

**Innovative Teaching Strategy  
Submission Form**

**Author Information**

**Name:** Ann M. Stalter

**Title:** Associate Professor

**Credentials:** PhD, RN., M. Ed

**Organization:** Wright State University College of Nursing and Health- Dayton, Ohio

**Email address:** [ann.stalter@wright.edu](mailto:ann.stalter@wright.edu)

**Co-Author Information**

**Name:** Janet M. Phillips

**Title:** Director RN to BSN Degree Completion Option and Clinical Associate Professor

**Credentials:** PhD, RN, ANEF

**Organization:** Indiana University School of Nursing- Indianapolis, Indiana

**Email address:** [janephil@iu.edu](mailto:janephil@iu.edu)

DATE: 7/27/2018

1. **Title of Teaching Strategy:** Leadership and Systems Thinking to Assess Transitions of Care and Population Health in Home Health and Hospice Agencies
2. **Date of Submission:** July 27, 2018
3. **Topical area:** Community-Based Care: Practice Settings-Home Health Care Nursing. Systems Thinking for Transition to Home Care and Best Practice
4. **Public Health Nursing (PHN) competencies and standards**
  - ACHNE Public Health Core Knowledge and Basic Competencies (Callen, Block, Joyce, Schott & Smith, 2009):
    - a. **Communication-** active listening to determine client needs for linking clients with community resources
    - b. **Assurance-** observing that essential services are acceptable, affordable, appropriate and available
    - c. **Human diversity-** recognizes impact of disease as a disparity
    - d. **Coordinator and Manager-** observes coordinator and leader roles as meeting a broad range of client needs, advocating to improve, maintain or provide resources.
  - ANA PHN Scope and Standards of Practice (2013)
    - a. **Standards 1-5, emphasizing 5A: Coordination of Care**, where the PHN coordinates care
    - b. **Standard 10: Collaboration**, where the PHN collaborates with health care consumers and other key stakeholders in the conduct of nursing practice (Standard of Professional Performance)
    - c. **Standard 11: Leadership** where the PHN leads within the professional practice setting and profession (Standard of Professional Performance)
  - Quad Council Competencies for PHNs (Quad Council Coalition Competency Review Task Force, 2018).
    - a. **Tier 1-** generalist public health nurses who carry out day-to-day functions in state and local public health organizations, including clinical, home visiting and population-based services, and who are not in management positions. Responsibilities of the PHN may include working directly with at-risk populations, carrying out health promotion programs at all levels of prevention, basic data collection and analysis, field work, program planning, outreach activities, programmatic support, and other organizational tasks. Although Quad Council competencies are primarily focused at the population level, PHNs must often apply these skills and competencies in the care of individuals, families, or groups.
    - b. **Domain 8: Leadership and Systems Thinking**
      - i. **8A2:** Apply Systems thinking to PHN practice with individuals, families and groups
      - ii. **8A5:** Use individual, team and organizational learning opportunities for personal and professional development as a PHN
      - iii. **8A9:** Interpret organizational dynamics of collaborating agencies
      - iv. **8A10:** Provides feedback on the organization's mission and values and impact on individuals; families and groups

5. **Learner level:** RN-BSN
6. **Learner setting:** Face-to-face, online or hybrid with fieldwork components
7. **Strategy type:** Assessment, Shadowing and slide show presentation or paper
8. **Learning objectives**

Upon completion of this activity, RN-BSN (nurses) students will be able to:

- Identify three homecare and hospice agencies in their local community agencies from which to seek employment or refer patients.
  - Inquire via a telephone interview of each agency to determine employment qualifications and benefits of home visit and private duty nurses.
  - Inquire via a telephone interview of each agency to determine patient services, admission criteria, payment options and benchmarks for discharge.
  - Analyze transitioning (managing and coordinating) of care into, through and out of the home care/hospice agency.
  - Assess individuals and families from an aggregate perspective to determine socioeconomic status and social determinants of health.
  - Identify various levels of prevention for those patients receiving care.
  - Observe nurses in the field completing referrals to, admission in, home visiting, discharge and or bereavement follow-up.
  - Comprehend systems thinking for population health
  - Consider system level perspective of home care and hospice services in meeting the needs of health care consumers and in preparing nursing work force to address their needs.
  - Employ systems thinking as a means of leading and functioning in home care and hospice settings.
9. **Estimated time for students to complete the activity:** 32 days, 1-2 hours of class time, 8 hours of fieldwork (2 per week) and time to write the paper.
  10. **Strategy overview:**

Faculty prepare an online learning module including readings, interactive links and application opportunities.

