

**Community Health Nursing (CHN)
INTERNSHIP MANUAL
2011-2012**



Purpose of Manual

This Internship Manual is intended to serve as a resource primarily for Community Health Nursing (CHN) students who are participating in a CHN practicum course; however, the manual also provides information that may be useful for faculty and internship liaisons. The goal of the manual is to provide the reader with information about faculty, CHN courses, clinical objectives, reporting and reporting forms; it also presents general information about the roles and expectations of the student, faculty and liaisons. In addition, it includes resource information and linkages to URLs that are important for CHN students' graduate studies. This Manual is meant to serve as a practicum guide. Students will also need to work closely with their faculty advisors and their liaisons each quarter as they complete the requirements for the respective practicum courses. We hope you will find this guide useful.

---- CHN Faculty

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GENERAL INFORMATION

Faculty Photos, Contact Information and Interests

Overview:

Graduate Education in Community Health Nursing

About CHN Internships

Community Health Nursing

FACULTY PHOTOS, CONTACT INFORMATION, AND INTERESTS



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Interests: Public health systems research, particularly as it pertains to state and local health departments and public health nurses



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Interests: Ecological determinants of health, immigrant health, community mental health, critical theory, cross-cultural research inquiry, program evaluation

OVERVIEW: GRADUATE EDUCATION IN COMMUNITY HEALTH NURSING

The Master of Nursing (MN) and Doctor of Nursing Practice (DNP) in Community Health Nursing (CHN) prepares students for advanced community/public health practice roles in areas such as Policy Analyst, Program Analyst, and Nurse Executive. With the many changes in the health care system and the increasing central role of nurse leaders, we expect many of our graduates will create their own roles in the future.

Our CHN curriculum is organized around the principle that population health can be improved by working with communities, collaborating with policy makers, and improving systems to promote community health. The curriculum uses a community health leadership framework to dynamically integrate coursework and clinical internship experiences. The curriculum focuses on collaboration, leadership, prevention science, and multicultural community based participatory approaches.

A minimum of 51 and 100 quarter credits is required for MN and Post-Baccalaureate DNP study, respectively, in CHN. Part-time study is available. An example of an CHN/MN and CHN/DNP full-time program of study is presented on a grid on the following pages.

Example of Full-Time Curriculum Plan for CHN MN

Year One	Autumn	Cr.	Winter	Cr.	Spring	Cr.	Summer	Cr.
	NURS 578 Social Justice & Determinants of Health	3	NURS 557 Health, Culture and Community	3	NURS 576 Assessment and Collaboration	3	ELECTIVE (optional)	
	NCLIN 532 Community Internship	3	NCLIN 533 Community Internship	3	NCLIN 534 Community Internship	3		
	EPI 511 Introduction to Epidemiology	4	ELECTIVE**	3	ELECTIVE	3		
	HSERV 511 Introduction to Health Services	3-4	NMETH 520 Scholarly Inquiry for Nursing Practice	5	NMETH 598 Scholarly Project or NMETH 700 Master's Thesis	2 3		
Total		13-14		14		11-12		
Year Two	Autumn	Cr.	Winter	Cr.				
	NSG 561 Community Health Systems for Equity	3	ELECTIVE*	3				
	NMETH 598 Scholarly Project or NMETH 700 Master's Thesis	2 3	NMETH 598 Scholarly Project or NMETH 700 Master's Thesis	2 3				
	ELECTIVE*	3						
Total		8-9		5-6				

***ELECTIVES (min. 12 credits):**

Sub-specialty (Healthy Aging, Rural Health, Cross-Cultural and Global Health, Communities for Youth, or Occupational and Environmental Health): 3 credits

Management, budget, policy, and program evaluation: total of 9 credits

Example of Full-Time Curriculum Plan for CHN Post-BSN DNP

Year One	Autumn	Cr.	Winter	Cr.	Spring	Cr.	Summer	Cr.
	NURS 578 Social Justice and Determinants of Health	3	NURS 557 Health, Culture and Community	3	NURS 576 Assessment and Collaboration with Communities, Populations, and Systems	3	ELECTIVE [optional]	3
	NCLIN 532 Community Internship	3	NCLIN 533 Community Internship	3	NCLIN 534 Community Internship	3	NMETH 520 [optional]	4
	EPI 511 Intro to Epidemiology	4	ELECTIVE**	3	ELECTIVE**	3	Social Justice Course (see DNPCC approved menu) [optional]	3
	NSG 530 Professional Identity and Leadership Process in Nursing	3	NMETH 520 Scholarly Inquiry for Nursing Practice	5	ELECTIVE**	3		
Total		13		14		12		
Year Two	Autumn	Cr.	Winter	Cr.	Spring	Cr.	Summer	Cr.
	NSG 561 Community Health Systems for Equity	3	NMETH 533 Appraising Evidence for Clinical Practice	4	NMETH 534 Translate Evidence to Clinical Practice	4	ELECTIVE as needed	
	NCLIN 535 Community Internship	4	NCLIN 536 Community Internship	4	NCLIN 798 Tripartite Immersion Practice	5		
	BIOST 511 Medical Biometry	4	ELECTIVE**	3	NSG 511 Prevention Issues in Community Health	3		
	HSERV 511 Intro to Health Services	3-4						
Total		14-15		11		12		

Year Three	Autumn	Cr.	Winter	Cr.	Spring	Cr.	Summer	Cr.
	NMETH 801 Capstone	4	NMETH 801 Capstone	4	NMETH 801 Capstone	4	ELECTIVE as needed	
	ELECTIVE**	3	Social Justice Course (see DNPCC approved menu)	3	ELECTIVE as needed			
	NMETH 527* Intro to Health Informatics & Systems Thinking	3	NURS 525* Managing Clinical Effectiveness within Care Systems	3				
Total		10		10		4+		

*By SON faculty vote in May 2010, NURS 525 and NMETH 527 are required of all DNP students enrolling from Autumn 2011 onward.

