DNP Project:

Redesigning nursing courses: AACN Essentials and best teaching practices in community health

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Abstract

The aim of this project was to answer the question: how can an undergraduate community health nursing course be redesigned to align with competency-based education (CBE) standards? Evidence-based teaching and learning strategies were explored, then incorporated, to help meet the two goals of this project: 1) align the course with the 2021 American Association of Colleges of Nursing (AACN) Essentials and 2) map the course components to align and promote competency. The course was developed using the integrated course design framework and employed some best practices of inclusive pedagogy, including active learning techniques and the adoption of open educational resources. An expert panel evaluated the completed project and determined that the project met the goals of being appropriately aligned with the 2021 AACN Essentials and successful mapping of the course.

The process of redesigning the course was templated and presented to nursing faculty colleagues through an educational focus group to demonstrate the process of aligning courses with the new recommended competencies and to provide a template with helpful tips for when they redesign their own courses. Qualitative data analyzed from the focus group determined that nursing faculty need varying levels of support for aligning their own courses and that the focus group setting was helpful in pursuit of their own course alignment goals.

Recommendations are for nursing faculty to use the integrated course design framework and incorporate active learning strategies and inclusive pedagogy techniques in their own courses when aligning with CBE standards. Educational opportunities for nursing faculty related to aligning their courses and incorporating active learning, inclusive pedagogy techniques, and open educational resources can be helpful to reducing barriers of aligning with CBE standards.

Keywords

Undergraduate nursing, community health nursing, curriculum development, inclusive teaching, AACN Essentials, open educational resources

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CHAPTER 1: INTRODUCTION AND BACKGROUND

As the healthcare industry changes and adapts to the needs of the communities it serves, so too must the curriculum that prepares those who work in the field. Nursing is no different as it evolves to keep up with the ever-changing demands of the healthcare field and patients. According to the American Association of Colleges of Nursing (AACN) in 2019, nursing is the largest healthcare profession and it is expected to continue to grow over the next ten years (Rosseter, 2019). Approximately 192,000 new nurses passed the NCLEX and were ready to enter the workforce in the United States (U.S.) in 2021, which is similar to previous year averages (National Council of State Boards of Nursing (NCSBN), 2022). It is essential that these new nurses are educated and trained to ensure they are competent in delivering the healthcare needed by those they serve.

Nursing Educational Program Standards and the AACN

The AACN is a national organization that sets quality standards for nursing education (AACN, nd). *The Essentials: Core Competencies for Professional Nursing Education*, developed by the AACN in 2021, focuses on competency-based education for registered nurses in their programs of study (AACN, 2021). These new recommendations differ from the previous AACN Essentials published in 2008 in many regards, but most notably in that the previous recommendations were content-based strategies rather than competency-based strategies (Welch & Smith, 2022) and had different standards, as demonstrated in Table 1.1 (AACN, 2008).

Table 1.1

Comparison of AACN Essentials from 2008 to the domains of the new AACN Essentials from 2021 (AACN, 2008; AACN, 2021)

2008 AACN *Essentials*	2021 AACN *Essentials* Domains
I. Liberal Education for Baccalaureate Generalist Nursing Practice	I. Knowledge for Nursing Practice
II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety	II. Person-Centered Care
III. Scholarship for Evidence Based Practice	III. Population Health
IV. Information Management and Application of Patient Care Technology	IV. Scholarship for Nursing Discipline
V. Health Care Policy, Finance, and Regulatory Environments	V. Quality and Safety
VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	VI. Interprofessional Partnerships
VII. Clinical Prevention and Population Health	VII. Systems-Based Practice
VIII. Professionalism and Professional Values	VIII. Informatics and Healthcare Technologies
IX. Baccalaureate Generalist Nursing Practice	IX. Professionalism
	X. Personal, Professional, and Leadership Development

Note. The colors indicate similar domains from the 2008 to the 2021 AACN Essentials.

The new standards set by the AACN in the 2021 Essentials are based on feedback from practice-partners, stakeholders, and from three major notable reports that called for more consistency and strengthening of nursing education (Welch & Smith, 2022). Due to multiple

avenues for pursuing a registered nursing license, ensuring all new graduates are meeting identified competencies to ensure consistency is necessary (AACN, 2021). Nursing programs are incentivized to incorporate these new standards as a step to become or to continue to be considered accredited through the Commission on Collegiate Nursing Education (CCNE) (AACN, nd). Bolstering nursing education and setting new standards for nursing programs can help create a better prepared workforce of generalized nurses that are able to adapt and meet the healthcare needs of their communities (Welch & Smith, 2022). While whole nursing programs need to adapt to these new standards, this project focused on redesigning a community health nursing (CHN) course at the undergraduate level to meet the relevant competencies.

Competencies for Community Health Nursing Education

Competencies for nursing graduates continue to change as the healthcare field changes. Knowing what knowledge, skills, and abilities are expected of new nursing graduates is important for educators when developing course objectives. The AACN has established core competencies for nursing education, with a broad view that focuses on what nursing students should learn in their entire educational pursuit of becoming a registered nurse (AACN, 2021), including domains that are typically taught in the CHN course such as population health. The Essentials (AACN, 2021) contain 45 competencies which outline the necessary curriculum content and expected skills of graduates at all levels of nursing education, spread over ten domains (as seen in Table 1.1) and related to eight concepts. The focus of the course redesign was on the competencies most germane to an undergraduate CHN course: those within the domain of population health or related to at least one of the following concepts: diversity, equity, and inclusion, health policy, and social determinants of health.

The Council of Public Health Nursing Organizations, previously known as the Quad Council Coalition, has established competencies specifically for community and public health nursing that CHN faculty can use to guide course outcomes and design their courses (see Table 1.2) (Quad Council Coalition Competency Review Task Force, 2018).

Table 1.2

Community/Public Health Nursing Competency Domains established by the Quad Council Coalition Review Task Force (2018).

1. Assessment and Analytic Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning, Evaluation, and Management Skills
8. Leadership and Systems Thinking Skills

Broadly speaking, these competencies identified by the Council of Public Health Nursing Organizations in 2018 align with the newly established 2021 AACN Essentials that are in the domains of public health. However, The Essentials (AACN, 2021) contain several competencies explicitly related to diversity, equity, and inclusion, thereby expanding on those in Community/Public Health Nursing Competencies (Quad Council Coalition Competency Review Task Force, 2018).

These two organizations' competency recommendations were used to guide course objectives and evaluate students abilities in this project.

Definition Clarification

It is important to clarify that the phrases "community health nursing" and "public health nursing" are both utilized interchangeably for the purpose of this paper. While the terms are not always exactly the same, many nursing textbooks, research articles, and personnel in the field use the terms interchangeably.

Statement of the Issue

Community health nursing is a unique nursing course that is typically part of programs that award bachelor of science in nursing degrees, as well as many graduate programs. While many nursing courses focus on specific disease processes and caring for an individual, CHN looks at bigger picture concepts through the lens of public health and primarily focuses on communities and families as the client. The course typically has a clinical component to help students get hands-on experience. Clinical sites in the course can vary greatly based on the geographic region and community.

The recent pandemic has demonstrated the need for strong public health measures with updated curricula helping to prepare and train nurses to promote health and prevent disease in our communities. Additionally, as the demographics of U.S. citizens continue to shift, the importance of investing in public health measures as an economic way to promote health and reduce costs cannot be overstated (McDaid, 2018). These issues are just two examples of the rationale for focusing on a CHN course in particular.

Project Goal

The project aim was to answer the question: how can an undergraduate community health nursing course be redesigned to align with competency-based education standards? To answer this, a phenomenon of interest focused on best teaching practices for establishing an inclusive

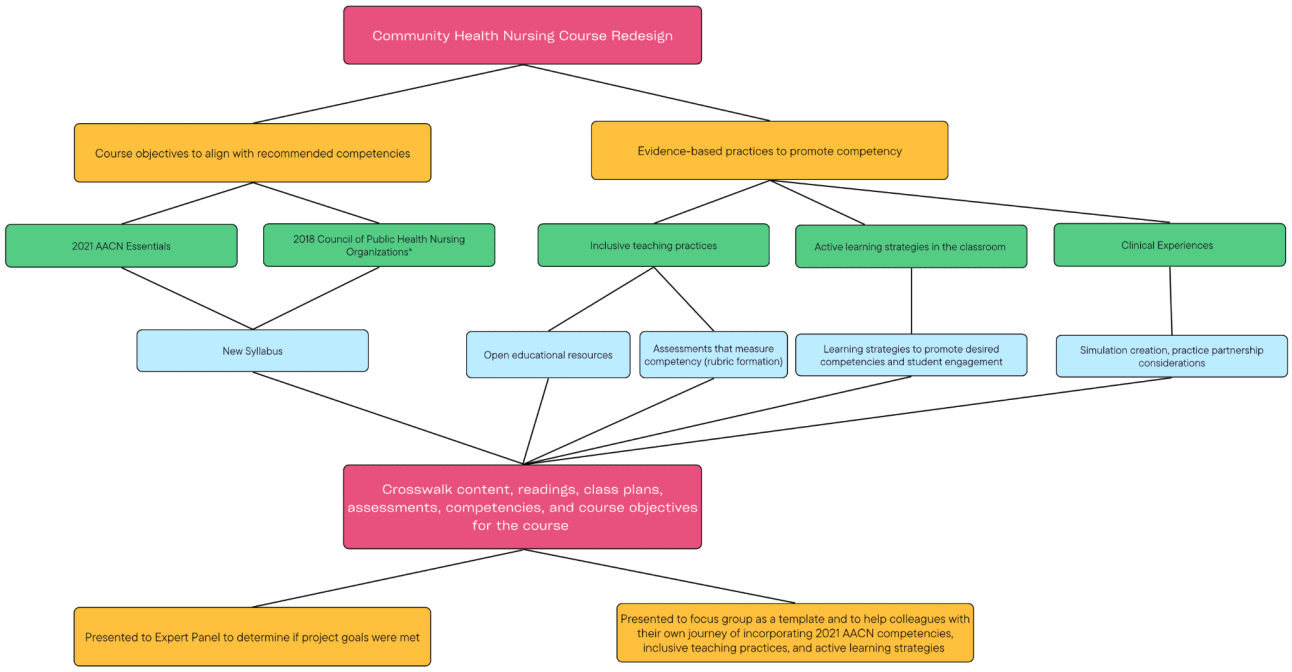
learning environment that promotes student competency in CHN was explored. The purpose of this project was to redesign an undergraduate CHN course that incorporated the following objectives: 1) aligns with the new 2021 AACN Essentials and 2) uses inclusive teaching and active learning practices to promote student engagement, learning, and competency of the material in community health nursing. Two deliverables were identified that would demonstrate the achievement of these goals: 1) a spreadsheet that would demonstrate the chosen 2021 AACN competencies and sub-competencies alignment and 2) the course itself, designed through mapping the 2021 AACN Essential competencies and QCC 2018 Competencies with the readings, class activities, assessments, course objectives, and that demonstrated inclusive practices. This important step will align each aspect of the course with the correlated 2021 AACN sub-competency, and therefore competency and domain, on a course schedule. Simultaneously, open educational resources (OER) that are relevant and applicable to the newly designed course were explored. Adopting OER for the course was an inclusive action to help reduce financial burdens that result in students not buying texts for their courses (Florida Virtual Campus Office of Distance Learning & Student Services, 2018). The multiple aspects of this project are simplified in a flowchart in Figure 1.1. Lastly, the process was templated so that a focus group of nursing faculty colleagues at the implementation institution (referred to as University X throughout the remainder of this paper) could learn how to redesign their own courses to align with the new standards for competency-based education set by the 2021 AACN Essentials.

To evaluate this project, an expert panel of highly qualified professionals met to determine if the above goals were met. Additionally, the project process was disseminated

through a focus group of peer nursing faculty at University X in which survey data was gathered and analyzed. More details on the expert panel and focus group can be found in Chapter 3.

Figure 1.1

Simplified flowchart of the anticipated project course redesign



Congruence with Organizational Strategic Plan

This project aligned with both the new strategic plan at University X, which was released in 2021, and with the goals of the American Association of Colleges of Nursing (AACN).

At the undergraduate level, University X is a women's, Catholic, residential college in northern Indiana. University X's strategic plan lists 24 recommendations, split over four broad commitments (Conboy, 2021). The first commitment is to "Achieve a Culture of Human Dignity and Solidarity," (Conboy, 2021, p. 3) and one of the recommendations to achieve this

commitment is to "ensure an inclusive curriculum and inclusive pedagogies" (Conboy, 2021, p. 4). A main goal of this course redesign is to make use of best practices for inclusive pedagogy throughout this course.

The second commitment in the strategic plan is to "Establish University X as a Leader in the Social and Economic Empowerment of Women" (Conboy, 2021, p. 5). Two of the recommendations within this commitment are to "diversify and expand curricular and experiential learning for students to discover their vocations" and to "maximize relationships with women- and girl-serving organizations throughout the region and the nation" (Conboy, 2021, p. 5) Both of these recommendations will be met through this project as I re-evaluate the current clinical sites students go to for this community health course and create new partnerships.

Consideration of Facilitators and Barriers

Facilitators

Not only was this project aligned with the strategic plan and mission of University X, there were many other facilitators for completion of this project. University X's Department of Nursing Science chair was supportive of the project. Similarly, the Department of Nursing Science curriculum committee was excited for the project so that it could be a demonstration for other faculty on how they could align their own course with the new 2021 AACN Essentials, and therefore our whole nursing program could be evaluated and aligned. The rest of the Department of Nursing Science was supportive with colleagues that are eager to implement inclusive teaching practices and appreciate the work being done to improve courses. The AACN website had resources and tool kits to assist in the process of aligning nursing programs and courses to their new guidelines. They also have educational webinars that helped facilitate a smoother transition.

Additionally, a small grant was received to help aid in the adoption of open-educational resources, which came with learning modules to help guide the process of finding quality resources that are relevant and helpful for students. Another small internal grant from the Center for Academic Innovation within University X was awarded in support of the project with funds allocated to provide a lunch to incentivize participation in the focus group, honoraria for the expert panelists, and to pay a consultant for their help with analyzing the focus group survey data.

Barriers

A barrier that existed for completing the proposed project included the University X's Department of Nursing Science policies that needed to be upheld regarding testing and grading for nursing courses. This was a barrier because it conflicted with the best teaching practices that are used in the redesigned course. This was surmountable, but did need to be taken into account when the course was redesigned. Additionally, prior to the redesigned course being taught in the fall semester of 2023, it will need to get approved by the University X Curriculum Committee. This step was not necessarily a barrier to completing the project, but is an extra step that must take place after the project is completed, prior to teaching the course.

When aligning the course with the 2021 AACN Essentials, an additional barrier was that these guidelines were designed for nursing programs, not just individual courses. Therefore, it may be necessary to further adapt additional competencies related to the class if needed from the larger curriculum design to ensure all nursing students are meeting all competencies by the end of their program.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

A search of literature was focused on best practices for teaching community health nursing. Whole nursing programs are focused on transitioning their curriculum to competency-based educational practices, but the focus of this literature review was specifically on educational strategies in community/public health nursing to promote learning and competency.

Review of Literature Search Method

Multiple search strategies were utilized to find relevant literature to review. Gray literature was found from AACN since they are a leader in establishing nursing program quality standards in the United States. This organization recently published The Essentials: Core Competencies for Professional Nursing Education (2021), which has prompted the competency-based curriculum shift in nursing programs. The Community/Public Health Nursing Competencies by the Quad Council Coalition (2018) was also used since they are an organization comprising the leading public health nursing organizations that focus specifically on CHN. EBSCOhost with all databases was searched using the key terms “curriculum development” and “community health nursing” with limitations to articles being full text, in English, and published from 2010 to 2022. Forty articles were found, with three being used. Articles were excluded based on relevancy and language. Next CINAHL was searched using the terms “community health” and “nursing essentials,” resulting in 140 articles. Of the 140 articles found, six were used. Articles were excluded based on relevancy and language. Lastly, “community health nursing” and “essentials” were searched in CINAHL with limitations to research articles resulting in 302 articles. Six articles were used from this search. Articles were again excluded based on relevancy and language.

Review of Literature

Three themes emerged from the literature found: 1) competencies for community health nurses and the courses that prepare students for these jobs, 2) utilizing technology as a tool to reach course objectives, and 3) the importance of the clinical experience.

Competencies for Community Health Nursing

Research on what is expected of nurses in the field and how educators can work to help ensure the new graduates are capable of meeting those expectations is important to determine relevancy and priorities (Clark et al., 2016; Cunha et al., 2021; Nickel et al., 1995). Clark et al. conducted a systematic review of literature of 25 studies to determine the most relevant global and public health competencies for nurses. Their efforts resulted in 14 global and community/public health competencies that were essential for nursing educators to incorporate into their courses to ensure nursing students were prepared for their roles in the field (2016). These 14 core competencies for global and public health are social justice, cultural competency, communication, collaborative partnerships, assessment and management skills, environment, disease burden and epidemiology, ethics and professionalism, determinants of health, health systems and delivery, travel and migration, key players, research, and health promotion and illness prevention (Clark et al., 2016).

Cunha et al. collected qualitative data through case studies from nurses working in community health specialties in Portugal to determine what skills a nurse would need to be successful in the field (2021). Thirty-one nurses were interviewed for approximately 40 minutes each. Their study concluded that skills focused within epidemiological surveillance, planning and project management, and contributing to public health and health policy were most prevalent

in their roles (Cunha et al., 2021). This study was limited because all of the nurses were from one health unit.

While Cunha et al. (2021) were working to determine the most relevant skills for public health nurses to be competent in based on their current roles, Nickel et al. (1995) utilized competencies set by the U.S. Department of Health and Human Services Division of Nursing and analyzed the perspectives of nursing students, educators, and administrators regarding their abilities to meet the competencies. Surveys were administered to 185 nursing students from five institutions in Ohio who were graduating with their bachelor's degree. Fifteen educators and 17 administrators that acted as clinical site supervisors for the corresponding nursing students were also surveyed. This study found that the graduating nursing students consistently ranked themselves at a higher level of competency compared to the corresponding rankings that faculty and administrators completed of the students. Faculty had higher ratings of competency for the students compared to the ratings that the administrators found. However, this study was completed over two decades ago, which is a significant amount of time considering the ever-changing healthcare field. Other limitations noted within the study were the length of the competency list with some overlapping items, broad items within the competency list, and that the survey measured perceptions, rather than actual behaviors (Nickel et al., 1995).

An important step in determining the effectiveness of new professional standards includes conducting research studies on the standards themselves. Competency-based education is not a new idea in the nursing field (see the example from Nickel et al. (1995)), but no research studies conducted on the new 2021 AACN Essentials were found when reviewing the available literature, likely due to their recent publication. This gap in the literature allows opportunities for research projects and studies to determine the effectiveness of the recommended competencies.

Additionally, studies will need to be done to ensure that the competencies are relevant and inclusive for the workforce needs in future years.

Once the course objectives are established with the necessary competencies, the educator can consider the design of their course to ensure the competencies are being met. Joyce et al. (2019) demonstrated in their quantitative study that utilizing standardized competencies in CHN education is helpful for both educators and students. Joyce et al. used the quality improvement model to standardize the community/public health nursing courses by adopting the 2011 Quad Council Competencies for Public Health Nurses and then evaluated learning outcomes after using the adopted competencies (2019). Twenty-nine faculty and 607 senior nursing students from four colleges and universities participated in this study. The results of the study included faculty becoming more confident in their knowledge of the adopted competencies and students demonstrated an increase in their proficiency level of the competencies (Joyce et al., 2019).

Similarly, Callen et al. (2013) and Foss et al. (2004) established a variety of teaching and learning strategies that helped educators create assignments, class activities, and other learning modalities to help reach the previously-published CHN competencies. Callen et al. expanded on the 15 community/public health nursing competencies that were published by the Association of Community Health Nursing Educators (ACHNE) in 2009. This article was not a research study, but rather an article that provided sample teaching/learning strategies for each competency for undergraduate community health nursing faculty to consider when designing their courses (Callen et al., 2013). This article has two main limitations. First, it is based on outdated competency recommendations and second, not all of their recommended teaching/learning interventions were supported by other literature.

Foss et al. described their process of transitioning an RN-to-BSN community health nursing course from a traditional learning model to a competency-based model (2004). The community/public health competencies established by the ACHNE in 2000 were used and the course was redesigned with these as the foundation. Learning activities and assessments of competencies were determined by faculty and this redesigned course was implemented in a summer course (Foss et al., 2004). The authors gave an example that crosswalked one competency by ACHNE and aligned it with theoretical content for the course, clinical activities, and an assessment of the competency. The article reports that the student reactions were enthusiastic and they appreciated that the new course model was centered on self-directed learning. Faculty reported that students were able to meet competencies and that the new model did not increase the workload for faculty (Foss et al., 2004). This article demonstrated a positive change from a traditional course to a competency-based model of learning. However, a major limitation of this study is that no true measurements of qualitative or quantitative data for the result were provided.

Both Callen et al. (2013) and Foss et al. (2004) provided examples of lesson plans and activities that helped their students achieve competencies. There are many ways to meet competencies that are established and research indicates that utilizing technology is an essential part of current CHN courses.

Utilizing technology in course design

Topics and lessons in CHN can be taught in a variety of styles, utilizing various tools to help the educator ensure there is adequate understanding and competency (Callen et al., 2013). Historically, there has been traditional lecture and discussion in the classroom, but as new technology develops, best teaching practices can also change to keep pace with the changing

culture of learning. Within the field of nursing there are a vast number of teaching modalities that help promote student engagement, knowledge retention, and applicable skills needed for the clinical setting, many of which now include technology.

Simulation has been a beneficial learning style in nursing for many years due to limited clinical sites and to offer students a safe space to learn and practice skills before trying them on patients (Aslan, 2021). It has been most popular in traditional medical specialties but has been more recently studied in CHN (Aslan, 2021). A systematic review of literature conducted by Aslan concluded that CHN and public health nursing students found simulation practices beneficial and helped their collaboration skills. Further, simulation practices improved their critical thinking and teamwork, and students felt more confident in communicating and evaluating a family and individual together (2021). Aslan analyzed eight studies including qualitative, quantitative, and mixed-method studies that led to two main themes: the benefits of a safe learning environment and gains regarding communication and evaluating cultural differences (2021). Similar to Aslan's conclusions in the systematic review, Hoffman and Argeros concluded that virtual simulation in CHN helped increase student knowledge and their self-confidence in learning during their mixed-methods study (2021). Hoffman and Argeros designed a mixed-methods study that had 121 community health nursing students from pre-licensure (traditional BSN) and post-licensure (RN-to-BSN) programs (2021). The nursing students took a pretest, then completed the virtual simulation, followed by a posttest to evaluate knowledge. They also completed the National League of Nursing Satisfaction and Self-confidence in Learning Scale (Hoffman & Argeros, 2021). The students' knowledge was evaluated on the pretest compared to the posttest, with a statistically significant increase ($p < 0.001$) from pretest scores to posttest scores after the simulation was implemented (Hoffman &

Argeros, 2021). Not only was the virtual simulation a positive learning experience in regard to knowledge acquisition, students also rated it as a satisfying learning experience (86.5% agreed or strongly agreed) and had self-confidence in their learning (92% agreed or strongly agreed). The study also gathered qualitative data that demonstrated the benefits of the virtual simulation, including students' ability to identify guidelines for the topic within the simulation and why education or counseling are important for the patients (Hoffman & Argeros, 2021). While simulation has been more popular in other areas of nursing education, it is a valuable tool to promote learning and skill development in CHN.

Not only can simulations be virtual and online, but classes can also be taught online effectively. The COVID-19 pandemic brought many changes to the world, including online learning environments. With traditional classroom experiences no longer being safe, online learning became the temporary norm. With effective online learning, student learning outcomes are still attainable (Cygan et al., 2021; Perry et al., 2022; Blakeley & Curren-Smith, 1998). Some faculty may have viewed online learning as a temporary measure to ensure safety, but online learning could be incorporated into CHN courses in addition to or instead of in-classroom learning to be more inclusive of student's varying circumstances. Cygan et al. (2021) statistically analyzed the grades for assignments, exams, and the overall course for three consecutive terms of a public health nursing course with the first term being traditional face-to-face learning, the second term beginning as face-to-face and then transitioning to remote online learning part way through, and the third being completely online. They found little difference in the mean final course scores of each cohort, with approximately two percentage points difference for assignments and less than two percentage points difference for exams when accounting for more variability in one cohort (Cygan et al., 2021). Cygan et al. concluded that learning outcomes as

well as course objectives were still being met through online CHN courses when compared to the traditional classroom learning experiences (2021). The authors recognized that a limitation of this study was that it was focused on students at one institution and may not be generalizable.

Blakeley and Curran-Smith found similar results to Cygan et al. in their study of an online CHN course for 23 registered nurses that were obtaining their bachelor's degree (1998). They found that with detailed information about the course in addition to increased communication, students were able to meet the course objectives and did as well as students in the traditional classroom (Blakeley & Curran-Smith, 1998). The information from this article by Blakeley and Curran-Smith is limited by a lack of identifying statistical analysis and study parameters, and the fact that it was published more than two decades ago.

Not only can classes be effectively taught in online settings, clinical experiences can also be taught remotely if needed. Perry et al. found that course objectives were met in their study of implementing a video-series for CHN students to temporarily replace their traditional clinical experiences during the COVID-19 pandemic (2022). While they identified challenges with student engagement in the 18 students in this online format for clinical experiences, they considered it a success in reaching clinical and course objectives during this unique period in history (Perry et al., 2022). The data in this article is limited by lack of study parameters and statistical analysis.

CHN clinical learning experiences

Simulation experience can be an effective tool to supplement the clinical experience for CHN students (Aslan, 2021; Hoffman & Argeros, 2021; Perry et al., 2022). Clinical experiences based in the community health setting can take on various forms and assist students with applying their didactic knowledge to real-life situations with hands-on experience. It has been

argued that the best way to determine if a student is competent in a certain area is to have them demonstrate that through performance in a clinical setting or simulation, rather than on a written test (Chimea et al., 2020). In addition to the simulation experience, CHN students can benefit from community-driven partnership experiences that allow projects to be designed and implemented in the organization or agency, and then evaluated (Sarsfield & Burkhard, 2019; Nehls & Vandermause, 2004; Evans-Agnew et al., 2017; Teeley et al., 2006).

Nehls and Vandermause (2004) completed an undergraduate CHN curriculum revision to pilot a program with a focus on *community-driven* care, compared to their previous model that focused on *community-based* care. The curriculum emphasized that learning with the community, rather than just in the community, was essential to providing competent care to the aggregates, families, and individuals that composed their city (Nehls & Vandermause, 2004). Students chose their clinical site and had a faculty mentor and community preceptor help guide them through a project. Interviews to gather qualitative evaluations were completed by 14 students, six faculty, and 11 preceptors from the partner organizations after the clinical experience was complete. Using a hermeneutic approach, Nehls and Vandermause found the main themes included the benefits of new community partnerships by bonding around a common mission and being able to think about nursing differently, outside of mainstream views (2004). This study was limited by a small sample size at one university and the article did not indicate what type of project was undertaken by the students at the clinical site.

Project implementation has been found to be a valuable learning tool for other CHN experiences as well. Teeley et al. (2006) implemented a continuous quality improvement component into their CHN clinicals that allowed for students to work with agencies on a project to improve health in the populations served. This was a pilot program with 150 students that

were senior undergraduate students or second-year direct-entry master's students that did not previously have a BSN. The study was conducted over two years and the authors concluded that their goal of students being better prepared to practice community-based nursing was met (Teeley et al., 2006). This study did not include any statistical data analysis to evaluate the impact of the curriculum change, which would be a limitation of this article.

