
HEALTH ASSESSMENT COMPETENCY DEVELOPMENT PROGRAM

***Course Information
for 2015 – 2016***

**[http://dph.georgia.gov/health-
assessment](http://dph.georgia.gov/health-assessment)**

Office of Nursing
Division of District and County Operations
Department of Public Health

**Health Assessment Competency Development Program
for 2015-2016
(Revised September 2015)**

TABLE OF CONTENTS

	Page Number
Quick Start Reference Sheet	3
Overview	4
Purpose	4
Preparation for the Course	4
Competencies	5
Program Requirements	5
Criteria for Course	6
Course Information	7
Procedure for Enrollment	7
Course Format/Method, Location and Length	7
Academic Credit	8
Payment	8
Reimbursement Guidelines	9
Responsibilities	10
Nurse/Student	10
Preceptor	11
Supervisor/Manager	12
District/District Point of Contact (POC)	12
Learning Objectives to Be Clarified and Arranged by District Staff	13
Supporting Documents and Forms	15
District Contacts for Health Assessment	16
Notification Form	17
Competency Demonstration Form	18
Course Evaluation Form	19
Approved Schools for 2015 - 2016	21
School Financial Contacts for 2015 - 2016	25
Letter of Intent to Pay Template – Single Nurse	28
Letter of Intent to Pay Template – Multiple Nurses	29
Roster Template	30
Certificate Template	31
Health Assessment Evaluation Tool for Preceptors	32
Health Assessment Guide for Preceptors	35
DCH Requirements for Health Check Participation	38

“QUICK START” REFERENCE SHEET

**Do you have a nurse who needs the health assessment course?
Don't know or remember the steps to get it done?
In a hurry? Feeling rushed for time?
Here you go...**

	STEPS	TIPS
1.	Check the Approved Schools listing for 2015 - 2016 (p. 21).	<ul style="list-style-type: none"> ▪ Establish/maintain relationships with nursing schools/faculty whenever possible.
2.	Select a school; check school schedule for the upcoming term or session.	<ul style="list-style-type: none"> ▪ Use school's website or call the school's Nursing Department. ▪ Check the class location (is it on campus or at a satellite location?). ▪ Check the course format; is it face-to-face, online or a hybrid course?
3.a.	If the preferred school is offering the course, direct the nurse to apply to the school.	<ul style="list-style-type: none"> ▪ Be sure nurse applies in "Non-Degreed" or "Transient" status unless she/he is in the school's Nursing Program. ▪ Follow District policy regarding payment of application fee. ▪ If nurse is eligible for Hope/Pell funds, complete paperwork to secure them. ▪ Obtaining/sending transcripts can take a long time; start early!
3.b.	If the preferred school is not offering the course, check other approved schools that may be accessible to the nurse.	<ul style="list-style-type: none"> ▪ If none are available, see if any other school (not on approved schools list) is offering the course; if so, contact Office of Nursing (OON) for approval.
4.	Send notification form to Office of Nursing (OON) (p. 17).	<ul style="list-style-type: none"> ▪ If nurse is not accepted to the school, notify OON to remove nurse from roster. ▪ If funds may not be available for tuition and fees, districts will be notified of this as soon as it is known.
5.	Upon nurse's acceptance to the school, send Letter of Intent to Pay (see templates, pp. 28-29) to the school's financial contact (p. 25); give copy of letter to nurse taking course to take to registration.	<ul style="list-style-type: none"> ▪ Follow District policy regarding ordering books/supplies. ▪ Have nurse obtain and start reading the text... yes, ahead of time.
6.	Pay the school's invoice upon receipt.	<ul style="list-style-type: none"> ▪ Save a copy of the invoice to send to the OON.
7.	When the course is completed, get from the nurse an official transcript; it will show credit hours and grade.	<ul style="list-style-type: none"> ▪ Save a copy to send to the OON.
8.	Have the nurse complete a course evaluation (p. 19).	<ul style="list-style-type: none"> ▪ Save a copy to send to the OON.
9.	Nurse should complete preceptorship in about 3 months; complete Competency Demonstration Form (p. 18).	<ul style="list-style-type: none"> ▪ Save a copy of the Competency Demonstration Form to send to the OON.
10.	Send a letter requesting reimbursement, copy of invoice, copy of payment, transcript, Health Assessment Preceptorship competency demonstration form (p.9), and course evaluation to OON.	<ul style="list-style-type: none"> ▪ Provide OON with instructions regarding reimbursement (pay District or county and amount of reimbursement request). ▪ Place these documents in nurse's training or personnel file.
11.	If the nurse received a "C" or higher and satisfactorily completed the preceptorship, give a certificate of completion (p. 32).	<ul style="list-style-type: none"> ▪ Place copy of certificate in nurse's training or personnel file.

HEALTH ASSESSMENT CLINICAL COMPETENCY DEVELOPMENT PROGRAM OVERVIEW

PURPOSE

The Health Assessment Competency Development Program is designed to prepare public health nurses to perform health assessments on individuals served by public health. Health assessment competencies form the foundation required for public health nurses to practice and utilize nurse protocols in public health.

The health assessment course content focuses on techniques of health assessment and communication skills. Although developmental and nutritional assessments, anthropometric measurements (use of growth charts), assessment of immunization status and screenings for hearing, vision, speech and oral cavity/dental problems may be mentioned in the course, it is expected that these will be formally taught at the district level. The need for additional training and clinical practice in health assessment of children at various ages as well as pelvic examination may also be expected.

A preceptorship is to be completed within three months following the didactic part of the course. During the preceptorship, the public health nurse gains clinical experience by performing specific assessments on **patients** of different ages. The preceptorship phase is completed when the nurse demonstrates competency in all required areas of health assessment.

The Department of Community Health requires public health nurses to have written documentation of completion of a Health Assessment course through a baccalaureate nursing education program, documentation of completion of training to administer a standardized developmental/ behavioral assessment, and completion of a preceptorship before Health Check services are billed (Part II, Policies and Procedures for Health Check Services [EPSDT], revised **July 2015**).

To develop competency in Women's Health, Women's Health training courses (commonly referred to as Women's Health Expanded Role Training) are necessary. Clinical/lab experience in doing pelvic exams is seldom included in baccalaureate-level health assessment courses or in the Women's Health courses so active involvement of a preceptor is indicated.

PREPARATION FOR THE COURSE

It is important that nurses be informed during the interview process of expectations and requirements related to the health assessment course. A copy of the Health Assessment Competency Repayment Policy and **Continued Service Agreement form** should be provided to nurses for perusal **and signature**. This will give nurses the opportunity to ask questions and prepare for the course.

Adequate orientation to the work environment (approximately 2-4 months) should also occur prior to sending a nurse to the health assessment course; during this time, supervisors should try to assure that public health will be a good "fit" for the nurse. In

addition, during the orientation period, it is recommended that new nurses remain productively occupied in the performance of duties that they are able to perform; this will assist in assessing their interest in public health nursing, providing a stimulating environment, maintaining their engagement and retaining nurses who later complete the course.

Clarifying work time that will be allowed for study during the course should be clarified prior to the start of the course; most districts feel that study time should be mutually shared by the employer and the nurse/student.

