

NURS 4030-W: COMMUNITY NURSING
Sam Houston State University
College of Health Sciences, School of Nursing
SYLLABUS - Semester/Year: Fall 2017

COURSE DESCRIPTION:

This course focuses on the synthesis of public health concepts within a preventive framework to promote and maintain the health of communities and includes an examination of the historical development, philosophy, health care systems, epidemiology, and nursing care of specific populations and groups in the community. Primary, secondary, and tertiary levels of prevention are emphasized as they relate to the natural history of disease in individuals, families, and groups. A community health assessment is completed using census data, morbidity and mortality rates, epidemiologic and statistical methods, and community-based research. Progressively more behaviors that are independent are expected of students in community health practice. *This is a writing enhanced and Academic Community Engagement course.*

Disclaimer: Throughout this course, we will discuss various topics that may be sensitive in nature including, but not limited to culture and cultural stereotypes, gender identity, sexual orientation, religion, poverty. The views presented do not represent the views of the faculty, staff or School of Nursing.

Class meeting times: Mondays 15:00pm-17:50pm

Class meeting place: Huntsville - 1 Financial Plaza Drive, RM 302
The Woodlands Center- 3380 College Park Dr., RM 353

Please note that both classes will be required to come together periodically during the semester for orientation and guest speakers.

Clinical: Clinical times will vary by location and students will have to travel. Travel time is not included in the clinical hours. Students are required to complete 90 hours of clinical time. Missed hours (partial or full days) will be made up in clinical or other clinical related assignments. It is an expectation that you will arrive prepared 10 minutes prior to the start of your clinical day.

Faculty Lecture:

Linda James, MSc, RN, Course Coordinator, Clinical Assistant Professor

Office: The Woodlands Center, 435C

Phone: 936-202-5123; Cell: 832-797-6363

Email: lsj007@shsu.edu

Office Hours: Monday 1-3pm, Thursday 3-5pm and by appointment available by email/phone/text between 8am and 5pm M-F. Please allow 48 hours for email responses. Do not anticipate communications after hours or on weekends.

Pam Slagle, MSN, RN, Clinical Assistant Professor

Office: 230B Huntsville

Phone: 936-294-2563; Cell: 817-475-4051

Email: pfs004@shsu.edu

Office Hours: Monday 1-3pm by appointment Available by email/phone/text between 8am and 5pm M-F. Please allow 48 hours for email responses. Do not anticipate communications after hours or on weekends.

Faculty Clinical:

- Tuesday:** Pam Slagle Section 02 (HV)
Linda James Section 11 (TWC)
- Wednesday:** Linda James Section 04 (HV)
- Thursday:** Pam Slagle Section 03 (HV)
Linda James Section 12 (TWC)

COURSE CREDIT: 3 credit hours plus 2 credit hours clinical

PRE-REQUISITES: NURS 3620, 3640, 3440, 3350, 3360.

CO-REQUISITES: NURS 4520, 4540.

IDEAS LEARNING OBJECTIVES: The following objectives are used to evaluate at the end of the semester in your IDEAS evaluation surveys.

1. Gain a basic understanding of the subject of community nursing (i.e. factual knowledge, methods, principles, generalizations, theories).
2. Develop knowledge and understanding of diverse perspectives, global awareness and other cultures.
3. Learning to apply course material (to improve thinking, problem solving, and decisions)
4. Acquiring skills in working with others as a member of a team.
5. Learning to apply knowledge and skills to benefit others or serve the public good

COURSE AND CLINICAL OBJECTIVES

| Objective/s | Activities/Assignments | Measurement | Standards Alignment <i>program objectives (PO) and TX DECS</i> |
|---|---|--|---|
| 1. Incorporate nursing practices that demonstrate respect for ethnic diversity, and socio-cultural practices of clients in the community. | Clinical placement | Discussion, post clinical reflective journaling, preceptor evaluation, teaching project, quizzes and exams | <i>PO: 1,3, 4, TX DECS HA: II B</i> |
| 2. Apply the concept of community to a local clinical service using the nursing process, and the appropriate levels of prevention. | Clinical placement | Discussion, post clinical reflective journaling, preceptor evaluation, teaching project, ATI testing | <i>PO: 2,4,5,6,7,9; TX DECS HA: I ABD, II ABCE, III ABDF, IV ABCD</i> |
| 3. Perform a community assessment including resource availability, identification of a health need, and development of a plan, for a selected population. | Community assessment project Windshield Survey Group work | Community assessment project and individual windshield survey, teaching project, peer evaluation | <i>PO: 1, 2,4,5,6; TX DECS HA: I ABC, II ABC, CG, III AC, IV ABCE</i> |

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|--|---|--|---|
| 4. Identify epidemiologic principles and the implications for community and global health. | Clinical placement, Lecture | Discussion, post clinical reflective journaling, ATI testing | <i>PO: 10, TX DECS HA: IIA, C TX DECS HA: III C; II C</i> |
| 5. Identify the stages of disaster preparedness and response at the state, national and international level. | Lecture, simulation | Debriefing and discussion, post clinical reflective journaling | |
| 6. Demonstrate correct nursing response in triage and sheltering operations during a disaster/mass casualty. | Lecture, online video, simulation | Debriefing and discussion, post clinical reflective journaling | |
| 7. Demonstrate interprofessional collaboration and teamwork in caring for clients | Disaster simulation Clinical placement | Debriefing and discussion, post clinical reflective journaling; preceptor evaluation, teaching project | |
| 8. Demonstrate professionalism and leadership in classroom and clinical setting through dress, attitude, and communications. | Oral presentation in lecture and clinical (client care, interprofessional communications, teaching project) | Preceptor evaluation, teaching project | <i>PO: 3,4,5; TX DECS HA: IV A</i> |
| 9. Demonstrate safe and competent nursing care to individuals, families and communities in various clinical settings. | Clinical placement | Preceptor evaluation | <i>PO: 2, TX DECS HA: II D</i> |

Instructional Strategies:

Teaching/learning strategies will include lecture, classroom discussion, group work, and oral presentations.

Learning Activities:

Learning activities will include study guide completion, participation in class discussion, case scenarios, presentations of current events, written reflections, community assessment paper, quizzes and exams, and other activities as specified by course coordinator. Clinical activities will include simulation, community assessment and clinical agency activities.

EVALUATION METHODS: Didactic

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|-----------------------|-----|
| Quizzes | 5% |
| Exam 1 | 5% |
| Exam 2 | 10% |
| Final (comprehensive) | 15% |
| ATI | 10% |

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|------------------------------|-----|
| Current Issue | 5% |
| Community Assessment Project | 30% |
| Reflections | 10% |
| ACE Reflection Journal | 5% |
| Windshield Survey | 5% |

Clinical: Pass/fail: Failure of the clinical component results in failure of the course.

