

Georgia Department of Human Resources

Division of Public Health

Public Health Nursing Practice and Education Workgroup

**Toolkit
for
Public Health Nursing**

March 2006



Table of Contents

Overview	3
Acknowledgements	4
Toolkit Components	
History of the GaPEW	5
How to Get Started	10
a) Recruitment and Retention	
b) Structure and Membership	
Goal Setting	13
Best Practices	17
Appendices	
A. Resources	25
1. Georgia Board of Nursing Directory of Nursing Programs	
2. Map of Associate Degree Schools of Nursing in Georgia	
3. Map of Baccalaureate Degree Schools of Nursing in Georgia	
4. Map of Master's Degree Schools of Nursing in Georgia	
5. Map of Doctoral Degree Schools of Nursing in Georgia	

Overview

This toolkit has been created to facilitate the development of local or regional Practice and Education Workgroups (PEWs). The purpose of local or regional PEWs is to enhance the preparation of public health nurses and strengthen the practice of public health nursing. At the 2003 Public Health Nursing Summit, members of the Georgia Practice and Education Workgroup (GaPEW) agreed that local or regional workgroups, modeled after the statewide GaPEW, would further strengthen the partnership between nursing academia and public health nursing practice. They identified a need for a guide to assist public health nurses and nursing educators throughout Georgia in the development of these local groups. The GaPEW members thought that it was important to identify incentives that could be associated with participation in local PEWs, such as information about current public health practice that could be incorporated into nursing curricula. The toolkit contains information about the benefits of participation, the history of the GaPEW as well as the fundamentals associated with managing and sustaining a local workgroup. This document may be used in the formation of local PEW groups throughout the state to address both practice and academic issues unique to public health and the profession of nursing.

Acknowledgements

The Toolkit for Public Health Nursing was produced by the following GaPEW Toolkit Committee Members:

History of the GaPEW

Chair: Carole Jakeway
Brenda Talley

How to Get Started

Chair: Cam Moscatiello (served until 6/05)
Bridget Doerr (retired)
Sue Odom
Kathy Kolaski
Lois Bryant
Sarah Hall

Structure and Composition (combined 4/22/05)

Chair: Joyce Edmonds (served until 7/05)
Susan Ayers
Carol Burnes
Maggie Williams
Olivia Erbele
Barbara Crosson
Beverly Farnsworth (retired)
Mary Anne Dolen (retired)

Recruitment and Retention

Chair: Kitty Bishop
Madge Donnellan
Twillia Haynes
Linda O'Donnell
Betty Daniels
Linda Spencer

Goal Setting

Chair: Pat Brannen
Carol Ormond
Linda Hubbard
Mary Beth Burke

Best Practices

Chair: Brenda Talley
Judith Gordon
Karon Bush
Delores Cooper
Armenia Williams
Kathy Rushing
Gloria Chen

History of the GaPEW

Getting Organized

In 1996, public health nursing leaders and nursing faculty throughout Georgia began a new partnership. The purpose of this collaborative effort was to identify issues of common concern relative to the current and future practice and preparation of public health nurses (PHNs) in Georgia. Since the first PHN Summit in May 1997, the partnership began addressing important issues, such as the development of meaningful learning opportunities in public health for baccalaureate nursing students and the integration of population health concepts, including the core public health functions and the essential public health services, into the undergraduate curriculum. When the partnership addressed the issue of students gaining experience in the area of immunizations, one outcome was a position statement approved by public health leaders and distributed to all the nursing education programs in Georgia.

A Foundation of Collaboration within Nursing Education

The nursing education programs in Georgia have a long history of collaboration. In 1990, these programs came together to develop a model for streamlining the path for nurses who return to school for their baccalaureate. The purpose of the RN to BSN Articulation Model, which is still being used, is to enable registered nurses to advance their education with minimal loss of credit and/or duplication of knowledge and skills, while maintaining the integrity of the educational process. It is this legacy of collaboration between the associate and baccalaureate degree nursing programs that has provided a foundation for building a positive partnership between public health nursing practice and nursing academia. This has particular relevance to Georgia public health, since a large segment of the public health nursing workforce is prepared at the associate degree level and public health prefers baccalaureate education for public health nursing practice.

Summits

Public Health Nursing summits have been held as follows:

- May 1997
- December 1997
- May 1998
- March 1999
- September 1999
- March 2000
- March 2001
- March 2002
- March 2003
- September 2004 (canceled due to Hurricane Frances)
- March 2005

Each PHN summit has provided a networking opportunity for public health nursing leaders from the 18 (previously 19) public health districts, the state office programs and the nursing education programs. In addition to formal presentations by both educators and public health leaders, the summits have provided dedicated time for the partners to meet according to their respective regions

of the state to address issues of their choice. The regional breakout sessions have been instrumental in fostering stronger partnerships and ongoing dialogue between practice and education at the local level. Below are documented examples of how the continued dialogue has enhanced the sharing of information and ideas to improve the student learning experience in public health settings.

Preparing Public Health Nurses for Population Health Practice

The May 1998 Summit primarily focused on the need to increase the number of nurses employed by public health who have a BSN or who have completed a course in population health. A special workgroup was formed consisting of representatives from both practice and academia. This workgroup divided into two committees to complete a needs assessment and to develop a curriculum. The charge to the needs assessment committee was to survey the current public health nursing workforce to determine their level of interest and preferences relative to a course on population health. The charge to the curriculum committee was to define the minimum essential content, generate learning activities, recommend textbooks, and explore opportunities for offering the course.

From its inception, the workgroup consistently demonstrated an enthusiastic commitment to its goal of developing a population health course for academic credit for the currently employed public health nurses in Georgia. The collaboration among the nursing faculty throughout the state in this process was extraordinary. The public health nursing leaders in the group anticipated that there could be some political/turf issues between the schools with regard to the question of which school would actually award the college credit. However, all of the nursing faculty repeatedly voiced positive responses in support of the course being recognized by all of the schools for baccalaureate credit and eliminating any barriers which would prevent this from happening.

Needs Assessment Committee

The needs assessment committee, chaired by Beverly Farnsworth, RN, PhD, Professor, Kennesaw State University, developed a plan to conduct a survey among the currently employed public health nurses in Georgia. The purpose of the survey was to determine the level of interest in taking a course in population health that would include: the principles and practice models for performing community health assessment, diagnosis, planning and policy development; applying epidemiology to primary prevention; and building community partnerships. The course was to be referred to as "Basic Skills II" to distinguish it from "Basic Skills I," which was a mandatory baccalaureate level health assessment course for all public health nurses in Georgia (this course is currently referred to as the Health Assessment course).

Dr. Farnsworth developed the survey instrument. The survey was distributed at the March 1999 Public Health Nursing Summit and mailed to each of the 19 District Public Health Nursing and Clinical Directors in the state with a cover letter from the Chief Nurse. The number of registered nurses employed in public health at the time of the survey was 1470. The number of surveys returned was 763 for a return rate of 52%.

Interest in taking the course was high (82%), and the nurses were interested in starting the course within the next year (71%). Nurses preferred to spend approximately 6-8 weeks taking the course (60%), and the best times to enroll were fall (40%) and winter (31%). Travel distance was a concern, especially since the state covers a large area, and there are numerous rural districts. Nurses did not

want to travel farther than 40 miles (50%). Nearly 90% of the public health nurses had access to a computer (89%). Ninety-six percent had a computer located at either work (53%) or home (43%). A large number, 62%, of the nurses, had used the Internet with 70% reporting access to a computer with a modem. The survey asked the participants if they'd be interested in taking the course by distance learning if given technical support. Seventy-three percent stated they would be interested. More questions asked for information related to distance learning. Only 12% were interested in video-conferencing, 37% in web-based learning and 43% in a combination of both. Sixty-seven percent reported they would like more information on distance learning. The five top barriers to taking the course were time, staffing the clinics, travel distance, time loss from clinics, and busy family life. The results of the survey revealed that 31% of respondents' present level of education was congruent with the statewide percent of public health nurses with baccalaureate degrees (30%). Seventy-seven percent of the respondents had been practicing 11 years or more since graduation and 39% had been employed as a public health nurse for 11 years or more. Fifty-two percent revealed that they had not initiated taking any courses related to public health nursing on their own. In response to the question, "Considering the changes going on in health care, what other knowledge and skills do you need for the future?", the top five responses, in order of frequency, were computer skills, grant writing skills, Spanish-speaking skills, primary care provider skills, and Internet skills.

The results of the survey were presented to the Georgia Public Health Nursing Summit on September 29, 1999, as part of a panel discussion. The Public Health Nursing Practice and Education Workgroup used the results of the survey to develop the course content outline and the mode of delivery to the public health nurses in Georgia.