HEALTH ASSESSMENT COMPETENCIES

Health assessment competencies that are to be developed during the course and preceptorship are:

1. Evidence-based knowledge of and ability to perform health assessments for designated or assigned ages, sexes and populations.
2. Ability to communicate effectively via written, oral, electronic and other means with various, diverse individuals and populations.
3. Ability to elicit data for a health history that includes physical, cultural, social, nutritional, mental, developmental and environmental information.
4. Ability to differentiate normal/abnormal findings.
5. Ability to interpret and apply findings to develop an appropriate plan of care to improve health.

PROGRAM REQUIREMENTS

Meeting the following four requirements signifies satisfactory completion of the Health Assessment Competency Development Program:

1. Payment of tuition/fees to approved school for health assessment course.
Evidence: copy of school's invoice listing student's name, tuition and fees.
2. Earn academic credit with a letter grade of 'C' or higher in a health assessment course from an approved school of nursing.
Evidence: copy of the official transcript with school seal or official grade report.
3. Documentation, through assigned preceptor(s), of demonstrated competency in required age groups (birth-3, 3-12, 12-21, and adult) and areas of practice (e.g., male genitourinary, male and female breast exam, pelvic).
Evidence: Competency Demonstration Form(s) signed by nurse and preceptor(s).
4. Course evaluation.
Evidence: receipt of course evaluation in Office of Nursing.

NOTE: To practice under nurse protocol in Women's Health, satisfactory completion of all Women's Health training courses (**Women's Health Exam and Issues Affecting Women through the Ages**, Breast Exam, Contraceptive Technology 1 and 2) is required. Contraceptive Technology 1 and 2 can be accessed at any time on the Learning Management System (LMS), known as SABA. Additionally, for someone with

recent Women's Health experience, competency demonstration through a preceptor, with appropriate documentation, is acceptable.

CRITERIA FOR HEALTH ASSESSMENT COURSE

A nurse must take the course if any of the following apply:

- She/he does not have written documentation of having taken/passed a course in health assessment at or above the baccalaureate level (official transcript with school seal).
- She/he has no or limited clinical experience in health assessment.
- She/he has been out of clinical practice for an extended time and has not demonstrated competency in required areas of practice.
- Her/his district nursing director deems it to be appropriate for the role in which the nurse is expected to function.

A nurse may exempt the course if:

- She/he transfers from another public health clinical practice setting and has satisfactorily completed the course requirements.
- She/he has provided written documentation (official transcript with school seal) of having taken/ passed the course with baccalaureate or higher credit.
- She/he has requested credit by exam in health assessment through a school of nursing approved by the Office of Nursing and has passed the exam.

NOTE: If a nurse exempts the course, documentation of this, as well as demonstration of competency, should be maintained in her/his training or personnel file.

COURSE INFORMATION

PROCEDURE FOR ENROLLING IN THE HEALTH ASSESSMENT COURSE

When it has been determined that a nurse is to take the Health Assessment course, a school should be selected from the current list of approved schools. The Office of Nursing sends this list at least annually to the district point of contact (POC) for health assessment (see listing on p. 16).

1. The nurse submits an application, including necessary transcripts, to the selected school well in advance of the application deadline set by the school. It is advisable for the nurse and/or district POC for health assessment to contact the school directly to confirm the application deadline, the appropriate application category (non-degreed, transient or degreed) and course specifics (see Approved Schools List on p. 21 for school contact information).
2. The district POC identifies qualified preceptor(s) for the nurse and submits the Health Assessment Competency Development Notification Form, signed by the District Nursing and Clinical Director (DND) or designee, to the Deputy Chief Nurse, Office of Nursing.
3. The Deputy Chief Nurse or designee will acknowledge receipt of the Health Assessment Competency Development Notification Form by email to the district POC.
4. The Deputy Chief Nurse, if funds are available, places the nurse on that semester's roster and notifies the POC. If funds are not available, the POC is notified. If the nurse is not accepted to the school, the POC notifies the Office of Nursing.
5. The POC or designee submits a letter of intent to pay to the selected school of nursing.
6. Any questions should be directed to the district POC; the district POC may contact the Deputy Chief Nurse, Office of Nursing, for additional assistance.

COURSE FORMAT/METHOD, LOCATION AND LENGTH

Georgia schools of nursing are offering health assessment courses in a variety of formats and locations:

- Face-to-face (in a classroom setting on campus or at a satellite location).
- Online or hybrid (primarily online but with required on-campus sessions during which skill development is assessed).

NOTE: Face-to-face courses may be "web enhanced," i.e., syllabus and some materials/assignments are placed online. Hybrid courses are commonly defined as 51-95% online and online courses as >95% online.

The length of the health assessment course also varies; compressed and extended courses are available. It ranges from 1 – 16 weeks. Most courses are a full semester (approximately 15 weeks) in length. Some schools have also begun to schedule courses on evenings and weekend days.

Consultation with the nurse needing the health assessment course can help determine the course format and length that is most suitable. If the nurse questions whether

she/he has adequate technology skills to succeed in an online or hybrid course, consult with the school; each school offers an orientation to use of the computer for course work and technical assistance is readily available.

For online and hybrid courses, viewing online videos is common. This may require that the district or county Information Technology (IT) staff be prepared to adjust settings on a computer so that these may be viewed. Availability of IT staff for troubleshooting will always be appreciated; letting them know ahead of time that this may be needed is advisable.

ACADEMIC CREDIT

In order for the Department of Public Health to reimburse the tuition for the health assessment course, the nurse must receive academic credit for the course. Baccalaureate and graduate-level nursing programs in Georgia offer academic credit, ranging from 2-6 hours, for the health assessment course.

PAYMENT

Payment for the health assessment course is paid by the district, county or state office program and reimbursed, when funds are available and the Office of Nursing approves the nurse to take the course, after requirements are met, by the Department of Public Health.

HEALTH ASSESSEMNT REPAYMENT GUIDELINES HEALTH ASSESSMENT COMPETENCY DEVELOPMENT PROGRAM REIMBURSEMENT GUIDELINES

INTRODUCTION

The Health Assessment Competency Development Program is designed to prepare public health nurses to conduct comprehensive health assessments for public health **patients**. Georgia public health nurses are required to demonstrate mastery of five health assessment competencies in order to improve the health and safety of all Georgians.

PURPOSE

The purpose of the following reimbursement guidelines is to provide a systematic process to ensure that funds allocated by the Department of Public Health for health assessment training are used appropriately and in accordance with current policies and procedures.

GUIDELINES

Upon successful completion of the health assessment course, clinical preceptorship, and competency demonstration, the District Point of Contact should forward the following documents to the Office of Nursing, Deputy Chief Nurse:

- **Copy of School of Nursing's invoice for tuition and fees**
- **Copy of check, purchase order, credit card statement for tuition** or fees paid by County or District
- Copy of official grade report or copy of official transcript
- Completed Health Assessment Preceptorship Competency Demonstration Form signed by nurse and preceptor(s). (p. 18)
- Completed health assessment course evaluation
- Letter addressed to the Office of Nursing requesting reimbursement for tuition or fees paid on behalf of the public health nurse

Upon receipt of all documents listed above, the Office of Nursing will review all documents for completeness and accuracy; and then submit a request for reimbursement to the Division of Finance. Reimbursement will be forwarded directly to the District or County within 60 days. Please notify the Office of Nursing, Deputy Chief Nurse when reimbursement funds are received from the Division of Finance.

