Course Number:
NUR 419, 4 credits

Course Title:
Clinical Prevention and Population Health

Placement in the Curriculum:
Senior Year: first and second semester

Teaching Faculty:
Melany Chrash, RN, MSN, FNP-BC, CS-BC (Coordinator)   Office 206R Stewart,
Phone 724-852-3348
Email: mchrash@waynesburg.edu
Kathy Stolfer, Ed. D., RN-C   Office 105G Stewart,
Phone 724-852-3207
Email: kstolfer@waynesburg.edu

Catalog Description:
This course examines population health and clinical prevention. Health promotion, disease, and injury prevention are applied using clinical reasoning and judgment to improve the health of groups, communities and populations and to prepare for and minimize the health consequences of emergencies and mass casualty disasters. The course meets the requirements of SLR 105. It consists of one and a half hours of theory, one and a half hours of campus lab, and six hours of clinical experience.

Prerequisites: Satisfactory completion of all junior level program requirements.

Course Overview:
This course is designed to examine population focused nursing which includes the aggregate, community or population as the unit of care. Emphasis will be placed on health promotion, disease, and injury prevention as they relate to populations. Using collaboration and the referral process students work with other health care professionals in order to improve population health through clinical prevention. Clinical prevention refers to individually focused interventions such as immunizations, screenings and health counseling with the goal to positively impact the health of the total population and prevent the spread of disease and other health conditions. Population focused nursing involves studying epidemiology, identifying the determinants of health and applying the principles of primary prevention. Disaster preparedness and mitigation will be examined from a population focus. In addition, through conducting a community assessment, students actively identify those who might benefit from a service and use available resources to assure best overall improvement in the health of the population through their community service learning experience. Students will work in a variety of clinical agencies emphasizing clinical
prevention and a population focus. Students will provide health promotion, primary, secondary and tertiary prevention, disease and injury prevention in wellness centers, rural health centers, senior citizen centers, food banks, public health departments, and other community agencies serving special populations throughout the community.

This course addresses Baccalaureate Essential VII: Clinical Prevention and Population Health

Course Objectives:
1. Demonstrate professional values and behaviors as they apply to self, to populations and to the profession.

2. Provide rational for care-giving decisions based on knowledge from nursing, the humanities, and the sciences related to functional health patterns and their alterations with groups, communities and populations.

3. Use clinical reasoning and judgment to make care-giving decisions for patient safety and quality related to the goals of clinical prevention, population health and all other care-giving goals with groups, communities and populations.

4. Demonstrate ethical and scientific care-giving behaviors with groups, communities and populations.

5. Use collaboration with groups, communities and populations in developing the professional leadership role.

6. Evaluate evidence-based practice as it relates to epidemiology and population issues to support care-giving decisions with groups, communities and populations.

7. Incorporate ethical, economic, political and health policy factors related to populations.

Teaching Strategies:
Lecture, discussion, campus laboratory, audio-visual materials, home health program, library resources, journal entries, clinical experiences, independent learning activities, group learning activities, and testing with feedback.

Required Texts:

Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People Goals [http://www.healthypeople.gov/Publications/HealthyCommunities2001/healthycom01hk.pdf](http://www.healthypeople.gov/Publications/HealthyCommunities2001/healthycom01hk.pdf) available free online

Web Sites:
Agency for Healthcare Research and Quality [www.ahrq.gov](http://www.ahrq.gov)


Pennsylvania’s State Health Department Website [http://www.portal.health.state.pa.us/portal/server.pt/community/department_of_health_home/17457](http://www.portal.health.state.pa.us/portal/server.pt/community/department_of_health_home/17457) click on Health Statistics and Research

**Evaluation Methods:**

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight</th>
</tr>
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<tbody>
<tr>
<td>Test #1</td>
<td>15%</td>
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<tr>
<td>Test #2</td>
<td>15%</td>
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<tr>
<td>Test #3</td>
<td>15%</td>
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<tr>
<td>Community Assessment</td>
<td>15%</td>
</tr>
<tr>
<td>Service Learning Presentation</td>
<td>15%</td>
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<tr>
<td>ATI – Comprehensive Final</td>
<td>15%</td>
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<tr>
<td>Class Participation</td>
<td>5%</td>
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<tr>
<td>Quizzes</td>
<td>5%</td>
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<tr>
<td>Simulation Participation</td>
<td>P/F</td>
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Total =100%
Grading Scale:

- A = 93 and above
- B = 84-86
- C = 75-77
- D = 66-68
- A- = 90-92
- B- = 81-83
- C- = 72-74
- D- = 63-65
- B+ = 87-89
- C+ = 78-80
- D+ = 69-71
- F = 62 and below

Course Grading:

The clinical grade is incorporated into the theory grade. The clinical practicum component of this nursing course will be graded on the basis of satisfactory or unsatisfactory. The student must pass both the theory and clinical components in order to pass the course.