Curriculum Committee

The curriculum committee, chaired by Joanne Richard, RN, PhD, Chair, Department of Nursing, Brenau University, at the time, used the following resources to develop the course content outline:

- Association of Community Health Nurse Educators (ACHNE). 1990. *The Essentials of Baccalaureate Nursing Education for Entry Level Practice in Community Health Nursing*. ACHNE Task Force on Basic Community Health Nursing Education.
- U.S. Department of Health and Human Services (DHHS). 1987. *Public Health Nursing: Education and Practice*. U.S. Department of Health and Human Services.
- Gebbie, Kristine M. 1996. *Preparing Currently Employed Public Health Nurses for Changes in the Health System*. New York: Columbia University School of Nursing, Center for Health Policy and Health Sciences Research.
- Association of State and Territorial Directors of Nursing (ASTDN). Draft, 1998. *Public Health Nursing: Partner for Progress*. Association of State and Territorial Directors of Nursing.
- U.S. Department of Health and Human Services (DHHS), Public Health Service. 1997. *The Public Health Workforce: An Agenda for the 21st Century*. Full report of the Public Health Functions Project. Washington, D.C.: U.S. Department of Health and Human Services.
- Numerous community health textbooks.
- Recommended skills and competencies in population health from the PHN Leaders.
- The combined expertise of the workgroup participants.

The curriculum committee developed a recommended course content outline. A content outline was recommended rather than a specific curriculum in order to allow flexibility in course design and

development of specific learning objectives. The priority desired skills and competencies in population health included the following:

- community health assessment and diagnosis
- interpreting and presenting health information to local leaders, policy makers, customers and partners
- linking contemporary databases to the health planning and policy development processes
- building and sustaining community coalitions and partnerships

At the March 2000 Summit, the two committees presented the plan for the population health online course to be pilot tested. Dr. Richard Chair obtained approval for the course to be pilot tested at Brenau University. The GaPEW continued to serve in an advisory capacity during the implementation of the pilot test.

Rationale for a Course on Population Health for Public Health Nurses

All baccalaureate nursing education programs currently require students to complete a course in community health. So why do public health nurses need a separate course? Why not require that all public health nurses complete the current baccalaureate course in community health, just as public health nurses must complete the baccalaureate level health assessment course? There are several factors supporting this decision:

- The current baccalaureate community health course has prerequisites which will not be met by PHNs since they are not enrolled in the baccalaureate program
- It is unlikely that there would be adequate slots in the baccalaureate community health course available for PHNs since the priority would need to accommodate the baccalaureate students
- Most PHNs have been out of the "classroom" for several years, and to mix with a group of baccalaureate students, who represent a very different culture and level of professional experience, would create high anxiety and be counterproductive to optimum learning; PHNs are not "flocking" to take the baccalaureate course
- PHNs believe their extensive experience in public health should be valued and considered in the formal educational process
- The practice component of the current baccalaureate community health course is spread out among various community settings with very little concentration in public health
- Public health has a compelling need for PHNs to be prepared for a stronger role in population health practice

Need for Preparing Public Health Nurses in Population Health

The current practice of public health nursing in Georgia is predominantly individual-focused and clinic-based. Although some population-focused activities occur, the bulk of public health nursing resources are directed toward providing personal/clinical preventive services to individuals. The potential for assuring the health of communities depends, to a great extent, on the skills and abilities of the public health nursing workforce. As a part of the public health team, public health nurses need a broader range of population-focused skills. The mix of population-focused versus personal/clinical preventive services that public health will be providing in the future will be driven by local community needs, resources and preferences. While it is not certain as to what the future mix of these activities will be, there is a trend toward public health playing a stronger role in population-based health. Therefore, the goal is to prepare the public health nursing workforce for this change so that they will be ready to make the necessary shift in practice. One challenge is to develop this capacity in a manner which builds on the strengths of the current public health nursing workforce and yet expands their knowledge base and skills for effective change. Another significant challenge in planning this change is to be mindful of its impact on existing revenue sources and the potential for future revenues, since the resources for providing population health services will need to be identified.

Common Goal: Completion of Baccalaureate Education for Public Health Nurses

Finally, the GaPEW has provided a forum for efforts to encourage and support public health nurses in completing their baccalaureate education and advanced degrees. Since the early 1990's there have been numerous initiatives put in place to enable/encourage PHNs to complete their BSN:

- 1992-1995 Ladders in Nursing Career (LINC), funded by the Robert Wood Johnson Foundation and partnered with the Georgia Hospital Association. Of the 200 nurses who completed the program, 40% were from public health.
- 1993 Meritorious Pay Increase Policy established, but later frozen.
- 1994 Department of Human Resources, Nursing Service-Cancelable Loan legislation
- 1995 ANA grant supported marketing plan for PHNs, *Public Health Nursing in Georgia--- Reaching Beyond 2000: A Foundation for Building Your Future through Education and Certification*.
- 1998 Georgia State University, Merle Lotte Scholarship established for PHNs.
- 2004 GaPEW produced the *Public Health Nurse Handbook*, an education reference guide for the Georgia public health nursing workforce.

How to Get Started

Getting Started

If there are issues that could best be addressed through collaboration between practice and education, forming a local PEW may be a helpful tool. Start with at least one partner from both practice and education settings. For educational partners, consider the schools of nursing maps and contact list included at the end of this document. Among these partners, identify issues of mutual concern. Based on these issues, consider key individuals who will be needed as members of the local PEW to assist in addressing them. The next step will be to determine how to invite the other members and who will serve as the initial practice and education co-chairs for the PEW. Set a meeting at which the following should happen:

- Discuss purpose and history of the Georgia PEW
- Identify issues of interest and mutual concern for all members
- Get consensus on membership of local PEW, the geographical area to be served by the PEW, and benefits of forming a local PEW
- Define vision, mission, goals, objectives, name or slogan, and responsibilities of individual members for local PEW
- Set frequency and format of meetings, terms for co-chairs, subcommittees (if necessary or desired)
- Decide next steps

Recruitment and Retention

A local PEW is a way to nurture relationships between PHN practice and the academic institutions that prepare students for their careers in nursing. These relationships, as well as those with other partners, are critical for the achievement of mutually established goals. For a list of suggested partners, see the Membership Table included at the end of this section.

Borrowing from Chickering & Gamson (1986), motivating practice and academic partners to participate in continual dialogue can be enhanced by:

1. encouraging contact between participants
2. developing reciprocity and cooperation among members
3. encouraging active participation and input from members
4. giving prompt feedback to contributions by individuals or small groups
5. emphasizing time on task; make project outcomes really worthwhile
6. communicating high expectations of the group
7. respecting and utilizing diverse talents

Chickering, A.W. and Gamson, Z.F. (1986). Seven Principles of Good Practice in Undergraduate Education: Faculty Inventory.

<http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/7princip.htm>

Utilizing these practices will benefit both practice and education members, thereby promoting retention within the local PEW.

Other benefits to emphasize for recruitment and retention:

- Collaborative grant writing (see examples on page 23)
- Incentives (see examples beginning on page 18)
- Recognition of the PEW members
- Sharing of best practices
- Making progress on identified issues
- Improving clinical experiences for students
- Creating a larger pool of potential public health nurses
- Building greater consistency in public health nursing education across the state
- Learning/teaching opportunities for public health nurses
- Sharing of most current research and practice
- Opportunity to provide input into both curriculum and clinical experience of nursing students
- Venue for both academic and practice partners to discuss and act upon problems
- Networking
- Fostering mutual respect

Structure and Membership

As mentioned in “Getting Started,” the ideal structure for a local PEW is to have one co-chair from both education and practice settings. Having a co-chair from each discipline facilitates all members’ having meaningful input into the collaborative work of addressing issues that arise between practice and education. The presence of both co-chairs also signifies the commitment of both practice and education members to the group’s vision.

Composition of the local PEW should be made up of core members, those in practice and education, and additional members based upon the focus areas of the PEW. A listing of suggested partners is included in the Membership Table at the end of this section.