RESPONSIBILITIES

RESPONSIBILITIES OF NURSE/STUDENT

1. Before the course, the public health nurse is to:
 - Apply to the college/university within the timeframe established by the academic institution and be accepted to take the health assessment course.
 - Clarify work schedule with supervisor to address the work time that will be allotted to the course and how it will be scheduled throughout the course.
 - Review the Policies and Procedures for Health Check Services Manual.
 - Go to <https://www.mmis.georgia.gov/portal/default.aspx>; click on Provider Information tab, then click on Provider Manual, scroll down to Health Check Services Manual Review a textbook of basic anatomy and physiology.
 - Register for the course (taking a copy of the intent to pay letter that was sent to the school) and obtain the required textbook(s), including a notebook.
 - Plan the preceptorship with pre-assigned clinical preceptor(s); if taking an online/hybrid course, work with the preceptor may need to begin soon after the start of the course in order to assess and validate newly-learned skills. Be prepared!
 - Review the Health Assessment Reimbursement and Repayment policies; and then sign the Health Assessment Continued Service Agreement form.

2. During the didactic portion of the course, the public health nurse is to:
 - Attend all classroom, laboratory and practice sessions. The college assigns the class and lab hours; if the course is online, participate as directed by nursing faculty.
 - Complete all course objectives and assignments.
 - Work with assigned preceptor, if needed, to begin validation of newly-learned skills; competency should be documented on the competency demonstration form after work with the preceptor begins.
 - Complete all examinations with a passing grade of “C” or better.
 - Participate in all classroom/online activities. If not observed by the college or university, holidays are postponed.

3. After the course, the public health nurse is to complete the **health assessment** preceptorship. Within three months, the public health nurse is to demonstrate competency in the following age groups and types of assessments:
 - Complete physical assessment including standardized developmental assessment of both male and female children with two (2) documented appraisals of children whose ages are from birth to three (3) years of age; **two (2)** documented appraisals of male and female children whose ages are three (3) to twelve (12) years; four (4) documented appraisals of male and female children whose ages are twelve (12) to twenty-one (21).

- Five (5) female breast exams.
- Five (5) male genitourinary examination on males fourteen (14) years or older.
NOTE: These are to be G/U exams but do not have to be STD exams
- adult (if assigned)

Types of Assessments (if not demonstrated in assessments above):

- Male breast
- Pelvic (if assigned)

When competency has been demonstrated, the nurse and preceptor(s) are to sign the Competency Demonstration Form.

NOTE: It may take longer than 3 months for competency to be demonstrated in all required areas.

4. Upon completion of all requirements for the health assessment competency development program, the Nurse/Student must submit the following documents to the District Point of Contact, within three months of the course ending date if possible:
 - **Copy of School's invoice for tuition and fees**
 - Copy of invoice for tuition or fees paid by County or District
 - Copy of official grade report or copy of official transcript with credit hours noted
 - Completed Competency Demonstration Form signed by nurse and preceptor(s)
 - Completed health assessment course evaluation

A certificate acknowledging completion of requirements may be obtained from the District POC or designee upon submission of the four items listed above. **A certificate acknowledging completion of all the requirements for the health assessment competency development program should be provided to the nurse by the District Point of Contract or designee. (see certificate of completion on p. 31)**

5. After completion of the preceptorship, it is recommended that a feedback session be held between the nurse and preceptor to discuss areas of strength and areas for improvement for the nurse, preceptor and health assessment competency development program.

RESPONSIBILITIES OF PRECEPTOR

The preceptor is an integral component of the Health Assessment course. She/he guides the public health nurse in incorporating the learned techniques of health assessment into clinical practice and in development of the health assessment competencies. Each assigned preceptor must have completed a health assessment course, be a skilled practitioner (e.g., Women's Health Nurse Practitioner, Pediatric Nurse Practitioner, BSN prepared RN who has successfully completed a baccalaureate level health assessment course), and be familiar with the competencies and content of the health assessment course and is enthusiastic

about the nursing profession and has a desire to teach. It is preferred that APRNs serve as preceptors for the Child Health and Women's Health Preceptorships, but if this is not possible then a BSN prepared RN who has successfully completed a baccalaureate level health assessment course and has a pediatric or women's health's nursing background/experience should serve as the respective Preceptor. During the didactic sessions and for the three-month (or longer) preceptorship period, the preceptor:

- Is available to their assigned public health nurse by phone or in person (from the beginning of the course).
- Observes the public health nurse's performance on each of the required physical assessments, using the Health Assessment Guide for Preceptors as indicated (see form on p. 35).
- Reviews each completed and written assessment for content and accuracy.
- Completes a Health Assessment Evaluation Tool for each assessment observed (see form on p. 32).
- Discusses each of the assessment tools with the public health nurse. The public health nurse and her/his preceptor sign each completed assessment form.
- Provides feedback on nurse's assessment skills and assesses competency.
- Signs the competency demonstration form when all assessments are complete and competency has been demonstrated.
- Solicits feedback from the nurse regarding her level of confidence in each of the required areas of competency demonstration.
- Participates in feedback session with nurse to discuss areas of strength and improvement for the nurse, preceptor and health assessment competency development program.

RESPONSIBILITIES OF SUPERVISOR/MANAGER

The supervisor of the nurse, regardless of title, plays an important role in assuring that the nurse has a successful academic experience in the health assessment course.

- Discusses nurses' need for health assessment course with district POC as indicated.
- Provides support for nurse during health assessment course as needed.
- Assures that nurse's schedule includes time each week during the course for study.
- Facilitates preceptorship and skill development of nurse.
- Monitors progress of nurse and communicates with district POC to assure competency development during the course and preceptorship
- Signs the Health Assessment Continued Service Agreement form.

RESPONSIBILITIES OF DISTRICT/DISTRICT POINT OF CONTACT (POC)

- Selects public health nurse who is in need of health assessment competency development to attend a health assessment course.

- Directs nurse to apply to currently approved academic institution within timeframe required by school.
- Submits Health Assessment Competency Development Notification Form to Deputy Chief Nurse, Office of Nursing.
- Provides nurse, supervisor, and preceptor with copy of Health Assessment Competency Development Program Course Information.
- Assures that, prior to course registration date, letter of intent to pay is sent to the school at which the nurse is admitted to take health assessment.
- Provides nurse with copy of intent to pay letter and directs her/him to take the letter to school registration.
- Identifies preceptor(s) for each public health nurse in advance of the course.
- Assures that nurse's schedule includes time each week during the course for study.
- Provides for preceptorship time during the three-month period following course completion for each public health nurse.
- Clarifies the roles and expectations of the preceptor and the public health nurse and communicates this to public health nurse's supervisor, preceptor(s) and nurse.
- A certificate of completion may be issued to the public health nurse upon completion of all requirements for the health assessment competency development program.
- Upon successful completion of the health assessment course, clinical preceptorship, and competency demonstration, the following documents should be forwarded to the Office of Nursing, Deputy Chief Nurse:
 - **Copy of School's invoice for tuition and fees**
 - **Copy of invoice for tuition or fees paid by County or District**
 - Copy of official grade report or copy of official transcript (an official transcript with school seal must be kept in nurse's local file; a copy of this may be sent to the Office of Nursing)
 - Completed Competency Demonstration Form signed by nurse and preceptor (Assessment Evaluation Tools for each assessment are to be kept in public health nurse's personnel or training file; please only submit Competency Demonstration Form to Office of Nursing)
 - Completed health assessment course evaluation (this will be used to assess and improve the course)
 - Letter addressed to the Office of Nursing requesting reimbursement for tuition or fees paid on behalf of the public health nurse

LEARNING OBJECTIVES TO BE CLARIFIED AND ARRANGED BY DISTRICT STAFF:

- Competency demonstration of health assessment of required ages and types; this includes pelvic exams if assigned.
- Nutritional assessment, including nutrition history and counseling.
- Anthropometric measurements, including the use of growth charts.
- Developmental assessment, including use of ASQ-3 or other developmental assessment tool.
- Vision and hearing screening techniques, including the proper use of the appropriate equipment.
- Dental screening and screening of the oral cavity and its structures.
- Assessment of immunization status.

