

The San Francisco Collaborative: An Evaluation of a Partnership Between Three Schools of Nursing and a Public Health Department

Lynette Landry, Rosemary Lee, and Judy Greenwald

ABSTRACT Many factors are contributing to a decline in the number of nurses who opt to choose public health nursing as a career option. One factor is the lack of preceptors in public health, which has led to the placement of nursing students in nontraditional clinical settings. Thus, many nursing students are not exposed to public health nursing while still in school. Graduating students may not have a clear idea of what a public health nurse is or does. The purpose of the study was to describe a collaborative project between three schools of nursing aimed at increasing interest in public health nursing among undergraduate nursing students. The study method involved analysis of student, faculty, and staff feedback received after an orientation to public health nursing. Nursing students found the experience valuable. Participation in the collaborative project has increased clinical experiences for nursing students in public health, increased exposure of nursing students to public health nursing, and has led to opportunities for both students and faculty within an urban public health department.

Key words: coalitions, collaboration, health departments, nursing education, partnerships, program evaluation, public health nursing education.

The Association of Schools of Public Health [ASPH] (2008) estimates that there will be a shortage of 250,000 public health workers, including nurses, by 2020. It is estimated that approximately 28% (70,000) of the workers who will be needed in public health in the next 5 years will be nurses (National

Association of County and City Health Officials [NACCHO], 2008). The shortage is the result of many factors including the retirement of public health workers (it is estimated that 23% of the current workforce will be eligible to retire by 2012), failure of academic institutions to increase enrollment in public health specialties, and decreased funding at all levels of government for public health (ASPH, 2008). The Institute of Medicine (IOM) (2002) outlined the responsibilities of academic public health programs, including education of public health practitioners and working collaboratively with public health departments and other professional schools. To address both the projected shortage of public health nurses (PHN) and the IOM recommendations, many schools of nursing are looking for opportunities to establish collaborative working relationships with local public health departments, including those in San Francisco.

San Francisco is not unique among large metropolitan areas in that there are multiple academic

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institutions that have a school of nursing that offer a bachelor's degree. Across the United States, students in a Bachelor of Science Nursing degree program must complete a community/public health course, which includes both theory and practicum. In San Francisco, there are three institutions (San Francisco State University [SFSU], University of California San Francisco [UCSF], and University of San Francisco [USF]) that offer a community/public health nursing course either as a part of their bachelor degree program and/or as part of the prelicensure component of a master's entry program.

Influence of the National PHN shortage on San Francisco

The national nursing shortage has propelled the San Francisco Department of Public Health (SFDPH) to step up recruitment efforts and highlighted the need for local nursing schools to produce the next generation of competent PHNs. In addition, local schools of nursing have increased enrollment in their prelicensure programs to meet the increasing need for registered nurses (RNs). Because of increased enrollment, there was increased competition for public health nursing clinical experiences. Requests for practica experiences at SFDPH were not only coming from the schools of nursing at UCSF, USF, and SFSU but from distance learning nursing certificate programs and schools of nursing in other parts of the San Francisco Bay Area (particularly Oakland, San Leandro, San Jose, and San Rafael), and other public health profession training programs such as health education and public health majors. Because of the decline in public health workforce, there was a corresponding decrease in the number of students receiving public health nursing practical experiences in San Francisco. Of concern to SFDPH nurse managers was an increasing number of phone calls from students and nursing school faculty requesting clinical placements.

Another area of concern, to both faculty and practicing PHNs, was that students who were placed in nontraditional settings for their community/public health practicum did not have a clear idea regarding what public health nursing was or what the roles of the public health nurse are. Many students would make comments such as "what is the difference between a public health nurse and social worker?" It was felt that the misconceptions about public health nursing roles and responsibilities needed addressing

so that nursing students would consider public health nursing as a future career option.

To address the paucity of clinical placement opportunities within San Francisco and to develop collaborative relationships among schools of nursing and SFDPH, a working group was formed in early 2005. The purpose of this paper is (1) to describe the events that led to the formation of the working group, (2) to describe the projects that were undertaken by the group including an orientation to public health nursing that students from all three schools of nursing attended, (3) to discuss how the success of the orientation was evaluated, and (4) to propose the next steps for an ongoing collaboration between members of the working group.

