

PACE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
LIENHARD SCHOOL OF NURSING
DEPARTMENT OF GRADUATE STUDIES

NURS 830

SPRING 2013

COURSE SYLLABUS

COURSE NUMBER AND TITLE: NURS 830 Health Care Policy: Strategic Action

NUMBER OF CREDITS: 3 credits

FACULTY: Eileen T. O' Grady, PhD, RN, NP
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PLACEMENT IN CURRICULUM: Core
PRE OR CO-REQUISITE: Pre-Requisite: NURS 800, NURS 810
Co-Requisite: NURS 820

COURSE DESCRIPTION: This course is designed to provide an overview of health care policies and political advocacy. Key issues will be presented within the framework of health care delivery systems, organization, and evaluation of impact on health. Special emphasis will be placed on the role of advanced practice nursing and its impact on policy for all, and in particular vulnerable populations.

COURSE OBJECTIVES: Upon completion of this course, the student will be able to:

1. Critically appraise a theoretical framework for the public policymaking process in the United States as relevant to evidence-based health policy for culturally diverse populations in primary health care.
2. Articulate (to elected and appointed policymakers, healthcare consumers, and the media) primary health care issues and specific, culturally competent solutions based on evidence.
3. Summarize for policymakers the policy implications of research relevant to evidenced-based and, culturally competent primary health care delivery.
4. Analyze the behavior of advanced practice nurses who demonstrate exceptional political competence and knowledge of high-priority evidence-based health issues among culturally diverse populations to inform practice and mentorship roles.
5. Critically appraise the potential role of a national, interoperable information technology system as a powerful tool to inform policy and improve culturally competent, evidence-based primary health care delivery.
6. Analyze the major APRN state and federal policy issues and politically competent evidence-based solutions aimed at improving the health status of culturally diverse populations.
7. Create 'policy networks' and strategic partnerships with key stakeholders on policy issues related to the provision of culturally competent best practices in primary health care.

TOPICAL OUTLINE:

- I. Introduction to Health Policymaking
 - A. The U.S. Health Care Delivery System
 1. Health Care Financing
 - B. The Health Policy Process
 1. Agenda-setting
 2. Incrementalism
 3. Federalism
 - C. The Cost-Quality-Access Triad
 - D. A Health Policy Framework
- II. The Affordable Care Act
 - A. Major Provisions
 1. Patient protections
 2. Insurance Industry Regulation
 3. Access Expansions

- 4. Care Coordination and Transitions
- 5. Payment Reform

III. Current and Emerging APRN Health Policy Issues

- A. The health care quality movement
- B. Workforce Issues
- C. APRN Payment
- D. State Practice Acts and The APRN Consensus Report
- E. Primary Care Initiatives
 - 1. Accountable Care Organizations
 - 2. Health Care Homes

IV. Mining and distilling policy implications from research for policymakers

- A. Sharpening policy relevance for policymakers

V. Politically competent role models

- A. The IOM Report on the Future of Nursing
- B. Politically competent behaviors
- C. Modern campaign finance
- D. Spheres of influence

VI. Effective communication with policymakers and the public

- A. Interacting with the media
- B. Interacting with the public: The op-ed
- C. Relationship building

VII. Developing strategic partnerships

- A. Stakeholder analysis
- B. Policy networks

TEACHING STRATEGIES: Seminars/discussion, individual and group exercises, oral and written presentations, electronic discussion forums, eLearning portfolio, interacting with the lay print media.

METHODS OF EVALUATION:

US Civics & Political Literacy Assessment	Mastery
Policy Analysis Paper	30%
Opposite -Editorial (Op-ed)	30%
Testimony Panel Team Presentation	20%
Course Participation	15%
(Elevator speech, role play, Webquests, On campus seminars, online discussions, team collaboration)	
eLearning Portfolio	5%

COURSE BOOKS:

REQUIRED

Mason, D. J., Leavitt, J.K., & Chaffee, M.W. (2012). *Policy and politics in nursing and health care. (6th edition)*. Philadelphia: Elsevier-Saunders.

Bodenheimer, T.S. & Grumbach, K. (2012) *Understanding health policy: A clinical approach. (6th edition)*. McGraw-Hill/ Lange.

PROGRAM BOOKS

American Psychological Association. (2010). *Publication manual of the American Psychological Association (6TH ed.)*. Washington, DC: Author

Hamric, A., Spross, J., & Hanson, C. (2009). *Advanced practice nursing: An integrative approach (4th ed.)*. St.Louis, MO: Saunders.

Fairman, J. (2008). *Making room in the clinic: Nurse practitioners and the evolution of modern health care*. NJ: Rutgers University Press.

Heavey, E. (2011). *Statistics for nursing: A practical approach*. MA: Jones & Bartlett.