Membership Table

Core Members	Additional Members
EDUCATION	
Nursing Schools – Public/Community Health faculty, undergraduate & graduate Schools of Public Health Department/College in which school of nursing resides (i.e., Health Sciences)	A.D. programs’ faculty Technical schools Research/evaluation departments Media Programs Language programs Physical therapy/Occupational therapy/Nutrition programs Dental programs Medical Schools Board of Regents State PEW member
PRACTICE	
Public health nurse leader – District	County nurse leader Epidemiologist Dentist Communicable Disease Specialist Health Educator PH Program expert District Health Director Environmentalist State PEW member Emergency Preparedness partners (EMA, EMS) School Nurse Visiting/home health/hospice nurse
COMMUNITY/OTHER	
	Nursing – Georgia Nurses Association, Georgia Association of Nursing Students, other professional associations Local hospital system Media – paper, radio Area Health Education Center Georgia Public Health Association Red Cross United Way Community Foundation Population-centered Agencies Georgia Hospital Association Board of Health member Hospital infection control employee County Commissioner/City Council representative Faith-based member (e.g. parish nurse) Interested lay persons

Guiding Principles for Regional Goal Setting

When the taskforce of public health nurses and nursing faculty began working on the essential components of a toolkit to facilitate the development of regional PEWs, one of the essential components identified was the ability to assess the local area and establish goals. Assessing the local area includes the identification of interested stakeholders, the identification of local issues affecting public health nursing practice and nursing academia, and the setting of goals to address these issues.

In the last decade, more attention has been given to the importance of forming collaborative teams that are inclusive of broadly defined stakeholders (see Structure and Membership section). A stakeholder is defined as: “any person, group or organization that can place a claim on or influence your resources or services; is affected by your activities or services, or has an interest in or expectation of you” (1). Perhaps the most positive aspect of having a broad base of stakeholders on a regional PEW is to insure a complete and comprehensive assessment of needs and issues relating to nursing education and public health nursing practice in the local area. Once a clear understanding of the existing environment is established, deciding on the vision for the future becomes much easier. The vision provides “the big picture from which smaller and more attainable goals can be established” (2). After goals are set, priority setting and action planning will transform the regional PEW into a successful change agent. Many collaborative teams find it advantageous to work with an experienced facilitator, especially in early stages of team development. Facilitators can:

- Guide discussion for groups, empowering all members to participate
- Acquaint individuals with each other and with their task
- Solidify group
- Build foundation and capacity
- Utilize techniques for prioritizing issues and formulating outcomes
- Identify structure and processes to reach goals and create solutions
- Strengthen communication and teaming skills (3)

A toolkit for developing local or regional PEWs would be incomplete without offering some guiding principles upon which to build successful partnerships among stakeholders:

- Recognize that interagency collaboration is a process, not a single event
- Take time to get to know the individuals at the table, focus on commonalities (this builds trust)
- Define the current context [may want to use SWOT (strengths, weaknesses, opportunities, threats) analysis or some other assessment guide]
- Develop a common agenda rather than many individual agendas
- Agree on a team structure that allows everyone at the table to contribute in a meaningful way
- Acknowledge that people like to be treated with respect, to trust and be trusted and to be able to say “no”
- Commit to seek first to understand, then to be understood
- No one likes to be forced into defending their position (4)

In an inclusive group, everyone comes to the table with the question, “What’s in it for me?” The challenge is to change that into goals that answer the question, “What is in it for *us*?”

Deciding on goals and objectives is only part of the job; the PEW should be prepared to prioritize the goals and develop a specific action plan for each goal. Like goals, these action plans must be clear, concise, specific and measurable.

Components of action plans include:

- Specific steps/activities to be completed
- Identified resources to get the job done
- People responsible for specific tasks or needed for information
- Timelines (2)

Current literature abounds with theories and models addressing collaborative teams; only a sampling of available resources is listed at the end of this section. The regional PEW should decide on the model that best suits their group and their goals, which could include:

- Assessing regional education and practice affecting nursing preparation and continued competency
- Developing learning opportunities and work experiences for nursing students to discover contemporary Public Health Nursing
- Reconciling regional needs with regional resources
- Advocating for nursing education and public health
- Educating local policy makers and communities on issues affecting nursing education and public health nursing practice
- Identifying education and training needs of the existing nursing workforce
- Identifying meaningful student internships and clinical experiences
- Developing a marketing strategy to recruit and retain baccalaureate-prepared nurses into the field of Public Health
- Affecting policy changes that support nursing education and public health practice
- Developing curriculum recommendations
- Identifying joint research and grant opportunities

A listing of the 2004 GaPEW goals is included on page 16 for further inspiration.

Depending on the specific region, the opportunities and goals will vary. But as Margaret Mead said, “Never doubt that a few thoughtful, committed people can change their world...indeed, it is the only thing that ever has”. The challenges are many; the opportunity is now.

References

1. National Research Council. E.B. Perrin, J.S. Durch and S. M. Skillman, eds., *Health Performance Measurement in the Public Sector: Principles and Policies for Implementing an Information Network*. (Washington D.C.: National Academy Press, 1999).
2. Hayden, P., Frederick, L., and Smith, B. J. (2003). *Facilitating Collaborative Teams*. (Longmont, Colorado: Sopris West Educational Services).
3. Hayden, P., Frederick, L., Smith, B. J., & Broudy, A. (2001a). *Developmental facilitation: Helping teams promote systems change*. Denver: Collaborative Planning Project for Planning Comprehensive Early Childhood Systems at the University of CO at Denver. ERIC # ED455628.
4. Hayden, P., Frederick, L., Smith, B. J., & Broudy, A. (2001b). *Tasks, tips, and tools for promoting collaborative community teams*. Denver: Collaborative Planning Project for Planning Comprehensive Early Childhood Systems at the University of CO at Denver. ERIC # ED455627

Goals of the Georgia Practice and Education Workgroup for 2004 include:

- 1. Enhance public health nursing practice and education collaboration through the formation of local Practice and Education Workgroups.**
- 2. Continue to support, strengthen and refine a collaborative model, which integrates the principles of population health throughout the preparation, education and practice of public health nursing.**
- 3. Assess the extent to which the concepts of population health, including the ten essential public health services and the core public health functions, are integrated throughout baccalaureate nursing programs.**
- 4. Continue to support population health, clinical health and disaster health competency development.**
- 5. Work towards consistency in how community health nursing is distinguished from public health nursing.**
- 6. Promote joint appointments and adjunct faculty appointments between public health nursing practice and academic institutions.**
- 7. Develop a model agreement between education and practice describing meaningful learning opportunities for nursing students to discover contemporary public health throughout Georgia and for schools of nursing to provide services beneficial to local public health practice. Promote the integration of these learning opportunities into the practice and education of public health nurses.**
- 8. Assure success and beginning competencies for new baccalaureate-prepared nurses to enter the specialty of public health nursing through a model intern and externship program.**
- 9. Develop targeted strategies for recruiting new baccalaureate nurses to public health.**
- 10. Develop a model curriculum for preparing public health nurses for new roles in environmental health, including risk assessment and risk communication.**
- 11. Support the development and implementation of a Georgia Public Health Nursing research agenda.**
- 12. Advocate for the establishment of certification for Public Health Nurses.**
- 13. Examine ways to assure a positive team environment for students in public health clinical experiences.**

Best Practices

GaPEW participants have been interested in defining best practices from two aspects. First of all, the characteristics of the local PEW should be articulated. These characteristics are the foundation for successful collaboration and the source of the second aspect for consideration, the outcomes or products of the local PEW. These outcomes would include actual projects and other activities that would serve to facilitate the goals of each participant. This document will serve to give examples of such potential activities but should not be interpreted as definitive. Each local PEW will arrive at a unique set of meaningful and effective activities. Additional examples of potential practices would be welcomed as local PEWs evolve and include other health care providers and organizations.

Characteristics of relationships between practice and education:

Characteristics of local PEWs were gathered from both the experiences within the statewide PEW and from visioning of the ideal. The following are descriptors of the relationship:

- Producing *COLLABORATIVE* outcomes
- *RECIPROCAL* in nature, *MUTUALITY* in relationship
- *SUPPORTIVE* of each other's missions and organizations
- *OPEN* communication
- *MUTUAL RESPECT* and *REGARD*
- *VALUING* the strengths and contributions of each other
- *SHARING* perspectives
- Maintaining *ENERGY* and *MOMENTUM*
- Relationship is *DYNAMIC* and *FLEXIBLE*
- *CREATIVITY* in envisioning potentials and outcomes along with developing a creative fitting together of needs and resources
- Developing and sharing *LINKS* and *LIAISONS*

The belief is that from an atmosphere of facilitated communication, mutual respect and valuing, and the sharing of ideas, visions, and needs, potential goals and outcomes can be achieved. While many areas of interest and concern will be consistent throughout the state, local PEWs will recognize their own unique set of interests and concerns. It is recognized that each participant of the local PEW brings skills and resources that will complement and assist the others in reaching goals.