A Changing Public Health Environment

The PHN in California is an RN who has specialized education and certification combining nursing and public health concepts. The PHN is a professional who has the unique ability to independently work in the home, clinic, and community setting, providing quality care and population-based services across the age continuum. Traditionally, the local public health department has been the largest employer of PHNs. In the 1988–1989 SFDPH budget, under the direction of a full-time Director of Public Health Nursing, there were five supervising PHNs (this position required no advanced degree) who monitored the skill level and workload of 76 PHNs working in the field. These 76 PHNs were working out of five neighborhood health centers to cover the neighborhoods within the boundaries of the city and county of San Francisco. This nursing model facilitated the meeting of community needs due to the proximity of supervising PHNs to field staff and the communities they served.

Nearly two decades of city budget shortfalls resulted in the elimination of the Director of Public Health Nursing, the supervising PHNs, and two thirds of the field PHN workforce. By April 2008, only 22 PHNs continued home visiting service of mothers and babies in San Francisco (population is 824,525; U.S. Census Bureau, 2008) under the supervision of one nurse manager. The NACCHO reports that the median number of PHNs for all metropolitan areas in the United States with a population of >500,000 is 138 nurses (NACCHO, 2008). One of the results of the budget cuts was that there was no nursing

infrastructure to coordinate educational experiences for the PHNs or nursing students and other health professionals who are required to complete public health internships as part of their educational requirements. Although the SFDPH had traditionally served as a clinical site for students in community public health, few PHNs volunteered to mentor students because of the perceived increased workload as the number of staff PHNs decreased.

Faculty Perspectives

Community health nursing faculty are responsible for facilitating clinical experiences in a variety of public health and community health settings. As previously discussed, this is a challenging experience for a variety of reasons: the shortage of PHNs, the increased scope of practice for PHNs, and the appropriateness of placements for prelicensure nursing students. Traditionally, community public health nursing faculty from individual programs spend considerable time arranging clinical experiences with their known contacts within the public health department. Although faculty attempt to be respectful of previously existing relationships with other university programs, communication between faculty at various institutions is often limited. Preceptors and nurse managers field numerous phone calls requesting specific clinical opportunities for students. Faculty realized that there could be several potential outcomes in opening lines of communication, including development of a streamlined process for obtaining clinical placements and identification of projects that could be collaboratively undertaken.

The San Francisco Collaborative

Formation of the San Francisco collaborative

A partnership called the San Francisco Collaborative (SFC) was formed in January 2005 to address the needs of SFDPH and the three schools of nursing. The collaborative members consisted of seven nursing managers from SFDPH, and five nursing faculty from SFSU, USF, and UCSF. Each university uses a blend of preceptor students with oversight by an instructor and clinical groups working with an instructor at an agency. Agency ability to facilitate a large group of students (>10) is the determining factor for the model that is used. Based on two areas of concern, a

shortage of public health nursing clinical placements, which necessitated placing of nursing students in nontraditional settings for their clinical practicum and a looming shortage of PHNs, the SFC developed goals for the group. The goals of SFC were to establish linkages and ongoing communication between SFDPH and the Schools of Nursing at UCSF, SFSU, and USF, and to provide educational opportunities for students in prelicensure programs in community/public health nursing. In addition to the need for student placements, local nursing faculty wanted to reestablish organizational alliances and create effective communications between the health department and the three local nursing schools (SFSU, UCSF, and USF). The health department staff was interested in increasing student nurses' awareness of professional opportunities within SFDPH as well as facilitating linkages to academic institutions in San Francisco that prepared PHNs.

Orientation to San Francisco Public Health Department

Along with facilitating nursing student placements in various settings within the City and County of San Francisco, SFC decided to adopt the Collaborative Academic Practice Alliance (CAPA) student orientation model of public health (Ganley et al., 2004) to provide an overview of public health nursing within San Francisco (refer to Appendix A for a content outline). CAPA envisioned a collaborative working relationship among academic, practice, students, and recipients of service within community/public health nursing and used an orientation to public health nursing for students as one mechanism for operationalizing this relationship (Ganley et al., 2004). The CAPA orientation included an overview of public health nursing, followed by a description of the services delivered by PHNs within the Health Department (Ganley et al., 2004). Students were also required to complete a case study that was provided to them by the organizers of the orientation and that demonstrated collaboration across programs within the Health Department.

