In January 1995, five community colleges were selected to participate in a year-long project to implement new teaching methods in associate degree nursing programs to better meet community needs. Supported by the American Association for Community Colleges, with seed money from the Metropolitan Life Foundation, all of the projects also had significant financial support from their colleges and community partners and all continued beyond the grant period. The following projects were funded: (1) a seven-county rural health screening program established by Copiah-Lincoln Community College, in Mississippi, focusing on the health needs of youth and older adults and involving strong community partnerships; (2) a faculty and curriculum development initiative developed by Northern Virginia Community College and added to an existing service learning program involving a Mobile Nurse-Managed Health Center for underserved populations; (3) a model home care and community-based continuing education curriculum developed by Orange County Community College, in New York, the components of which were incorporated into the standard undergraduate nursing curriculum; (4) a home health elective course created by the Southwestern Community College District, in California, which drew on the resources of four community colleges and was designed to be offered by each college in alternate years; and (5) a practicum developed by St. Petersburg Junior College, in Florida, using "clinical associates" in community health agencies to train nursing students to work effectively in community settings. Contains 21 references and a list of 5 electronic resources. (MAB)
COMMUNITY OUTREACH IN ASSOCIATE DEGREE NURSING PROGRAMS

AACC/Metropolitan Life Foundation Project, 1995-1996

Lynn Barnett, Project Director
Community Outreach in Associate Degree Nursing Programs

AACC/Metropolitan Life Foundation Project, 1995-1996

Lynn Barnett, Project Director

Five community college associate degree nursing (ADN) programs ventured into new ways to teach and meet community needs in projects supported by AACC with seed money from the Metropolitan Life Foundation from January 1995 through January 1996. From an applicant pool of 85 colleges, the five selected institutions shaped initiatives that addressed community needs and demonstrated strong partnerships with local health care providers. In all, they featured community service, service learning, community development, curriculum development, student recruitment and retention, and other activities. They established programs for rural health screening, home health nursing, and a mobile nurse-managed health center.

The $10,000 grants allowed colleges to try out brand new ideas, or to implement plans that had been brewing for some time. College nursing faculty reported that the community enthusiasm for the projects was common, that collaboration inside the college and out was crucial, that students experienced personal and professional growth, and that the community relationships would continue. All five projects had significant financial support from their colleges and community partners, and all of the projects continued beyond the grant period.

Five colleges devised solid partnership programs:

- Copiah-Lincoln Community College, MS, brokered strong community partnerships to undertake a seven-county rural health screening program focusing on the health needs of youth and older adults.
- Northern Virginia Community College, VA, added a faculty/curriculum development initiative to a service learning program that supports a Mobile Nurse Managed Health Center for underserved populations.
- Orange County Community College, NY, developed a model home care/community-based continuing education curriculum. Components of which were incorporated into the standard undergraduate nursing curriculum.
- Southwestern Community College District, CA, drew on the collaborative skills of four community colleges to create a home health elective course that would be offered by each college in alternate years.
- St. Petersburg Junior College, FL, developed a practicum that used "clinical associates" in community health agencies to supervise more than 400 nursing students about non-hospital health care.

Funding Breakdown

Five AACC/MetLife Community-Based Nursing Projects, 1995–1996

<table>
<thead>
<tr>
<th>Source</th>
<th>Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>College contributions</td>
<td>62%</td>
</tr>
<tr>
<td>Community contributions</td>
<td>25%</td>
</tr>
<tr>
<td>AACC/MetLife grants</td>
<td>13%</td>
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Project Summary

Serving a seven-county population in rural southern Mississippi, Copiah-Lincoln Community College (Co-Lin) embarked on a program to address the health needs of its growing population of citizens aged under 20 and over 45. Specifically, Co-Lin wanted to increase citizens' knowledge of community resources, provide health screening and make appropriate client referrals to community agencies, increase wellness activities in the counties and strengthen community partnerships. This significant undertaking by the college's year-old associate degree nursing program was made possible with strong support from both college administrators and community members.

