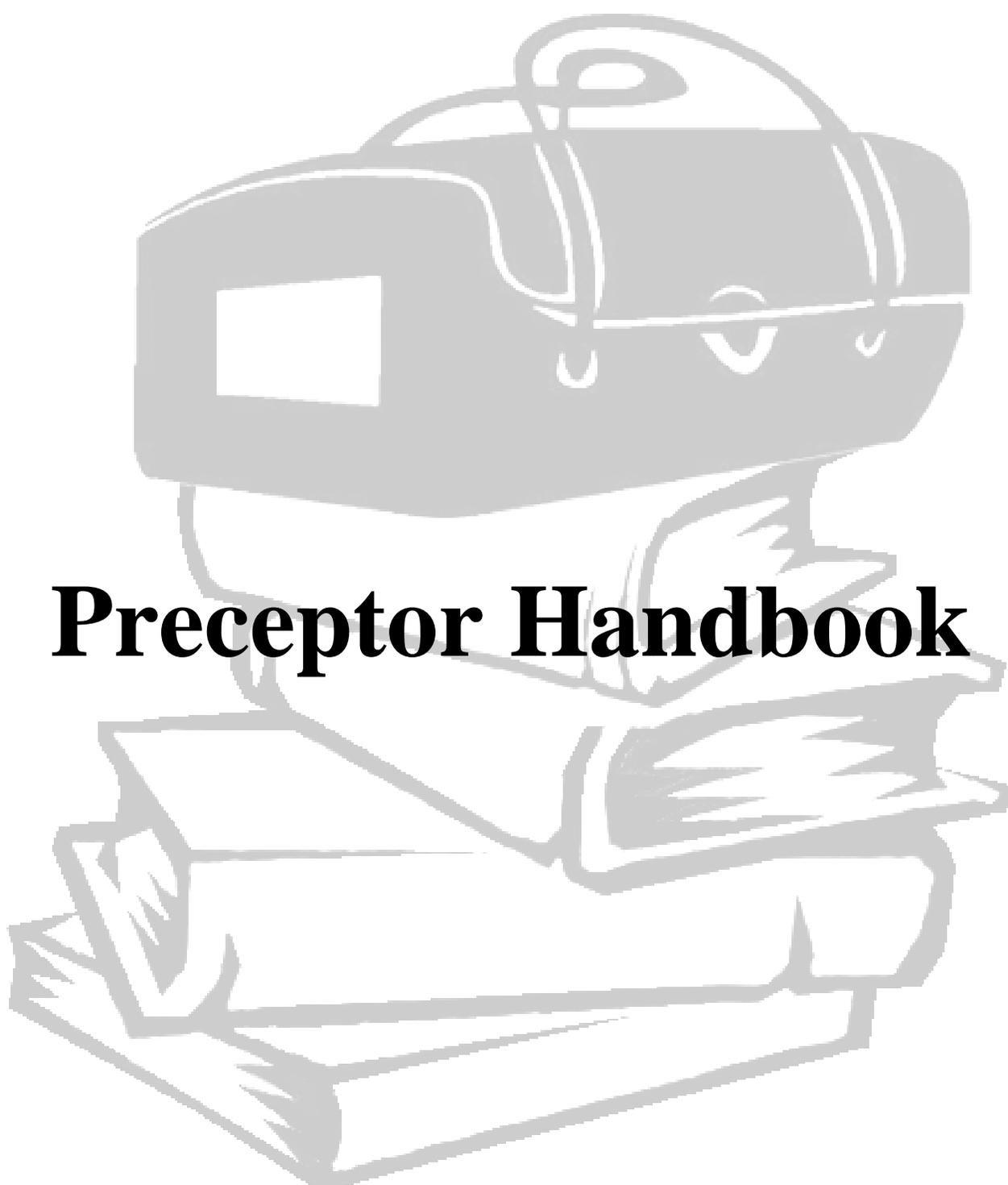


**Linking Public Health Nursing Practice and  
Education to Promote Population Health**

A stylized, light gray illustration of a nurse's bag and a stack of books. The bag is at the top, with a handle and a strap. Below it is a stack of three books, with the top one slightly open. The text 'Preceptor Handbook' is overlaid on the books.

