

BIBLIOGRAPHY



Web Resources

“Being a Preceptor in a School of Nursing”, Indiana University School of Nursing, Office of Lifelong Learning, <http://nursing.iupui.edu/LifelongLearning/default.asp>.

Council on Linkages Core Competencies and analysis of the “fit” of the core competencies with the 10 Public Health Essential Services, Association of Community Health Nursing Educators, www.uncc.edu/achne.

Public Health Nursing Newsletter: Linking Grant Articles, Minnesota Department of Health, St. Paul, MN, Center for Public Health Nursing, <http://www.health.state.mn.us/divs/chs/phn/partnerships.html>

Mission

Buhler-Wilkerson K. Bringing care to the people: Lillian Wald’s legacy to public health nursing. [Journal Article. Historical Material] *American Journal of Public Health*. 83(12):1778-86, 1993 Dec.

Erickson GP. To pauperize or empower: public health nursing at the turn of the 20th and 21st centuries. [Journal Article. Tables/Charts] *Public Health Nursing*. 13(3): 163-9, 1996 Jun.

Fondiller SH. From the archives. The legacy of the great triumvirate: Annie Goodrich, Adelaide Nutting, and Lillian Wald. [Journal Article] *Nursing & Health Care Perspectives*. 21(4): 164:7, 2000 July-Aug.

Jossens MOR. Ferjancsik P. Of Lillian Wald, community health nursing education, and health care reform. [Journal Article, Research. Tables/Charts] *Public Health Nursing*. 13(2):97-103, 1996 Apr.

Lewenson SB. Keith KA. Kelleher C. Polansky E. carrying on the legacy of Lillian Wald: partnership with the Henry Street Settlement and the Lienhard School of Nursing at Pace University. [Journal Article] *Nursing Leadership Forum*. 5(4): 116-21, 2001 Summer.

Martin KS. Between Lillian Wald and the future. [Journal Article. Editorial] *Home Health Focus*. 3(8):58, 1997 Jan.

Sessler A. In the public’s interest: public health nurses take care of the commonwealth’s town and cities. [Journal Article] *On-Call*. 2(11):20-3. 1999 Nov.

Mission-History/Advocacy

- Erickson GP, Public health nursing initiatives, guideposts for future practice. [Journal Article. Tables/Charts] Public Health Nursing. 4(4):202-11, 1987 Dec.
- Erickson, GP. To pauperize or empower: public health nursing at the turn of the 20th and 21st centuries. Public Health Nursing. 13 (3): 163-69, 1996 June.
- Fondiller, S. The legacy of the great triumvirate: Annie Goodrich, Adelaide Nutting and Lillian Wald. Nursing and Health Care Perspectives, 21 (3):164-67.
- Shamansky, S. and Young Graham, K. Twenty years of public health nursing: Part two. Public Health Nursing. 20 (60): 419, 2003, November.

Mission-Politics/Social Justice

- Berkowitz B. Public health nursing practice: aftermath of September 11, 2001. [Journal Article. Review. Tables/Charts] Online Journal of Issues in Nursing. 7(3): 11 p, 2002 Sep 30.
- Kneipp S. The consequences of welfare reform for women's health: issues of concern for community health nursing. [Journal Article] Journal of Community Health Nursing. 17(2): 65-73, 2000 Summer.
- Mondy C. Cardenas D. Avila M. The role of an advanced practice public health nurse in bioterrorism preparedness. [Journal Article. Pictorial. Tables/Charts] Public Health nursing. 20(6): 422:31. 2003 Nov-Dec.
- Redman RW. Clark L. Educational innovations. Service-learning as a model for integrating social justice in the nursing curriculum. [Journal Article] Journal of Nursing Education. 41(10): 446-9, 2002 Oct.