This has been a priceless opportunity.
--Victoria Durkee

Implementation

The first part of the project emphasized health promotion for the adults and the second focused on adolescent health. Both faculty and students received orientation prior to the screenings: faculty through professional development in such areas as collaborative community relationships and multidisciplinary work groups and students through coursework and additional readings.

Co-Lin nursing students and faculty traveled to 24 fairs, sports events, flea markets, or local shopping areas to provide various services—blood pressure screening, glucose and cholesterol assessments, health teaching, and referrals to community agencies. In some cases they operated a first aid booth.

Success Factors

- Local media coverage
- Grassroots advertising (churches, businesses, sports events, recitals, etc.)
- College administrative support
- High school students as captive audiences
- Nursing student/high school student compatibility
- Strong community partnerships
- College van availability
- "Friendly staff"
- Nursing students' "fit" with community
- Weekend screenings

Challenges

- Time constraints
- Incentives for follow-up activities with adolescents
- Midweek screenings
- Scheduling reminders

An outcome of the project was a renewed awareness of the community's assets as well as needs. Private-sector support allowed the college to reach many more individuals—more than 3,000 adults and youth—than originally imagined. The project was a catalyst for additional discussions of wellness issues in this rural community.
COMMUNITY PARTNERS

- Central Mississippi Home Health
- Franklin County Memorial Hospital
- Hardy Wilson Hospital
- Kings Daughters Hospital
- Lawrence County Home Health
- Lawrence County Hospital
- Magee General Hospital
- Mississippi Department of Health
- Mississippi Methodist Rehabilitation Center Home Health Agency
- Simpson General Hospital
- South Mississippi Home Health
- Van Winkle Home Health

Spinoffs

The positive nature of the partnerships and success of the start-up activities resulted in several requests for additional health promotion activities, including weekend health fairs, wellness surveys, and health instruction for fourth-graders. On a larger scale, the AACC/MetLife grant reinvigorated the Co-Lin Wellness Committee and helped faculty and staff mobilize plans for a Wellness course and a Wellness Clinic that will serve the college and community.

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Schools, pamphlets, games, and special displays featured information on sexually-transmitted diseases, sexuality and choices, nutrition, depression, stress management, alcohol, gun safety, pregnancy, tobacco, exercise, and hypertension. "Mr. Dip Lip," a model that showed the cancerous effects of chewing tobacco, was a particular success.

The high school students related well to the college nursing students in these informal settings and were forthcoming about their health questions. At each location, high school students completed wellness surveys, which helped Co-Lin develop a fuller picture of local health needs. Problem areas that surfaced included drinking, overeating, and stress or depression. Those and other observations were conveyed to the high school principals and counselors.

Co-Lin students conducted vision/hearing screenings and height/weight measures for pre-schoolers, some at the Head Start center.
Northern Virginia Community College added key elements to its fledgling Mobile Nurse-Managed Health Center (MNMHC), a community-based clinical practice that features a service learning approach. Supplementing service learning activities supported by the national Learn and Serve America program, the AACC/MetLife grant funded three important components—faculty professional development, release time for curriculum development, and consultation services for screening, marketing, and planning strategies important to the center’s long-term effectiveness.

The result, with strong community partnerships and nursing faculty guidance, was that more than 100 nursing students provided primary-care, health assessment promotion, and disease-prevention services to 560 underserved clients. Because of the funding for faculty development and subsequent professional certifications, the college no longer needs to staff the MNMHC with a public health nurse or a full-time nurse practitioner.

**IMPLEMENTATION**

Planning meetings, meetings with key partners, the designation of an advisory committee, and definition of roles and responsibilities of partners, faculty, and student participants got the project underway.

The faculty development needs of the project centered on upgrading internal skills to eliminate the need for outside consultants. Several nursing faculty began classes to upgrade their skills. Two pursued certification to practice as Family Nurse Practitioners in order to provide primary health care services on the MNMHC, and also to be assigned to nursing students who can practice under their supervision. Having two nurse practitioners on staff will help institutionalize the program after external funding ceases. Other faculty enrolled in university classes or workshops on case management and, as members of the nursing curriculum committee, contributed toward designing a community-based curriculum model. The newly-designed first-semester curriculum, Promotion of Health, covers wellness, lifestyle changes, community environments, client teaching, primary health care, and working in interdisciplinary health care teams. Freshman students provided service at the MNMHC, day care centers, senior centers, clinics, and other community settings.