School of Nursing Grading Scale:

| | Percentage | |
|---|----------------|-------------|
| A | 89.5-100 | Passing |
| B | 79.5-89.4 | |
| C | 74.5-79.4 | |
| D | 69.5-74.4 | Not Passing |
| F | 69.4 and below | |

Calculation of Course Grade:

- In order to progress in nursing, students are expected to pass all nursing courses with at least a “C”.
- Didactic and clinical/laboratory components of nursing courses shall be taken concurrently.
- All clinical and classroom assignments must be completed in order to pass the course.
- Exams, quizzes and ATI make up the **exam average**; exam average must be 74.5 (rounds to 75 per policy; 74.499 DOES NOT) to pass the course.
- Failure for exam average or failure in the clinical portion will necessitate repeating the entire course, including clinical or lab.
- During each semester with clinical practice opportunities, students must take and pass a level-adjusted drug dosage and calculation test per Sam Houston State University School of Nursing Student Handbook Dosages and Calculations Competency Policy. Please see the policy for further information about the test. For the S1 semester, the dosage and calculations exams are proctored and given in a classroom setting. Any student who fails both attempts of the level exam must withdraw from NURS 4520, 4540 and NURS 4030.
- Standardized tests will count for 10% (for seniors) of entire final grade as per ATI testing policy.

ATI TESTING:

| Practice Assessment Activities | |
|---|---|
| 4 pts. Total if all activities are completed | |
| Complete Practice Assessment A (1 pt.) <i>Remediation:</i> (1 pt.) • Focused Review • For each topic missed, handwritten three critical points to remember. | Complete Practice Assessment B (1 pt.) <i>Remediation:</i> (1 pt.) • Focused Review • For each topic missed, handwritten three critical points to remember. |
| Each activity = 1 point: first practice test, remediation, second practice test, remediation | |

| First Proctored Assessment | | | |
|--|--|--|--|
| Level 3 (4 pts) | Level 2 (3 pts) | Level 1 (1 pt.) | Below Level 1 (0 pts) |
| <i>Remediation</i> (2 pts) • For each topic missed, handwritten three critical points to remember. | <i>Remediation</i> (2 pts) • For each topic missed, handwritten three critical points to remember. | <i>Remediation</i> (2 pts) • For each topic missed, handwritten three critical points to remember. | <i>Remediation</i> (2 pts) • For each topic missed, handwritten three critical points to remember. |
| Proctored Assessment Retake * | | | |
| Retake optional | Retake optional | Retake required | Retake required |
| Total Points = 10/10 | Total Points = 9/10 | Total Points = 7-8*/10 | Total Points = 6-7*/10 |

Note: For course grade, 10/10 pts. =100 for ATI; 9/10 pts. = 90; 8/10 pts. =80; 7/10 pts. =70; 6/10 pts. =60. The student must complete remediation on the FIRST attempt of the assigned practice assessment. Rationales can be turned off and turned on after the completion due date at the discretion of the faculty. The course coordinator will set time in-between practice assessments.

First Alert Program

Students who are in academic jeopardy (e.g., demonstrate poor academic performance, poor clinical performance, have frequent or unexcused absences) will be referred to the First Alert team in Academic Support Services. First Alert is a referral system that enables Sam Houston State University faculty and staff to refer students whose in- or out-of-class performance demonstrates a need for academic support to the academic mentors at the SAM Center. Additional information on the First Alert Program can be accessed from <http://www.shsu.edu/centers/sam-center/mentoring/firstalert>.

TEXTBOOK:

Savage, C.L., Kub, J.E., & Groves, S.L., (2016). Public health science and nursing practice: Caring for populations. Philadelphia: F.A. Davis.

Publication Manual of the American Psychological Association (6th ed.) (2010). American Psychological Association: Washington, D.C.

COURSE CONTENT OUTLINE:

IMPORTANT: *During lab activities and exams/quizzes, students will be required to store their belongings in open bins and/or shelving. These dates are clearly spelled out on the class schedule. Please plan accordingly in order to properly store your valuables.*

This is a writing enhanced course (“W”), which means that at least 50 percent of your course grade will be derived from writing activities designed to help you master course objectives;

This is an ACE (Academic Community Engagement) course. The motto of Sam Houston State University (SHSU) is “A measure of a life is its service”. SHSU is striving to be a nationally recognized university in civic engagement in which its students give back to the community. In this Academic Community Engagement (ACE) course, you will collaborate with an organization (determined by the course instructors) as part of your clinical hours and explore

the variety of ways to interact with the population as you apply your knowledge, skills, and that which is learned in the classroom. It is hoped that you will see yourself as a positive force within the clinical setting and recognize how your actions affect the population you serve. More important, ACE is about fostering civic responsibility in hopes you will understand the value that civic engagement has on the community and you will continue with those activities after graduation.

Preceptor Evaluations (pass/fail)

Some placements (i.e. schools, clinics, home visits) will have students work with a preceptor versus the clinical instructor. The clinical instructor will make visits to sites periodically and will be available by phone for consultation and additional visits. Students are required to have preceptors complete a clinical evaluation form for these placements during the semester. This form is due to the CLINICAL INSTRUCTOR by end of day. Take a photo of the completed evaluation form and text it to your clinical faculty before you leave your site for the day. Preceptor evaluations will be used to assist in determining if you have met the requirements to pass the clinical portion of the course. Failure to turn in evaluations may jeopardize your success in the course. The clinical faculty will complete all other evaluation. Students are required to provide the preceptor with a copy of this form at the beginning of the clinical day. (See Appendix G). If attending a clinical site two times have the evaluation tool completed on the second day.

Current Issues Assignment (classroom) 5%

Media of all types are used to convey information to people, organizations, businesses and communities globally. The presentation of a current event (within 3 months of presentation date) will allow you to understand the value of media to health and strengthen your skills in the areas of leadership, interpersonal influence, problem solving and oral presentation.

This individual classroom assignment is designed to promote discussion and debate about current health issues and trends facing the population. You will be assigned a class date in which you will bring a current health news issue from within the past 3 months to class for discussion. The event must be related to the lecture topic of that day in some manner.