Online content should be related to the following topics. Recent literature is provided to support content.

<b>Content Topic</b>	<b>References</b>
Managing and coordinating care	Allen, Hutchison, Brown & Livingston, 2017
Models of Care: Community Based Palliative Care, Accountable Care Organizations, Patient-centered Medical Homes, and Federally Qualified Health Centers	Bookbinder, Wagner, Dier, Shea, Portenoy, & Parisi, 2017; Kaufman, Spivack, Stearns, Song, & O'Brien, 2017; Timbie, Hussey, Setodji, Kress, Malsberger, Lavelle,... & Kahn, 2017
ANA PHN Scope and Standards and Quad Council Tiers	Quad Council Coalition Competency Review Task Force, 2018
Systems Thinking: Definition and application to population health	Stalter et al., 2016
Systems Awareness Model: Application to transitions of practice in leading home care and hospice services	Phillips, Stalter, Dolansky & Lopez, 2016
Home care and hospice services	Murtaugh, Deb, Zhu, Peng, Barrón, Shah, ... & Siu, 2017; Unroe, Stmp, Effler, Tu & Callahan, 2017
How to conduct home visits	Textbook
How to conduct a telephone interview	Textbook or websites
How to shadow a peer	Lalleman, Bouma, Smid, Rasiah & Shuurmans, 2017 or text book

Faculty should also prepare a list of local agencies and contacts for nurses to select from. If the list is less than the number of students enrolled in the course, consider assigning as a group project. Being clear to set limits about not having more than 1-2 students visiting any one agency at a time because it can overtax clinical partners. Group size should not exceed 5 students where each student could observe one of the following: a referral, admission, home visit, discharge and a bereavement follow-up. The agency contacts should be involved in assignment plans and scheduling.

It is the discretion of the faculty and college administration to determine if agency contracts, background checks, medical forms and/or memorandums of agreement forms are required to implement this assignment. It is also the discretion of the faculty and college administration to determine if the assignment meets clinical hours.

RN-BSN students enrolled in either a PHN course, Leadership Management, Capstone or Systems Thinking course complete online lecture/learning modules prior to completing the telephone interview and fieldwork observation. Once students complete the modules, they are assigned to complete the telephone interview, the fieldwork observations, and writing the paper or the slide show presentation. If a group strategy will be employed, once the students complete the modules, they should receive group assignments and to complete the telephone interview, the fieldwork observations, and writing the paper or the slide show presentation.

#### **11. Detailed Strategy Directions**

In advance of the learning activity, faculty make certain the syllabus clearly reflects the expectations. The faculty should also share the local agency contacts (names, addresses, telephone numbers and website links), prepare the telephone interview and other lecture modules.

#### **12. Materials/Resources**

Faculty should have the following evaluations prepared as student resources.

- 1) Agency evaluation (Appendix A)
- 2) Student evaluation of assignment (Appendix B)

#### **13. Website Links:**

Association of Community Health Nursing Educators. Available at <https://www.achne.org/i4a/pages/index.cfm?pageID=1>

Joint Commission Transitions of Care Portal. Available at <https://www.jointcommission.org/toc.aspx>

National Association for Home Care & Hospice. Available at: <https://www.nahc.org/>

Quad Council. Available at <http://www.quadcouncilphn.org/>

Quality and Safety Education for Nurses. Available at: <http://qsen.org/>

Resource Center to Integrate Systems Thinking into RN-BSN Curriculum. Available at <http://qsensystems.weebly.com/>

#### 14. **Methods for evaluating student learning**

Faculty should have the following rubric prepared as student resources.

- 1) Rubric to determine grade (Appendix C).