While Teeley et al. (2006) focused on a quality improvement project, Evans-Agnew et al. (2017) had students do projects within their local county's Community Health Needs Assessments (CHNA). Two CHN clinical groups, totalling 22 students, were involved with the issue-identification and goal-setting phases of the CHNA process (Evans-Agnew et al., 2017). The students that participated in the study completed surveys to determine if the course competencies set in the course objectives were met through their experience of participating in the CHNA process and project, which they were (Evans-Agnew et al., 2017). Limitations of this study included a small sample size with a lack of data analysis related to the study outcomes. While traditional CHN clinical experiences have not involved a project component, projects can be beneficial for the students and help students become competent in the skills necessary to work in public health nursing (Nehls & Vandermause, 2004; Teeley et al., 2006; Evans-Agnew et al., 2017).

Partnering with organizations and agencies in the communities is fundamental to CHN. Traditional healthcare settings, such as primary care clinics, are valuable for gaining the necessary experiences for student nurses. While Evans-Agnew et al. (2017) partnered with their local hospital systems to facilitate student engagement in the community and clinical skill-building, non-traditional partnerships can also help students reach course objectives and become competent in CHN (Sarsfield & Burkhard, 2019). Sarsfield and Burkhard (2019) utilized

two local non-healthcare partners: a non-profit that served a vulnerable population and an insurance broker that wanted to promote health. Twenty-five undergraduate students worked with these partners to develop a workplace health promotion program at their respective sites. The students then completed a survey at the end of their course. The results showed that CHN students met the expected competencies and found the experience to be most helpful in the areas of understanding human diversity, health promotion and risk reduction, and communication (Sarsfield & Burkhard, 2019). While quality clinical placements can be challenging to find for CHN students, utilizing simulations, project-based learning, and non-traditional partnerships can be a way for students to meet the competencies required to be successful when they enter the workforce.

The Gap in the Literature

Given that the AACN Essentials were published recently, in April 2021, it is not surprising that there is an observable gap in the literature in terms of curriculum and course development based on these guidelines. The Quad Council Coalition Competencies were published in April 2018. However, the COVID-19 pandemic began less than two years later and has affected educational practices, especially within nursing due to the reduction and modification of many clinical sites. It is also possible that curriculum and course redevelopment based on these publications has not yet found its way into the literature, as it is not uncommon for educators not to publish this type of curricular work.

Support of the Problem

This project fills this need for community and public health nursing educators. The value of this course redesign is clear: to make sure future nurses are prepared to meet the needs of the communities they serve. Further, the public nature of this project in addition to my dissemination

plans will ensure that my work can help nursing educators in the Midwest, and perhaps even nationwide, tailor their community and public health nursing courses to the new AACN Essentials (2021) and Quad Council Coalition Competencies (2018) and use inclusive teaching practices to do so. Further, I hope my work can spur my nursing colleagues at University X to revamp their classes, in big or small ways, to ensure future nurses are as prepared as they can be for their careers.

Theoretical Underpinnings and Framework

The theoretical framework of andragogy, also called adult learning theory, was developed by Malcolm Knowles in the 1980s (Alford, 2013) and forms the basis of the course redesign. Knowles makes five assumptions about adult learners (Knowles, 1984), which leads to four suggested principles for adult learning. Here are the five assumptions (Knowles, 1984):

1. *Changes in self-concept*: as a person matures they become more and more self-directed.
2. *The role of experience*: as a person matures they accumulate an "expanding reservoir of experience" from which they can learn.
3. *Readiness to learn*: as a person matures they become increasingly ready to learn the things they *need* to know to succeed in their roles (as opposed to being ready to learn the things they *should* know due to their age).
4. *Orientation to learning*: as a person matures, the "immediacy of application" of the material they learn increases, and therefore they develop a "problem-centered" orientation to learning (as opposed to a "subject-centered" orientation to learning from their time in primary and secondary education).
5. *Motivation to learn*: as a person matures, their internal motivation to learn increases.

These assumptions about adult learners lead to four suggested principles for adult learning (Knowles, 1984; Pappas, 2013):

1. Adults must participate in the planning and evaluation of their instruction.
2. Experience must be the foundation of learning.
3. Adults want to apply what they learn immediately to their job or personal life.
4. Adult learning is centered around solving problems rather than learning content.

In CHN at University X, the students are senior nursing majors, most of whom will be practicing nurses within months of completing the course. The five assumptions Knowles' makes about adult learners are at least partially met; in fact, these assumptions seem to be true for nearly all students nearing the end of an undergraduate degree in nursing. As senior students are most commonly in their early 20s at University X, they have at least started the process of becoming more self-directed. Due to their clinical experiences associated with the majority of their nursing classes, they do indeed have an "expanding reservoir of experience" from which to learn. And since the majority of students enter the workforce as nurses shortly after completing this course, they are ready to learn as though they will soon be nurses - an "immediacy of application." Finally, the hope is that they are motivated to learn the material as they chose nursing.

With the assumptions (mostly) met, Knowles' four principles for adult learning apply directly to the students. To some extent, the principles are already met, though there is substantial room for improvement in this redesign. Pertaining to the first principle, students are partially involved in the planning and evaluation of the course. They can choose one topic for in-depth self-study and have some say in their clinical placements within the community. Over the course of the semester, they also evaluate their clinical sites and their instructor. For the second

principle, the clinical experiences are the centerpiece of the course, aided by instructor-led lectures and in-class presentations from members of community partners. In regard to the third principle, the content and experiences in CHN may not be directly relevant to the first job students have after graduating: most students initially take jobs working in hospitals. Of course, the skills learned in this course are applicable to these types of jobs, but the clinical experiences in CHN do not necessarily directly mirror hospital jobs in the same way that many of the students' prior clinical experiences do. The fourth principle is the one most closely met in the current iteration of this course: the focus is on solving healthcare-related problems at the individual and community level. However, since students must also be prepared for their licensure exam, some in-class time must be content-oriented.

Using the integrated course design (discussed in more depth in the next chapter) to recreate this course, I focused on increasing adherence to Knowles' four principles for adult learning.

CHAPTER 3: METHODOLOGY

This was a program development project, as I redesigned a course within the undergraduate nursing program at University X as the first step of a program curriculum redesign to incorporate competency-based education standards.

Needs Assessment

A needs assessment performed on the University X Department of Nursing Science determined that the department should work to align their courses with the competencies in The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021). Furthermore, University X's new strategic plan included the following recommendation: "Ensure an inclusive curriculum and inclusive pedagogies" (Conboy, 2021, p. 4). The work of this project was then performed in congruence with the needs of both the department and the college as a whole.

Feasibility

With the support of my colleagues in the Department of Nursing Science, this project was feasible. No external funds were required to implement this project; however, two small grants were obtained to support the work in the project.

Institutional Review Board Approval

As the object of study was the community health nursing course itself, there was no student involvement in the project, only peer faculty members. However, IRB approval was acquired at both University X and through Goshen College. Human subject protection was maintained and ethical standards followed throughout the project implementation and analysis.

Project Design

Setting and Population

The setting for this project was the Department of Nursing Science at University X, a small, liberal arts college, specifically the Bachelor of Science in Nursing program. The Department of Nursing Science is the largest on campus in terms of both the number of faculty and the average number of majors per class.

The participants in this project were the expert panelists as well as participants in the focus group. The expert panelists were voluntary faculty from a variety of academic institutions. The focus group was composed of faculty members of the Department of Nursing Science at University X. All full-time faculty members of the University X's Department of Nursing Science were invited to voluntarily participate in the focus group. Of course, nursing students at University X will take the redesigned class starting in the fall of 2023, after the project has been completed, but they are not considered participants in this project. Stakeholders included the Department of Nursing Science at University X, the broader college community, community health nursing professors, and undergraduate nursing students.

Implementation Timeline

The course was designed from January to May 2023, with all of the project outcomes being met by May. The expert panel met on May 16th and the focus group met on June 6th. The data collected from the pre- and post-surveys was evaluated in June. The actual course will be implemented in the fall of 2023, once the project is completed. It can then be reevaluated by the instructor and with student input as well.

Intervention Framework

The framework used for this CHN class redesign was Integrated Course Design (ICD), an expansion of the Backward Design process. The ICD was established by L. Dee Fink with 12 steps to guide the process of reaching the three main stages of Backward Design. These are 1) identify desired results, 2) determine acceptable evidence, and 3) plan learning experiences and instruction (Fink, 2013; Yale Poorvu Center for Teaching and Learning, nd). A student-centered approach that focused on what the learner would learn, rather than what the teacher would teach was utilized (Yale Poorvu Center for Teaching and Learning, nd). This framework was a good fit for this project because the AACN Essentials (2021) and Quad Council Coalition's (2018) competencies were used to guide the learning outcomes and goals for the course first. Then, following the ICD, the other aspects of the course were planned including learning experiences, instruction strategies, and evaluation and assessment methods that will promote competency in the identified learning outcomes and goals.

Following Fink's Integrated Course Design (Fink, 2013), 12 steps were taken in designing the course. These steps were simplified for this project as in Figure 3.1. The interventions for each of these 12 steps are described in more detail following Figure 3.1.

Figure 3.1

Integrated course design process applied to this project

1. *Identify important situational factors*. In this chapter, I have already identified the participants and setting of this project. The mission statements of University X and the Department of Nursing Science were reviewed to ensure alignment. I understood the constraints of this course as I have taught it at University X multiple times already.
2. *Identify important learning goals*. Holistic learning goals were established to ensure the student was prepared to care for communities and individuals in community settings upon completion of the course. The AACN Essentials (2021) and the Quad Council Coalition's Competencies (2018) helped guide the goals for the class. Additional learning goals were determined based on the literature reviewed for this project, the goals of the Department of Nursing Science at University X, and with collaboration of the practice partnerships in

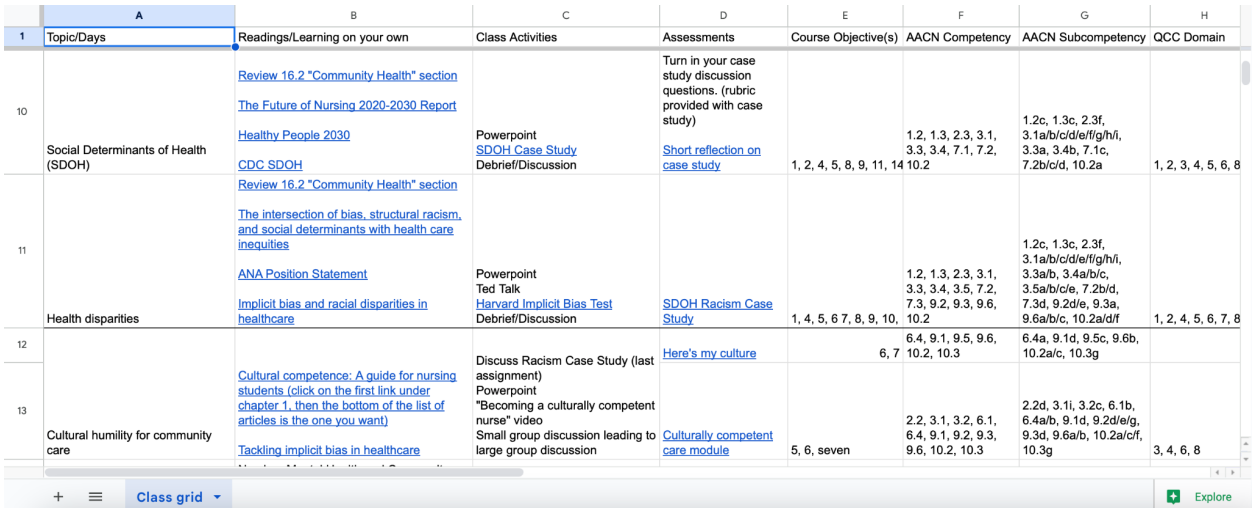
the community. See Appendix A for a copy of the learning outcomes linked to the relevant 2021 AACN Essential competencies and the QCC competencies (2018).

3. *Formulate appropriate feedback and assessment procedures.* Following best inclusive teaching practices, such as the checklist designed by UCLA Center for Education Innovation & Learning in the Sciences (nd) as seen in Appendix B, the course was designed in such a way that students would receive feedback often. Furthermore, assessments were not limited to testing and followed an outcomes-based perspective. Rubrics were incorporated as a foundational aspect for each assessment. Three assessment examples are included in Appendix C.
4. *Select effective teaching and learning activities.* Effective teaching and learning activities were explored through the literature review, additional readings, webinars and workshops, and watching videos. A focus on active learning was emphasized in the course redesign as it is supported by literature to improve student outcomes and supports competency-building. In addition to incorporating active learning, assignments were scaffolded so that feedback from prior activities can be applied to future ones. Lots of practice for NextGen NCLEX-style questions was included to help students prepare for the licensure exam.
5. *Make sure the primary components are integrated*. While redesigning the course, a spreadsheet was created to help organize and align all the components of the course. The spreadsheet was used to demonstrate how the content was supported by the readings, class activities, and assessments. This was then linked to the corresponding course objectives, 2021 AACN Essential competencies and sub-competencies, and the QCC

(2018) competencies. See Figure 3.2 for a small snapshot of the alignment or Appendix D for the full course grid.

Figure 3.2

Sample Snapshot of the Course Alignment and Integration



	A	B	C	D	E	F	G	H
1	Topic/Days	Readings/Learning on your own	Class Activities	Assessments	Course Objective(s)	AACN Competency	AACN Subcompetency	QCC Domain
10	Social Determinants of Health (SDOH)	Review 16.2 "Community Health" section The Future of Nursing 2020-2030 Report Healthy People 2030 CDC SDOH	Powerpoint SDOH Case Study Debrief/Discussion	Turn in your case study discussion questions. (rubric provided with case study) Short reflection on case study	1, 2, 4, 5, 8, 9, 11, 14	1.2, 1.3, 2.3, 3.1, 3.3, 3.4, 7.1, 7.2, 10.2	1.2c, 1.3c, 2.3f, 3.1a/b/c/d/e/f/g/h/i, 3.3a, 3.4b, 7.1c, 7.2b/c/d, 10.2a	1, 2, 3, 4, 5, 6, 8
11	Health disparities	Review 16.2 "Community Health" section The intersection of bias, structural racism, and social determinants with health care inequities ANA Position Statement Implicit bias and racial disparities in healthcare	Powerpoint Ted Talk Harvard Implicit Bias Test Debrief/Discussion	SDOH Racism Case Study	1, 4, 5, 6 7, 8, 9, 10,	1.2, 1.3, 2.3, 3.1, 3.3, 3.4, 3.5, 7.2, 7.3, 9.2, 9.3, 9.6, 10.2	1.2c, 1.3c, 2.3f, 3.1a/b/c/d/e/f/g/h/i, 3.3a/b, 3.4a/b/c, 3.5a/b/c/e, 7.2b/d, 7.3d, 9.2d/e, 9.3a, 9.6a/b/c, 10.2a/d/f	1, 2, 4, 5, 6, 7, 8
12			Discuss Racism Case Study (last assignment)	Here's my culture	6, 7	6.4, 9.1, 9.5, 9.6, 10.2, 10.3	6.4a, 9.1d, 9.5c, 9.6b, 10.2a/c, 10.3g	
13	Cultural humility for community care	Cultural competence: A guide for nursing students (click on the first link under chapter 1, then the bottom of the list of articles is the one you want) Tackling implicit bias in healthcare	Powerpoint "Becoming a culturally competent nurse" video Small group discussion leading to large group discussion	Culturally competent care module	5, 6, seven	2.2, 3.1, 3.2, 6.1, 6.4, 9.1, 9.2, 9.3, 9.6, 10.2, 10.3	2.2d, 3.1i, 3.2c, 6.1b, 6.4a/b, 9.1d, 9.2d/e/g, 9.3d, 9.6a/b, 10.2a/c/f, 10.3g	3, 4, 6, 8

Class grid

Explore

The full spreadsheet was shared as a template for colleagues at University X during the focus group to use when aligning their own courses.

6. *Create a thematic structure for the course.*

The CHN course was redesigned with the foundational topics in the first third of the semester so they can be applied to public health issues during the remaining portion of the course. Additionally, the clinical component of the course was integrated with the learning goals, feedback and assessment procedures, and teaching and learning activities. This step also included a reevaluation of my current clinical options and future clinical needs to determine if these sites were helping students become competent. New clinical sites were explored to help students reach the goal of competency and to have a positive learning experience. Two CHN simulations to aid in skill development, practice, and competency were developed with the consultation of a simulation expert. With some

students attending clinicals during the first half of the semester and others during the second half, it was difficult to make the in-class portion of the course coincide in theme with the clinical portion for all students. Weekly post-conference sessions for students in clinicals are planned to be a way to integrate these components.

7. *Select or create a teaching strategy*. My teaching strategy focused on two goals: inclusive teaching and active learning. While other aspects of my teaching were evaluated, I focused on increasing my inclusivity measures in the course through multiple avenues. Part of this included finding journal articles, newspaper articles, and other open educational resources to support the students, as I planned this course without a textbook that students are required to buy. I focused on exploring and incorporating active learning techniques into each class period as a way to engage students, increase learning outcomes, and to promote competency.
8. *Integrate the course structure and the instructional strategy to create an overall scheme of learning activities.* I did substantial work here to create cohesion between my revised teaching strategy and class activities. Creating the template as seen in figure 3.2 helped integrate my teaching strategy with the learning activities. Through the literature review process and further exploration, many learning activities were modified or created to better fit the overall scheme of the course.
9. *Develop the grading system.* The grading system for the course was determined by aligning the course priorities to reflect in the grading policies. Inclusive teaching practices were foundational in designing the grading system, along with balancing the need for students to be prepared for their licensure exam. I worked to strike a balance between strictly high-stakes summative assessments and grading for understanding and

competence by the end of the semester. The grading plan that was designed can be seen below in Table 3.1.

Table 3.1

Course Grading Distribution

Assignment	Weight
Class Assignments	40%
Quizzes	10%
Topic Presentation	20%
Clinical Assignments	11%
Kaplan Exam	4%
Final Exam (Cumulative)	15%
Total:	100%

10. *Debug the possible problems.* Feedback was received from the expert panelists on possible improvements to continue to make in my course or things to consider before implementing the course changes in the fall. Those were taken into consideration and addressed. I anticipate that more problems may arise when the course is actually implemented. I plan to address those as they come and incorporate feedback from my students related to the course.
11. *Write the course syllabus.* The syllabus was written once I had completed the previous steps and determined a schedule, including all content to be covered, activities, presentations, papers, quizzes, tests, and other assignments. The course syllabus can be seen in Appendix E with the planned schedule for the course being found in Appendix D.
12. *Plan an evaluation of the course and of your teaching.* There are two rubrics for course assessment I plan to use. The first one is the "Inclusive Teaching in the Sciences: Course

Checklist" produced by the Center for Education Innovation & Learning in the Sciences at UCLA (nd) as found in Appendix B. As the name suggests, I will use this to ensure I am meeting and maintaining inclusive teaching practices. Second, there is a self-assessment guide from the Teaching Engagement Project at the University of Oregon (2021) that can be seen in Appendix F. This self-assessment is meant to be used for a single class period to "reflect on and assess your teaching methods and their effectiveness." I will record my class twice during the semester and then use this assessment. Similarly to the plan for self-evaluation of the course, there are also two opportunities for student evaluation: a mid-term evaluation and a final course evaluation.

Project outcomes and deliverables

With this project, two main outcomes were identified and then achieved. First, the course was aligned with competency-based education standards as set by the AACN Essentials (2021). This was demonstrated by mapping which essentials are going to be utilized in the course into a spreadsheet (see Appendix G for the nursing program curriculum format and Appendix H for the competencies and sub-competencies specific to the course redesign with the associated assessments). The second outcome for this project was to ensure class topics, activities, and assignments were mapped to the 2021 AACN Essential competencies and sub-competencies. Active learning and inclusive teaching practices were incorporated into the course design to promote student learning and competency. These two outcomes were evaluated by an expert panel using the rubric found in Appendix I during a virtual presentation (see Appendix J for the presentation slides).

The expert panel that evaluated the project was composed of seven doctorally prepared professors with extensive experience and varying expertise. A full summary of the expert

panelists' qualifications and credentials can be seen in Table 3.2. Two of the professors are currently in the role of Chair in their nursing departments. Their roles include oversight of the curriculum and they have each worked on revising individual courses as well as curriculum for nursing programs at multiple educational levels. Another individual has been teaching for 23 years and has their doctorate degree in nursing education with a focus on curriculum development and re-design. Collectively, these three individuals are highly qualified due to their experiences in curriculum design and oversight. Two other individuals have extensive knowledge in teaching community health nursing; they have been teaching community health nursing for a combined 58 years! They are experienced in public health and are active in the Association of Community Health Nursing Educators (ACHNE). The last two individuals on the panel were outside of the field of nursing. They bring expertise in evidence-based active learning strategies, competency-based education, and inclusive pedagogy practices to the group. This expert panel is well balanced with varying focuses of skills and knowledge to help evaluate the effectiveness of the project.

Table 3.2

Expert Panelist members with their self-reported qualifications and credentials

Expert Panelist (EP)	Qualifications	Credentials
EP 1	Nursing department chair with oversight of curriculum; doctoral research related to nursing education and the need for a solidified approach to CBE; AACN 2021 Essentials Champion; Familiarity with the *School Reform Initiative*	DNP, RN
EP 2	PhD in nursing education with a focus on curriculum development and re-design; PhD minor in educational psychology; lead role in developing a DNP consortium with another institution- curriculum development that met AACN Essentials; director of graduate nursing programs with	PhD in nursing education, PNP

	oversight of curriculum; experience in re-designing courses; worked in community health for about 5 years, nursing educator for 23 years	
EP 3	Nursing educator for 27 years with 11 as a department chair; oversight of curriculum of all nursing programs in their department; lead role in developing a DNP consortium with another institution- curriculum development that met AACN Essentials; co-director of DNP program; MSN program creation team member- curriculum development that met AACN Essentials; written 3 self study documents for CCNE site reviews; written multiple CIPR reports; oversight of mapping curriculum to previous AACN Essentials for multiple nursing programs	PhD in Educational & Instructional Technology, RN
EP 4	Educator for 23 years, 20 of which have been at the collegiate level. Familiar with competency-based education and student needs related to licensure exams as well as accreditation measures at the department level. Doctorate degree in Curriculum, Teaching, Learning, and Leadership. Currently the Pedagogy Faculty Fellow at University X. Has published several chapters of books and articles on pedagogy and curriculum design.	EdD in Curriculum, Teaching, Learning, and Leadership
EP 5	Teaching in academia for 8 years with a focus on using active learning since 2017; competed a MOOC in Evidence Based Teaching Strategies in STEM and stay up to date on inclusive pedagogies by reading literature, attending webinars, and seminars on the topic; have lead workshops on inclusive pedagogy and was an organizer of a semester-long faculty peer mentoring program focused on inclusive pedagogy; have served as a member of the college Curriculum Committee previously; currently serving as a member on the committee to assess the college general education program	PhD in chemistry
EP 6	Teaching community/public health nursing since the late ‘70s at multiple universities. Active with AACN and involved in the dialogue about the Essentials since the mid-1990s. 15+ years as a public health nurse, working on a reservation, and doing disaster nursing. Previous president of ACHNE.	RN, MPH, PhD, FAAN
EP 7	Teaching community health nursing since 2009 in face-to-face formats as well as online/hybrid. Certified nurse educator and hold a Master in Public Health, in addition to the DNP. Experience as a faculty mentor in creating active learning strategies. Well versed with the AACN Essentials and currently working on the team to implement them in their own program.	DNP, MPH, RN, CNE

The last step of this project was to hold an educational session in the form of a focus group of peer nursing faculty at University X. Prior to this focus group meeting, participants were requested to fill out a pre-survey (see Appendix K) to assess their current approach to competency-based education and the alignment of their own courses with the new 2021 AACN Essentials. The focus group met in the summer for an educational session on how I aligned my own course through this project and how they can use my approach to adapt their own courses. The session also included a demonstration of how to incorporate active learning and inclusive pedagogy techniques to promote student competency (see Appendix L for the presentation slides). After the focus group meeting, participants were asked to fill out a post-survey (see Appendix M) that identified how the educational session helped them align their own courses and how they found the training helpful. More information about the expert panel evaluation results and the data analysis from the focus group surveys can be found in Chapter 4.

CHAPTER 4: RESULTS AND ANALYSIS

Expert Panel Evaluation

The project was presented remotely to a group of seven expert panelists on May 16th, 2023 through a 1.5 hour presentation (see Appendix J for the presentation slides). A rubric designed specifically for the expert panel presentation was distributed prior to the meeting to all seven panel participants (see Appendix I). Additionally, helpful information and course materials that were expanded on in the presentation were emailed to the panel participants prior to the meeting. All seven expert panelists agreed that the project goals of 1) aligning the course with the competency-based education standards set by the 2021 AACN Essentials and 2) the course design mapped to the 2021 AACN Essential Competencies had been satisfactorily met. Six of the seven panelists agreed that the 1) active learning plans for the classroom promote learning and competency and 2) the inclusive practices support student learning and competency. One participant left the portion regarding active learning and inclusive practices on the rubric blank, presumably as an oversight.

All rubrics were collected by the project peer mentor to keep evaluations anonymous. The peer mentor then sent the de-identified rubrics to the presenter. Feedback from the expert panelists came through verbal discussion at the end of the presentation and from written feedback on the surveys. While all panelists agreed that the project had met the objective goals, many panelists had helpful suggestions on how to continue to improve the course and my teaching in general.

Focus Group Data Collection

Sixteen nursing faculty colleagues working at University X were invited to fill out the three question pre-survey and join the focus group that met on June 6th, 2023. Of the sixteen

participants invited, seven individuals filled out the pre-survey (Appendix K) via google forms. Six of the seven people that filled out the pre-survey joined the focus group presentation meeting. One additional participant joined the focus group, but had not filled out the pre-survey, for a total of seven participants at the focus group meeting.

The focus group attended an educational session that lasted one hour to hear about the project with a focus on my process for aligning the CHN course with the 2021 AACN Essentials and including active learning strategies and inclusive teaching practices (Appendix L for presentation slides). Tips were provided to participants on what was learned throughout the process that would help them when they went about doing a simplified version for their own course(s). Six participants joined in person, with the additional seventh person joining remotely via zoom. The seven participants of the focus group then filled out the three question post-survey (Appendix M) via Google Forms after attending the meeting.

The data from the Google Forms was exported to a Google Spreadsheet. Each pre-survey participant was given a participant identification number (2-8) and a new participant identification number was assigned for the post-survey data exported to the Google Spreadsheet. Due to the method of exporting the data, rather than copying or retyping the data from the Google Form to the Google Spreadsheet, no data was lost or accidentally changed. The pre-survey and post-survey resulted in qualitative data collected with seven responses to each of the six questions.

Focus Group Data Analysis

Data was analyzed with a focus on finding common themes in survey responses to each question. An experienced phenomenologist consulted in the analysis of the data. It is important to note that definitions of terms within the questions were not given to the participants while

completing the pre-survey. However, definitions were provided during the focus group to help aid in the post-survey. Participants were labeled with the numbers two through eight. The participant identification numbers do not align from the pre-survey and post-survey (participant 2 in the pre-survey could be but is not necessarily the same person as participant 2 in the post-survey). Since there were seven participants, if two or more people responded the same way to a question, it was considered a common theme for analysis purposes. The common themes are presented in tables to help clarify the summary provided.

Pre-Survey Analysis

Question 1: What is your current approach to competency-based education?

A variety of responses on the first pre-survey question were received. Responses were found on the spectrum of "I do not have an approach" (8) to "my approach to teaching is competency-based" (2). Note that many factors play a role in educator participation in competency-based education (CBE); and while everyone works in the same department, the educators have varying needs in being able to implement CBE into their courses. As outlined in Table 4.1 below, two participants indicated that their current approach to CBE is based on beginning with the course objectives or outcomes and then proceeding to design their class with those foundations (2, 7). Two participants are starting the process and have thought about it but are not sure on how to proceed further (3, 6). Two other participants had identified class activities and measures they were doing to promote competency within their courses (4, 5).

Table 4.1

Common themes from pre-survey question 1

Pre-Survey Question	Common Themes	Participant identification
1. What is your current approach to competency-based education?	Beginning with the course objectives and outcomes	2, 7
	Starting the process but not clear on how to proceed	3, 6
	Identified class activities to promote competency	4, 5

Question 2: How have you adapted inclusive teaching practices or active learning strategies into your course?