**Preceptor Handbook**

June 2005  
2<sup>nd</sup> Edition



# Linking Public Health Nursing Practice and Education to Promote Population Health

## Preceptor Handbook

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For further information visit us on the web at

[www.health.state.mn.us/div/chs/phn/partnerships.html](http://www.health.state.mn.us/div/chs/phn/partnerships.html)

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## Introduction

This Preceptor Handbook was prepared as a part of the *Linking Public Health Nursing Practice and Education to Promote Population Health*, Minnesota Department of Health grant. This grant provided funding to work with tribal and local public health departments and schools of nursing to collaboratively develop and implement meaningful, relevant clinical learning experiences for baccalaureate nursing students. Throughout the Preceptor Handbook, *Linking Public Health Nursing Practice and Education to Promote Population Health* grant will be referred to as the Linking Grant. Major components of the Linking Grant included:

- A statewide assessment of the current status of baccalaureate student experiences in public health nursing,
- A statewide symposium to bring together representatives of public health nursing (PHN) practice and education to learn about each other's work and to plan innovative approaches for PHN clinical experiences,
- Support for the creation and activities of local linking projects across the state to design and test models for PHN student clinical experiences,
- Development of a preceptor network that supports students during the clinical experience, and
- A national clinical conference in 2004 to share our experiences (and those of other education and practice groups) with a broader audience.

*PHN preceptors can be instrumental in showing nursing students the 'art and skill of public health nursing' since they are experts in "...reading the situation, using hidden information, cues and background clues leading to an assessment of the total situation ... enabling decision making, followed by either an appropriate intervention or else no action at that time." (Chavasse, 2001)*

Preceptors are an integral part of the *Linking PHN Practice and Education to Promote Population Health* grant. Learning to be a public health nurse (PHN) involves combining the "learning about" with "learning to be." Preceptors can have a central role in the student's learning to be a public health nurse.

The Preceptor Handbook provides a plan for what preceptors and others can expect. Qualifications and qualities of the 'ideal' preceptor are presented & possible roles and responsibilities are described.

# Preceptor Role

## Definition of Preceptor

“A preceptor is a person who teaches, counsels, inspires, serves as a role model and supports the growth and development of an individual (the novice) for a fixed and limited amount of time with the specific purpose of socializing the novice into a new role.” (Morrow, 1984)

## The Role of the Preceptor

The preceptor:

1. Enhances the link between theoretical knowledge and the practice of public health nursing.
2. Provides a supportive relationship for students during their population-based clinical experience

PHN Preceptors from local and tribal health departments work with schools of nursing and baccalaureate PHN students to bring to life the passion of public health nursing and the complexity of the PHN role. Preceptors help strengthen the link between the health department and the schools of nursing by assisting students in integrating their learning objectives with “real world” nursing practice skills and in their efforts to assist the health department to meet its public health goal.

## Benefits for the Preceptor

(Beancuzzo, 1994)

- Sense of achievement
- Recognition
- The work of the preceptor itself
- The added responsibility
- The opportunity for professional advancement

## Qualifications of a Preceptor for Baccalaureate Nursing Students

While tribal/local public health departments make the selection of preceptor(s), the following are suggestions as minimum requirements.

- Licensed professional (baccalaureate prepared) registered nurse with PHN certification from the State of Minnesota
- Endorsement of preceptor's local or tribal health department employer
- Interest in the preceptor role
- Knowledge of population-based practice that includes 1) practice at the individual/family, systems, and community levels, 2) public health interventions and 3) Cornerstones of public health nursing
- Internet access
- Sufficient experience and expertise as a PHN to be able to convey the essential components of the PHN role to students
- Strong communication skills that include verbally negotiating needs and expectations of individuals as well as providing both positive and negative feedback to others
- Ability to support the learning process of students

## Qualities of an Effective Preceptor

A model - someone who others admire and wish to emulate

An investor – someone who invests time and energy into someone else's personal growth

A supporter – someone who offers emotional support and builds self-confidence in others

An idea bouncer – someone who will listen and discuss other's ideas

A problem-solver – someone who will help to examine problems and identify possible solutions

A teacher/coach – someone who can teach interpersonal, technical and political skills essential for advancement

*Minnesota Colleagues in Caring Collaborative*

Enjoys teaching

Empathetic and respectful of learners

Interested and committed to student learning

Ability to be supportive and nurturing

Good sense of humor

Dependable, well organized

Enthusiastic, motivated

Strong problem-solving ability

Ability to articulate steps in decision-making process

Good role model

Confident and competent in role

Effective communication skills

Demonstrated leadership

Involved in health department and community

Passion and love for the profession

*Public Health Nursing Practice for the 21<sup>st</sup> Century, 1999*

## Roles and Expectations

The following roles and expectations are offered as guidelines with the understanding they will be modified based on available resources and established practices.

### Roles and Expectations of Preceptor

A preceptor takes on 3 roles: nurturer, educator, and role model.

Preceptors guide and enhance the population-based learning of students by providing ideas, information, resources, knowledge and feedback about the reality of practice. Preceptors work with a specific student or group of students for the duration of their clinical experience in the health department (usually 6-10 weeks) and are available to students regularly.