Service Learning: This course meets the requirements of SLR 105. Should a student fail this component of the course, they will fail the entire nursing course. Failure will be based upon any of the following: not handing in written assignments, not completing the 30 hour requirement, falsifying time sheets, or being expelled from agency due to unprofessional or disruptive behavior. Student receives a pass/fail grade for this component. However, the service learning power point/photo essay will be computed into the overall course grade.

Clinical Experience Requirements:

Attendance in clinical experience is mandatory. If unable to attend clinical experience, students are expected to notify their instructor and assigned agency. In the event of clinical absence(s), the clinical instructor in conjunction with the course coordinator will determine the need for clinical make-up. Unmet clinical objectives due to absence(s) will require clinical make-up. Communication protocol related to field experience is included in clinical orientation packet.

Absenteeism from clinical is strongly discouraged. An automatic “U” will be issued for one missed clinical day. The course coordinator and clinical faculty member are responsible for making immediate arrangements (within the week) regarding the required clinical make-up (with notification of the department chairperson). More than one clinical absence will result in a remediation plan, completed by the course coordinator in conjunction with the department chairperson, and place the student in jeopardy of failing the course.

Course Requirements:

1. 3 exams
2. Community Assessment PowerPoint Presentation (group of 3 students) – 15 min.
3. Service Learning requirements
4. Service Learning Power Point Presentation – 15 min
5. Clinical guide sheets for all assigned clinical areas- due one week after experience
6. Educational projects based upon EBP, clinical prevention guidelines and health literacy concepts
7. Papers & other assignments submitted after the due date will be subject to grade
reduction at the discretion of the instructor. No papers or assignments will be accepted after the last regular class.

8. Simulation Participation if possible
9. ATI Test – You will have one opportunity to take the ATI exam. This will count for your final exam score. Your test grade will be based upon your ATI adjusted individual score.
   - 85% and above will be equivalent to a 95% on the test
   - 80-84% will be equivalent to a 90% on the test
   - 79-70% will be equivalent to an 85% on the test
   - 65-69% will be equivalent to an 80% on the test
   - 64-51% will be equivalent to a 75% on the test
   - 50% and below will be equivalent to a 72% on the test

11. This syllabus is subject to change.

Project/Tutoring Time:
   Students are to reserve Wednesday afternoons from 1 – 4 p.m. for project/tutoring time. This time will be utilized by NUR 425-Advanced Scholarship for Evidence-Based Practice, NUR 426-Leadership in Professional Nursing Practice, and NUR 419-Clinical Prevention and Population focus – for the purpose of group project work, as well as peer tutoring. Student projects will include participation contracts and attendance minutes will be counted for all agreed upon project dates.

Clinical Simulation
   During the course of the semester, it is the expectation that students will participate in a simulated clinical scenario. This simulation may or may not be video-taped for debriefing and teaching purposes. In addition, students may also be individually taped performing skills for sign-off purposes. Video tapes will be viewed for debriefing purposes and then destroyed. Students are not able to access these videos at any time. Students MUST NOT reveal simulation details to fellow students AT ANY TIME during the lab day. This will be seen as a violation of confidentiality and academic integrity. Any student who shares information will receive a “U” in the lab for that day as well as potentially fail the course.

Writing Style/Grammar of Papers:
   In order to enhance the student’s writing skills the instructors in this course will grade papers for writing style, grammar, and APA format using the minimal marking system. This means that the faculty member will not correct these errors for the student’s, but will indicate through the use of a check mark that there is a writing style, grammar, or APA format error. This method challenges the student to correct their own errors and reinforces previous learning related to grammar and editing. If the student requires additional assistance, they can seek help from the Writing Lab. Papers will be graded for writing Style and grammar. Excessive errors (more than 7 check marks) may result in the paper being returned to the student for correction and significant lowering of the grade for that paper.
Policies on Testing:

Any student who is unable to attend a testing session due to any emergency or illness will notify the coordinator before the test (if possible) and make arrangements at that time for an alternate test date and time. Tests given at times other than the regular testing session may include different questions and may be given in essay format or orally. If no arrangements for an alternate test date and time have been made prior to the testing period, the student will receive a “0” for the test.