#### 15. **Comments on the overall development and success of this teaching strategy**

This teaching strategy was developed as a result a regional study by Stalter and Kaylor (2013) entitled, *Are the Five Documents Nurse Educators Use to Develop Professional Nurses Meeting the Needs of Home Care and Hospice Employers?* funded by Center for Community Based Care. The study results indicated that home care and hospice Director of Nurses (DONs) felt nurses should have a minimum of 2-3 years prior practice experience before assuming the role of a home health or hospice visit nurse. DONs ranked knowledge of national and state regulation pertaining to home health and hospice and medication management as priorities. Priority skills were wound care and supervision. They indicated that home health and hospice nurses need to be able to evaluate their own practice in relation to professional practice standards and guidelines, relevant to statutes, rules and regulations; and, have an ability to coordinate programs/services and to implement the plan of care in home health and hospice settings.

According to the Quad Council (Quad Council Coalition Competency Review Task Force, 2018), leadership and systems thinking skills focus, in part, on creating opportunities for collaboration among community-based stakeholders and organizations, mentoring professionals to promote health while addressing the changing health care needs of the public. Managing and coordinating care transitions in the context of systems are important aspects of this competency. Both the National League for Nurses Outcomes and Competencies (Orsolini-Hain, 2011) and the American Association of Colleges of Nursing *Essentials of Baccalaureate Nursing Education* (2009) specify that upon graduation, BSN prepared nurses' abilities should consist of leadership within complex systems of care, by means of systems thinking. In 2016, Phillips et al., developed the Systems Awareness Model (SAM) for RN-BSN nurse educators to guide systems thinking education. SAM introduces seven progressive teaching strategies (steps) for assisting RN students to identify patient vulnerabilities and to lead quality and safety within complex systems of care. The seven steps are 1) basic nursing care, 2) experience within the system, 3) critical reasoning of today's challenges in health care based in QSEN principles, 4) system-level synthesis through QSEN mastery and interprofessional collaboration, 5) system-level analysis based on professional standards of care 6) ethical decision-making according to health policies, 7) Leading in complex health care systems. This innovative teaching strategy employs the use of SAM in the context of assessing transitions of care through the lens of home health and hospice services.

The teaching strategy also builds from the Public Health Workforce Interests and Needs Survey, (University Michigan, 2012) that indicated anticipated 38% turnover by 2020, a lack of job duty awareness upon hire, and a poor learning culture were evident among over 23,000 surveyed public health workers. Although this excluded home health and hospice agencies, the inference is that many community-based agencies provide similar services for managing and coordinating transitions of care and/or population health by similarly educated professionals.

The teaching strategy has been implemented in a Midwest university RN-BSN program. Students have commented that they enjoy taking lectures and applying them to practice settings. Many comment that they feel the exercise benefits their overall understanding of transitioning care (managing and coordinating). Home health and hospice representatives comment that they enjoy engaging with nurses and see them as potential new recruits. One agency was challenged with: (a) being assured that patients and families were protected; and, (b) establishing trust with nurses who were not their employees. To overcome this challenge the faculty member provided documentation that background checks were on file, and that HIPPA education modules and Board of Nursing law regarding boundary settings were integrated into course materials.

In general, student feedback on the assignment was supportive and positive. Some students commented that they plan to work in home health or hospice after graduation. Others indicated that they feel better prepared to work in home health post-graduation. Most students remark on the awareness of and importance of the role of the home health nurse in establishing continuity of care, especially among aging and patients with long term chronic, debilitating conditions. The perspective of care transitioning and system level awareness is appreciated as influencing actions such as educating patients regarding medication, wound care, end of life/palliative care choices and follow-up appointments.

## Appendix A

## Agency Evaluation

		<b>4 All the time</b>	<b>3 Most of the time</b>	<b>2 Some of the time</b>	<b>1 Rarely</b>	<b>Not applicable</b>
<b>1</b>	<b>Agency provided a diverse patient population to achieve student learning outcomes</b>					
<b>2</b>	<b>Agency provided a sufficient number of clinical experiences to meet student learning outcomes</b>					
<b>3</b>	<b>Patient records were accessible and available for student review</b>					
<b>4</b>	<b>Agency offered students an orientation to organizational policies, protocols, mission, and people</b>					
<b>5</b>	<b>Agency environment is conducive to student learning</b>					
<b>6</b>	<b>Agency professionals support a collaborative relationship with faculty and students for effective learning</b>					
<b>7</b>	<b>Agency professionals serve as appropriate role models</b>					