Areas of Mutual Endeavor and Best Practice:

Clinical Experiences for Students

Providing enhanced clinical experiences for nursing students has dual benefits. The most obvious is an improved educational experience for the students. Students with limited experiences in public health nursing may have a poor appreciation of public health nursing as a career. A positive experience will result in a supportive and useful learning environment but will also serve as a vehicle for future recruitment efforts. Students have expressed amazement at the depth and breadth of programs within public health.

Another benefit of a collaborative approach to nursing education within the public health context is that the learning activities may actually be a benefit to the health of the public. Public health members, based on their clinical expertise and knowledge of the community, can help define meaningful activities that are both interesting and exciting to students but that also aid in meeting real needs within the community and in adding to the resources of Public Health. These may include:

- Identifying aggregates and needs
- Formulating mutual outcomes
- Identifying resources
- Evaluating/Providing feedback

Activities such as these will enrich and broaden the students' experiences in public health and will reinforce the population-focused approach to public health nursing. Students can enhance the visibility of public health nursing and of local health issues in communities by organizing health forums, participating in informative programs in local civic clubs and schools, by conducting surveys in the community and by interviewing community leaders. It should be recognized that students may be pre-licensure nursing students, BSN completion students, and graduate students. Both their needs and contributions will differ and each will offer unique opportunities.

Examples:

Filling in the gaps/Identifying aggregates and needs

Faculty and students work with the nursing staff/clinical nurse manager to develop short surveys which capture the needs of select populations. The students collect the survey information at appropriate community sites, such as clinic waiting areas, malls, senior centers, schools, day care facilities, etc. The students provide data analysis of the survey information and make suggestions to the PHN nursing personnel and/or the Board of Health as to possible agency responses to the survey analysis.

Students survey local high school students in regards to how they obtain health information. Data reveals that their primary source of information is the internet. The local health department does not have a web page. Students, health department nurses, and faculty collaborate with the Informational Technology Division of the University and develop web pages focused on teen health for the public health department.

Students provide educational interventions not otherwise funded for aggregates with needs identified by public health nurses.

Identifying resources

Students conduct literature reviews on a selected topic and share with the nursing staff.

Students evaluate internet resources and select those resources that could be printed for use with clients (i.e., patient education information from federal web sites).

Students construct a community resources manual through collaborating with public health, the local United Way Organization, and other social service and health care providers. Students also identify organizations (such as Senior Citizens' Centers) that should have copies of the manual.

Students provide a link to resources on campus to facilitate translation of educational materials to other languages appropriate to the community.

Formulating mutual outcomes

See the survey examples above. A conference time could be set up for students and nursing staff to do some "brain-storming" to arrive at possible measurement of the mutual outcomes.

Students assist in linking desired outcomes with possible funding and other resources. Establishing congruence of local needs to national health priorities may assist in program development. Such documents such as *Healthy People 2010* could be utilized in this endeavor.

Evaluation/Feedback

Students work with nursing staff on already identified evaluation methods to determine the success or failure of programs. Students help determine any changes in strategies related to resource management or marketing based on process or summative evaluation.

Internships/Fellowships

The development of summer internships in public health should be considered as a key component of the recruitment and retention plan for public health nurses. Many districts in Georgia are reporting that 50% of their current workforce will retire within the next five to ten years. This fact in addition to the 24.02% state turnover rate for Georgia public health nursing in 2003 and the 18.79% vacancy rate for that year make the development of paid summer public health nursing internships a necessary recruitment strategy.

A BSN student experiencing a summer internship would establish an excellent foundation for a career in public health nursing. The program would consist of lectures, discussions, demonstration and return demonstration where the participant would obtain clinical experience with an assigned, experienced public health nurse mentor. This mentored experience would be provided to allow the intern to implement the theoretical information gained in their community/public health nursing

course in the clinical setting. The specialty of public health nursing requires strong teamwork and collaboration as well as the use of critical thinking skills to assure that patients are linked to the necessary community resources. Internships would allow nursing students to pursue additional knowledge of the clinical competencies necessary in the specialty of public health nursing and would expose him/her to the wide array of nursing opportunities available in public health.

A similar track may be developed for the registered nurse who has practice experience but desires a fellowship in the area of public health nursing.

Incentives

The use of incentives for the practicing public health nurses who accept student placement and serve as mentors/preceptors is suggested. These could include:

- Lunch and learn continuing education opportunities
- Tuition reduction or vouchers for continuing education or college credit courses
- Scholarship to attend professional meetings or related clinical education conferences
- Joint appointment/adjunct or clinical faculty positions as allowed by the academic institution

Such strategies would enhance the membership of the PEW from the public health practice arena as well as provide for improved clinical experiences for nursing students, resulting in greater satisfaction for the students and faculty.

Public Health Nurses as Educational Consultants

Public health nurses can assist both individual faculty members and nursing programs by functioning as curriculum advisors, especially in the areas of community and public health nursing. Additional areas in which input would be welcome are leadership, policy development, informatics, and resource management, among others. Assistance in developing course materials, projects, textbook evaluations, and links to resources are major contributions offered by public health nurses. Also, the local PEW can itself be a forum for discussion and input into nursing education as well as for feedback for nursing programs. Local PEW members can also consult individually and interact with formal advisory groups for nursing programs.

Examples:

- Clinical role model for students.
- Serve as a mentor for a student with a strong interest in public health nursing
- Assist in clinical evaluation of students
- Consult with academia on curriculum development and evaluation
- Consult with academia to create meaningful learning experiences for students
- Assist faculty in achieving/maintaining clinical competence and awareness of issues

Practice Needs of Nursing Educators

It is difficult to maintain a full time role as nursing faculty and maintain clinical practice skills. One way to facilitate skill development and retention is by part-time employment of faculty in public health clinical settings. Many schools support faculty practice. The public health nurse could provide mentorship to the faculty member in this regard.

Also, academic partners must maintain a current knowledge base in public health, which is difficult with limited clinical contact. The public health partners can assist the faculty members in this regard by including them in public health continuing education opportunities when appropriate or by sharing information in other formats.

Continuing Education for Public Health Nurses

Many universities and colleges have continuing education (CE) divisions that can facilitate the development of specialized courses for public health nurses. The local PEW can assist in defining educational needs for public health nurses and in designing curricula to meet these needs. The academic partner can act as liaison with the CE division. Another option may be having public health nurses take courses already in place, either for academic credit or as an auditor, for which a certificate could be given. PEW faculty members with educational resources at hand could provide periodic 'in-service' education for local health departments. This would serve the faculty member as well, as service to the community is an expected aspect of the academic role. This collaborative and mutually beneficial effort would be based on the public health members' evaluation of educational needs and would be enacted using the faculty member's teaching experience and the resources available at the academic institution.

Completion of Academic Degrees

Georgia ranks near the bottom of states for the percentage of public health nurses with baccalaureate or higher degrees. A changing practice environment and the need for future leaders require that more public health nurses seek advanced degrees. Yet, associate degree and diploma-prepared public health nurses are a source of strength in the public health system. Their clinical knowledge base and experience are valued. These experienced nurses are needed in the work site and cannot be spared on a regular basis to attend daytime classes in order to achieve a degree.

Many nursing schools in Georgia offer RN to BSN and graduate programs. However, many of these programs are not accessible to the practicing public health nurse due to work schedules and family commitments. Additionally, a school's educational approach may not meet the specific learning needs of the public health nurse. A collaborative approach to both developing curricula and creating accessible formats for delivery of courses would be the most successful approach to meeting such needs. Degree programs that meet logistical needs of public health nurses can use creative class schedules and clinical experiences along with the use of distance technology, such as on-line courses.

Pursuing Evidence-Based Research

Practice based, or evidence based research looks at interventions successful in improving health status of individuals, aggregates and communities. Conducting research studies on interventions such as programs aimed at special populations enables statistical comparison of resources consumed and outcomes achieved. Joint projects—that is projects between academia and practice—would strengthen the credibility and usefulness of public health nursing research and would enhance the potential for successful funding of such research.

Practice contributions to such research would include the identification of researchable problems and issues. Such first-hand knowledge and expert evaluation of needs is a critical component in correctly defining the research question. Public health partners may provide access to the research subjects and clinical data collection sites. Practice colleagues can assist in the distribution of data collection instruments and the collection of data. The public health nurse's ability to apply the knowledge gained in the study is also critically important.

Faculty members are expected to engage themselves in research as part of the academic role. Contributions from the academic members would include expertise in research methodology and available support and resources, such as statistical analysis, required human subjects' protection assurance, grant writing offices and structures for administering research funds.

Examples:

Public health nurses identify a larger number of early teen pregnancies in the community. A joint research project would assist in identifying social and/or economic factors involved in the problem and potential strategies to mitigate the phenomena.