**ELECTIVES (min. 15 credits):

Sub-Specialty: Healthy Aging, Rural Health, Cross-Cultural and Global Health (CCGH), Communities for Youth (3 credits, 6 credits for CCGH)

Program Development and Evaluation (3 credits)

Health Policy (3 credits)

Management or Budget (3 credits)

Informatics (3 credits)

Study Options

The CHN graduate curriculum prepares students for advanced community health nursing roles in the areas such as policy or program analyst and nurse executive. Students also have opportunities to pursue preparation in a sub-specialty by focusing their course papers, projects and internships on their sub-specialty, and taking a minimum of three course credits in their area of interest. Areas of sub-specialty in community health include: Community for Youth, Cross-Cultural and Global Health, Healthy Aging, Occupational and Environmental Health and Rural Health. Internship options may be found on the portal.

Faculty contacts for these sub-specialties community are as follows:

Community sub-specialties	Faculty
Community for Youth	Rebecca Kang
Cross-Cultural and Global Health	Noel Chrisman
Healthy Aging	Rebecca Kang/Noel Chrisman
Occupational and Environmental Health	Butch de Castro/Randy Beaton/
Rural Health	June Strickland

Students enrolled in the CHN program can earn a concurrent Master of Public Health (MPH) degree. For more information about the concurrent degree option, contact Professor Noel Chrisman at noelj@u.washington.edu.

E-Learning Opportunities

Among all of the required courses, five CHN core courses are accessible through *blended* e-learning methods: internet, telephone, on-campus classes, and periodic site visits. Web-based instruction will be the primary method to implement course instruction. Blended e-learning methods are intended to increase access to students who prefer to learn in their own communities, while providing selected opportunity for interdisciplinary learning and face-to-face interaction with nursing colleagues, students in other disciplines and professors on the University of Washington campus.

ABOUT CHN INTERNSHIPS

Purpose of Internship

The purpose of the CHN internship is to allow the student to gain practical experience in the community by providing opportunities for students to apply theory, develop public health competencies, and achieve leadership skills. Students engage in projects and issues in community/public health settings to integrate and synthesize didactic coursework, and to develop knowledge and skills in the real world. It is preferable that students remain in the same internship site for a minimum of three quarters during the first year of their program.

General Guidelines

The student will work with community liaisons who can support and guide the student experience. The CHN faculty supervisor will assist in finding an appropriate internship project and/or site for the student. Sites are intended to provide an array of learning opportunities. The site selected for an individual student is expected to be mutually acceptable by student, faculty, community liaison and the respective organization.

Contractual Arrangement

A contractual arrangement **must be in place with the internship site location and the University of Washington** to address professional liability issues. Once an internship site is selected, **the CHN faculty advisor must be notified at least one quarter in advance of the practicum in order to ensure that a contract is arranged with the organization.** It is not the student's responsibility to establish the contract; rather it is the student's responsibility to let the faculty supervisor know which site(s) he or she will be using for learning experiences. This must be done **before** the experience begins.

Goals and Objectives

The first three practicum courses (NCLIN532, NCLIN533 and NCLIN534) have a set of objectives that complement a didactic course: NURS578, NURS557 or NURS576, respectively. The practicum objectives are designed to achieve preparation in the core public health competencies (Appendix A). The essential public health services were developed by The Public Health Workforce: An Agenda for the 21st Century, US Department of Human and Health Services. These public health competencies are viewed as essential in order to deliver health promotion, disease prevention and health protection to communities and populations. In addition, students are expected to apply principles integral to Community-Based Participatory Research (CBPR) as well as participate in experiences related to the overall curricular domains which include Advanced Nursing Practice, Practice Inquiry and Leadership.

Each quarter the student identifies and writes his or her activity plan for the quarter by completing the practicum form (available on the portal for download). This activity plan is to be based on the practicum seminar course objectives for the respective quarter. The practicum form comprises a contract among the faculty supervisor, student, and

community liaison; **it should be signed by all prior to the inception of the practicum.**

GUIDELINES AND EXPECTATIONS

Expectations/Role of the Liaison

Expectations/Role of the Internship Faculty Supervisor

Expectations/Role of the Student

EXPECTATIONS/ROLE OF THE LIAISON

Definition of Community Liaison

A community liaison facilitates the involvement of CHN students in planning, implementing and evaluating community activities that integrate theory taught in class by UW faculty and practical experience in the community.

Community partnerships are held together by individuals who serve as community liaisons who mediate between the community and both faculty and students.

Community liaison criteria are:

- knowledgeable of community processes, health issues, assets and strengths, history and culture of communities
- willing to facilitate the student's access to the community
- desire to serve as a liaison
- open to collaboration
- willing to support the teaching mission of the CHN program

Community liaisons may have expertise about a population or community, and knowledge about health programs or health policies. They guide faculty to develop experiences to help students accomplish academic objectives and goals while learning community health practice. They work with students, provide feedback on their performance and serve as a professional role model. Liaisons may be nurses, physicians, social workers, managers, administrators or knowledgeable citizens about particular communities or issues. While community liaisons guide student experiences, faculty provide the supervision for students to accomplish course objectives to achieve public health competencies.