## Appendix B

## Student Evaluation of Assignment

Learning Objectives		Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1	Identify three homecare and hospice agencies in their local community agencies from which to seek employment or refer patients.				
2	Inquire via a telephone interview of each agency to determine employment qualifications and benefits of home visit and private duty nurses.				
3	Inquire via a telephone interview of each agency to determine patient services, admission criteria, payment options and benchmarks for discharge.				
4	Analyze transition (managing and coordinating) to care into, through and out of the home care/hospice agency.				
5	Assess individuals and families from an aggregate perspective to determine socioeconomic status and social determinants of health.				
6	Identify various levels of prevention for those patients receiving care.				
7	Observe nurses in the field completing referrals to, admission in, home visiting, discharge and or bereavement follow-up.				
8	Comprehend systems thinking for populations health				
9	Consider system level perspective of home care and hospice services in meeting the needs of health care consumers and in preparing nursing work force to address transition of care needs.				
10	Employ systems thinking as a means of leading and functioning in home or hospice care				
11	Increase knowledge leading and functioning in home or hospice care				
12	Increase skills for leading and functioning in home or hospice care				
13	Increase confidence for leading and functioning in home or hospice care				

**Appendix C**

**Rubric to Determine Paper and or Presentation Grade**

**Leadership and Systems Thinking to Assess Opportunities and Functions of Nursing in Home Health and Hospice Agencies Paper/Presentation Rubric**

**Directions:** After completing the assigned interactive web-based modules, this rubric will be used to evaluate an APA formatted paper or group slide show presentation describing student understanding of how to employ leadership and systems thinking related to home care or hospice. The paper is worth 100 points. Refer to the course syllabus regarding consequences for papers/presentations assigned less than 80 points.

<b>Criteria</b>			
<b>Levels of Achievement/ Performance</b>			
	Standard	Emerging	Substandard
<b>Homecare and hospice agencies</b>	<ul style="list-style-type: none"> <li>Identifies three homecare &amp;/or hospice agencies in the local community from which to seek employment or refer patients</li> <li>Provides information about agency name, address and telephone number, including type of agency, credentialing body, services provided, years in business, and tax status</li> </ul>	<ul style="list-style-type: none"> <li>Partially identifies three homecare &amp;/or hospice agencies in the local community from which to seek employment or refer patients</li> <li>Partially provides information about agency name, address and telephone number, including type of agency, credentialing body, services provided, years in business, and tax status</li> </ul>	<ul style="list-style-type: none"> <li>Minimally or does not identify three homecare &amp;/or hospice agencies in the local community from which to seek employment or refer patients</li> <li>Minimally or does not provide information about agency name, address and telephone number, including type of agency, credentialing body, services provided, years in business, and tax status</li> </ul>
<b>Points: Possible to Earned</b>	<b>10</b>	<b>8</b>	<b>0</b>
<b>Feedback</b>			
<b>Evidence from telephone interview</b>	<ul style="list-style-type: none"> <li>Documents details regarding three interviews, answering who, what, when where and how of the interview.</li> <li>Provides information gained about the minimum qualifications and necessary knowledge, skills and attitudes required for employment</li> </ul>	<ul style="list-style-type: none"> <li>Partially documents details regarding three interviews, answering who, what, when where and how of the interview.</li> <li>Partially provides information gained about the minimum qualifications and necessary knowledge, skills and attitudes required for employment</li> </ul>	<ul style="list-style-type: none"> <li>Minimally or does not document details regarding three interviews, answering who, what, when where and how of the interview.</li> <li>Minimally or does not provide information gained about the minimum qualifications and</li> </ul>