Precepting-Mentoring/Recruitment

- Bilinski H. The mentored journal. [Journal Article. Tables/Charts] Nurse Educator. 27(1):37-41, 2002 Jan-Feb.
- Koskinen L. Tossavainen K. Characteristics [sic] of intercultural mentoring—a mentor perspective. [Journal Article. Research] Nurse Education Today. 23(4):278-85. 2003 May.
- Roberts D. Mentoring: the future of nursing. [Journal Article. Editorial] MEDSURG Nursing. 12(3):143, 2003 Jun.

Smith, L. S., McAllister, L. E., & Crawford, C. S. (2001). Mentoring benefits and issues for public health nurses. *Public Health Nursing*, 18(2) 101-107. New public health nurses (PHNs) move from novice to expert status with enormous expectations from their organization, their peers, and themselves. These expectations lead to stress that may be beyond the level of endurance. Mentoring is an important answer to this problem. Mentoring is the greatest gift PHNs can give to each other, especially for PHNs who self-identified themselves as minority cultural group members. This article describes definitions, roles, benefits, and responsibilities of mentors and mentees and includes mentoring concerns, current and proposed mentoring programs, and mentoring issues for gender and race. Organizational mentoring programs can be created that will facilitate the development of mentoring relationships. These programs help experienced PHNs bridge the gap between the theory and reality of nursing for themselves and inexperienced colleagues.

Vance C. Leader as mentor. [Journal Article] *Nursing Leadership Forum*. 7(2):83-90, 2002 Winter.

Precepting-Nursing Roles

Allen, C. (2002). Peers and partners: a stakeholder evaluation of preceptorship in mental health nursing. *Nurse.Res.*, 9(3) 68-84. This article, by Cris Allen, describes a study that examined the issues and concerns of stakeholders involved in preceptorship in pre- and post-registration mental health nursing. A responsive evaluation methodology was used to capture views on the preparation and support needs of preceptors.

Allen, C., & Simpson, A. (2000). Peers and partners: working together to strengthen preceptorship in mental health nursing. *Journal of psychiatric and mental health nursing*, 7(6) 505-514. The Sussex Education Consortium commissioned a development project to identify the education and training needs of community mental health nurses (CMHNs). The project also afforded an opportunity to examine the CMHNs' perception of their role of preceptor with pre-registration diploma nursing (PRDN) students following the mental health branch. Utilizing a 'responsive evaluation' methodology, stakeholders' views were captured. As a consequence of the issues and concerns raised, the Consortium commissioned a second project, following a similar methodology, to explore preceptorship in greater depth. This paper reports stakeholders' views on preceptorship arrangements expressed in semi-structured interviews, focused group discussions and others during the two projects. Preceptor preparation and support arrangements did not meet the needs of preceptors. Many preceptors felt their role was neither valued nor acknowledged. The link lecturer role was perceived as important by preceptors; but lecturers were often unable to meet the expectations placed upon them. The volume of students and allocation arrangements caused problems for placement areas. Finding time to carry out the roles of the preceptor was a challenge for practitioners. Recommendations for improving preceptorship are discussed and developments described, illustrating how locally commissioned research

may influence both education and practice in mental health nursing.

Brehaut, C. J., & Turik, L. (1994). The clinical assistant: a collaborative model for public health nursing education... role models for senior baccalaureate students. *Journal of Nursing Education*, 33(3) 139-141.

Brehaut, C. J., Turik, L. J., & Wade, K. E. (1998). A pilot study to compare the effectiveness of preceptored and non-preceptored models of clinical education in promoting baccalaureate students' competence in public health nursing. *Journal of Nursing Education*, 37(8) 376-380.

Preceptor models in nursing have only recently begun to be evaluated, and the published results of their effectiveness are inconsistent and inconclusive. To date, the preceptor evaluation studies found in nursing literature refer to clinical practice in hospitals. This descriptive correlational pilot study (N = 25) compared the effectiveness of preceptored and non-preceptored models of clinical nursing education in promoting baccalaureate nursing students' competence in public health nursing. The study also compared the learning experiences of students in the two models. Findings from the study revealed that although students in both models reported similar numbers of learning experiences, there were some differences in the types of experiences obtained. Students in both models demonstrated significant gains in perceptions of clinical competence during the 12-week experience. However, there was no significant difference found between the two groups in gain in perceived clinical competence.

