arsenic. Hardrock mining, though not the only source of these contaminants, has the potential to cause significant and long lasting impacts on the environment, affecting ground and surface water, aquatic life, vegetation, soils, air, wildlife and human health.
 According to the Environmental Protection Agency (EPA) mine waste has contaminated more than 40% of western watersheds. In California there are approximately 20,000 active mining claims covering more than 630,000 acres of public and private land. There is an estimated 30,000 abandoned mines scattered across California with 1% of those being declared environmental hazards.
 *Although the scientific community agrees that mercury is a terrible health hazard, we have gaps in our knowledge of where methylmercury is found and how it is affecting humans and other life forms. -Tom Allen, Congressman

Methods
 Phase 1: Two researchers reviewed more than 100 articles pertaining to gold-mining, exposure routes for arsenic, asbestos and mercury from the environment to human populations and the potential health risks from these exposures. The literature review was conducted between June, 2006 and March, 2007. We searched online using Academic Search, PubMed and CINAHL, and CSU, Chico Meriam Library sources. We reviewed both abstracts and full text articles.
 A review of 50 articles were identified as relating specifically to potential health risks and hazards from exposure to arsenic, asbestos or mercury. The research paints a clear picture of the potential for human exposure in the region. What is missing is the epidemiologic tie between living in the Sierra Nevada and increased risk of disease or disability. Though we can clearly document the presence of each of the three agents in the region and we can conclusively state the health risks from exposure to each agent from research conducted other areas, we have no epidemiologic evidence that shows the correlation or direct path between these two factors in the Sierra Nevada. Such efforts will rely on the ongoing collection of population exposure information, and there are few systems in place to track this information. Data collection is complicated by the desire to uphold the historical heritage of the region and the rural population's resistance to "outside" interventions in areas where, for decades, individuals have relied on mining and the regions natural resources for their livelihood.
 Phase 2:
 The second phase of the project involved conducting key informant interviews with health providers in the project region. It was hypothesized that health providers could provide data that would indicate whether or not populations in the Sierra Nevada were seeking care for health symptoms that may be related to environmental exposure.
 Three CSU, Chico Senior nursing students who were enrolled in their Public Health Nursing curriculum contacted 13 clinics in the region to complete key informant interviews with health care providers based on a set of questions developed as a part of the Sierra Fund project.

Exposure Routes and Health Effects
Mercury: [Includes a map of California showing mercury exposure routes and a 'WARNING!' sign.]
Asbestos: [Includes a 'DANGER!' sign and images of asbestos fibers.]
Arsenic: [Includes a 'ARSENIC WARNING!' sign and images of arsenic contamination.]

Key Informant Survey Results
 The form used was designed to elicit a verbal response. Some of the responses were unexpected. The question asked: 'Are you aware of any health problems in your area?' The responses were: 'Yes, I am aware of health problems in my area.' The responses were: 'No, I am not aware of any health problems in my area.' The responses were: 'I am not sure if there are health problems in my area.' The responses were: 'I don't know.' The responses were: 'I am not sure if there are health problems in my area.' The responses were: 'I don't know.' The responses were: 'I am not sure if there are health problems in my area.' The responses were: 'I don't know.'

Summary
 To close current gaps in the scientific data base on the health effects of mercury, an extensive research program is needed to:
 Detail and track mercury exposures by:
 1. Developing monitoring methods to better detail mercury exposure to the various chemical forms (species) of mercury so that relative exposures from all sources of mercury may be delineated
 2. Placing particular emphasis on studies of mercury exposure among vulnerable populations (for example, the fetus and newborn/infants) and persons at risk for high mercury exposure due to local environmental conditions, high dietary intake, and personal activities.
 Conducting research on the various sources for human exposure to mercury (for example, how much human mercury exposure is derived from different exposure sources).
 Assess potential health risks by:
 1. Determining if health effects are associated with levels of specific mercury species, including risk assessment calculations using modern computer modeling methods.
 2. Planning and conducting clinical activities for predicting targeted population groups, their health, and preventive actions for specific chemical species of mercury that are known or likely to cause disease.
 3. Identifying the potential for toxicity to organs such as the brain and kidney from combined exposure to mercury and other common toxic agents and genetic risk factors which may modify individual susceptibility by incorporating molecular biomarker endpoints.
 4. Developing risk communication products for the general public that explain risks of varying levels of exposure to the specific chemical forms of mercury and actions that could reduce risk.

References:
 1. Hardrock Mining in California (2004). *Wishmakers for Responsible Mining*. Retrieved June 23, 2006 from <http://www.doh.wa.gov>
 2. Bourgeois, A. and Corbett, A. (2004). *Hardrock Mining: Risks to Community Health*. Available from <http://www.environmentaldefense.org>
 3. Agency for Toxic Substances and Disease Registry (ATSDR). (2001). *Toxicological Profile for Asbestos*. U.S. Department of Health and Human Services, Public Health Service, Atlanta, GA
 4. Asbestos in Drinking-water (1995) World Health Organization, Geneva
 5. Environmental Health Hazard Assessment. (2002). *Public Health Goals for Chemicals in Drinking Water: Asbestos*. California Environmental Protection Agency

Project Funding provided by The Sierra Fund



Presenting Your Poster:

At the poster session your colleagues, faculty and others will come to see your work. You will be expected to stand next to your poster for approximately one hour, answering questions from those who stop to read your poster. Your attire should be professional.