- ❑ Attend preceptor training(s)
- ❑ Together with health department administration, student(s), and faculty identify a variety of population-based learning opportunities for the PHN student clinical experience
- ❑ Assure ongoing communication with health department, school of nursing and student
- ❑ Be available to student(s) as arranged and contact student(s) if unable to make a scheduled meetings
- ❑ Support population-based curriculum and assist in real life application within the framework of clinical course objectives
- ❑ Assist student in developing knowledge and skills for population-based practice
- ❑ Act as health department and community resource person for faculty
- ❑ Act as community resource and support for PHN students in the health department
- ❑ Role model professional practice including values and ethics of caring for diverse population
- ❑ Integrate adult learning theory and principles in interactions with students (See Appendix 3)
- ❑ Use coaching techniques to assist students to problem solve complex situations encountered by PHN
- ❑ Provide feedback regarding student progress, identify problems, and suggest ways to resolve issues
- ❑ Together with faculty and health department, evaluate the preceptor experience (It is not the role of the preceptor to “grade” the student. The preceptor may contribute to the student evaluation)

## **Roles and Expectations of Student**

- ❑ Together with preceptor, faculty, and other health department staff identify a range of population-based learning opportunities for the PHN student clinical experience
- ❑ Assure ongoing communication with health department, preceptor and faculty
- ❑ Fulfill the learning goals, course objectives and assignments
- ❑ Communicate learning needs to preceptor. Ask questions. Seek feedback.
- ❑ Follow up on suggestions/recommendations made by preceptor
- ❑ Contact preceptor if unable to make scheduled meetings
- ❑ Participate in preceptorship evaluation

## **Roles and Expectations of Health Department**

- ❑ Together with preceptor, faculty, and student identify a range of learning opportunities for the PHN student clinical experience
- ❑ Assure ongoing communication with school of nursing, preceptor and student
- ❑ Support preceptor and provide resources and accommodation for PHN student experience
- ❑ Together with the faculty, preceptor and student(s), evaluate the preceptor program
- ❑ Identify the contributions students are making to the work of the health department
- ❑ Communicate benefits of hosting students to governing and advisory boards

## **Roles and Expectations of Faculty/Schools of Nursing**

- ❑ Together with preceptor, health department, and student formulate learning opportunities for the PHN student clinical experience
- ❑ Assure ongoing communication with health department, preceptor and student(s)
- ❑ Provide support for the preceptor
- ❑ Provide feedback to the preceptor
- ❑ Make available class materials such as course syllabus and/or community health nursing text
- ❑ Together with the health department, preceptor and student(s) evaluate the preceptor experience (the faculty retains the responsibility for grading the student's work)

## Sample Preceptor and Student Activities

It is recommended that specific assignments will be developed through discussion with health department staff and school of nursing faculty and be based on needs of the local health department and school of nursing course objectives.

Some examples of activities and/or assignments include:

Assist with student introduction to the tribal/local health department. Discuss health department philosophy, structure, policies and procedures within the context of population-based practice.

Talk about what is interesting/exciting about PHN for you. Describe what a ‘typical’ day is like for you. Describe the most satisfying and most frustrating parts of the job. Describe trends and developments in public health you see affecting PHN careers in the future.

Discuss professional standards of public health nursing.

Schedule opportunity for student to shadow preceptor for a day/part of a day.

Compare and contrast the importance of the following skills and characteristics for hospital nurses and for public health nurses.

- |   |   |
|---|---|
| <input type="checkbox"/> Timely documentation             | <input type="checkbox"/> Independence                 |
| <input type="checkbox"/> Cultural competency              | <input type="checkbox"/> Setting priorities           |
| <input type="checkbox"/> Confidentiality                  | <input type="checkbox"/> Organization/time management |
| <input type="checkbox"/> Map-reading ability              | <input type="checkbox"/> Ability to start an I.V.     |
| <input type="checkbox"/> Knowledge of community resources | <input type="checkbox"/> Facilitate a meeting         |
| <input type="checkbox"/> Communication                    | <input type="checkbox"/> Give an IM injection         |
| <input type="checkbox"/> Flexibility                      | <input type="checkbox"/> Assessment skills            |

Refer to Cornerstones of Public Health Nursing in Appendix 6. Discuss differences between PHN role and other nursing roles (i.e., the difference between public health and medical models).

Depending on the specific student assignment, review with students what makes an intervention ‘population-based’ (see Appendix 4), how PHNs work on all 3 levels of population-based practice (individual/family, community, and systems), and use the 17 public health interventions depicted on the Intervention Wheel (see Appendix 5).

Discuss Public Health Interventions using:

- A current event from the newspaper
- A local public health issue
- Back issues from “Getting Behind the Wheel” in the PHN Newsletter

Assist students with learning objectives, i.e., help students get started on a project, suggest community resources, introduce students to others who are involved in the assigned area of practice, etc.