Policy on Academic Integrity:

The Department of Nursing adheres to the University Academic Integrity Policy (with slight modifications) as published in the University Catalog:

ACADEMIC INTEGRITY POLICY

The principles of truth and honesty are recognized as fundamental to a community of teachers and scholars. Waynesburg University and the Department of Nursing have a responsibility for maintaining academic integrity to protect the quality of education, research, and those who depend upon our integrity.

Each member of the University community expects that both faculty and students will honor the principles of academic integrity. Instructors will exercise care in the planning and supervision of academic work, so that honest effort will be positively encouraged. It is the responsibility of the student to refrain from academic dishonesty, and from conduct that aids others in academic dishonesty. This responsibility means that all academic work will be done by the student to whom it is assigned without unauthorized aid of any kind. Therefore:

- No student shall knowingly, without proper authorization, procure, provide, or accept any materials which contain questions or answers to any assignment or accept any materials which contain questions or answers to any examination or assignment to be given at a subsequent date;
- No one shall, without proper authorization, complete, in part or in total, any examination or assignment for another person;
- No student shall, without proper authorization, knowingly allow any examination or assignment to be completed, in part or total, for him or her by another person;
- No student shall plagiarize or copy the work of another person or submit it as his or her own. Refer to the current Waynesburg University Student Handbook for a more detailed definition of academic dishonesty and an explanation of the procedure that will be followed in the event an instance of academic dishonesty is discovered.

Plagiarism: Taking and presenting as one’s own a material portion of the ideas or words of another or to present as one’s own an idea or words derived from an existing source without full and proper credit to the source of the ideas, words, or work. As defined, “plagiarism” includes, but is not limited to:

- Copying words, sentences, and paragraphs directly from the work of another without proper credit
Copying illustrations, figures, photographs, drawings, models, or other visual and nonverbal material (including recordings) of another without proper credit.

• Presenting work prepared by another in final or draft form as one’s own without citing the source, such as the use of purchased research papers.

• Taking and presenting another’s ideas as one’s own.

Any student who does not honor these principles of academic integrity will: 1) receive an “F” in the course, and 2) jeopardize his/her eligibility to take the NCLEX-RN.

Policy on Class Attendance:

Class and lab attendance is mandatory and time will be recorded for each hour. If you miss more than 370 minutes of class or lab time for any reason other than a SNAP convention, you will fail the course. You are advised to not miss classes frivolously so that you will have absences available in case a serious illness or genuine emergency arises. A genuine emergency is defined as something that happens rarely and is out of your control (i.e. death in the family). You are responsible for monitoring your own attendance. If you leave class early or arrive late, the time that you miss will be counted as a partial absence.

• Students are responsible for maintaining previous learning.

• Students are responsible and accountable for behaviors outlined in the Nursing Student Handbook.

Note: It is planned to cover the material as described in the course outline; however circumstances beyond the control of the faculty may necessitate altering the outline or syllabus during the semester.