At the session itself, your carefully constructed that poster to make your points in very few words; however, some people still won't want to read through it themselves, and other folks will demand more detail than you provided. You must be well prepared to answer their questions. Think about the best way to present the material verbally to compliment what you have printed up for your poster. You will be asked the same questions over and over again, about what you were studying and why, about how to interpret this graph or that statistic, so be prepared to explain those things clearly, concisely and repeatedly. Your job for the afternoon is to present yourself and your work to your academic community.



STUDENT EXPERIENCE LOG:

It is the student's responsibility to be aware of clinical objectives and accurately document progress towards meeting the objectives. There are objectives that represent each of the clinical requirements. The log should clearly document how you have met the course objectives.

Students enrolled in N474 are required to keep a log of their experiences and hours for each clinical/project day. The log serves as a useful reference and planning tool. It will allow you and your instructor to review the level and nature of participation in community health activities and should therefore include all of your experiences related to these activities.

As with all professional communication, correct spelling, grammar, punctuation, organization and quality references, when appropriate, are expected. Points will be deducted where professional communication and information competency are not demonstrated. Students will complete the log in 3 sections that reflect the distribution of clinical hours: agency, project, and seminar.

1. **AGENCY LOGS:** Agency logs should reflect student hours and objectives that are specific to the agency experience. Students Log entries should reflect pre-planning for the day and a summary of the day/activity that allows both student and instructor the ability to assess progress toward meeting the desired objective.

Include each activity or client contact. To maintain confidentiality, students should use the initials of the client--never the client name. In order to meet all course requirements students are required to submit necessary course evaluation forms to your instructor. Grades will not be released until the instructor has received all forms.

2. **PROJECT LOGS:** The project log will be a summary of each student's activities researching, planning, implementing and evaluating their community project to refine ideas and obtain feedback on the design and development of their poster presentation. The community project log will reflect the student knowledge of applying the nursing process to a "community as client", including the ability to formulate a nursing diagnosis related to a specific community group. This log should also reflect any clinics, community meetings or alternate experiences in which a student participates.
3. **SEMINAR LOG:** Students will record their participation in seminar by presenting a family case study and where possible a discussion of their community project. Fellow students will discuss each case presentation and provide meaningful feedback and discussion. Students should also include a summary of their understanding of child abuse reporting requirements for California.

LOG SUBMISSION DETAILS: Individual instructors will set the date/time and method for the log submission. Please discuss all submission requirements with your instructor. Consistently late logs will jeopardize a student's ability to complete course objectives and pass the course.



CONFIDENTIALITY

The basic principles of confidentiality in nursing practice also apply to the community setting. Confidentiality is founded on the principle of trust and respect for individuals. Nurses working with families in the home setting will become privy to very personal information, some of which may make interesting social conversation. However, it is important to remember that commenting socially regarding these experiences violates the nurse-client trust relationship and is highly unprofessional. Any written notes regarding clients should also be treated as confidential. Students should be aware of and follow HIPPA guidelines at all times.



SAFETY TIPS FOR COMMUNITY HEALTH NURSING HOME VISITS

1. Never go alone into any area/home that could be considered unsafe. Arrange another meeting site (health dept. or restaurant).
2. If area is deserted or appears ominous in some way, reschedule and/or confer with supervisor.
3. If hostility is a possibility (for example, CPS referral), ask CPS or another nurse to go along and inform supervisor of destination.
4. Park so that an arriving vehicle can't block your car and lock your car, be sure that valuables are out of sight. (Lock purse in trunk)
5. If unchained dogs appear, stay in car until someone appears to control them. Heed "Beware of Dog" signs. Ask if dog bites.
6. Knock on doorjamb and stand to side of door.
7. Always sit with access to door in mind during a home visit.
8. Be alert to drug paraphernalia or suspicious items/circumstances in the home and leave if clients are hostile...no explanation is necessary, just leave.
9. Before opening car door, look inside - especially behind back seat.
10. Avoid late home visits to outlying areas, especially in winter. Know weather conditions in the area you will be visiting.
11. Follow all agency check-in and check-out procedures.
12. Carry portable phone to outlying areas and to home visits considered potentially hostile. Phones should be set on the silent mode to avoid disruption during the visit. Students should not text or take personal calls while in a client's home.
13. Wear shoes that allow for easy walking or for fast retreat when in field.
14. Make sure your car is in good working condition and filled with gas.
15. Use common sense. Be alert and aware.



