

2021

Community Engagement: Moving from the Classroom to Interprofessional Education Collaboration

Melissa Wholeben

University of Texas at El Paso, mwholeben@utep.edu

Sarah Yvonne Jimenez

University of Texas at El Paso, syjimenez2@utep.edu

Carla Ellis

University of Texas at El Paso, cjellis@utep.edu

Follow this and additional works at: https://scholarworks.utep.edu/nursing_papers



Part of the [Nursing Commons](#)

Comments:

Wholeben, M., Jimenez, S., & Ellis, C. (2021) 'Community Engagement: Moving from the Classroom to Interprofessional Education Collaboration', in European Scientific Institute, ESI (eds.) *1st Educational Sciences Conference, 21st Century Education: Educational Reforms and Global Challenges, ESC 2020 Proceedings*, Virtual Conference, December 10, 2020. ISBN: 978-608-4642-75-6

https://eujournal.org/files/journals/1/books/december_online_proceedings_2020.pdf

Recommended Citation

Wholeben, Melissa; Jimenez, Sarah Yvonne; and Ellis, Carla, "Community Engagement: Moving from the Classroom to Interprofessional Education Collaboration" (2021). *Departmental Papers (Nursing)*. 49. https://scholarworks.utep.edu/nursing_papers/49

This Conference Proceeding is brought to you for free and open access by the School of Nursing at ScholarWorks@UTEP. It has been accepted for inclusion in Departmental Papers (Nursing) by an authorized administrator of ScholarWorks@UTEP. For more information, please contact lweber@utep.edu.

Community Engagement: Moving from the Classroom to Interprofessional Education Collaboration

Melissa Wholeben, PhD, RN, CNE

Sarah Yvonne Jimenez, PhD(c), RN

Carla Ellis, MSN, RN

The University of Texas at El Paso School of Nursing

Abstract

In a dynamic, rapidly evolving global health care environment, it is vital that educators create arenas of learning that give students opportunities to put into action health concepts they have learned in the classroom and to actively engage in their communities. With limited clinical sites, it has become necessary to think outside the box for potential community opportunities. One baccalaureate nursing program has moved students from planning mock health fairs to collaborating with community partners to host large public health fairs with wide reach. Community outreach efforts have expanded to include interprofessional collaborations with students of other health care disciplines to host round table discussions and co-sponsor health care projects and community events that empower citizens to become active participants in improving their own health and well-being. This paper will discuss the evolution of a community health care nursing course from didactic coursework to building interprofessional education collaborations. New and seasoned educators will be able to incorporate aspects of this dynamic process to take their students to the next level in community engagement.

Keywords: Community Health, Interprofessional Education, Community Engagement, Education Curriculum

Introduction

Communities across the globe are experiencing unprecedented social and economic changes that threaten the health and well-being of people across the life span (American Association of Colleges of Nursing [AACN], 2008; World Health Organization [WHO], 2010b). Rapid changes in social and economic growth, an increasing population of older adults who are prone to chronic and degenerative illnesses, emerging disease patterns, and the struggle for all people to have access to preventive and affordable health care, necessitate the provision of nurses and other health care providers skilled to meet these complex challenges (WHO, 2020b). The American Association of

Colleges of Nursing (AACN) (2008) has recommended that nursing programs shift emphasis from acute care nursing to community-based nursing in response to these evolving needs. Schools of nursing strive to increase enrollments and adapt curriculums to accommodate increased health care demands. Nurse educators are challenged to create clinical learning environments that allow students to engage in their communities and effectively promote wellness concepts in collaboration with community partners and other health care disciplines.

One school of nursing, located in the southwestern United States, provides an example of nurse educators formalizing an effective approach to create such a learning environment. The university has taken on the challenge of preparing nursing students to be effective providers of care within community health care settings and to expand their reach in accessing vulnerable populations. Innovative learning strategies have been incorporated into this school's curriculum to advance public health nursing skills. Curricular planning has been guided by three aims: 1) Development of a nursing-focused community engagement activity, 2) Collaboration of community organizations, and 3) Incorporation of interprofessional collaborations. The purpose of this paper is to describe how one community health nursing course offered by a university located on the US/Mexican border evolved to more actively engage students in promoting health within their communities and to provide ideas to other community health educators exploring ways to increase student community engagement.