Events presented may be regional, national or international and must be current within 3 months of presentation date. Students will have 8 minutes: 3 minutes to present their issue and 5 minutes to facilitate class discussion about why or why it is not a public/community health issue. You may take either side of this argument. You do not have to agree with your side but simply argue the side (hence, you may play “devil’s advocate). If you are using the computer to aid in your presentation, **you must use a flash drive and** arrive before class starts to download your items. You must also EMAIL the class faculty a copy of your article or link to your digital media **by 11pm, the Thursday before you present to class.**

Current Events Rubric

| Possible points=10 | Score and comments |
|--|--------------------|
| Summarizes current event clearly and concisely (2 pts) | |
| Position statement: Identifies if this is or is not a public health/community health concern with logic. (3 pts) | |
| Student facilitates class discussion through questioning and interacting with students (3 pts) | |
| Statements, language and body language respectful (1 pt.) | |
| Students maintains eye contact with audience (1 pt.) | |
| Timely and an appropriately dressed (business casual) (1 pt.) | |
| Emailed faculty copy of article/media by deadline (3 pts) | |
| Student presentation loaded prior to start of class (if applicable) (1 pt.) | |

Total /15

Community Health Assessment Project (clinical assignment - 30%)

A community assessment is a focused analysis on the health status of a community. It is a tool used to help identify and prioritize a community's health needs, involves collecting and analyzing data from various sources, and includes input from the community. (Clark, 2016). The assessment forms the basis of health planning, interventions and evaluation and helps to target issues, raise community awareness and promote collaboration to improve the health of the community (Clark, 2016).

This project is a clinical group assignment and each student is expected to participate in a community health assessment (Please refer to the class textbook page 357-380). This group paper is a comprehensive report reflecting theoretical study and a practical analysis of the health (broadly defined) of a selected community population. You will assess and identify the specific acute and chronic health issues of the assigned community, resources available and social determinants of health including vital statistics. You collect and analyze data on an assigned population and obtain direct information from community members. Geographic areas, census tract summaries, demographics, morbidity and mortality data and other evidence are researched

to develop an evidence based concept map, plan, intervention and outcome evaluation of the community. All DRAFTS will be turned in to your clinical instructor via Blackboard at intervals during the semester for evaluation. Revisions may be made and resubmitted for the final draft at the end of the semester. All written work must be in proper APA format.

All students will receive the same grade however; each student will be evaluated by all members of their group as to participation in group meetings, group discussion and completing assignments (quality). The scores will be averaged and be your peer evaluation grade and equal the remaining 20 pts of the paper. Submit all peer reviews and log of hours (Appendix A and F) in hardcopy at the back pocket of the folder. You are also required to log and submit your hours and activity on this project on with each draft submission to Blackboard. Submit in hard copy with final paper in the front pocket of the folder. All drafts and final submission are due at 1100pm.

There is no maximum page length. All assignments are submitted in print format to their clinical instructor, must be bound in a braded, **and pocketed folder**. Stapled papers will not be accepted for grading and will be returned for correction. Late entries will follow late work policy for grades.

Possible Points 100

| Grade Criteria | Excellent (90-100%) | Good (80-89%) | Fair (75-79%) | Poor (<75%) |
|--|--|--|---|--|
| Introduction and Table <i>5pts possible</i> | A table of contents is required (1 pt.). Introduction clearly stated and sets the context of the paper, purpose of the assessment, the community boundaries, and the history and culture of community (4 pts.) | Introduction attempts to set context of paper but missing depth of the defined community. Boundaries identified. History somewhat identifies culture of the community. | Introduction identified but unclear, does not set context of paper. Boundaries and history of community vague. | Introduction not identified and/or missing purpose statement , boundaries, history and/or culture of the community |
| Windshield Survey <i>10pts possible</i> | See rubric in Appendix B | | | |
| Assessment of Community <i>15pts possible</i> | <ul style="list-style-type: none"> Assessment includes community demographics and four (4) informant interviews using questions provided or questions approved by faculty (Appendix C). Demographics in graphic form include age, education and income, top five (5) acute and chronic health diseases and top five (5) causes of | <ul style="list-style-type: none"> Assessment includes community demographics and health statistics that are mostly complete and three (3) informant interviews using questions provided or questions approved by faculty (Appendix C). Lists top 5 diseases with | <ul style="list-style-type: none"> Assessment missing some aspects of community demographics and health statistics. Includes two (2) informant interview using questions provided or used own questions without faculty approval (Appendix C). Includes some | <ul style="list-style-type: none"> Missing many aspects of community demographic and health statistics. Zero or one informant interview or interview (Appendix C). Little or no rationale for presenting the chosen data. |

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| | <p>death (12pts) and includes summative statement for presenting the data in the graphics .</p> <ul style="list-style-type: none"> •All tables and images are imaginatively and appropriately chosen and assist to present a clear description of the community in an informative with descriptive detail as to relevance to the assessment of the population (3pts) | <p>most summative statements included.</p> <ul style="list-style-type: none"> • All tables and images are imaginatively and appropriately chosen and assist to present a clear description of the community in an informative manner (See APA manual) with some descriptive detail as to relevance. | <p>summative statements of the data presented.</p> <ul style="list-style-type: none"> • Minimal use of tables and images or only partly describe the community or lack clarity or relevance as to why presented. | <ul style="list-style-type: none"> • Missing more data than outlined in “fair”. • Minimal use of tables, images, lack clarity, and relevance to the community. |
| <p>Interpretation of Data <i>10pts possible</i></p> | <p>Analysis of the entire assessment includes:</p> <ul style="list-style-type: none"> •In a table format, correctly list six (6) determinants of health (DOH) and describes one way each DOH may be affecting the health of this population group. Correlates directly to the demographics and interviews for this population. (See Appendix D) (3pts) •Summary of the assessment identifying 3 strengths and 3 weakness of the community clearly supported by the data collected in <i>Assessment of the community section above</i>. 3pts •Analysis includes identification of both acute and chronic health concerns in the population. 2pts •Identification of one priority health concern that will be addressed | <p>Analysis of the entire assessment includes:</p> <ul style="list-style-type: none"> •In a table format, correctly lists six (6) determinants of health (DOH) and describes how 5 or the DOH may be affecting the health of this population group. Mostly correlates to the demographics and interviews for this population. (See Appendix D) •Summary of the assessment identifying 2 strengths and/or 2 weakness of the community mostly supported by the data collected in <i>Assessment of the community section above</i>. •Analysis includes identification of both acute and chronic health concerns in the population. Identification of one priority health concern | <p>Analysis of the entire assessment includes:</p> <ul style="list-style-type: none"> •In a table format, list five (5) determinants of health (DOH) and somewhat describes how 3 or 4 of the DOH may be affecting the health of this population group. Somewhat correlates to demographics and interviews. (See Appendix D) •Summary of the assessment identifying 1 strengths and/or 1 weakness of the community somewhat supported by the data collected in <i>Assessment of the community section above</i>. •Analysis includes identification of either acute or chronic health concerns in the population. Identification of one priority health concern that will be addressed | <p>Analysis of the entire assessment includes:</p> <ul style="list-style-type: none"> •In a table format, list four (4) or less determinants of health (DOH) and does not include how the DOH may be affecting the health of this population group. Lacks correlation to the statistics for this population. (See Appendix D) •Summary of the assessment identifying strengths and weakness of the community missing and not supported by the data collected in <i>Assessment of the community section above</i>. •Analysis includes identification of neither acute and chronic health concerns in the |