**NURSING STUDENTS ARE GEARED UP TO SEEK EMPLOYMENT IN COMMUNITY SETTINGS WHEN HEALTH CARE SERVICES ARE NEEDED, AND WILL HAVE A DIRECT IMPACT ON THE HEALTH OF THE COMMUNITY AS A WHOLE, THANKS TO THE PROJECT.**

—Charlise Connolly
SUCCESS FACTORS

- Interdepartmental cooperation
- Advisory committee
- Strong community partnerships
- Matching funds
- Community college/university collaboration

CHALLENGES

- State hiring freeze and resultant time loss
- Lack of clients after summer break, and resulting breakdown in client trust
- Scheduling during college breaks
- Need to hire technology consultants

In addition to the faculty development activities, staff identified a variety of mobile screenings strategies, marketing, and educational plans that would extend beyond the grant period. Screenings—including hypertension, cholesterol, diabetes, sexually transmitted diseases, and cancer—were provided to uninsured, vulnerable populations, who were then referred to community agencies. Specific educational plans outlined clinical rotations for nursing students on the MNMHC. Students were required to develop written action plans for each client, and to complete a community assessment and a community plan of care. The clinical rotations were graded and students received credit once they passed the didactic component. The college also negotiated with several universities to allow nurse practitioner students to use the MNMHC as a clinical practicum.

Spinoffs

The MNMHC received the Governor's Award for Community Service and Volunteerism in Virginia, one of seven awardees from nearly 200 nominees. The community has been overwhelmingly receptive to the MNMHC, and neighboring counties, corporations, and other community agencies have requested services. Ongoing fund-raising efforts resulted in several successes, including the commitment of the college's education foundation to support the project and to allow the college to operate the mobile van more than the original three days per week. The American Lung Association raised funds for a fuel-efficient, fully equipped mobile van. Community interest in the project has given students opportunities to enhance the diversity and depth of their service learning experiences. The project started a college-wide initiative to implement service learning across the curriculum.

COMMUNITY PARTNERS

- American Lung Association
- Arlington Public Health Dept.
- Catholic Charities Diocese of Arlington
- FACETS
- Fairfax County: Area Agency on Aging
  Dept. of Health
  Dept. of Human Development
  Dept. of Recreation & Community Services
- Hopkins House
- Howard University
- Medical Development International
- Northern Virginia Area Health Education Center
- Northern Virginia Family Services
- Reston Hospital
- Reston Interfaith Agency
- Washington Gas

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Recognizing that shifts from acute to chronic care have dramatically affected the health care delivery system, Orange County Community College (OCCC) took advantage of partnerships with local health care providers to develop a model noncredit home care course that includes a clinical practicum. The Home Health Care course was piloted through a continuing education course for registered nurses who had no prior home care training. It was later integrated into the standard undergraduate nursing curriculum through the required Fundamentals of Nursing course.

This allowed us to create a vision and know how to achieve it.

—Judi Jalifi

For several months in 1995, OCCC's project coordinator met bimonthly with representatives from its partnership agencies to design the curriculum. The initial meeting emphasized ways to address the shift from hospital-based care to home care. In conjunction with the meetings, home visits helped clarify the care manager's responsibilities and ways to coordinate services. These visits also revealed effective ways to work with an interdisciplinary team of practitioners, such as physical therapists and occupational therapists.

Each partnership agency contributed to the curriculum design and helped organize and schedule clinical practicums. Each partner also committed an experienced direct-patient-care employee to teach sections of the course, which includes topics such as referrals, regulations, home environment assessments, safety, ethical and legal concerns, documentation, and the nurse's role.