Content Outline

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Content / Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aug 29</td>
<td>Orientation to Course/Clinical Sites – ALL students – on campus. Overview of course, clinical responsibilities, environmental safety for student nurse and patients, r/t BSN Essential VII and HP2020</td>
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<tr>
<td>1</td>
<td>Aug 30</td>
<td><strong>Overview of clinical prevention and population Health- Read Chapter 1, 2 &amp; 28</strong> Core principles of population health and clinical prevention. History &amp; Current Practice of Public &amp; Community Health Nursing. <strong>Read ATI content</strong> Service Learning - preparing for <strong>Service Learning Fair- Sept 7 (mandatory)</strong></td>
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<tr>
<td>2</td>
<td>Sept 6</td>
<td><strong>Determinants of Health</strong>: Community Assessment: Assessing the health of populations. Neuman Community Health Theory. <strong>Read Ch. 12.</strong> Epidemiologic Principles &amp; Application:Ensuring population health. <strong>Read Ch 9  Read ATI content</strong> Role of US Preventive Task Force and HP 2020 <strong>Service Learning Fair Sept 7 – MANDATORY</strong></td>
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<tr>
<td>Date</td>
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<tr>
<td>3 Sept 13</td>
<td><strong>Community Partnerships to meet health needs:</strong> Panel Presentation: Putting Clinical Prevention and Population Health into practice/ Health Promotion, Risk Reduction and Screening Programs across the Lifespan – using evidenced based practice to influence the health of populations. Public Health Nurse, Area Agency on Aging, Community Action, Home Health &amp; Hospice, Parish Nursing Outreach and research in practice – The Nurse Family Partnership Project. Read appropriate content CH 28, 29, 30 and CH 20 Handout. Prepare 3 questions to ask the various representatives who will be part of the panel. <strong>Test Review</strong></td>
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<tr>
<td>3 Sept 14</td>
<td><strong>Mandatory Group Time - Smiles for Life Program explained - 1pm</strong></td>
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<tr>
<td>4 Sept 20</td>
<td><strong>TEST # 1 Followed by class. Health Enhancement and Risk Management.</strong> Health Outcomes/ Chronic Illness Management/ Disease Management – Strategies for populations. Read Handout on Chronic Care Model. <strong>Examine the Guide to Clinical Preventive Services from AHRQ</strong></td>
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<tr>
<td>5 Sept 27</td>
<td><strong>Principles of individual and population focused health education/ health teaching:</strong> Impacting the health of populations today! <strong>Read Ch 11 The Health Program Management Process Read Ch 16</strong></td>
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<tr>
<td>6 Oct 4</td>
<td><strong>Public Health Issues at community, regional, national and global levels:</strong> Emergency Preparedness and Disaster Management: Caring for a Community in Crisis: <strong>In class simulation. Read Ch.14. ATI content. Emerging Infectious Diseases:</strong> Read Ch 26.</td>
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<tr>
<td>7 Oct 11</td>
<td><strong>Understanding the determinants of health, clinical prevention practices, and planning for population focused interventions</strong> Surveillance and Outbreak Investigations - <strong>Read Ch 15 Emerging role of genetics in clinical prevention and disease management. Read ATI content</strong></td>
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<tr>
<td>8 Oct 18</td>
<td><strong>Health Outcomes:</strong> Community Assessment Presentations. (15 min. each). Assessing the Community (Ch. 12) <strong>ATI Content Test Review</strong></td>
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<tr>
<td>10 Nov 1</td>
<td><strong>Health Needs of Vulnerable Populations cont:</strong> Rural health and Migrant Health, Homelessness, Poverty, Mental Illness. Injuries and injury prevention. <strong>Read Ch 21 and 22 and ATI content.</strong></td>
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<tr>
<td>11 Nov 8</td>
<td><strong>Public Health Issues:</strong> Environmental Health and Safety: <strong>Read Ch. 6. ATI content</strong></td>
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<tr>
<td>12 Nov 15</td>
<td>Occupational Health Nursing: applying population focused principles to the workplace, <strong>Read Ch. 31. Test Review</strong></td>
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<tr>
<td>13 Nov 22</td>
<td>FALL BREAK! HAPPY THANKSGIVING</td>
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<tr>
<td>14 Nov 29</td>
<td><strong>Service Learning Presentations</strong></td>
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<tr>
<td>15 Dec 6</td>
<td><strong>FINAL EXAM First hour, followed by Service Learning Presentations for remainder of class</strong></td>
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<tr>
<td>16 Dec 13</td>
<td><strong>ATI EXAM Time to be announced</strong></td>
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Community Assessment
Population Focus
Meets Course objectives 3,5,6

In teams of three, students will assess Greene County. One group will assess Fayette County on one parameter. Two models will be utilized to assess the community: (1) the windshield survey (chapter 12) and (2) Neuman’s community as partner model (appendix G and handout). Identify necessary sources of information early in the semester. This is important in scheduling appointments with key informants, such as police or fire chiefs, hospital administrator, school nurse, school principal, local legislators (mayor works here at the college), and representatives from social service agency. After collecting the information you will present it to the class in a power point presentation. This will provide for a comprehensive community assessment.