SUPPORTING DOCUMENTS AND FORMS

**District Point of Contact (POC)
For Health Assessment**

DISTRICT	POC (DND or Designee)	CONTACT INFO (phone & email)
1-1	Cheryl Bandy	706-802-5219 Cheryl.Bandy@dph.ga.gov
1-2	Debbie Robbins After 11/1/2015, POC is Louise Hamrick	706-529-5757 Debbie.Robbins@dph.ga.gov 706-529-5757 Louise.Hamrick@dph.ga.gov
2	Angie Hanes	770-535-5743 Angie.Hanes@dph.ga.gov
3-1	Catharine Smythe	770-514-2351, fax 770-514-2414 Catharine.smythe@dph.ga.gov
3-2	Georgina Howard	404-613-1636 georgina.howard@fultoncountyga.gov
3-3	Caroline Hawkins	678-610-7196 caroline.hawkins@dph.ga.gov
3-4	Keisha Lewis-Brown, RN,	678-447-1813 keisha.lewis-brown@gnrhealth.com
3-5	Patricia Joseph	404-294-3798, fax 404-508-7862 Patricia.Joseph@dph.ga.gov
4	Wendy LeVan	706-298-7752 Wendy.LeVan@dph.ga.gov
5-1	Kelly Knight	478-275-6545 Kelly.Knight@dph.ga.gov
5-2	Anita Barkin	478-751-6303 fax 478-751-6099 Anita.Barkin@dph.ga.gov
6	Tammy Burdeaux B/U: John Robinson,	706-667-4296 Tammy.Burdeaux@dph.ga.gov John.Robinson@dph.ga.gov
7	Tori Endres	706-321-6136 Tori.Endres@dph.ga.gov
8-1	Lisa Thomas	229-245-6433 Lisa.Thomas@dph.ga.gov
8-2	Kitty Bishop c: Marie Moody	229-430-4599 Kitty.Bishop@dph.ga.gov
9-1	Betty Dixon, Rebekah Chance-Revels	912-356-2241 Betty.Dixon@dph.ga.gov
9-2	Kay Davis c: Cindi Hart	912-557-7193 Cindi.Hart@dph.ga.gov 912-557-7172 Kay.Davis@dph.ga.gov
10	Pam Smith	706-583-2777 Pam.Smith@dph.ga.gov

Health Assessment Competency Development Notification Form

NAME & TITLE: _____ DATE: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

WORK PHONE #: _____ FAX #: _____ EMAIL: _____

DISTRICT #/COUNTY: _____ DOB (MO/DAY/YR): _____

Gender: ___ Female ___ Male

ENROLLMENT CRITERIA (please check)	EXEMPTION CRITERIA (please check)
<input type="checkbox"/> DND determines enrollment necessary for optimal performance.	<input type="checkbox"/> Transfer from other PH clinical practice setting and has documentation of successful completion of course requirements.
<input type="checkbox"/> No documentation of successful completion of a baccalaureate or higher level health assessment course.	<input type="checkbox"/> Successful completion of a baccalaureate or higher level health assessment course AND documentation of preceptorship and competency demonstration.
<input type="checkbox"/> Limited or no clinical experience in health assessment OR has been out of clinical practice for extended time.	<input type="checkbox"/> Requested and received credit by exam through school of nursing AND has documentation of preceptorship and competency demonstration.

What is your highest nursing degree?

___Diploma ___ADN ___BSN ___MSN Other: _____

Approved School for Enrollment _____

Planned Term and Year of Enrollment: (e.g., Fall 2015): _____

Type of Course: _____ In-classroom (primarily face to face; may be "web enhanced," i.e., syllabus and some materials/assignments online)
_____ Hybrid (51%-95% online)
_____ Online (>95% online)

Please consult with your supervisor to identify your preceptor(s) for this course.

Preceptor Name for Child Health: _____ Title: _____
Phone: _____ E-mail: _____

and, if applicable:

Preceptor Name for Women's Health: _____ Title: _____
Phone: _____ E-mail: _____

Signature of Supervisor: _____ Email: _____
Signature of District PHN/CLIN Director or Designee: _____

Send completed form before term begins to: Meshell McCloud at Meshell.McCloud@dph.ga.gov
Peachtree Street, NW, Suite 9-280, Atlanta, GA 30303

Tuition payment by DPH is contingent upon available funds and will be reviewed each semester.

**HEALTH ASSESSMENT PRECEPTORSHIP
COMPETENCY DEMONSTRATION FORM**

Nurse's Name: _____ District #/County: _____

Date of Health Assessment Course (month/year): _____ to _____

Name of Preceptor(s):

Child Health _____

Women's Health, if applicable _____

PHYSICAL ASSESSMENTS

Requirement: A complete appraisal for each area of assignment until competency is demonstrated. Document (date and initials of preceptor in box) each appraisal completed. Appraisals of children from birth to twenty-one (21) must include required assessments of both male and female children as denoted by asterisk (*). (See pages 10-11)

BIRTH TO 3 YRS	3 YRS TO 12 YRS	12 YRS TO 21 YRS	ADULT	MALE GU EXAMS (14 yrs and older)	MALE BREAST EXAMS	FEMALE BREAST EXAMS	PELVIC EXAMS
*(male)	*(male)	*(male)		*		*	
* (female)	*(female)	*(male)		*		*	
		*(female)		*		*	
		*(female)		*		*	
				*		*	

Preceptor to determine number of assessments required in each category based on individual nurse's competency; if additional space is needed for documentation, use reverse side.

When competency has been demonstrated in each of the areas listed above, the public health nurse and preceptor(s) sign and date the Competency Demonstration Form.