Students identify that the mortality from breast cancer is higher in a given county than in the state at large. Public health nurses assist in a research project evaluating accessibility of screening programs and knowledge of breast cancer screening in women in the community.

Grant Funding

In addition to grants to enable research, grants may be used to fund innovative programs and other health interventions, including educational programs. The ability to successfully write and receive grants is enhanced by the collaborative relationship of the local PEW. Many grant funding sources give higher priority to those presented by joint practice and academic groups—indeed, some require it.

Many academic institutions have specialized divisions for the purposes of locating appropriate funding sources and providing grant writing assistance. Many grants require an organization to administer the funds. Most academic institutions have such a mechanism in place. Additionally, the academic institution has the software and the expertise to manage the statistical analysis. Through the PEW, all of these resources would be available to the practice partner as well.

As mentioned earlier, the practice partners provide the clinical expertise, which is the very basis of the grant request. The practice partners have first hand knowledge of the community needs and

ideas about how these needs may be met. Also available is the infrastructure and other resources which many grant programs would require.

Examples:

Public health and academia partner in writing grants to establish outreach clinics in underserved areas. Such a clinic could also serve as a clinical site for students and a practice area for faculty and would add to the services available through public health.

Public health has an identified need for a program, such as a teen parenting class, that is not presently available. Current literature suggests that such a program would be viable and would have a positive effect on health outcomes in the area. A joint grant proposal may provide “seed” money for the program, and careful outcomes evaluation may support future funding for the intervention.

Public Health practice and academia agree that we should collaborate to pursue funding opportunities such as when the State Office of Nursing for the Division of Public Health collaborated with academic partners and obtained HRSA funding for on-line population health courses offered for academic credit for currently employed public health nurses in Georgia (see History of the GaPEW).

We also suggest exploring the possibilities of partnering with non-traditional organizations for funding for paid practicum placement. Consideration should be given to such organizations with a focus on minority health, Area Health Education Centers, ASTDN, School of Public Health, Georgia Public Health Association, etc. An early exposure to the idea of a career in public health should be explored. Middle school career fairs or partnering with high schools for a “Job Corps” type placement for junior and senior high school students is suggested as a possibility for consideration for funding as well.

Policy/Advocacy

Communication with lawmakers and other policymakers can be facilitated through PEW relationships. Inherent in nursing education is the opportunity to learn about health care policy and how nurses may interact on behalf of others. Grounding this learning in ‘real’ world issues makes the activity more meaningful for the student. The practice partners can provide the faculty member with information to help the students in this regard. Academic and practice partners can also interact with health related organizations in determining agendas for action and providing expertise in presenting issues.

Examples:

Co-writing journal and other articles

Joint presentations at conferences, such as those of the American Public Health Association or the Georgia Public Health Association.

Interfacing with nursing organizations on a local, state and national basis.

Students, under faculty supervision, explore an issue defined by public health nurses. As part of a course project, this information is presented to lawmakers.

Additional thoughts

- Develop a module to teach PH nurses how to articulate what PHNs do. Consider using model that has been implemented in the Southwest Health District for presentations to quarterly Board of Health meetings. This model consists of presenting updates using the core functions of public health and ten essential services of public health.
- Development of a menu of student project opportunities at the state, district, and county levels of public health
- Recognition that health promotion and preventive services are key components in health care reform
- Acknowledgement of the importance that public health nursing plays in communicable disease control and emergency preparedness

Summary

Establishing local PEWs provides a forum in which public health nurses, other health care providers and organizations, and those in academia can become more knowledgeable about the issues and needs important to each. The partners can also recognize the congruence of many of these needs and explore how collaboration can provide a way of meeting these needs. Additional experience in collaboration will provide even more evidence to support these close relationships.

Appendix A -- Resources

1. Georgia Board of Nursing Directory of Nursing Programs
2. Map of Associate Degree Schools of Nursing in Georgia
3. Map of Baccalaureate Degree Schools of Nursing in Georgia
4. Map of Master's Degree Schools of Nursing in Georgia
5. Map of Doctoral Degree Schools of Nursing in Georgia

Practice and Education Workgroup Toolkit
 GEORGIA BOARD OF NURSING NURSING PROGRAM DIRECTORY May 2005

PARENT INSTITUTION	ADMINISTRATION	AD	BSN	RN/BSN ONLY	MASTER'S	DOCTORAL	SATELLITE	ARTICULATION
Abraham Baldwin Agricultural College Division of Nursing & Health Services 2802 Moore Hwy. Tifton, Georgia 31794-2601 (229) 391-5020 Fax (229) 391-6862 wgolden@abac.edu	Tom Call, M.S., Acting President Dr. Carolyn Helms, Ph.D., Interim VP & Academic Dean Wanda Golden, RN, MSN, Chairman	X						
Albany State University College of Health Professions 504 College Drive Albany, Georgia 31705 (229) 430-4724 Fax (229) 430-3937 joyce.johnson@asurams.edu	Dr. Portia Holmes Shields, Ph.D., President Dr. Ellis Sykes, Ph.D., Vice President for Academic Affairs Joyce Johnson, RN, Ph.D., Dean Linda Grimsley, RN, DSN, Chairman, Dept. of Nursing		X		X			X
Armstrong Atlantic State University Dept. of Nursing 11935 Abercorn Street Savannah, Georgia 31419-1997 DEPT: (912) 927-5302 FAX: (912) 920-6579 sterncam@mail.armstrong.edu	Dr. Thomas Jones, President Dr. Edward Thompson, III, Vice President and Dean of Faculty Dr. Barry Eckerd, Dean, School of Health Professions Dr. Camille Stern, RN, Ph.D., Head		X		X			
Athens Technical College Associate Degree Nursing Program 800 U. S. Highway 29, North Athens, Georgia 30601-1500 (706) 355-5037 Fax (706) 425-3104 smcdonald@athenstech.edu	Dr. Flora Tidings, Ed.D, President Douglas Bolen, Ed.S., M.B.A., Vice President for Academic Affairs Dr. Thomas Hill, Ph.D., Dean, Division of Allied Health and Nursing Sylvia McDonald, RN, MSN, Program Director	X					LAWRENCEVILLE	
Augusta State University Department of Nursing 2500 Walton Way Augusta, Georgia 30904 (706) 737-1725 Fax (706) 737-1773 cprice@aug.edu	Dr. William A. Bloodworth, Jr., President Dr. Samuel Sullivan, Vice President Charlotte Price, RN, Ed.D., Chairman	X						
Brenau University Department of Nursing	Dr. Edward L. Schrader, President Dr. Helen Ray, Vice President for Academic Affairs		X		X		ATLANTA ATHENS	X

Practice and Education Workgroup Toolkit

500 Washington Street, West Gainesville, Georgia 30501 (770) 534-6260 Fax (770) 538-4666 kwilborn@lib.brenau.edu	Dr. Gale Starich, Ph.D., Dean, School of Health & Science Dr. Keeta Wilborn, RN, Ph.D., Chairman							
--	---	--	--	--	--	--	--	--

PARENT INSTITUTION	ADMINISTRATION	AD	BSN	RN/BSN ONLY	MASTER'S	DOCTORAL	SATELLITE	ARTICULATION
Clayton State University School of Health Sciences 5900 North Lee Street Morrow, Georgia 30260-0285 (770) 961-3481 Fax (770) 961-3639 judithplawecki@mail.clayton.edu	Dr. Thomas Harden, President Dr. Sharon E. Hoffman, Vice President for Academic Affairs Dr. Judith A. Plawecki, Dean of Health Sciences		X					X
Coastal Georgia Community College Department of Nursing 3700 Altama Ave. Brunswick, Georgia 31520-3644 (912) 262-3340 Fax (912) 262-3283 jgift@cgcc.edu hampton@cgcc.edu	Dr. Dorothy L. Lord, President Dr. H. Douglas Tuech, Vice President for Academic Affairs Kay Hampton, RN, MSN, Chairman, Allied Health & Nursing Division Judith Gift, RN, MSN, Head, Dept. of Nursing	X					SAVANNAH	
Columbus State University Department of Nursing 4225 Columbus Ave. Columbus, Georgia 31907-5645 (706) 568-2243 Fax: (706) 569-3101 Goyne_June@colstate.edu	Dr. Frank D. Brown, Ph.D., President Dr. Martha Saunders, Ph.D., Vice President for Academic Affairs Dr. George Stanton, Ph.D., Interim Dean, College Of Science Dr. June Goyne, RN, Ed.D., Chairman – Dept. of Nursing & Director of BSN Program		X					X
Columbus Technical College Associate Degree Nursing 928 Manchester Expressway Columbus, GA 31904-6572 (706) 649-1588 Fax: (706) 649-1169 kgordon@columbustech.edu	Bob Jones, Ed.S., President Edgar Lester, Jr., Ed.S. Vice President of Instructional Services & Library/Media Linn M. Storey, RN, MPA, Chairman, Health Science Division Ken Gordon, RN, MSN, Program Manager	X						
Dalton State College Nursing Division 213 North College Drive Dalton, Georgia 30720	Dr. James Burran, President Dr. John Black, Academic Dean Cordia Starling, RN, Ed.D, Chairman	X						