Evolution of a Baccalaureate Community Health Nursing Program:

Community health education is a key component of traditional baccalaureate nursing programs in the United States (American Association of Colleges of Nursing [AACN], 2008). Community nursing curriculums include several components that promote development of public health competencies as outlined by the Essentials of Baccalaureate Education for Professional Nursing Practice (2008) and the Quad Council of Public Health Nursing Organizations (Quad Council Coalition Competency Review Task Force, 2018). The community-health nursing course offered by the School of Nursing includes both didactic and clinical practice components to develop nursing skills in public health.

Several years ago, assignments in this course focused on stimulating students' critical thinking by having them make observations at the health care facilities to which they were assigned. They were to note organizational problems or challenges with the purpose of writing a community teaching paper. Clinical assignments ranged from settings in hospitals, to clinics, to schools, as well as other public health organizations. Students were required to identify and describe the facility, determine a fixable problem, and assign

an appropriate wellness nursing diagnosis. They would then find research articles that would expand their knowledge base and devise teaching strategies based on Erikson's Growth and Development Theory and informed by the Domains of Learning and Principles of Teaching and Learning. They were to set short term and long-term goals for their identified populations and to include in the paper how a change theory or model such as Pender's Health Promotion Model, Becker's Health Belief Model, or Prochaska's Transtheoretical Model, could be applied. Students were to describe how they would implement and then evaluate the outcomes of a hypothetical teaching activity.

This course assignment enabled students to gather evidence-based information and devise a plausible teaching plan. While useful, this assignment was limited in that students only had a written plan without actual execution. Students came up with great ideas, but lacked the means to actually implement them, as there was no process in place for them to carry out their plans. Community faculty then decided it was time to take this project to the next level and have the students bring their teaching projects to fruition. The course managers, in an effort to follow the school of nursing's mission to prepare students to be change agents in their communities, decided it was important to provide students with active learning opportunities in which they could engage with their communities face-to-face and be inspired to make a difference in their communities. Faculty, along with their partner health care organizations, created a process to enable students to present their projects at their assigned facilities under the guidance of their nurse preceptors. This worked well for the staff, as often, nurses would have projects they wanted to see put into motion, but did not have the resources or time to do so. This is where the students provided a valuable service. In fact, many of the projects initiated by students at some of the clinical sites during these early stages remain in effect today. Thus, the community patient/staff teaching practicum project was launched as a key assignment in the community health course.

Aim 1 - Development of Nursing Focused Community Engagement Activities:

After a few semesters of having students write the community teaching paper, they were challenged to put their plans into action through real-life presentations of their teaching plans to patients and staff members at their chosen health care facilities. The community teaching papers were still required but would now guide a community engagement health-teaching project. To ensure alignment with the Quad Council Coalition of Public Health Nursing Organizations competency 5A1a which calls for "assessments, plan development, implementation, and intervention evaluation of public health

services for individuals, families, and groups”(2018, p.23), students followed this process while putting together their teaching presentations.

Community Patient/Staff Teaching Practicum Project

Students commenced by completing community assessments including windshield and environmental risk surveys. To prepare for their presentations, they had to create a document in which they described the population served by the facility and discuss characteristics of the health care providers working within the organization. They had to identify the organization’s mission and goals, key leaders, and organizational structure. Observations of external and internal politics and legal or ethical issues were also to be addressed. They then had to identify a community-focused topic of concern or problem in their selected health care facility that would serve as the basis of their teaching project. This involved the students physically going to a site such as a hospital or community clinic, evaluating the site, and then determining what needed to be changed. They would discuss this with their preceptor nurse, who was the nurse they were assigned to work with, to focus on one appropriate topic. The clinical faculty would then approve this topic. Afterward, the students would decide who the audience would be for their presentations, and this could include either staff members, patients, or both.

Typical topics included child-safety and school health issues such as sports’ injuries, nutrition, immunizations, drug abuse, obesity, asthma, and diabetes. Adult and family health topics included various disease processes, wound care, pain management, fall-prevention, mental health, Alzheimer’s disease and other dementia, and drug abuse. Issues impacting health care providers were also popular topics and included work stress, healthy behaviors, health screenings, emergency preparedness, and facilitation of SBAR (situation, background, assessment, response) reports. The SBAR system is used when communicating patient information nurse-to-nurse, nurse-to-doctor, student nurse-to-nurse, and so forth. Some facility personnel had concerns on how well this kind of information was being exchanged.