Common themes within pre-survey question two were divided into two groups: active learning strategies and inclusive teaching practices (see Table 4.2). Several active learning strategies were identified by participants that they are currently already using: case studies, polling software, simulations, and various group activities. Fewer themes categorized as inclusive practices were identified. Some of those inclusive practices were: using multiple teaching approaches to meet the multiple learning needs of students (5, 8) and using polling software to encourage student participation through answering questions anonymously (2, 6). A noteworthy response was that one participant identified using diversity in patient examples as a measure to promote inclusivity (2).

Table 4.2

Common themes from pre-survey question 2

Pre-Survey Question	Common Themes	Participant identification
2. How have you adapted inclusive teaching practices or active learning strategies into your courses?	Active Learning Strategies	
	Case Studies	2, 3
	Polling software	2, 6
	Simulations	4, 6, 8
	Group activities*	2, 4, 7, 8
	Inclusivity	
	Multiple learning strategies supported/multiple teaching approaches	5, 8
	Polling software	2, 6

Note. Group activities included group conversations and discussions, debriefs, and projects

Question 3: What barriers do you encounter when trying to align your course with the new AACN Essential guidelines of competency-based education or when you have tried to incorporate inclusive teaching practices in your courses?

Faculty participants identified many barriers to aligning their courses with the 2021 AACN Essentials and for incorporating inclusive teaching practices. Time constraints (3, 6) and a knowledge deficit in the area of how to go about these actions (7, 4) were common themes (see Table 4.3). Two participants also stated that they have not tried to align their courses to the Essentials yet (4, 8). Individuals also identified that teaching in an online learning environment (5), no school supported classroom response system (2), students understanding the connections

with active learning (6), and coming up with teaching methods and assignment forms as barriers for them (7). This highlights the varying barriers that prevent faculty from making changes to their courses even after they are aware that they could be helpful for students.

Table 4.3

Common themes from pre-survey question 3

Pre-Survey Question	Common Themes	Participant identification
3. What barriers do you encounter when trying to align your course with the new AACN Essential guidelines of competency-based education or when you have tried to incorporate inclusive teaching practices in your courses?	Time constraints to cover the content	3, 6
	Knowledge Deficit	7, 4
	Not tried to align their courses to the Essentials yet	4, 8

The pre-surveys indicated there was a wide spectrum of knowledge and barriers that nursing faculty were facing at University X when planning to align their courses with the 2021 AACN Essential or when implementing inclusive teaching practices and active learning strategies. Approaches to CBE varied significantly, similarly to individual approaches to adapt inclusive teaching practices and active learning strategies. A variable presumed to have impacted the responses to the pre-survey was the lack of definitions provided in the questions which could lead to varying interpretations.

Post-Survey Analysis

The post-survey was completed by all seven participants that attended the focus group educational session.

Question 1: How did this training help you plan to align your own course(s) with the new AACN Essentials published in 2021?

The first question in the post-survey focused on how participants found the focus group training helpful with aligning their courses with the 2021 AACN Essentials. Four common themes were identified (see Table 4.4). Five participants found helpful tips in the presentation to help them align their own course(s) with the 2021 AACN Essentials (2, 3, 4, 6, 8). The spreadsheets (also termed template and table during the presentation) were helpful for three participants (3, 4, 6). During the focus group presentation, an emphasis was placed on not being overwhelmed by the process based on how I did my project, so it was encouraging that three participants found the process less overwhelming after attending the focus group (3, 5, 8). Two participants responded that they appreciated the reassurance that they were already on the right track with their plan (7, 8).

Table 4.4

Common themes from post-survey question 1

Post-Survey Question	Common Themes	Participant identification
1. How did this training help you plan to align your own course(s) with the new AACN Essentials published in 2021?	Template/Table for organizing the course	3, 4, 6
	Less Overwhelming and intimidating	3, 5, 8
	Reassurance of their current plan or already doing some things	7, 8
	Tips	2, 3, 4, 6, 8

Question 2: How do you plan to incorporate inclusive pedagogy and active learning strategies to promote competency in your course?

Question two on the post-survey was analyzed from two different viewpoints with the common themes of both strategies noted in Table 4.5. Participants identified new actions they

plan to incorporate and actions they currently do that they plan to continue as active learning strategies and to promote inclusivity. Four of the seven participants identified new plans while three participants wanted to continue what they were currently already doing. Actionable items with common themes were identified as anonymous polling, implementing more inclusive class participation techniques (including strategies for calling on students and group work) and exploring open educational resources for their courses. Individual responses that highlight the variety of approaches of active learning and inclusive teaching techniques are noteworthy in the data: [Think]-Pair-Share (2), Minute writing (2), group activities (3), group discussions (3), case studies with diverse clients (7), inclusive environments that foster growth (8), using rubrics (8), scaffold assignments (6), and peer reviews (6). Throughout the focus group presentation, many examples of active learning strategies and measures we can take to be more inclusive were included. The variety in the responses to this question highlight that faculty identified ideas they thought would be most relevant or achievable for their courses.

Table 4.5

Common themes from post-survey question 2

Post-Survey Question	Common Themes	Participant identification
2. How do you plan to incorporate inclusive pedagogy and active learning strategies to promote competency in your course?	New strategies	2, 3, 4, 5
	Continue with current strategies	6, 7, 8
	Anonymous Polling	7, 8
	Class participation techniques	4, 8
	Open-Educational Resources	5, 6

Question 3: Did you find this workshop helpful in the pursuit of aligning your course with the new AACN Essentials (2021) or when implementing inclusive pedagogy to help promote competency in your students?

All participants found the educational session with the focus group helpful as seen in Table 4.6. That supports the goal of aiding the Department of Nursing Science at University X in the pursuit of aligning our program with the 2021 AACN Essentials and using evidence-based teaching through active learning and inclusive teaching practices to promote competence in nursing students. Two participants identified that the educational session made the process seem less overwhelming (5, 8) as well as helped them build the knowledge needed to start the process themselves (3, 5).

Table 4.6

Common themes from post-survey question 3

Post-Survey Question	Common Themes	Participant identification
3. Did you find this workshop helpful in the pursuit of aligning your course with the new AACN Essentials (2021) or when implementing inclusive pedagogy to help promote competency in your students?	Helpful	2, 3, 4, 5, 6, 7, 8
	Made the process seem less overwhelming or more attainable	5, 8
	Built knowledge to start themselves	3, 5

A focus group educational session was found to be helpful for attendees to be able to align their courses with the 2021 AACN Essentials, incorporate active learning strategies, and to implement inclusive teaching practices. Attendees felt less overwhelmed when planning changes for their own courses and found many helpful tips to encourage them to proceed with the process.

Limitations

Limitations of this project implementation data analysis include the small sample size of survey participants who were all from University X. The lack of definitions provided in the pre-survey could have impacted the understanding of the terms, therefore impacting participant responses. Only six of the seven focus group participants had filled out the pre-survey. Lastly, the survey questions could have been more explicit or split into multiple questions to better identify the respondents ideas to a specific concept.

CHAPTER 5: DISCUSSION

The implementation of the new competency-based educational (CBE) standards for nursing programs set by the 2021 AACN Essentials is a very demanding, yet imperative, process on nursing faculty and nursing educational programs. Adopting new standards, while also transforming curriculum to meet those standards, is an important step in ensuring that newly graduated nurses are competent in the necessary skills to care for the individuals and communities they serve.

Recommendations

Nursing programs will be better equipped to transform their curriculum if they work as a team and have the resources necessary to successfully undertake such a large project. Using a templated table to document the competencies in a nursing program can help organize the domains of achievement in a program while identifying areas of improvement in the curriculum. While each individual faculty member has responsibilities in undertaking this transition for their own course(s), working as a team to follow a streamlined process can help the nursing department when they are looking at what gaps still exist in their curriculum.

Assessing the needs of individual faculty members to determine what barriers they face and what their needs are related to incorporating CBE is a helpful starting point for them to align their own course(s) with the new standards, and therefore the nursing program as a whole. Forming an educational session for faculty to attend can be beneficial to increase knowledge in the process, set realistic expectations and standards throughout a department, and help faculty feel less overwhelmed with the implementation process. Educational opportunities for nursing faculty to learn about evidence-based teaching practices to promote learning, engagement, and competency can also be beneficial.

Nursing faculty can use the integrated course design (ICD) or the backward design process to help align their courses with the new CBE standards. By first identifying the course outcomes and desired competencies, the educator can work backwards to design active learning opportunities, assessments that promote and measure competency, and the content knowledge necessary for the critical thinking, clinical judgment, and nursing skills that the students in the course need to achieve. Crosswalking all the pieces of the course together in a table or spreadsheet can help organize the course and provide transparency about the priorities of the course. Lastly, providing nursing faculty with a template, such as the one designed in this project, is a beneficial tool to help them initiate their own course alignments.

Dedicating time each academic year to evaluate courses, learning outcomes, program outcomes, and new graduate preparedness in the field can be beneficial to ensure that nursing students are ready to practice in the ever-changing healthcare field. Additional nursing education research is still needed to support teaching practices, assessment strategies, measuring competency, and the benefits of providing an inclusive learning environment.

Implications for University X and Nursing Education

The Department of Nursing Science at University X has benefited from this project implementation and focus group discussions. The project leader is now able to better aid their colleagues in their own course redesigns while working on the department level to align the whole nursing curriculum to the new 2021 AACN Essential competency-based standards. This is beneficial for accreditation and most importantly, for continuing to provide an educational program that prepares students to work in healthcare.

This project was beneficial to nursing educators implementing change in their courses, with the ultimate benefit going to nursing students who will be better prepared and competent

when entering the nursing profession. Many aspects of this course redesign could be applied to CHN courses at other institutions: the crosswalk of the 2021 AACN Essentials and the Quad Council Coalition (QCC) 2018 Competencies for Community/Public Health Nursing, finding open educational resources (OER) specific to community health nursing, and the assessment formats that measure the related competencies are a few examples. Similarly, non-CHN faculty can also benefit similarly while applying the process to their own specialities as highlighted in the focus group analysis.

Plan for Dissemination

The plan for dissemination of this project comes in multiple forms. First, the process of the course redesign has been disseminated to the focus group of nursing faculty colleagues at University X that met at the beginning of June. While this meeting did not include the data analysis results, since the data was actually collected through the focus group, it is still considered a dissemination of the project implementation process.

A poster presentation was given at the SIGMA International Nursing Research Conference in July 2023. The poster was submitted in April, so it too focuses on the process of redesigning the course, rather than the analysis of the data gathered through the focus group.

Lastly, a scholarly article will be written and submitted to a peer-reviewed journal. After exploring various nursing and higher education journals, the Journal of Nursing Education will be the first choice with other options if that journal finds that this project is not a suitable topic for their monthly publication.

Conclusions

As nursing continues to be the largest healthcare profession in the U.S. and with strong projections of growth (AACN, 2022), nursing educational programs have a responsibility to

ensure their nursing graduates are competent and ready to provide care in their new roles. Adopting competency-based educational standards set by the AACN will ensure that future nurses are prepared to serve their communities.

References

Alford, B. J. (2013). Adult learning theory. In B. J. Irby, G. Brown, R. Lara-Alecio, S. Jackson (Eds.), *The handbook of educational theories* (pp. 125-131). Information Age Publishing.

American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice.* https://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf

American Association of Colleges of Nursing. (2021). *The essentials: core competencies for professional nursing education.* https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

American Association of Colleges of Nursing. (2022). *Nursing Fact Sheet.* Retrieved from https://www.aacnnursing.org/news-data/fact-sheets/nursing-fact-sheet#:~:text=Nursing%20is%20the%20nation%27s%20largest,84.1%25%20are%20employed%20in%20nursing.&text=The%20federal%20government%20projects%20that,each%20year%20from%202021%2D2031.

American Association of Colleges of Nursing. (nd). *Who we are.* Retrieved from https://www.aacnnursing.org/About-AACN/Who-We-Are

Aslan, F. (2021). Use of simulation practices in public or community health nursing: findings from mixed-methods systematic review. *Scandinavian Journal of Caring Sciences*, *35*(4), 1050–1056. https://doi-org.ezproxy.goshen.edu/10.1111/scs.12946

Blakeley, J.A. & Curran-Smith, J. (1998). Teaching community health nursing by distance methods: Development, process, and evaluation. *Journal of Continuing Education in Nursing, 29*(4), 148-153.

Callen, B., Smith, C. M., Joyce, B., Lutz, J., Brown-Schott, N., & Block, D. (2013). Teaching/learning strategies for the essentials of baccalaureate nursing education for entry-level community/public health nursing. *Public Health Nursing*, *30*(6), 537–547. https://doi-org.ezproxy.goshen.edu/10.1111/phn.12033

Chimea, T. L., Kanji, Z., & Schmitz, S. (2020). Assessment of clinical competence in competency-based education. *Canadian journal of dental hygiene, 54*(2), 83–91.

Clark, M., Raffray, M., Hendricks, K., & Gagnon, A. J. (2016). Global and public health core competencies for nursing education: A systematic review of essential competencies. *Nurse Education Today*, *40*, 173–180. https://doi-org.ezproxy.goshen.edu/10.1016/j.nedt.2016.02.026

Conboy, K. (2021). Revere and revise: Saint Mary's College 2030. https://www.saintmarys.edu/files/2021/01/SMC%20Strategic%20Plan%202021%20%281%29.pdf

Cunha, C. M. S. L. M., Henriques, M. A. P., & Costa, A. J. S. (2021). Public health nursing and public health policies: a case study. *Anna Nery School Journal of Nursing / Escola Anna Nery Revista de Enfermagem*, *25*(5), 1–10. https://doi-org.ezproxy.goshen.edu/10.1590/2177-9465-EAN-2021-0204

Cygan, H., Bejster, M., Tribbia, C., & Vondracek, H. (2022). Impact of COVID‐19 on public health nursing student learning outcomes. *Public Health Nursing*, *39*(2), 481–487. https://doi-org.ezproxy.goshen.edu/10.1111/phn.12978

Evans-Agnew, R., Reyes, D., Primomo, J., Meyer, K., & Matlock, H. C. (2017). Community health needs assessments: Expanding the boundaries of nursing education in population health. *Public Health Nursing*, *34*(1), 69–77. https://doi-org.ezproxy.goshen.edu/10.1111/phn.12298

Fink, L. D. (2013). *Creating significant learning experiences, revised and updated: An integrated approach to designing college courses.* Jossey-Bass.

Florida Virtual Campus Office of Distance Learning & Student Services. (2019). *Textbook affordability: What are students saying?* [Infographic]. https://dlss.flvc.org/documents/210036/1314923/Infographic+-+2018+Student+Textbook+Survey.pdf/28104939-0f6b-3b07-e9c3-d8062cda7758

Foss G. F., Janken J. K., Langford D. R., & Patton M. M. (2004). Using professional specialty competencies to guide course development. *Journal of Nursing Education*, *43*(8), 368–375. https://doi.org/10.3928/01484834-20040801-03

Hoffman, J. L., & Argeros, G. (2021). Using virtual simulation to teach community health nursing students about public health nursing. *Journal of Community Health Nursing*, *38*(4), 244–252. https://doi.org/10.1080/07370016.2021.1972248

Joyce, B. L., Harmon, M. J., Johnson, R. H., Hicks, V., Brown-Schott, N., Pilling, L. B. (2019). Using a quality improvement model to enhance community/public health nursing education. *Public Health Nursing, 36*(6), 847–855. https://doi-org.ezproxy.goshen.edu/10.1111/phn.12656

Knowles, M. (1984). *Andragogy in action: Applying modern principles of adult learning*. Jossey-Bass Publishers.

McDaid, D. (2018). *Using economic evidence to help make the case for investing in health promotion and disease prevention* [Policy brief]. World Health Organization.

National Council of State Boards, Inc. (2022). *2021 NCLEX examination statistics.* https://www.ncsbn.org/2021_NCLEXExamStats-final.pdf

Nehls, N. & Vandermause, R. (2004). Community-driven nursing transforming nursing curricula and instruction. *Nursing Education Perspectives (National League for Nursing)*, *25*(2), 81–85.

Nickel, J. T., Pituch, M. J., Holton, J., Didion, J., Perzynski, K., Wise, J., & McVey, B. (1995). Community nursing competencies: a comparison of educator, administrator, and student perspectives. *Public Health Nursing*, *12*(1), 3–8.

Pappas, C. (2013, May 9). *The adult learning theory- Andragogy- of Malcolm Knowles.* eLearning Industry. https://elearningindustry.com/the-adult-learning-theory-andragogy-of-malcolm-knowles

Perry, J., Powers, S. C., Panepinto, R. (2022). Transitioning community health clinical experiences to an online format during COVID-19. *Journal of Nursing Education, 61*(3): 159-161.

Quad Council Coalition Competency Review Task Force. (2018). *Community/public health nursing competencies.* https://www.cphno.org/wp-content/uploads/2020/08/QCC-C-PHN-COMPETENCIES-Approved_2018.05.04_Final-002.pdf

Rosseter, R. (2019). Nursing fact sheet. Retrieved from https://www.aacnnursing.org/news-Information/fact-sheets/nursing-fact-sheet

Sarsfield, E. & Burkhard, A. (2019). Nontraditional academic-community partnership: A survey of student knowledge and competencies. *Nursing Education Perspectives (National League for Nursing), 40*(1), 44-45.

Teeley, K. H., Lowe, J. M., Beal, J., & Knapp, M. L. (2006). Educational innovations. Incorporating quality improvement concepts and practice into a community health nursing course. *Journal of Nursing Education*, *45*(2), 86–90. https://doi.org/10.3928/01484834-20060201-08

UCLA Center for Education Innovation & Learning in the Sciences. (nd). *Inclusive Teaching in the Sciences: Course Checklist.* Retrieved from https://wp-misc.lifesci.ucla.edu/demo/wp-content/uploads/sites/48/2022/02/1.2-Course-Checklist-for-Inclusive-Teaching_FINAL.pdf

University of Oregon Teaching Engagement Program (2021). *TEP Faculty Self-Assessment Guide.* Retrieved from https://teaching.uoregon.edu/tep-faculty-self-assessment-guide-rev-oct-2021-word

University of Oregon Teaching Engagement Program. (nd). *Peer Review Template*. Retrieved from https://teaching.uoregon.edu/sites/teaching2.uoregon.edu/files/2022-10/uo-peer-review-template.pdf

Welch, T. D. & Smith, T. B. (2022). AACN Essentials as the conceptual thread of nursing education. *Nursing Administration Quarterly, 46*(3), 234-244. DOI 10.1097/NAQ.0000000000000541

Yale Poorvu Center for Teaching and Learning. (nd). *Teaching and Learning Frameworks.* Retrieved from https://poorvucenter.yale.edu/BackwardDesign

Appendix A

Redesigned Course Outcomes

1. Analyze the influence of economic and political factors on health, health care access, and the health care delivery system. *3.3a, 3.4a, 3.4b, 3.4c, 3.4d, 7.1d, 7.2a, 7.2c, 7.2d, 7.2e, 10.3i; QCC Domain 2, QCC Domain 7*
2. Demonstrate leadership skills and the ability to work as a team member within community organizations to promote health and prevent disease. *3.2a, 3.2b, 6.3a, 6.3b, 9.1c, 9.3b, 9.3c, 9.3d, 9.3f, 10.3c, 10.3h, 10.3i; QCC Domain 8*
3. Adapt communication skills when working with community groups in providing health education and health promotion to clients and families. *2.2e, 2.8e, 6.1b, 6.1e, 9.2g; QCC Domain 3*
4. Apply the nursing process, evidence-based knowledge, public health and epidemiological sciences, as well as social justice practices to promote health equity and reduce health disparities in aggregates and vulnerable populations. *1.2c, 3.1i, 3.1h, 7.2b, 7.3d, 9.3g, 9.6c, 10.2d; QCC Domain 5*
5. Assess the impact of social determinants of health, cultural identities and lived experiences, as well as attitudes and values towards health on health outcomes and health care access. *2.3f, 7.1d, 7.2b, 10.1a, 10.1b; QCC Domain 6*
6. Increase your understanding of and ability to provide culturally competent care to individuals, families, groups, and communities. *3.2c, 9.2e; QCC Domain 4*
7. Reflect on your personal viewpoint of life and health, while staying open minded and empathetic towards others, and work to understand others that may seem different from you. *6.4a, 9.2c, 9.5c, 9.5e, 9.6a, 9.6b, 10.2c, 10.3g,*
8. Demonstrate advocacy towards promoting health for a group or community. *3.5a, 3.5b, 3.5c, 3.5d, 3.5e, 9.2d, 9.3a, 9.3e, 9.3g, 9.4a; QCC Domain 8*
9. Recognize the effects of the environment, including disasters, on a community's health and identify appropriate responses. *3.6a, 3.6b, 3.6c, 3.6d, 3.6e; QCC Domain 6*
10. Integrate upstream thinking while analyzing public health issues that are relevant in our society and planning for levels of prevention. *(Substance use disorder, violence/ht, topic presentations, communicable diseases) 3.1e, 3.1f, 3.1g, 3.3b*
11. Assess the strengths and needs of a community utilizing public health theories, data, and the nursing process. *3.1a, 3.1b, 3.1c; QCC Domain 1*
12. Reflect on your clinical experiences to identify areas of strengths and areas to improve. Utilize this reflection and other feedback as a way to improve. *6.2f, 9.1b, 9.1d, 10.2a, 10.2b, 10.2f, 10.3f; QCC Domain 7a14b*
13. Take a global approach to exploring health care systems while identifying varying ways of responding to public health issues. *3.1d, 3.4e*
14. Identify community resources that are relevant to the health of the individual, family, or community. *2.8e, 6.4b; QCC Domain 5*

15. Lead and participate in challenging discussions that contemplate ethical dilemmas and public health issues. *2.2d, 9.5d*
16. Experience health in the community setting while using your skills to provide safe care to individuals, families, groups, and vulnerable populations. *1.3c, 7.1c, 9.1f, 9.2f*

Academic Experiential Learning Outcomes:

1. A Saint Mary's student applies particular theories or concepts (such as from readings, lectures, or discussions) to an analysis of her lived experiences in the settings provided by the course or program.
2. A Saint Mary's student articulates the impact of her experiential learning on her understanding of her education, her decision-making or problem solving, or her place in the world.
3. A Saint Mary's student demonstrates professional and ethical behavior appropriate to her experiential context.

LO3: Intercultural Competence and Social Responsibility: Reflective Engagement of Social Responsibility (B) Outcomes:

4. A Saint Mary's student is able to respond as an agent of change.

LO3: Intercultural Competence and Social Responsibility: Reflective Engagement of Intercultural Competence (B)

5. A Saint Mary's student reflects before and after intercultural engagement in order to identify her own cultural norms and how these norms shape her interactions with others.

Appendix B

UCLA CEILS
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INCLUSIVE TEACHING IN THE SCIENCES: COURSE CHECKLIST

STRATEGIES FOR COURSE DESIGN, ASSESSMENT, AND TEACHING IN SCIENTIFIC DISCIPLINES

Using this checklist: This resource has been developed as a tool to help instructors utilize specific strategies in their teaching and course design in order to better foster an inclusive classroom environment. Identify which strategies you have not yet incorporated, and try experimenting with different strategies each term. Articulate these efforts in your promotion and tenure files to evidence your inclusive teaching practices.

INCLUSIVE COURSE DESIGN		
Backwards Design with Active Learning	Identify important course learning outcomes, plan assessments that evidence achievement of these learning outcomes, and plan for active and engaging activities to help students prepare for each assessment and receive feedback as they learn. Shift the focus from what you are doing in class to what your students are doing, and strive to incorporate group activities and peer discussion as much as possible.	☐
Textbook Selection	Featured scientists/researchers and images of students in textbooks are diverse and include women and underrepresented minorities integrated throughout (not in a separate section). This includes e-books or texts with ancillary materials such as animations that supplement the text.	☐
Additional Materials	Research papers, articles, and any other course materials also feature a diverse representation of scientists and researchers. Biographical information with photos are included where available to further showcase diversity in the sciences.	☐
Syllabus Language	Tone, language, and course policies convey a welcoming, supportive, and encouraging climate for all students. The value of the course is communicated, and information is clear and well-organized.	☐
Prior Knowledge Assessment	Course prerequisites should be transparent as evidenced through course syllabi and learning outcomes for individual courses and across a department's curriculum along the pathway to major. Prior knowledge assessments across courses (in particular sequenced courses) will help identify gaps and misconceptions that are either not addressed in prior courses, or where information or skills have not been retained. Additionally, prior knowledge assessments help individual instructors avoid assumption-making about student knowledge, preventing unrealistic expectations for learning. Such assessments can be provided as an anonymous pre-course survey or initial low-stakes assignment. They should be framed as tools to help the instructor teach more effectively, not as a graded evaluation of student learning and not as a "weed-out" instrument.	☐
Grading Policies	Grading policies reflect an outcomes-based achievement approach, where students are given ample opportunities for feedback en route to mastering the learning outcomes. "Re-dos" are permitted within reason at the instructor's discretion. Classes are not designed to "weed-out" underperformers, instead the assumption is that all students with the required course prerequisites are capable of being successful in the course. Grades are based on learning, not ranking students. Normalizing scores on assignments (by adding points) can be used to correct for potentially flawed assessment (homework, quiz, test) questions.	☐

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INCLUSIVE TEACHING IN THE SCIENCES: COURSE CHECKLIST

STRATEGIES FOR COURSE DESIGN, ASSESSMENT, AND TEACHING IN SCIENTIFIC DISCIPLINES

Design for Multiple Feedback Opportunities	A plan is established for periodically offering opportunities for students to provide the instructor feedback on their experience of the course prior to the end of the quarter. This could be as simple as using the exit slip method at the end of each class (additional information below), sprinkling optional short survey questions into your CCLE course site (use the feedback or questionnaire tool), implementing a mid-quarter student survey (see below), or appointing a few student representatives that can share feedback with you anonymously on behalf of other students.	☐
INCLUSIVE ASSESSMENT DESIGN		
Assignment Instructions	Instructions and assessment criteria for every assignment are outlined clearly. Consistently employ well developed rubrics (such as the VALUE rubrics available through AAC&U) that students can access as a tool for self-assessment and peer evaluation prior to submitting assignments. Examples of exemplary assignments are provided as a model when appropriate. Examples of assignments that "miss the mark" with explanation are also helpful.	☐
Scaffolding of Assignments	Assignments are designed so that students have the opportunity to receive feedback and incorporate that feedback into future learning. Avoid having a large percentage of the grade depend on a few *summative feedback* assignments (where students are evaluated at the end of learning and before moving something new). Instead, break-down assignments so that students receive *formative feedback* (where learning is re-assessed over time) and can make adjustments based on learning from their misconceptions.	☐
Multiple Choice Question Development	Questions are clearly framed and do not provide an advantage to students who may have had advanced test prep training on multiple-choice questions. During exams, students are encouraged to ask for clarity on what the question is asking if they are unsure due to how the question is framed. **Important:** After you administer any assignment take time to analyze the results to evaluate the quality, difficulty-level, and clarity of your questions. Revise poorly written questions and make adjustments to grades where appropriate. *(Contact OID if you would like support with item-analysis for closed-ended assessments like multiple choice exams.)*	☐
INCLUSIVE CLASSROOM CLIMATE		
Pre-Course Survey	Use a pre-course survey to get to know your students - their reasons for taking the course and potential career aspirations. Consider asking them what they plan to do to be successful in the course, as well as what you may be able to do to help them be successful. (see Dunlosky *et al.*, 2013, for recommendations about successful study habits) Use what you've learned on the first day to communicate your interest in your students and to facilitate community through warm-up or introductory activities.	☐
Facilitate Relationship Building	Help students form bonds with other students by using simple low-stakes group activities during the first week(s) of class. "Getting to know you" activities will help students feel more comfortable with each other which may help increase overall student engagement. Consider in particular first-year students who are experiencing college courses for the first time and may not know the students sitting next to them. Plan for	☐