The roles of the community liaison are as follows:

1. Introduce the student to the agency(s), partners and key players.
2. Provide the student with information on the organization and community that they serve, including an orientation to the program(s), policies and ethical protective guidelines.
3. Provide the student guidance on networking with key players.
4. Determine with the student a plan for accomplishment(s) during the quarter:
 - a. Review with the student her/his practicum course objectives for the quarter.
 - b. Negotiate activities that address the needs of the agency /community and student's course objectives.
5. Mentor the student as appropriate. Examples of mentoring roles include:

- a. Assist the student to understand ...
 - the complex nature of community work
 - the challenges of working with a variety of people, organizations and community systems
 - b. Engage student in self-reflection.
 - c. Share pertinent information with student.
 - d. Help student to discover learning opportunities.
 - e. Provide constructive feedback related to students' practicum objectives.
 - f. Assist student with problem solving.
6. Contact the faculty supervisor to:
- a. Obtain guidance and direction from the faculty supervisor.
 - b. Discuss student's progress and any issues of concern related to student's community work.
 - c. Inform faculty supervisor about the site, organization, or community events and/or activities.
 - d. Request various resources such as
 - Grant information
 - Journal Articles
 - Referral Contact Information
7. Give evaluative feedback to the faculty supervisor regarding student performance.
8. Participate in the practicum seminar discussions as desired.

NOTE: The liaison has the right to terminate the internship experience at any time by contacting the UWSO faculty supervisor.

EXPECTATIONS/ROLE OF THE INTERNSHIP FACULTY SUPERVISOR

1. Be a resource to students and community liaisons.
2. Assure that an up-to-date affiliation agreement between the UWSon and the agency is in place before the internship begins.
 - a. Verify currency with Academic Services.
 - b. If an affiliation agreement does not exist, initiate the process.
3. Negotiate the internship placement with the community liaison.
4. Provide the community liaison at internship site with a copy of this manual.
5. Introduce the student to the community liaison (means of introduction determined between faculty supervisor and community liaison).
6. Discuss and approve the student's plan to fulfill practicum course objectives and requirements for course credit.
 - a. A copy of the final activity plan should be completed on the UWSon practicum form and filed in the student's academic folder.
 - b. Ensure that copies are distributed by the student to the liaison, the faculty supervisor of the internship site, and the convener of the practicum seminar for that quarter.
7. Develop a plan of communication with the student, including method, frequency and content.
 - a. Determine the type of communications required, to include verbal or written reports, eJournal documentation of field notes, and face-to-face meetings.
 - b. Determine the time frame for journal entry submissions, content to be included, and a quarter summary entry pertaining to whether or not plans were met.
 - c. Communicate as requested with the practicum seminar convener.
8. Conduct evaluations.
 - a. Request feedback from the community liaison about the student's performance at the end of the quarter.
 - b. Request feedback from the student about the contribution of the internship site to accomplishing practicum goals and objectives, public health competencies, and collaborative leadership skills.
 - c. Monitor the contribution of the community liaison to student learning.
 - d. Communicate student performance to the practicum seminar convener to issue a grade.

- e. Meet with the students to document on the UWSon practicum form the achievement of the approved plan for the quarter. The student is to submit the signed and dated form to Academic Services to be placed in their file.
9. Advise students of their responsibilities during the internship using this manual.
 10. Plan consultations, as necessary, between the UWSon faculty and the community liaison to promote exchange of information relevant to the student's experience.
 11. Conflicts between the student and liaison or community members will be resolved through negotiation of conflict or termination of student placement.
 12. Provide counseling and documentation on unsatisfactory performance(s)/action(s) as warranted through discussions between the student, internship faculty supervisor and community liaison, if necessary.

EXPECTATIONS/ROLE OF THE STUDENT

1. Pre-requisites: Washington state RN licensure, enrolled as a UWSoN graduate student, and enrolled in an CHN practicum course.
2. Develop activity plan for the academic quarter:
 - a. Student should review NCLIN course objectives for the quarter enrolled.
 - b. Student should develop the plan with input from the community liaison.
 - c. Activities should be related to the practicum course objectives and the needs of the community.
 - d. Activities should be reviewed and approved by the faculty supervisor for the internship site.
 - e. A copy of the final approved activities plan should be completed on the appropriate UWSoN form (see a later section) and filed in the student's academic folder. The student should distribute copies of the plan to the community liaison, the faculty supervisor of the internship site, and the convener of the practicum seminar for that quarter.
 - f. Student should meet with the internship faculty supervisor to document on the UWSoN practicum form the achievement of the approved plan. The student is to submit the signed and dated form to Academic Services to be placed in their file at the end of each quarter.
3. Develop a plan of communication with:
 - a. The community liaison, including method, frequency and content.
 - b. The faculty supervisor through verbal or written reports, eJournal documentation of field notes, and face-to-face meetings.
 - c. The seminar convener as requested.
4. Learn about community processes, agencies and partners through coursework, internship experiences, discussions with the faculty supervisor, community liaison, the seminar convener and independent study.
5. Determine a mutually agreeable presentation format of internship activities with the community liaison and faculty supervisor. Presentations may be made to the internship site, community or other relevant agencies and organizations.
6. Adhere to the rules, regulations, policies and procedures of the UWSoN, the community or internship setting. Follow any verbal or written directives communicated by the community liaison or faculty supervisor.
7. Register for credit hours commensurate with their degree program requirements.
 - a. One credit of internship is equivalent to three hours of community activity.