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| | with the teaching intervention and is clearly supported by your assessment. 2pts | that will be addressed with the teaching intervention and is mostly supported by your assessment. | with the teaching intervention and is somewhat supported by your assessment. Identified health risks vague | population. Identification of one priority health concern that will be addressed with the teaching intervention and is not supported by your assessment. |
| Intervention and evaluation. <i>15pts possible</i> | <ul style="list-style-type: none"> •Cites at least three (3) reliable research articles to validate your nursing intervention and teaching strategy (5pts). •Intervention/teaching strategy is developed in collaboration with the community partner (what, when and where) and is sensitive to the cultural diversity of the population (i.e. If teaching nutrition, information is appropriate to their ethnicity) (5pts). • Evaluation includes a critical evaluation of the intervention and teaching strategies. (What was successful, what presented a challenge, what you would change and why). (5pts) | <ul style="list-style-type: none"> • Uses and cites two reliable research articles to validate your nursing intervention AND teaching strategy. • Intervention AND teaching strategy developed in collaboration with community partner and is sensitive to the cultural diversity of the population. • Evaluation includes a critical evaluation of the intervention and teaching strategies. (What was successful, what presented a challenge, what you would change and why). | <ul style="list-style-type: none"> • Uses and cites one reliable research article to validate your nursing intervention OR teaching strategy. • Intervention OR teaching strategy developed with minimal collaboration with community partner and minimally addresses the cultural diversity of the population. • Evaluation includes an evaluation of the intervention or teaching strategies. Evaluation evaluates either successes or challenges/problems and is missing detail. | <ul style="list-style-type: none"> • Usage and/or citation of reliable research articles to validate your nursing intervention OR teaching strategy not easily identifiable. • Intervention AND teaching strategy developed with minimal or no collaboration with community partner and is not sensitive to the cultural diversity of the population. • Evaluation includes an evaluation of the intervention or teaching strategies. Evaluation does not evaluate either successes or challenges/problems |
| Teaching project faculty evaluation <i>10pt possible</i> | Project is evaluated by faculty (see Appendix E for parameters) | Project is evaluated by faculty (see Appendix E for parameters) | Project is evaluated by faculty (see Appendix E for parameters) | Project is evaluated by faculty (see Appendix E for parameters) |

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| Conclusion <i>5pts possible</i> | Conclusion clearly summarizes the community health needs and overall effectiveness of teaching project, limitations, and includes future directions project could take. | Conclusion clearly stated but missing one of criteria in “excellent”. | Conclusion somewhat clear but missing two of criteria in “excellent”. | Conclusion vague stated but missing two of criteria in “excellent”. |
| Format <i>5pts possible</i> | Two (2) or less spelling and grammatical errors. Two (2) or less APA format errors. | Three (3) spelling and grammatical errors. Three (3) APA format errors. | Four (4) spelling and grammatical errors. Four (4) APA format errors. | Five plus (5) spelling and grammatical errors. Five plus (5) APA format errors. |
| Draft submissions <i>5 points possible</i> Draft submissions will be awarded up to 5% for completeness. | | | | |
| Peer Evaluations: 20pts of total grade using a separate evaluation form (Appendix A). Points will be deducted at the faculty discretion for incomplete and late peer review forms or log sheets. | | | | |

Clinical Reflection Journals (clinical assignment) 10%

Reflective journaling is proven to instill confidence in students and solidify knowledge in students. It will enhance accountability for your learning and facilitate evaluation. When asked to reflect, while some people simply describe about what happened, others explore deeply into their own feelings and responses to the scenario and thereby engage in more penetrating forms of reflection. However, as Fisher (2004) argues, ‘critical reflection’ leads to intensive self-awareness, because many spontaneously held beliefs and assumptions are scrutinized, particularly those influenced and nurtured by cultures and institutions such as country or community or religion (Fisher 2004, p.2). Your journal is an opportunity to share with the faculty the use of principles, theory and research in the clinical practice setting.

Fisher, K. 2004. *Critical self-reflection: What is it and how do you do it?* Southern Cross University, Unpublished Manuscript.

As individual work, you are required to submit two (2) reflection journals. One in each of the following areas: prison and home health. Each paper equals 5% of the total journal grade. APA format is required. Writing in the first person is acceptable. Length: 2-4 pages. Reflections are due one (1) week from the clinical experience to Blackboard at 1100pm in the lab section.

Reflections Rubric

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| | Poor 0 pts A poor job of providing the required information is performed by the writer. | Fair 2 pts The assigned category needs work. | Good 4 pts The writer does a good job applying their clinical experience to the journal article. | Excellent 5 pts The writer completely covers all required information. |
|--|--|---|---|---|

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| <p>APA reference citation and grammar. Any articles/books are correctly referenced according to APA 6th edition guidelines. The writer uses standard English and correct grammar and spelling</p> | <p>Greater than four APA and/or grammar and spelling errors.</p> | <p>Four (4) APA and/or grammar and spelling errors.</p> | <p>Three APA and/or spelling and grammar errors</p> | <p>Two (2) APA and/or grammar and spelling.</p> |
| <p>Summary A brief summary of the clinical experience is included in the reflection – who the agency serves, how they help this population or aggregate. How does the nurse in this setting enhance the health of this population? Maximum 1.5 pages</p> | <p>No summary and little or no discussion of the role of the nurse.</p> | <p>A brief summary of the clinical experience with little discussion of the role of the nurse as it relates to community health</p> | <p>A short summary of the clinical experience and the role of the nurse as it relates to this community's health</p> | <p>A detailed but concise summary of the clinical experience and role of the nurse as it relates to this community's health</p> |
| <p>Implications The reflection contains information on how this clinical area impacts the health of the community and levels of care provided • So What? (How will you function differently as a result?) • Now What? (How will you use what you have learned? What did you learn that changed your assumptions, beliefs, or values?)</p> | <p>No implications or levels of care are or inaccurate.</p> | <p>One implication is mentioned, but is poorly developed in the reflection. One or more level of care missing with little insight onto the greater community picture.</p> | <p>One or more implications are given and are sufficiently clarified. All levels of care with basic insight onto the greater community picture.</p> | <p>Implications are clearly discussed and demonstrate critical thinking skills. All levels of prevention (primary, secondary and tertiary) are described with an example from the clinical setting.</p> |
| <p>Clinical objectives The learner relates how the practicum experience is meeting one of the course objectives.</p> | <p>No course objectives are discussed.</p> | <p>No specific course objectives are mentioned; general descriptions only are discussed.</p> | <p>Reflection relates how the practicum experience is meeting the courses objectives, but does not provide specific examples, or note which objective is being met.</p> | <p>Reflection clearly relates how the practicum experience is meeting the course objectives through describing a specific example & noting the specific objective.</p> |