The first student orientation day was held on September 20, 2005, with the following three objectives: (1) to strengthen collaboration between SFDPH nursing units and the nursing schools; (2) to orient nursing students to the multifaceted role of community health nursing within SFDPH; and (3) to connect nursing students to community health nursing

mentors. Students in their community health rotation at all three educational institutions were required to attend the orientation. The original orientation was planned to cover 6 hours and included an overview of public health nursing by the Director of the Maternal Child Branch (refer to Appendix A for content outline). The overview was meant to give students a broad idea of what PHNs do within SFDPH. The overview was followed by a description of the specific programs, by various nurse managers, within the Maternal Child Branch of SFDPH, which include Mental Health, Field Nursing, California Children's Services, Children Health and Disability Prevention Program, Foster Care, Universal Home Visiting, and Child Care. The program descriptions included information regarding the population served as well as an overview of the nursing roles within the program. Further, students received an informational packet at the beginning of the orientation. The packet included an organizational chart, a list of community resources in San Francisco, and information about each of the programs with SFDPH. At the conclusion of the morning session, students were given case studies to work on. Students from the three universities were assigned to each of the case studies and in this way were able to collaboratively work on the case studies with students from the other universities. Between 8 and 12 (the number varied depending on the number of students participating in the orientation) working PHNs facilitated the student work on the case studies. Finally, each case study group gave a brief presentation of the case to the entire group. Students were asked to evaluate each component of the orientation before leaving for the day.

Evaluation of the Orientation to Public Health Nursing

Evaluation of the orientation was important to the group and has been an ongoing component of the collaboration. An evaluation tool was developed by one of the authors so that the group would be able to identify aspects of the orientation that could be improved. The evaluation tool initially consisted of nine Likert scale items (5 = *high, highest, best* and 1 = *low, lowest, worst*). Students were asked to rate the overall experience (one item), the speakers in general (six items), and the case studies (two items). Students were also asked to provide comments on each of the aspects of the program listed above. The tool was

revised after the second orientation because of changes in the orientation. Additionally, the PHNs and faculty from the participating universities have provided feedback to the group on an ongoing basis. The group has met after each orientation to review both the student ratings as well as the comments that were submitted by attendees (students, PHNs, and faculty). Results of each of the evaluations have been used in the planning and implementation of subsequent orientations. Six hundred and five students have attended the orientation. A total of 502 completed student evaluations (82.9% response rate) have been received and reviewed to date.

In general, the students have rated the experience high ($M = 3.95$, $SD = 0.8$), with scores ranging from 3.7 to 4.4. Student comments indicated that the orientation provided them with a more comprehensive understanding of public health nursing in San Francisco by providing an overview of the various roles of PHNs in SFDPH, by describing how nurses working in public health collaborate with families, communities, and other healthcare providers, and by providing a description of the various programs within SFDPH within which nurses work.

Across all the orientations, the mean scores related to the speakers at the orientation ranged from 3.2 ($SD = 0.99$) for *maintained my interest* to 4.57 ($SD = 0.62$) for *demonstrated knowledge and expertise*. Student comments indicated that overall the speakers were well received but that there were areas that could be improved upon. For instance, several students made comments indicating that the presentations by speakers needed to be more interactive and include more personal stories that reflect the role of the PHN. Other students felt that handouts to accompany the speaker's presentation would be helpful and would provide reference material for the students to have after the orientation.

Overall, the students rated the panel discussion highly. The total mean scores for the panel discussion items over the three orientations ranged from 3.73 ($SD = 1.03$) for *maintained my interest* to 4.32 ($SD = 0.77$) for *demonstrated nursing roles in public health*. Comments from students varied, indicating that many liked the panel discussion while some felt that it could be improved. For instance, several students had comments similar to this "I would have appreciated a better explanation of how the various departments work in an interdisciplinary manner in managing different cases, how this is implemented and

sometimes modified to meet the needs of clients" (Student comment April 2007). However, many students found the panel discussion helpful in demonstrating how nurses in the public health department work among themselves to address the needs of their clients as well as how they work with the interdisciplinary team. The participating PHNs felt that more time was needed to prepare for this presentation. Overall, the participating PHNs found the panel discussion format to be an effective method to illustrate the day-to-day work of the PHN in the health department.