Success Factors
- Faculty agency team teaching
- Advisory board
- Community support
- Curriculum/clinical schedule continuity
- Student enthusiasm
- Outstanding guest speakers
- New networks
- "Special project" status

Challenges
- Acceptance of "nursing in the community" concept
- Nurse preceptor workload
- Agency perceptions of ADN students
- Clinical practicum acceptance
- Limited experience with home care agencies
- Liability aspect of personal care use
- Daytime scheduling
Faculty from the partnership agencies and OCCC cooperatively taught the first course to registered nurses during the summer of 1995. The seven students attending were required to hold current New York State registered nurse licenses, to have been employed as nurses in an acute-care facility or long-term setting, to have graduated from a nursing program within the last two years, or to have obtained permission from the community nursing course coordinator. Students also were required to comply with special requirements of the agencies where they were to be placed.

The “special project” status of this initiative allowed for creative inquiry and, as a result, some OCCC nursing faculty have become change agents and advocates for home care nursing education and training. Local media coverage helped heighten awareness of the issues and the new course, which was offered again in the summer of 1996.

**Spinoffs**

Positive community response to the project resulted in offers from many consultants to donate their services to the college, and project staff received invitations to participate in the inaugural national meeting of the Home Healthcare Nurses Association. Since the grant ended, other community colleges beyond the local OCCC area have requested information about the Home Health Care curriculum.

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CURRICULUM DEVELOPMENT FOR HOME HEALTH NURSING

SOUTHWESTERN COMMUNITY COLLEGE DISTRICT, CHULA VISTA, CALIFORNIA

Project Summary

Four community colleges in southern California—Southwestern College, Grossmont College, Palomar College, and San Diego City College—collaborated with several home health agencies to design a home health elective course geared to practicing registered nurses (RNs), new graduates, nursing students, and faculty. After a year of planning and development, the Home Health Certification Course for Registered Nurses was approved by the California Board of Registered Nurses and ready for summer offering in 1996. Participants completing the six-week, 3-unit elective credit course, which includes 27 classroom hours and 81 clinical hours, will be prepared for entry level home health positions.

Implementation

Preliminary surveys of home health agencies, hospitals, and colleges and universities yielded information on current home health program offerings and priority needs in the San Diego area. The surveys had the added advantage of increasing community awareness of the project goals.

Based on survey findings and shared curricula from the California Association of Health Services at Home (CAHSAH), the community college Home Health Certification course was designed in six modules. Among the topics covered are: roles and functions of home care providers; home visits; documentation and reporting; reimbursement; regulatory requirements; client and family education; individual, family, and community assessments; nursing care across the lifespan; chemotherapy; pain management; emergencies; enteral feeding; and intravenous therapies. Also included in the curriculum are sections on ethical dilemmas, legal issues, decision-making, and problem-solving.

Success Factors

- Community survey
- Agency collaboration
- Monthly meetings
- Information sharing
- Curriculum committee approval
- State board approval
- RN Preceptors

Challenges

- Faculty time constraints
- Course cost determination
- Complexity of collaboration

The positive participation of all involved was overwhelming. It ensured the success of the project. The results have opened many doors for future projects.

-MARY NAGI
COMMUNITY PARTNERS
- Helping Hands Home Health
- Grossmont College
- Mercy Home Care
- San Diego City College
- Scripps Home Health
- Sharp Home Health
- UCSD Home Health
- West Health Care

solving, priority setting, and home care nursing standards. Students work with a RN preceptor selected from a home health agency in San Diego County.

First available at Southwestern College, the course will be offered at the each of the collaborating community colleges on a rotational basis with the assistance of participating home health agencies.

Six San Diego home health agencies worked with the colleges to develop the six modules of the curriculum and design the clinical experience. Their participation was deemed essential to the success of the course’s development and implementation. The CAHSAH partnership was also productive, with community colleges providing their clinical content materials in exchange for CAHSAH’s classroom content materials.

According to the community college coordinator, the project helped to strengthen communication among ADN colleges, home health agencies, and nursing organizations while promoting a collaborative working relationship for a common goal. It helped minimize the gap between academia and practice.

Spinoffs

The community colleges are discussing how to incorporate home health care into the regular nursing curriculum. Other colleges became interested in obtaining the curriculum or sending students to the course, and various individuals expressed interest in teaching portions of the course. One home health agency decided to send some of its hospital employees to the course, precept them, and then hire them directly into home health nursing positions at their own agency.