Keep a log/reflective journal.

Schedule time for reflection with students around their activities. Discuss your problem solving process, alert them to potential difficulties and identify strategies to avoid problems.

Some questions to stimulate discussion before an activity could include:

- What is the key aspect or purpose of the activity?
- How are you planning to approach the activity?
- What might be barriers, obstacles, other considerations, pros and cons of various interventions used?

Some questions to stimulate discussion after an activity could include:

- What worked about your intervention? What made it work?
- What didn't work? What could you or someone else do differently?
- What are some other situations in which these experiences might apply?
- Explore/explain reasons for decisions

## List of Potential Activities by Level of Practice

Examples of population-based individual/family level activities:

- Conduct a joint home visit (HV) with student and discuss individual focus within population-based practice. (*Case management, teaching, assessment, advocacy, referral and follow up*). Assess student re: his/her discomfort, anxiety or fears of making home visits. Discuss with student ways to resolve discomforts (i.e. Role-play an ideal first encounter, allow time for student to become familiar with any equipment, assessment tools, etc. to be used, level of supervision preceptor will provide). Review policies and practices re: safety precautions during home visits.
- Attend a WIC clinic
- Go on a restaurant inspection visit with an environmental health specialist

Examples of population-based community level activities:

Attend a community meeting with preceptor and discuss community focus within population-based practice:

- As member of a Youth Health Day Committee (*community assessment, outreach, screening, evaluation*)
- As an organizer of the 2<sup>nd</sup> Hand Smoke Coalition (*coalition-building, community and systems teaching, advocacy*)
- As a member of a wellness committee (*coalition-building, teaching*)
- Together with schools and social services, planning a conference about children who witness violence (*systems change – changing the way professionals work with their clients, consultation*)
- As the Tobacco Endowment representative to the Youth Mentoring Council (*social marketing, collaboration, community organizing*)
- Develop a parish nursing coalition to provide outreach to congregations to promote health (i.e. walking group) (*coalition building, teaching, social marketing*)
- Provide Child and Teen Check-up (CTC) program outreach and advocacy and teaching on behalf of clients
- Visit a local women's shelter to talk about violence and work with staff on congregate living issues such as safety and communicable disease (*assessment, screening, referral and follow up, teaching, advocacy, consultation*)

Examples of population-based system level activities:

- Attend a chart audit committee meeting
- Attend a community task force committee meeting re: setting guidelines for school lunches
- Attend a meeting of health practitioners who want to expand services to women with depression
- Attend a county board meeting during which the health department director is advocating for a private well water testing program

## Sample Student Policies

Tribal/local public health departments recognize the value of offering learning experiences for students and appreciate student contributions to the work of the health department. Policies are set forth to avoid misunderstandings while in a health department. Tribal/local public health departments and schools of nursing may already have policy guidelines in place. Those guidelines may be substituted or added to these.

1. Faculty and student names and contact information (phone numbers, e-mail addresses, etc) will be provided to health department staff.
2. Health department staff contact information will be provided to faculty and students.
3. A calendar for student activities will be accessible to students and health department staff.
4. Students will review health department policies as provided by health department. (Including policies on confidentiality, documentation, transporting clients, building courtesy, etc.)
5. Students will follow health department policy regarding sign-in, use of equipment and supplies, use of telephones, and computers.
6. The public health department retains ultimate responsibility for the client and services provided. Students are accountable for their actions and for functioning within the role of student. Faculty members are responsible for making assignments consistent with the student's abilities and to provide adequate supervision. Any concerns from the community or health department staff will be brought to the faculty.
7. Health department and preceptors will receive an orientation to the student's coursework, i.e., the course syllabus, course objectives, expected learning outcomes, and process for communicating progress toward their completion. Faculty may recommend methods to foster learning and offer suggestions in the teaching role.

(Adapted from: Preceptor Handbook, South Dakota State University, College of Nursing, and Department of Undergraduate Nursing).

# Sample PHN Student Feedback Form

Student Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Preceptor Title: \_\_\_\_\_

Health Department: \_\_\_\_\_

Using the scale below, please rate the student's level of performance during the clinical experience on the criteria listed:

1 = Failed to meet expected performance level;

2 = Met expected performance level;

3 = Exceeded expected performance level

## **Clinical competence – setting priorities, organizing and managing time -- and subject knowledge**

\_\_\_\_\_ Applies nursing process to individuals, families/communities, systems

\_\_\_\_\_ Knowledgeable of key PH program areas (i.e., ante partum/postpartum care, growth & development, disease prevention & control, disaster & bio-terrorism response, violence, chemical health, mental health, environmental health, etc.)