Public Health Nurse: _____
(Signature)

Date: _____

Preceptor (Child Health): _____
(Signature)

Date: _____

Preceptor (Women's Health): _____
(Signature)

Date: _____

Evaluation
Health Assessment Course
2015-2016

The health assessment competencies identified for Georgia public health nurses are:

- 1) Evidence-based knowledge of and ability to perform health assessments for designated or assigned ages, sexes and populations
- 2) Ability to communicate effectively via written, oral, electronic and other means with various, diverse individuals and populations
- 3) Ability to elicit data for a health history that includes physical, cultural, social, nutritional, mental and developmental information
- 4) Ability to differentiate normal/abnormal findings
- 5) Ability to interpret and apply findings to develop an appropriate plan of care

In an effort to evaluate the Health Assessment course you have just completed and its appropriateness for other public health nurses, please take a moment to complete the following:

Evaluation Criteria:⇒		Strongly Agree	Agree	Disagree	Strongly Disagree
		1	2	3	4
<i>Please check the box that reflects your opinion.</i>					
1.	I had the information I felt I needed prior to the start of the course.				
2.	I knew my preceptor's name and understood the role of my preceptor before I started the course.				
3.	This course helped me to develop the above listed health assessment competencies.				
4.	I feel that the course adequately prepared me to begin doing health assessments in my work setting with my preceptor.				
5.	The course content was appropriate for the development of the health assessment competencies.				
6.	I would recommend this course to other public health nurses.				
7.	I feel competent in the technology used in the course (e.g., computer, web, video, simulation).				
8.	I plan to use this college credit to work toward my BSN or higher nursing degree.				

Please answer the following:

9. The number of hours per week I spent on the course (in class, online, studying, doing assignments, etc.) was:
 < 10 hrs/wk ___ 11 – 15 hrs/wk ___ 16 - 20 hrs/wk ___ > 20 hrs/wk

10. The number of hours per week of work time I was scheduled to work on the course was:
 ___ None ___ 1 – 4 hrs/wk ___ 5 – 8 hrs/wk ___ 9 – 12 hrs/wk ___ 13-16 hrs/wk ___ > 16 hrs/wk

11. College/university at which course was taken: _____

12. Dates of course (starting month/year – ending month/year): _____

13. Type of course taken:

- Face-to-face (in classroom, possibly with web-enhanced features)
 Hybrid (51 – 75% online, with some on-campus sessions required)
 Online (>95% online)

14. What I liked most about the course was:

15. What I liked least about the course was:

16. What I would change about the course is:

Additional Comments – Please provide additional feedback and suggestions to improve or enhance this course:

Email, fax or mail to: Office of Nursing
Department of Public Health
2 Peachtree St, NW, Suite 9-280
Atlanta, GA 30303
404-463-0801
FAX: 404-656-4457
PHN@dph.ga.gov

**HEALTH ASSESSMENT COURSE
APPROVED SCHOOLS FOR 2015-2016**

School Information	Course #/Format/Hours	Course Begin/ End Date	Schedule (day/time of class & lab) Location and Instructor
<p>Albany State University (Life Span) http://www.asurams.edu Nursing: 229-430-4724 Registrar: 229-430-4638 Dr. Cathy Williams, Chair, Dept. of Nursing Wanda Allen, Coordinator, BSN Program 229-430-1726 Please call Dr. Cathy Williams before enrolling in health assessment course.</p>	NURS 3510/3 hours	TBD	Call or email for information on Fall semester.
<p>Armstrong State University (Life Span) http://www.armstrong.edu/ Nursing: 912-344-2575 Registrar: 912-344-2503 Dr. Catherine Gilbert, Department Chair, Nursing 912-344-3145</p>	NUR 3320/Class/4 hours NUR 3320L (lab) Labs will be assigned during class	TBD	Call or email for information on Fall semester.
<p>Clayton State University (Adult Only) http://www.clayton.edu/ Nursing: 678-466-4995 Registrar: 678-466-4145 Lisa Eichelberger, DSN, RN, Dean, College of Health Betty Lane, RN, MSN, PhD, FNP-C, Chair, School of Nursing 678-466-4953 Anita Miller, Administrative Assistant to the Chair 678-466-5551</p>	NURS 3201/Class & Online/2 hrs NURS 3201L/Lab/1 hr *Class and online courses offered.	Spring 2016 TBD Fall 2015 TBD	Call or email for additional information on Summer and Fall semesters. If interested in in-class option, call Dr. Sue Odom directly at 678/466-4959 ASAP to request/assess availability; these classes usually fill up with school's degree students.

School Information	Course #/Format/Hours	Course Begin/ End Date	Schedule (day/time of class & lab) Location and Instructor
<p>Columbus State University (Life Span) http://www.columbusstate.edu/ Nursing: 706-507-8560 Registrar: 706-507-8800 Latonya Santo, Interim Director of Nursing 706-507-8572 Santo_latonya@columbusstate.edu Betrophia Holt, Administrative Assistant 706-507-8576 Holt.betrophia@columbusstate.edu 706-507-8576</p>	<p>NURS 3276/Class</p>	<p>Fall 2015 Spring 2016</p>	<p>Call or email for information on Fall semester.</p>
<p>Darton State College http://www.darton.edu/programs/nursing Nursing: 229-317-6820 Registrar: 229-317-6747 Deanna Radford, PhD, MSN, RN, CNE Chair of Nursing, Assistant Professor of Nursing Debra Hairr Assistant Chair of Nursing 229-317-6821 Bonnie Hardegree. Administrative Assistant Bonnie.hardegree@darton.edu 229-317-6504</p>	<p>NURS 3200 (4 credits)</p>	<p>Fall and Spring</p>	<p>Call or email for information on Fall and Spring semester.</p>

School Information	Course #/Format/Hours	Course Begin/ End Date	Schedule (day/time of class & lab) Location and Instructor
<p>Georgia College & State University (Lifespan) http://www.gcsu.edu/nursing/ Nursing: 478-445-1076 Registrar: 478-445-6286 Debby MacMillan (Interim Director of School of Nursing; Assistant Director, Graduate Programs), debbymacmillan@gcsu.edu Debbie Green (Assistant Director of School of Nursing, Undergraduate Programs) Debbie.greene@gcsu.edu 478-445-5152 Tracy Fathi, Administrative Assistant to the Director, Nursing Tracy.fathi@gcsu.edu 478-445-5122</p>	<p>NRSG 3140/Class/3 hours NRSG 3140L (lab)</p>	<p>Summer 2015 & 2016</p>	<p>Please contact Michelle Marks, 478-445-1076, michelle.marks@gcsu.edu, prior to enrolling into course.</p>
<p>Georgia Southern University (Lifespan) www.georgiasouthern.edu/registrar Nursing: 912-478-5479 Registrar: 912-478-5152 Sharon G. Radzynski, PhD, RN, JD Chair and Professor of Nursing 912-478-1781</p>	<p>NURS 3230A/ 3230 AA /Online w/ Classroom Enhancement/Didactic/4 hrs</p>	<p>Fall 2015 Spring 2016</p>	<p>Course not offered in Summer</p>
<p>Georgia Southwestern State University (Lifespan) http://www.gsw.edu/academics/schedule Nursing: 229-931-2275 Registrar: 229-928-1331 Sandra Daniel, PhD, RN, PNP, Dean and Professor sandra.daniel@gsw.edu 229-931-280</p>	<p>NURS 3200/Online or In Classroom/4 hrs</p>	<p>Fall 2015 Spring 2016</p>	<p>Course not offered in Summer</p>