ACE Reflection (5%)

For the ACE reflection on the teaching project, follow the rubric below. APA format is required. Writing in the first person is acceptable. Length: 2-4 pages. Reflections are due one (1) week from the clinical experience to Blackboard at 1100pm in the lab section.

| | Poor 0 pts A poor job of providing the required information is performed by the writer. | Fair 2 pts The assigned category needs work. | Good 4 pts The writer does a good job applying their clinical experience to the journal article. | Excellent 5 pts The writer completely covers all required information. |
|---|--|--|--|--|
| APA reference citation and grammar. Any articles/books are correctly referenced according to APA 6th edition guidelines. The writer uses standard English and correct grammar and spelling | Greater than four APA and/or grammar and spelling errors. | Four (4) APA and/or grammar and spelling errors. | Three APA and/or spelling and grammar errors | Two (2) APA and/or grammar and spelling. |
| Summary A brief summary of the clinical experience is included in the reflection – who the agency serves, how they help this population or aggregate. Maximum 1 page | No summary and little or no discussion of the role of the nurse. | A brief summary of the clinical experience with little discussion of the role of the nurse as it relates to community health | A short summary of the clinical experience and the role of the nurse as it relates to this community's health | A detailed but concise summary of the clinical experience and role of the nurse as it relates to this community's health |
| Implications The reflection contains information on how this teaching has the potential to help a population/aggregate. • So What? (How will you function differently as a result of my learning? If so, how?) • Now What? (How will you use what you have learned? What did you learn that changed your assumptions or | No implications or levels of care are or inaccurate. | One implication is mentioned, but is poorly developed in the reflection. One or more level of care missing with little insight onto the greater community picture. | One or more implications are given and are sufficiently clarified. All levels of care with basic insight onto the greater community picture. | Implications are clearly discussed and demonstrate critical thinking skills. All levels of prevention (primary, secondary and tertiary) are described with an example from the clinical setting. |

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| strengthened your beliefs and values? | | | | |
| Community Service How does this activity relate to the SHSU motto “A measure of a life is its service” | | | | |

Windshield Survey Rubric (5%) – individual assignment

A description of what a windshield survey can be found on page 87-88 of your text (Savage, 2016). Clark, 2014 describes it as “an informal means of collecting population assessment data by driving through an area and observing its visible features” (p. 359). Windshield surveys are observations made from a moving vehicle or by walking to help you better understand the condition of community/aspects of a community: what are the strengths/assets and weakness/challenges of a community.

This assignment will be an individual video of your neighborhood – a half-mile radius around your front door. Upload your video with comments, which address your community to Blackboard by 11pm on the day outlined in the course calendar. Videos should be no more than 5 minutes. You may use any video format you choose but you must use VoiceThread to upload. Do not make judgements or include data/statistics about the neighborhood – it is objective data only. Following the rubric, include all outlined areas of your neighborhood of both what is present and what is missing. Use the text boxes or voiceovers to give more details as to what you observe or is missing.

Appendix A

Peer Assessment for Group Process Form

Areas of Group Process Evaluation (This part of the grading process is confidential. Please do NOT share your peer evaluation with anyone).

Rate **yourself and each group member** on the parameters below:

Quality: Completed all assignments at the level of quality expected by the group.

Responsibility: Completed all assignments in a timely manner; did their fair share of the work.
The group could depend on the person to do the job.

Teamwork: Worked well with other team members, followed ground rules set by team, comments were constructive. Accepted criticism well, and did their part without complaining.

Contribution: Contributed to the group in an equitable fashion, followed through and was dependable, participated in decision making, participated in and attended group meetings.

Attitude: Projected positive attitudes throughout group assignment. Openness to others perspectives when different from their own. Did not monopolize the group or insist on his or her own way.

Includes a statement of what you contributed to the group project and what you could have done better.

On a scale of 0-4 with 4 being the best, rate **yourself and each member** according to following areas. Scale: 0 Needs Improvement, 1, 2, 3= Good, 4= Excellent

| Team Member | Quality | Responsibility | Teamwork | Contribution | Attitude | Total/20 |
|--------------------|---------|----------------|----------|--------------|----------|----------|
| Self Name: | | | | | | |
| Name: | | | | | | |
| Name: | | | | | | |
| Name: | | | | | | |
| Name: | | | | | | |
| Name: | | | | | | |
| Name: | | | | | | |
| Name: | | | | | | |
| Name: | | | | | | |
| Name: | | | | | | |

Comments: If you rank a peer less than 20, please explain why.

Statement of how you contributed to the project and what you could have done better.

Appendix B

Windshield Survey Rubric

| | Excellent (90-100%) | Average (80-89%) | Acceptable (75-79) | Poor (<75%) |
|---|--|---|---|---|
| Student performs a comprehensive windshield assessment of a community | <p>Indicates the time of day and day of the week you performed your survey.</p> <p>Neighborhood clearly identified (boundaries, name, sub community) and work clearly indicates that student has performed a thorough assessment of the community. Assessment includes housing; environment; schools; stores, industry and businesses; parks, recreation and entertainment; people; health and social services and churches; and protective services.</p> <p><u>For group project only:</u> Color photos are appropriate and enhance the presentation of the information, have no people's faces identifiable, fair clear resolution.</p> <p>Conclusion is clearly stated and summarizes 2 strengths and 2 weaknesses of neighborhood.</p> | <p>Neighborhood clearly identified (boundaries, name, sub community) and work indicates that student has evaluated most aspects of the community (identified in "excellent" column)</p> <p><u>For group project only:</u> Color photos are appropriate and enhance the presentation of the information, have no people's faces identifiable, fair clear resolution.</p> <p>Conclusion is clearly stated and summarizes most strengths and weaknesses of the neighborhood.</p> | <p>Neighborhood somewhat identified and work indicates that student has not completely evaluated the community aspects identified in "excellent". Several aspects of evaluation are missing.</p> <p><u>For group project only:</u> Photos are appropriate and enhance the presentation of the information, have no people's faces identifiable, fair resolution, black and white.</p> <p>Conclusion summarizes a few strengths and weaknesses of the neighborhood..</p> | <p>Neighborhood vaguely identified and work indicates that student has not adequately evaluated the community. Information is incomplete, with many assessment aspects missing. Paper inappropriate length.</p> <p><u>For group project only:</u> Photos are appropriate and enhance the presentation of the information, people's faces identifiable, poor resolution.</p> <p>Conclusion is vague and does not summarize strengths and weakness of the neighborhood.</p> |

Appendix C

Informant Interview Questions

Based on your demographics, and analysis of the demographics and windshield survey, identify the top 2 health priorities for this community. Use the following questions to interview your informants to assist in further defining and refining the health priority. Informants may be parents, employees of a site, children (must have permission from clinical faculty), city workers, medical personnel etc. Be aware of who you are interviewing as you may need to alter the language.