Once a plan was set in place for the teaching project, students had to describe it and discuss their decision-making process for determining an appropriate intervention to the identified concern or problem. They would then review the literature for evidence-based solutions and discuss current research related to the selected topic. Information from *Healthy People 2020* was to be included in addition to public health guidelines. Available resources and possible community collaborations were to be explored. As a requirement of the teaching paper, Erikson’s Theory and the behavioral change theories were to be considered in regard to project development. Short term and long-term goals were to be set. The students would then actually present their teaching project to health care staff or designated patient populations at their facilities.

A self-critique of the teaching was to be completed and attendee evaluations would be collected after the presentation. Student are still required to present these teaching projects as part of the current curriculum.

Mock Health Fairs

The course then evolved to having students apply their community health skills to public events such as community health fairs. Health fairs provide a mechanism for the dissemination of health information and access to health screenings and are crucial to reaching underserved populations (Murray et al., 2014, Salerno et al., 2017). They have been described as one of the greatest tools of outreach to provide accurate information about health problems and to prompt health actions or changes in behavior (Ezeonwu & Berkowitz, 2014; Goldman & Schmalz, 2004). Health fairs provide a mechanism by which health problems may be detected through screenings, risk factors may be identified, and participants can be connected to health resources, promoting healthy lifestyles (Ezeonwu & Berkowitz, 2014; Dillon & Sternas, 1997). As this community health-nursing course is offered by a university that serves a region that has been traditionally underserved (Health Resources and Services Administration [HRSA], 2020), faculty believed it was important to get students ready to become involved in community events. To engage students in service to their community, nurse faculty instituted a mock health fair to prepare students for planning and participation in a public health fair. Students were asked to identify the top ten concerns of the community through windshield and environmental assessments. Priority concerns included vaccination, diabetes, hypertension, and stroke education. The class was divided into groups and each group was to take on a topic and create a “practice” health booth in which they would engage in primary, secondary, and tertiary intervention teaching strategies.

Each group was tasked to find health resources for their target population based on their selected topic. Community windshield and environmental assessments were done. In addition, secondary statistical data and zip code analysis was completed using census and Food and Drug Administration (FDA) data. Students sought community input through partnerships with community organizations. To find out the priority points that needed to be emphasized, students would interview key stakeholders belonging to organizations associated with the students’ topics of interest. For example, if one of the selected topics was domestic violence, the students would interview the manager of a local domestic violence shelter to determine the most important points to teach at a health fair. The students would then hold a mock health fair at the School of Nursing and present their information to their peers. The mock health fair remains in the curriculum to prepare students for community health fair participation.

Aim 2 - Collaboration of Community Organizations:*Community Health Fair Events*

The Quad Council Coalition of Public Health Nursing Organizations calls for the “use of community assets and resources including the government, private, and non-profit sectors to promote health and deliver services to individuals, families and groups” (2018, p. 24). After establishing the mock health fair as a major assignment in the course, the course manager connected with community partners to involve the nursing students in a large community fair sponsored by Telemundo, an American Spanish-language television network. Telemundo initially asked the School of Nursing for assistance to help them with their community fair, as they did not have anyone to present health information at this event. Because the mock health fairs were so successful, faculty felt confident that the students would be able to rise to the challenge and present health information at an actual community fair. This was a thrilling opportunity, as this would enable the students to truly make a big impact on their community, and see in real time the difference they were making. In the fall of 2013, sixty nursing students hosted health care booths on topics including diabetes, stroke, heart disease, women’s health, mental health, and CPR at the 7th annual “Feria de la Familia” health fair at the Judson F. Williams Convention Center. To determine priority-teaching topics, clinical faculty worked with students to select key areas of interest based on the needs of the El Paso community. More than 9000 people attended this event. Approximately 400 to 500 participants attended the screening booths and at least 100 participants attended the educational sessions.