School Information	Course #/Format/Hours	Course Begin/ End Date	Schedule (day/time of class & lab) Location and Instructor
<p>Kennesaw State University (Adult Only) www.kennesaw.edu/chhs/schoolofnursing/ Nursing: 470-578-6061 Cynthia Elery, Administrative Associate II celery@kennesaw.edu 470-578-3080 Dr. Tommie Nelms Director, WellStar School of Nursing Tnelms1@kennesaw.edu 470-578-208 Dr. Rebecca Shabo Interim Associate Director of Undergraduate Nursing Program</p>	<p>NURS 3309/Class & Lab/3 hours * Class and online courses offered.</p>	<p>Fall 2015 Spring 2016</p>	<p>Please contact Cynthia Elery, Administrative Associate II, at (470) 578-3080, celery@kennesaw.edu, if you have any questions.</p>
<p>Middle Georgia State College (Lifespan) www.mga.edu Nursing: 478-471-2761 (Primary Number) or 478-471-2762 Registrar: 478-471-2853 Macon Campus – 478-471-2761 Cochran Campus – 478-934-3057 Dublin Campus – 478-275-6808 Donna Ingram, DNP, MSN, RN, Chair, Department of Nursing 478-471-2761 or 2762</p>	<p>NURS 3200/Online & Lab on Campus/3 hrs * Macon campus offerings</p>	<p>Fall 2015</p>	<p>Call or email for more information</p>
<p>University of North Georgia (Lifespan) www.ung.edu Nursing: 706-864-1400 or 706-864-1930 Registrar: 706-864-1760 Kim Hudson-Gallogly, PhD, APRN-BC, Dept Head 706-864-1934 Tina Cannon, Office Administrator Tina.cannon@ung.edu</p>	<p>NUR 3330/Class/6 hrs</p>	<p>TBD</p>	<p>*NOTE: If a PHN wants to enroll in a health assessment course, please call the Nursing Dept at 706-864-1930 to obtain approval to enroll in this course; PHNs must obtain approval prior to enrolling in the health assessment course.</p>

School Information	Course #/Format/Hours	Course Begin/ End Date	Schedule (day/time of class & lab) Location and Instructor
<p>University of South Carolina – Aiken (Lifespan) www.usca.edu Nursing: 803-641-3392 Registrar: 803-641-3550 Thayer McGahee, RN, PhD, Interim Dean and Associate Professor ThayerM@usca.edu</p>	<p>ANRS A307/3 hrs *In-state tuition charged to GA residents of Richmond & Columbia counties.</p>	<p>Spring 2016 3</p>	<p>Call or email for additional information. If RN wants to enroll into the RN-BSN program track health assessment course, please contact Dr. Karen Morgan at 803-641-3277 to obtain approval to enroll in this course; PHNs must obtain approval prior to enrolling in the health assessment course.</p>
<p>University of West Georgia (Lifespan) www.westga.edu/~nurs Nursing: 678-839-6552 Registrar: 678-839-6438 Jenny Schuessler, PhD, RN, Dean, School of Nursing jschuess@westga.edu 678-839-5640</p>	<p>NUR 3172/Class/2 hrs * Offerings in Carrollton, Newnan, for Fall admission only.</p>	<p>Fall 2015 Spring 2016</p>	<p>If interested in Carrollton or Newnan options, call Dr. Jenny Schuessler directly at 678-839-5640 ASAP to request/assess availability; these classes usually fill up with school's pre-licensure and RN-BSN degree students. The Rome class, if offered, usually has room for public health nurses.</p>
<p>Valdosta State University (Lifespan) www.valdosta.edu Nursing: 229-333-5959 Registrar: 229-333-5727 Sheri Noviello, PhD, RN, Interim Dean smoviello@valdosta.edu LaGary Carter, DA, NP-C ACSM-RCEP, ACSM-CES, EP-C, Assistant Dean bncarter@valdosta.edu</p>	<p>NURS 4060 4 hrs/class (web-enhanced) * Some Saturday offerings available.</p>		<p>Please contact LaGary Carter at bncarter@valdosta.edu Call or email for additional information.</p>

**FINANCIAL CONTACTS FOR THIRD PARTY PAYMENT
SCHOOLS OF NURSING**

***NOTE: The Letter of Intent (LOI) should be sent to the school's contact for third party payment. The LOI requests that the school waive fees other than the technology fee, e.g., health fee, activity fee, athletic fee, activity center fee, orientation fee, postal fee, ID card fee, enrollment services fee, nurse/health course fee. It states that the student (or employer) is to pay the parking fee. Some schools are able to waive the requested fees and some are not; tuition and fees charged by the school will be reimbursed as per the department's policy.**

Approved Schools:

Albany State Stacey Smith, Accounting Professional, Financial Operations
229-430-4615
Fax 229-430-4696
stacey.smith@asurams.edu

Armstrong State **Christy Barnett**, Bursar Office
11935 Abercorn St
Savannah, GA 31419
Christy.Barnett@armstrong.edu
912-344-3243
Fax 912-344-3473
(unable to waive fees)

Clayton State Ava Pugh, Student Accounts/Third Party Coordinator
2000 Clayton State Blvd
Morrow, GA 30260
avanellpugh@clayton.edu
678-466-4290
Fax 678-466-4299
Alternate Contact: Linda Stanford, Bursar's Office
lindastanford@mail.clayton.edu
(unable to waive fees)

Columbus State Student Accounts
4225 University Avenue.
University Hall, First Floor
Columbus, GA 31907
706-507-8800
Fax 706-568-2462

Darton State College Debbie Sawyer
2400 Gillionville Road
Albany, GA 31707
229-317-6713
Fax 229-317-6609

Ga College Jaclyn Wilson
CBX 022
Milledgeville, GA 31061
Jaclyn.wilson@gcsu.edu
478-445-6094
Fax 478-445-1213

Ga Southern Univ Angela Lang, Office of Student Fees
P.O. Box 8155
Statesboro, GA 30460
arlang@georgiasouthern.edu

	912-478-0727 Fax 912-478-7887 or 912-478-1724
Ga Southwestern	Christy Barry , Student Accounts 800 Ga Southwestern State Univ Dr Americus GA 31709-4379 Christy.barry@gsw.edu 229-931-2013 Fax 229-931-2768
Kennesaw	Bursar's Office Carmichael Student Center RM 236 395 Cobb Avenue Kennesaw, GA 30144 Bursars@kennesaw.edu 470-578-6419 Fax 770-499-3573
Middle Georgia	Bernice Hart, Accounting Assistant 100 College Station Dr Macon, GA 31206 bernice.hart@maconstate.edu 478-471-2727 or 478-471-2705 Fax 478-471-2097
No Ga College	Brenda Gaddis, Assistant Bursar Controller's Office 82 College Circle Dahlonega, GA 30597 bggaddis@northgeorgia.edu 706-867-2839 Fax 706-864-1878 Alternate Contact: Charlotte L. Wade, Bursar 706-864-1408, fax 706-864-1878, email cwade@ngcsu.edu
USC Aiken	Dianne Nicholson , Finance Office (in-state tuition for residents of Richmond and Columbia counties only) 471 University Pkwy Aiken SC 29801 DianneN@usca.edu 803-641-3419 Fax 803-641-3693
Univ of W Ga	Doug Jenkins, Bursar's Office 1600 Maple St Carrollton, GA 30118 douglasj@westga.edu 678-839-5648 Fax 678-839-5649
VSU	Katrina Whitmore, Student Financial Services 1500 N Patterson St Valdosta, GA 31698-0187 kpwhitmore@valdosta.edu 229-333-5725 Fax 229-259-2051