Brown, N. J., & Barton, J. A. (1992). A collaborative effort between a state migrant health program and a baccalaureate nursing program. *Journal of Community Health Nursing*, 9(3) 151-159.

This article reports on the way in which a unique collaborative effort between a service agency and a baccalaureate nursing program grew out of the needs of the two separate agencies. The first agency, the Colorado Migrant Health Program, was faced with a budget that was inadequate to meet the health-care needs of the migrant population. The second, a baccalaureate nursing program at the University of Colorado, was finding it increasingly difficult to locate appropriate generalized community health clinical placements with an opportunity for student discovery learning related to transcultural healthcare. Discussions of a collaborative effort ensued and it became evident that each had something to gain from such an effort. Now, after almost 10 years of cooperation, the commitment to the endeavor on the part of both agencies remains strong as the benefits to each continue to increase. The ultimate beneficiaries, however, are the migrant families receiving care and the students providing care. The way in which the program has evolved over time, a description of the current program, and a discussion of the resources that help to maintain the program are presented. In addition, the curriculum course design, and teaching strategy modifications necessary to facilitate the collaborative program are discussed.

Precepting-Community Partnerships

Chavasse, J. (2001). Learning in the field: curriculum issues in a diploma in public health nursing. *Nurse education today*, 21(3) 181-188.

Illuminative evaluation of a public health nursing curriculum shows that there was a gap between theory and practice, originating in the ways in which public health nursing was understood in the field, and therefore during students' placements, and in the university. The difference was chiefly in how the community staff and the lecturers understood primary health care. The former had a 'medical/professional' understanding of primary health care, implying that the professional knows best and that the client is an individual, a family or a group. The lecturers held a philosophy of primary health care with special emphasis on partnership with clients at all levels: individual, family, group and community; the partnership approach was intended to permeate the entire curriculum. Besides philosophical differences, there were other features of the theory practice gap demonstrated elsewhere. Fieldwork practice is integral to learning public health nursing so these contrasts created a serious disjunction within the curriculum. Actual and potential ways of improving curriculum integration are discussed.

Precepting-Social Justice

Couser, S., Moehrlein, B. A., Deitrich, C., & Hess, L. (1990). Expanding community health nursing roles to meet health-care needs of frail elderly: an adult learning model. *Journal of Community Health Nursing*, 7(1) 3-13.

The increased training needs for community health nurses (CHNs) working with frail elderly offer a variety of challenges in staff development. Santa Clara County addressed these challenges with an innovative model, and geriatric assessment skills building program presented to 40 CHNs. The model uses a team teaching approach, a preceptorship and adult learning theory, making it readily adaptable to a variety of community health settings.

Redman, R., Clark, L. (2002). Service learning as a model for integrating social justice in the nursing curriculum. *Journal of Nursing Education*, 41 (10) 446-49. Offers social justice framework to assist students in examining social problems and reflecting on their causes.

Schneiderman, J. U., Askew, L. M., & Reed, T. M. (2002). A clinical experience with foster families. *Nurse Educator*, 27(4) 178-181.

A structured, preceptored community clinical experience was established in foster care to help nursing students better understand the health problems of foster children and the nurse's role in interdisciplinary teamwork. The public health nurse preceptor identified specific opportunities for student involvement including intake, health record review, home visiting, and case management. The student was able to blend physical assessment skills, knowledge of child development and parenting, and psychosocial evaluations to have a rewarding service learning experience.

Tommet, P. A., York, J. L., Tomlinson, P. S., & Leonard, B. J. (1993). Graduate nursing education: developmental disabilities and special health care needs.

Issues in Comprehensive Pediatric Nursing, 16(4) 239-258.