\_\_\_\_\_ Organizes workload and plan/prepare for clinical activities (familiar with health department and community resources, etc.)

\_\_\_\_\_ Participates in a variety of population-based activities at individual/family, community, and systems levels

\_\_\_\_\_ Articulates accurately the concept of population-based practice

## **Interpersonal relationships/communication**

\_\_\_\_\_ Establishes trusting and respectful relationships with health department staff and community

\_\_\_\_\_ Collaborates with tribal/local health departments and community members to promote health

\_\_\_\_\_ Articulates/documents interventions effectively and according to health department standards

\_\_\_\_\_ Understands the importance of community assessment and the identification of priority community PH needs as the underpinning of all public health programming

\_\_\_\_\_ Understands the concept of collaboration as a means of meeting a community's needs

**Outcomes of efforts**

\_\_\_\_\_ Assesses community, analyzes data, and apply knowledge in planning interventions

\_\_\_\_\_ Evaluates interventions noting areas that are successful and discussing areas for improvement

**COMMENTS:**

Any areas of the above criteria on which the student was rated as (1):

Overall impression of the student’s work in your health department:

Any areas where this student’s academic preparation for the assigned work could be improved:

How will the results from this PHN student clinical be used by your organization:

**Thank you for serving as a preceptor for this student and for completing this assessment of the student. Your ratings will be useful in preparing this student for future work and in improving the clinical assignments for other students.**

*Please return this completed form in the envelope provided or mail to:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Appendices





# Benefits of Preceptor Programs

## Benefits to Student

- ❑ Individual support and encouragement for PHN students
- ❑ Individualized orientation to meet learning needs
- ❑ Increased knowledge in PHN specialty
- ❑ Creation of a relationship for exchange of information and ideas
- ❑ Opportunities for networking
- ❑ Opportunity to apply curriculum content to a real practice environment
- ❑ Closer working relationship between faculty and health department leading to improved access and understanding of community and health department
- ❑ Increased confidence in nursing skills

## Benefits to School of Nursing

- ❑ Creation of a relationship for exchange of information and ideas
- ❑ Opportunities for networking
- ❑ Closer working relationship between faculty and health department leading to improved access and understanding of community and health department
- ❑ Opportunity for research, special projects, and publications

## Benefits to Preceptor

- ❑ Gives formal recognition to preceptor as a role model
- ❑ Gives supervisor an understanding of formal time spent with student
- ❑ Gratification of advancing the practice of PHN
- ❑ Networking opportunities and support from other preceptors, faculty and The Office of Public Health Practice
- ❑ Satisfaction of sharing knowledge and experience
- ❑ Opportunity to sharpen own skills and knowledge base
- ❑ Develop professional ability to coach/mentor/teach others
- ❑ Increased involvement in the organization
- ❑ Opportunity to influence change in health department

## Benefits to Tribal or Local Health Department

- ❑ Increased clinical, communication and teaching skills of preceptor contribute to health department goals
- ❑ Commitment of preceptor as valued, knowledgeable member of the organization
- ❑ Retention of skilled PHNs who are able to continue their professional development
- ❑ Recruitment of new public health nurses whose skills are known and recognized
- ❑ Creation of a relationship for exchange of information and ideas
- ❑ Opportunities for networking
- ❑ Closer working relationship between faculty and health department leading to improved access and understanding of community and health department
- ❑ Opportunity to see public health issues with the fresh perspective of students

## Benefits to Community

- ❑ Increased services to the community
- ❑ Opportunity for the community to shape the future nursing workforce

## Essential Differences between Preceptorship and Mentorship\*

Preceptorship	Mentorship
Relationship is relatively short, generally spans the duration of a course or student rotation	Relationship is long-term, generally lasts several years, and may extend indefinitely beyond the period of structured mentorship
Relationship between preceptor and student is principally professional, more focused, and limited in scope	Relationship between mentor and protégé is both professional and personal, more global, intense, and very close
Preceptor works with a small group or one-on-one with individual students	Mentor works one-on-one with a protégé
Preceptor must possess excellent professional and teaching skills	Mentor must possess excellent professional and teaching skills, and must have achieved a high level of recognition within his/her professional field
Student benefits from the relationship, the preceptor experiences some rewards	Both protégé and mentor reap significant rewards, with transformation of both parties

\* From A Preceptorship, Mentorship, and the Adult Learner in Medical and Health Sciences@ Ajit Sachdeva, MD  
Journal of Cancer Education, 1996, Volume 11, Number 3