Other Schools (use only if approved in advance by Office of Nursing):

Brenau University	Lisa Scroggs, Student Accounts Manager, Accounting Office 500 Washington St Gainesville GA 30501 lscroggs@brenau.edu 770-531-3138 Fax 770-538-4665
Ga State Univ	Tori Williams, Student Accts Specialist, Of Student Accounts P.O. Box 4029 Atlanta, GA 30302-4029 tywilliams@gsu.edu 404-413-2147 Fax 404-413-2144
Georgia Regents	Amanda Johnston, Accounting Assistant II (for all campuses) 1459 Laney Walker Blvd, AA-2004 Augusta GA 30912 amjohnston@gru.edu 706-737-1767 Fax 706-434-7457
Piedmont	Cassie Shirley , Business Office P.O. Box 10 Demorest, GA 30535 cshirley@piedmont.edu 706-776-0101

(DISTRICT OR COUNTY LETTERHEAD)

(DATE)

MEMORANDUM

TO: (Name, Title, Dept/Office of Third Party Payment Contact)
(School)

FROM: (Name)
(Title, District)

SUBJECT: Tuition Arrangement for Public Health Nurse

The purpose of this memo is to assure that your institution is reimbursed, in a timely manner, the in-state tuition costs for the following public health nurse enrolled in the Health Assessment course during the (SEMESTER & YEAR, e.g., SPRING 2016) semester:

NAME COUNTY DOB

(NAME OF PUBLIC HEALTH DISTRICT OR COUNTY) will pay the in-state tuition and technology fees for the public health nurse listed above. (LIST NAME OF PERSON OR AGENCY) is responsible for any parking fee, books and supplies. If a health fee, activity fee, athletic fee, postal fee, or orientation fee is charged, we request that these fees be waived since this nurse is a state or county government employee and is taking this one course for employment purposes. If that is not possible, please contact me. Please forward the invoice for payment to me at the following address:

(NAME
TITLE
ADDRESS
or electronically at EMAIL ADDRESS)

The above nurse is advised to take this letter to the school if completing the registration process on site. This letter should serve to eliminate the student's obligation to make any personal payment at the time of registration.

Please feel free to contact (NAME at PHONE #) or by fax at (NUMBER) or at ([EMAIL ADDRESS](#)). Thank you for your attention to this matter.

c: (Nurse listed above)

(DISTRICT OR COUNTY LETTERHEAD)

(DATE)

MEMORANDUM

TO: (Name, Title, Dept/Office of Third Party Payment Contact)
(School)

FROM: (Name)
(Title, District)

SUBJECT: Tuition Arrangement for Public Health Nurses

The purpose of this memo is to assure that your institution is reimbursed, in a timely manner, the in-state tuition costs for the following public health nurses enrolled in the Health Assessment course during the (SEMESTER & YEAR, e.g., SPRING 2016) semester:

NAME COUNTY DOB

(NAME OF PUBLIC HEALTH DISTRICT OR COUNTY) will pay the in-state tuition and technology fees for the public health nurses listed above. (LIST NAME OF AGENCY OR PERSON) is responsible for any parking fee, books and supplies. If a health fee, activity fee, athletic fee, postal fee, or orientation fee is charged, we request that these fees be waived since these nurses are state or county government employees and are taking this one course for employment purposes. If that is not possible, please contact me. Please forward the invoice for payment to me at the following address:

(NAME
TITLE
ADDRESS
or electronically at EMAIL ADDRESS)

The above nurses are advised to take this letter to the school if completing the registration process on site. This letter should serve to eliminate the student's obligation to make any personal payment at the time of registration.

Please feel free to contact (NAME at PHONE #) or by fax at (NUMBER) or at ([EMAIL ADDRESS](#)). Thank you for your attention to this matter.

c: (Nurses listed above)

**HEALTH ASSESSMENT ROSTER
SEMESTER & YEAR (e.g., SPRING 2016)**

#	STUDENT	DIST & CO	DOB	SCHOOL	Email/Phone #/Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Department of Public Health
Division of District and County Operations
Office of Nursing

Name

has completed the requirements for the

*Health Assessment
Competency Development Program*

Date

Dist Nursing Director Name and Credentials
Title
District Name and Number

Dist Health Director Name and Credentials
Title
District Name and Number

HEALTH ASSESSMENT EVALUATION TOOL
(Complete both pages)

Preceptor to use for evaluation of each health assessment observed; results to be discussed with nurse.

Please rate the participant's performance using the following codes:

S = Satisfactory and safe skill performance

N = Needs practice before performance

O = Omitted performance of skill; note reasons

Patient's Age: _____

Public Health Nurse's Name _____ Date: _____

1. Approach to Patient/Family S ___ N ___ O ___

- a. Attitude
- b. Rapport established
- c. Utilizes a variety of communication skills

COMMENTS:

2. Organization/Flow of Work S ___ N ___ O ___

- a. Equipment/supplies gathered before exam
- b. Order of exam appropriate to situation
- c. Efficient use of time

COMMENTS:

3. Safety S ___ N ___ O ___

- a. In equipment use
- b. Age-appropriate safe conditions for **patient**

COMMENTS:

4. Procedure/Process S ___ N ___ O ___

- a. Health history including review of systems
- b. Developmental history
- c. Family health history
- d. Risk assessment

COMMENTS:

5. Nutritional assessment S ___ N ___ O ___

- a. Food/eating practices
- b. Food resources
- c. 24 hr recall with analysis
- d. Considers growth, physical indicators, lab
- e. Interpretation made based on above

COMMENTS:

6. Growth assessment S ___ N ___ O ___

- a. Technique appropriate to age
- b. Accurately measures/plots on charts
- c. Adjusts for prematurity when indicated
- d. Interprets values obtained

COMMENTS:

7. Immunization Status Eval. S ___ N ___ O ___

- a. Obtains info from **patient**/records/ parent
- b. Evaluates status
- c. Correctly administers immunizations

COMMENTS:

8. Developmental Screening S___ N___ O___

- a. Uses appropriate tool for age
- b. Administers and interprets appropriately

COMMENTS:

9. Physical Assessment S___ N___ O___

- a. Uses techniques of inspection, auscultation, palpation and percussion
- b. Explains procedures to **patient**/parent
- c. For child, enlists assistance of parent
- d. Provides comfort and privacy
- e. Gives feedback to **patient**/parent during exam
- f. Differentiates normal from abnormal

COMMENTS:

10. Laboratory Tests S___ N___ O___

- a. Prepares **patient**/parent for procedures
- b. Collects specimens appropriately
- c. Interprets results accurately

COMMENTS:

11. Synthesis of Data/Intervention S___ N___ O___

- a. Correlates and interprets data
- b. Identifies and prioritizes problems
- c. Provides age appropriate anticipatory guidance and health education
- d. Supports/promotes healthful family practices
- e. Refers as indicated

COMMENTS:

12. Documentation S___ N___ O___

- a. Understands principles of documentation
- b. Records accurate, legible, concise and coherent info on health record

COMMENTS:

Participant's Strengths:

Participant's Areas for Development:

