

Highlights of the Key Informant Survey
for *Linking PHN Practice & Education to Promote Population Health Grant*
The PHN Clinical Experience, Conducted 2001

Minnesota Tribal/Local PHN Agencies and baccalaureate schools of nursing with student clinicals in Minnesota were surveyed in the fall of 2001. The following are highlights of this survey.

1. The context of the clinical experiences is varied due to a number of factors:
 - ✓ Student clinicals at health departments and community-based agencies
 - ✓ The programs and services offered by the local health departments
 - ✓ Community needs change from year to year
 - ✓ Number of hours designated for clinicals
 - ✓ Type of nursing program
 - ✓ Student backgrounds and interests
 - ✓ Instructor involvement

Findings/Issues:

Many, but not all, students receive an orientation at the health department on core functions, principles, the Community Health Service Plan, and occasionally, on program areas. Orientation to the agency and programs is key to student's understanding their experience.

Most students are assigned to specific PHNs, often defined as a mentor or preceptor. Spending time with the assigned PHN mentor/preceptor is often viewed as the most useful part of the clinical experience. Preceptors work with students, go with them into homes, and later talk through visits.

Clinical experiences of generic students are often very different from that of completion students. Completion BSN experiences are much less defined with much less interaction between student and agency staff.

The quality of the clinical experience is related to the relationship between faculty and the tribal/local public health department staff and their level of communication.

2. There are multiple combinations of clinical experiences for students.
 - a. Multiple sites and an array of activities are used for clinical experiences. While many of these are observational experiences (shadowing), agency staff and faculty struggle to facilitate as much actual participation as possible. Clinical sites include such settings as: clinic settings (WIC, CTC, Immunization clinic, TB, Refugee health), correctional health, mental health, school nursing, community events, daycare consultation, cholesterol screening, community coalition meetings, case management and environmental health (restaurant inspection, dumps, resource recovery).

- b. Clinical experiences fall on a continuum that ranges from a predominantly individual focus to a predominantly community focus. The majority of experiences are a mix of community/systems/individual focus. Examples of population-focused or community health promotion projects include: hand washing in day care setting, smoking policies with restaurant managers, lice treatment provider practices and projects on asthma, FAS, and disparities, working at homeless shelters, design and present home health aide training, and outreach to Spanish speaking population for child abuse prevention.
- c. Clinical experiences outside the tribal/local public health agency experience include such activities as: Locate and detail community resources including eligibility and referral, select an issue, research data on the issue, and write a political action letter (may or may not be sent); practice priority setting through a work management simulation software, and participate in case conferences.
- d. Basic public health nursing skills and competencies taught/learned in clinicals include: community, home and environmental assessment, community organization, interdisciplinary collaboration and coalition building, public policy analysis, negotiation skills, locating data and statistics, data analysis, locating, linking, and accessing community resources, working with different culture groups, facilitating groups.

Findings/Issues:

Students complete their public health/community health clinicals at health departments and many other community-based agencies.

Public health nursing is changing, and schools and health departments are challenged to design clinical experiences that reflect the reality of the many roles of today's PHN.

Faculty and health department staff struggle to design clinicals that incorporate more focus on community and systems elements (as well as individuals), or in some cases, a focus on individuals as well as community and systems.

Fewer students do home visits with families due to a number of factors including: agencies providing overall fewer home visits, acuity level of families, computerized records, complex regulations, student availability.

The best clinical experiences appear to be negotiated between the instructor, the agency, and the students. When students are responsible for setting up own experiences they sometimes get lost.

There is a big difference between “observing” and “learning” public health nursing skills. Staff reports “not much” learning occurs in a one-day observational experience. How will students learn these skills?

Health department staff may not always be aware of the full scope of activities included in the “clinical experience.”

There is a trend toward students having a “community experience” in courses other than public health. This results in public health being in competition for clinical experiences with their own colleagues.

3. The most successful experiences are when the students are able to:
 - ✓ Spend one-on-one time with PHN preceptors/mentors
 - ✓ Understand and recognize how all the things that public health does ties back to the community assessment and CHS plan
 - ✓ Take a public health issue from assessment to program development to implementation to evaluation
 - ✓ Experience the enthusiasm shown by directors/staff in local health departments
 - ✓ Take a specific clinical setting or experience and figure out how it could be population-based, e.g.
 - ✓ Participate in a variety of experiences at a variety of locations
 - ✓ Interact with a family over time and see the impact of illness or health problems beyond just the illness itself
 - ✓ Differentiate public health from the medical model, and understand that public health works across the lifespan to prevent disease and promote health
 - ✓ Match their experience with their expectations
 - ✓ Experience continuity, not episodic intervention
 - ✓ Be part of an agency team or peer with responsibility and expectation to accomplish a designated assignment
 - ✓ Successfully communicate with and between clients, providers, community, and the PHN
 - ✓ Develop, design, research, prepare and present relevant projects

4. Ideas to enhance the clinical experience:
 - ✓ More (enough) public health placements for all students
 - ✓ Use mentor/preceptor model that pairs a student with an agency PHN who acts as their preceptor
 - ✓ More communication between school and agency and vice versa
 - ✓ Public health clinical instructors who have experience in public health nursing, knows the agency, staff and community, and who can transmit the passion and enthusiasm to students
 - ✓ Agencies proposed possible projects
 - ✓ Faculty share more ideas about student’s interests and skills/expertise
 - ✓ Joint staff/faculty planning meetings
 - ✓ Feedback an what’s working and what’s not

- ✓ Instructor on site and visible in agency
- ✓ Stronger relationship between school and agency
- ✓ Clearly defined goals, roles and responsibilities for clinical experiences understood by faculty, staff, AND students
- ✓ Clear syllabus shared with faculty, staff, and students
- ✓ More feedback from students and faculty, both formal and informal
- ✓ Longer time frame, more time at agencies
- ✓ Increased opportunities to communicate and critique students
- ✓ Standardized orientation and policies
- ✓ More acknowledgment of health department's contribution and feedback from both faculty and students