Practice and Education Workgroup Toolkit

(706) 272-2463 Fax (706) 272-2533 cstarling@em.daltonstate.edu								
Darton College Division of Nursing 2400 Gillionville Road Albany, Georgia 31707 (229) 430-6820 Fax (229) 430-6821 cribbk@darton.edu	Dr. Peter Sireno, President Dr. Joan Darden, RN, Ph.D., Vice President for Academic Affairs Kimberly Cribb, RN, MSN, Ed.D. Chairman, Nursing and Allied Health Divisions and Chairman, Nursing	X						THOMASVILLE AMERICUS

PARENT INSTITUTION	ADMINISTRATION	AD	BSN	RN/BSN ONLY	MASTER'S	DOCTORAL	SATELLITE	ARTICULATION
Emory University Nell Hodgson Woodruff School of Nursing 1520 Clifton Rd. NE Atlanta, Georgia 30322 (404) 727-7976 Fax (404) 727-8514 dryan@nurse.emory.edu	Dr. James Wagner, President Dr. Earl Lewis, Provost & Exec. VP, Acad. Affairs Marla E. Salmon, MSN, ScD, RN, FAAN, Associate Vice President for Nursing Science, Woodruff Health Sciences Center and Dean, Nell Hodgson Woodruff School of Nursing JoAnn Dalton, RN, Ed.D., FAAN Assoc. Dean, Acad. Aff. Deborah Ryan, RN, MSN, Director, BSN Program		X		X	X		N/A
Floyd College Division of Nursing Education P. O. Box 1864 Rome, Georgia 30162-1864 (706) 295-6321 Fax (706) 295-6732 brees@floyd.edu	Dr. J. Randy Pierce, Ph.D., President Dr. Virginia Carson, Vice President for Academic Affairs Dr. Barbara Rees, RN, DSN, Chairman, Health Sciences Division and Nursing Program Director	X					Cartersville Acworth	
Georgia Baptist College of Nursing of Mercer University 3001 Mercer University Dr. Atlanta, Georgia 30341 (678) 547-6800 Fax (678) 547-6796 gunby_ss@mercer.edu	Dr. R. Kirby Godsey, Ph.D., President Dr. Horace Fleming, Ph.D., Provost Dr. Susan S. Gunby, RN, Ph.D., Dean Dr. Jo Ellen Dattilo, RN, Ph.D., Assistant Dean, Undergraduate Program Dr. Linda Streit, RN, DSN, Assistant Dean, Graduate Program		X		X			X
Georgia College & State University School of Health Sciences 231 W. Hancock St. CPO 064 Milledgeville, Georgia 31061 (478) 445-4092 Fax (478) 445-1913	Dr. Dorothy Leland, PhD., President Dr. Ann V. Gormly, Ph.D., Vice President Dr. Jimmy Ishee, Ph.D., Dean, School of Health Sciences Cheryl Kish, RN, Ed.D., Associate Dean		X		X		MACON	X

Practice and Education Workgroup Toolkit

cheryl.kish@gcsu.edu								
Georgia Perimeter College AD Nursing Department 555 North Indian Creek Drive Clarkston, GA 30021-2396 (404) 299-4177 Fax (404) 298-3945 vrausche@gpc.edu	Jacquelyn M. Belcher, JD, President Dr. Dennis R. Harkins, Ph.D., Provost, Clarkston Campus Dr. Donald Pearl, Ph.D., Interim Dean Academic Services, Clarkston Campus Verna Rauschenberg, RN, MSN, Interim Chairman	X					LAWRENCEVILLE	
Georgia Southern University School of Nursing P.O. Box 8158 Statesboro, Georgia 30460-8158 (912) 681-5479 Fax (912) 681-0536 jbartels@GeorgiaSouthern.edu	Dr. Bruce F. Grube, President Dr. Linda Bleicken, Interim VPAA Dr. Frederick Whitt, Dean, College of Health and Professional Studies Dr. Jean Bartels, RN, Ph.D., Chairman School of Nursing Dr. June Alberto, Director RN/BSN Program Dr. Danette Wood, RN, Ed.D., Director, BSN Program Dr. Donna Hodnicki, RN, Ph.D., Director, MSN Program		X		X			

PARENT INSTITUTION	ADMINISTRATION	AD	BSN	RN/BSN ONLY	MASTER'S	DOCTORAL	SATELLITE	ARTICULATION
Georgia Southwestern State University School of Nursing 800 Wheatley St. Americus, Georgia 31709 (229) 931-2275 Fax (229) 931-2288 jmm@canes.gsw.edu	Dr. Michael L. Hanes, President Dr. Cathy Rozmus, RN, DSN, Vice President for Academic Affairs Dr. Cathy RozmusRN, D.S.N., Dean, School of Nursing Dr. Judith Malachowski, RN, Ph.D., Chairman, Dept. BSN Nursing		X					X
Georgia State University Byrdine F. Lewis School of Nursing P.O. Box 4019 Atlanta, Georgia 30302-4019 (404) 651-3040 Fax (404) 651-4969 nurkmm@langate.gsu.edu nurasd@langate.gsu.edu	Dr. Carl V. Patton, President Dr. Ronald J. Henry, Ph.D., Provost & Vice President for Academic Affairs Dr. Susan Kelly, RN, Ph.D., Dean, College of Health and Human Sciences Dr. Alice Demi, RN, DNS, FAAN, Director, School of Nursing Dr. Cece Grindel, RN, Ph.D., Associate Director, Graduate Program Dr. Krista Meinersmann, RN, Ph.D., Associate Director, Undergraduate Program		X		X	X		X

Practice and Education Workgroup Toolkit

Gordon College Division of Nursing & Health Sciences 419 College Drive Barnesville, Georgia 30204 (770) 358-5197 Fax (770) 358-5064 p_brown@gdn.edu	Dr. Lawrence Weil, President Dr. Robert Vaughan, VPAA Pat Brown, RN, MSN, Acting Chairman	X						
Kennesaw State University Wellstar School of Nursing 1000 Chastain Road Kennesaw, Georgia 30144-5591 (770) 423-6173 Fax (770) 423-6627 dbennett@kennesaw.edu	Dr. Betty Siegel, Ph.D., President Dr. Lendley C. Black, Ph.D., Vice President Dr. Richard Sowell, RN, Ph.D., FAAN, Dean of Wellstar College of Health & Human Services Dr. David Bennett, RN, Ph.D., Chairman of School of Nursing & Chairman of BSN Program Dr. Christina Horne, RN, Ph.D., Coordinator of the Undergraduate Program Dr. Regina Dorman, RN, Ph.D., Director, Coordinator, Graduate Programs		X		X		Rome	X
LaGrange College Division of Nursing 601 Broad Street LaGrange, Georgia 30240-2999 (706) 880-8220 Fax (706) 880-8029 chay@lagrange.edu	Dr. F. Stuart Gulley, Ph.D., President Dr. Jay K. Simmons, Ph.D., Vice President for Academic Affairs Dr. Maranah Sauter, RN, Ph.D., Chairman, Division of Professional Programs Celia Hay, RN, M.S., Chairman, Nursing Department		X					X

PARENT INSTITUTION	ADMINISTRATION	AD	BSN	RN/BSN ONLY	MASTER'S	DOCTORAL	SATELLITE	ARTICULATION
Macon State College Division of Nursing 100 College Station Drive Macon, Georgia 31206-5144 (478) 471-2761 Fax (478) 471-2983 poneal@mail.maconstate.edu	Dr. David Arnold Bell, President Barbara J. Frizzell, Ed.D., Vice President for Academic Affairs Dr. Pamela V. O'Neal, RN, PhD., CCRN, Chairman, Division of Nursing & Health Sciences Rebecca Corvey, RN, MSN, Ed.D., Director, Nursing Programs	X		X				
Medical College of Georgia School of Nursing (EG-103) 997 St. Sebastian Way Augusta, Georgia 30912-4200 (706) 721-2787 Fax (706) 721-7390 lumarion@mail.mcg.edu	Dr. Dan Rahn, President Dr. Barry Goldstein, Provost Dr. Lucy Marion, RN, Ph.D., FAAN, Dean		X		X	X	BARNESVILLE (BSN) ATHENS (BSN) COLUMBUS (MSN)	X