Recommendations for Improvement:

Participant's Comments:

Participant's Signature: _____ Date: _____

Preceptor's Signature: _____ Date: _____

DISTRIBUTION: TURN IN TO COUNTY NURSE MANAGER

HEALTH ASSESSMENT GUIDE FOR PRECEPTORS

**PRECEPTOR MAY CHOOSE TO USE THIS AS A GUIDE TO ASSURE THAT ALL BODY SYSTEMS ARE COVERED DURING EXAM*

LEGEND: S = Satisfactorily Performed

N = Needs Improvement

O = Not Performed

NA = Not Age-Appropriate

Health History, General Appearance and Measurements

- Collects history
- Notes general appearance data
- Records ht, wt, skinfold thickness (if indicated), vision, vital signs

Skin

- Examines with each body region

Head and Face

- Inspects & palpates scalp, hair, cranium
- Tests sensation of face (CN V)
- Inspects positioning of eyes/ears
- Inspects face for expression, symmetry (CN VII)
- Palpates temporal pulses
- Palpates TMJ
- Palpates sinuses; if tender, transilluminates
- Measures circumference (<2 yr)
- Measures fontanels < 18 mos)

Eyes

- Tests visual fields by confrontation (CN II)
- Tests extraocular muscles via corneal light reflex, 6 cardinal fields (CN III, IV, VI)
- Inspects external eye
- Inspects conjunctivae, sclera, corneas, irises
- Tests pupil's size, response to light and accommodation
- Examines with ophthalmoscope(fundus, red reflex, disc, vessels, retinal background)

Ears

- Inspects external ear
- Tests for tenderness
- Examines with otoscope (canal, TM)
- Assesses hearing (voice, Weber, Rinne; CN VIII)

Nose

- Inspects (symmetry, lesions)
- Tests patency of each nostril
- Inspects nares with speculum

Mouth and Throat

- Inspects lips, mouth, buccal mucosa, teeth/gums, tongue, flora of mouth, palate, uvula
- Tests mobility of uvula and gag reflex (CN IX, X)
- Inspects tongue in mouth and while protruded (CN XII)

Neck

- Inspects neck (including for jugular venous pulse)
- Palpates lymph nodes
- Inspects/palpates carotid pulses; listens for bruits if indicated
- Palpates trachea

- Tests ROM and strength against resistance (CNXI)
- Palpates thyroid

Chest

- Inspects posterior/anterior chest
- Palpates posterior/anterior chest and spinous processes
- Percusses lung fields, diaphragmatic excursion
- Percusses CVA
- Observes respirations
- Auscultates breath sounds

Heart

- Observes/palpates for PMI
- Palpates precordium
- Auscultates with bell/diaphragm in sitting/lying position

Upper Extremities

- Tests ROM, strength of hands, arms, shoulders
- Palpates epitrochlear nodes

Breast

Female:

- Performs California CBE (lymph node exam, Cahan position, pattern, pressure, perimeter coverage, communication)**

Male/Prepubertal Female:

- Inspects and palpates while palpating anterior chest wall

Abdomen

- Inspects abdomen, including umbilicus
- Auscultates (bowel and vascular sounds)
- Percusses all quadrants, liver, spleen
- Palpates, light/deep, all quadrants
- Palpates for liver, spleen, kidneys, aorta
- Palpates inguinal nodes and femoral pulses

Lower Extremities

- Inspects skin, hair, symmetry, leg position
- Palpates pulses (popliteal, posterior tibial, dorsalis pedis)
- Palpates for temperature and pretibial edema
- Tests ROM and strength of hips, knees, ankles, feet
- Inspects legs (when **patient** is standing) for varicose veins

Male Genitalia/Rectum

- Inspects penis/scrotum, including position of urethral meatus
- Palpates scrotal contents
- Checks for inguinal hernia
- Palpates inguinal nodes
- Inspects perianal area
- Palpates rectal walls and prostate

Female Genitalia/Rectum

- Inspects perineal and perianal areas, including vaginal/urethral orifices
- Palpates vulva
- Inspects vaginal walls and cervix with speculum

- Performs bimanual examination (cervix, uterus, adnexa, rectum, rectovaginal walls)
- Palpates inguinal nodes

Musculoskeletal

- Observes gait
- Evaluates ROM (hands, elbows, shoulders, neck, hips, knees, feet)
- Evaluates muscle strength (biceps, triceps, deltoid, hamstrings, quadriceps)
- Assesses hips (< 1 yr)
- Assesses spine

Neurologic

- Performs developmental assessment (< 6 yrs)
- Tests sensation (light touch, sharp/dull, vibration)
- Tests stereognosis/graphesthesia
- Performs finger to nose test or rapid alternating movements test
- Observes heel to toe walk
- Performs Romberg test
- Elicits/tests reflexes (biceps, triceps, brachioradialis, patellar, Achilles, babinski; < 6 mos: Moro, rooting, tonic neck, grasp, dancing/stepping)

Organizational Skills:

Approach to Patient:

Additional Comments:

DCH Requirements for Nurses Participating in Health Check Program
***From Part II, Policies and Procedures for Health Check Services (EPSDT), pp. VI-1 – VI2**
<https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Health%20Check%20Services%20Manual%2013-01-2014%20143832.pdf> Published July 2015 (accessed September 25, 2015)

602. Special Conditions of Participation

In addition to the general Conditions of Participation contained in Part I Policies and Procedures for Medicaid/PeachCare for Kids®, providers in the Health Check program must meet the following requirements:

A. Physicians must be currently licensed to practice medicine.

B. Nurse Practitioners must maintain a current registered nurse license for the State of Georgia and current specialty certification by the appropriate certifying agent of the American Nurses Association.

C. Nurse Midwives must maintain a current registered nurse license and current certification as a nurse-midwife by the American College of Nurse-Midwives (ACNW). A copy of the national certification must be on file with the Division of Medical Assistance Plans.

D. Physician – sponsored providers must be currently licensed to practice and must submit a copy of their license with the application. **They must also maintain current written protocol, physician sponsorship and submit an official letter from their physician sponsor as proof of physician sponsorship.** These providers include:

- Certified pediatric, OB/GYN, family, general or adult nurse practitioners. A recent graduate of a Nurse Practitioner Program who is awaiting Specialty Certification may enroll as a Registered Nurse and re-enroll as a Nurse Practitioner once he/she passes the Specialty Certification exam. Certified Nurse-Midwives
- Physician assistants **must be licensed by the Georgia Board of Medical Examiners and be associated with one or more sponsoring physician(s) on file with the Composite State Board of Medical Examiners.**
- Public Health registered nurses, affiliated with a Georgia local board of health, who have successfully completed the required training for expanded role nurses.

602.1 Health Check providers must provide immunizations. It is recommended the provider enroll in the VFC program and submit a VFC Provider Enrollment Letter with their Health Check Provider Enrollment Application. This is encouraged because the vaccine administration fee is the only reimbursement a provider will receive for administering vaccines otherwise available through the VFC program. **(The VFC vaccines may only be used by certain populations. See Section 905.3) For members nineteen (19) years of age through twenty (20) years of age, VFC stock is not available. Providers must use their own stock of vaccines for these Medicaid eligible members and the Division will reimburse for the vaccine product and for vaccine administration.**