Planning done by the students for their booths was a major part of their final grade in the course. In a four -week period, nursing students selected their topics, gathered supplies, developed and collected materials in both English and Spanish, and prepared their presentations. They prepared a tool called the “Pasaporte de Salud” or Health Passport in which health fair participants navigated 11 booths. Participants had their blood pressures and body mass indexes (BMI) checked under the supervision of nursing faculty. Students indicated on the passports whether a participant was within normal ranges or if they needed to seek medical attention. They were encouraged to take their passports to their next visit with a health care provider. Because many of the participants spoke only Spanish, many of the nursing students who were bilingual in Spanish and English conducted their teaching in Spanish. One of the students reported that the health fair was “a great opportunity to bring together everything we have learned in the course and put it out into the community to see what we can do to help”. The students participated in this particular event for another three years until the community fair format changed under new leadership at this television station. This event brought to light the enormous impact the students had on interacting with and educating

their communities through these venues. It provided a tangible way for the students to go beyond just training for their future careers and empowered them to give back to their communities. Upon this realization, faculty pursued other opportunities for the students to do public health fairs and facilitate other community events. Because of the success with Telemundo, the students were invited to participate in several other health fairs throughout the community.

Another American Spanish language television station, Univision, involved the nursing students in the Univision Health Fair in the spring of 2014 that attracted 350 to 400 participants at the screening booths, and over 700 participants at the education booths. Local area primary and secondary schools also petitioned the nursing students for assistance with their school health fair events. Students assigned to certain schools worked with their preceptors to design and develop health care activities and recruited help from other nursing students enrolled in the community health course. Several school health fairs within the community had wide reach to the neighborhoods in which they were located and allowed students to interact with the community and provide public health teaching.

The community health-nursing students went on to participate in another citywide health fair sponsored by the City of El Paso Public Health Department. The students hosted several education booths at the Emergency Preparedness Expo at the El Paso Convention Center. The students taught about emergency-preparedness, first aid, and provided stroke education.

Smoking Cessation Initiative

At that point, other opportunities for involvement in other community health events arose. In the summer of 2014, the Housing Authority of the City of El Paso (HACEP) asked the nursing students to present information on smoking cessation at monthly health fairs held at different public housing complexes throughout the city. This was done as part of a collaboration between HACEP and the University of Texas at El Paso (UTEP) who conducted research on smoking preferences in public housing that was funded by a grant from the Paso del Norte Health Foundation. The aim of HACEP was to make all of the public housing units smoke-free. The nursing students received online training on how to educate people about smoking cessation. The students provided teaching to public housing residents and passed out brochures outlining smoking cessation programs offered by the City of El Paso's Department of Public Health's Fresh Start program and the StopLite Initiative at UTEP. Nursing students did presentations at six housing units attended by 30-50 participants per housing unit.

Military Bataan Death March Marathon

The nursing students expanded their community activity repertoire and served as medical volunteers in the 25th annual Bataan Memorial Death March at White Sands Missile Range in White Sands, New Mexico. The 26.2-mile march (walk or run marathon) is done in honor of service members who defended the Philippine Islands during World War II and is open to military and civilian participants. Thirty-three of the community health-nursing students completed a first-aid review session in which they brushed up on knowledge about heart attacks, wounds, thermal burns, joint and muscle injuries, diabetic emergencies, snakebites, seizures, and heat related injuries.

The students worked with members of their nursing faculty and RNs from William Beaumont Army Medical Center in acute medical tents and provided foot (blister) care and other first aid care for march participants. Some students worked in non-acute medical tents and provided hydration. The students practiced their assessment and vital sign-taking skills on the marathoners. Students reported this was very rewarding and gave them an opportunity to support military service members. This activity served as an example of how a partnership between a military base and community nursing students is mutually beneficial in that the nursing students were able to apply community health nursing principles and see first-hand how they improved the well-being of the march participants.

Mock Active Shooter Exercise

In 2015, the University of Texas at El Paso collaborated with the Border Regional Advisory Council (BorderRac), an organization dedicated to readying communities for disaster preparedness, to test university protocols for managing an active shooter situation. The community health-nursing students along with the graduate nurse practitioner students, nurse faculty, and local RNs participated in a mock active shooter scenario at the university library. BorderRac personnel along with university and city police department, fire department, and emergency medical services also participated in the event. Fire department personnel brought simulated shooting victims from the library to the School of Nursing patio across from the library. The community nursing students were separated into teams representing triage, ICU units, and medical surgical units, etc. The community nursing students went through the maneuvers of caring for shooting disaster victims and honed their knowledge and skills of helping their community during a disaster situation. The BorderRac hosted a debriefing for the participants afterward and their evaluation document was shared with the nursing students.