Langley, G., Moen, R., Nolan, K., Nolan, T., Norman, C., & Provost, L. (2009). *The improvement guide: A practical approach to enhancing organizational performance (2nd ed.)*. Philadelphia, PA: Jossey-Bass.

Leininger, M., & McFarland, M. (2002). *Transcultural nursing concepts, theories, research and Practice (2nd ed)*. NY: McGraw-Hill Companies.

Melnyk, B.M., & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing and healthcare: A guide to best practice*. Philadelphia, PA: Lippincott Williams & Wilkins.

Patterson, K., Grenny, J., McMillan, & Switzler, A. (2002). *Crucial conversations: Tools for talking when stakes are high*. NY: McGraw Hill.

Payne, R. (2005). *A framework for understanding poverty*. Highlands, TX: Aha Process, Inc.

Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice (9th ed.)*. PA: Lippincott Williams & Wilkins.

Preskill, H. & Catsambas, T. (2006) *Reframing evaluation through appreciative inquiry*. CA: Sage.

Rycroft-Malone, J. & Bucknall, T. (Eds) (2010). *Models and frameworks for implementing evidence-based Practice: Linking evidence to action*. NJ: Wiley-Blackwell.

Schon, D. (1983). *The reflective practitioner: How professionals think in action*. NY: Basic Books. (This book is read prior to orientation and starting the program)

REQUIRED E-SUBSCRIPTIONS:

DNP on-line Community: <http://www.doctorsofnursingpractice.org> Sign up for free mailing list to keep current on DNP policy issues.

Students are also required to subscribe to free subscriptions to the daily or weekly policy e-mail postings from organizations which track, report and analyze health policy below. Select at least 3 of the following health policy email alerts- it is an important way to stay informed on the always-changing health policy landscape. Incorporate information from this source into your assignments this semester.

1. **Kaiser Family Foundation.** <http://kff.org/profile/subscriptions.cfm> Scroll down to locate the check box for the Daily Report.
2. **The Commonwealth Fund.** Alerts on health reform, access, quality and cost, regular email alerts at: <http://www.commonwealthfund.org>
3. **iHealthBeat.** Subscribe to this daily email at <https://profile.chcf.org/ihb/registration/signup-step-1.aspx>
The editors of this online journal sift through ~300 information sources daily to bring you a compilation of up to the minute news about health information technology and policy.
4. **American Nurses Association's** daily SmartBrief at <http://www.smartbrief.com/ana/index.jsp?campaign=story>
5. **Center for Studying Health System Change:** <http://www.hschange.com>
6. **Agency for Health Care Research and Quality-** Monthly Newsletter and Patient Safety Network at <https://public.govdelivery.com/accounts/USAHRQ/subscriber/new?>

LSN Department of Graduate Studies Grading Criteria are:

A =	95-100	(4.0)
A- =	90-94	(3.7)
B+ =	87-89	(3.3)
B =	83-86	(3.0)
B- =	80-82	(2.7)
C+ =	75-79	(2.3)
C =	70-74	(2.0)
F =	below 70	(0.0)

A grade of "B" or higher is required to pass this course.

*REASONABLE ACCOMMODATIONS FOR
STUDENTS WITH DISABILITIES*

The University's commitment to equal educational opportunities for students with disabilities includes providing reasonable accommodations for the needs of students with disabilities. To request an accommodation for a qualifying disability, a student must self-identify and register with the Coordinator of Disability Services for his or her campus. No one, including faculty, is authorized to evaluate the need and arrange for an accommodation except the Coordinator of Disability Services. Moreover, no one, including faculty, is authorized to contact the Coordinator of Disability Services on behalf of a student. For further information, please see *Information for Students with Disabilities* on the University's web site. **You can contact the Coordinator at 212-346-1526 (New York Campus) or 914 -773-3710 (Pleasantville Campus).**

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Topical Outline and Schedule Health Care Policy: Strategic Action
Seminar Meeting Time: 1-3 pm Sessions start on Fridays, end on the following Thursday