1. What do you think are the strengths of this community? Can you elaborate/why?
2. What do you think are the weaknesses or challenges to being healthy in this community? Can you elaborate/why?
3. What are your general concerns about this community? Can you elaborate/Why?
4. Can you tell me what you think are the health concerns for this community?
5. What resources are available in this community to promote healthy lifestyles?

Appendix D

Determinants of Health Chart

Title:

| Determinant of Health | Health Concern for this population |
|------------------------------|--|
| Sample: Environmental | Sample: The condition of the school as built before 1978 and showing signs of disrepair with cracked walls, peeling paint (this should already be in your assessment) put these children at potential risk for lead exposure. |
| | |
| | |
| | |
| | |
| | |
| | |

Appendix E

Teaching Project Faculty Evaluation Rubric

Use chapter 11 in your text to guide you on teaching learning/strategies/principles.

| Evaluation Item | Points |
|--|------------------------------------|
| 1. Did the teaching consider and incorporate principals of health literacy and learning styles? | /3 |
| 2. Were 2 objectives for the intervention identified? Were they measurable, realistic, specific, time sensitive and client focused? | /4 (2 pts per objective) |
| 3. Were all materials and resources needed for the teaching plan available? Appropriate for the teaching environment? Age appropriate? | /6 (2 pts each) |
| 4. Were the visuals large print, appropriate use of white space, culturally sensitive, age appropriate? | /4 (1 pt. each) |
| 5. Was the lesson delivered in a sequential way/easy to follow? If applicable | /3 |

Total points: _____/20

Total for paper: _____/10pts

Comments

Appendix G

SHSU School of Nursing NURS 4030 Community Nursing Evaluation of Student Performance

Student: _____

Site: _____

Complete the preceptor evaluation at the end of the student's last day with you. Return forms with the student or scan and emailed to either clinical faculty: lsj007@shsu.edu OR pfs004@shsu.edu at the end of their last day with you.

Rankings 3=above average; 2=average; 1=unsatisfactory; n/a = not applicable.

Please rate the student on each of the following behaviors and expectations. Space for comments is available or you may use the back.

| Adherence to Foundations of Nursing in the Community | Rating |
|---|---------------|
| (a) Demonstrates therapeutic communication | |
| (b) Demonstrates cultural awareness of diverse and/or vulnerable populations and provides nursing care to clients and the community that is culturally sensitive. | |
| (c) Asks appropriate questions about your role and the impact on health of this population | |
| (d) Collaborates with the interdisciplinary healthcare team to achieve optimal care of the client and community | |
| (e) Demonstrates safe and accurate assessment of client | |
| (f) Identifies the impact of a health issue on the community as well as individual and family. | |
| (g) Identifies how/where to find referral information. | |
| (h) Identifies how individual health issues effect the health of the population at hand. | |
| Professionalism | |
| (a) Demonstrates professionalism in all interactions with staff and clients. | |
| (b) Reports to clinical rotation on time. | |
| (c) Displays honesty and integrity and assumes responsibility for one's own actions | |
| (d) Demonstrates awareness of own limitations and seeks help appropriately. | |
| (e) Is neatly groomed in SHSU community uniform with SHSU ID badge and agency badge | |
| (f) Has required supplies (pen, stethoscope, penlight) | |

Preceptor Signature and email: _____ **Date:** _____

Appendix H

Bonus Quiz dollars: These may be added at \$10 earned = 1%. You are responsible for keeping your bonus dollars and will cash them in for bonus points on the poverty day. **Loss of bonus dollars will not be reinstated (you lose the opportunity to cash them in).** Apply bonus dollars to any grade. You do not have to apply all dollars to one grade: It can be divided. Once you apply your dollars, you may not make any changes to where to apply them.

1. Disaster Simulation Reflection: Complete the disaster reflection as per reflection rubric for up to \$10 bonus (1%)
2. Remediation for exam 1 and exam 2 (does not apply to the final exam or ATI): Earns \$10 bonus (1%). After the exam, you may review in Examsoft while in the classroom. Obtain a concept remediation from the instructor. Complete as directions indicated. Scan and submit to Blackboard by 11pm, test day. No late submissions will be accepted.
3. You may not write questions down upon exam review but may make notes as to concepts. Faculty will review all notes and initialed before you leave the classroom.
4. Community service when offered \$10/service opportunity that meets the requirements i.e. food pantry donation etc.

Counterfeiting of money will result in loss of ALL bonus dollars AND be subject to the university academic honesty/plagiarism policy within the university, which may result extra assignments and failure of the class.

Course Policies/Expectations

Expectations for Success in this Course

- Read the lesson and the required assigned material. All the content you need for this class, including links to discussions and assignments, is available under "course content." All of the assignment/discussions are listed in the lessons under Course Content. Most due dates are in the syllabus/class schedule but in particular occasions, the due date may be announced by the class faculty.
- Participate fully in the course. Your ideas, comments and feedback expressed in your assignments and shared with faculty and classmates are important and valued.
- Check Blackboard twice during the week to check for updates, read announcements, work on assignment, check clinical site updates
- Manage your time wisely in order to complete your assignments on or before deadlines.
- Seek assistance immediately if you are experiencing any difficulties. Follow the chain of command – peer, classroom faculty, course coordinator, level coordinator, Assistant Director, Director, Dean
- At the end of the course, all students are asked to complete evaluations of the course, faculty and clinical sites.

Dress Code: Each student is expected to comply with the dress code of the Department of Nursing (refer to your Student Handbook) even if your agency's code is more relaxed. If you have questions about the dress code and faculty's expectations, please clarify these points early in the semester. All students are required to wear their SHSU student photo ID in the clinical setting. Failure to comply with dress code and standards may result in probation or clinical failure.

Clinical Equipment: In all settings, unless otherwise instructed, you must have a stethoscope and pen light, pen and paper. In the home and shelter settings you will be required to bring your blood pressure cuff.

Absence/tardiness to clinical: In addition to the School of Nursing policy on tardiness and absence, if students are sick, they MUST notify their clinical instructor AND agency preceptor before the start of clinical day. Clinical absences may need to be made up at the discretion of the instructor.