UCLA CEILS
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INCLUSIVE TEACHING IN THE SCIENCES: COURSE CHECKLIST

STRATEGIES FOR COURSE DESIGN, ASSESSMENT, AND TEACHING IN SCIENTIFIC DISCIPLINES

	group work and/or other activities that allow students time to interact with and learn from each other. Emphasize that science is collaborative.	
Communicate that you embrace feedback	Verbalize to your students that you want them **all** to be successful, that you are striving to create an equitable and inclusive classroom. Share that you may not be aware of individual challenges they are experiencing in the course, and that you (and the Teaching Assistants) are open to feedback at any time about ways to help them learn and be more successful in the course. Review the structure you have designed to receive feedback formally as well as informally.	☐
Acknowledge first-day disparity issues	If you walk into your class and there are very few women, acknowledge this elephant in the room. If you had limited textbook options and you chose one that has stereotyped stock photo images, let the students know that you are disappointed in the publisher choices and you know it is not representative or inclusive, and provide supplemental material if possible.	☐
Use a mid-quarter feedback survey	CEILS has developed a mid-quarter feedback survey that you can use and customize to get feedback prior to the end-of-course teaching evaluations administered through OID. You can email media@ceils.ucla.edu for more information about getting access. Use this or another anonymous survey in order to test your own hypotheses around how students are learning in your course. Once you receive the feedback, openly acknowledge and address what changes you will incorporate based on the feedback provided.	☐
	INCLUSIVE TEACHING STRATEGIES	
Calling on Students During Class	Rather than calling on students who raise their hand, consider creating a deck of index cards with student names to make calling on students random. If you are concerned about putting students on the spot, let them know they can say "pass" if they wish. This strategy addresses issues related to gender/cultural norms around volunteering, comfort with public speaking, and instructor bias in calling on some specific student populations disproportionately more than others. An alternative strategy is starting with a "think-pair-share" (as noted below) where you have students discuss with their neighbors before you cold-call individuals to report out. This will allow students the opportunity to confirm their answers with peers privately before sharing publicly.	☐
Increase Your Wait Time	When you pose a question to the class, be patient and provide prompts to encourage more hand raising. You could say "this is a tough question, take your time" or "I'll give everyone another minute and let's see if we can get more hands up." After establishing this **culture of participation**, using non-verbal cues that you are waiting will also be effective.	☐
Think-Pair-Share or Minute Writing	Same hands going up or same students calling out responses (the "peanut gallery in front") every time? After posing a question tell students to turn and discuss with their neighbors. Alternatively, ask students to take a minute to write out their responses before reporting out, allowing time for reflection and for them to articulate their answers on paper first.	☐

UCLA CEILS
Center for Education Innovation & Learning in the Sciences

INCLUSIVE TEACHING IN THE SCIENCES: COURSE CHECKLIST

STRATEGIES FOR COURSE DESIGN, ASSESSMENT, AND TEACHING IN SCIENTIFIC DISCIPLINES

Assigning Groups	Never assign groups by gender. Use the count-off technique in smaller classes. In larger classes designed with stadium seating, ask students to sit in a different seat with different peers each class so they can get to know as many students as possible during the quarter. CATME, great resource for assigning and managing group work, can be found at http://info.catme.org/. Work with your TAs to establish and maintain the groups in class and discussion or laboratory sections, even encouraging groups to work together on homework or projects outside of class.	☐
Humor & Pop-Culture Use	When using humor or pop-culture references, be thoughtful and do not make assumptions about what your students know or do not know. For pop-culture references, go ahead and explain the reference. Avoid pop-culture/humor on exams, as students who may not get the referenced may feel excluded and could be at a disadvantage. Consider international students who may have not have the same exposure to American media, or students from less affluent backgrounds that may not have experienced some assumed activities that more affluent students have had (like traveling to another country or taking a family vacation, for example).	☐
Use Exit Slips	Distribute a blank notecard to students and ask them to respond to one question on the card before leaving. The question could be "share something new you learned today" or more feedback oriented such as "share one thing I am doing well to support your learning and any suggestions for something I might do differently to better support your learning."	☐
	IMPORTANT!	
IMPORTANT! Respond to feedback when you receive it	All of these strategies will help you learn more about your students and make your teaching and classroom climate more inclusive. HOWEVER, if you do not communicate with you students your intention to do so, and you do not follow-up and share how their feedback is being incorporated or addressed, then students may feel that it is not genuine attempt at listening to them. Ask for feedback often, but once you get it you must also report back to your students on what you heard from them. Often feedback will be mixed and sometimes contradictory, and that is okay. The point is to ask for it, hear it, share back what you have heard, and make adjustments to your course design and teaching accordingly.	☐
IMPORTANT! Mentor your TAs on inclusive teaching	Share and discuss these strategies with your TAs and encourage all graduate students to attend professional development opportunities (many offered through CEILS) to develop skills and knowledge around inclusive teaching practices. Establish a culture of participation and inclusion as a classroom norm.	☐

Appendix C

Assessment Exemplars

Exemplar 1: Tough Discussions Worksheet

When you watch the news or hear about current events throughout the year, it is evident that violence is an issue within our country and the world. We have discussed in class how violence is a societal issue and impacts the health of communities. First, you will reflect on your own thoughts and opinions regarding one of these topics: gun violence or sexual violence. Then, you will discuss it with at least three different people. When talking with them, you are going to listen to their viewpoints and opinions on the topic. You are not there to educate them or convince them of your own opinions, although many people may like this to be more of a discussion so feel free to partake in the discussion without trying to sway the others' thoughts. The three people you choose should meet the following criteria:

1. One person should be older than you by at least 5 years (consider an administrator or faculty on campus, perhaps someone you meet in clinical, or a family member)
2. One should be another student on campus that is not in this course
    a. Only one of your three people can be another University X student currently
3. One should identify as a different gender, race, or sexual orientation than you

Consider the following guidelines for discussion:
"Hi, I'm [name] and I'm working on an assignment for my community health class regarding [gun/sexual] violence. Do you think [gun/sexual] violence is an issue in [your hometown/on campus]? What factors do you think contribute to [gun/sexual] violence in [your hometown/on campus]? Do you have an idea on how to reduce [gun/sexual] violence in your area? … (continue the natural progression of questions that you think will help you gain insight into their perspective on the topic).... Thank you for your help with my assignment! I appreciate you discussing this topic with me."

Once you've had these conversations, please summarize by including information about each person (you don't need to include their names, but state their age (range) and how you know them- example: When I spoke with my friend who is also a senior here at Saint Mary's, she stated that…. Or I discussed this with my male philosophy professor who gave the impression that… Or I spoke with my Uncle who works as a lawyer) Once you have briefly summarized your conversations, then reflect on all of the conversations:

What differing opinions exist about this topic?

What did everyone agree on (if anything)?

Were you uncomfortable in these conversations?

Did any of them challenge your own thoughts on the topic?

Summarizing and reflecting on this will take at least one page of typed narrative.
Grading Rubric:

Tough Discussions: Violence	Excellent The writer thoroughly reflects on multiple aspects of the issue in a detailed manner.	Good The writer does a good job of reflecting on the assignment prompts or other aspects of the issue.	Fair The assigned category needs work.	Poor A poor job of providing the information.
Summary	The writer summarizes the three conversations with detail on the topic of violence they had with the individuals that meet the stated requirements. 20 pts	The writer summarizes the conversations but lacks detail or does not meet the criteria for the three individuals to discuss this assignment with. 14 pts	The writer does not adequately summarize the conversations or does not have adequate conversations to summarize. The criteria for the individuals is not met. 7 pts	The writer does not have tough conversations and does not summarize them. 0 pts
Synthesis and Reflection	The writer reflects on their own viewpoint and clearly synthesizes the information gathered from their conversations to answer the four reflection questions listed. 20 pts	The writer reflects on their viewpoint but lacks detail, or does not fully synthesize their viewpoint with the conversations they had with others to properly reflect. 14 pts	The writer partially reflects on their viewpoint but fails to synthesize their learnings through the four reflection questions. 7 pts	The writer does not effectively reflect on their own viewpoint nor synthesizes their viewpoint with the conversations had to answer any of the four reflection questions. 0 pts
Writing	Writing is organized and flows logically. A minimum of one page is achieved. Minimal grammar or spelling mistakes. 10 pts	Writing is somewhat organized, but could flow better. Less than one page is used to complete the assignment.. Several grammar or spelling mistakes are present. 7 pts	The writing is not organized or does not flow smoothly for the reader. Less than one page is used to reflect on the topic, which indicates lack of detail or exploration of the topic. Many grammar or spelling mistakes are present. 3 pts	The reader is unable to follow the writing, making it hard to understand the reflection. Less than one page is used for the assignment and an unacceptable amount of grammar and spelling mistakes are present for a senior level nursing student. 0 pts

Adapted from the USC Center for Excellence in Teaching *Reflective Essay Rubric.*

Course objectives

1. Analyze the influence of economic and political factors on health, health care access, and the health care delivery system.
5. Assess the impact of social determinants of health, cultural identities and lived experiences, as well as attitudes and values towards health on health outcomes and health care access.
7. Reflect on your personal viewpoint of life and health, while staying open minded and empathetic towards others, and work to understand others that may seem different from you.
8. Demonstrate advocacy towards promoting health for a group or community.
10. Integrate upstream thinking while analyzing public health issues that are relevant in our society and planning for levels of prevention.
15. Lead and participate in challenging discussions that contemplate ethical dilemmas and public health issues.

AACN Competencies

1.3 Demonstrate clinical judgment founded on a broad knowledge base. *1.3c*
2.2 Communicate effectively with individuals. *2.2d*
2.3 Integrate assessment skills in practice. *2.3f*
3.4 Advance equitable population health policy. *3.4b*
6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery. *6.1b*
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values. *6.4a/b*
9.2 Employ participatory approach to nursing care. *9.2g*
9.4 Comply with relevant laws, policies, and regulations. *9.4a*
9.5 Demonstrate the professional identity of nursing. *9.5c/d/e*
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity. *9.6a/b/c*
10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity. *10.2a/f*
10.3 Develop capacity for leadership. *10.3g/h*

QCC Competencies

Domain 2

2A1. Identify local, state, national, and international policy issues relevant to the health of individuals, families, and groups.
2A2. Describe the implications and potential impacts of public health programs and policies on individuals, families, and groups within a population.

Domain 3

3A2. Apply critical thinking and cultural awareness to all communication modes (i.e., verbal, non-verbal, written & electronic) with individuals, the community, and stakeholders.

3A3. Use input from individuals, families, and groups when planning and delivering health care programs and services.

3A6. Use communication models to communicate with individuals, families, and groups effectively and as a member of the interprofessional team(s) or interdisciplinary partnerships.

3A8. Apply communication techniques and models when interacting with peers and other healthcare team members including conflict management.

Domain 5

5A3b. Function effectively with key stakeholders in activities that facilitate community involvement and delivery of services to individuals, families, and groups.

Domain 8

8A1. Demonstrate ethical standards of practice in all aspects of public health and public health nursing as the basis of all interactions with individuals, communities, and organizations.

8A5. Use individual, team, and organizational learning opportunities for personal and professional development as a public health nurse.

8A8. Facilitate the development of interprofessional teams and workgroups.

8A11. Select advocacy strategies to address the needs of diverse and underserved population.

8A13. Influence health as a shared value through community engagement and inclusion of individuals, families, and groups.

Exemplar 2: Advocacy Letter

This assignment has two parts: identify your state and federal representatives and then write them a letter concerning a public health issue. You should spend a little time learning about each of your representatives and what issues they focus on, how they've voted on public health issues in the past, or what they are currently supporting in legislation now.

Part 1: A. Give your city and state

B. Identify your five representative's information

- You will have two state reps (one state senator and one state house representative) and 3 federal reps (one district congressional representative and two federal senators) to identify here. For each representative, also identify their political party.

C. Identify the public health issue you will be addressing in each of your letters. This can be a topic that you find important or you can choose a topic that is in conversation already (see the American Nurses Association, American Public Health Association, Indiana (or your state) State Nurses Association, or the Indiana (or your state) Public Health Association for ideas if you don't have any of your own). You can also read recent news articles pertaining to the political activity happening in your area or by exploring your state's websites that lists bills and other information about the session they are in. *If the topic you choose is for the state legislation, it needs to be a public health issue that is addressed at the state level. Similarly, if the letter you write is to a federal representative, it should be a topic that is a federal public health issue.

Part 2: Write a business letter to one of your representatives. You should accurately choose a state vs. federal representative based on the health issue you are choosing. You should format your letter by following these guidelines. In your letter you can justify why they should support a specific issue or bill that is proposed, using data to back your suggestion or if they would

consider writing a new bill or piece of legislation to address a public health issue. You could write about a concern that you have regarding public health that needs attention. This should be a professional business letter that has proper grammar and spelling.

Grading Rubric:

Political Advocacy Letter	Excellent The writer thoroughly reflects on multiple aspects of the issue in a detailed manner.	Good The writer does a good job of reflecting on the assignment prompts or other aspects of the issue.	Fair The assigned category needs work.	Poor A poor job of providing the information.
Legislator Identification (Part 1)	Correctly identifies all five legislators with their corresponding political party. 5 pts	Correctly identifies four legislators with the correct corresponding political party. 4 pts	Correctly identifies two or three legislators with partially correct corresponding political party. 2 pts	Does not correctly identify four or more of their legislators or incorrectly identifies their political parties. 0 pts
Part 2: Advocacy Letter Format	Follows the structure highlighted by the ISNA. Grammar and Spelling are accurate. Professionally written. 10 pts	Mostly follows the structure by the ISNA. Minor grammar or spelling mistakes. Professionally written. 7 pts	Somewhat follows the structure of the ISNA but misses more than half of the organizational points made by the ISNA. Several grammar or spelling mistakes; does not reflect a professional quality of written material. 4 pts	Does not follow the ISNA structure. Not professional and an unacceptable amount of grammar or spelling mistakes. 0 pts
Letter Content	Accurately identifies the level of legislation (state vs. federal) for the health issue chosen. Supports their position with evidence. The specific bill that is relevant is identified in the letter, if relevant. 10 pts	Accurately identifies the level of legislation for the health issue chosen. Supports their position with opinion more so than evidence. The specific bill that is relevant is identified in the letter, if relevant. 7 pts	Misidentifies the level of legislation for the health issue chosen. Or does a poor job of defending the position chosen with a lack of evidence to support it. 4 pts	Misidentifies the level of legislation for the health issue and does a poor job of justifying their argument through evidence. 0 pts

Advocacy power	The overall impact of the letter is convincing and provides a meaningful call to action. 5 pts	The overall impact of the letter is somewhat convincing and provides a call to action. 4 pts	The letter needs extensive work to be convincing and lacks a call to action. 2 pts	The letter does not motivate any call to action and does not convince the reader of the importance of the issue. 0 pts

Course objectives:

1. Analyze the influence of economic and political factors on health, health care access, and the health care delivery system.
3. Adapt communication skills when working with community groups in providing health education and health promotion to clients and families.
4. Apply the nursing process, evidence-based knowledge, public health and epidemiological sciences, as well as social justice practices to promote health equity and reduce health disparities in aggregates and vulnerable populations.
8. Demonstrate advocacy towards promoting health for a group or community.

AACN Competencies:

2.2 Communicate effectively with individuals. *2.2d*
3.1 Manage population health. *3.1e/f*
3.4 Advance equitable population health policy.*3.4c/d*
3.5 Demonstrate advocacy strategies. *3.5a/b/c/d*
6.3 Use knowledge of nursing and other professions to address healthcare needs. *6.3b*
9.2 Employ participatory approach to nursing care. *9.2d/g*
9.3 Demonstrate accountability to the individual, society, and the profession. *9.3a/e*
9.4 Comply with relevant laws, policies, and regulations. *9.4a*
10.3 Develop capacity for leadership. *10.3h/i*

QCC Competencies:

Domain 1
1A3. Select variables that measure health and public health conditions.
1A5. Interpret valid and reliable data that impacts the health of individuals, families, and communities to make comparisons that are understandable to all who were involved in the assessment process.
Domain 2
2A1. Identify local, state, national, and international policy issues relevant to the health of individuals, families, and groups.
2A2. Describe the implications and potential impacts of public health programs and policies on individuals, families, and groups within a population.
2A4a. Provide information that will inform policy decisions.
2A6a. Demonstrate knowledge of laws and regulation relevant to public health nursing services.
Domain 3
3A2. Apply critical thinking and cultural awareness to all communication modes (i.e., verbal, non-verbal, written & electronic) with individuals, the community, and stakeholders.
Domain 5
5A3a. Select stakeholders needed to address public health issues impacting the health of individuals, families, and groups within the community.
Domain 8
8A1. Demonstrate ethical standards of practice in all aspects of public health and public health nursing as the basis of all interactions with individuals, communities, and organizations.

8A11. Select advocacy strategies to address the needs of diverse and underserved population.

Exemplar 3: Windshield Survey

Read Chapter 3 Section 21 of the Community Tool Box:
Decide on an area you are interested in knowing more about that is surrounding one of your clinical sites (likely the school, but if you are considering a different site, please talk to Professor Rohatgi). Drive through the area slowly while you observe the community- it is best to partner with someone that can drive while you observe the community and take notes.

1. Use the guiding questions as you explore the neighborhood (see next page). You should read through these questions prior to beginning your windshield survey so you have a better idea of what you are looking for when you begin the project. You won't be able to address all of the questions in this box so choose the ones that seem the most important, but choose at least two from each of the seven categories. Summarize your findings and observations.

2. Include a map of the area you are assessing - this should be a minimum of a 3-4 block radius. One way to do this is to use Google Maps, zoom in on the area you are assessing, and then take a screenshot of it.

3. Identify the demographics of the area you are looking at. Use the zipcode of the area to get the most accurate information. How does this compare to the city or county in general? Consider going to the county website or other sources of data to identify more about their neighborhood or the city as a whole.
    a. What data can you find that reflects the social determinants of health (think poverty, education levels, etc.) and other health indicators (vital statistics, disease levels such as diabetes or cancer).
    b. Identify potential vulnerable populations that are most prevalent in the neighborhood based on the demographic and social determinants of health you've identified.

4. Discuss what you feel the community's strengths and weaknesses are.

5. Reflect on the following statement: *"while you have observed the neighborhood through this windshield survey, that doesn't mean you understand what it is like to live in that neighborhood. What are potential influences on the community that you can not observe by driving through it?"* Refer back to Nursing: Mental Health and Community Concepts: chapter 16.2 if needed for prompts.

6. Identify at least two community health diagnoses. Refer to Nursing: Mental Health and Community Concepts: chapter 16.3 (under the heading *Diagnosis*) or your class notes for guidance and the proper format.

This assignment should not be more than four pages long (not including the map). Due on Sunday of your last week of clinical. Submit this to blackboard please.

Guiding questions for what to examine in a general community assessment survey (adapted from The Community Toolbox)

1. *Housing and buildings.* What is the age and condition of housing in the neighborhoods you're surveying? Are houses and apartment buildings kept up, or are they run-down and in need of repair? Are yards neat or overgrown? Are the buildings mostly or fully occupied? Do public and commercial buildings seem accessible to people with disabilities – ramped, street level entries, etc.?
2. *Public spaces and parks.* Are there public spaces where people can gather? Are they well kept up? Do they have seating areas, trees and plants, attractive design, cafes or food vendors, or other features meant to encourage people to use the space? Who uses these spaces? Is there diversity? Are parks used by a variety of people?? Are they well kept up? Are there sports facilities – basketball courts, soccer pitches, baseball fields, cricket pitches, etc.? Are they used at night? Are the areas clean or littered/polluted?
3. *Infrastructure.* What is the condition of roads, bridges, sidewalks, etc.? How heavy is the traffic in the community? Is there a functioning public transportation system? If there is public transportation, how easy is it to navigate and use? How much does it cost? Are there bicycle lanes? Are there sidewalks? Are the streets and sidewalks relatively clean? Are streets and sidewalks well lit at night?
4. *Health services and commercial activity.* What kinds of businesses are there? Are there boarded-up or vacant storefronts? Is there a mix of large and small businesses? Are there grocery stores and supermarkets, pharmacies, and other stores that provide necessities in all parts of the community? How

many hospitals and clinics are there in the community? Where are they located? How big are they? How easy are they to get to? Are there cultural and entertainment venues such as museums, libraries, theaters, restaurants, sports stadiums, historic sites, etc.? Do the businesses in the area seem to be causing pollution? Are there faith communities present in the neighborhood?

5. *Race/ethnicity.* Who do you see as you drive around the community- does this reflect the demographic information you researched for the area? Are there identifiable racial and ethnic groups? Do particular groups seem to live in particular areas?
6. *Public services and safety.* Are there identifiable community service providers and organizations in the community – mental health centers, food banks, homeless shelters, welfare offices, etc.? Are the schools in the area well maintained? Where are police and fire stations located? Are they in good repair? Is the community well-lit at night?
7. *Community organizations.* What evidence is there of organizations in the community? Are there service clubs – Lions, Elks, Masons, etc.? Are there other organizations – centered around community issues, the environment, sports or leisure pursuits, socialization, etc.?

Grading Rubric:

Windshield Survey	**Excellent** The writer completely covers all required information in a concise, yet detailed manner.	**Good** The writer does a good job of summarizing the article and reflecting on the assignment questions.	**Fair** The assigned category needs work.	**Poor** A poor job of providing the required information.
Survey Completeness of community assessment. *AACN 2.8e, 3.1a, 3.5c, 7.1c, 7.1d*	Effectively and clearly defines and describes community using several windshield assessment guiding questions from each of the seven categories **20 pts**	Adequately describes community using windshield assessment guiding questions in each category **15 pts**	Description of the community is incomplete. Some components in the seven categories are lacking or missing. **9 pts**	Description of the community is incomplete. Several components in the seven categories are lacking or missing. **4 pts**
Supporting information Demographic, statistics, and the map. *AACN 3.1b, 3.1d, 3.3a, 3.3b,*	Appropriately identifies relevant demographics, health statistics, and social determinants of health that are relevant for this neighborhood. Map is legible and useful. **15 pts**	Relevant demographic, health statistics, and social determinants of health are acknowledged but not well organized or described. Map is adequate. **11 pts**	Partial supporting information for the neighborhood. Map is missing or unhelpful/illegible. **6 pts**	Lacking supporting information and map. **2 pts**

Assessments Strengths and weaknesses of the community; community diagnosis *AACN 1.3c, 3.1c, 3.1e, 9.3g*	Strengths and weaknesses are appropriately identified. Two community diagnoses that are relevant and properly formatted. **15 pts**	Strengths and weaknesses of the community are partially identified. Two community diagnoses are identified but not clearly related to the findings of the windshield survey and supporting information. **11 pts**	Strengths and weaknesses are not well thought through or are lacking in support. Community diagnoses are not clearly based on the survey or are improperly formatted. **6 pts**	Lacking or missing identification of strengths and weaknesses; no community diagnoses are identified or inappropriate based on survey and supporting information. **2 pts**
Reflection Thoughts on being an outsider looking in *AACN 9.6a, 9.6b, 9.6c*	A well thought paragraph reflection on why a windshield survey isn't an all inclusive understanding of a community. **5 pts**	A paragraph that partially reflects on the challenges of understanding a community without being a part of it. **4 pts**	A sentence of reflection on the process of assessing communities we do not live in. **2 pts**	No reflection is included. **0 pts**
APA reference citation and grammar The demographic and other statistics are properly cited in APA 7th edition guidelines. The writer uses standard English and correct grammar throughout the paper.	No errors exist in the citation or in grammar and spelling. **5 pts**	The reference citation has one error. There are some spelling and grammar errors throughout the journal entry **4 pts**	The reference citation has more than one error as it is written. There are numerous grammar and spelling errors. **2 pts**	No attempt is made at referencing according to APA 7th edition guidelines. **0 pts**

Course Objectives:

4. Apply the nursing process, evidence-based knowledge, public health and epidemiological sciences, as well as social justice practices to promote health equity and reduce health disparities in aggregates and vulnerable populations.
5. Assess the impact of social determinants of health, cultural identities and lived experiences, as well as attitudes and values towards health on health outcomes and health care access.
8. Demonstrate advocacy towards promoting health for a group or community.
9. Recognize the effects of the environment, including disasters, on a community's health and identify appropriate responses.
11. Assess the strengths and needs of a community utilizing public health theories, data, and the nursing process.
14. Identify community resources that are relevant to the health of the individual, family, or community.

AACN 2021 Essential Competencies:

1.3 Demonstrate clinical judgment founded on a broad knowledge base. *1.3c*
2.8 Promote self-care management. *2.8e*
3.1 Manage population health. *3.1a, 3.1b, 3.1c, 3.1d, 3.1e*
3.3 Consider the socioeconomic impact of the delivery of healthcare. *3.3a, 3.3b*
3.5 Demonstrate advocacy strategies. *3.5c*
7.1 Apply knowledge of systems to work effectively across the continuum of care. *7.1c, 7.1d*

9.3 Demonstrate accountability to the individual, society, and the profession. *9.3g*
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity. *9.6a, 9.6b, 9.6c*

Quad Council Competencies:
Domain 1:
1A1. Assess the health status and health literacy of individuals and families, including determinants of health, using multiple sources of data.
1A2a. Use an ecological perspective and epidemiological data to identify health risks for a population.
1A2b. Identify individual and family assets, needs, values, beliefs, resources and relevant environmental factors.
1A3. Select variables that measure health and public health conditions.
1A9. Use varied approaches in the identification of community needs
1A12. Use available data and resources related to the determinants of health when planning services for individuals, families, and groups.
Domain 4:
4A2. Use data, evidence and information technology to understand the impact of determinants of health on individuals, families, and groups.
Domain 6:
6A2a. Determine the relationship between access to clean, sustainable water, sanitation, food, air, and energy quality on individual, family, and population health.
6A2b. Assess hazards and threats to individuals, families, and populations and reduce their risk of exposure and injury in natural and built environments (i.e., chemicals and products).
6A3. Use evidence‐based practice in population-level programs to contribute to meeting core public health functions and the 10 essential public health services.
6A5. Use a wide variety of sources and methods to access public health information (i.e. GIS mapping, Community Health Assessment, local/state/and national sources)
Domain 8:
8A4a. Identify internal and external factors affecting public health nursing practice and opportunities for interprofessional collaboration.