As children and adults with developmental disabilities and special health care needs are integrated into home, school, and community life, nurses are being required to provide leadership, advocacy, and training in community settings to a much greater extent than in the past. To assess the school and community need for formal graduate preparation for nurses who work with individuals with developmental disabilities and/or special health care needs, 25 nurses in leadership positions representing urban and rural health agencies throughout Minnesota took part in a 5-hour focus group discussion. Analysis of data summarized from this process shows five features of the recommended curriculum necessary for advanced practitioners in this specialty area: (a) discipline-specific core competencies, (b) discipline-specific specialty competencies, (c) generic competencies not specific to nursing but necessary to function in nursing roles, (d) interdisciplinary and intradisciplinary learning experiences, and (e) clinical experiences with preceptors. The authors recommend the development of interdisciplinary graduate programs designed to prepare nurses to assume leadership roles in school health, public health, home health care, and systems management that will affect public policy and, ultimately, promote change in the systems charged with responsibility to serve this population.

Precepting-Education

Didona, N. A. An ethnographic study of learning experiences of baccalaureate nursing students in the community clinical practicum as a learning environment. (UMI Order #PUZ9734054.)

The ethnographic study is an in-depth look at learning experiences of baccalaureate nursing students in the community clinical practicum as a learning environment. Generic senior nursing students were observed for an eight week community nursing course. The experience took place at Visiting Nurse Service and Family Health Center. Participant observation and spontaneous dialogues were the techniques utilized for data collection in the clinical area and during post conferences. Writings were collected in a field notebook and transcribed daily. There were eight students who spent seven hours each clinical day visiting patients in homes, working in Congregate Care sites, and assisting individual patients and families in obtaining health care. The students wrote weekly journals reflecting their clinical experiences. These journals culminated in a final paper, which summarized the rotation, and were then utilized for triangulation of data by the researcher.

When looking at the community as a learning environment, the research sought to identify the strengths and weaknesses of clinical placement in lieu of diminishing acute care clinical practice sites for four year nursing students.

Three major themes surfaced as integral components in the education of competent community health nursing professionals. The themes were: (1) faculty must invest appropriate time and energy in the selection of community agencies that specifically address the course objectives and student needs; (2) community agencies must exercise exceptional judgment in choosing willing and capable preceptors to work with nursing students, and in making the student a vital member of a collaborative team for health

promotion and illness prevention; and (3) nursing educators must look to their curriculum for clear definitions and directions, along with achievable goals for the student's success in becoming competent community professionals after graduation. Suggestions for further research in community health nursing education include: (1) exploring avenues to assist faculty in selecting clinical practice sites; (2) surveying alternative clinical practicum sites; (3) interviewing preceptors to define key characteristics; (4) defining team-approach nursing practice for students in preceptor situations; (5) evaluating time spent practicing community health skills; and (6) comparing a variety of community health nursing course objectives for inclusion of complex skills and student satisfaction.

Ferguson, L. M., & Calder, B. L. (1993). Educational implications of community health preceptors' practice values. *Nurse Educator*, 18(5) 20-24. Educators in baccalaureate nursing programs realize that clinical experiences in community health differ from those in acute care facilities. Competencies required in community settings must be identified to ensure that students have had opportunities to develop necessary skills before obtaining clinical experience. Such identification is also necessary for evaluating student competence in the clinical setting. The authors identify valued community health practice competencies that could be used by educators to evaluate students and help them prepare for clinical practice.

Ferguson, M., & Hauf, B. (1973). The preceptor role: implementing student experience in community nursing. *Journal of continuing education in nursing*, 4(1) 12-16.

Ferris, L. (1988). Continuing education module for developing staff skills in precepting and staff development. *Journal of Continuing Education in Nursing*, 19(1) 28-32. The nations' economic stresses, changes in health care financing, and cutbacks in public health and environmental programs have had a major impact on health care agencies and thus on continuing education. In an era of diminishing resources, the cost of sending staff to off-site locations for continuing education has become prohibitive for institutions and agencies. Nursing administrators are carefully examining all the services that their departments are providing, and carefully selecting staff to be sent to outreach programs or conferences. Many are turning toward in-house education as a more cost-effective means of staff development. This trend has brought a need for nurses in health care facilities to become qualified as teachers and role models. Using a data-based approach, the Continuing Education department at The University of North Carolina at Chapel Hill School of Nursing developed a short-term course, "Skills in Precepting and Staff Development," to meet this need. This article describes the process of designing the course, shares the findings obtained from the participants' evaluation and follow-up evaluations in agency sites, and describes recommendations for change.