<b>Criteria</b>			
<b>Levels of Achievement/ Performance</b>			
	Standard	Emerging	Substandard
	<ul style="list-style-type: none"> <li>• Determine if qualifications to work in the home health or hospice agency, listing any needed experience for eligibility for hire.</li> <li>• Determines patient services, admission criteria, payment options and benchmarks for discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Partially determines if qualifications to work in the home health or hospice agency, listing any needed experience for eligibility for hire.</li> <li>• Partially determines patient services, admission criteria, payment options and benchmarks for discharge</li> </ul>	necessary knowledge, skills and attitudes required for employment <ul style="list-style-type: none"> <li>• Minimally or does not determine if qualifications to work in the home health or hospice agency, listing any needed experience for eligibility for hire.</li> <li>• Minimally or does not determine patient services, admission criteria, payment options and benchmarks for discharge</li> </ul>
<b>Points: Possible to Earned</b>	<b>8</b>	<b>6.4</b>	<b>0</b>
<b>Feedback</b>			
<b>Agency selection, rationale and goals</b>	<ul style="list-style-type: none"> <li>• Selects practice setting based on interview findings</li> <li>• Provides rationale for the agency selection</li> <li>• Establishes three SMART goal related to the experience                             <ol style="list-style-type: none"> <li>1. One goal must address the role of the nurse being shadowed</li> <li>2. One goal must address the practice agency being visited</li> <li>3. One goal must address the vulnerable population the nurse and agency serve</li> </ol> </li> </ul> <p>(None of the goals may state that the experience is for course credit or to complete the academic exercise)</p>	Partially: <ul style="list-style-type: none"> <li>• Selects practice setting based on interview findings</li> <li>• Provides rationale for the agency selection</li> <li>• Establishes three SMART goal related to the experience                             <ol style="list-style-type: none"> <li>1. One goal must address the role of the nurse being shadowed</li> <li>2. One goal must address the practice agency being visited</li> <li>3. One goal must address the vulnerable population the nurse and agency serve</li> </ol> </li> </ul>	Minimally or does not <ul style="list-style-type: none"> <li>• Select practice setting based on interview findings</li> <li>• Provide rationale for the agency selection</li> <li>• Establish three SMART goal related to the experience                             <ol style="list-style-type: none"> <li>1. One goal must address the role of the nurse being shadowed</li> <li>2. One goal must address the practice agency being visited</li> </ol> </li> </ul>

Criteria			
Levels of Achievement/ Performance			
	Standard	Emerging	Substandard
		(None of the goals may state that the experience is for course credit or to complete the academic exercise)	3. One goal must address the vulnerable population the nurse and agency serve  (None of the goals may state that the experience is for course credit or to complete the academic exercise)
<b>Points: Possible to Earned</b>	<b>12</b>	<b>9.6</b>	<b>0</b>
<b>Feedback</b>			
<b>Role, setting and vulnerable population description</b>	Describes <ul style="list-style-type: none"> <li>● The nurse serving in a home care/hospice care agency, credentials, education and years of experience in both nursing and as a home care/hospice care                             <ul style="list-style-type: none"> <li>○ ANA PHN Standards &amp; Quad Council tiers</li> </ul> </li> <li>● The agency according to type of services provided, years in business, tax status, organizational chart highlighting who is being 'shadowed.'</li> <li>● Sociodemographic information of the population served, justifying why the population is considered vulnerable</li> <li>● Information should be comprehensive</li> </ul>	Partially describes <ul style="list-style-type: none"> <li>● The nurse                             <ul style="list-style-type: none"> <li>○ ANA PHN standards &amp; Quad council tiers</li> </ul> </li> <li>● The agency</li> <li>● The population served</li> <li>● Some components are lacking</li> <li>● Information is logical but lacks some assigned aspects</li> </ul>	Does not or minimally describes <ul style="list-style-type: none"> <li>● The nurse                             <ul style="list-style-type: none"> <li>○ ANA PHN standards &amp; Quad council tiers</li> </ul> </li> <li>● The agency</li> <li>● The population served</li> <li>● Most components are lacking</li> <li>● Information is limited, sparse, or incomplete</li> </ul>
<b>Points: Possible to Earned</b>	<b>8</b>	<b>6.4</b>	<b>0</b>