- b. Time spent in practicum seminars is included in the total number of hours required for the community practicum.
 - c. Attendance at practicum seminars is required.
 - d. Attendance at CHN or UWSoN functions may be required and substituted for internship hours.
8. At the end of the quarter, complete a written evaluation of the community liaison and community experience. These evaluations will be used for program improvement.
9. Meet the expectations of professional conduct set forth by the:
- a. University of Washington (Title 478 Chapter 478-120 WAC)
 - b. University of Washington School of Nursing
 - c. American Nurses' Association Code of Ethics for Nurses
 - d. Nurse Practice Act of Washington State (Appendix E)
 - e. Other appropriate professional guidelines
10. If the student has any concerns about their practicum experiences, they should discuss them with their academic advisor.

RESOURCES FOR STUDENT PRACTICUM

Practicum Courses

Practicum Form

Guidelines for Practicum eJournal

Evaluation of Internship Site Form

Core Course Descriptions

PRACTICUM COURSES

The following practicum courses are designed for Community Health Nursing graduate students and are intended to provide opportunities for students to apply theory and develop practice competencies to fulfill essential public health functions from a nursing perspective. Upon completion of each course, students will demonstrate increasing mastery in the areas of advanced practice, leadership and practice inquiry as they relate to advanced practice in community health nursing.

Please note: The last three courses (NCLIN 535, 536 and 798) are only required of DNP students.

NCLIN532: Advanced Practicum in Community Health Systems Nursing: Overview (3 credits)

Course overview

This is the first of a series of courses that include a combination of seminars and practicum experience that focuses on evidence-based approaches to community health systems nursing. Students are expected to integrate and apply theories and content from NURS 578 Social Justice and Determinants of Health. Emphasis is on the development of advanced practice, leadership and practice inquiry skills.

Learning Goals/Objectives

Upon completion of this course, students will demonstrate increasing mastery in the areas of advanced practice, leadership and practice inquiry as they relate to advanced practice community health systems nursing. Students will:

1. Critically assess and appraise the concept of health from individual, population and community perspectives;
2. Utilize principles of collaborative leadership to develop community-based, systems-based or population-based approaches to health equity and social justice;
3. Utilize theories and scientific knowledge to assess and appraise the determinants of community and population health and potential or existing health disparities.

NCLIN533: Advanced Practicum in Community Health Systems Nursing: Culture (3 credits)

Course overview

This is the second of a series of courses that include a combination of seminars and practicum experience that focuses on evidence-based approaches to community health systems nursing. Students are expected to integrate and apply theories and content from NURS557: Health, Culture and Community. Emphasis is on the development of advanced practice, leadership and practice inquiry skills.

Learning Goals/Objectives

Upon completion of this course, students will demonstrate increasing mastery in the areas of advanced practice, leadership and practice inquiry as they relate to advanced practice community health systems nursing. Students will:

1. Demonstrate the ability to recognize the influence of cultural beliefs, values, customs and language on the health experiences of individuals, communities and populations;
2. Use collaborative leadership principles to apply culturally appropriate strategies to promote partnerships with members of a community;
3. Evaluate interventions and policies addressing gaps in services and programs for individuals, populations, and communities utilizing concepts of cultural awareness, diversity, sensitivity, and equity.

NCLIN534: Advanced Practicum in Community Health Systems Nursing: Assessment (3 credits)

Course overview

This is the third of a series of courses that include a combination of seminars and practicum experience that focuses on evidence-based approaches to community health systems nursing. Students are expected to integrate and apply theories and content from NURS576: Assessment and Collaboration with Communities/Systems. Emphasis is on the development of advanced practice, leadership and practice inquiry skills.

Learning Goals/Objectives

Upon completion of this course, students will demonstrate increasing mastery in the areas of advanced practice, leadership and practice inquiry in advanced practice community health systems nursing. Students will:

1. Demonstrate the ability to recognize various models of community assessment underpinning community activities;
2. Utilize principles of collaborative leadership to assess, define and respond to existing or potential assets and health risks affecting a community;
3. Conduct community assessment activities using approaches such as an interview, survey, observation/participant observation, or analysis of epidemiological data;
4. Utilize scientific principles and methods to determine mechanisms to monitor and evaluate the effectiveness, efficiency and health outcomes of community services, programs and policies.

NCLIN535: Advanced Practicum in Community Health Systems Nursing: Policy (4 credits)

Course overview

This is the fourth practicum seminar in the series. In this seminar, students are expected to integrate and apply theories related to organizational and public health policy.

Emphasis is on the development of advanced practice, leadership and practice inquiry skills.

Learning Goals/Objectives

Upon completion of this course, students will be able to:

1. Utilize principles of collaborative leadership to work with stakeholders to critically analyze existing programs, policies and procedures that affect the health of individuals, populations and/or communities;
2. Demonstrate advocacy that is consistent with the values and aims of diverse populations and communities to promote health and social equity;
3. Apply the principles of translational research to decision making related to practice guidelines, health service delivery, and health outcomes among multicultural populations

NCLIN536: Advanced Practicum in Community Health Systems Nursing: Systems (4 credits)

Course overview

This is the fifth practicum seminar in the series. In this seminar, students are expected to integrate and apply systems level models of practice to service delivery among communities and populations. Emphasis is on the development of advanced practice, leadership and practice inquiry skills.