Haas, B. K., Deardorff, K. U., Klotz, L., Baker, B., Coleman, J., & DeWitt, A. (2002). Creating a collaborative partnership between academia and service. *The Journal*

of nursing education, 41(12) 518-523.

This article discusses how the experience of instituting preceptored clinical experiences throughout an undergraduate baccalaureate nursing curriculum resulted in a partnership between academia and service. The collaboration between academia and service built on the strengths of each institution to reach a common goal. Integration of the preceptor clinical model is unique in that implementation occurs in the second semester of a four-semester curriculum. Advantages and disadvantages to the model for students, preceptors, and faculty are presented. Unanticipated benefits to both institutions and ideas to help other programs and facilities develop a collaborative partnership for the education of baccalaureate nursing students are provided.

Koehler, J. A., Cha, J., & Smith, C. E. (2002). A model for using novel nursing interventions to meet the challenges of community health needs. *Home Health Care Management & Practice*, 14(2) 129-136.

Laforet-Fliesser, Y., Ward-Griffin, C., & Beynon, C. (1999). Self-efficacy of preceptors in the community: a partnership between service and education. *Nurse Education Today*, 19(1) 41-52.

Developing partnerships between service and education is one strategy to enhance student learning. A pre-test-post-test design was used to compare changes in perceptions of self-efficacy expectations in the supervision of a team of four senior nursing students. A convenience sample of eight community practitioners completed the Community Advisor Self-Efficacy. (CASE) questionnaire prior to and following a 13 week community health practicum. Following the community practicum, the preceptors were also invited to attend a focus group to discuss their experience. No significant differences were found between the pre- and post-self-efficacy scores. Community practitioners felt reasonably confident in assuming the preceptor role. They felt most efficacious in encouraging students to use agency personnel and in providing student feedback, but somewhat less confident in areas such as selecting learning experiences congruent with course objectives, and trusting the students' readiness to work with communities. All strategies to assist the preceptors in assuming their role were considered helpful. Evidence of the preceptors and faculty advisors working in partnerships with the students was not clearly evident. Findings are being used to refine strategies for preparing and supporting agency personnel for their role in working with students.

McEwen, M. (1992). Community health nursing clinicals: an examination of the present and ideas for the future. *Journal of Nursing Education*, 31(5) 210-214. As part of a curriculum revision for a baccalaureate school of nursing, a nationwide survey examined how schools of nursing structure community health nursing (CHN) clinical experiences. Results indicate that a wide variety of settings and agencies (public health departments, schools, clinics, home health, and many more) are being used. Use of preceptors, use of multiple and single agencies, observational visits, time

scheduled, projects, and faculty philosophy of CHN were examined. Although many settings, courses, and projects are traditional, this study reveals that some nursing schools are responding to changes in health care and population needs and are structuring CHN clinicals accordingly. Ideas for clinical courses for the future are offered.

Mills, M. E., Jenkins, L. S., & Waltz, C. F. (2000). Emphasis courses:

preparing baccalaureate students for transition to the workforce. *Journal of Professional Nursing*, 16(5) 300-306.

In response to identified needs for stronger preparation of baccalaureate graduates to enter the workforce, the University of Maryland School of Nursing created, implemented, and evaluated the use of Clinical Emphasis Seminars and Practicum. A sequence of 3 courses was ultimately developed for students to take during the final year of their upper-division nursing curriculum. The courses, totaling 5 credits, allow students to develop their knowledge and experience in a focus area within 1 specific type of clinical nursing. These courses follow up completion of required foundational clinical courses.