Criteria			
Levels of Achievement/ Performance			
	Standard	Emerging	Substandard
<b>Feedback</b>			
<b>Role of nurse</b>	<ul style="list-style-type: none"> <li>Explains role of nurse from the perspective of referrals to, admission in, home visiting, discharge and or bereavement follow-up</li> <li>Provides clear logical statements showing insight into topic</li> <li>Critically analyzes role of nurse</li> <li>Uses reliable evidence when supporting ideas. (Primary sources such as peer-reviewed journals, professional/government web sites, or textbooks).</li> </ul>	Partially: <ul style="list-style-type: none"> <li>Explains role of nurse from the perspective referrals to, admission in, home visiting, discharge and or bereavement follow-up</li> <li>Provides clear logical statements showing insight into topic</li> <li>Critically analyzes role of nurse</li> <li>Use of reliable evidence (primary sources) is inconsistent or highly quoted instead of paraphrased</li> </ul>	Does not or minimally <ul style="list-style-type: none"> <li>Explains role of nurse from the perspective referrals to, admission in, home visiting, discharge and or bereavement follow-up</li> <li>Ideas are rudimentary and superficial; no analysis or insight, confusing statements, lacks explanation of reasoning</li> <li>Uses no evidence, unreliable evidence or misleading evidence.</li> </ul>
<b>Points: Possible to Earned</b>	<b>8</b>	<b>6.4</b>	<b>0</b>
<b>Feedback</b>			
<b>Observation</b>	<ul style="list-style-type: none"> <li>Describes the home care/hospice nurse’s actions in the delivery of service (leadership) to vulnerable populations within the context of the agency/environment</li> <li>Elaborates on observations specific to: patient centered care, teamwork and collaboration, evidence based practice, quality improvement and safety</li> <li>Addresses levels of prevention, reimbursement and technology related to those receiving care</li> </ul>	<ul style="list-style-type: none"> <li>Partially describes the home care/hospice nurse’s actions in the delivery of service (leadership) to vulnerable populations within the context of the agency/environment</li> <li>Partially elaborates on observations specific to: patient centered care, teamwork and collaboration, evidence based practice technology, quality improvement and safety</li> </ul>	<ul style="list-style-type: none"> <li>Does not or minimally describes the home care/hospice nurse’s actions in the delivery of service (leadership) to vulnerable populations within the context of the agency/environment</li> <li>Does not or minimally addresses observations specific to: patient centered care, teamwork and collaboration, evidence based</li> </ul>

Criteria			
Levels of Achievement/ Performance			
	Standard	Emerging	Substandard
		<ul style="list-style-type: none"> <li>● Partially addresses levels of prevention, reimbursement and technology related to those receiving care</li> </ul>	<p>practice technology, quality improvement and safety</p> <ul style="list-style-type: none"> <li>● Does not or minimally addresses levels of prevention, reimbursement and technology related to those receiving care</li> </ul>
<b>Points: Possible to Earned</b>	<b>6</b>	<b>4.8</b>	<b>0</b>
<b>Feedback</b>			
<b>Systems Thinking</b>	<ul style="list-style-type: none"> <li>● Describes the nurse’s role within the systems awareness model (SAM) as it applies to transitions of practice in leading home care and hospice services</li> <li>● Illustrates the home health and/or hospice nurse, the agency and patient/population from the perspective of the whole health care system</li> <li>● Illustrates interconnected parts as it relates to the population within the context of the home or hospice unit.</li> <li>● Describes home care/hospice services from the perspective of the helix of systems or the continuum of complexity</li> <li>● Illustrates the 7 Steps of the SAM as a process for providing home care or hospice services</li> <li>● Provides reliable evidence when supporting ideas. (Primary sources such as peer-reviewed journals, professional/government web sites, or textbooks).</li> </ul>	<ul style="list-style-type: none"> <li>● Partially describes the nurse’s role within the systems awareness model (SAM) as it applies to the leading home care and hospice services</li> <li>● Partially illustrates the nurse, agency and population in the perspective of the whole health care system</li> <li>● Partially illustrates interconnected parts as it relates to the population within the context of the home or hospice unit.</li> <li>● Partially describes home care/hospice services from the perspective of the helix of systems or the continuum of complexity</li> <li>● Partially illustrates the 7 Steps of the SAM as a process for providing home care or hospice care</li> <li>● Ideas are logical, but information is redundant and tedious</li> <li>● Provides evidence but not primary sources or of sufficient amount to support ideas</li> </ul>	<ul style="list-style-type: none"> <li>● Does not or minimally the nurse’s role within the systems awareness model (SAM) as it applies to the leading home care and hospice services</li> <li>● Does not or minimally the nurse’s illustrates the nurse, agency and population in the perspective of the whole health care system</li> <li>● Does not or minimally the nurse’s illustrates interconnected parts as it relates to the population within the context of the home or hospice unit.</li> <li>● Does not or minimally the nurse’s describes home care/hospice services from the perspective of the helix of systems or the continuum of complexity</li> <li>● Does not or minimally the nurse’s illustrates the 7 Steps of the SAM as a process for providing home care or hospice care</li> </ul>