Learning Goals/Objectives

Upon completion of this course, students will be able to:

1. Utilize the principles of collaborative leadership, system-based practice models and transdisciplinary science to improve health delivery systems among multicultural communities and populations;
2. Identify, evaluate and respond to legal and ethical issues that have the potential to affect the health of communities and populations;
3. Effectively communicate findings from evidence-based practice, research or leadership initiatives that are focused on improving community health.

NCLIN798: Tripartite Immersion Practicum (5 credits)

Course overview

Tripartite Immersion Practicum (TIP) is a clinical course designed to enhance and expand student competencies for articulating and enacting the tripartite role (practice inquiry, advanced practice, leadership) in a practice setting that is relevant to the student's advanced practice nursing specialty and doctoral program.

Learning Goals/Objectives

Upon completion of this course, students will be able to:

1. Synthesize and expand knowledge and skills about advanced specialty practice at the individual, family, community or systems level that integrates leadership and utilization of evidence.
2. Evaluate and translate scientific evidence into decision making (professional practice) with the goal of improving outcomes of care, enhancing effectiveness of care systems delivery, and reducing health disparities.
3. Analyze strategic thinking and leadership principles and skills necessary to promote effective professional communication (oral and written), collaboration and change.
4. Evaluate key issues that affect the advanced practice registered nurses' ability to influence practice, health systems, and policy.

PRACTICUM FORM

University of Washington School of Nursing
Community Health Nursing
Practicum Objectives and Activity Plan

Student _____ Faculty Supervisor _____

Quarter/year _____ Credits _____

SECTION I. This section is to be completed by the student with assistance from the faculty supervisor by the third week of each internship quarter. The activity plan must be approved by the faculty supervisor prior to the student obtaining the signatures of approval below.

A. OBJECTIVES (copy from your course objectives):

B. PLAN FOR ACHIEVING OBJECTIVES:

Approved _____
Faculty Supervisor's signature Date Student's signature Date

Community Liaison's signature Date

SECTION II. This section is to be completed by the faculty supervisor in conjunction with the student.

C. COMMENTS ON ACHIEVEMENTS:

Final grade _____ (for internship)

Faculty Supervisor's Signature Date Student's Signature Date

Community Liaison's Signature Date

Three copies needed: for student file in Academic Service, department copy (kept by internship faculty), and student

GUIDELINES FOR THE PRACTICUM EJOURNAL

Overview

The eJournal is an electronic method for the student to demonstrate achievement of objectives designated for each quarter's practicum experiences (see the Practicum Courses section in this manual for each course's objectives). The information in this section is intended to provide a guide for you as you make your eJournal entries. Please note: Faculty vary in their preferred methods of communication such as the frequency of entries, the specific format, and so forth. Discuss this with your faculty advisor at the beginning of the quarter.

Staying on Target

You may find it helpful to attach a date when you hope to achieve the objectives, and the evidence that documents your achievement. Attaching an achievement date and what you hope to achieve for an objective will help you to stay on target.

Writing the eJournal

It is recommended that the activities conducted in the field are written in Word, and submitted to your faculty by a designated date. Faculty may use the Word editing function to provide feedback to you.

Write about the activities that you did to achieve each objective. At the end of each description draw a conclusion or reflection about your experiences.

Discuss with your faculty internship supervisor about other ways in which she or he wants you to document your experiences in the community. For example, faculty may want you to write notes using the anthropologic field note tradition. Faculty may want you to document the time spent in the field.

Frequency of Writing the eJournal

Discuss with your faculty internship supervisor the frequency of writing your eJournal. Each has a different way of working with students using the eJournal.

Using Practicum Field Time for Writing, Meeting with Faculty etc.

In general, one hour per week for field time may be used to write the eJournal, meet with faculty, or conduct other logistical activities related to practicum.

Working with Community Liaisons

Per the guidance of your faculty internship supervisor, provide a copy of your objectives with the community liaison along with days and time frame you plan to be at the agency or community.

Some community liaisons want a written summary of your activities that is separate from your eJournal. Discuss their preference with them.

Office of the Vice President for Student Affairs
ovpsa@u.washington.edu
Modified: January 26, 1998

University of Washington
School of Nursing
Community Health Nursing

EVALUATION OF INTERNSHIP SITES
By Student

This is an informal evaluation, which is for the exclusive use of CHN Faculty and students. Your student colleagues and future CHN students will have the opportunity to peruse these evaluations in order to make more informed decisions about their own internship(s). Your frank and honest insights on the site itself and/or the liaison(s) are very much appreciated. Please return completed evaluations to the CHN program staff.

Name of Site/Location _____

Liaison(s) _____

Quarter and Year _____

Impressions of the Site: (opportunities and experiences available; appropriateness of level of work provided/required; relevance to current or future community health nursing practice; availability of projects; accessibility for times available, etc.).

Impressions of the Liaison(s): (availability to provide direction and support; clarity of direction and expectations; effectiveness of teaching; expertise; etc.)