Emphasis areas include all clinical areas offered within the nursing curriculum such as cardiovascular, critical care, and community health.

Courses begin and end with 1-credit seminars and include one 3-credit clinical Practicum. In the latter course, students work with a clinical preceptor, following the preceptor's work hours for a minimum of 9 hours a week over the 15-week semester. Advantages of the Emphasis Courses are many: students develop an in-depth knowledge and clinical skills in a selected area of clinical practice. Potential employers have an opportunity to observe students in a preemployment setting and to evaluate the fit of skills and personal attributes to the specific setting. Students are provided with "value-added" knowledge and experience. The emphasis course model offers advantages to students transitioning into the workforce, to employers, and, ultimately, to clients served.

Nehls, N., & Vandermause, R. (2004). Community-driven nursing transforming nursing curricula and instruction. *Nurs.Educ.Perspect.*, 25(2) 81-85.

The aim of this study was to evaluate an innovative approach to teaching and learning community-based nursing. A hermeneutic research procedure was used to analyze data from individual interviews with undergraduate nursing students, faculty, and community preceptors. Two themes, or common meanings, of participation were identified: 1) Forming new partnerships: Experiencing community-driven nursing, and 2) Creating new visions: Thinking about community-driven nursing. By describing and interpreting these themes, the authors show how nursing curricula and instruction should be transformed regardless of clinical setting.

Oermann, M. H. (1996). A study of preceptor roles in clinical teaching.

Nursing connections, 9(4) 57-64.

Acknowledging the continuing use of preceptors for clinical teaching in undergraduate nursing programs, this study examined the role of preceptors, criteria for selection, and knowledge and skills they require to undertake clinical teaching in baccalaureate (BSN) programs. All National League for Nursing (NLN) accredited BSN programs in the Midwest were surveyed (N = 142) using an

instrument developed by the investigator: 84 instruments were returned, for a response rate of 59.2%. Most nursing programs (74.7%) used preceptors from affiliating clinical settings for teaching senior-year clinical courses (90.9%) such as leadership and management, community health nursing, and critical care. Across the majority of nursing programs two important responsibilities of the preceptor were selecting patients for care by students and teaching students in the clinical setting. Findings also revealed that certain responsibilities were shared by faculty and preceptors, including assessing students' learning needs and evaluating learning in the clinical settings. Although preceptors played an important role in teaching students, only half of the programs had a written position statement that described the role. Selection criteria for preceptors were educational preparation at the BSN level (75.8%) and experience as a staff nurse (59.7%). Respondents also identified the knowledge and skills required by preceptors to undertake clinical teaching and content included in preceptor-preparation programs, providing a framework for faculty to use when preparing preceptors for this important role.

Setswe, G. (2002). Clinical accompaniment in community nursing. *Nursing Standard*, 16(45) 33-36.

Aim. To investigate student nurses' perceptions of practical accompaniment at community health clinics. Method. A descriptive study was conducted using a convenient sample of third- and fourth- year baccalaureate nursing students. A questionnaire was used to gather data from 49 students on their perceptions of clinical accompaniment, interpersonal relations with the preceptor and educational strategies in clinical teaching. Results. Forty nine students returned the completed questionnaires, giving a response rate of 93 per cent. Respondents expressed mainly positive feelings on the roles of the preceptor during accompaniment. Conclusion. There were slight differences in the responses given by third-year students and those of fourth-year students. In general, students indicated that there was open communication between them and preceptors, and that they were satisfied with the educational strategies used by preceptors in clinical teaching.

Smillie, C. (1992). Preparing health professionals for a collaborative health promotion role. *Canadian Journal of Public Health. Revue Canadienne de Sante Publique*, 83(4) 279-282.