Aim 3 - Incorporation of Interprofessional Collaborations:

One of the main objectives of nursing community health courses is the promotion of interprofessional collaborations. The Quad Council Coalition of Public Health Nursing Organizations stipulates in Domain 5 of public health competencies that “developing relationships within a community, maintaining and advancing partnerships and community involvement, negotiating for the use of community assets, defending public health policies and programs, and evaluating and improving effectiveness of community engagement” is critical to the advancement of public health (2018, p. 23). Communication and collaboration among health care professionals has been regarded as critical to delivering high quality and safe patient care (AACN, 2008). As the community health-nursing course has evolved, nursing students now have opportunities to develop relationships with community stakeholders and fellow students of other health care disciplines who are also completing their courses of study in the pursuit of bettering the health of their communities. Participation in the HOPE (Health, Opportunity, Prevention, and Education) Clinic and health fair initiative and interprofessional education Tabletop exercises have enabled students to build crucial relationships that will carry forward as they begin their careers as health care professionals after graduation.

HOPE Health Fair

In the spring of 2016, community health nursing students along with students from the college of health sciences, school of social work, and school of pharmacy, and other community partners including the El Paso Health department, the El Paso County Hospital District, and private hospital systems, hosted a large health fair in a neighborhood near the location of the Opportunity Center, a shelter that houses homeless citizens. The HOPE fair event drew hundreds of El Pasoans. Nursing students hosted several booths and provided education on topics such as diabetes, domestic violence, breast cancer, and mental health. Education about health care resources in the community was provided. Health screenings were done under the supervision of nurse faculty and area RNs and referrals were made to a clinic that had set up a temporary onsite clinic to provide health care services. Community nursing students worked in pairs under the supervision of a family nurse practitioner and performed foot care on Opportunity Center residents.

Health fair participants completed surveys regarding their experiences and provided feedback to the nursing students. Many expressed gratitude for the services and education they received. In terms of the students, one nurse practitioner reported students expressed some unfamiliarity and apprehension with working with this population of citizens, but that after caring for these

clients, they learned that all people are similar in wanting to have a greater state of well-being. She stated, “The students taught the patients about how to care for their feet, and the patients taught the students about humanity”. One student reported being amazed at the vast amount of screenings, resources, and information that are available, and was surprised at how many people just want to talk about their medical histories and share personal stories. Students and nursing faculty reported that this was an immensely rewarding experience and really brought home to the students the essence of what community health nursing is all about. This event is still part of the activities the students engage in as part of their community-health course.

Tabletop Exercise

During the fall of 2018, the community health-nursing students began participating in the interprofessional education (IPE) “Tabletop Exercises” activity, a university initiative that brings students from the various health care professions together to review a case study and formulate an interdisciplinary plan of action for a simulated patient. Over 180 students from nursing, pharmacy, social work, physical therapy, speech-language pathology, occupational therapy, rehabilitation counseling, and thirty medical students, worked in groups to develop care plans for a complex simulated patient case. This exercise was developed based on the call for increasing interprofessional education opportunities for students enrolled in health sciences and other social care disciplines.

Interprofessional education (IPE) has been a pedagogical model used for several years in which students from two or more health care disciplines engage completely or partially in training activities to enable them to become highly skilled at collaboration (Buring et al., 2009; World Health Organization [WHO], 2010). Proficiency in intercollaborative communication is crucial to providing a high caliber of holistic, safe, patient-centered care in the increasingly complex health care environment (Buring et al., 2009; Frenk et al., 2010; Institute of Health [IOM], 2003; Steketee & O’Keefe, 2020). For this reason, inclusion of the nursing students in the Tabletop exercises was determined to be invaluable to their professional preparation.

Faculty members from the College of Health Sciences and the Schools of Nursing and Pharmacy organize this exercise each semester. Students from various health care disciplines, including medical students from other universities, are invited to the Tabletop event in which students come together in one location to review and discuss a fictional patient case study reflective of real-world situations, and provide their input in how they can work together to help this patient.