## Principles of Adult Learning Important to Precepting

- Principle 1: Learning is facilitated when the preceptor has sufficient experience and expertise within an identified practice area to feel confident and competent in nursing practice skills.
- Principle 2: Learners prefer and can learn best from preceptors who understand and appreciate learning, and continue to be learners themselves.
- Principle 3: Learning is enhanced by preceptors who demonstrate accurate empathy, non-possessive warmth, respect for the learner, and consistency in their own approach to the preceptor-learner relationship.
- Principle 4: Each learner is unique, and one's learning is affected by one's current status in the continua of physiological/aging phenomena, socio-cultural/life phases, and psychological/developmental stages.
- Principle 5: Learners learn best if they are full partners in the learning experience, participating fully in the design, implementation, and evaluation of the experience.
- Principle 6: The environment that is most effective in enhancing learning has available learning resources.
- Principle 7: The environment that most enhances learning is one that is supportive; free from threat; encourages openness, inquiry and trust; and avoids competitive judgments of performance.
- Principle 8: Learning content that is most effective is relevant, useful, and clearly organized around exploration of problems perceived as significant by the learner.
- Principle 9: Learning is most significant when the full, holistic learning process is utilized, which includes the differentiation, specification, and analysis of thoughts, words, perceptions, actions, and feelings experienced by the learner in a given situation in order to determine meanings, explore significance, and gain fresh new insights; validation through usage, and finally integration, syntheses, and incorporation back into the system of the learner resulting in growth, authenticity, and self-direction.

Adapted from Mary Jo Manley, EdD, RN, *The Role of the Preceptor: A Guide for Nurse Educators and Clinicians*. Chapter 2:1997.

## Five Criteria of Population-based Practice

*Is your Public Health Practice Population-Based?  
Here are 5 criteria to help you decide...*

- **Based on community need determined through a community health assessment process**
- **Considers all members of an entire population sharing similar health concerns or characteristics**
- **Considers the broad determinants of health**
- **Interventions include a prevention component, with a preference for primary prevention**
- **Interventions address all levels of practice**

### 1. **Based on community need determined through a community health assessment process.**

This is an essential element of population-based practice. All public health programs are based on the needs of the community, which are determined through a community assessment process. As communities change, so do community needs. As community needs change, so should public health programs. This is one of the reasons that community assessment is so important. Public health departments need to assess the health status of populations on an ongoing basis so that public health programs respond appropriately to new and emerging problems, concerns, and opportunities. Note: Included in an assessment are the resources and services provided by other agencies. Also priority needs are identified out of all community health needs identified.

### 2. **Considers all members of an entire population sharing similar health concerns or characteristics.**

This means focusing on everyone who is actually or potentially affected by a health concern or who share a similar characteristic. Population-based interventions are not limited to only those who seek service, come in for appointments, or who are poor or otherwise vulnerable. Because of this, health professionals often spend a lot of time in case finding, surveillance, disease and health investigation, outreach and screening activities. For example, it is a responsibility of public health to assure that *all* children are immunized against vaccine-preventable disease, not just those brought in by parents for their immunizations.

### 3. **Considers the broad determinants of health.**

A population-based approach examines all factors that affect health. It focuses on the entire range of factors rather than just personal health risks or disease. Examples of health determinants include income and social status, housing, nutrition, employment and working conditions, social support networks, education, neighborhood safety and violence issues, physical environment, personal health practices and coping skills, cultural customs and values, and community capacity to support family and economic growth.

**4. Interventions include a prevention component, with a preference for primary prevention.**

Prevention activities are those actions taken before the occurrence of an event or those that minimize the effects after the event has occurred. Not every event is preventable, but every event does have a preventable component. Thus, a population-based approach presumes that prevention may occur at any point – before a problem occurs, when a problem has begun but before signs and symptoms appear, or even after a problem has occurred. *Primary prevention* activities promote health, such as building assets in youth, or keeping problems from occurring, for example, teaching restaurant workers about the importance of hand washing. *Secondary prevention* activities detect and treat problems early, such as screening for home safety or testing well water. *Tertiary prevention* activities address existing problems with the goal of keeping them from getting worse. It often includes rehabilitation. Examples include Superfund clean-ups and preventing the complications of diabetes. Whenever possible, public health programs emphasize primary prevention.

**5. Interventions address all levels of practice.**

A population-based approach considers intervening at all possible levels of practice. Interventions may be directed at the entire population within a community, the systems that affect the health of those populations, and/or the individuals and families within those populations known to be at risk.