Dress Code: Students should dress according to guidelines in the student handbook for professional attire when a uniform is not required:

In all clinical experiences and professional contact with the public, students must follow the dress code. Faculty will inform students whether a uniform or professional attire is required. The School of Nursing must comply with the policies of various hospitals, clinics, and other agencies where clinical practice is scheduled. Students should be aware that additional dress restrictions and infection control policies might be required in specific departments of agencies or hospitals. Any other concerns will be addressed through your clinical instructor who has the final decision on dress code implementation.

If unprofessional attire is reported in clinical agencies, clinical grades may be lowered, or preclinical access to patient records may be restricted. See Student Guidelines for School of Nursing Standards on Safe and Professional Nursing Practice.

Regardless of the clinical or agency setting students must conform to the following:

- Acceptable jewelry includes only a wedding ring (or cultural wedding symbol), and a watch.
- Earrings must be studs only and are limited to no more than two per ear lobe.
- Necklaces will not be worn outside the uniform when providing patient care.
- No other visible body jewelry or piercing is permitted.
- No visible tattoos are permitted. Previous tattoos should be covered.
- Long hair must be worn up or back from the face, with no extravagant hair ornamentation.
- Make-up should be used only in moderation.
- No fragrances should be worn in clinical settings.
- Long fingernails are not permitted; nails must be kept neat in appearance and clean.
- No acrylic (false) nails will be allowed.

Some clinical areas will have more stringent requirements for jewelry due to potential safety hazards. When a uniform is not required students must dress in a professional manner. In most public health settings no lab coat is required. The following dress requirements should be followed.

- CSU, CHICO photo ID name tag
- Tops must have sleeves
- No breast tissue or cleavage may be visible
- No skirt above knee length
- No open toed shoes
- No shorts, jeans, short tops showing midriff.
- No torn clothing.

When a lab coat is worn, professional attire and a CSU photo ID name tag is always required. These requirements are in accordance with OSHA requirements and contractual agreements with clinical agencies for individuals when in the agency in a professional student role.

From CSU, Chico School of Nursing Student Guidelines page 24-25

Students who do not comply with the School of Nursing professional attire requirements will be sent home. Many agencies are several miles from Chico so please take time to be sure your attire is appropriate.



GUIDELINES FOR PRESENTATIONS AT SEMINAR

Attendance is part of your obligation in completing N474 course hours and will help you meet course objectives. **Grades will be lowered if seminar commitments, including hours are not met. Presentation dates will be assigned early in the semester.**

A Seminar is a chance for open engagement in course content. You will both lead and participate in the seminar. Seminars are a chance for exchange of information in an informal setting. Plan to ask questions and offer solutions. Because the student experience is varied, the seminar is a chance to learn about areas of public health you may not experience.

Students will explain their clinical agency and present a case from their clinical experience. These cases do not have to be home visits. The cases should be a reflection on the case management experience of the student. Just like other assignments, the seminar presentation should be planned, researched and written before it is delivered.

FORMAT FOR PRESENTATION:

Depending on your clinical agency, the seminar can involve:

1. Researching and presenting case background material
 2. Preparing and delivering a summary of case interactions and the setting for those interactions.
 3. Lead the group discussion
 4. Where appropriate prepare handouts and visual aids
 5. Preparing relevant and thought-provoking questions
 6. Submitting a written case report based on the case presented.
1. **Summarize a client interaction or a clinical experience.** There may be one major problem/need or many problems/needs, but they all impact on the client so strengths and weaknesses need to be closely assessed. Identify problems that may impact on the clients' health. Identify goals and evaluation criteria to address client needs.
 2. **Lead the group in problem solving of nursing roles and interventions.** Students in the group are expected to provide constructive feedback and suggest interventions that may be helpful to the case.
 3. **Child Abuse documentation.** Each student should plan to complete a minimum of 2 hours of child abuse content.



CLINICAL EVALUATION:

All evaluations should be completed and turned in before grades are submitted. Both students and preceptors may submit their course evaluation requirements (course, preceptor, self-evaluation) through an online link that will be provided by the instructor.



N474 REQUIREMENTS CHECKLIST

Students should review checklist to assure they have met all course objectives. This checklist will be used to determine your clinical grade. Satisfactory completion of all course hours, written assignments and all learning activities are required to receive credit for this course. Poor attendance, chronic tardiness, or late assignments/charting/logs will result in course failure.

REQUIREMENTS	Points
Clinical Agency Log: (325 pts)	
Documentation of 85 hours* (200 pts) *Including orientation	
Weekly case management log (100 pts)	
Client Interaction Evaluation Form (25 pts)	
Project Log (250 pts)	
Documentation of 40 project hours (100 pts)	
Project Plan form (10 pts)	
Project implementation record in weekly log (60 pts)	
Project Presentation (50 pts)	
Peer Presentation Review and comment (30 pts)	
Evaluation Forms (25 pts)	
Student /Staff Evaluation Forms	
Student Self Evaluation	
N474 Evaluation Form	
Seminar (100 pts)	
Documentation of 10 hours including Child Abuse reporting information (50 points)	
Family Caseload Presentation Form (50 points)	
Total Points (700 pts possible)	