DATE	Session	Online/ Campus	TOPIC	Preparation **
1/25- 1/31/13	1	On line	Introduction to US Policymaking	Review course information in Blackboard
2/1/13	2	CAMPUS	Introduction to US Policymaking	O'Grady & Johnson Chapter 22 in Hamric (2013). Will provide a copy of the next edition draft.
2/1-2/7/13	2 continued	Online		
2/8-2/14/13	3	Online	Review of US Civics	Mason: 1-6, 39, 63, 64, 65, 73
2/15-2/21/13	4	Online	Review of US Health Care Delivery, Financing and Major players	Mason: 13-18, 29, 31, 32, 34 Bodenheimer: 5, 6, 8, and 9
2/22/13 Dr Steven Ferrara	5	CAMPUS	Health Policy Frameworks and the Policy Process POST Draft op-ed	Mason: 7-8 Bodenheimer: 1, 2, and 3
2/22-2/28/13	5 continued	Online		
3/1-3/7/13	6	Online	Political Competence: Behaviors and Role Models	IOM Future of Nursing Summary pp S1-S13 Mason: 10, 11,12, 46, 58, 78, 89
3/8-3/14/13	7	Online	Political Competence: Disparities, Advocacy and Campaigns	Mason: 21, 22, 37, 68, 69, 74, 76, 77, 79
3/15/13	8	CAMPUS	Political Competence: Interacting with the Media Final op- ed due with a SASE	Mason: 84, 85, 92, 93, 94, 98, 100
3/15-3/21/13	8 continued	Online		US civics and political literacy assessment due before spring break
3/22-3/31/13	SPRING BREAK			
4/1-4/4/13	9	Online	The Affordable Care Act: A Primer	Mason: 51, 75 Bodenheimer: 11,13,16,17
4/5-4/11/13	10	Online	The ACA: Disparities, and the Health Care Quality Movement	Mason: 42, 48, 54, 59 Bodenheimer: 10 Rycroft-Malone & Bucknall, Chapter 7
4/12/13	11	CAMPUS	The Affordable Care Act: APRN Policy Issues Issue Analysis Due (hard copy with SASE)	Mason 50 , 66 Bodenheimer Chapter 4
4/12-4/18/13	11 continued	Online		
4/19-4/25/13	12	Online	Mining for Policy Implications	Mason 40, 41
4/26/13	13	CAMPUS	Presentation: Testimony Panel Each group presents their Testimony Panel	
5/3/13	14	Online	Reflective Essay due	ePortofolio due

These are readings from program, required and recommended textbooks. Additional reading, including electronic reserves, posted articles and or links to files found within the weekly sessions posted on Blackboard.

Faculty may post NEW material up to 2 weeks before weekly session starts.

**** OPTIONAL * *American Association of Nurse Practitioner Annual Health Policy Conference February 24-26 2013.*** It includes high level policy-maker speakers, training on how to lobby and visits to the US Congress. For more information and to register: <http://www.acnpweb.org/acnp-national-nurse-practitioner-health-policy-conference>

*** 5/3 Submit On-Line- Reflective Essay

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NURS 830

SPRING 2013

Assignment	Type	% of grade	Due Date
US Civics/Policy Literacy assessment	Individual	Achieve mastery!	Before spring break-March 22
1. Opposite-Editorial (OP-Ed)	Individual	30%	March 15
2. Policy Analysis	Individual	30%	April 12
3. Presentation: Testimony Panel	Team	20%	April 26
4. E-portfolio: Reflective Essay	Individual	5%	May 3
5. Participation: Elevator speech, role plays, webquests, seminars, discussions and collaborative teamwork	Individual	15%	Ongoing

Criteria and Suggestions for Selecting Issues/op-ed Topics (NURS 830)

Selected topics MUST meet ALL of the following 7 criteria, based on the report:

1. Be linked to the 2011 National Health Disparities Report and/or Healthy People 2020
2. Be clinical focused and highly relevant to primary health care
3. Have cultural implications
4. Have implications for health policy
 - a. Topic must be amenable to legislation or government regulation for a solution or improvement. Not every issue/problem should be legislated! The topic should be manageable... “Mental Health” as a topic is too large but “suicide prevention intervention(s)” is manageable.
5. Have *some* research evidence as well as other evidence to support the area
6. Be current, relevant and significant
7. Be linked to at least one of the following aspects of care: access, quality, or cost

The following lists of topics are intended as suggestions of broad topics you might consider, and then narrow down your topic (see examples of published op-eds in Blackboard):

Transitional Care
Wellness/Health Promotion
Health/Disease Screening
Comfort Care/End-of-Life
Long Term Care
Disaster Preparedness
Nutrition/Obesity
Physical Fitness
Reproductive Health
APRN Professional Issues
 (e.g., scope of practice)

Disease Prevention
Palliative Care
Health Workforce Issues
Disease Management
Drug Shortages
Health Literacy
Immunizations
Food Deserts
Nurse Managed or School based Health Centers
Medicaid/Medicare/CHIP
Health Information Technology

Assignment 1: Educating the Public: Crafting an Evidence-Based Opposite-Editorial (Op-ed) 30%

A brief History: **Op-ed**, abbreviated from **opposite the editorial page** (though often mistaken for **opinion-editorial**), is a newspaper article that expresses the informed opinions of a named writer (often an expert) who is usually unaffiliated with the newspaper's editorial board. These are different from editorials, which are usually unsigned and written by the newspaper's editorial board members. An op-ed is distinct from a "Letter to the Editor" which consists of readers responding to a previously-written article. The first modern op-ed page was created in 1921 by Herbert Swope of *The New York Evening World*, he realized that the page opposite the editorials was "a catchall for book reviews, society boilerplate, and obituaries". He is quoted as writing:

"It occurred to me that nothing is more interesting than opinion when opinion is interesting, so I devised a method of cleaning off the page opposite the editorial, which became the most important in America ... and thereon I decided to print opinions, ignoring facts."