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Acknowledging that, for most people, hospitals are no longer the primary sources for health care, St. Petersburg Junior College (SPJC), with the nation’s fifth-largest nursing program, developed a program to prepare nursing graduates to work effectively in community settings. This was particularly important in the college’s local area, which includes 22 Medicare-certified home health agencies responsible for making approximately 3,000 visits daily. The college’s preparatory work for designing a pilot home health care program relied on faculty workshops, outpatient site selection for student placements, and “clinical associates” (registered nurses) at each site who were charged with supervising the nursing students. The community partners took an active role on the 24-member advisory committee and in the implementation of the outplacements. The college and community partners jointly developed a training packet for the clinical associates.

Project Summary

A project staff apprised all nursing faculty of plans for the grant and urged attendance at workshops on the changing health care system and the need for alternative teaching sites. The faculty suggested clinical sites and recommended individuals to serve on the project advisory committee. They provided continuous input regarding student learning objectives, responsibility and selection criteria for clinical associates, and suggestions for evaluation tools.

Faculty and community partners together proposed modifications in the nursing curriculum to help graduates function better in an era of health care reform. In addition, the community partners helped develop the agency assessments, methods to identify qualified nursing staff to serve as clinical associates, policies and procedures for the student placement experience, and evaluation criteria for the clinical experiences. The college presented orientation classes to 125 nurses and administrators at four community sites, and various video presentations helped orient clinical associates and students.

SUCCESS FACTORS

- Advisory committee
- Faculty lounge as resource center
- Videotape to orient placement agencies
- Interdepartmental cooperation
- One-on-one student supervisor relationship

CHALLENGES

- Time to meet goals
- Advisory committee continuance
- Keeping up with health care reform issues
- Establishing criteria for quality outplacement
- Initial faculty reluctance
- Transportation to community sites
- Student adjustment to home environment

We have created a hospital without walls. We have to keep growing and nurturing.

— Jodi Panks
COMMUNITY PARTNERS

- The Hospice of the Florida Suncoast
- Morton Plant Health Ventures
- Bayfront Home Health Services

SPJC negotiated contracts with more than a dozen community organizations, including a local hospice with a daily census of 1,150 patients, as outplacement sites for student training. At the hospice, 74 hospice nurses served as clinical associates during the students' two- or three-week experience, and the hospice director provided supplemental training to the students. Six agency nurses taught classes on home health and hospice care to more than 400 nursing students. An unexpected outcome of the project was the students' exposure to racial and socio-economic differences and issues that they would have seen in a hospital setting. The students also benefitted from the continuity of nursing work possible in contrast to hospital work in alternative care settings.

At the college, the Open Campus collaborated with the nursing department to initiate several new courses for registered nurses and new graduates, including Introduction to Home Health Care, Introduction to Ambulatory Care, Introduction to Hospice Care, I.V. Therapy, and others.

Results of evaluations from community agencies, clinical associates, and nursing students revealed an overall favorable response to the outplacement program. The program was discussed at a variety of professional meetings, including conferences of the National Organization for Associate Degree Nursing and the National League for Nursing.

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Spinoffs

Overall, the project raised the consciousness of other nursing educators who became interested in the curriculum. The college has begun developing a new model for partnering with outplacement settings. In the meantime, home health experiences have been included as a permanent part of the curriculum for upper-level nursing students. SPJC is working with the state nursing board to allow outplacements in all associate degree nursing programs in Florida.

The project allowed for creative development of an innovative curriculum that directly reflects the ever-changing health care system. It is a design that could be used by other colleges. The collaboration of various involved groups was very positive and productive.

— Mary Jean Etten
Selected Resources


Staff. (1996). Nursing education. *Nursing Education in Community-Based Practice: Special Issue*. (34)(8).


Selected Electronic Resources

American Association of Community Colleges
http://www.aacc.nche.edu

Broward Community College, FL
http://www.broward.cc.fl.us

Kapi‘olani Community College, HI
http://leahi.kcc.hawaii.edu

Nursing Network Forum
http://www.access.digex.net

University of Arizona, Community Service Programs
http://www.nursing.arizona.edu

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