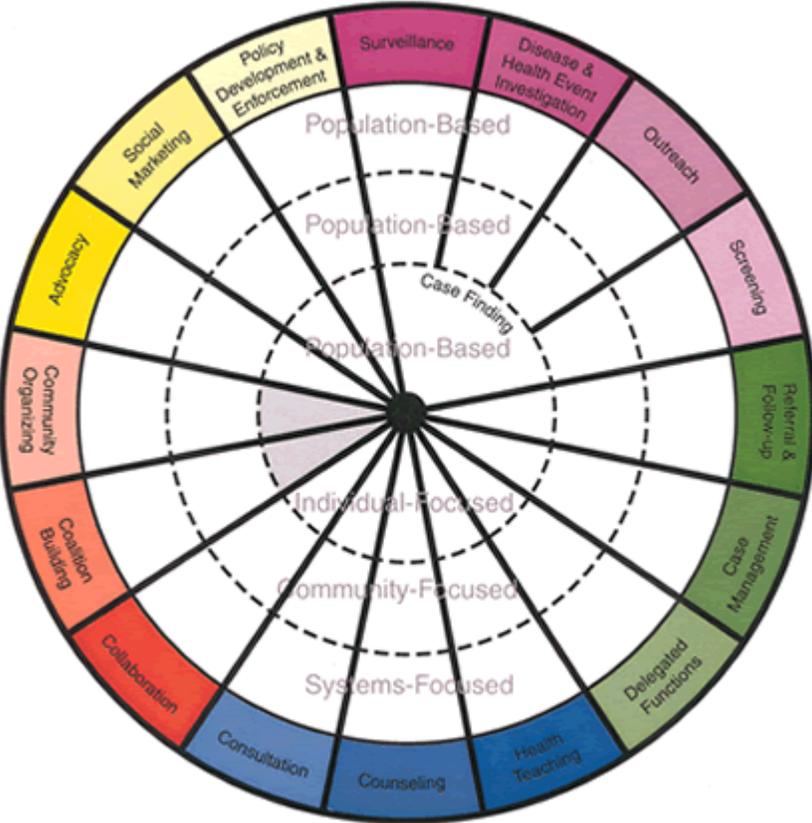
*Community-focused* practice changes community norms, attitudes, awareness, practices, and behaviors of the population-of-interest.

*Systems-focused* practice changes organizations, policies, laws, and power structures of the systems that affect health.

*Individual/Family-focused* practice changes knowledge, attitudes, beliefs, values, practices, and behaviors in individuals, alone or as part of a family, class, or group.

No one level of practice is more important than another; in fact, most public health problems are addressed by intervening at all three levels, often simultaneously. Consider, for example, smoking rates that continue to rise among the adolescent populations. At the community level of practice, public health professionals coordinate “youth led, adult supported” social marketing campaigns intended to change the community norms regarding adolescent’s tobacco use. At the systems level of practice, public health professionals facilitate community coalitions that advocate city councils to create stronger ordinances restricting over-the-counter youth access to tobacco. At the individual/family practice level, public health professionals teach middle school chemical health classes that increase knowledge about the risks of smoking, change attitudes toward tobacco use, and improve “refusal skills” among youth 12 – 14 years of age.

# Public Health Interventions Wheel and Definitions



## Public Health Interventions with Definitions

Public Health Intervention	Definition
Surveillance	Describes and monitors health events through ongoing and systematic collection, analysis, and interpretation of health data for the purpose of planning, implementing, and evaluating public health interventions. [Adapted from MMWR, 1988]
Disease and other health event investigation	Systematically gathers and analyzes data regarding threats to the health of populations, ascertains the source of the threat, identifies cases and others at risk, and determines control measures.
Outreach	Locates populations-of-interest or populations-at-risk and provides information about the nature of the concern, what can be done about it, and how services can be obtained.
Screening	Identifies individuals with unrecognized health risk factors or asymptomatic disease conditions in populations.
Case-finding	Locates individuals and families with identified risk factors and connects them with resources.
Referral and follow-up	Assists individuals, families, groups, organizations, and/or communities to identify and access necessary resources in to prevent or resolve problems or concerns.
Case management	Optimizes self-care capabilities of individuals and families and the capacity of systems and communities to coordinate and provide services.
Delegated functions	Direct care tasks a registered professional nurse carries out under the authority of a health care practitioner as allowed by law. Delegated functions also include any direct care tasks a registered professional nurse judges entrusts to other appropriate personnel to perform.
Health teaching	Communicates facts, ideas and skills that change knowledge, attitudes, values, beliefs, behaviors, and practices of individuals, families, systems, and/or communities.
Counseling	Establishes an interpersonal relationship with a community, a system, family or individual intended to increase or enhance their capacity for self-care and coping. Counseling engages the community, a system, family or individual at an emotional level.