Beginning in the 1930s, radio began to threaten print journalism, a process that was later sped up by the rise of television. To combat this, major newspapers such as *The New York Times* and *The Washington Post* began including more openly subjective and opinionated journalism, adding more columns and growing their op-ed pages.

This assignment will be highlighting your INFORMED opinion on the most pressing health care problems of our times and it will be backed up with evidence. The assignment is designed to build in numerous edits and refinements in order to get the writing as strong as possible and raise potential for publication. You are to submit to the outlet that is in your region (e.g. *Washington Post*, *Boston Globe*, *LA Times*, etc). The **purpose** of this assignment is for you to demonstrate your political competence by educating the public about your issue, influencing public opinion and offering policy solutions that increase quality, expand access or reduce the costs of health care. Newspapers have policies on how to submit articles to their opinion page, however most have length limits (500-750 words). You will be getting feedback on your writing at multiple stages, so you should have a neatly polished, precise and concise version ready for submission to a major media outlet. It is hoped that you will incorporate this form of patient advocacy into your professional APRN roles. This type of writing is not formulaic; however, the following are suggested components for writing an op-ed.

Step by step Instructions for Writing an Op-Ed	
Step 1 Identify your topic	Identify an area in which you know a lot about, feel passionate about and have a policy solution OR the public would benefit from being educated about it- post a 3-5 sentence description of your topic in <u>op-ed topic discussion board</u> . Before you begin writing, faculty will approve your topic.
Step 2 Identify the news venue	Identify the media outlet you will be using and their opinion editorial policies before you begin writing. Remember, this type of writing must be tight, precise and concise. Review examples of op-eds in your chosen newspaper.
Step 3 Begin crafting first draft	<ol style="list-style-type: none"> 1. Establish your credibility by stating your credentials, and declaring your expertise. [Do not emphasize your current role of student unless directly pertinent]. 2. Scope of the problem <ol style="list-style-type: none"> a. How it impacts the public or /population/ or disenfranchised segment of a community. Use federal or state data/statistics if available b. Poignant, heart wrenching personal story if applicable c. Stakeholders who disagree with you-describe why and inoculate their argument d. Identify ethical dilemmas as appropriate e. Identify any cultural diversity relevance or disparities issues 3. Specify policy based solutions <ol style="list-style-type: none"> a. Include evidence/ science on why this policy solution is helpful b. Be highly specific describing what sphere of government is involved and what action needs to be taken c. Offer policy solutions that non-government sectors (industry) can adapt to solve the problem (e.g. nursing shortage- hospitals offer scholarships to nursing aids) 4. Describe actions that readers/public can do <i>today</i> to solve this problem. 5. Predict what may happen if problem is not fixed
Step 4 Seek Peer review	<ol style="list-style-type: none"> 1. Seek editing from at least 2 classmates (any cohort) to review/edit your op-ed and respond to the same questions as above. Provide <u>candid feedback to each other on all of these areas</u> and especially let each other know if there are areas that are murky or need amplification/highlighting. 2. Incorporate only those edits which make the writing stronger.
Step 5 Seek Faculty Review	Once op-ed has been reviewed by no less than 5 people and undergone editing, submit to faculty for review/editing (<i>not</i> evaluation) Incorporate faculty suggestion only if you think they strengthen it.
Step 6 Submit to faculty for final grade	Once faculty edits have been incorporated, submit to Blackboard for final grade
Step 7 Submit to media outlet.	Submit to the media outlet of your choice at the same time you submit the op-ed for a grade. Submit to only one outlet at a time. Do not be discouraged if you do not hear back- each paper has policies on when you can expect to hear- if you do not hear from them in their stated timeframe, submit to another media outlet. Expect multiple attempts- this kind of writing requires tough skin.