This assignment also assists the student to develop competency with information literacy (informatics).
It is important for the student to understand and utilize the science of information. Using informatics enables the nurse to better implement changes in health care. Using the Information Literacy Competency Standards for Higher Education(2000) the student in conducting a community assessment will implement the following standards:

Standard One: The information literate student determines the nature and extent of the information needed.

Standard Two: The information literate student access needed information effectively and efficiently.

Standard Three: The information literate student summarizes the main ideas to be extracted from the information gathered.

Standard Four: The information literate student, individually or as a member of a group, uses information effectively to accomplish a specific purpose.

(Information Literacy Competency Standards for Higher Education. ALA, 2000)

Students will sign up in teams of two for the following areas:


Identify normal lines of defense(health of the community), stressors, flexible lines of defense (temporary response to stressors), and lines of resistance (strengths). Relate to Healthy People 2020 objectives.
2. Social Services - Are social service agencies available to care for victims of abuse or crime, substance abuse, mental health issues, and aging services? Are there any services tailored for the youth in the community? For the elderly? For the newly immigrated? For the newly paroled? **Health resources:** health promotion activities, ambulatory, emergency facilities, long term care, inpatient facilities, personal care homes, public health dept., home care agencies, or clinics. Often times many communities cannot provide needed services, especially in regard to prenatal and obstetric care, or diagnostic and preventive services. Are there resources outside the community that are frequently utilized? How accessible are they? **Federal and state programs of assistance:** What type of assistance programs are offered? How are they utilized in this community? **Community based programs of assistance:** What different types of support groups, programs or phone helplines are available? Are they accessible: time, cost, location?

Identify normal lines of defense (health of the community), stressors, flexible lines of defense (temporary response to stressors), and lines of resistance (strengths). Relate to Healthy People 2020 objectives.

3. Politics and Government- **Government:** type of organizational structure (what is the governmental jurisdiction), community participation in local government, key community leaders. What do they identify as key health problems in the community? Voter registration and percentage of registered voters who actually vote in elections are indicators of participation of community members in the governance of the community. Does the local government conduct open meetings to allow citizens a forum in which to express their opinions? What role does the local government play in regards to the health of its citizens?

Identify normal lines of defense (health of the community), stressors, flexible lines of defense (temporary response to stressors), and lines of resistance (strengths). Relate to Healthy People 2020 objectives.

4. Education (including health literacy)- Does the community have the resources to provide for the education of the children and adults in the community? What is the decision – making structure of the public school districts? Are the following available: Parochial schools, preschools, adult education programs, higher education, and health education programs. **School nurse:** nurse to pupil ratio. How does this compare to standards reported in textbooks? How does the school nurse perceive role? What specific problems/strengths does the nurse identify? Literacy rate, voting population, percentage of high school graduates/dropouts, percentage that go on to higher education. Usually, the higher the education level in a community, the healthier the community. In general, high dropout rates and low graduation rates indicate problems within the school system. **Availability of sex education in school system, childbirth education classes, parenting classes? Who conducts these classes, the school nurse or someone else? STD/HIV education and awareness programs? Programs related to prevention and screening for adults such as: breast cancer, cervical cancer, testicular cancer, prostrate cancer.
Identify normal lines of defense (health of the community), stressors, flexible lines of defense (temporary response to stressors), and lines of resistance (strengths). Relate to Healthy People 2020 objectives.

5. Safety and Transportation—Protective community services: police, fire, ambulance service, disaster control plan, safety hazards/programs, and water quality controls. Are these programs available and are they adequate to meet the community’s needs? Can this community handle a natural or man-made disaster? Tornado, blizzard, train derailment with toxic materials are just some examples. Do the citizens of this community feel safe from crime? Have crime rates decreased or increased overtime? What are the main crimes or problems? What are this community’s usual patterns of coping? Incidence of domestic violence, alcohol related arrests, DUI’s, drug related arrests, child abuse rates, homicide rates, & suicides are some statistics that need to be examined and compared. Transportation may seriously hinder efforts of these protective community services. Social isolation may contribute to the formation of gangs and other antisocial behaviors. How do transportation services affect access to work, health care facilities, and recreation? How navigable are the roadways? What about during nighttime hours? Is there adequate lighting? How does this impact the community’s health?