Criteria			
Levels of Achievement/ Performance			
	Standard	Emerging	Substandard
			<ul style="list-style-type: none"> <li>● Ideas are rudimentary and superficial; no analysis or insight, confusing statements, lacks explanation of reasoning</li> <li>● Provides no evidence, unreliable evidence or misleading evidence</li> </ul>
<b>Points: Possible to Earned</b>	<b>12</b>	<b>9.6</b>	<b>0</b>
<b>Feedback</b>			
<b>Lessons learned</b>	<ul style="list-style-type: none"> <li>● Identifies whether the three SMART goals were attained or if not, why not</li> <li>● Compares and contrasts:                             <ul style="list-style-type: none"> <li>○ Homecare and/or hospice practice experiences that existed prior to the observation</li> <li>○ Knowledge gained from the assigned interactive modules as compared to observing the homecare/hospice agency</li> </ul> </li> <li>● Identifies how the assignment added to professional growth</li> <li>● Identifies any technical skills gained from the experience</li> <li>● Identifies confidence gained from the experience</li> </ul>	<ul style="list-style-type: none"> <li>● Partially identifies whether the three SMART goals were attained or if not, why not</li> <li>● Partially compares and contrasts:                             <ul style="list-style-type: none"> <li>○ Homecare and/or hospice practice experiences that existed prior to the observation</li> <li>○ Knowledge gained from the assigned interactive modules as compared to observing the homecare/hospice agency</li> </ul> </li> <li>● Partially discusses the value of the assignment in terms of professional growth</li> <li>● Partially identifies:                             <ul style="list-style-type: none"> <li>○ how the assignment added to professional growth</li> <li>○ any technical skills gained from the experience</li> <li>○ confidence gained from the experience</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Does not or minimally identifies whether the three SMART goals were attained or if not, why not</li> <li>● Does not or minimally compares and contrasts:                             <ul style="list-style-type: none"> <li>○ Homecare and/or hospice practice experiences that existed prior to the observation</li> <li>○ Knowledge gained from the assigned interactive modules as compared to observing the homecare/hospice agency</li> </ul> </li> <li>● Does not or minimally discusses                             <ul style="list-style-type: none"> <li>○ how the assignment added to professional growth</li> <li>○ any technical skills gained from the experience</li> <li>○ confidence gained from the experience</li> </ul> </li> </ul>
<b>Points: Possible to Earned</b>	<b>14</b>	<b>11.2</b>	<b>0</b>

Criteria	Levels of Achievement/ Performance		
	Standard	Emerging	Substandard
Feedback			
<b>Increased understanding of home health and hospice roles in transitions (managing and coordinating)of care</b>	<ul style="list-style-type: none"> <li>Describes how assignment provided an increased understanding of home health and hospice roles in transitions (managing and coordinating) of care</li> </ul>	<ul style="list-style-type: none"> <li>Partially describes how assignment provided an increased understanding of home health and hospice roles in transitions (managing and coordinating)of care</li> </ul>	<ul style="list-style-type: none"> <li>Does not or minimally describes how assignment provided an increased understanding of home health and hospice roles in transitions (managing and coordinating) of care</li> </ul>
Points: Possible to Earned	12	9.6	0
Feedback			
<b>SCHOLARLY EFFORT</b>			
<b>Preparation for assignment</b>	<ul style="list-style-type: none"> <li>Completes all assigned interactive modules</li> </ul>	<ul style="list-style-type: none"> <li>Partially completes assigned interactive modules as evidenced by 50-99% user feedback report</li> </ul>	<ul style="list-style-type: none"> <li>Does not or minimally completes assigned interactive modules as evidenced by less than 50% user feedback report</li> <li>Resubmit after 80-100% of modules completed</li> </ul>
Points: Possible to Earned	5	4	0
Feedback			
<b>Maintains APA Format and Academic Honesty</b>			
Points: Possible to Earned	5	4	0

<b>Criteria</b>			
<b>Levels of Achievement/ Performance</b>			
	Standard	Emerging	Substandard
<b>Feedback</b>			
<b>FINAL POINT ALLOCATION AND REMARKS</b>			
<b>Total Points: Possible to Earned</b>	<b>100 points:</b>	<b>80 points:</b>	<b>Less than 79.99 points:</b>
<b>Overall feedback</b>			