Practice and Education Workgroup Toolkit

Middle Georgia College Department of Nursing 1100 Second Street, S.E. Cochran, Georgia 31014-1599 (478) 934-3057 Fax (478) 934-3148 dgreene@mgc.edu jjackson@mgc.edu	Dr. Richard Federinko, Ph.D., President Dr. Mary Ellen Wilson, Ph.D., Vice President for Academic Affairs JoAnne Jackson, RN, MSN, Ed.D., Chairman, Division of Allied Health Debbie Greene, RN, MSN, Director, Nursing Department	X						DUBLIN SWAINSBORO	
North Georgia College & State University Department of Nursing Highway 60 South Dahlonega, Georgia 30597 (706) 864-1935 Fax (706) 864-1845 nstahl@ngcsu.edu	Dr. David Potter, President Dr. Linda Roberts-Betsch, Interim Vice President for Academic Affairs Dr. Thomas Fox, Dean, Natural & Health Sciences Dr. Toni Barnett, RN, Ph.D., Head, Department of Nursing	X		X	X			GAINESVILLE, MARIETTA (AD)	
Northwestern Technical College AD Nursing Program P.O. Box 569 265 Bicentennial Trail Rock Spring, GA 30739 (706) 764-3796 Phone cmiller@northwesterntech.edu	Dr. Ray Brooks, President Dr. Mindy McCannon, Ed.D., Vice President, Academic Affairs Denise H. Grant, RN, MS, Assistant Dean, Health & Human Services Cheryl S. Miller, RN, MSN, Director, ADN Program	X							
Piedmont College R. H. Daniel School of Nursing P.O. Box 10 Demorest, GA 30535 (706) 776-0116 Fax (706) 776-2811 bcrosson@piedmont.edu	Dr. Ray Cleere, President Dr. James Mellichamp, Vice President Barbara Crosson, RN, Ed.D., Dean		X						

PARENT INSTITUTION	ADMINISTRATION	AD	BSN	RN/BSN ONLY	MASTER'S	DOCTORAL	SATELLITE	ARTICULATION
South Georgia College Division of Nursing 100 W. College Park Drive Douglas, Georgia 31533-5098 (912) 389-4503 Fax (912) 389-4631 losban@sga.edu	Dr. Edward Jackson, President Dr. Grace James, Vice President for Academic Affairs Linda Osban, RN, MSN, Chairman	X					WAYCROSS	
Southwest Georgia Technical College	Dr. Frieda H. Hill, Ed., D., President	X						

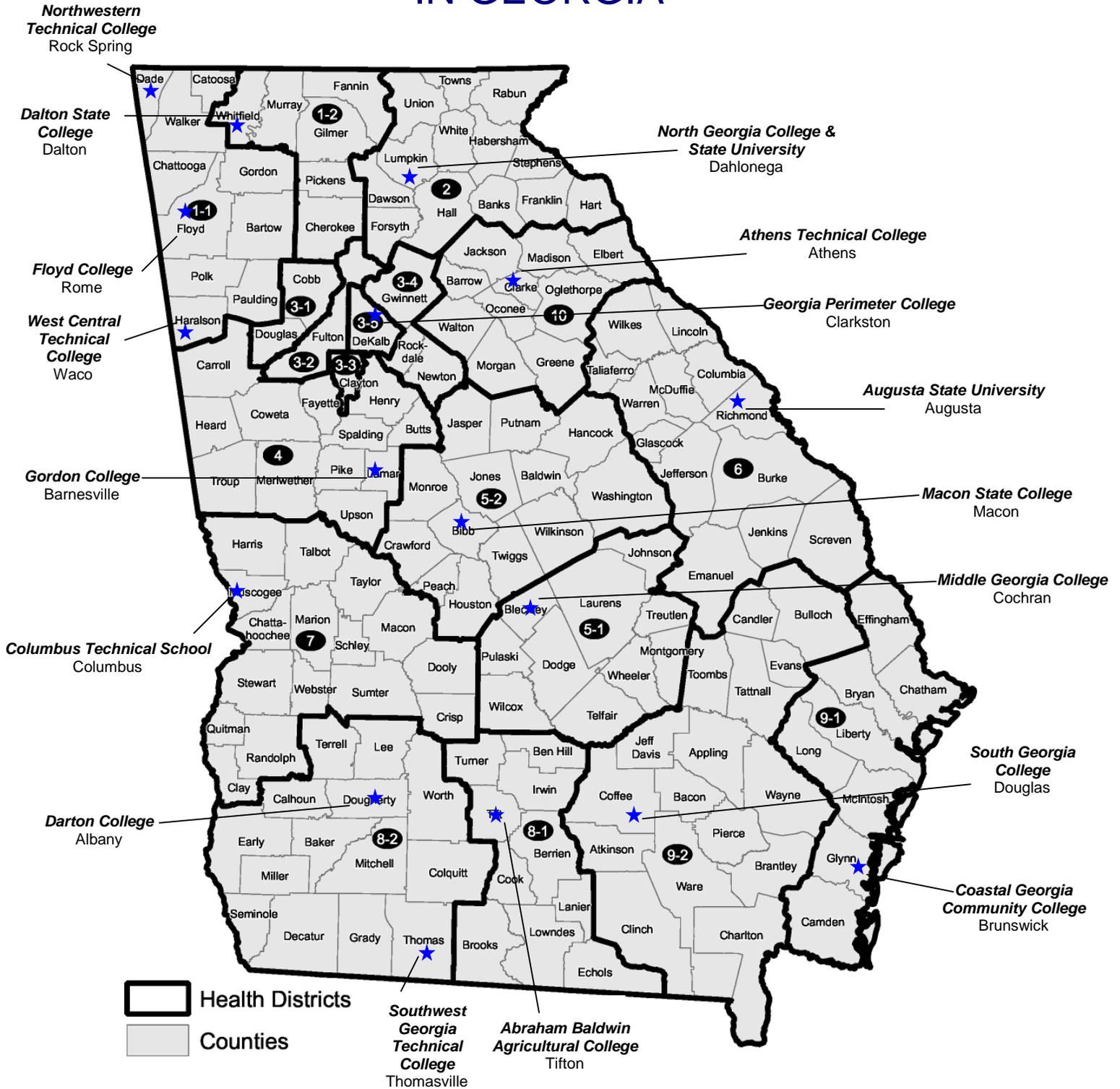
Practice and Education Workgroup Toolkit

<p>Associate Degree Nursing Program 15689 US Highway 19 North Thomasville, GA 31792 (229) 225-5038 jconger@southwestgatech.edu</p>	<p>Lorette Hoover, M.Ed., MS Vice President, Instructional Services Dr. Annie McElroy, RN, Ph.D., Division Director Joy Conger, RN, MSN, Director, AD Nursing Program</p>							
<p>University of West Georgia Department of Nursing 1601Maple Street Carrollton, Georgia 30118-5180 (678) 839-6552 Fax (770) 836-4409 kgrams@westga.edu</p>	<p>Dr. Beheruz Sethna, President Dr. Thomas Hynes, Vice President Dr. Pauline Gagnon, Interim Dean, Arts & Sciences Kathryn Grams, RN, Ph.D., Chairman</p>		X		X		DALTON ROME	
<p>Thomas University Department of Nursing 1501 Millpond Road Thomasville, Georgia 31792-7499 (229) 226-1621 Fax (229) 226-1653 mdolen@thomasu.edu</p>	<p>Dr. John Hutchinson, President Dr. Kim Estep, Vice President for Academic Affairs Dr. Joe Ann Hinrichs, Dean, Professional Studies Dr. Mary Anne Dolen, RN, Ph.D., Interim Chairman, Division of Nursing</p>			X				X
<p>Valdosta State University College of Nursing 1300 N. Patterson Street Valdosta, Georgia 31698-0130 (229) 333-5959 Fax (229) 333-7300 ahufft@valdosta.edu</p>	<p>Dr. Ronald M. Zaccari, President Dr. Louis Levy, Vice President for Academic Affairs Dr. Anita Hufft, RN, Ph.D., Dean</p>		X		X			X
<p>West Central Technical College Associate Degree Nursing Program 176 Murphy Campus Blvd. Waco, GA 30182 (770) 537-6032 chunt@westcentraltech.edu</p>	<p>Ms. Janet Ayers, Ed.S, President Mr. Pat Hannon, MBA, Exec. Vice President, Instruction Mr. Ken Smith, MA, Division Chairman, Health Services Ms. Christine Hunt, RN, MSN, MS, Director, AD Nursing Prg</p>	X						