Identify normal lines of defense (health of the community), stressors, flexible lines of defense (temporary response to stressors), and lines of resistance (strengths). Relate to Healthy People 2020 objectives.

6. Economics—Primary occupations, average and median income level, percentage below poverty level (what does ‘below poverty level mean’), per capita income, % on public assistance (how does one qualify?), unemployment rate, types and average cost of housing, percent of houses owner occupied versus renter occupied. Characteristics of labor force, occupational groups. Economic instability in a community can lead to a number of health related concerns. Any industries that contribute to occupationally related death and injuries? Poverty limits individuals and families health care options and opportunities. High unemployment rates create a stressful environment.

Identify normal lines of defense (health of the community), stressors, flexible lines of defense (temporary response to stressors), and lines of resistance (strengths). Relate to Healthy People 2020 objectives.

7. Communication—publications (newspapers), radio and TV stations, informal and formal network of “spreading information through the community”. Are there agencies that facilitate communication within the community? Are there common areas where people meet to discuss community issues? To socialize? How do members of this community find out information in general? Related to health issues?
Recreation - Leisure time activities available and affordable for various age groups. Safety programs offered for higher risk activities: gun safety during hunting season, and bicycle safety programs to name two such programs. Communities with a poor economic base may not be able to provide adequate programs for recreation. Festivals and parades that are regularly celebrated by the community? How could these be utilized to promote health within the community? How would you rate the fitness level of this community? General physical activity?

Identify normal lines of defense (health of the community), stressors, flexible lines of defense (temporary response to stressors), and lines of resistance (strengths). Relate to Healthy People 2020 objectives.

8. Physical environment/ windshield survey. Utilize Table 12-3, page 226 of text, & digital camera. Identify normal lines of defense (health of the community), stressors, flexible lines of defense (temporary response to stressors), and lines of resistance (strengths). Relate to Healthy People 2020 objectives.

Students will present their findings in a power point presentation to their fellow classmates. All members of the team will receive the same grade on the assignment. You will need to divide the work of the assignment so that each team member is carrying an equal work load.
## Grading Rubric for Community Assessment – Population Focus Presentation - 15 min

**Name _____________________________**

**Area: __________________________**

<table>
<thead>
<tr>
<th>Expectations:</th>
<th>Possible points</th>
<th>Comments:</th>
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<tbody>
<tr>
<td><strong>Content:</strong> Statistics reported in manner that allows for understanding &amp; historical comparison – not represented as a series of numbers, but visually easy to interpret &amp; analyze.</td>
<td>0-70</td>
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<tr>
<td>Identifies appropriate statistics for the area. Identifies potential data gaps.</td>
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<tr>
<td>Identified lines of resistance &amp; stressors to community.</td>
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<td>Relate info to HP 2020 in a meaningful way.</td>
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<td>References appropriate &amp; cited.</td>
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<tr>
<td><strong>Uses language appropriately. Voice clarity, projection, pace, tone, &amp; nonverbal behavior facilitate presentation.</strong></td>
<td>0-20</td>
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<tr>
<td>Reading from notes whole time is not good. Points will be deducted.</td>
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<tr>
<td>Personal appearance-professional, well dressed and groomed.</td>
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<tr>
<td>Engages audience in manner that encourages questions/discussion <strong>Enthusiastic and energetic</strong> in presenting material.</td>
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<tr>
<td><strong>PowerPoint – used as talking points. (Does not read exclusively, but enhances understanding.)</strong></td>
<td>0-10</td>
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<tr>
<td>Well integrated into presentation.</td>
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<td>Professional quality.</td>
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<td>Adheres to time limits.</td>
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<td>Total Points</td>
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Waynesburg University - Case Study Disaster Preparedness for Senior Citizens

Anticipatory Set: Students should have a working knowledge of aging, needs assessment, and teaching learning principles.

Scenario/Case Study:

You have been asked to prepare an educational program on disaster preparedness for the local senior center. In preparation for developing your program, be certain to consider health literacy for the older adult as well as age-related changes.

Activities/Directions:

- Visit the following website and review the evidence-based practice guideline for Age-related changes.
  
  www.consultgerirn.org
- Visit the following websites and review the guidelines and health literacy and disaster preparedness.
  
  http://nnlm.gov/outreach/consumer/hlthlit.html
  
  http://www.nia.nih.gov/Alzheimers/Publications/disasters.htm

Answer the following questions:

1. What age-associated are necessary considerations while planning your educational program?
   
   Cognitive:

   Cognitive processes are slower and educational material must be paced appropriately.