Consultation	Seeks information and generates optional solutions to perceived problems or issues through interactive problem solving with a community, system, family or individual. The community, system, family or individual selects and acts on the option best meeting the circumstances.
Collaboration	Commits two or more persons or organizations to achieve a common goal through enhancing the capacity of one or more of the members to promote and protect health. [adapted from Henneman, Lee, and Cohen “Collaboration: A Concept Analysis” in <i>J. Advanced Nursing</i> Vol 21 1995: 103-109]
Coalition building	Promotes and develops alliances among organizations or constituencies for a common purpose. It builds linkages, solves problems, and/or enhances local leadership to address health concerns.
Community organizing	Helps community groups to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching the goals they collectively have set. [adapted from Minkler, M (ed) <i>Community Organizing and Community Building for Health</i> (New Brunswick, NJ: Rutgers Univ. Press) 1997; 30]
Advocacy	Pleads someone’s cause or act on someone’s behalf, with a focus on developing the community, system, individual or family’s capacity to plead their own cause or act on their own behalf.
Social marketing	Utilizes commercial marketing principles and technologies for programs designed to influence the knowledge, attitudes, values, beliefs, behaviors, and practices of the population-of-interest.
Policy development	Places health issues on decision-makers’ agendas, acquires a plan of resolution, and determines needed resources. Policy development results in laws, rules and regulation, ordinances, and policies.
Policy enforcement	Compels others to comply with the laws, rules, regulations, ordinances and policies created in conjunction with policy development.

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## Three Levels of Public Health Practice

Public health interventions are population-based if they consider all levels of practice. This concept is represented by the inner three rings of the model. The inner rings of the model are labeled community-focused, systems-focused, and individual/family-focused.

A population-based approach considers intervening at all possible levels of practice. Interventions may be directed at the entire population within a community, the systems that affect the health of those populations, and/or the individuals and families within those populations known to be at risk.

(Note: This is one of the criteria for population-based practice; see page 19.)

Levels	Definition
Population-based <b>community-focused</b> practice	changes community norms, community attitudes, community awareness, community practices, and community behaviors. They are directed toward entire populations within the community or occasionally toward target groups within those populations. Community-focused practice is measured in terms of what proportion of the population actually changes.
Population-based <b>systems-focused</b> practice	changes organizations, policies, laws, and power structures. The focus is not directly on individuals and communities but on the systems that impact health. Changing systems is often a more effective and long-lasting way to impact population health than requiring change from every single individual in a community.
Population-based <b>individual-focused</b> practice	changes knowledge, attitudes, beliefs, practices, and behaviors of individuals. This practice level is directed at individuals, alone or as part of a family, class, or group. Individuals receive services because they are identified as belonging to a population-at-risk.

# Cornerstones of Public Health Nursing

## Minnesota Department of Health/Center for Public Health Nursing

### Public Health Nursing Practice:

- Focuses on the health of entire populations
- Reflects community priorities and needs
- Establishes caring relationships with communities, systems, individuals and families
- Grounded in social justice, compassion, sensitivity to diversity, and respect for the worth of all people, especially the vulnerable
- Encompasses mental, physical, emotional, social, spiritual, and environmental aspects of health
- Promotes health through strategies driven by epidemiological evidence
- Collaborates with community resources to achieve those strategies, but can and will work alone if necessary
- Derives its authority for independent action from the Nurse Practice Act

### Cornerstones from Public Health

Population based  
 Grounded in social justice  
 Focus on greater good  
 Focus on health promotion and prevention  
 Does what others cannot or will not  
 Driven by the science of epidemiology  
 Organizes community resources  
 Long- term commitment to the community

### Cornerstones from Nursing

Relationship based  
 Grounded in an ethic of caring  
 Sensitivity to diversity  
 Holistic focus  
 Respect for the worth of all  
 Independent action

# Links to Relevant Web Sites

Minnesota Department of Health

[www.health.state.mn.us](http://www.health.state.mn.us)

Community Health Division Helpful Web Sites

[www.health.state.mn.us/divs/chs/links.html](http://www.health.state.mn.us/divs/chs/links.html)

Public Health Nursing at MDH

<http://www.health.state.mn.us/divs/chs/phn/index.html>

Linking PHN Practice and Education to Promote Population Health

<http://www.health.state.mn.us/divs/chs/phn/partnerships.html>

Immunization Action Coalition

<http://www.immunize.org/>

Centers for Disease Control

<http://www.cdc.gov/>

American Public Health Association

<http://www.apha.org>

Minnesota Public Health Association

<http://www.mpha.net/home.html>

Florence Nightingale Museum

<http://www.florence-nightingale.co.uk/>

MN Department of Education

<http://cfl.state.mn.us/ecfi/>

Bug Bytes (disease prevention and control information)

<http://www.health.state.mn.us/divs/dpc/ades/pub.htm#BUGBYTES>

Healthfinder-Office of Disease Prevention and Health Promotion, US Department of Health and Human Services

<http://www.healthfinder.gov/>

National Women's Health Information Center

<http://www.4woman.gov/>

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