Classroom Conduct and Civility: The instructor will conduct this class in an atmosphere of mutual respect. The instructor encourages active participation in class discussions. We may have strongly differing opinions on the various topics of class discussions. Conflicting ideas are encouraged and welcome. The orderly questioning of the ideas of others, including the instructor, is similarly welcome. Faculty will manage the discussions so that ideas and arguments can proceed in an orderly fashion. You should expect that if your conduct during class discussions seriously disrupts the atmosphere of mutual respect, you would not be permitted to participate further. Laptops and cell phones are permitted for classroom-designated activities only.

Faculty/Student Communication: Course faculty often communicate important course updates using the SHSU email system. Students are expected to check their SHSU email account daily and reply, as appropriate, to faculty. Students may text faculty when the faculty member has indicated that this as an acceptable means of communication. Students must include their name

in the text message. In addition, students are to abide by texting guidelines set forth by the faculty member (**i.e.: no phone calls/texts after 6 pm or on the weekend**).

Refer to the *Faculty/Student Communication Policy* in the Student Handbook for further guidance.

Group Assignments: Group dynamics and the group process are important learning outcomes for the Department of Nursing graduates. Many opportunities for learning these skills are integrated into the curriculum. Characteristics of successful groups are:

1. Members identify goals and objectives.
2. Members set deadlines for completion of tasks.
3. Members distribute equitable assignments and complete them in a timely fashion.
4. Members report at scheduled meeting times.
5. If problems arise in a group, members attempt to resolve the problems internally.
6. If unable to resolve group dynamic problems, consult course faculty for direction in problem resolution

Late Work: All assignments will be assigned a due date which is considered the last day it will be accepted. Any assignment submitted after a given deadline and time will generally receive a “0”. There may be circumstances in which the instructor may allow a student to hand in an assignment and still receive up to full credit.

Missed Quizzes: Missed quizzes cannot be made up. If a doctor’s note is provided to the course coordinator within 48 hours the grade will be exempt otherwise, a grade of zero (0) will be assessed.

Missed exams: Students must notify the course coordinator of tardiness or absence prior to the start of the exam. After notification, late arriving students will be allowed to start the exam but will not be given an extension of time. (I.e. Exam time 1-3pm. Arrive at 1:15pm. Exam ends at 3pm). After notification and with appropriate documentation, a makeup exam will be assessed at the discretion of the course coordinator and must be taken on the date and time designated by the course coordinator. Failure to notify the course coordinator of absence or tardy may result in being assessed a zero (0) for the exam.

Recording lectures: Students who wish to record lectures must request permission to do so from the faculty member(s) teaching the course. Failure to obtain permission may result in failure of the course.

School of Nursing Policies

Syllabus modifications: the course instructor may modify the standards and requirements set forth in the syllabus at any time. Notice of such changes will be posted in course announcements or communicated by written or email notice.

Absence Policy

Presence at lectures, clinical rotations, and other events are an important part of the student learning experience in the Sam Houston State University (SHSU) School of Nursing (SON). Absences are obstructive to this process and are strongly discouraged.

There are two kinds of absences recognized by SHSU SON: an absence given with prior notice and a no-call/no-show absence. An *absence given with prior notice* is one in which the professor or clinical instructor was directly spoken with by phone call or in person before the scheduled

class/clinical start time. A *no-call/no-show absence* is an absence in which the student does not attend the class or clinical rotation and has not directly spoken with the instructor/professor before the scheduled class/clinical start time.

An absence “occurrence” is defined as any absence, regardless of the reason, and will begin the first absent day and end the last absent day, so multiple days can comprise a single absence occurrence.

ATTENDANCE AT ALL SCHEDULED CLINICAL EXPERIENCES (INCLUDING SIMULATION, SKILLS LAB, OR OTHER EXPERIENCE) IS MANDATORY FOR ALL STUDENTS. Any student who is experiencing symptoms of an infectious process (ie: fever, vomiting, diarrhea, etc.) should contact faculty at least one hour prior to scheduled clinical start time to advise of symptoms. Depending on the assigned clinical experience, students may be required to notify appropriate clinical agency personnel. Clinical make-up assignments will be required.

Due to the importance of clinical experiences for the student’s learning, any absence from clinical may prohibit the student from meeting course outcomes which may result in clinical/course failure.

The following absence guidelines apply:

- Two no-call/no-show absences may result in dismissal from SON.
- Two or more didactic (course) absence occurrences in a single semester may result in failure of the course.
- One absence from clinical may prohibit the student from meeting course outcomes which may result in clinical/course failure.
- Six absence “occurrences” while the student is enrolled and engaged in coursework within the SON may result in dismissal from the SON.

Any occurrence lasting two days or more will require documentation (SHSU Student Health Center or healthcare provider’s note, etc.) to be submitted to the faculty member of each course/clinical rotation missed. The healthcare providers note is submitted in addition to a completed Form 8: Student Absence/Tardy Form.

With each absence occurrence, the student must complete and sign the Form 8: Student Absence/Tardy Form and submit to course faculty within 24 hours upon return to classroom or clinical for the SON. All Student Absence/Tardy forms are to be signed by course faculty and submitted to the Administrative Assistant for the Director of the SHSU SON. Student Absence/Tardy forms for students assigned to The Woodlands campus (TWC) are to be submitted to the Administrative Assistant to the Assistant Director of the SON at TWC.

Tardiness Policy

Tardiness is an unprofessional behavior and is disruptive to the class and clinical environment. Thus all students are expected to arrive on time to class and clinical and are expected to return from break on time. Students arriving after the scheduled start time are considered tardy. Tardiness may result in loss of course points and/or additional assignments per course faculty discretion. The student must complete Form 8: Student Absence/Tardy form for each tardy incident and submit it to course faculty with 24 hours of incident. The following outlines the consequences of student tardiness.

First tardy incident = counseling of student by the Course Coordinator;

Second tardy incident = counseling of student by the Level Coordinator;

Third tardy incident = counseling of student by the Director of the School of Nursing;

Fourth tardy incident = may result in course failure

Examination Policies: When possible, test grades will be posted within 48 hours of the exam. Written exams and written assignments must be completed as scheduled. If a student is unable to complete a written (clinical or class) assignment, arrangements must be made with the instructor(s).

See [*Absence from Scheduled Examinations Policy*](#) in the *SON Student Handbook* for guidelines regarding absence from exams.

Cell phones must be turned off during the exam. Both cell phones and laptops not being used to test cannot be visible during testing and exam reviews. If a student has a cell phone visible, his or her test will be taken away and the student will receive a grade of zero on the test. There will be no sharing of calculators during exams.

Contact with a student taking an exam can occur by calling 936-294-2371 (Huntsville) or 936-202-5111 (TWC) and someone will come and notify the student of an emergency.

ATI Testing Policy: As a part of coursework in the School of Nursing, standardized examinations (ATI) are mandatory to fulfill requirements of many courses. These examinations provide students with diagnostic information regarding their knowledge base for nursing practice. Students should take these standardized examinations seriously.