   Musculoskeletal/Neuro:

   Limited range of motion and decreased muscle strength will affect ability to open disaster kits and retrieve materials.

2. Why are the elderly (age 65+) considered a vulnerable population for poor health literacy?

   A majority of the elderly have inadequate or marginal literacy skills and read below a fifth-grade level.
3. Identify one reason for limited literacy skills in the older adult?
   
   Cognitive decline

Upon completion of your Needs Assessment you have discovered that there has been a significant increase in the number of home bound elderly over the last year. You discuss your findings with the senior center coordinator and director and agree to provide disaster preparedness emergency kits to the local home bound elderly. These kits will be distributed in collaboration with the local Meals on Wheels program.

Activities/ Directions

- Visit the following websites and review Preparedness
  
  
  
  http://www.nia.nih.gov/Alzheimers/Publications/disasters.htm
  
  http://www.ahrq.gov/prep/

  Go to the AHRQ Archive and access Data Sources for the At-Risk Community Dwelling Patient Population

Answer the following questions:

1. Why is it important to make senior citizens aware of their need for emergency preparedness?
   
   Preparation can help one maintain safety during a disaster.

2. What special considerations might the elderly have in preparing for an emergency situation?
   
   Medications, this includes working with their local pharmacy to have an adequate supply during a disaster situation and possibly contacting their insurance company to insure an adequate supply.
   
   Personal needs including glasses, hearing aids and a battery supply, and other assistive devices.
   
   Back up plans for medical supplies requiring electricity to operate, i.e. electric wheelchairs, oxygen concentrators.
   
   Creating a support network and means to communicate with significant others

3. Identify essential components of an emergency preparedness kit.
   
   List of medical emergency supplies. Pay particular attention to insulin supplies
   
   First aid kit.
Bottled water for 7 days
Canned good items - non perishable foods
Copies of prescriptions for medications, glasses, contacts.
Copies of insurance cards.
Flashlight and batteries
Radio
Diversional activities
ETC.

4. What modifications might need to be made to the disaster preparedness kit for Alzheimer’s patients?
   Incontinence supplies
   Comfort/familiar items or objects
   Recent photo of Alzheimer’s patient in case of loss or wandering
   Warm clothing, sturdy shoes

5. What functional needs must be considered in the event of a disaster?
   Limitations in mobility and ADL’s

6. What are some limitations in gathering data for the at-risk community dwelling patient in conducting a needs assessment?
   Identification of data sources
   Access to data sources
   Labor intensive
   Unwillingness to share information

The program has been scheduled and advertised through the local senior center. In preparing your presentation recall the principles of adult learning. Answer the following questions related to the specific learning needs of the elderly.

Activities/ Directions

Review the following article: An Overview of Adult Learning Processes: Barriers to learning. (2006) Russell, Sally. Available at:

http://www.medscape.com/viewarticle/547417_4 (you will need to register for this free website)

Answer the following questions:
1. Identify adult learning principles related to characteristics, motivation, experience and learning styles of the adult learner that you will need to consider in preparation of your program.
   - The need to know, keeping it simple, their life experience, self-directed, incorporation of visual, auditory and kinesthetic examples and active participant

2. Identify common barriers to older adult’s learning.
   - Sensory impairments: visual, auditory, kinesthetic
   - Literacy level
   - Decreased motor skills and functional abilities

3. Due to slowing of cognitive processing, what modification would you use in presenting your material?
   - Appropriate pacing of materials: broken down into small increments with appropriate breaks
   - Repetition
   - Larger font for handouts
   - Face the audience
   - Keep it simple!

You’ve developed your presentation to include the importance of preparedness and items for the disaster preparedness kits. You next meet with the senior center representatives to assemble the disaster preparedness kits utilizing financial resources obtained through the senior center council.

Upon completion of the presentation and following a question and answer period you distribute the disaster kits to the participants. In addition you arrange for disaster preparedness education and distribution of kits for the home bound elderly with the Meals on Wheel director.

At the completion of the project you meet with the director of the Senior Centers Coordinator and director and discuss success of program objectives and evaluate your outcomes. Congratulations on a job well done!