Grading Rubric for Op-ed (30%)	
Writing Component	Points
1. Establish your credibility by stating your credentials, and declaring your expertise. [Do not emphasize your current role of student unless directly pertinent].	10
2. Scope of the problem a. How it impacts the public or /population/ or disenfranchised segment of a community. Use federal or state data/statistics if available (10) b. Poignant, heart wrenching personal story if applicable (5) c. Stakeholders who disagree with you-describe why and inoculate their argument (10) i. Identify ethical dilemmas as appropriate ii. Identify any cultural diversity relevance or disparities issues if relevant	25
3. Specify policy based solutions: a. Include evidence/ science on why this policy solution is helpful (10) b. Be <i>highly specific</i> describing what sphere of government is involved and what action needs to be taken (10) c. Offer policy solutions that non-government sectors (industry) can adapt to solve the problem (e.g. nursing shortage- hospitals offer scholarships) (5)	25
4. Call to action: a. Describe actions that readers/public can do <i>today</i> to solve this problem (5) b. Predict what may happen if problem is not fixed (5)	10
5. Format: a. No complex jargon, writing is in lay terms (5) b. No typos/grammar errors (5)	10
6. Global Scoring: a. Outstanding: A thoughtful and thorough breakdown and analysis of the health policy issue, evidence-based arguments as well as a poignant narrative were included. The issue was described using a cost-quality-access framework (i.e. the policy solution will decrease costs, improve quality, or access). Cultural/ disparities issues were addressed. Policy recommendations were incremental and specific to the problem. This writing excited the reader by explaining and clearly linking the policy problems to a practical solution(s). Reader feels compelled to actively support the policy solution. (15-20) b. Acceptable: This Op-Ed makes it easier for the reader to gain new understanding about the policy problem, but leaves the reader with some doubt of the linkage to the policy solution. Cultural/disparities issues are not addressed. The policy recommendation is not totally convincing, or are not specific enough. There is no clear reason why the reader would be interested in the topic or the reader wants to know more. (10-15) c. Unacceptable: This writing does not explain why anybody should care about the policy problem, so the reader is not interested in getting to the solution. Overall, the op-ed is not written in a thorough manner and leaves the reader unclear, unconvinced and wanting more. The reader is not excited or	20

Assignment 2: Policy Analysis 30%

For this assignment, you will adopt the role of a staff member for an elected official in either the state or federal government. This policy maker is a lawyer by education and has a typical layman's knowledge of health care. One day she works on trade issues, the next farming or energy issues, the next on the criminal justice system...health care is simply one of many issues she deals with. You will write the analysis to and for this elected official. This is not an opinion or an advocacy piece: you must approach the topic as an unbiased analyst. Based upon your analysis of the political issue, you will make 2-3 action recommendations for the elected official, your boss. Assume your boss trusts you completely and will take recommendations onto the floor of the governing body and give a speech based upon your analysis.

Guidelines for Policy Analysis

No more than 10 pages, double-spaced, including references. No appendices allowed. Times New Roman 12 font, 1 inch side/top/bottom margins, Use APA format (NO ABSTRACT) for your citations and references. Clarity is the goal and accuracy is essential, no jargon. Statements, facts and figures must be supported with citations. If you provide a table of facts, you can simply label the table in a 10 font with the citation and not repeat it in the reference list. Label/cite all graphics that are not your originals. The best analyses are not solid text...they have data compiled for the reader into a figure or a table. Create tables or charts of information rather than writing out lengthy statistics or facts.

Subheadings in this order:

1. **Title page:** state whether your policymaker-boss is state or federal, what sphere of government are you operating in.
2. **Introduction:** Introduce an issue (rather than a problem) in terms of policy making, a problem rises to the level of an issue only if there is more than one option for a solution (e.g., Everyone agrees that access to health care is a problems, but this is not specific enough. The policy issues is "How do we expand access to immunizations to ethnic and racial minorities in a more uniform way? Once you have an issue, what about the issue that makes *this issue* require a legislative solution (as opposed to an individual or private sector-solution)?
3. **Costs:** Discuss economic and non-economic costs of the present situation. Discuss access and quality here if applicable.
4. **Stakeholder Analysis;** Identify all stakeholders, what are their positions on the issue? Are there any champions on either side of the dispute? You must identify both supporters and opponents for your "boss" even if you are able to say that no one opposes it. If there are numerous stakeholders, creating a table is wise.
5. **State 2-3 policy option "asks"**(no more than 3!). These should be realistic, highly specific policy recommendations for action regarding the issue. These recommendations must be feasible (e.g not we must adopt a single payer health care system!)
6. **Rationale for Policy Recommendations**
 - a) Discuss economic and non-economic savings/losses of your recommendations.
 - b) Evidence that proposed solution will make a difference.
 - c) What will happen if government does not intervene, the problem goes unaddressed?
 - d) What is anticipated from the opposing stakeholder groups?
 - e) Ease of implementation and a timeline for implementation.
 - f) Enforceability of the recommendations. Consider who would monitor for compliance and the costs of monitoring.
7. **References** annotated with a brief description of any political bias within each reference or source. Use common sense here. Step outside your comfort zone and use references that politicians use. You may want to contact stakeholders, call government offices to get unpublished information that will make your analysis shine.