Appendix D

Redesigned Course Plan Grid

Topic/Days	Readings	Class Activities	Assessments	Course Objectives	AACN Competency	AACN Sub-competency	QCC Domain
Introduction to community health	Nursing: Mental Health and Community Concepts: 16.1 and 16.2 up until Community Health Needs Assessment	Introductions Review Syllabus Powerpoint Think-pair-share		4, 10			
Foundational concepts to community health (health promotion, risk reduction, upstream thinking, levels of prevention, 3 principles)	Nursing: Mental Health and Community Concepts: 16.3	Powerpoint Ted Talk Large group discussion	Newspaper/Magazine Article	7, 10	2.3, 3.1, 6.3, 10.3	2.3f, 3.1h, 6.3a, 10.3g/i	
Foundations cont. /Community Assessments	Nursing: Mental Health and Community Concepts: 16.2 beginning at Community Health Needs Assessment (part way down)	Quiz 3-5 people share their articles powerpoint case study in small groups					
Community Assessments (day 2): Guest Speaker	Improving Health Equity Through Improving Data in Community Health Needs Assessments	Guest Speaker from SJRMC on their 3 year CHNA	Community Assessment Worksheet	4, 9, 11, 14	2.8, 3.1	2.8e, 3.1a/b/c/d/e	1, 4, 6, 8
Our healthcare system Economics	Introduction to the US Healthcare System: Chapter 1 Introduction to the US Healthcare System: Chapter 6	Quiz Powerpoint Case study	Economics (Insurance) Worksheet Economics (No Insurance) Worksheet	1	7.2	7.2a/c	8
Policy	Community Toolbox: Changing Policies: An Overview (Chapter 25.1) The Multiple Streams Framework: Understanding and Applying the Problems, Policies, and Politics Approach (especially until the top of page 4; then skim the rest if desired) Powerpoint recording	Review highlights Group work: Kingdon's Model Large group discussion	Group work in class	1, 4, 8, 15	2.2, 2.3, 3.1, 3.4, 3.5, 9.2, 9.3, 9.4, 9.6, 10.3	2.2d, 2.3f, 3.1e/f, 3.4a/b/c/d, 3.5c, 9.2g, 9.3a/f, 9.4a, 9.6a/c, 10.3i	2, 3, 5, 8
Epidemiology	Introduction to Epidemiology by Oregon State University: What is Epidemiology?	Debrief insurance worksheet Quiz Powerpoint	Worksheet	4, 10	2.3, 3.1, 3.6	2.3f, 3.1b/e/h, 3.6a	1, 7
Epidemiology (day 2) Guest Speaker		SJCHD on their use of Epidemiology in caring for the county		1, 2, 4, 9, 11			
Social Determinants of Health (SDOH)	Review 16.2 "Community Health" section The Future of Nursing 2020-2030 Report Healthy People 2030 CDC SDOH	Powerpoint SDOH Case Study Debrief/Discussion	Turn in your case study discussion questions. (rubric provided with case study) Short reflection on case study	1, 2, 4, 5, 8, 9, 11, 14, 15	1.2, 1.3, 2.3, 3.1, 3.3, 3.4, 7.1, 7.2, 10.2	1.2c, 1.3c, 2.3f, 3.1a/b/c/d/e/f/g/h/i, 3.3a, 3.4b, 7.1c, 7.2b/c/d, 10.2a	1, 2, 3, 4, 5, 6, 8

Topic/Days	Readings	Class Activities	Assessments	Course Objectives	AACN Competency	AACN Sub-competency	QCC Domain
Health disparities	Review 16.2 "Community Health" section The intersection of bias, structural racism, and social determinants with health care inequities ANA Position Statement Implicit bias and racial disparities in healthcare	Powerpoint Ted Talk Harvard Implicit Bias Test Debrief/Discussion	SDOH Racism Case Study	1, 4, 5, 6 7, 8, 9, 10, 11	1.2, 1.3, 2.3, 3.1, 3.3, 3.4, 3.5, 7.2, 7.3, 9.2, 9.3, 9.6, 10.2	1.2c, 1.3c, 2.3f, 3.1a/b/c/d/e/f/g/h/i, 3.3a/b, 3.4a/b/c, 3.5a/b/c/e, 7.2b/d, 7.3d, 9.2d/e, 9.3a, 9.6a/b/c, 10.2a/d/f	1, 2, 4, 5, 6, 7, 8
Cultural humility for community care	Cultural competence: A guide for nursing students (click on the first link under chapter 1, then the bottom of the list of articles is the one you want) Tackling implicit bias in healthcare	Discuss Racism Case Study (last assignment) Powerpoint "Becoming a culturally competent nurse" video Small group discussion leading to large group discussion	Here's my culture	6, 7	6.4, 9.1, 9.5, 9.6, 10.2, 10.3	6.4a, 9.1d, 9.5c, 9.6b, 10.2a/c, 10.3g	
			Culturally competent care module	5, 6, seven	2.2, 3.1, 3.2, 6.1, 6.4, 9.1, 9.2, 9.3, 9.6, 10.2, 10.3	2.2d, 3.1i, 3.2c, 6.1b, 6.4a/b, 9.1d, 9.2d/e/g, 9.3d, 9.6a/b, 10.2a/c/f, 10.3g	3, 4, 6, 8
Vulnerable populations	Nursing: Mental Health and Community Concepts: 17.2 Find reputable resources relevant to your vulnerable pop Powerpoint recording (overview)	Jigsaw group work	Jigsaw peer evaluation (link under class activities)	1, 4, 5, 8, 10	2.3, 3.1, 3.4, 7.1, 7.2, 9.3, 10.3	2.3f, 3.1a/b/c/e/h, 3.4b, 7.1d, 7.2 b/c/d, 9.3g/h, 10.3c/h/i	1, 2, 3, 4, 8
Vulnerable populations (day 2)- Guest Speaker		Henry- Social worker that is with the SJCPD on mental health, incarceration, and homelessness		1, 4, 5, 6, 7, 10, 14, 15			
Communicable diseases	Introduction to Infectious Diseases Public Health Progress...	Powerpoint Trivia Mid- Semester Eval	Communicable Disease Brochure/Infographic	3, 14	2.2, 2.8, 3.5, 9.2, 9.3, 10.1	2.2e, 2.8c/e, 3.5d, 9.2g, 9.3a, 10.1a	1, 3, 5, 6
Environmental Health	Nursing: Mental Health and Community Concepts 18.2 - Environmental Health Environmental Health in Nursing Ebook (Unit 1: pg. 1-10): - Why nurses are involved with environmental health - Environmental health and families/homes - Environmental health nursing at the community level	Quiz Present your brochure to your group Powerpoint small group (4 people) discussion	Navigating a foodborne outbreak	2, 3, 4, 8, 9, 14	1.3, 2.8, 3.1, 3.2, 3.6, 6.3, 6.4, 7.1, 10.3	1.3c, 2.8c, 3.1a/b/c/d/e/f/g/h/i, 3.2a/b/c, 3.6e, 6.3a/b, 6.4b, 7.1d, 10.3i	1, 3, 4, 5, 6, 7, 8
Environmental Health (day 2)	Environmental Health Ebook (Unit 2: pg. 19-29) Harmful environmental exposures and vulnerable populations	Unnatural Causes Video - Followed by small group (2-4) discussion questions, then large group discussion	Discussion questions and worksheet	1, 4, 5, 9, 10, 11, 14, 15	1.2, 2.2, 2.3, 2.8, 3.1, 3.4, 7.1, 7.2, 7.3, 9.2, 9.3, 9.4, 9.6	1.2c, 2.2d, 2.3f, 2.8e, 3.1a/b/c/d/e/h/i, 3.4b, 7.1d, 7.2b/c/d/e, 7.3d, 9.2c/d/e, 9.3g, 9.4a, 9.6a/c	1, 2, 3, 4, 6, 7, 8

Topic/Days	Readings	Class Activities	Assessments	Course Objectives	AACN Competency	AACN Sub-competency	QCC Domain
Disasters	Nursing: Mental Health and Community Concepts: 18.3 and 18.4 ANA Issue Brief The Future of Nursing 2020-2030: Chapter 8 Local event news articles	Quiz Powerpoint Possible simulation	Simulation scenario	3, 4, 5, 9, 10, 11, 14,	3.1, 3.3, 3.6, 6.2, 7.1, 9.2, 9.3, 10.2	3.1e/f, 3.3b, 3.6a/b/c/d/e, 6.2f, 7.1d, 9.2g, 9.3a/b, 10.2a/b	2, 3, 5, 6, 8
Violence	Nursing: Mental Health and Community Concepts: Trauma, Abuse, & Violence 15.1-15.5	Powerpoint Think-pair-share Exit Slip	Tough Discussions: Violence	1, 5, 7, 8, 10, 15	1.3, 2.2, 2.3, 3.4, 6.1, 6.4, 9.2, 9.4, 9.5, 9.6, 10.2, 10.3	1.3c, 2.2d, 2.3f, 3.4b, 6.1b, 6.4a/b, 9.2g, 9.4a, 9.5c/d/e, 9.6a/b/c, 10.2a/f, 10.3g/h	2, 3, 5, 8
Violence: Human Trafficking (day 2)	Preventing human trafficking using data-driven, community based strategies Rethinking human trafficking representation	Human Trafficking Training (Indiana Trafficking Victims Assistance Program (ITVAP))	Class training participation (no rubric)	1, 2, 4, 5, 6, 8, 10, 14, 15	1.2, 1.3, 2.2, 2.3, 2.8, 3.1, 3.2, 3.3, 3.4, 3.5, 6.3, 7.1, 7.2, 9.2, 9.3, 9.6, 10.2	1.2c, 1.3c, 2.2d, 2.3f, 2.8e, 3.1a/b/c/d/e/f/g/h/i, 3.2a/c, 3.3b, 3.4b/e, 3.5c/d, 6.3a/b, 7.1c/d, 7.2b/d, 9.2c, 9.3a/e, 9.6a/b/c, 10.2c/d	1, 2, 3, 4, 5, 6, 7, 8
Substance use disorder	Nursing: Mental Health and Community Concepts: Chapter 14: Substance Use Disorders	Powerpoint Think-pair-share Exit slip		1, 4, 5, 7, 8, 9, 10, 15			
Substance use disorder (day 2) Guest Speaker	Choose an article that interests you most by Maia Szalavitz in T*he New York Times* (you have a subscription through the library if you haven't signed up for it yet).	Ricky- Substance Use Disorder	Varying Inputs on Substance Use Disorder	1, 2, 4, 5, 7, 8, 10, 14, 15	1.3, 2.2, 2.3, 2.8, 3.1, 3.2, 3.3, 3.4, 3.5, 6.4, 7.1, 7.2, 9.2, 9.3, 9.6, 10.2	1.3c, 2.2d, 2.3f, 2.8e, 3.1a/b/c/e/g/h/i, 3.2a, 3.3b, 3.4b/d, 3.5a, 6.4a/b, 7.1d, 7.2b/c/d, 9.2c/g, 9.3g, 9.6 a/b/c, 10.2a/d	1, 2, 3, 4, 5, 6, 8
Education, literacy, communication	- Refer back to the Community Psychology (Ian day) reading about misrepresentation	Quiz Powerpoint Case study	Kaplan Focused Review Practice Test (unrelated to topic, but rather timing in course)	2, 3			
Advocacy	- Environmental Health in Nursing: Unit 7 Part 1 Using the Nursing Process to Guide Advocacy for Environmental Health (pg. 324) - Community Tool Box Chapter 5.1: Strategies for Community Change and Improvement: An Overview - APHN Advocacy Toolkit: Parts 1, 4, & 5 - ISNA *Writing your Legislators*	Powerpoint Think-pair-share Small group work	Advocacy Letter	1, 3, 4, 8	2.2, 3.1, 3.4, 3.5, 6.3, 9.2, 9.3, 9.4, 10.3	2.2d, 3.1e/f, 3.4c/d, 3.5a/b/c/d, 6.3b, 9.2d/g, 9.3a/e, 9.4a, 10.3h/i	1, 2, 3, 5, 8

Topic/Days	Readings	Class Activities	Assessments	Course Objectives	AACN Competency	AACN Sub-competency	QCC Domain
Global health	*Choose an article from a reputable news source that focuses on another countries approach to a public health issue* Skim Introduction to U.S. Healthcare- Chapter 18 Healthcare: A Global Perspective	Powerpoint T.R. Reid Video Discussion -> group work	Worksheet (start in class as group work and then can finish as homework)	11, 13, 15	2.2, 2.3, 3.1, 3.4, 7.2	2.2d, 2.3f, 3.1d/e, 3.4e, 7.2a	1, 2
Presentations							
Presentations							
Presentations	Specific to the topic		Presentation rubric	1, 2, 3, 4, 5, 8, 9, 10, 14, 15	1.2, 1.3, 2.3, 2.8, 3.1, 3.3, 3.4, 3.5, 6.1, 7.2, 9.3, 10.2, 10.3	1.2c, 1.3c, 2.3f, 2.8e, 3.1a/b/c/d/e/h, 3.3b, 3.4b,3.5a, 6.1e, 7.2b/d, 9.3e, 10.2a/d, 10.3c/h	1, 2, 3, 4, 5, 6, 7, 8
Kaplan Exam			Standardized Assessment of Learning through multiple choice questions, open ended questions, other styled NextGen NCLEX Style Questions				
Final Exam			Assessment of Learning through multiple choice questions, open ended questions, other styled NextGen NCLEX Style Questions	1, 3, 4, 5, 6, 8, 9, 10, 11, 13, 14			
Clinical experiences: 84 hours with community partners			Clinical Evaluation Rubric	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16	1.3, 2.2, 2.3, 2.8, 3.1, 3.2, 3.6, 6.1, 6.2, 6.3, 6.4, 9.1, 9.2, 9.3, 9.5, 9.6, 10.1, 10.2, 10.3	1.3c, 2.2d/e, 2.3f, 2.8c/e, 3.1a/c/e/g, 3.2c, 3.6e, 6.1b/e, 6.2f, 6.3a/b, 6.4a/b, 9.1b/c/d/f, 9.2c/e/f/g, 9.3b/c/d/e/f, 9.5c/d/e, 9.6a/b/c, 10.1a, 10.2a/c/d/f, 10.3c/f/g/h	1, 2, 3, 4, 5, 6, 8
			Clinical Journals	2, 12	1.3, 2.2, 2.8, 3.1, 6.2, 6.4, 9.1, 9.2, 9.3, 9.5, 10.2, 10.3	1.3c, 2.2e, 2.8c/e, 3.1c/f/g, 6.1e, 6.2f, 6.4a/b, 9.1b/c/d/f, 9.2c/d/e/f/g, 9.3a/b/c/d/f, 9.5c/d/e, 10.2a/b/c/d, 10.3c/f/g	3, 4, 5, 7, 8

Topic/Days	Readings	Class Activities	Assessments	Course Objectives	AACN Competency	AACN Sub-competency	QCC Domain
			Windshield Survey		1.3, 2.8, 3.1, 3.3, 3.5, 7.1, 9.3, 9.6	1.3c, 2.8e, 3.1a/b/c/d/e, 3.3a/b, 3.5c, 7.1c/d, 9.3g, 9.6a/b/c	1, 4, 6, 8
Clinical Post Conference 1	Lice and Bed Bugs	Diabetes Vignette					
Clinical Post Conference 2	Ethics Discussion- when your values don't align with the law or the evidence to support health in the community, how medical situations are handled in various settings (inmates, hospitals, ERs, etc.)	Case in Point (APTR case study on Flint)					
Clinical Post Conference 3	Medications in the community (EpiPens, Naloxone, Inhalers/Nebulizers)	Contagion Film (split over 2 days) with discussion questions					
Clinical Post Conference 4	Developmental Assessments, primary care considerations	Contagion Film (split over 2 days) with discussion questions					
Clinical Post Conference 5	Poverty: PlaySpent, discussion on experiences with the homeless population, school experiences in low-income neighborhoods	Outbreak at Water's Edge Game					
Clinical Post Conference 6	Wrap it all up						

Appendix E

Course Syllabus

Welcome to Community Health Nursing! I'm Kylee, the professor for this class. Understanding and improving community and public health is a passion of mine and I hope to pass that along to you. Over the next 16 weeks, you are going to meet people from all walks of life and have some amazing experiences. Together, we will learn, discuss, commiserate, and celebrate. Our classroom will be welcoming and engaging and a safe space for some very hard conversations. Don't hesitate to reach out to me with questions, comments, or concerns. I look forward to getting to know you!

Course Information
Course Number: 414
Course Title: Community Health Nursing
Course Credits: 5
Clinical hours: 84
Prerequisites: Senior status and determined by curriculum sequencing
Course Description: This theory and clinical course broadens the concepts of community health nursing introduced across the curriculum and integrates them into a meaningful whole. Emphasis is placed on increasing the student's self-awareness, communicating effectively, and meeting the community health needs of families and groups. Health education, health promotion, and illness prevention are stressed as strategies for meeting the health needs of population aggregates. Presentation of the health care delivery system includes the impact of political, legal, social, and cultural influences on the health of clients. Public health nursing issues, such as communicable disease, environmental hazards, and occupational exposures are discussed.
Schedule: A separate course schedule will be available on blackboard.

Class: TBD

Clinical: Every Tuesday and Thursday from 0700 to 1700 (including post conference) for half of the semester depending on which group you are assigned (see blackboard). The required hours will vary within these times depending on your clinical location which will be determined after you have completed the required clinical orientation.

Faculty Contact Information
Name: xxxx
Phone: xxxx
Email: xxxx
Office: xxxx
Office Hours: TBD

Faculty Contact: The best way to contact me is by email. I will respond to emails within 24-48 hours during the week. I expect the same courtesy from you; it is your responsibility to frequently check your Saint Mary's email. If you have not received a response from me within 48 hours, please let me know, as I may miss an email from time to time. I will do my best to respond to emails sent over the weekend the following Monday.

Clinical Faculty Contact Information
My contact information is above.
Additional Faculty: xxxx Phone: xxxx Email: xxxx

Required Texts

You do not need to purchase a textbook for this course. All required reading materials are found through the links on blackboard and laid out in our planned schedule of the course. If you have trouble accessing any of the materials, please let me know. See the end of this syllabus for a list of reading materials that will be included in the course!

Course Outcomes

By the end of this course you will be able to:

1. Analyze the influence of economic and political factors on health, health care access, and the health care delivery system.
2. Demonstrate leadership skills and the ability to work as a team member within community organizations to promote health and prevent disease.
3. Adapt communication skills when working with community groups in providing health education and health promotion to clients and families.
4. Apply the nursing process, evidence-based knowledge, public health and epidemiological sciences, as well as social justice practices to promote health equity and reduce health disparities in aggregates and vulnerable populations.
5. Assess the impact of social determinants of health, cultural identities and lived experiences, as well as attitudes and values towards health on health outcomes and health care access.
6. Increase your understanding of and ability to provide culturally competent care to individuals, families, groups, and communities.
7. Reflect on your personal viewpoint of life and health, while staying open minded and empathetic towards others, and work to understand others that may seem different from you.
8. Demonstrate advocacy towards promoting health for a group or community.
9. Recognize the effects of the environment, including disasters, on a community's health and identify appropriate responses.
10. Integrate upstream thinking while analyzing public health issues that are relevant in our society and planning for levels of prevention.
11. Assess the strengths and needs of a community utilizing public health theories, data, and the nursing process.
12. Reflect on your clinical experiences to identify areas of strengths and areas to improve. Utilize this reflection and other feedback as a way to improve.
13. Take a global approach to exploring health care systems while identifying varying ways of responding to public health issues.
14. Identify community resources that are relevant to the health of the individual, family, or community.
15. Lead and participate in challenging discussions that contemplate ethical dilemmas and public health issues.
16. Experience health in the community setting while using your skills to provide safe care to individuals, families, groups, and vulnerable populations.

Academic Experiential Learning Outcomes:

17. A University X student applies particular theories or concepts (such as from readings, lectures, or discussions) to an analysis of her lived experiences in the settings provided by the course or program.

18. A University X student articulates the impact of her experiential learning on her understanding of her education, her decision-making or problem solving, or her place in the world.

19. A University X student demonstrates professional and ethical behavior appropriate to her experiential context.

LO3: Intercultural Competence and Social Responsibility: Reflective Engagement of Social Responsibility (B) Outcomes:

20. A University X student is able to respond as an agent of change.

LO3: Intercultural Competence and Social Responsibility: Reflective Engagement of Intercultural Competence (B)

21. A University X student reflects before and after intercultural engagement in order to identify her own cultural norms and how these norms shape her interactions with others.

Department of Nursing Science Grading Policy

Letter Grade		**Grade Point Average**	
	A 95-100	4.0	
A-	91-94	3.67	
B+	88-90	3.33	
B	85-87	3.0	
B-	82-84	2.67	
C+	79-81	2.33	
C	76-78	2.0	Passing Minimum
C-	72-75	1.67	
D+	69-71	1.33	
D	63-68	1.0	
F	62 and below	0.0	

A grade of C remains the lowest passing grade in the nursing major. Students **MUST** receive an overall weighted average of 76.0% to pass the course. Students receiving an average grade below 76.0% at midterm will receive a deficiency notice. There will be no rounding up of percentages for any score. For example, a 75.999 will not be rounded up to a 76. All scores achieved are absolute.

NOTE: All paperwork is to be turned in on the specified time as announced by the faculty unless otherwise arranged. **All grades in Blackboard are not rounded.**

Course Grading Distribution

Assignment	Weight
Class Assignments	40%
Quizzes	10%
Topic Presentation	20%
Clinical Assignments	11%
Kaplan Exam	4%
Final Exam (Cumulative)	15%
Total:	100%

Class Assignments

There are typically weekly class assignments that will be in a variety of formats. This course has a number of assignments designed to provide students with experiences and community health concepts which may not be readily available in the greater xxxx community. The assignments are designed to promote competencies aligned with the AACN 2021 Essential Competencies. Assignments will be submitted on Blackboard unless otherwise identified by me. Ten percent per day will be deducted for assignments that are submitted late. Detailed guidelines and requirements for each assignment are listed separately and posted on the Blackboard course page. Class assignments are typically due on X unless stated otherwise.

Quizzes

There will be quizzes on ExamSoft that will cover the content from the prior week(s). The number of questions on each quiz will vary and therefore the time allotted for the quiz will vary. Once logged onto the quiz, students will **not** be able to log off and then log back on. Access will be limited to a one time admission. Quizzes will be done on X during class unless stated otherwise.

Topic Presentation

Each student will do a topic presentation related to community health nursing. You may work individually, with one partner, or with two (groups of three at most). I must approve your topic two weeks in advance of your presentation. Guidelines and expectations for the project will be posted on Blackboard and discussed in class. Presentations will be given over the course of three class periods, and each student/group will be assigned at random on a specific day.

Attendance and Participation

Students are responsible for attending class and clinical experiences and are responsible for the content covered. In the case of an absence, it is the student's responsibility to obtain the information that was presented in class.

If you are unable to attend a class, you are expected to notify me (via college email, text, or voicemail) at least 30 minutes prior to the start of class. You are expected to arrive on time to class and ready to participate in the learning endeavor for the day. Clinical experiences will need to be made up in order to meet the nursing department's clinical requirements for the course. You are expected to participate in class; this does not simply mean coming to class. Participation is being actively engaged, posing questions, answering questions, partaking in activities and discussions, etc.

Clinical Assignments

For each day of clinical, you will submit a clinical journal entry that is approximately 1-2 pages. The guidelines for the clinical journal are laid out in a separate document. Additionally, you will each complete a windshield survey. These clinical assignments are required for passing the clinical component, and therefore the course. Clinical journals are due prior to your next clinical experience (So Tuesday journals will be due by Thursday morning and Thursday clinical journals will be due by the following Tuesday morning). The windshield survey will be due by the end of your clinical portion of the course.

Kaplan Exam

Standardized nursing achievement tests utilizing the testing plan from Kaplan are administered throughout the curriculum. These exams are similar in nature to the NCLEX. Scores are compared with national normed percentile ranks, which are used to determine the grading scale for each integrated Kaplan exam. Hence, each integrated Kaplan exam uses an individualized grading scale (see table below for this course's criteria). The Kaplan exam is worth 4% of your total course grade.

Kaplan Percent Correct	GRADE
61% or higher	100%
60%	95%
59%	90%
57.3%	85%

56%	80%
55%	75%
53%	70%
52%	65%
51%	60%
49%	55%
48%	50%
47%	45%
45%	40%
44%	35%
43%	30%
41%	25%
40%	20%
39%	15%
37%	10%
36%	5%
35% or lower	0%

Final Exam

There will be a final exam that is comprehensive of the material covered for the semester. The final exam schedule is determined by the registrar's office and is posted at xxxxx

You are expected to abide by the Department of Nursing Science test taking policy.

Clinical Information

Integration of Theory and Clinical

NURS 414 consists of 3-credit hours of class per week. The concurrent clinical portion of this course, NURS 414L consists of 2-credit hours, including 84-clock hours of clinical time consisting of direct patient care, observations (if applicable), and post conference. Post Conferences are designed to

integrate the theoretical content with clinical experiences and to allow the opportunity to exchange information with one another in a HIPAA compliant environment.
Your clinical performance will be evaluated through faculty observation, weekly clinical journals, as well as by your clinical contact person(s). Clinical performance will be evaluated as satisfactory/unsatisfactory. ***Students who receive an unsatisfactory clinical evaluation will receive no higher than a C- for the course, and thus fail the course.***

You are expected to demonstrate responsibility and accountability, fulfilling the expectations of professional behavior by being present and punctual, conforming to the dress code, social media policy, essential abilities, HIPAA, and other specified requirements for the clinical experience. Failure to meet expectations of professional behavior will result in a probationary contract, risking receiving an unsatisfactory rating for the clinical experience. Any student who falsifies clinical attendance, clinical documentation, or clinical papers will fail the clinical and receive an unsatisfactory rating.

Clinical Attendance:

Clinical experience is critical for the application of theory and professional growth. All clinical time is mandatory. The clinical instructor and student will work together to track all clinical hours. All clinical absences must be made up. Tardiness and early departures are considered missed clinical time. No more than 10% of any clinical/laboratory time may be missed/ made up (10% equals 8.4 hours or approximately one clinical day) unless otherwise arranged with me. You must be making satisfactory progress towards all course competencies before clinical make-up is considered. Direct interaction with clients is typically required to make-up a clinical absence. Make-up time will be scheduled according to the availability of the faculty member and the clinical agency. However, a clinical make-up is not guaranteed. Under certain circumstances, alternative assignments can be used to make up clinical experiences and are utilized at my discretion.

You will not be allowed to come to clinical or class if you are experiencing communicable conditions, including, but not limited to fever, cough, chills, vomiting, diarrhea, and sore throat.

Reporting Clinical Absence:

In the event of a clinical absence, you must notify your clinical instructor by phone or email **at least one hour** before the scheduled clinical start time. Failure to notify the faculty of the clinical absence is considered an unprofessional behavior and may result in clinical failure. ***You must also contact the clinical agency and preceptor that they are working with that day by phone at least one hour before the scheduled arrival time or as soon as the agency opens.***

Tardiness is also a form of unprofessional behavior and may result in clinical failure. You are required to be on time to clinical assignments. If you are going to be late, it is essential that you notify you nursing clinical instructor. Repeated (2 or more) episodes of tardiness will result in the issuance of a learning contract. The learning contract will be forwarded to all current and future faculty. In addition, a

copy of the learning contract will be placed in your file that is located in the Department of Nursing. Students who are late to clinical may be sent home and the time counted toward missed time.

Clinical Post Conference

Clinical seminars are intended to enhance clinical learning. Time will be used during clinical seminars to explore and discuss topics of clinical importance, review clinical skills, and reflect on experiences, as well as other possible activities that could be relevant.

Transportation:

All students in community health will be expected to provide their own transportation. If you do not have a personal car on campus you must make arrangements to meet the transportation needs of this course.

Dress: ***Students are expected to dress professionally***. The dress code is business casual, or your student uniform. Business casual clothes for this clinical include khaki or dark colored slacks with a collared, 'button down' golf or polo type shirt. In many sites students can wear their nursing uniform as an acceptable dress; in some sites, students SHOULD wear their uniforms.

Pants: tailored long pants, no capris, and darker colors are best, tan, brown, navy, black, or solid color etc. The waist should not be low; no cargo pants or shorts.

Shirts: tailored shirts are also preferred, collars preferred, however if the shirt does not have a collar, necklines should be modest, no low scooped or low V-neck shirts. May be short or long sleeved, but not sleeveless. No crop shirts.

Skirts: skirts are allowed, but they must be knee length thru mid-calf. Shorter and longer are not appropriate. Skirts are sometimes not as comfortable as slacks in many clinical assignments.

Shoes: Dark, low heeled shoes are acceptable. Athletic shoes should be low key, conservative, no neon colors, etc. Close-toed shoes are required.

Jeans: Jeans are not to be worn unless approved by the clinical instructor.

Jewelry: should be kept to a minimum. If you are engaged, you may want to leave your diamond ring at home. If you prefer not to take it off, you may wear it. Just be aware that less jewelry is better.

Uniform: Your 'scrubs' type uniform is acceptable at most sites. Scrubs are preferred at the school sites. Always have your lab coats with you or at least in the car should your day require them. Lab coats may be worn over acceptable street clothes or your nursing uniform.

Name badges are to be worn at all times.