### References

- Allen, J., Hutchinson, A. M., Brown, R., & Livingston, P. M. (2017). User experience and care integration in transitional care for older people from hospital to home: A meta-synthesis. *Qualitative health research*, 27(1), 24-36.
- American Association of Colleges of Nursing (2009). *The Essentials of Baccalaureate Nursing Education for Professional Nursing*. Washington, DC: Author. Available at <http://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>
- American Nurses Association. (2013). *Public health nursing: Scope and standards of practice*. American Nurses Association/Nursesbooks. org.
- Association of Community Health Nursing Educators. Available at <https://www.achne.org/i4a/pages/index.cfm?pageID=1>
- Bookbinder, M., Wagner, M., Dier, K., Shea, L., Portenoy, R., & Parisi, L. (2017). Expanding Access to Community-Based Palliative Care: A Palliative Care in Home Health (PCHH) Model (TH341A). *Journal of Pain and Symptom Management*, 53(2), 336-337.
- Callen, B., Block, D., Joyce, B., Lutz, J., Schott, N. B., & Smith, C. M. (2009). Essentials of baccalaureate nursing education for entry level community/public health nursing. *Wheat Ridge, CO: Association for Community Health Nursing Educators*.
- Joint Commission Transitions of Care Portal. Available at <https://www.jointcommission.org/toc.aspx>
- Kaufman, B. G., Spivack, B. S., Stearns, S. C., Song, P. H., & O'Brien, E. C. (2017). Impact of accountable care organizations on utilization, care, and outcomes: a systematic review. *Medical Care Research and Review*, 1077558717745916.

- Lalleman, P., Bouma, J., Smid, G., Rasiah, J., & Schuurmans, M. (2017). Peer-to-peer shadowing as a technique for the development of nurse middle manager's clinical leadership: An explorative study. *Leadership in Health Services, 30*(4), 475-490.
- Murtaugh, C. M., Deb, P., Zhu, C., Peng, T. R., Barrón, Y., Shah, S., ... & Siu, A. L. (2017). Reducing readmissions among heart failure patients discharged to home health care: Effectiveness of early and intensive nursing services and early physician follow-up. *Health Services Research, 52*(4), 1445-1472.
- National Association for Home Care & Hospice. Available at: <https://www.nahc.org/>
- Orsolini-Hain, L. (2011). Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing. *Nursing Education Perspectives, 32*(3), 201.
- Phillips, J. M., Stalter, A. M., Dolansky, M. A., & Lopez, G. M. (2016). Fostering future leadership in quality and safety in health care through systems thinking. *Journal of Professional Nursing, 32*(1), 15-24.
- Quad Council. Available at <http://www.quadcouncilphn.org/>
- Quad Council Coalition Competency Review Task Force. (2018). Community/Public Health Nursing Competencies. Available at <http://www.quadcouncilphn.org/documents-3/2018-qcc-competencies/>
- Quality and Safety Education for Nurses. Available at: <http://qsen.org/>
- Resource Center to Integrate Systems Thinking into RN-BSN Curriculum. Available at <http://qsensystems.weebly.com/>

Stalter, AM, and Kaylor, MB (2013). A Work Force Study: Attitudes, Skills and Knowledge Attributes of the Home Health and Hospice Nurse (ASK-A-HHN). *Ohio Council of Home Care and Hospice Agencies Annual Conference*. Columbus, Ohio.

Timbie, J. W., Hussey, P. S., Setodji, C. M., Kress, A., Malsberger, R., Lavelle, T. A., ... & Kahn, K. L. (2017). Association between patient-centered medical home capabilities and outcomes for Medicare beneficiaries seeking care from federally qualified health centers. *Journal of General Internal Medicine*, 32(9), 997-1004.

University of Michigan Center of Excellence in Public Health Workforce Studies. (2013). Enumeration and characterization of the public health nurse workforce: Findings of the 2012 public health nurse workforce surveys. Ann Arbor, MI: University of Michigan. Available at <https://sph.umich.edu/cephw/pdf/Nurse%20Workforce-RWJ%20Report.pdf>

Unroe, K. T., Stump, T. E., Effler, S., Tu, W., & Callahan, C. M. (2018). Quality of Hospice Care at Home Versus in an Assisted Living Facility or Nursing Home. *Journal of the American Geriatrics Society*, 66(4), 687-692.