Issue Analysis Grading Rubric (30%)

Components of Analysis	Outstanding (100-94)	Acceptable (93-83)	Not Acceptable (below 83)
Key content (85%)	Topic meets all 7 criteria (10 %)	Some (5-6) of the criteria are met	Less than 5 of the criteria were met
	Title Page with your boss's elected position (state/federal) (5%)	Unclear which sphere of gov't is involved	Problem cannot be addressed by this sphere of government
	Introduction of the problem (5%)	Relationship between problem identified and policy recommendation is unclear.	Problem not amendable to policy solution
	Costs (5%)	Cost partially addressed	Costs not addressed
	Stakeholder Analysis is complete (10%)	Stakeholder analysis missing some elements	Obvious stakeholders were omitted
	Policy recommendations are limited to 3 and are feasible (10%)	Policy recommendations not completely feasible	Policy recommendations have no feasibility in current political climate
	Rationale comprehensive (20%)	Some components of the rational incomplete	Major components of the rational are missing
References are annotated and reveal bias. (20%)	Some references are not complete/explained	References do not reveal political bias. Writing appears to be an advocacy piece.	
Format (15%)	Times New Roman 12 font. 1" side/top/bottom margins., Correct APA for at least 10 current (no > 3 yrs old) citations and references. No typos/grammar errors. No Jargon.	Some (>3) formatting errors. 1-2 examples of Jargon used.	Numerous (>3) formatting /typos or grammar errors. >2 examples of jargon Writing appears to be in first draft form was not edited carefully.

**Assignment 3: Grading Rubric Testimony Panel Presentation (20%)
NURS 820/830 Guidelines and Grading Rubric**

Testimony Panel Presentation April 26, 2013

Purpose: The purpose of this assignment is to learn how to engage policymakers who are involved in a huge range of topics. Therefore, you must present health policy issues to

policymakers in a way that enhances their understanding of how policies are impacting people and communities.

Description: Providing policymaking bodies with testimony is one way for APRNs to effectively influence health policy. Presenting testimony is not formulaic; however, we need to evaluate your presentations and thus have developed criteria to guide you. You will need to explain the issue briefly and powerfully in easy-to-understand language. Your recommendation(s) must be highly specific—building your case with both evidence and poignant narrative for what you want the policymaker to do specifically. If there is strong stakeholder opposition, you must address this, inoculate against it, and anticipate questions. We hope to be “wowed” and thoroughly convinced that your recommendation must be pursued. This presentation must be precise and concise without getting lost in too much detail or jargon. For examples of strong written testimony, you may want to look at the American Association of Colleges of Nursing website: <http://www.aacn.nche.edu/government-affairs/appropriations>

Instructions: Here is a guide for the testimony panel presentation:

1. Key Contextual Issues
 - a. Establish your panel’s credibility (do not emphasize role as student unless directly pertinent)
 - b. Identify the sphere of government you are addressing e.g. Congress, committee members, state house, city council)
 - c. State your policy recommendation clearly at the beginning and again at the end
 - d. Describe the issue and its impact, including primary health care and cultural aspects
 - e. Address cultural diversity, health disparities, and/or Healthy People 2020. Explain how it is/is not relevant to the US health disparities gap, cultural competency, and/or Healthy People 2020.
 - f. Present in summary form and lay language the key background information
 - g. State concisely any consequences if issue goes unaddressed
 - h. Stakeholder Analysis
 - List your supporters/coalition/strategic partners
 - Address oppositions’ position (if pertinent and strong)
 - Inoculate their arguments
2. Poignant Narrative
 - a. Describe how the problem impacts constituent or community, using personal, deeply-moving story.
 - b. Link the data to human terms, and how the problem impacts real people, use real names if given permission.
3. Summary of the Evidence Review
 - a. Implications for primary health care
 - b. Implications for health disparities/cultural competence and/or Healthy People 2020 objectives
4. Highly specific, succinct policy recommendation/action
5. Provide 1 page bulleted fact sheet with key contact information, see exemplars:
 - Mothers Against Drunk Driving (MADD):
 - http://www.madd.org/media-center/media-library/FactSheet_DDEnforcement_Final.pdf
 - American Association of Colleges of Nursing (AACN):
 - <http://www.aacn.nche.edu/media-relations/fact-sheets>

Grading Rubric Testimony Panel Presentation (20%)