Safety:

***NEVER TRANSPORT A CLIENT IN YOUR CAR*.** If you find yourself in a situation where the client requires emergency care, have the client or a family member contact 911. If no one else is available, then you may be the person to contact 911. **Transporting a client in your car, may result in failure of the clinical portion of N414 and thus failure of the course in total.**

Equipment: There are bags with large blood pressure cuffs, hand sanitizer, etc. You will be assigned a bag based on clinical assignment. *You should put your own stethoscope and your own blood pressure cuffs into the clinical bags provided and bring them to clinical most days*. You should have your cell phones with them so that you can reach faculty and faculty can reach you if there are questions or concerns. However, you may not use your cell phone for personal reasons during clinical. This is not professional behavior and is not acceptable. You will turn back in your clinical bag at the end of your clinical experience.

Reading materials for the course (all available for free online- refer to blackboard for links and instructions)

American Nurses Association (ANA) Ethics Advisory Board, (June 7, 2019) "ANA Position Statement: The Nurse's Role in Addressing Discrimination: Protecting and Promoting Inclusive Strategies in Practice Settings, Policy, and Advocacy" *OJIN: The Online Journal of Issues in Nursing* Vol. 24, No. 3.

ANA. (2017). *Who will be there? Ethics, the law, and a nurse's duty to respond in a disaster.* Issue Brief.

Association of Public Health Nurses (APHN) Public Health Policy Committee. (2021). Public Health Policy Advocacy Guidebook and Toolkit. Retrieved from https://www.phnurse.org/assets/docs/APHN%20Public%20Health%20Policy%20Advocacy%20Guidebook%20and%20Toolkit%20_May%202021.pdf

Baylor College of Medicine. (n.d.). Introduction to infectious diseases. Retrieved from https://www.bcm.edu/departments/molecular-virology-and-microbiology/emerging-infections-nd-biodefense/introduction-to-infectious-diseases

Bovbjerg, M. (2020, October 1). *Foundations of Epidemiology*. https://open.oregonstate.education/epidemiology/.

Bridges, K. M. (n.d.). Implicit bias and racial disparities in health care. *Human Rights: The State of Healthcare in the United States* (43), 3. Retrieved from https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/

Center for Community Health and Development. (n.d.). *The Community Tool Box.* University of Kansas. Retrieved from https://ctb.ku.edu/en/table-of-contents.

Center for Disease Control and Prevention (CDC). (2022). Social Determinants of Health at CDC. Retrieved from https://www.cdc.gov/about/sdoh/index.html

Clobes, T. (2022). *Introduction to the U.S. Healthcare System.* Affordable Learning Solutions & California Alliance for Open Education. https://scholarworks.calstate.edu/concern/educational_resources/nk322m064

Ernstmeyer, K., & Christman, E. (Eds.). (2022). Nursing: Mental Health and Community Concepts by Chippewa Valley Technical College.

Healthy People 2030. (n.d.) Social Determinants of Health. Retrieved from https://health.gov/healthypeople/priority-areas/social-determinants-health

Hoefer, R. (2022). The multiple streams framework: Understanding and applying the problems, policies, and politics approach. *Journal of Policy Practice and Research, 3*, 1-5. https://doi.org/10.1007/s42972-022-00049-2

Johnson, T. J. (2020). Intersection of bias, structural racism, and social determinants with health care inequities. *Pediatrics, 146*(2). https://doi.org/10.1542/peds.2020-003657

Krisberg, K. (2017). Public health making progress in eliminating infectious diseases: More diseases on brink of eradication. *The Nation's Health, 47(*7), 1-14. Retrieved from https://www.thenationshealth.org/content/47/7/1.1.full

Long, E., Reid, J., McLeigh, J., Stoklosa, H., Felix, E., & Scott, T. (2018). Preventing human trafficking using data-driven, community-based strategies. *Policy brief by the Research-to-Policy Collaboration.* Retrieved from https://www.communitypsychology.com/preventing-human-trafficking/

McCallum, L., Gutfreund, R., & Stoklosa, H. (n.d.). Rethinking human trafficking representation. *Research-to-Policy Collaboration in conjunction with the Greater New Orleans HumanTrafficking Task Force.* Retrieved from https://www.communitypsychology.com/rethinking-human-trafficking-representation/

McDermott-Levy, R., Jackman-Murphy, K. P., Leffers, J., Cantu, A. G. (Eds.). (2022). *Environmental Health in Nursing, 2nd Edition*. Alliance of Nurses for Healthy Environments.

National Academies of Sciences, Engineering, and Medicine. (2021). The future of nursing 2020–2030: Charting a path to achieve health equity. The National Academies Press. https://doi.org/10.17226/25982.

Sabin, J. A. (2022). Tackling implicit bias in health care. *New England Journal of Medicine,* 387, 105-107. DOI: 10.1056/NEJMp2201180

Smith, L. S. (2017). Cultural competence: A guide for nursing students. *Nursing 2017, 47*(10), 18-20. DOI-10.1097/01.NURSE.0000524770.18720.96

Summer-Gabr, N. (2022). Improving Health Equity Through Improving Data in Community Health Needs Assessments. *Journal of Public Health Management and Practice.* Retrieved from Community Psychology: https://www.communitypsychology.com/improving-health-equity-through-improving-data-in-community-health-needs-assessments/

Continue on to Part 2 of the syllabus found in blackboard to see the institutional syllabus.

Appendix F

UNIVERSITY OF OREGON | Office of the Provost | Teaching Engagement Program

TEP Faculty Self-Assessment Guide

Kudos to you for your efforts to reflect on and assess your teaching methods and their effectiveness. Such reflection is an essential part of the feedback loop required to improve teaching and learning. This guide invites you to assess your use of teaching practices shown by research to support student learning. It may help structure specific, collegial conversations between faculty about the overall effectiveness of a class session and inform written peer reviews of teaching. Not all the items included here are relevant or possible for a given course or class session. Conversely, it may be appropriate for you to comment on practices not specifically included here.

For many of the teaching practices included in this guide, we provide references to research showing the link between the practice and enhanced learning. Many of the references also contain suggestions for implementing the practices.

Suggestions for using this guide to assess your facilitation of a class session:

1. After teaching the class session, review the course syllabus, course learning objectives, and department learning objectives so you can assess how the class session you are considering fit into the larger context of the course and curriculum.

2. Reflect on how you organized the session, the approaches and tactics you planned to use, how they worked out in practice, and the way you and your students interacted.

3. Fill out the form that starts on page 2 of this document, adding comments and notes to give a complete picture of the class session.

4. Review your self-assessment guide responses and identify one or two areas you'd like to work on. For help developing strategies for improvement, consult with the Teaching Engagement Program (tep@uoregon.edu), experienced faculty in your department, or the relevant references cited in this guide.

Date:			
Instructor:		Number of Students (approx.):	
Course:		Classroom Layout:	
List audio/visual media or materials used (e.g. PowerPoint, board, document camera, handouts, polling devices, etc.)		List any aspects of the physical classroom environment that might have affected the class (hot/cold, noise, etc.)	

Practices	**Yes/Mostly/ Partially/No/ Not Applicable**	**Observations and notes**
Professional Teaching: Did I…		
Start and end class on time?		
Organize the material into an obvious, explicit, and logical framework? [1]		
Provide students with learning objectives for the class session? [1] [2]		
Give a lesson outline at the beginning of class, verbally and visually (e.g., on board, slide, handout)? [1]		
Employ audio and/or visual media (PowerPoint, writing on board/doc cam, handouts, videos) effective for learning (readable, not too much text, etc.) and use media skillfully? [3]		
Employ methods (activities, examples, audio-visual aids) broken down into steps to scaffold student learning? [2]		
Seem relaxed, in command of the session, and willing to engage with students? [4]		
Pause to ask for student questions or clarifications?		
Look out for raised hands?		
Check or notice when students were lost, hurried, etc?		
Ensure that all in the classroom can hear questions and comments?		
Provide adequate time for completion of in-class activities?		
Inclusive teaching: Did I…		
Use student names or make attempts to learn them? [4]		

Convey excitement about/interest in material and the students?		
Use respectful and inclusive language and work to ensure a respectful and open learning community? [3]		
Design the class session to be accessible and welcoming to all (e.g. pictures show a variety of races, ethnicities, and genders; names used in problems are not ethnocentric)? [3] [5] [6]		
Encourage and facilitate dialogue, discussion, and student-student interaction for all students (e.g. help people find partners, structure activities to promote equal participation)? [3] [7] [8]		
Connect to students' prior knowledge, lessons, assignments, and/or readings? [9] [10]		
Explore and value connections with other disciplines and/or real-world phenomena (tangible examples when they exist)? [11]		
Draw upon student experience and/or current events? [9] [11]		
Choose content to reflect a diversity of voices, where appropriate? [5] [6]		
Classroom community: did the students…		
Arrive on time and remain until dismissed?		
Pay attention (e.g., not have side conversations or surf the web?) [12] [13]		
Listen to and build on one another's ideas?		
Take notes? [14]		
Linger after session to speak about material?		

Research-Informed Teaching: Did I…		
Draw upon scholarly works, including current research/developments? [1]		
Invite students into the subject matter, e.g. through storytelling [15]; compelling case studies [16]; explicit commentary about the skills, values, or formation of the discipline; etc? [3]		
Show command of the material?		

Align *class session* learning objectives with *overall course objectives*? [1] [2] [17] [18]		
Align *course* learning objectives with *overall departmental objectives*? [17] [28]		
Align *class session content* (knowledge, skills, or abilities) and *activities* with the *class session learning objectives*? [17] [18]		
Build off student answers/comments whether correct or incorrect?		
Incorporate low-stakes assessment (such as iClicker questions, one-minute papers, muddiest point, etc.) to help myself and student gauge progress? [19] [20] [21]		
Teach the class at a level appropriate for most students? [2] [11] [22]		
Incorporate small-group discussions or problem-solving sessions into the class period? [23] [24] [25]		
Pose questions and allot time for students to discuss them? [19]		
Ask a variety of types of questions (e.g., factual, application, critical)?		
Wait 5 - 15 sec for answers before repeating, rephrasing, or moving on, and avoid answering my own questions? [26]		
Encourage students to reflect on their learning (e.g. by asking students to write an end-of-class summary, identify the day's muddiest point, or write about what they know now that they didn't 5 weeks ago)? [21]		
Finish with a summary or closing activity? [1]		

Overall Impressions

Appendix G

Nursing Program Curriculum View of Mapping to the 2021 AACN Essentials with the identified CHN chosen competencies marked with an X in the right column

Domain	Competency statements	Sub-competency statements	CHN
Domain 1: Knowledge for Nursing Practice **Descriptor:**Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice. **Contextual Statement:**Knowledge for Nursing Practice provides the context for understanding nursing as a scientific discipline. The lens of nursing, informed by nursing history, knowledge, and science, reflects nursing's desire to incorporate multiple perspectives into nursing practice, leading to nursing's unique way of knowing and caring.	1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines	1.1a Identify concepts, derived from theories from nursing and other disciplines, which distinguish the practice of nursing.	
		1.1b Apply knowledge of nursing science that develops a foundation for nursing practice.	
		1.1c Understand the historical foundation of nursing as the relationship developed between the individual and nurse.	
		1.1d Articulate nursing's distinct perspective to practice.	
	1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.	1.2a Apply or employ knowledge from nursing science as well as the natural, physical, and social sciences to build an understanding of the human experience and nursing practice.	
		1.2b Demonstrate intellectual curiosity.	
		1.2c Demonstrate social responsibility as a global citizen who fosters the attainment of health equity for all.	x
		1.2d Examine influence of personal values in decision making for nursing practice.	
		1.2e Demonstrate ethical decision making.	
	1.3 Demonstrate clinical judgment founded on a broad knowledge base.	1.3a Demonstrate clinical reasoning.	
		1.3b Integrate nursing knowledge (theories, multiple ways of knowing, evidence) and knowledge from other disciplines and inquiry to inform clinical judgment.	
		1.3c Incorporate knowledge from nursing and other disciplines to support clinical judgment.	x
Domain 2: Person-Centered Care **Descriptor:** Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area. **Contextual Statement:** Person-centered care is the core purpose of nursing as a discipline. This purpose intertwines with any functional area of nursing practice, from the point of care where the hands of those that give and receive care meet, to the point of systems-level nursing leadership. Foundational to person-centered care is respect for diversity, differences, preferences, values, needs, resources, and the determinants of health unique to the individual. The person is a full partner and the source of control in team-based care. Person-centered care requires the intentional presence of the nurse seeking to know the totality of the individual's lived experiences and connections to others (family, important others, community). As a scientific and practice discipline, nurses employ a relational lens	2.1 Engage with the individual in establishing a caring relationship.	2.1a Demonstrate qualities of empathy.	
		2.1b Demonstrate compassionate care.	
		2.1c Establish mutual respect with the individual and family.	
	2.2 Communicate effectively with individuals.	2.2a Demonstrate relationship-centered care.	
		2.2b Consider individual beliefs, values, and personalized information in communications.	
		2.2c Use a variety of communication modes appropriate for the context.	
		2.2d Demonstrate the ability to conduct sensitive or difficult conversations.	x
		2.2e Use evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity.	x
		2.2f Demonstrate emotional intelligence in communications.	
	2.3 Integrate assessment skills in practice.	2.3a Create an environment during assessment that promotes a dynamic interactive experience.	
		2.3b Obtain a complete and accurate history in a systematic manner.	
		2.3c Perform a clinically relevant, holistic health assessment.	
		2.3d Perform point of care screening/diagnostic testing (e.g. blood glucose, PO2, EKG).	
		2.3e Distinguish between normal and abnormal health findings.	
		2.3f Apply nursing knowledge to gain a holistic perspective of the person, family, community, and population.	x
		2.3g Communicate findings of a comprehensive assessment.	
	2.4 Diagnose actual or potential health problems and needs.	2.4a Synthesize assessment data in the context of the individual's current preferences, situation, and experience.	
		2.4b Create a list of problems/health concerns.	
		2.4c Prioritize problems/health concerns.	
		2.4d Understand and apply the results of social screening, psychological testing, laboratory data, imaging studies, and other diagnostic tests in actions and plans of care.	
		2.4e Contribute as a team member to the formation and improvement of diagnoses.	
	2.5 Develop a plan of care.	2.5a Engage the individual and the team in plan development.	
		2.5b Organize care based on mutual health goals.	

Domain	Competency statements	Sub-competency statements	CHN
that fosters mutuality, active participation, and individual empowerment. This focus is foundational to educational preparation from entry to advanced levels irrespective of practice areas.		2.5c Prioritize care based on best evidence.	
		2.5d Incorporate evidence-based intervention to improve outcomes and safety.	
		2.5e Anticipate outcomes of care (expected, unexpected, and potentially adverse).	
		2.5f Demonstrate rationale for plan.	
		2.5g Address individuals' experiences and perspectives in designing plans of care.	
	2.6 Demonstrate accountability for care delivery.	2.6a Implement individualized plan of care using established protocols.	
		2.6b Communicate care delivery through multiple modalities.	
		2.6c Delegate appropriately to team members.	
		2.6d Monitor the implementation of the plan of care.	
	2.7 Evaluate outcomes of care.	2.7a Reassess the individual to evaluate health outcomes/goals.	
		2.7b Modify plan of care as needed.	
		2.7c Recognize the need for modifications to standard practice.	
	2.8 Promote self-care management.	2.8a Assist the individual to engage in self-care management.	
		2.8b Employ individualized educational strategies based on learning theories, methodologies, and health literacy.	
		2.8c Educate individuals and families regarding self-care for health promotion, illness prevention, and illness management.	x
		2.8d Respect individuals and families' self-determination in their healthcare decisions.	
		2.8e Identify personal, system, and community resources available to support self-care management.	x
	2.9 Provide care coordination.	2.9a Facilitate continuity of care based on assessment of assets and needs.	
		2.9b Communicate with relevant stakeholders across health systems.	
		2.9c Promote collaboration by clarifying responsibilities among individual, family, and team members.	
		2.9d Recognize when additional expertise and knowledge is needed to manage the patient.	
		2.9e Provide coordination of care of individuals and families in collaboration with care team.	
Domain 3: Population Health **Descriptor:** Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020). **Contextual Statement:** A population is a discrete group that the nurse and others care for across settings at local, regional, national, and global levels. Population health spans the healthcare delivery continuum, including public health, acute care, ambulatory care, and long-term care. Population health also encompasses collaborative activities among stakeholders – all relevant individuals and organizations involved in care, including patients and communities themselves - for the improvement of a population's health status. The purpose of these collaborative activities, including development of interventions and	3.1 Manage population health.	3.1a Define a target population including its functional and problem-solving capabilities (anywhere in the continuum of care).	x
		3.1b Assess population health data.	x
		3.1c Assess the priorities of the community and/or the affected clinical population.	x
		3.1d Compare and contrast local, regional, national, and global benchmarks to identify health patterns across populations.	x
		3.1e Apply an understanding of the public health system and its interfaces with clinical health care in addressing population health needs.	x
		3.1f Develop an action plan to meet an identified need(s), including evaluation methods.	x
		3.1g Participate in the implementation of sociocultural and linguistically responsive interventions.	x
		3.1h Describe general principles and practices for the clinical management of populations across the age continuum.	x
		3.1i Identify ethical principles to protect the health and safety of diverse populations.	x
	3.2 Engage in effective partnerships.	3.2a Engage with other health professionals to address population health issues.	x
		3.2b Demonstrate effective collaboration and mutual accountability with relevant stakeholders.	x
		3.2c Use culturally and linguistically responsive communication strategies.	x
	3.3 Consider the socioeconomic impact of the delivery of health care.	3.3a Describe access and equity implications of proposed intervention(s).	x
		3.3b Prioritize patient-focused and/or community action plans that are safe, effective, and efficient in the context of available resources	x
	3.4 Advance equitable population health policy.	3.4a Describe policy development processes.	x
		3.4b Describe the impact of policies on population outcomes, including social justice and health equity.	x
		3.4c Identify best evidence to support policy development.	x

Domain	Competency statements	Sub-competency statements	CHN
policies, is to strive towards health equity and improved health for all. Diversity, equity, inclusion, and ethics must be emphasized and valued. Accountability for outcomes is shared by all, since outcomes arise from multiple factors that influence the health of a defined group. Population health includes population management through systems thinking, including health promotion and illness prevention, to achieve population health goals (Storfjell, Wehtle, Winslow, & Saunders, 2017). Nurses play a critical role in advocating for, developing, and implementing policies that impact population health globally and locally. In addition, nurses respond to crises and provide care during emergencies, disasters, epidemics, or pandemics. They play an essential role in system preparedness and ethical response initiatives. Although each type of public health emergency will likely require a unique set of competencies, preparedness for responding begins with a population health perspective and a particular focus on surveillance, prevention, and containment of factors contributing to the emergency.		3.4d Propose modifications to or development of policy based on population findings.	x
		3.4e Develop an awareness of the interconnectedness of population health across borders.	x
	3.5 Demonstrate advocacy strategies.	3.5a Articulate a need for change.	x
		3.5b Describe the intent of the proposed change.	x
		3.5c Define stakeholders, including members of the community and/or clinical populations, and their level of influence.	x
		3.5d Implement messaging strategies appropriate to audience and stakeholders.	x
		3.5e Evaluate the effectiveness of advocacy actions.	x
	3.6 Advance preparedness to protect population health during disasters and public health emergencies.	3.6a Identify changes in conditions that might indicate a disaster or public health emergency.	x
		3.6b Understand the impact of climate change on environmental and population health.	x
		3.6c Describe the health and safety hazards of disasters and public health emergencies.	x
		3.6d Describe the overarching principles and methods regarding personal safety measures, including personal protective equipment (PPE).	x
		3.6e Implement infection control measures and proper use of personal protective equipment.	x
Domain 4: Scholarship for the Nursing Discipline **Descriptor:** The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care (AACN, 2018). **Contextual Statemen**t: Nursing scholarship informs science, enhances clinical practice, influences policy, and impacts best practices for educating nurses as clinicians, scholars, and leaders. Scholarship is inclusive of discovery, application, integration, and teaching. While not all inclusive, the scholarship of discovery includes primary empirical research, analysis of large data sets, theory development, and methodological studies. The scholarship of practice interprets, draws together, applies, and brings new insight to original research (Boyer, 1990; AACN 2018). Knowledge of the basic principles of the research process, including the ability to critique research and determine its applicability to nursing's body of knowledge, is critical. Ethical comportment in the conduct and dissemination of research and advocacy for human subjects are essential components of nursing's role in the process of improving health and health care. Whereas the research process is the generation of new knowledge, evidence-based practice (EBP) is the	4.1 Advance the scholarship of nursing.	4.1a Demonstrate an understanding of different approaches to scholarly practice.	
		4.1b Demonstrate application of different levels of evidence.	
		4.1c Apply theoretical framework(s)/models in practice.	
		4.1d Demonstrate an understanding of basic elements of the research process.	
		4.1e Participate in scholarly inquiry as a team member.	
		4.1f Evaluate research.	
		4.1g Communicate scholarly findings.	
	4.2 Integrate best evidence into nursing practice.	4.2a Evaluate clinical practice to generate questions to improve nursing care.	
		4.2b Evaluate appropriateness and strength of the evidence.	
		4.2c Use best evidence in practice.	
		4.2d Participate in the implementation of a practice change to improve nursing care.	
		4.2e Participate in the evaluation of outcomes and their implications for practice.	
	4.3 Promote the ethical conduct of scholarly activities.	4.3a Explain the rationale for ethical research guidelines, including Institutional Review Board (IRB) guidelines.	
		4.3b Demonstrate ethical behaviors in scholarly projects including quality improvement and EBP initiatives.	
		4.3c Advocate for the protection of participants in the conduct of scholarly initiatives.	
		4.3d Recognize the impact of equity issues in research.	

Domain	Competency statements	Sub-competency statements	CHN
process for the application, translation, and implementation of best evidence into clinical decision-making. While evidence may emerge from research, EBP extends beyond just data to include patient preferences and values as well as clinical expertise. Nurses, as innovators and leaders within the interprofessional team, use the uniqueness of nursing in nurse-patient relationships to provide optimal care and address health inequities, structural racism, and systemic inequity.			
Domain 5: Quality and Safety **Descriptor:**Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance. **Contextual Statement:** Provision of safe, quality care necessitates knowing and using established and emerging principles of safety science in care delivery. Quality and safety encompass provider and recipient safety and the recognition of synergy between the two. Quality or safety challenges are viewed primarily as the result of system failures, as opposed to the errors of an individual. In an environment fostering quality and safety, caregivers are empowered and encouraged to promote safety and take appropriate action to prevent and report adverse events and near misses. Fundamental to the provision of safe, quality care, providers of care adopt, integrate, and disseminate current practice guidelines and evidence-based interventions.	5.1 Apply quality improvement principles in care delivery.	5.1a Recognize nursing's essential role in improving healthcare quality and safety.	
		5.1b Identify sources and applications of national safety and quality standards to guide nursing practice.	
		5.1c Implement standardized, evidence-based processes for care delivery.	
		5.1d Interpret benchmark and unit outcome data to inform individual and microsystem practice.	
		5.1e Compare quality improvement methods in the delivery of patient care.	
		5.1f Identify strategies to improve outcomes of patient care in practice.	
		5.1g Participate in the implementation of a practice change.	
		5.1h Develop a plan for monitoring quality improvement change.	
	5.2 Contribute to a culture of patient safety.	5.2a Describe the factors that create a culture of safety.	
		5.2b Articulate the nurse's role within an interprofessional team in promoting safety and preventing errors and near misses.	
		5.2c Examine basic safety design principles to reduce risk of harm.	
		5.2d Assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm.	
		5.2e Describe processes used in understanding causes of error.	
		5.2f Use national patient safety resources, initiatives, and regulations at the point of care.	
	5.3 Contribute to a culture of provider and work environment safety.	5.3a Identify actual and potential level of risks to providers within the workplace.	
		5.3b Recognize how to prevent workplace violence and injury.	
		5.3c Promote policies for prevention of violence and risk mitigation.	
		5.3d Recognize one's role in sustaining a just culture reflecting civility and respect.	
Domain 6: Interprofessional Partnerships **Descriptor:** Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes. **Contextual Statement:**Professional partnerships which include interprofessional, intraprofessional, and paraprofessional partnerships, build on a consistent demonstration of core professional values (altruism, excellence, caring, ethics, respect, communication, and shared accountability) in the provision of team-based, person-centered care. Nursing knowledge and expertise uniquely contributes to the intentional work within teams and in concert with patient, family, and community preferences and goals. Interprofessional	6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.	6.1a Communicate the nurse's roles and responsibilities clearly.	
		6.1b Use various communication tools and techniques effectively.	x
		6.1c Elicit the perspectives of team members to inform person- centered care decision making.	
		6.1d Articulate impact of diversity, equity, and inclusion on team-based communications.	
		6.1e Communicate individual information in a professional, accurate, and timely manner.	x
		6.1f Communicate as informed by legal, regulatory, and policy guidelines.	
	6.2 Perform effectively in different team roles, using principles and values of team dynamics.	6.2a Apply principles of team dynamics, including team roles, to facilitate effective team functioning.	
		6.2b Delegate work to team members based on their roles and competency.	
		6.2c Engage in the work of the team as appropriate to one's scope of practice and competency.	
		6.2d Recognize how one's uniqueness (as a person and a nurse) contributes to effective interprofessional working relationships.	
		6.2e Apply principles of team leadership and management. performance to improve quality and assure safety.	
		6.2f Evaluate performance of individual and team to improve quality and promote safety.	x

Domain	Competency statements	Sub-competency statements	CHN
partnerships require a coordinated, integrated, and collaborative implementation of the unique knowledge, beliefs, and skills of the full team for the end purpose of optimized care delivery. Effective collaboration requires an understanding of team dynamics and an ability to work effectively in care-oriented teams. Leadership of the team varies depending on needs of the individual, community, population, and context of care.	6.3 Use knowledge of nursing and other professions to address healthcare needs.	6.3a Integrate the roles and responsibilities of healthcare professionals through interprofessional collaborative practice.	x
		6.3b Leverage roles and abilities of team members to optimize care.	x
		6.3c Communicate with team members to clarify responsibilities in executing plan of care.	
	6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.	6.4a Demonstrate an awareness of one's biases and how they may affect mutual respect and communication with team members.	x
		6.4b Demonstrate respect for the perspectives and experiences of other professions.	x
		6.4c Engage in constructive communication to facilitate conflict management.	
Domain 7: Systems-Based Practice **Descriptor:**Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations. **Contextual Statement:** Using evidence-based methodologies, nurses lead innovative solutions to address complex health problems and ensure optimal care. Understanding of systems-based practice is foundational to the delivery of quality care and incorporates key concepts of organizational structure, including relationships among macro-, meso-, and microsystems across healthcare settings. Knowledge of financial and payment models relative to reimbursement and healthcare costs is essential. In addition, the impact of local, regional, national, and global structures, systems, and regulations on individuals and diverse populations must be considered when evaluating patient outcomes. As change agents and leaders, nurses possess the intellectual capacity to be agile in response to continually evolving healthcare systems, to address structural racism and other forms of discrimination, and to advocate for the needs of diverse populations. Systems-based practice is predicated on an ethical practice environment where professional and organizational values are aligned, and structures and processes enable ethical practice by all members of the institution.	7.1 Apply knowledge of systems to work effectively across the continuum of care.	7.1a Describe organizational structure, mission, vision, philosophy, and values.	
		7.1b Explain the relationships of macrosystems, mesosystems, and microsystems.	
		7.1c Differentiate between various healthcare delivery environments across the continuum of care.	x
		7.1d Recognize internal and external system processes that impact care coordination and transition of care.	x
	7.2 Incorporate consideration of cost-effectiveness of care.	7.2a Describe the financial and payment models of health care.	x
		7.2b Recognize the impact of health disparities and social determinants of health on care outcomes.	x
		7.2c Describe the impact of healthcare cost and payment models on the delivery, access, and quality of care.	x
		7.2d Explain the relationship of policy, regulatory requirements, and economics on care outcomes.	x
		7.2e Incorporate considerations of efficiency, value, and cost in providing care.	x
		7.2f Identify the impact of differing system structures, leadership, and workforce needs on care outcomes.	
	7.3 Optimize system effectiveness through application of innovation and evidence-based practice.	7.3a Demonstrate a systematic approach for decision-making.	
		7.3b Use reported performance metrics to compare/monitor outcomes.	
		7.3c Participate in evaluating system effectiveness.	
		7.3d Recognize internal and external system processes and structures that perpetuate racism and other forms of discrimination within health care.	x
Domain 8: Informatics and Healthcare Technologies **Descriptor:** Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice	8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.	8.1a Identify the variety of information and communication technologies used in care settings.	
		8.1b Identify the basic concepts of electronic health, mobile health, and telehealth systems for enabling patient care.	
		8.1c Effectively use electronic communication tools.	
		8.1d Describe the appropriate use of multimedia applications in health care.	
		8.1e Demonstrate best practice use of social networking applications.	
		8.1f Explain the importance of nursing engagement in the planning and selection of healthcare technologies.	
	8.2 Use information and communication technology to gather data, create information, and generate knowledge.	8.2a Enter accurate data when chronicling care.	
		8.2b Explain how data entered on one patient impacts public and population health data.	
		8.2c Use appropriate data when planning care.	