The patient is often representative of a vulnerable patient population. Past case studies have included simulated individuals struggling with health

issues who identify as homeless, refugees or transgender. Through this activity, students gain new perspectives on patient care approaches and learn about the unique challenges faced by members of each discipline. This forum allows them to refine their communication skills and engage in the kind of conversations they will have once they are in professional practice. It also enables them to begin building congenial relationships with people they will be working with in the future.

Virtual Tabletop Exercises in the Time of COVID-19

The community health nursing course at this university has always been taught on campus in a large classroom and in a simulated lab. Due to the COVID-19 pandemic, the university campus closed and all of the nursing courses were transformed into virtual formats to accommodate online learning. Like many nursing programs throughout the country, courses needed to be adapted to facilitate skills training through virtual platforms. Faculty from the different health care disciplines came together as a team to make a virtual tabletop exercise a reality. During the fall 2020 semester, the exercise was delivered through a virtual meeting platform and students were divided into “virtual rooms” to engage in their case study discussions. Case studies were given to the students prior to the virtual meeting so they could prepare their questions ahead of time.

As with any learning activity, the online environment had its benefits and challenges. An advantage was that the virtual format allowed for many more participants as there were no travel requirements or room reservations that were necessary for this type of meeting. Challenges included accessing technological assistance to troubleshoot any issues with connectivity and dividing the students into breakout rooms. However, the community nursing course manager reported that there were no more problems with online delivery than in-person delivery. As the Tabletop exercise activity has been fully developed, some faculty members stated it was very easy to put it online for the students. The community nursing course manager reported that students readily used the “chat” feature in the virtual meeting format. In her opinion, “they seemed more comfortable responding this way than in person”. As virtual modalities are increasingly used in response to the current pandemic, community health faculty are challenged to adapt and engage in creative problem solving to make the virtual world conducive to the development of public health skills.

Program Outcomes - Student Perspectives:

Students have expressed satisfaction with the community activities they have participated in in pursuit of meeting their community health nursing course objectives. Students are asked to provide feedback after participating

in their various learning activities. In response to the community health fairs, one student reported, “It was amazing to see how many people came to the health fair to get screened for blood pressure, height, weight, and BMI.” Another student stated, “It’s amazing how much people don’t know about seizures. We really are helping.” Another expressed, “The people who came by seemed so grateful with all the services provided to them. I felt like I gave back to the community in a way I had never done before.”

Student comments regarding the most recent Tabletop IPE activity have been positive. One student expressed, “At first, I felt shy when we broke out in groups because I was with people who I didn’t know or have not met in person but after introducing ourselves I adjusted and felt comfortable to speak up and discuss what nursing has to offer for this patient. I realized that Zoom is the new normal and adjusting to change is necessary in order to carry out goals for our patients. I realized how important it is to work together as a team because different professions can offer many valuable resources to the plan of care of the patient that other members are not familiar with or do not specialize in.” Another student reported, “Although I did not have any communication conflict with other members of the team, I did notice that every individual had different perspectives and tried to control others with their opinions. During this conflict, I demonstrated active listening and connected every member’s ideas so we could develop a broader care plan for the patient and focus on priority interventions. With the help with other nursing students, I also managed to create a teaching plan that we could provide to the patient to ensure medication and follow up adherence.”

Faculty Challenges of Community Engagement:

Course managers and faculty strive to find rich and diverse opportunities for students to practice their skills of health promotion. Community engagement activities are time consuming and can be difficult at times to juggle. Initially in the program, community practicum was conducted by preceptor nurses in the clinical setting and clinical faculty only provided oversight. As things evolved, faculty members had to become more actively involved with the students and their surrounding communities. They had to be willing to prepare for programming asked for by community agencies so that they could in turn train the students in specific activities. This presented a mild learning curve, as faculty had to adjust their mindset from traditional teaching methodologies and try new innovative active teaching strategies. One helpful strategy that made the work less burdensome among instructors was rotating who would be in charge of the different events, or “changing hands” to lighten the load of responsibility. Student evaluation feedback, which is overwhelmingly positive, is also a means of motivation to keeping the passion alive for continuing the hard work to make student experiences productive and

meaningful. Student reflection activities at the end of each semester allow faculty insight into how students perceive their learning experiences and provide direction needed to inform program improvement processes. Although the course is taught during the summer semesters, the big health fairs do not occur until the long fall and spring semesters, so students engage in the mock health fair activity along with IPE activities. This provides some rest time for faculty to regroup and prepare for the long semesters. One key to success is that this program has always had strong leadership from highly organized course managers with expertise in community health nursing. Course managers and administrators must have a willingness to think outside of the box and strongly support their faculty. This, coupled with a strong enthusiasm to help students appreciate and embrace community service, eased the transition into becoming a comprehensive, dynamic community health course.