Components of Presentation	Outstanding (100-94)	Acceptable (93-83)	Not Acceptable (below 83)
Key content (70%)	<p>Panel’s professional credibility* established (5%)</p> <p>Background of the problem (5%)</p> <p>Consequences if unaddressed (5%)</p> <p>Identify specific cultural diversity relevance or disparities issues and/or specific Healthy People 2020 objective(s) (5%)</p> <p>Poignant narrative (5%)</p> <p>Policy recommendation (10%)</p> <p>Summary of the Evidence Review to support the recommendation (10%)</p> <p>Presentation of evidence is current (within 5 yrs) and/or sentinel study(ies) are summarized to support the recommendation (10%)</p> <p>Specific evidence-based study results are presented in a manner understandable to the lay person (10%)</p> <p>Evidence review is balanced with any study results that do not support the recommendation acknowledged or lack of adequate evidence acknowledged (5%)</p>	<p>Panels’ professional credibility partially addressed.</p> <p>Background addressed; some lack of clarity in the link between background and consequences, or consequences and narrative.</p> <p>Health disparities/cultural competence not fully addressed</p> <p>Evidence to support the recommendation is clear.</p>	<p>Panel does not link their professional background/experience/credentials to the topic. The relationship between problem identified and policy recommendation is unclear.</p> <p>Not enough evidence to support the recommendation.</p>
Delivery (20%)	<p>Presenters exude confidence, do not read material, have good eye contact with audience</p>	<p>Presenters lacked full confidence, read some of the material occasionally hesitant and unsure, had occasional eye contact with audience.</p>	<p>Presenters’ lacked confidence read the entire presentation, or had no eye contact with audience. Presenters’ seem uncertain and/or uninterested in topic.</p>
Handouts** (5 %) Slides are optional	<p>Succinct, clear, 1 page (5%)</p> <p>Understandable, Not too busy, no jargon. (5 %)</p>	<p>Succinct and generally understandable with some use of abbreviations/jargon</p>	<p>>2 examples of jargon; handout longer than 1 pg and lacking clarity</p>
Professionalism (5%)	<p>Presenters dressed/groomed professionally (2 %)</p> <p>Carried themselves as confident and</p>	<p>Presenters appear professional; however, some</p>	<p>Presenters’ appearance & behavior seem casual vs. professional</p>

	inspired servants of the nursing profession (3%)	mannerisms or clothes are distracting.	
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***Establishing Professional Credibility:** Be sure to state your professional clinical experience, expertise, or credentials *relevant* to the topic. Example: *“I am a certified adult nurse practitioner with 20 years of experience providing clinical care to individuals and families at the end of life. I have accompanied thousands of patients and their family members through the death experience and I am on the faculty of Smith College where I teach graduate level nurses about end of life issues. I am here today to discuss policy issues to improve quality and reduce costs at the end of life.....”*

****The Handout:** Include the authors contact information and date.

Assignment 4: REFLECTIVE ESSAY (5%)

See DNP community for Reflective Essay Requirements. Be sure to incorporate the collaborative participation peer feedback received in your reflective essay

Course Participation 15%

Your course participation will be measured on two scales, a peer evaluation (twice throughout the semester) to determine the strength of your collaborative skills, and a global scale. The online assignments and blogs are to mirror a discussion in the classroom. We are looking for thoughtful engagement here, without dominating or disappearing online or in person. I will, of course, contact you individually, if I am concerned about your level or quality of participation. The rubrics below will be used to assess the quality of your participation.

Course Participation Rubric 2%	Outstanding 94-100 “Fully engaged”	Acceptable 80-93 “Mostly engaged”	Not-Acceptable Below 80
Seminar Discussions, elevator speeches, role playing (5%)	Fully engaged in seminar, challenged ideas, asked thoughtful questions, which reflected extensive knowledge of the content. Tone was respectful and confident. Did not dominate or disappear.	Mostly engaged.... Occasionally dominated or became invisible.	Did not contribute meaningfully to seminars.
Online Discussions and Assignments (5%)	Online discussions or assignments reflect in-depth knowledge of and reference to the content being covered.	On line postings sometimes reflect in-depth knowledge of content being covered.	On-line contribution consistently did not reflect knowledge of the content being covered.
Team Collaboration (5%)	Elements of teamwork evident. Team charter was used and respected.	Difficulty completing task due to lack of collaboration. Charter not fully respected.	Lack of collaboration compromised task completion. Team charter not used or respected

Peer Evaluation: on Collaborative Course Participation

This evaluation will be administered to each student to complete on each team-mate at mid semester. The purpose is to provide feedback and create opportunities to strengthen collaborative teamwork.