If the student does not achieve the acceptable passing score of proficiency level 2 or higher when tested, remediation will be required. *The student is responsible for completing any required remediation or testing.* Students must make an appointment with course faculty to discuss specific individual performance concerns. The student must retest within a specified period. If the acceptable passing score is still not achieved, the student must remediate further.

Progression Policy: In order to successfully pass a course with exams, students must achieve at least a 75% exam score. If your exam score at the end of the course is less than 75% (74.5% and higher rounds up; 74.99 does not) you will fail the course and will be required to retake the course including the clinical component, if applicable.

All clinical and classroom assignments must be completed in order to pass the course. Failure in any component will necessitate repeating the entire course. Didactic and clinical/laboratory components of nursing courses shall be taken concurrently.

In order to progress in the SHSU nursing program, students are expected to pass all nursing courses with at least a “C”.

Students are expected to abide by and will be held accountable to all policies within the [Nursing Student Handbook](#) Please refer to this handbook for further information with regard to the following policies.

STUDENTS WITH DISABILITIES POLICY:

It is the policy of Sam Houston State University that individuals otherwise qualified shall not be excluded, solely by reason of their disability, from participation in any academic program of the university. Further, they shall not be denied the benefits of these programs nor shall they be subjected to discrimination. Students with disabilities that might affect their academic performance should register with the Office of Services for Students with Disabilities located in

the Lee Drain Annex (telephone 936-294-3512, TDD 936-294-3786, and e-mail disability@shsu.edu). They should then make arrangements with their individual instructors so that appropriate strategies can be considered and helpful procedures can be developed to ensure that participation and achievement opportunities are not impaired.

SHSU adheres to all applicable federal, state, and local laws, regulations, and guidelines with respect to providing reasonable accommodations for students with disabilities. If you have a disability that may affect adversely your work in this class, then we encourage you to register with the SHSU Services for Students with Disabilities and to talk with me about how we can best help you. All disclosures of disabilities will be kept strictly confidential. NOTE: No accommodation can be made until you register with the Services for Students with Disabilities. For a complete listing of the university policy related to rights and responsibilities, see:

<http://www.shsu.edu/dotAsset/187f9029-a4c6-4fb4-aea9-2d501f2a60f3.pdf>

Academic Policies

- a. Class attendance policy (see [SHSU Class Attendance policy AP 800401](#)) – each faculty member is obligated to clarify her/his classroom policy regarding absences in writing to each student enrolled in class.
- b. [Procedures in cases of Academic Dishonesty AP 810213](#) (be sure to include statement regarding plagiarism)
- c. [Academic Grievance Procedures for Students AP 900823](#)
- d. [Students with Disabilities AP 811006](#)
- e. [Student Absences on Religious Holy Days AP 861001](#)
- f. [Use of Telephones and Text Messengers in Academic Classrooms and Facilities AP 100728](#)

Academic Honesty/Plagiarism: Students are expected to engage in all academic pursuits in a manner that is above reproach. Students are expected to maintain honesty and integrity in the academic experiences both in and out of the classroom. Any student found guilty of dishonesty in any phase of academic work will be subject to disciplinary action. The University and its official representatives may initiate disciplinary proceedings against a student accused of any form of academic dishonesty including but not limited to, cheating on an examination or other academic work that is to be submitted, plagiarism, collusion and the abuse of resource materials.

The use of unauthorized material, communication with fellow students during an examination, use of unauthorized technology during an exam, attempting to benefit from the work of another student and similar behavior that defeats the intent of an examination or other class work is unacceptable to the University. Cheating on examinations, plagiarism, improper acknowledgment of sources in essays, the use of a single essay or paper in more than one course without permission, and falsification of records or documentation are considered serious offenses and shall be grounds for disciplinary action. Students will receive a zero on the test or assignment in question and will be reported to the Director of the School of Nursing and to the Dean of the College of Health Sciences. For more information, please refer to SHSU Academic Policy Statement #810213, *Procedures in Cases of Academic Dishonesty*.

<http://www.shsu.edu/dotAsset/728eec25-f780-4dcf-932c-03d68cade002.pdf>

Allegations of **student misconduct**, as defined in paragraph 5.2, Chapter VI of the *Rules and Regulations*, Board of Regents, The Texas State University System, and Sam Houston State University *Student Guidelines*, published by the Dean of Students' Office, will be referred to the Dean of Students' Office for necessary action.

Dean of Students: <http://www.shsu.edu/dept/dean-of-students/>.

Student Absences on Religious Holy Days (AP 861001)

Section 51.911(b) of the Texas Education Code requires that an institution of higher education excuse a student from attending classes or other required activities, including examinations, for the observance of a religious holy day, including travel for that purpose. Section 51.911 (a) (2) defines a religious holy day as: "a holy day observed by a religion whose places of worship are exempt from property taxation under Section 11.20". A student whose absence is excused under this subsection may not be penalized for that absence and shall be allowed to take an examination or complete an assignment from which the student is excused within a reasonable time after the absence.

University policy 861001 provides the procedures to be followed by the student and instructor. A student desiring to absent himself/herself from a scheduled class in order to observe (a) religious holy day(s) shall present to each instructor involved a written statement concerning the religious holy day(s). The instructor will complete a form notifying the student of a reasonable timeframe in which the missed assignments and/or examinations are to be completed.

<http://www.shsu.edu/dotAsset/0953c7d0-7c04-4b29-a3fc-3bf0738e87d8.pdf>

Academic Grievance Procedures for Students (AP 900823)

Academic grievances include disputes over course grades, unauthorized class absences/tardiness, suspension for academic deficiency, instructor's alleged unprofessional conduct related to academic matters, graduate comprehensive and oral exams, theses and dissertations, and withdrawal or suspension of privileges related to degree-required clinical rotation, internships, or other clinical service delivery in professional degree programs. If the dispute is determined to be based upon professional judgment, the aggrieved student is entitled to have, as appropriate and in turn, the department/school chair, College Academic Review Panel, academic dean, Dean of Graduate Studies (for graduate student issues), and .

<http://www.shsu.edu/dotAsset/0bb1346f-b8d6-4486-9290-dba24123d0d8.pdf>

Students are expected to abide by and will be held accountable to all SHSU policies contained with the SHSU Student Guidelines available at <http://www.shsu.edu/students/guide/>. Please refer to this handbook for further information in regards to the following policies.

FERPA

Disruptive conduct under **Dean of Students-General Conduct and Campus Regulations**
Withdrawal/resignation

Syllabus Acknowledgement Form

I _____ acknowledge I have read the syllabus for NURS 4030 Foundations of Nursing in the Community. By signing this form, I agree to abide by the parameters set out in the syllabus.

Student Signature

Date