Domain	Competency statements	Sub-competency statements	CHN
and professional and regulatory standards. **Contextual Statement:**Healthcare professionals interact with patients, families, communities, and populations in technology-rich environments. Nurses, as essential members of the healthcare team, use information and communication technologies and informatics tools in their direct and indirect care roles. The technologies, the locations in which they are used, the users interacting with the technology, the communication occurring, and the work being done all impact the data collected, information formed, decisions made, and the knowledge generated. Additionally, the utilization of information and communication technologies in healthcare settings changes how people, processes, and policies interact. Using these tools in the provision of care has both short- and long-term consequences for the quality of care, efficiency of communications, and connections between team members, patients, and consumers. It is essential that nurses at all levels understand their role and the value of their input in health information technology analysis, planning, implementation, and evaluation. With the prevalence of patient-focused health information technologies, all nurses have a responsibility to advocate for equitable access and assist patients and consumers to optimally use these tools to engage in care, improve health, and manage health conditions.		8.2d Demonstrate the appropriate use of health information literacy assessments and improvement strategies.	
		8.2e Describe the importance of standardized nursing data to reflect the unique contribution of nursing practice.	
	8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.	8.3a Demonstrate appropriate use of information and communication technologies.	
		8.3b Evaluate how decision support tools impact clinical judgment and safe patient care.	
		8.3c Use information and communication technology in a manner that supports the nurse-patient relationship.	
		8.3d Examine how emerging technologies influence healthcare delivery and clinical decision making.	
		8.3e Identify impact of information and communication technology on quality and safety of care.	
		8.3f Identify the importance of reporting system processes and functional issues (error messages, mis-directions, device malfunctions, etc.) according to organizational policies and procedures.	
	8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.	8.4a Explain the role of communication technology in enhancing clinical information flows.	
		8.4b Describe how information and communication technology tools support patient and team communications.	
		8.4c Identify the basic concepts of electronic health, mobile health, and telehealth systems in enabling patient care.	
		8.4d Explain the impact of health information exchange, interoperability, and integration on health care.	
	8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.	8.5a Identify common risks associated with using information and communication technology.	
		8.5b Demonstrate ethical use of social networking applications.	
		8.5c Comply with legal and regulatory requirements while using communication and information technologies.	
		8.5d Educate patients on their rights to access, review, and correct personal data and medical records.	
		8.5e Discuss how clinical judgment and critical thinking must prevail in the presence of information and communication technologies.	
		8.5f Deliver care using remote technology.	
Domain 9: Professionalism **Descriptor:**Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values. **Contextual Statement:**Professionalism encompasses the development of a nursing identity embracing the values of integrity, altruism, inclusivity, compassion, courage, humility, advocacy, caring, autonomy, humanity, and social justice. Professional identity formation necessitates the development of emotional intelligence to promote social good, engage in social justice, and demonstrate ethical comportment, moral courage, and assertiveness in decision making and actions. Nursing professionalism is a continuous process of socialization that requires the nurse to give back to the profession through the mentorship and development of others.	9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	9.1a Apply principles of professional nursing ethics and human rights in patient care and professional situations.	
		9.1b Reflect on one's actions and their consequences.	x
		9.1c Demonstrate ethical behaviors in practice.	x
		9.1d Change behavior based on self and situational awareness.	x
		9.1e Report unethical behaviors when observed.	
		9.1f Safeguard privacy, confidentiality, and autonomy in all interactions.	x
		9.1g Advocate for the individual's right to self-determination.	
	9.2 Employ participatory approach to nursing care.	9.2a Employ the use of intentional presence to facilitate shared meaning of the experience between nurse and recipient of care.	
		9.2b Facilitate health and healing through compassionate caring.	
		9.2c Demonstrate empathy to the individual's life experience.	x
		9.2d Advocate for practices that advance diversity, equity, and inclusion.	x
		9.2e Demonstrate cultural sensitivity and humility in practice.	x
		9.2f Apply principles of therapeutic relationships and professional boundaries.	x
		9.2g Communicate in a professional manner.	x
	9.3 Demonstrate accountability to the individual, society, and the profession.	9.3a Engage in advocacy that promotes the best interest of the individual, community, and profession.	x
		9.3b Demonstrate the moral courage to report concerns related to actual or potential hazards and/or errors.	x
		9.3c Demonstrate professional and personal honesty and integrity.	x
		9.3d Take responsibility for one's roles, decisions, obligations, Actions, and care outcomes.	x
		9.3e Engage in professional activities and/or organizations.	
		9.3f Demonstrate adherence to a culture of civility.	x

Domain	Competency statements	Sub-competency statements	CHN
		9.3g Advocate for social justice and health equity, including addressing the health of vulnerable populations.	x
		9.3h Engage in peer evaluation.	x
	9.4 Comply with relevant laws, policies, and regulations.	9.4a Advocate for policies that promote health and prevent harm.	x
		9.4b Adhere to the registered nurse scope and standards of practice.	
		9.4c Adhere to regulatory requirements and workplace policies consistent with one's educational preparation.	
	9.5 Demonstrate the professional identity of nursing.	9.5a Describe nursing's professional identity and contributions to the healthcare team.	
		9.5b Demonstrate the core values of professional nursing identity.	
		9.5c Demonstrate sensitivity to the values of others.	x
		9.5d Demonstrate ethical comportment and moral courage in decision making and actions.	x
		9.5e Demonstrate emotional intelligence.	x
	9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	9.6a Demonstrate respect for diverse individual differences and diverse communities and populations	x
		9.6b Demonstrate awareness of personal and professional values and conscious and unconscious biases.	x
		9.6c Integrate core principles of social justice and human rights into practice.	x
Domain 10: Personal, Professional, and Leadership Development **Descriptor:**Participation in activities and self-reflection that fosters personal health, resilience, and well-being; contributes to lifelong learning; and supports the acquisition of nursing expertise and the assertion of leadership. **Contextual Statement:**Competency in personal, professional, and leadership development encompasses three areas: 1) development of the nurse as an individual who is resilient, agile, and capable of adapting to ambiguity and change; 2) development of the nurse as a professional responsible for lifelong learning and ongoing self-reflection; and 3) development of the nurse as a leader proficient in asserting control, influence, and power in professional and personal contexts, which includes advocacy for patients and the nursing profession as leaders within the healthcare arena. Development of these dimensions requires a commitment to personal growth, sustained expansion of professional knowledge and expertise, and determined leadership practice in a variety of contexts.	10.1 Demonstrate a commitment to personal health and well-being.	10.1a Demonstrate healthy, self-care behaviors that promote wellness and resiliency.	x
		10.1b Manage conflict between personal and professional responsibilities.	x
	10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.	10.2a Engage in guided and spontaneous reflection of one's practice.	x
		10.2b Integrate comprehensive feedback to improve performance.	x
		10.2c Commit to personal and professional development.	x
		10.2d Expand personal knowledge to inform clinical judgment.	x
		10.2e Identify role models and mentors to support professional growth.	
		10.2f Participate in ongoing activities that embrace principles of diversity, equity, inclusion, and anti- discrimination.	x
	10.3 Develop capacity for leadership.	10.3a Compare and contrast leadership principles and theories.	
		10.3b Formulate a personal leadership style.	
		10.3c Demonstrate leadership behaviors in professional situations.	x
		10.3d Demonstrate self-efficacy consistent with one's professional development.	
		10.3e Use appropriate resources when dealing with ambiguity.	
		10.3f Modify one's own leadership behaviors based on guided self-reflection.	x
		10.3g Demonstrate self-awareness of one's own implicit biases and their relationship to one's culture and environment.	x
		10.3h Communicate a consistent image of the nurse as a leader.	x
		10.3i Recognize the importance of nursing's contributions as leaders in practice and policy issues.	x

Appendix H

Chosen AACN Competencies for the CHN Redesign and Their Associated Assessments

Competency	Sub-competency	Assessments													
1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.	1.2c Demonstrate social responsibility as a global citizen who fosters the attainment of health equity for all.	SDOH Case Study and Reflection	SDOH Racism Case Study	Environmental Health (Unnatural Causes) Worksheet	Human Trafficking Training	Presentation									
1.3 Demonstrate clinical judgment founded on a broad knowledge base.	1.3c Incorporate knowledge from nursing and other disciplines to support clinical judgment.	SDOH Case Study and Reflection	SDOH Racism Case Study	Navigating a foodborne outbreak	Tough Discussions: Violence	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Presentation	Clinical Evaluation Rubric	Clinical Journals	Windshield Survey				
2.2 Communicate effectively with individuals.	2.2d Demonstrate the ability to conduct sensitive or difficult conversations.	Kingdon's Model Policy Activity	Culturally competent care module	Environmental Health (Unnatural Causes) Worksheet	Tough Discussions: Violence	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Advocacy Letter	Global health worksheet	Clinical Evaluation Rubric					
	2.2e Use evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity.	Communicable Disease Brochure/Infographic	Clinical Evaluation Rubric	Clinical Journals											
2.3 Integrate assessment skills in practice.	2.3f Apply nursing knowledge to gain a holistic perspective of the person, family, community, and population.	Newspaper/Magazine Article	Kingdon's Model Policy Activity	Epidemiology Worksheet	SDOH Case Study and Reflection	SDOH Racism Case Study	Jigsaw group work	Environmental Health (Unnatural Causes) Worksheet	Tough Discussions: Violence	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Global health worksheet	Presentation	Clinical Evaluation Rubric	
2.8 Promote self-care management.	2.8c Educate individuals and families regarding self-care for health promotion, illness prevention, and illness management.	Communicable Disease Brochure/Infographic	Navigating a foodborne outbreak	Clinical Evaluation Rubric	Clinical Journals										
	2.8e Identify personal, system, and community resources available to support self-care management.	Community Assessment Worksheet	Communicable Disease Brochure/Infographic	Environmental Health (Unnatural Causes) Worksheet	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Presentation	Clinical Evaluation Rubric	Clinical Journals	Windshield Survey					
3.1 Manage population health.	3.1a Define a target population including its functional and problem-solving capabilities (anywhere in the continuum of care).	Community Assessment Worksheet	SDOH Case Study and Reflection	SDOH Racism Case Study	Jigsaw group work	Navigating a foodborne outbreak	Environmental Health (Unnatural Causes) Worksheet	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Presentation	Clinical Evaluation Rubric	Windshield Survey			
	3.1b Assess population health data.	Community Assessment Worksheet	Epidemiology Worksheet	SDOH Case Study and Reflection	SDOH Racism Case Study	Jigsaw group work	Navigating a foodborne outbreak	Environmental Health (Unnatural Causes) Worksheet	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Presentation	Windshield Survey			
	3.1c Assess the priorities of the community and/or the affected clinical population.	Community Assessment Worksheet	SDOH Case Study and Reflection	SDOH Racism Case Study	Jigsaw group work	Navigating a foodborne outbreak	Environmental Health (Unnatural Causes) Worksheet	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Presentation	Clinical Evaluation Rubric	Clinical Journals	Windshield Survey		
	3.1d Compare and contrast local, regional, national, and global benchmarks to identify health patterns across populations.	Community Assessment Worksheet	SDOH Case Study and Reflection	SDOH Racism Case Study	Navigating a foodborne outbreak	Environmental Health (Unnatural Causes) Worksheet	Human Trafficking Training	Global health worksheet	Presentation	Windshield Survey					
	3.1e Apply an understanding of the public health system and its interfaces with clinical health care in addressing population health needs.	Community Assessment Worksheet	Kingdon's Model Policy Activity	Epidemiology Worksheet	SDOH Case Study and Reflection	SDOH Racism Case Study	Jigsaw group work	Navigating a foodborne outbreak	Environmental Health (Unnatural Causes) Worksheet	Disaster Simulation	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Advocacy Letter	Global health worksheet	Presentation
	3.1f Develop an action plan to meet an identified need(s), including evaluation methods.	Kingdon's Model Policy Activity	SDOH Case Study and Reflection	SDOH Racism Case Study	Navigating a foodborne outbreak	Disaster Simulation	Human Trafficking Training	Advocacy Letter	Clinical Journals						
	3.1g Participate in the implementation of sociocultural and linguistically responsive interventions.	SDOH Case Study and Reflection	SDOH Racism Case Study	Navigating a foodborne outbreak	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Clinical Evaluation Rubric	Clinical Journals							
	3.1h Describe general principles and practices for the clinical management of populations across the age continuum.	Newspaper/Magazine Article	Epidemiology Worksheet	SDOH Case Study and Reflection	SDOH Racism Case Study	Jigsaw group work	Navigating a foodborne outbreak	Environmental Health (Unnatural Causes) Worksheet	Human Trafficking Training	Varying Inputs on Substance Use Disorder	Presentation				
	3.1i Identify ethical principles to protect the health and safety of diverse populations.	SDOH Case Study and Reflection	SDOH Racism Case Study	Culturally competent care module	Navigating a foodborne outbreak	Environmental Health (Unnatural Causes) Worksheet	Human Trafficking Training	Varying Inputs on Substance Use Disorder							

3.2 Engage in effective partnerships.	3.2a Engage with other health professionals to address population health issues.	Navigating a foodborne outbreak	Human Traffickin g Training	Varying Inputs on Substance Use Disorder											
	3.2b Demonstrate effective collaboration and mutual accountability with relevant stakeholders.	Navigating a foodborne outbreak	Human Traffickin g Training												
	3.2c Use culturally and linguistically responsive communication strategies.	Culturally competent care module	Navigating a foodborne outbreak	Clinical Evaluation Rubric											
3.3 Consider the socioeconomic impact of the delivery of health care.	3.3a Describe access and equity implications of proposed intervention(s).	SDOH Case Study and Reflection	SDOH Racism Case Study	Windshield Survey											
	3.3b Prioritize patient-focused and/or community action plans that are safe, effective, and efficient in the context of available resources	SDOH Racism Case Study	Disaster Simulatio n	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Presentati on	Windshiel d Survey								
3.4 Advance equitable population health policy.	3.4a Describe policy development processes.	Kingdon's Model Policy Activity	SDOH Racism Case Study												
	3.4b Describe the impact of policies on population outcomes, including social justice and health equity.	Kingdon's Model Policy Activity	SDOH Case Study and Reflection	SDOH Racism Case Study	Jigsaw group work	Environm ental Health (Unnatural Causes) Worksheet	Tough Discussio ns: Violence	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Presentati on					
	3.4c Identify best evidence to support policy development.	Kingdon's Model Policy Activity	SDOH Racism Case Study	Advocacy Letter											
	3.4d Propose modifications to or development of policy based on population findings.	Kingdon's Model Policy Activity	Varying Inputs on Substance Use Disorder	Advocacy Letter											
	3.4e Develop an awareness of the interconnectedness of population health across borders.	Human Traffickin g Training	Global health worksheet												
3.5 Demonstrate advocacy strategies.	3.5a Articulate a need for change.	SDOH Racism Case Study	Varying Inputs on Substance Use Disorder	Advocacy Letter	Presentati on										
	3.5b Describe the intent of the proposed change.	SDOH Racism Case Study	Advocacy Letter												
	3.5c Define stakeholders, including members of the community and/or clinical populations, and their level of influence.	Kingdon's Model Policy Activity	SDOH Racism Case Study	Human Traffickin g Training	Advocacy Letter	Windshiel d Survey									
	3.5d Implement messaging strategies appropriate to audience and stakeholders.	Communi cable Disease Brochure/I nfographic	Human Traffickin g Training	Advocacy Letter											
	3.5e Evaluate the effectiveness of advocacy actions.	SDOH Racism Case Study													
3.6 Advance preparedness to protect population health during disasters and public health emergencies.	3.6a Identify changes in conditions that might indicate a disaster or public health emergency.	Epidemiol ogy Worksheet	Disaster Simulatio n												
	3.6b Understand the impact of climate change on environmental and population health.	Disaster Simulatio n													
	3.6c Describe the health and safety hazards of disasters and public health emergencies.	Disaster Simulatio n													
	3.6d Describe the overarching principles and methods regarding personal safety measures, including personal protective equipment (PPE).	Disaster Simulatio n													
	3.6e Implement infection control measures and proper use of personal protective equipment.	Navigating a foodborne outbreak	Disaster Simulatio n	Clinical Evaluation Rubric											
6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.	6.1b Use various communication tools and techniques effectively.	Culturally competent care module	Tough Discussio ns: Violence	Clinical Evaluation Rubric											
	6.1e Communicate individual information in a professional, accurate, and timely manner.	Presentati on	Clinical Evaluation Rubric	Clinical Journals											
6.2 Perform effectively in different team roles, using principles and	6.2f Evaluate performance of individual and team to improve quality and promote safety.	Disaster Simulatio n	Clinical Evaluation Rubric	Clinical Journals											

values of team dynamics.															
6.3 Use knowledge of nursing and other professions to address healthcare needs.	6.3a Integrate the roles and responsibilities of healthcare professionals through interprofessional collaborative practice.	Newspaper/Magazine Article	Navigating a foodborne outbreak	Human Traffickin g Training	Clinical Evaluation Rubric										
	6.3b Leverage roles and abilities of team members to optimize care.	Navigating a foodborne outbreak	Human Traffickin g Training	Clinical Evaluation Rubric											
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.	6.4a Demonstrate an awareness of one's biases and how they may affect mutual respect and communication with team members.	Here's my culture	Culturally competent care module	Tough Discussions: Violence	Varying Inputs on Substance Use Disorder	Clinical Evaluation Rubric	Clinical Journals								
	6.4b Demonstrate respect for the perspectives and experiences of other professions.	Culturally competent care module	Navigating a foodborne outbreak	Tough Discussions: Violence	Varying Inputs on Substance Use Disorder	Advocacy Letter	Clinical Evaluation Rubric	Clinical Journals							
7.1 Apply knowledge of systems to work effectively across the continuum of care.	7.1c Differentiate between various healthcare delivery environments across the continuum of care.	SDOH Case Study and Reflection	Human Traffickin g Training	Windshield Survey											
	7.1d Recognize internal and external system processes that impact care coordination and transition of care.	Jigsaw group work	Navigating a foodborne outbreak	Environmental Health (Unnatural Causes) Worksheet	Disaster Simulation	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Windshield Survey							
7.2 Incorporate consideration of cost-effectiveness of care.	7.2a Describe the financial and payment models of health care.	Economic Worksheet	Global health worksheet												
	7.2b Recognize the impact of health disparities and social determinants of health on care outcomes.	SDOH Case Study and Reflection	SDOH Racism Case Study	Jigsaw group work	Environmental Health (Unnatural Causes) Worksheet	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Presentation							
	7.2c Describe the impact of healthcare cost and payment models on the delivery, access, and quality of care.	Economic Worksheet	SDOH Case Study and Reflection	Jigsaw group work	Environmental Health (Unnatural Causes) Worksheet	Varying Inputs on Substance Use Disorder									
	7.2d Explain the relationship of policy, regulatory requirements, and economics on care outcomes.	SDOH Case Study and Reflection	SDOH Racism Case Study	Jigsaw group work	Environmental Health (Unnatural Causes) Worksheet	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Presentation							
	7.2e Incorporate considerations of efficiency, value, and cost in providing care.	Environmental Health (Unnatural Causes) Worksheet													
7.3 Optimize system effectiveness through application of innovation and evidence-based practice.	7.3d Recognize internal and external system processes and structures that perpetuate racism and other forms of discrimination within health care.	SDOH Racism Case Study	Environmental Health (Unnatural Causes) Worksheet												
9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	9.1b Reflect on one's actions and their consequences.	Clinical Evaluation Rubric	Clinical Journals												
	9.1c Demonstrate ethical behaviors in practice.	Clinical Evaluation Rubric	Clinical Journals												
	9.1d Change behavior based on self and situational awareness.	Here's my culture	Culturally competent care module	Clinical Evaluation Rubric	Clinical Journals										
	9.1f Safeguard privacy, confidentiality, and autonomy in all interactions.	Clinical Evaluation Rubric	Clinical Journals												
9.2 Employ participatory approach to nursing care.	9.2c Demonstrate empathy to the individual's life experience.	Environmental Health (Unnatural Causes) Worksheet	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Clinical Evaluation Rubric										
	9.2d Advocate for practices that advance diversity, equity, and inclusion.	SDOH Racism Case Study	Culturally competent care module	Environmental Health (Unnatural Causes) Worksheet	Advocacy Letter										
	9.2e Demonstrate cultural sensitivity and humility in practice.	SDOH Racism Case Study	Culturally competent care module	Environmental Health (Unnatural Causes) Worksheet	Clinical Evaluation Rubric										
	9.2f Apply principles of therapeutic relationships and professional boundaries.	Clinical Evaluation Rubric													
	9.2g Communicate in a professional manner.	Kingdon's Model Policy Activity	Culturally competent care module	Communicable Disease	Disaster Simulation	Tough Discussions: Violence	Varying Inputs on Substance	Advocacy Letter	Clinical Evaluation Rubric						

				Brochure/Infographic			Use Disorder								
9.3 Demonstrate accountability to the individual, society, and the profession.	9.3a Engage in advocacy that promotes the best interest of the individual, community, and profession.	Kingdon's Model Policy Activity	SDOH Racism Case Study	Communicable Disease Brochure/Infographic	Disaster Simulation	Human Traffickin g Training	Advocacy Letter								
	9.3b Demonstrate the moral courage to report concerns related to actual or potential hazards and/or errors.	Disaster Simulation	Clinical Evaluation Rubric												
	9.3c Demonstrate professional and personal honesty and integrity.	Clinical Evaluation Rubric													
	9.3d Take responsibility for one's roles, decisions, obligations, Actions, and care outcomes.	Culturally competent care module	Clinical Evaluation Rubric												
	9.3e Engage in professional activities and/or organizations.	Human Traffickin g Training	Advocacy Letter	Presentation	Clinical Evaluation Rubric										
	9.3f Demonstrate adherence to a culture of civility.	Kingdon's Model Policy Activity	Clinical Evaluation Rubric												
	9.3g Advocate for social justice and health equity, including addressing the health of vulnerable populations.	Jigsaw group work	Environmental Health (Unnatural Causes) Worksheet	Varying Inputs on Substance Use Disorder	Windshield Survey										
	9.3h Engage in peer evaluation.	Jigsaw group work													
9.4 Comply with relevant laws, policies, and regulations.	9.4a Advocate for policies that promote health and prevent harm.	Kingdon's Model Policy Activity	Environmental Health (Unnatural Causes) Worksheet	Tough Discussions: Violence	Advocacy Letter										
9.5 Demonstrate the professional identity of nursing.	9.5c Demonstrate sensitivity to the values of others.	Here's my culture	Tough Discussions: Violence	Clinical Evaluation Rubric	Clinical Journals										
	9.5d Demonstrate ethical comportment and moral courage in decision making and actions.	Tough Discussions: Violence	Clinical Evaluation Rubric	Clinical Journals											
	9.5e Demonstrate emotional intelligence.	Tough Discussions: Violence	Clinical Evaluation Rubric	Clinical Journals											
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	9.6a Demonstrate respect for diverse individual differences and diverse communities and populations	Kingdon's Model Policy Activity	SDOH Racism Case Study	Culturally competent care module	Environmental Health (Unnatural Causes) Worksheet	Tough Discussions: Violence	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Clinical Evaluation Rubric	Windshield Survey					
	9.6b Demonstrate awareness of personal and professional values and conscious and unconscious biases.	SDOH Racism Case Study	Here's my culture	Culturally competent care module	Tough Discussions: Violence	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Clinical Evaluation Rubric	Windshield Survey						
	9.6c Integrate core principles of social justice and human rights into practice.	Kingdon's Model Policy Activity	SDOH Racism Case Study	Environmental Health (Unnatural Causes) Worksheet	Tough Discussions: Violence	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Clinical Evaluation Rubric	Windshield Survey						
10.1 Demonstrate a commitment to personal health and well-being.	10.1a Demonstrate healthy, self-care behaviors that promote wellness and resiliency.	Communicable Disease Brochure/Infographic	Clinical Evaluation Rubric												
10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.	10.2a Engage in guided and spontaneous reflection of one's practice.	SDOH Case Study and Reflection	SDOH Racism Case Study	Here's my culture	Culturally competent care module	Disaster Simulation	Tough Discussions: Violence	Varying Inputs on Substance Use Disorder	Presentation	Clinical Evaluation Rubric	Clinical Journals				
	10.2b Integrate comprehensive feedback to improve performance	Disaster Simulation	Clinical Journals												
	10.2c Commit to personal and professional development.	Here's my culture	Culturally competent care module	Human Traffickin g Training	Clinical Evaluation Rubric	Clinical Journals									
	10.2d Expand personal knowledge to inform clinical judgment.	SDOH Racism Case Study	Human Traffickin g Training	Varying Inputs on Substance Use Disorder	Presentation	Clinical Evaluation Rubric	Clinical Journals								
	10.2f Participate in ongoing activities that embrace principles of diversity, equity, inclusion, and anti-discrimination.	SDOH Racism Case Study	Culturally competent care module	Tough Discussions: Violence	Clinical Evaluation Rubric										
10.3 Develop capacity for leadership.	10.3c Demonstrate leadership behaviors in professional situations.	Jigsaw group work	Presentation	Clinical Evaluation Rubric	Clinical Journals										
	10.3f Modify one's own leadership behaviors based on guided self-reflection.	Clinical Evaluation Rubric	Clinical Journals												
	10.3g Demonstrate self-awareness of one's own implicit biases and	Newspaper/Magazine Article	Here's my culture	Culturally competent care module	Tough Discussions: Violence	Clinical Evaluation Rubric	Clinical Journals								

	their relationship to one's culture and environment.														
	10.3h Communicate a consistent image of the nurse as a leader.	Jigsaw group work	Tough Discussions: Violence	Advocacy Letter	Presentation	Clinical Evaluation Rubric	Clinical Journals								
	10.3i Recognize the importance of nursing's contributions as leaders in practice and policy issues.	Newspaper/Magazine Article	Kingdon's Model Policy Activity	Jigsaw group work	Navigating a foodborne outbreak	Advocacy Letter									

Appendix I

Expert Panel Evaluation Rubric

Introduction and background information on project

Demonstration of how my course aligns with the 2021 AACN Essentials

AACN 2021 Essential Competency Alignment	Satisfactory	Unsatisfactory
Aligned with the competency-based education standards set by the 2021 AACN Essentials ● *Explained the process for choosing and subsequently not choosing domains, competencies, and sub-competencies* ● *Demonstrated by use of the curriculum mapping spreadsheet*		
Course design mapped to the 2021 AACN Essential Competencies ● *Demonstrated through the Class Grid spreadsheet* ● *Expanded on through examples of assignments/assessments*		

Use of inclusive practices and active learning strategies

Inclusivity and Active Learning (UCLA CEILS Inclusive Teaching in the Sciences: Course Checklist)	Included	Excluded but rationalized	Excluded and not rationalized
Inclusive Course Design			
Backwards Design with Active Learning			
Textbook Selection and Additional Materials			
Syllabus Language			
Prior Knowledge Assessment			
Grading Policies			
Design for Multiple Feedback Opportunities			
Inclusive Assessment Design			
Assignment Instructions			
Scaffolding of Assignments			
Multiple Choice Question Development			