Implications for Future Practice:

In addition to continuing health fairs, IPE activities, and participation in other various community events, the community health-nursing program aims to reach underserved populations in the rural areas of El Paso County through community health fair events held in these locations called “colonias”. Populations in these areas consist of some of the most impoverished and underserved citizens in this community. There is an extreme scarcity of health care resources in this area. Another anticipated outreach project includes implementing a program of phone and other virtual communication with older adults who are living in long-term care facilities and who remain isolated from their families due to the current pandemic. The next step is to involve community health nursing students in research projects in which they can work alongside students from other health care disciplines as well as graduate nursing students. In light of the current challenges brought about by the COVID 19 pandemic, expanded use of virtual platforms for education delivery will be explored in terms of reaching citizens with limited access to health care services. Development of relationships through use of virtual meeting applications in which students of various health care disciplines as well as other community stakeholders gather to brainstorm ideas will be a new area of focus. It will take a team effort to generate the creativity needed to adapt to the changing health care climate in the time of COVID 19 to meet the expanding needs of communities.

Discussion:

The evolution of the community health course described here came about as a result of nursing educators who wanted to make community health principles come alive for their students in a way that would empower them to

give back to their communities. It is not clear how many schools of nursing in the US offer such comprehensive community health care courses; however, the intent of this paper is to share ideas about possible activities that can be used to achieve the objectives of community health nursing curriculum across the globe. Faculty have observed that this course's innovations have enabled nursing students to become more comfortable in connecting with citizens, community stakeholders, and students of other disciplines as a result of their active community engagement.

The course managers who initiated the course's evolution envisioned a class that would inspire their students to immerse themselves in community service, and to feel empowered to do so. The feedback provided by students throughout the years have demonstrated that they have achieved this. Benefits of the evolved community health course include the students developing a sense of being intricately connected to their communities and gaining a better understanding of the populations, they serve. They are able to see first-hand the living conditions of citizens, and can speak to them on a more personal level in the places they live and receive health care. This can be a revelation for some students who may not have been exposed to certain disease processes or social conditions that adversely impact the quality of life. Students have learned to adjust their thinking to look at the big picture and to adjust the care they are providing in consideration to every individual's unique needs and to be guided by the community health principles of primary, secondary, and tertiary levels of care and disease prevention strategies.

Problems encountered was having enough faculty guidance for large class groups. When the total enrollment of students reaches 80 or above, it can prove challenging to find enough faculty to oversee the vast activities required in this course. At times, faculty buy-in can be a challenge as typically nursing faculty have large workloads. However, upon seeing how this work benefits the students to the degree that they express their excitement and report how much they find their community participation to be such a rewarding experience, most faculty have been motivated to stay the course. Specific guidelines and templates to support and guide all clinical projects have also helped clinical faculty manage the work.

The next steps for this community health course is to continue with strong leadership and to expand student activities into the surrounding rural areas. The incorporation of virtual technologies to reach different populations with online formats for health education and interprofessional discussions will be pursued. Hardships brought on by the COVID 19 pandemic that have isolated people and affected mental health will be addressed and students will be guided to brainstorm and implement strategies that will promote connection to the communities to advance health promotion. The involvement of students from the graduate nurse practitioner and nurse educator programs will be

sought to assist the undergraduate nursing students with their community activities in the current health care climate.

Conclusion

Adapting education curricula to prepare students in health care disciplines to become astute and competent providers of care will be imperative to meeting the expanding health care needs of citizens and communities. Global crises such as the current COVID 19 pandemic call for community health educators to become innovators who design learning activities that maximize students' problem-solving abilities. Ensuring students have rich opportunities to enhance public-health competencies who can skillfully engage in meaningful community partnerships and interprofessional collaborations will set the stage for improving the health and well-being of individuals, families, and communities everywhere.