Would you recommend this location/liaison(s)? Yes No

Additional thoughts on why or why not:

CORE COURSE DESCRIPTIONS

NURS 557 Health, Culture and Community: A multidisciplinary approach to the development of leadership in personal and organizational cultural competence in community-based participatory research. Emphasis is on understanding collaborative assessment, planning, and evaluation of health promotion and disease prevention programs to address the social determinants of health at the population level.

NURS 576 Assessment and Collaboration with Communities, Populations and Systems: Examines, critiques, and applies theory in assessing communities, populations, and systems cross-culturally; focuses on advanced practice, executive leadership/policy, and practice inquiry; broad definition of community includes organizations. Team work emphasized in assessment implementation i.e., survey, interview, focus groups, observation/participant observation; advances understanding of social determinant of health.

NURS 578 Social Justice and Determinants of Health: Uses multiple data sources to critically appraise social justice and determinants of health in populations and communities. Critiques preventive theories related to the reduction of health disparities in complex systems. Examines theories related to the development, implementation, and evaluation of health policies and other systems' level approaches. .

NSG 561 Community Health Systems for Equity: Defines, evaluates, and synthesize how community health systems promote health equity. Emphasizes how various systems, such as care systems, public health, governmental, tribal, family, and social-kin, nonprofit, faith-based, and business systems, inhibit or promote communal health. Highlights advanced practice, practice inquiry, and leadership implications.

NSG 511 Prevention Issues in Community Health: An interdisciplinary overview of community health prevention approaches focusing on the social determinants of health and health disparity reduction among vulnerable populations. Analysis of community and population preventive strategies across the life course. Roles of advanced community health nurses as prevention leaders and consumers of prevention information are emphasized. (Required CHN Core Course for DNP)

APPENDICES

Appendix A: Public Health Core Competencies

Appendix B: Doctor of Nursing Practice (DNP) Essentials

Appendix C: Collaborative Leadership Skills

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APPENDIX A

Public Health Core Competencies Council on Linkages Between Academia and Public Health Practice

Required public health competencies recommended by the Institute of Medicine serve as the foundation of the curriculum of this specialty area. These competencies have been adopted by the Association of State and Territorial Directors of Nursing, and the Quad Council of Public Health Nursing Organizations to shape the practice of community health system. For more information, go to <https://www.train.org/Competencies/corecompwoskills.htm>

Public Health Core Competencies Without Skill Levels

Analytic/Assessment Skills

- ▶ Defines a problem
- ▶ Determines appropriate uses and limitations of both quantitative and qualitative data
- ▶ Selects and defines variables relevant to defined public health problems
- ▶ Identifies relevant and appropriate data and information sources
- ▶ Evaluates the integrity and comparability of data and identifies gaps in data sources
- ▶ Applies ethical principles to the collection, maintenance, use, and dissemination of data and information
- ▶ Partners with communities to attach meaning to collected quantitative and qualitative data
- ▶ Makes relevant inferences from quantitative and qualitative data
- ▶ Obtains and interprets information regarding risks and benefits to the community
- ▶ Applies data collection processes, information technology applications, and computer systems storage/retrieval strategies
- ▶ Recognizes how the data illuminates ethical, political, scientific, economic, and overall public health issues

Policy Development/Program Planning Skills

- ▶ Collects, summarizes, and interprets information relevant to an issue
- ▶ States policy options and writes clear and concise policy statements
- ▶ Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs
- ▶ Articulates the health, fiscal, administrative, legal, social, and political implications of each policy option
- ▶ States the feasibility and expected outcomes of each policy option
- ▶ Utilizes current techniques in decision analysis and health planning
- ▶ Decides on the appropriate course of action
- ▶ Develops a plan to implement policy, including goals, outcome and process objectives, and implementation steps
- ▶ Translates policy into organizational plans, structures, and programs
- ▶ Prepares and implements emergency response plans
- ▶ Develops mechanisms to monitor and evaluate programs for their effectiveness and quality

Communication Skills

- ▶ Communicates effectively both in writing and orally, or in other ways
- ▶ Solicits input from individuals and organizations

- ▶ Advocates for public health programs and resources
- ▶ Leads and participates in groups to address specific issues
- ▶ Uses the media, advanced technologies, and community networks to communicate information
- ▶ Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences

Attitudes

- ▶ Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives

Cultural Competency Skills

- ▶ Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences
- ▶ Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services
- ▶ Develops and adapts approaches to problems that take into account cultural differences

Attitudes

- ▶ Understands the dynamic forces contributing to cultural diversity
- ▶ Understands the importance of a diverse public health workforce

Community Dimensions of Practice Skills

- ▶ Establishes and maintains linkages with key stakeholders
- ▶ Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships
- ▶ Collaborates with community partners to promote the health of the population
- ▶ Identifies how public and private organizations operate within a community
- ▶ Accomplishes effective community engagements
- ▶ Identifies community assets and available resources
- ▶ Develops, implements, and evaluates a community public health assessment
- ▶ Describes the role of government in the delivery of community health services

Basic Public Health Sciences Skills

- ▶ Identifies the individual's and organization's responsibilities within the context of the Essential Public Health Services and core functions
- ▶ Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services
- ▶ Understands the historical development, structure, and interaction of public health and health care systems
- ▶ Identifies and applies basic research methods used in public health
- ▶ Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries
- ▶ Identifies and retrieves current relevant scientific evidence
- ▶ Identifies the limitations of research and the importance of observations and interrelationships