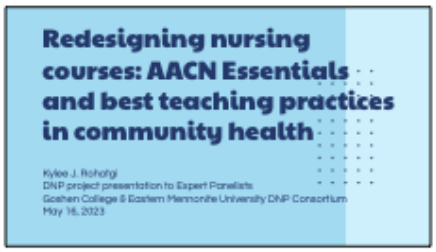
Inclusive Classroom Climate			
Pre-Course Survey			
Facilitate Relationship Building			
Communicate that you embrace feedback			
(Inclusivity and Active Learning Continued)	Included	Excluded but rationalized	Excluded and not rationalized
Acknowledge first-day disparity issues			
Use a mid-quarter feedback survey			
Inclusive teaching strategies			
Calling on students during class			
Increase your wait time			
Think-pair-share or Minute Writing			
Assigning groups			
Humor & Pop-Culture Use			
Use exit slips			
Respond to feedback when you receive it			
Mentor your TAs on inclusive teaching			
Overall use of inclusive practices and active learning strategies			
The active learning plans for the classroom promote learning and competency	Yes	Somewhat	No
The inclusive practices support student learning and competency	Yes	Somewhat	No

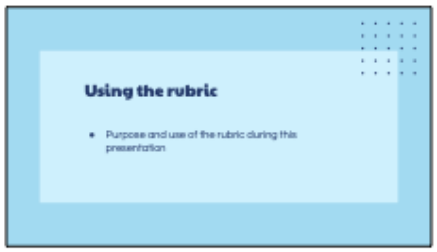
Overview and my next steps

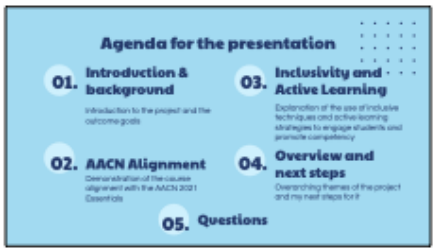
Questions

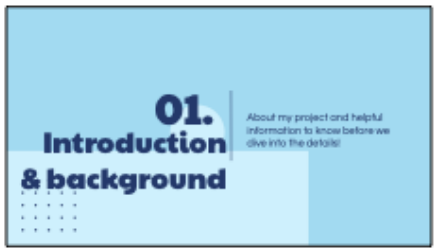
Appendix J

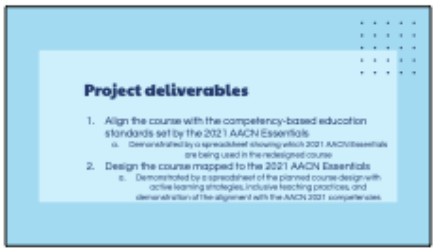
Expert Panel Presentation Slides

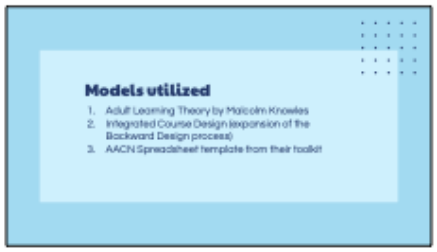




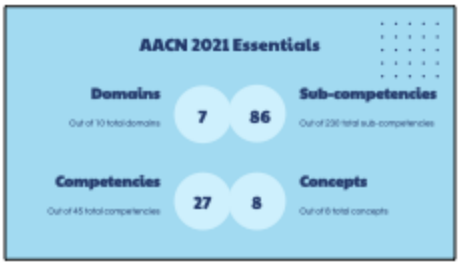








02.
AACN Alignment
A demonstration of how the redesign course aligns with the AACN 2021 Essential Competencies


AACN 2021 Essentials
Domains
Out of 10 total domains
7
Sub-competencies
86
Out of 230 total sub-competencies
Competencies
Out of 45 total competencies
27
Concepts
8
Out of 8 total concepts

Domains
1. Knowledge for Nursing Practice
2. Person-Centered Care
3. Population Health
4. Scholarship for Nursing Discipline
5. Quality and Safety
6. Interprofessional Partnerships
7. Systems-Based Practice
8. Informatics and Healthcare Technologies
9. Professionalism
10. Personal, Professional, and Leadership Development

Domains
1. Knowledge for Nursing Practice
2. Person-Centered Care
3. Population Health
4. Scholarship for Nursing Discipline
5. Quality and Safety
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7. Systems-Based Practice
8. Informatics and Healthcare Technologies
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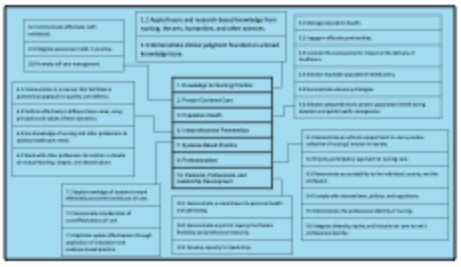
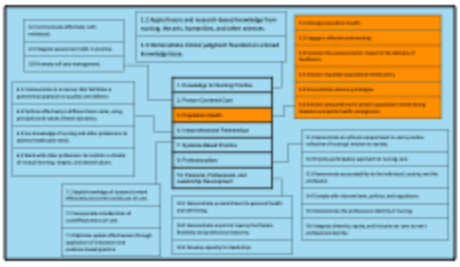
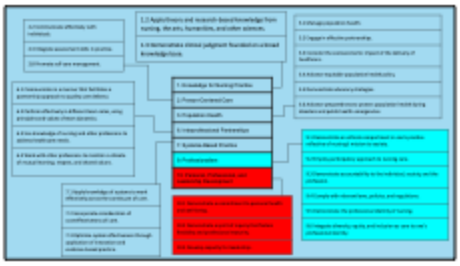
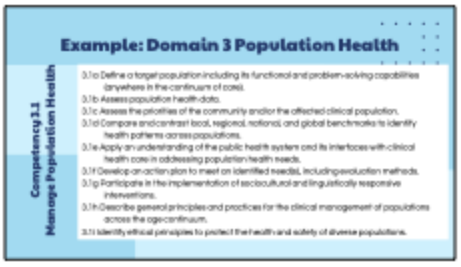
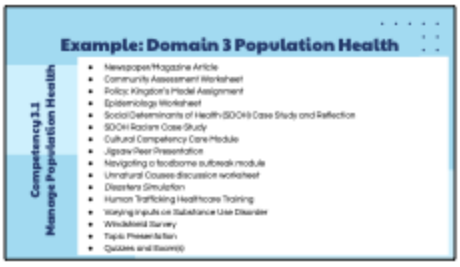
10. Personal, Professional, and Leadership Development

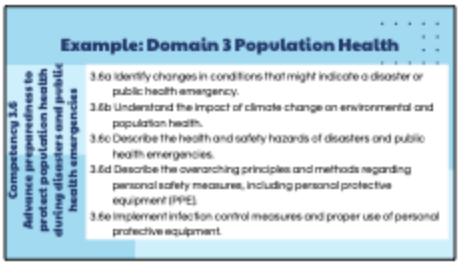


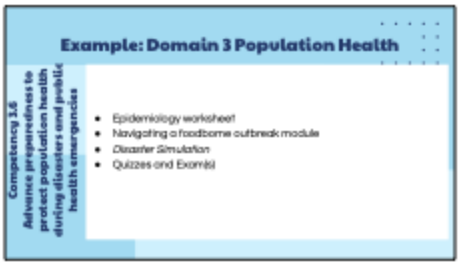


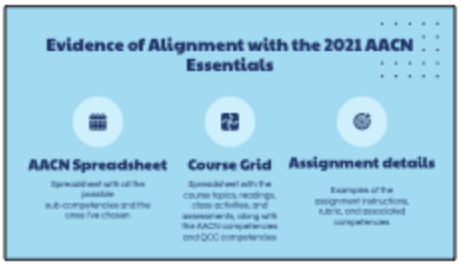


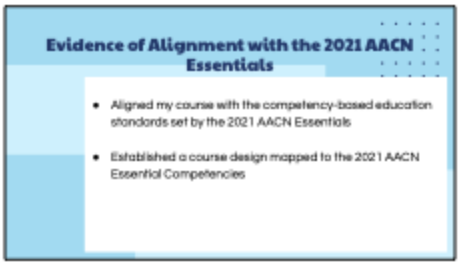

Example: Domain 3 Population Health
Competency 3.1 Manage Population Health
3.1a Define a target population including its functional and problem-solving capabilities (anywhere in the continuum of care).
3.1b Assess population health data.
3.1c Assess the priorities of the community and/or the affected clinical population.
3.1d Compare and contrast local, regional, national, and global benchmarks to identify health patterns across populations.
3.1e Apply an understanding of the public health system and its interfaces with clinical health care in addressing population health needs.
3.1f Develop an action plan to meet an identified need(s), including evaluation methods.
3.1g Participate in the implementation of sociocultural and linguistically responsive interventions.
3.1h Describe general principles and practices for the clinical management of populations across the age continuum.
3.1i Identify ethical principles to protect the health and safety of diverse populations.

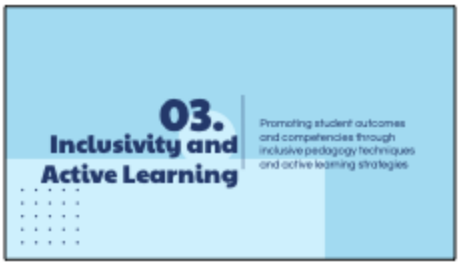

Example: Domain 3 Population Health
Competency 3.1 Manage Population Health
Newspaper/Magazine Article
Community Assessment Worksheet
Policy: Kingdon's Model Assignment
Epidemiology Worksheet
Social Determinants of Health (SDOH) Case Study and Reflection
SDOH Racism Case Study
Cultural Competency Care Module
Jigsaw Peer Presentation
Navigating a foodborne outbreak module
Unnatural Causes discussion worksheet
Disasters Simulation
Human Trafficking Healthcare Training
Varying Inputs on Substance Use Disorder
Windshield Survey
Topic Presentation
Quizzes and Exam(s)

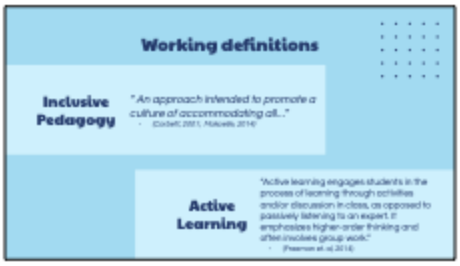

Example: Domain 3 Population Health
Competency 3.6 Advance preparedness to protect population health during disasters and public health emergencies
3.6a Identify changes in conditions that might indicate a disaster or public health emergency.
3.6b Understand the impact of climate change on environmental and population health.
3.6c Describe the health and safety hazards of disasters and public health emergencies.
3.6d Describe the overarching principles and methods regarding personal safety measures, including personal protective equipment (PPE).
3.6e Implement infection control measures and proper use of personal protective equipment.

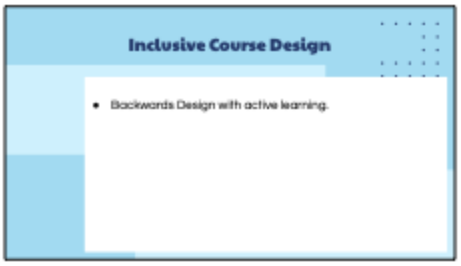

Example: Domain 3 Population Health
Competency 3.6 Advance preparedness to protect population health during disasters and public health emergencies
Epidemiology worksheet
Navigating a foodborne outbreak module
Disaster Simulation
Quizzes and Exam(s)


Evidence of Alignment with the 2021 AACN Essentials
AACN Spreadsheet
Course Grid
Assignment details


Evidence of Alignment with the 2021 AACN Essentials
Aligned my course with the competency-based education standards set by the 2021 AACN Essentials
Established a course design mapped to the 2021 AACN Essential Competencies

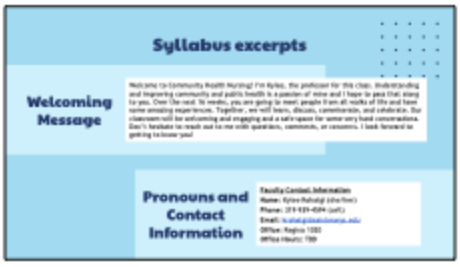

03.
Inclusivity and Active Learning
Promoting student outcomes and competencies through inclusive pedagogy techniques and active learning strategies


Working definitions
Inclusive Pedagogy
"An approach intended to promote a culture of accommodating all..."
Active Learning


Inclusive Course Design
Backwards Design with active learning.

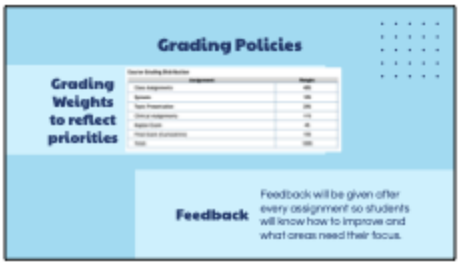
Inclusive Course Design
Backwards Design with active learning.
Texts and Reading Materials: Open Educational Resources

Inclusive Course Design
Backwards Design with active learning.
Texts and Reading Materials: Open Educational Resources
Syllabus language

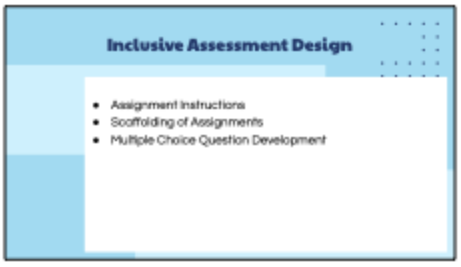

Syllabus excerpts
Welcoming Message
Pronouns and Contact Information

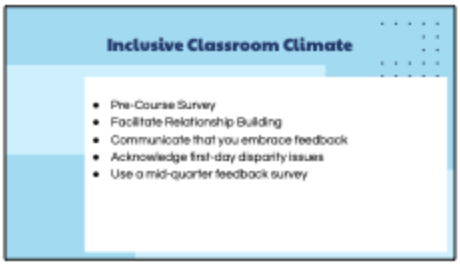
Inclusive Course Design
Backwards Design with active learning.
Texts and Reading Materials: Open Educational Resources
Syllabus language
Prior knowledge assessment

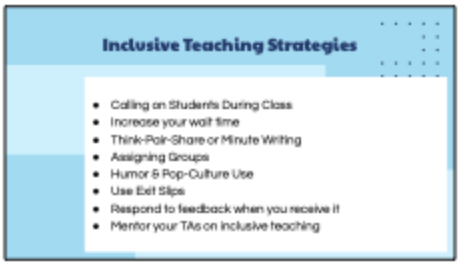
Inclusive Course Design
Backwards Design with active learning.
Texts and Reading Materials: Open Educational Resources
Syllabus language
Prior knowledge assessment
Grading policies


Grading Policies
Grading Weights to reflect priorities
Feedback
Feedback will be given after every assignment so students will know how to improve and what areas need their focus.

Inclusive Course Design
Backwards Design with active learning.
Texts and Reading Materials: Open Educational Resources
Syllabus language
Prior knowledge assessment
Grading policies
Design for Multiple Feedback Opportunities
Exit Slips
Mid Semester Evaluation


Inclusive Assessment Design
Assignment Instructions
Scaffolding of Assignments
Multiple Choice Question Development


Inclusive Classroom Climate
Pre-Course Survey
Facilitate Relationship Building
Communicate that you embrace feedback
Acknowledge first-day disparity issues
Use a mid-quarter feedback survey


Inclusive Teaching Strategies
Calling on Students During Class
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Assigning Groups
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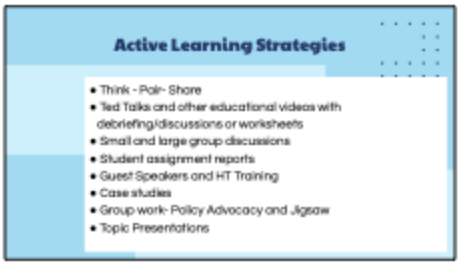
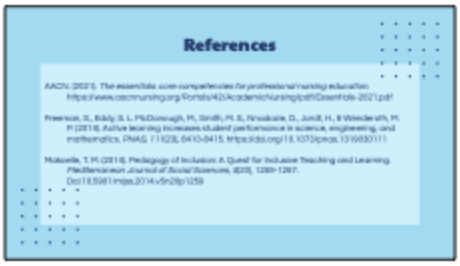
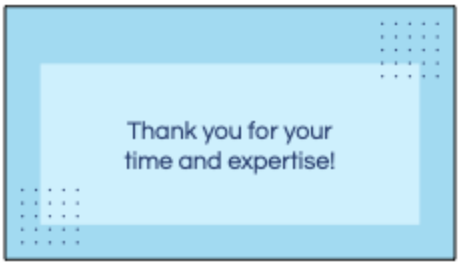
Use Exit Slips
Respond to feedback when you receive it
Mentor your TAs on inclusive teaching


Active Learning Strategies
Think - Pair- Share
Ted Talks and other educational videos with debriefing/discussions or worksheets
Small and large group discussions
Student assignment reports
Guest Speakers and HT Training
Case studies
Group work- Policy Advocacy and Jigsaw
Topic Presentations

04.
Overview and next steps
What I'm planning next with my project!


References

05.
Questions
Time for clarifying questions


Thank you for your time and expertise!

Thanks
Do you have any questions?
youremail@freepik.com
+91 620 421 838
yourcompany.com

Appendix K

Pre-Survey Questions for Focus Group

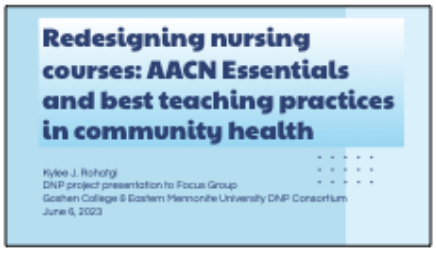
1.What is your current approach to competency-based education?

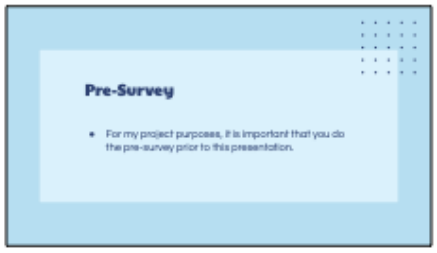
2. How have you adapted inclusive teaching practices or active learning strategies into your courses?

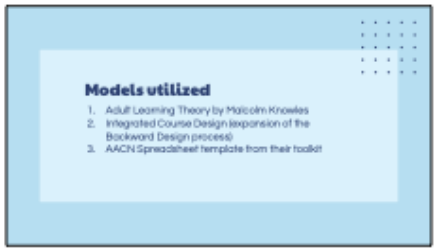
3. What barriers do you encounter when trying to align your course with the new AACN Essential guidelines of competency-based education or when you have tried to incorporate inclusive teaching practices in your courses?

Appendix L

Focus Group Presentation Slides

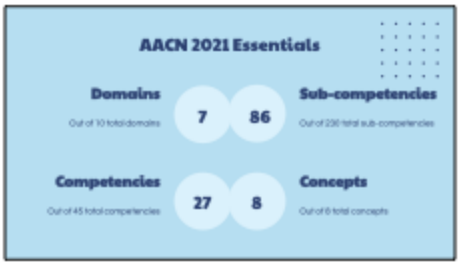






Redesign— not design!
I intentionally chose to redesign my course, not start from scratch.

02.
AACN Alignment
A demonstration of how the redesign course aligns with the AACN 2021 Essential Competencies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Out of 8 total concepts
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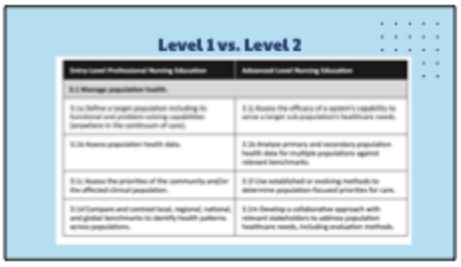
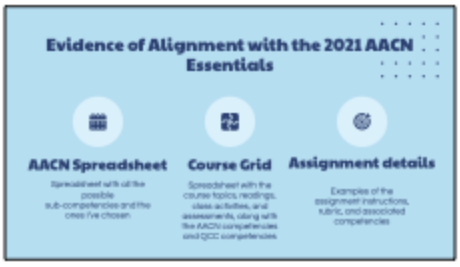
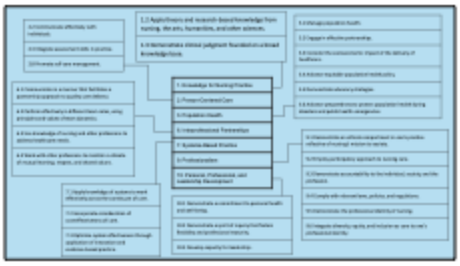
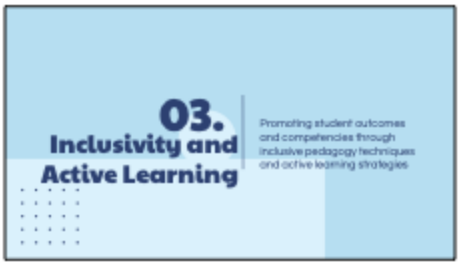

Level 1 vs. Level 2


Evidence of Alignment with the 2021 AACN Essentials
AACN Spreadsheet
Course Grid
Assignment details
Examples of the assignment instructions, rubric, and associated competencies

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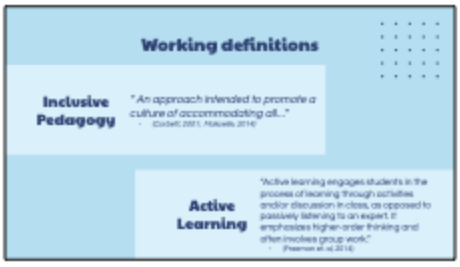
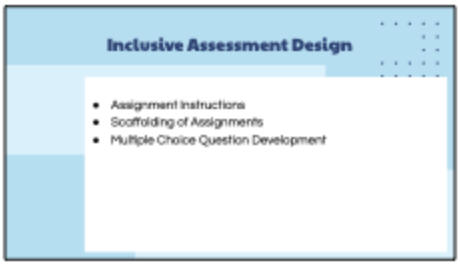
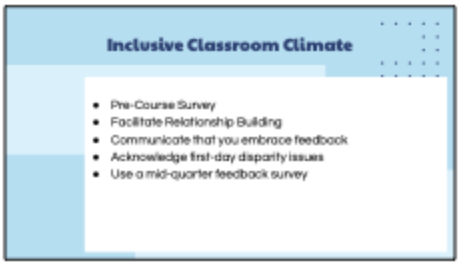
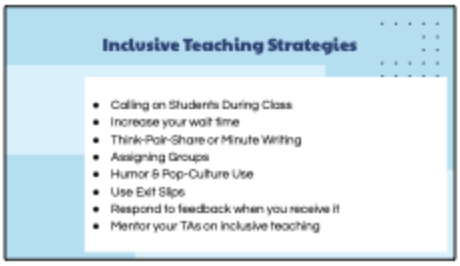
Inclusivity and Active Learning
Promoting student outcomes and competencies through inclusive pedagogy techniques and active learning strategies

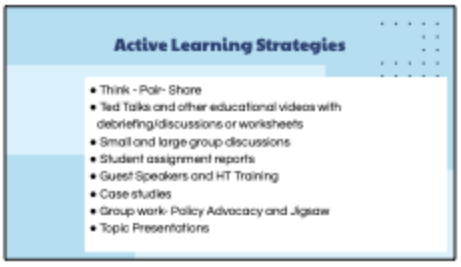

Working definitions
Inclusive Pedagogy
"An approach intended to promote a culture of accommodating all..."
Active Learning
"Active learning engages students in the process of learning through activities and/or discussion in class, as opposed to passively listening to an expert. It emphasizes higher-order thinking and often involves group work."

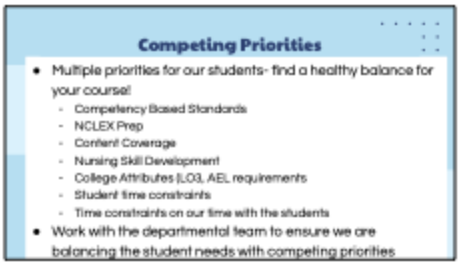
Inclusive Course Design
Backwards Design with active learning.
Texts and Reading Materials: Open Educational Resources
Syllabus language
Prior knowledge assessment
Grading policies
Design for Multiple Feedback Opportunities
Exit Slips
Mid Semester Evaluation

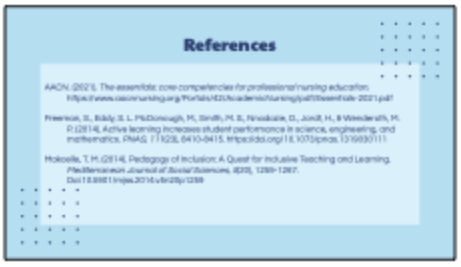

Inclusive Assessment Design
Assignment Instructions
Scaffolding of Assignments
Multiple Choice Question Development

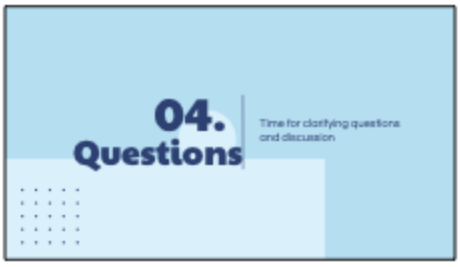

Inclusive Classroom Climate
Pre-Course Survey
Facilitate Relationship Building
Communicate that you embrace feedback
Acknowledge first-day disparity issues
Use a mid-quarter feedback survey

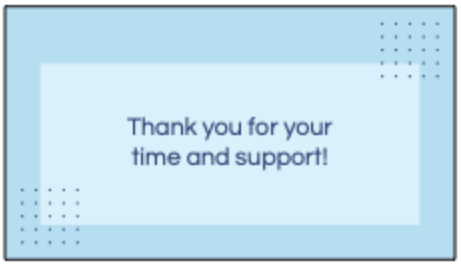

Inclusive Teaching Strategies
Calling on Students During Class
Increase your wait time
Think-Pair-Share or Minute Writing
Assigning Groups
Humor & Pop-Culture Use
Use Exit Slips
Respond to feedback when you receive it
Mentor your TAs on inclusive teaching


Active Learning Strategies
Think - Pair- Share
Ted Talks and other educational videos with debriefing/discussions or worksheets
Small and large group discussions
Student assignment reports
Guest Speakers and HT Training
Case studies
Group work- Policy Advocacy and Jigsaw
Topic Presentations


Competing Priorities
Multiple priorities for our students- find a healthy balance for your course!
Competency Based Standards
NCLEX Prep
Content Coverage
Nursing Skill Development
College Attributes (LO3, AEL requirements
Student time constraints
Time constraints on our time with the students
Work with the departmental team to ensure we are balancing the student needs with competing priorities


References
AACN. (2021). The essentials: core competencies for professional nursing education. https://www.aacnnursing.org/Portals/42/Academic/nursing/pdf/Essentials-2021.pdf
Freeman, S., Eddy, S. L., McDonough, M., Smith, M. K., Okoroafor, N., Jordt, H., & Wenderoth, M. P. (2014). Active learning increases student performance in science, engineering, and mathematics. PNAS, 111(23), 8410–8415. https://doi.org/10.1073/pnas.1319030111
Makoelle, T. H. (2014). Pedagogy of Inclusion: A Quest for Inclusive Teaching and Learning. Mediterranean Journal of Social Sciences, 9(03), 1289-1297. Doi:10.5901/mjss.2014.v9n3p1289


04.
Questions
Time for clarifying questions and discussion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time and support!

Thanks
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Appendix M

Post-Survey Questions for Focus Group

1.How did this training help you plan to align your own course(s) with the new AACN Essentials published in 2021?

2. How do you plan to incorporate inclusive pedagogy and active learning strategies to promote competency in your course?

3. Did you find this workshop helpful in the pursuit of aligning your course with the new AACN Essentials (2021) or when implementing inclusive pedagogy to help promote competency in your students?