References:

1. American Association of Colleges of Nursing (AACN). (2008). The essentials of baccalaureate education for professional nursing practice. <https://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>
2. American Public Health Association (APHA). (2008). Promoting interprofessional education. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/23/09/20/promoting-interprofessional-education>
3. Buring, S.M., Bhushan, A., Broeseker, A., Conway, S., Duncan-Hewitt, W., Hansen, L., & Westberg, S. (2009). Interprofessional education: Definitions, student competencies, and guidelines for implementation. *American Journal of Pharmaceutical Education*, 73(4), 1-8.
4. Dillon, D.L., & Sternas, K. (1997). Designing a successful health fair to promote individual, family, and community health. *Journal of Community Health Nursing*, 14, 1-14.
5. Ezeonwu, M., & Berkowitz, B. (2014). A collaborative communitywide health fair: The process and impacts on the community. *Journal of Community Health Nursing*, 31(2), 118-129. <https://0-doi-org.lib.utep.edu/10.1080/07370016.2014.901092>
6. Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T., Fineberg, H., Garcia, P., Ke, Y., Kelley, P., Kistnasamy, B., Meleis, A., Naylor, D., Pablos-Mendez, A., Reddy, S., Scrimshaw, S., Sepulveda, J., Servadda, D., Zurayk, H., Frenk, J. (2010). Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *Lancet*, 376 North

- American Edition (9756)*, 1923-1958. [https://0-doi-org.lib.utep.edu/10.1016/S0140-6736\(10\)61854-5](https://0-doi-org.lib.utep.edu/10.1016/S0140-6736(10)61854-5)
7. Goldman, K.D., & Schmalz, K.J. (2004). Top grade health fair: An “A” fair to remember. *Health Promotion Practice*, 5, 217-221.
 8. Health Resources and Service Administration (HRSA). (2020). *MUA find*. <https://data.hrsa.gov/tools/shortage-area/mua-find>
 9. Institute of Medicine. (2003). *Institute of Medicine Committee on the Health Professions Education Summit. Health Professions Education: A Bridge to Quality*. Washington, DC: National Academy Press.
 10. Institute of Medicine. (2010). *The future of nursing leading change, advancing health*. Washington, DC: National Academies Press.
 11. Maltby, H. (2006). Use of health fairs to develop public health nursing competencies. *Public Health Nursing*, 23(2), 183-189.
 12. Murray, K., Liang, A., Barnack-Tavaris, J., & Navarro, A.M. (2014). The reach and rationale for community health fairs. *Journal of Cancer Education*, 29(1), 19-24. <https://0-doi-org.lib.utep.edu/10.1007/s13187-013-0528-3>
 13. Quad Council Coalition Competency Review Task Force. (2018). *Community/Public health nursing competencies*. https://www.cphno.org/wp-content/uploads/2020/08/QCC-C-PHN-COMPETENCIES-Approved_2018.05.04_Final-002.pdf
 14. Salerno, J.P., McEwing, E., Matsuda, Y., Gonazalez-Guarda, R.M., Ogunrinde, O., Azaiza, M., & Williams, J.R. (2017). Evaluation of a nursing student health fair program: Meeting curricular standards and improving community members’ health. *Public Health Nursing*, 35(5), 450-457. <https://0-doi-org.lib.utep.edu/10.1111/phn.12402>
 15. Steketee, C., & O’Keefe, M. (2020). Moving IPE from being “worthy” to “required” in health professional curriculum: Is good governance the missing part? *Medical Teacher*, 42(9), 1005-1011. <https://0-doi-org.lib.utep.edu/10.1080/0142159X.2020.1774526>
 16. Steffy, M.L. (2019). Community health learning experiences that influence RN to BSN students interests in community/public health nursing. *Public Health Nursing*, 36(6), 863-871. <https://0-doi-org.lib.utep.edu/10.1111/phn.12670>
 17. World Health Organization. (2010a). *A framework for action on interprofessional education and collaborative practice*. WHO Press. https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HP_N_10.3_eng.pdf?sequence=1
 18. World Health Organization. (2010b). *A framework for community health nursing education*. WHO Press. <https://apps.who.int/iris/bitstream/handle/10665/204726/B4816.pdf>