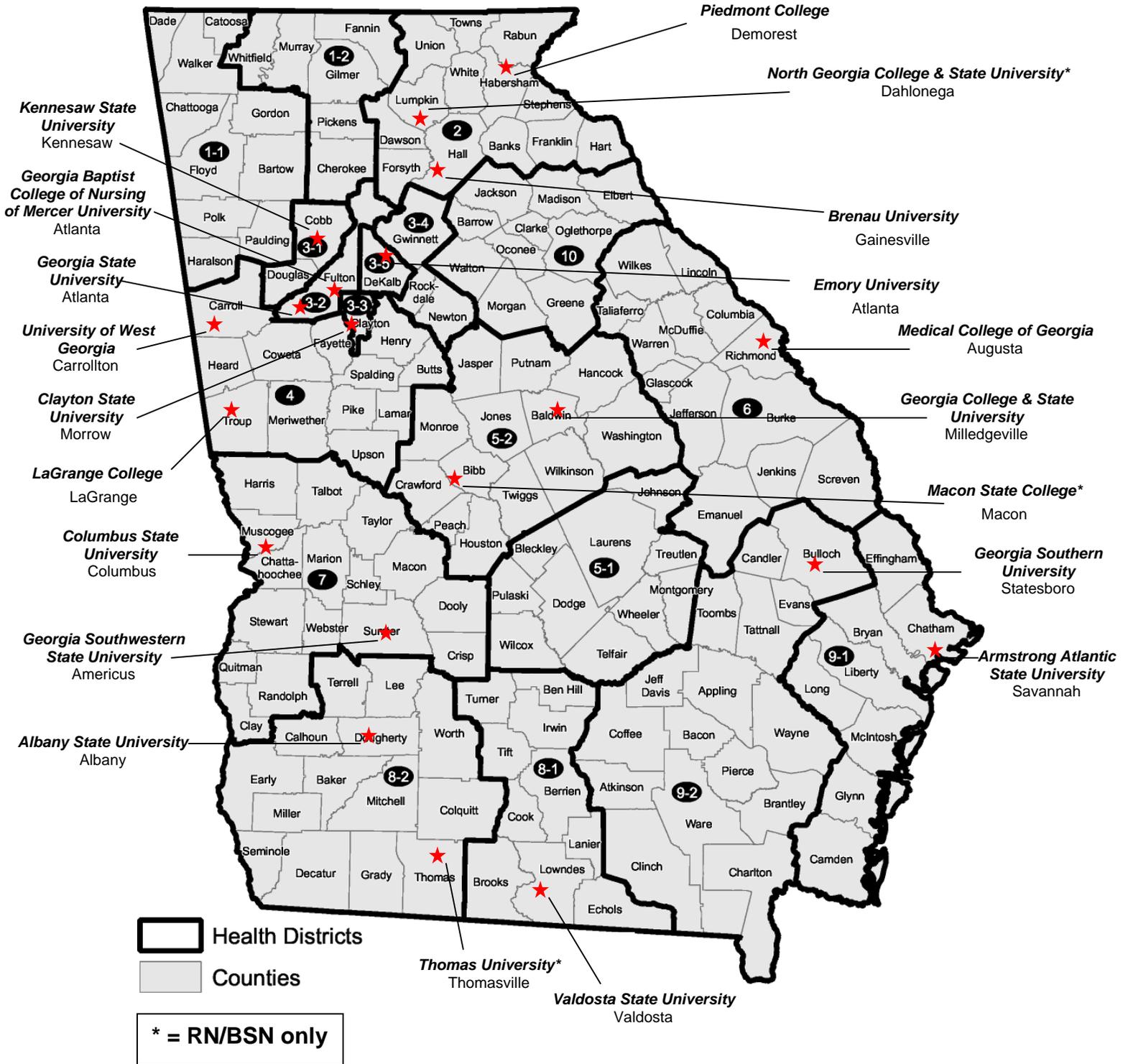
Schools of Nursing Map Information

The following four maps show the locations of Associate, Bachelor, Master's and Doctoral Degree programs in nursing throughout Georgia. This information is current as of May 2005. Satellite programs are available from many of the schools; to inquire about these programs, please consult the Georgia Board of Nursing Program Directory on the previous pages for contact information for each school.

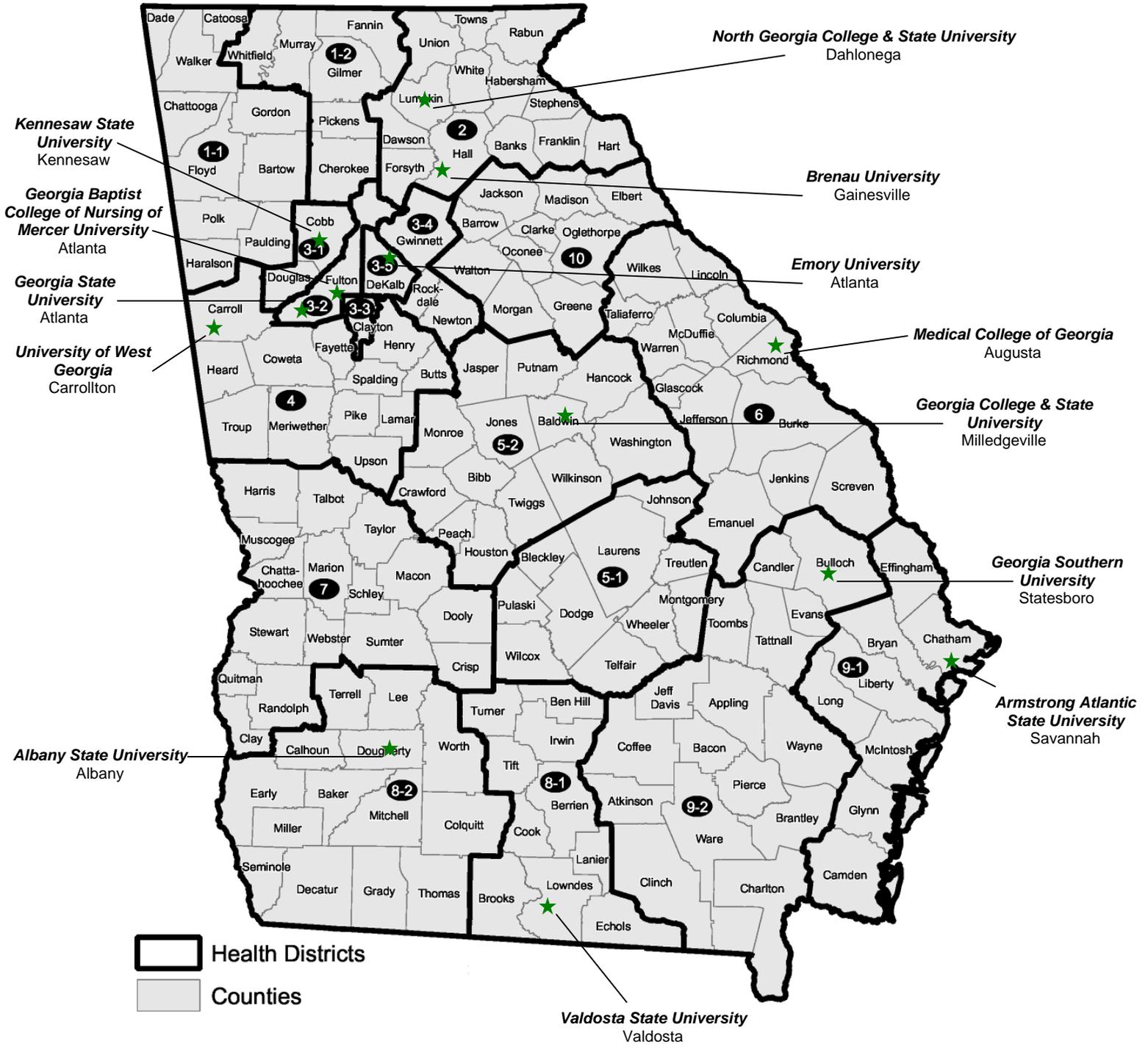
ASSOCIATE DEGREE SCHOOLS OF NURSING IN GEORGIA



BACCALAUREATE SCHOOLS OF NURSING IN GEORGIA



MASTER'S DEGREE SCHOOLS OF NURSING IN GEORGIA



DOCTORAL DEGREE SCHOOLS OF NURSING IN GEORGIA