Attitudes

- ▶ Develops a lifelong commitment to rigorous critical thinking

Financial Planning and Management Skills

- ▶ Develops and presents a budget
- ▶ Manages programs within budget constraints
- ▶ Applies budget processes
- ▶ Develops strategies for determining budget priorities

- ▶ Monitors program performance
- ▶ Prepares proposals for funding from external sources
- ▶ Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts
- ▶ Manages information systems for collection, retrieval, and use of data for decision-making
- ▶ Negotiates and develops contracts and other documents for the provision of population-based services
- ▶ Conducts cost-effectiveness, cost-benefit, and cost-utility analyses

Leadership and Systems Thinking Skills

- ▶ Creates a culture of ethical standards within organizations and communities
- ▶ Helps create key values and shared vision and uses these principles to guide action
- ▶ Identifies internal and external issues that may impact delivery of essential public health services (i.e., strategic planning)
- ▶ Facilitates collaboration with internal and external groups to ensure participation of key stakeholders
- ▶ Promotes team and organizational learning
- ▶ Contributes to development, implementation, and monitoring of organizational performance standards
- ▶ Uses the legal and political system to effect change
- ▶ Applies theory of organizational structures to professional practice

APPENDIX B

Doctor of Nursing Practice (DNP) Essentials

Source: American Academy of Colleges of Nursing

The DNP essentials document outlines and defines the following foundational essentials.

Essential I: Scientific Underpinnings for Practice

The DNP program prepares the graduate to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
 - a. Determine the nature and significance of health and health care delivery phenomena;
 - b. Describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and
 - c. Evaluate outcomes
3. Develop and evaluate practice approaches based on nursing theories and theories from other disciplines.

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

The DNP program prepares the graduate to:

1. Develop and evaluate care delivery approaches that meet current and future needs of patient population based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.
 - a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
 - b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
 - c. Develop and/or monitor budgets for practice initiatives.
 - d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
 - e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

The DNP program prepares the graduate to:

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.

3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
 - collect appropriate and accurate data to generate evidence for nursing practice
 - inform and guide the design of databases that generate meaningful evidence for nursing practice
 - analyze data from practice
 - design evidence-based interventions
 - predict and analyze outcomes
 - examine patterns of behavior and outcomes
 - identify gaps in evidence for practice
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

The DNP program prepares the graduate to:

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

Essential V: Health Care Policy for Advocacy in Health Care

The DNP program prepares the graduate to:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.

6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

The DNP program prepares the graduate to:

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

The DNP program prepares the graduate to:

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

Essential VIII: Advanced Nursing Practice

The DNP program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

For the complete document on the *Essentials of Doctoral Education for Advanced Nursing Practice*, see <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>

APPENDIX C

Collaborative Leadership Skills

Because collaborative interaction is challenging, it takes special skills to shepherd a group through this developmental continuum. Collaborative leadership is apparent in those who inspire commitment and action, lead as a peer problem solver, build broad-based involvement, and sustain hope and participation. Based on research with noted leadership experts and the public health practice community, the Turning Point Leadership Development National Excellence Collaborative identified a number of core collaborative leadership capacities in 2001. This National Excellence Collaborative, funded by The Robert Wood Johnson Foundation and made up of public health practitioners from around the country, has worked to better define, describe, and build the skills of collaborative leadership among those who participate in public health work.

Collaborative Leadership Practices

Clearly there are a number of critical skills and capacities collaborative leaders should possess. Many of the skills are not necessarily unique to a collaborative form of leadership and have already been described in the literature and developed into training curricula. The work of the Turning Point Leadership Development National Excellence Collaborative, however, has illustrated six key practices that are unique to the practice of leading a collaborative process. They are:

- **Assessing the Environment for Collaboration:** Understanding the context for change before you act.
- **Creating Clarity – Visioning & Mobilizing:** Defining shared values and engaging people in positive action.
- **Building Trust & Creating Safety:** Creating safe places for developing shared purpose and action.
- **Sharing Power and Influence:** Developing the synergy of people, organizations, and communities to accomplish goals.
- **Developing People – Mentoring and Coaching:** Committing to bringing out the best in others and realizing people are your key asset.
- **Self-Reflection – Personal CQI (Continuous Quality Improvement):** Being aware of and understanding your values, attitudes, and behaviors as they relate to your own leadership style and its impact on others.

Each of these elements is key to the collaborative process. They are not mutually exclusive but support each other and provide a comprehensive picture of the essential skills of a collaborative leader.

Assessing the Environment: This is the capacity to recognize common interests, especially the capacity to recognize and understand other perspectives. It is a fundamental quality of collaborative leadership. Collaboration seeks goal attainment around shared visions, purposes, and values. When he or she brings different points of views to an issue or problem, a collaborative leader facilitates connections and encourages group thinking that identifies clear, beneficial change for all participants. The goal is to set priorities and then identify barriers and obstacles to the achievement of priorities.

Creating Clarity: Having clarity of values is a quality that characterizes collaborative leaders. Whether it is commitment to a cause that transcends the self, the recognition of a spiritual reality

or imperative, ethical and moral standards that provide guidance - whatever the source of the inner gyroscope - collaborative leaders seem to exhibit clarity of purpose, often about creating and sustaining a process. "Visioning and mobilizing," in relation to clarity of values, has to do with a commitment to a process or a way of doing things. Often "mobilizing" refers specifically to helping people develop the confidence to take action and sustain their energies through difficult times. Clarity leads to focus which leads to increased group energy (power). Often too little time is spent in the process of "informal exploring" to understand problems, thereby developing clarity. A shared vision can be inspiring.