The case studies had the lowest mean rating scores of any of the other aspects of the orientation; however, there was more variability in the case study rating scores than any of the other parts of the orientation. The mean score for the item *was intellectually challenging* was 3.95 ($SD = 1.01$), while the mean score for the item *met my personal objectives* was 3.85 ($SD = 1.05$). Students initially felt the case studies were too simple, the breakout groups were too large, and the report back to the larger group took considerable time. However, many students commented that they enjoyed working with students from the other universities ("It was great to be mixed up in the case study with groups from all 3 schools" [Student comment, March 2006]) and that small group work was the most beneficial to their learning ("Case studies were definitely the most interesting & useful part of the day because we were able to discuss the studies and bounce ideas off one another" [Student comment, September 2006]).

Discussion

The SFC has achieved its overall goals of establishing linkages and ongoing communication between SFDPH and the Schools of Nursing at each of the local universities and providing educational opportunities for students in prelicensure programs in public health nursing. Although the membership of SFC has changed over time due to resignations and retirement of collaborative members, the group continues to meet bimonthly to discuss issues affecting both SFDPH and the academic institutions that impact the collaborative, to continue to facilitate student practicum placement, and to organize the biannual orientation of nursing students to public health nursing in San Francisco. Nursing student practicum placements within SFDPH have increased and have been diversified to include placements in the Child Care Center

Project (a program within SFDPH that provides PHNs to work with child care centers and private child care providers in San Francisco to improve the health of children in child care), foster care/juvenile hall, community mental health, Homeless Connect Project (a San Francisco program to connect homeless individuals with service providers, including health, dental, and vision), and community primary care. Additionally, the number of nurses who are willing to precept students has increased. As a result of participating in SFC activities, nurse managers have worked one on one with PHNs to encourage them to precept students. PHNs have been involved in the orientation and mentoring students. More PHNs in alternative settings have been identified, and the Director of the Maternal Child Adolescent Health branch has made a commitment to the collaborative effort.

Overall students, participating PHNs, and faculty have found the orientations beneficial both to SFDPH and to the students. Informal learning has occurred through knowledge sharing among faculty members, staff nurses, and students during the orientation. Additionally, job information was provided at the resource table on student orientation day, giving the health department access to baccalaureate RNs for recruitment into open positions. There have been increased inquiries from students. An informal survey of public health nurse managers showed that nine job inquiries/resumes were linked to the graduates of three partnered nursing schools. Unfortunately, post-graduation employment data are not available and so we are unable to determine how many of the SFC program attendees are currently working in public health.

As the SFC has matured, it has become apparent that there are other opportunities for collaboration and that the work of SFC needs to take on different dimensions. Some of the continued needs that have been identified are manpower for the SFDPH to meet the needs of the community, faculty practice opportunities, and robust community/public health nursing experiences for students. Areas of collaboration that are currently being explored include:

- Identifying areas within SFDPH where faculty can assume consultative roles such as assisting in the development of outcomes research so that the department can better quantify the effectiveness of nursing interventions.
- Conducting needs assessments within the department regarding the educational needs of the nurses,

assisting in the development of educational offerings, including educational programs aimed at assuring that practicing nurses are able to meet the standards of care and maintain core competencies essential to their jobs, and improving the skill level of frontline PHNs who may have been out of school for several decades.

- Conducting community needs assessments and developing interventions in collaboration with the health department to address the needs of the communities served. This could be accomplished by developing projects that students and faculty could undertake. This activity would address many issues that have been discussed by SFC, including a shrinking public health nursing workforce that is unable to develop long-term projects that address community needs such as dental screening and referral follow-up and community-based nutrition education.
- Assisting in quality improvement efforts within the health department. Unlike acute care, community-based organizations have not been forced to focus on improving the quality of the services provided. Faculty can provide the expertise as these efforts are undertaken within the health department.

Unfortunately, due to the looming budget crisis in San Francisco as well as in California, the effects that proposed budget cuts will have on this collaborative partnership are not known at this time. The working group continues to meet to explore other opportunities for collaboration in addition to the ongoing orientations.

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Appendix A: Content Outline of the Orientation to the San Francisco Public Health Department

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- 1. Overview of public health nursing
- 2. Description of programs within the health department
- 3. PHN roles and responsibilities within various programs
 - a. Case management
 - b. Home visiting
 - c. Case identification
 - d. Collaboration
 - i. Within the health department
 - ii. External to the health department
 - e. Health education