Individual: NAME _____ Team _____

1. If given the choice, would you work with this individual again? (Circle one)

Yes, please cite one reason
reason

NO If no, please cite at least one

2. Name 2-3 core strengths noticed throughout the teamwork:
3. Identify areas that need skill development:
4. If you had to work with this person again, what would **you** do differently? (reflective the self)

Three things to Build and Stay current with Health Policy Knowledge (or What Dr. Eileen O'Grady Does to Stay Informed)

1. News Feeds

Stay informed- the best way is to get 2-3 news feeds that come directly into your email account from policy sources- you simple have to glance at the headlines and read only what interests you. As DNP, you must be aware of the larger context and always try to hook your institution into the larger world. You will not believe how helpful this is in building your capacity for BBCs!! I recommend you simply subscribe to 3 or more of the following:

- DNP On line Community <http://www.doctorsofnursingpractice.org/>
- Agency for Healthcare Research and Quality (AHRQ) updates@subscriptions.ahrq.gov
- Institute of Medicine News [iomnews-list@nas.edu]
- The Commonwealth Fund [commonwealthfund@cmwf.org]
- RWJF News Digests [newsdigest@rwjf.org]
- RWJF Publications [publications@rwjf.org]
- Center for Studying Health System Change [hscinfo@hschange.org]
- The Kaiser Family Foundation [<http://www.kff.org>]
- Rand [kristy_anderson@xmr3.com]
- Medicare Payment Advisory Commission [www.medpac.gov]

2. Watch the PBS Newshour (see local listing for TV station)

This hour-long program is usually on twice an evening (repeated) and is on while preparing dinner every night. It differs from network news in that there are long conversations with policy experts and the viewpoint is balanced and of the highest quality. It does not explain the news in sound bites. Frequently health policy issues are discussed. This is an easy, passive way to stay informed and experience depth behind the issues.

3. Read/glance at Newspapers

Old fashioned, I know, but I read the newspapers- headlines and read articles related to health care. Often these are found in the business section, interestingly. I make a point to read the Sunday opinion pages and the Health Section of your newspaper. I read the Washington Post and the New York Times (only weekends).

If you do each of these three things, you will become a highly informed citizen and have a far greater capacity to influence your world and help others see a broader context that they are working in. All very powerful.
Dr. O'Grady

NURS 820/NURS830

Spring 2013

Grading Sheet for Testimony Panel Presentation

(20% NURS 830 20% NURS 820)

Individual:

Group Members:

Components of the Presentation	Comments	Total Score
<p>Key content (70)</p> <p>Panel's professional credibility* established (10 %),</p> <p>Background of the problem (10%)</p> <p>Consequences if unaddressed (10%)</p> <p>Poignant narrative (10%)</p> <p>Policy recommendation (15%)</p> <p>Summary of the Evidence to support the recommendation (15%)</p>		
<p>Delivery (15)</p> <p>Presenters exude confidence, do not read material, have good eye contact with audience</p>		
<p>Handouts** (10)</p> <p>Slides are optional</p> <p>Succinct, clear, 1 page (5%)</p> <p>Understandable, not too busy, no jargon (5 %)</p>		
<p>Professionalism (5)</p> <p>Presenters dressed/groomed professionally (2 %)</p> <p>Carried themselves as confident and inspired servants of the nursing profession (3%)</p>		

Rubric: Assignment 1 - Educating the Public

	No Evidence 1 (0-9)	Minimal Evidence 2 (10-13)	Moderate Evidence 3 (14-16)	Strong Evidence 4 (17-19)	Extensive Evidence 5 (20)
Op-Ed					
Professional Issue/Scope of the Problem (45%) <ul style="list-style-type: none"> ▪ How it impacts the public or /population/ or disenfranchised segment of a community. Use federal or state data/statistics if available ▪ Poignant, personal story if applicable. ▪ Stakeholders who disagree with you-describe why and inoculate their argument. ▪ Identify ethical dilemmas as appropriate. ▪ Identify any cultural diversity relevance or disparities issues. 					
Specific Policy Based Solutions (45%) <ul style="list-style-type: none"> ▪ Include evidence/ science on why this policy solution is helpful ▪ Be <i>highly specific</i> describing what sphere of government is involved and what action needs to be taken. ▪ Offer policy solutions that non-government sectors (industry) can adapt to solve the problem (e.g. nursing shortage- hospitals offer scholarships to nursing aids) ▪ Describe actions that readers/public can do <i>today</i> to solve this problem. ▪ Predict what may happen if problem is not fixed. 					
APA (10%) <ul style="list-style-type: none"> ▪ Accuracy of information presented ▪ Proper attribution of sources 					

Grade	Global Scoring Rubric for Op-Ed (30%)
Outstanding 95-100	A thoughtful and thorough breakdown and analysis of the health policy issue, evidence-based arguments as well as a poignant narrative were included. The issue was described using a cost-quality-access framework (i.e. the policy solution will decrease costs, improve quality, or access). Policy recommendations were incremental and specific to the problem.
Acceptable 90-94	This Op-Ed makes it easier for the reader to gain new understanding about the policy problem, but leaves the reader with some doubt of the linkage to the policy solution. The policy recommendation is not specific enough.
Not Acceptable <89	This writing does not explain why a reader should care about the policy problem. Overall, the op-ed is not written in a thorough manner and leaves the reader unclear, unconvinced and wanting more.