Building Trust: The capacity to promote and sustain trust is often overlooked in the collaborative process. Leaders sometimes believe that, once individuals or groups are gathered together, a plan can be made easily and commitment obtained. If a collaborative leader fails to engender trust among participants, however, their involvement will wane, and the best ideas and innovative approaches will not be shared. In this context, the collaboration will have lost its capacity to draw the best ideas from those involved.

Sharing Power and Influence: The capacity to share power and influence is an uncommon trait among leaders. American society traditionally rewards individual achievement, but collaboration cannot be achieved through a solo effort. Participants in the decision-making process need to feel empowered in order to contribute fully. Too often it is only the head of an organization who receives public accolades, despite the fact that the success was only possible through the shared effort and wide range of experience of a large team of people. Rather than being concerned about losing power through collaboration, leaders need to see that sharing power actually generates power that power is not a finite resource.

Developing People: This practice is best described as a genuine concern for bringing out the best in others, maximizing the use of other people's talents and resources, building power through sharing power, and giving up ownership or control. These are themes that relate to realizing and promoting the potential in other people. Coaching and mentoring creates power, which increases leadership capacities and builds confidence by encouraging experimentation, goal-setting, and performance feedback.

Self-Reflection: Collaborative leaders are personally mature. To be successful leading a collaborative process, individuals must use self-reflection to examine and understand their values and think about whether their behaviors are congruent with their values. At critical junctures in the collaborative process, through reflection, successful leaders make time to consider verbal and nonverbal communication within the group. They think critically about the impact their actions and words have on the group's progress toward achieving its goals. Great collaborative leaders have the ability to recognize the impact of their behavior and adjust accordingly.

For more detailed information about Collaborative Leadership, see:
<http://www.turningpointprogram.org/toolkit/content/cllearncomp.htm>

APPENDIX D

About the University of Washington School of Nursing

The University of Washington School of Nursing is known for its excellence in nursing education, research and practice and its commitment to community service. Globally-renowned UW faculty prepare diverse students for tomorrow's careers, conduct advanced research to find answers to some of the world's most urgent problems, and serve communities as they seek to apply knowledge and technology for the advancement of health.

Our School has been the nation's top-ranked School of Nursing by the U.S. News and World Report every year since the first survey was conducted in 1984. Our students, alumni and faculty are known for their distinguished contributions to health care around the nation and around the world. Our School is also one of the nation's top recipients of research funds, and we attract world-class nurse scientists to our faculty.

Faculty at the UW School of Nursing are outstanding teachers as well as internationally recognized researchers, and we have an excellent staff who support our efforts in teaching and research. In addition, we have a longstanding tradition of lifelong learning and have used technology to support distance education for more than 20 years.

We invite you to learn more about our School's three major departments and Office of Nursing Research, and about our UW Bothell and UW Tacoma campuses. Read "Connections," the School of Nursing newsletter, and check out "News and Events" feature for an inside look at the UW School of Nursing today.

History

The UW School of Nursing was only the second school of nursing in the United States to be based in a university, and the first on the West Coast. Although nurses were critical to public health in the early Northwest, often providing the only source of health care in rural areas, the only formal training available was as private duty nurses in hospital schools. As greater numbers of girls began completing high school in Washington, and with nurses in short supply because of typhoid and tuberculosis epidemics and an outbreak of influenza that was taking more lives than World War I, state organizations asked the University of Washington to offer public health courses for graduate nurses. In 1918, UW President Henry Suzzalo initiated a summer public health nursing course as well as recommending that a five-year nursing education program be offered. In 1922, the UW Department of Nursing was organized by Elizabeth Sterling Soule, state supervisor of nurses for the Washington TB Association and Red Cross Visiting Nurses Services, and instructor in the public health nursing course.

The new Department of Nursing was among the first to receive accreditation from the National Organization of Public Health Nurses and began offering graduate nurses a Bachelor of Science in Nursing degree in 1923. Under Soule's leadership, which continued until 1950, all nursing faculty were required to have master's degrees by

1932. That same year, nursing moved into its own building on the UW campus.

In 1940, Soule became the first woman to receive the UW's highest honor, *Alumnus Summa Laud Dignatus* and, in 1945, nursing became an independent school within UW Health Sciences, with Soule as the first dean. When Soule retired in 1950, *Time* magazine called her the "Mother of Nursing" in the Pacific Northwest.

The early traditions of academic excellence continue to today. In 1984, in the first nationwide survey of schools of nursing, the UW School of Nursing was ranked #1 in the nation. It has continued to be among the top ranked programs every year since.

Today, the School and its extensive research and teaching laboratories are housed in the health sciences complex. Of its tenured faculty, 99% hold doctoral degrees. Because of this, it attracts outstanding students who study under a world-class nursing faculty.

APPENDIX E

Websites for CHN Resources

- Code of Ethics for Nurses with Interpretive Statements:
http://www.nursingworld.org/ethics/code/protected_nwcoe813.htm
- Washington State Nurse Practice Act: RCW 18.79
<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79>
- University of Washington Student Conduct Code:
<http://www.washington.edu/students/handbook/conduct.html>
- Collaborative Leadership Learning Modules:
<http://www.turningpointprogram.org/toolkit/content/clearncomp.htm>
- Code of Ethics for Public Health Profession:
<http://www.asph.org/UserFiles/Module1.pdf>