Practitioners and educators must consider whether or not the curriculum offered in a university setting by our health professional schools prepares the potential practitioner for work in the multisectorial, interdisciplinary milieu that has been recommended by The Alma Ata Declaration, the Epp Health Promotion document and the Ottawa Charter. I describe a final-year course in Community Health Nursing that is being offered by Dalhousie University School of Nursing. The course is open to generic and post-registration nurses. The course, based on adult learning principles, used a collaborative community development approach. The curriculum was designed to give baccalaureate student nurses the experience of participating in collaborative health promotion directed towards the strengthening of a community. Student, faculty, preceptor and service-based coordinators' evaluation of the two-year implementation of the course is described in the paper.

Snow, L., Hefty, L. V., Kenyon, V., Bell, M. L., & Martaus, T. (1992). Making the fit: orienting new employees to community health nursing agencies. *PublicHealth Nursing*, 9(1) 58-64.

Community health nurse managers require tested orientation methods to fit new employees into the rapidly changing conditions of professional practice, increase nursing productivity, and reduce turnover. The clinical competencies for community health nursing provide a workable framework for applying orientation principles to the special demands of community health nursing.

Tanner, C. L., Pohl, J., Ward, S., & Dontje, K. (2003). Education of nurse practitioners in academic nurse-managed centers: student perspectives. *Journal of professional nursing : official journal of the American Association of Colleges of Nursing*, 19(6) 354-363.

Clinical experiences for advanced practice nurses are increasingly a challenge. Finding settings that demonstrate primary care nursing practice in its finest form can be difficult. This article reports on nurse practitioner (NP) student feedback on clinical placements in the academic nurse-managed centers (ANMCs) associated with four Michigan schools or colleges of nursing. Student feedback was solicited over three years through site and preceptor evaluation tools and focus groups. Students were overwhelmingly satisfied with their experience in ANMCs. Being mentored by an NP preceptor in an ANMC was a valuable experience for students. They valued the role modeling of the NP and the quality of their preceptors' instruction. Students stated that the nursing model of care to which they were exposed was congruent with classroom learning. They reported learning to apply an understanding of their patients' economic, social, and cultural situations to treatment decisions and patient-education efforts and learning to understand the role of community-based care. One limitation of ANMCs from the students' perspective was a relatively low volume of patients, particularly in the initial years. However, the benefit of having time to spend with clients and to reflect on clinical practice was also articulated.

Velez, M. J., & Endeshaw, Y. (2001). Learning through community participation: immunization program at an elementary school. *Academic Medicine: Journal of the Association of American Medical Colleges*, 76(2) 195-198.

Many universities are establishing programs to bring health professions students, faculty, and communities together to address the communities' needs using public health models and tools. Such partnerships provide students with the opportunity to put into practice what they learn in the classroom, work together in interdisciplinary teams, and provide communities with access to preventive care and health education. The authors describe the experience of the partnership developed between a Washington, D.C., elementary school and a group of students from the schools of medicine, nursing, and public health and health services of the George Washington University and George Mason University. Working with both an academic preceptor and a community preceptor, the students assessed the schoolchildren's immunization status; prepared informational

packets for parents; and organized and conducted an immunization fair at the elementary school. The authors describe how the program was implemented, the results of the program, and lessons learned.

Yu, X., & Godfrey, A. (2000). Developing community health nursing skills collaboration in a culturally diverse population. *Journal of Cultural Diversity*, 7(3) 76-79.

The graduate curriculum in Community Health Nursing at the University of South Alabama was revised to prepare nurses to function as a community health specialist. The revised curriculum model includes two semesters that focus on a specific population or high risk group of patients or clients. Emphasis is placed on the skills that community health nurses must have in order to assess communities, identify community needs, plan and implement interventions at the population aggregate or community level. During the first semester, or the practicum course, a community needs assessment is performed. In the internship course, the planned intervention is implemented and evaluated. The purpose of the paper is to describe the process of identifying and accessing a Cambodian population aggregate in a rural setting. The collaboration among faculty, student, preceptor, official agency, as well as lay leaders in the Cambodian community is described.

General Interest

Quindlen, A. (2004). To Hell with Well Behaved. *Newsweek*, U. S. Edition.

