



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Nursing

Option: Bachelor of Science

NURS 8100
Community Nursing: Facilitating Health Action

Start Date: August, 2007

End Date: December, 2007

Total Hours: 45 **Total Weeks:** 17

Term/Level: 6 **Course Credits:** 3

Hours/Week: 2.5 **Guided Learning**

Prerequisites

Course No.	Course Name
NURS 7030	Nursing Practicum 5
NURS 7100	Community Nursing: Partnerships in Health

NURS 8100 is a Prerequisite for:

Course No.	Course Name
NURS 8132	Nursing Practicum 7

v Course Description

Based on the Canadian Community Health Nursing Standards of Practice, this course examines, from a theoretical perspective, Community health nursing. It provides students with the opportunity to explore contemporary perspectives on health promotion, health protection and examines the processes related to the community health nursing process, community development and facilitating participatory dialogue. The Population Health Promotion Model, an important framework for guiding Community health nursing practice, is also introduced.

v Evaluation

Assignment #1 Framework/Standards Application	30%
Assignment #2 Health Promotion/Health Protection Application	40%
Assignment #3 Facilitator Skills Application	30%
TOTAL	100%

Comments: All assignments must be completed to achieve a passing grade.

v Course Learning Outcomes/Competencies

Upon successful completion, the student will be able to:

1. engage in critical reflective thinking to explore core concepts: health promotion; health protection—including, communicable disease control, harm reduction and injury prevention.
2. appreciate how the Canadian Community Nursing Standards of Practice guides Community health nursing practice.
3. be able to apply the Population Health Promotion Model to nursing practice case scenarios.
4. understand the community health nursing process: assessment, planning and evaluation.
5. understand the principles of community development.
6. theoretically apply group facilitation theory.
7. successfully research a contemporary health issue related to health promotion or health protection.

v Verification

I verify that the content of this course outline is current.

Authoring Instructor

Date

I verify that this course outline has been reviewed.

Program Head/Chief Instructor

Date

I verify that this course outline complies with BCIT policy.

Dean/Associate Dean

Date

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.

v Instructors

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Theresa Shaughnessy	Office Location SE12 418 Office Hours TBA	604-432-8468	tshaughnessy1@my.bcit.ca

v Learning Resources

Required:

- Proof of current CRNBC student membership is required for course registration.

Textbooks:

- Leeseberg Stamler, L., Yiu, L. (2005). *Community health nursing: A Canadian perspective*. Toronto: Pearson Prentice Hall.

References on Reserve at the Library

- Chinn, P. (2004). *Peace and power*. 6th ed. Sudbury, M.A: Jones and Bartlett.
- Kaner, S. (2007). *Facilitator's guide to participatory decision-making*. Gabriola Island, B.C. New Society Publishers.
- Vollman, A., Anderson, E., McFarlane, J., (2004). *Canadian community as partner*. Philadelphia: Lippincott.

Information for Students

Attendance/Illness

In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with his or her instructor or Program Head or Chief Instructor, indicating the reason for the absence. After an illness of three or more consecutive day, students must arrange to have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program.

Cheating, Fabrication , Plagiarism, and/or Dishonesty

First Offence: Any student in the School of Health Sciences involved in an initial act of academic misconduct – **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the

particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

Second Offense: Any student in the School of Health Sciences involved in a second act of academic misconduct – **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

Attempts:

BCIT Nursing Program Student Guidelines, Policies and Procedures which are located online at:

<http://www.bcit.ca/health/nursing/> state: “Applicants who have any combination of two instances of withdrawal or failure in a Nursing Theory course will be readmitted to the program with written permission from the Associate Dean, who will detail any special considerations. Applicants who have any combination of two instances of withdrawal or failure in any Nursing Program course(s) for academic or performance reasons, will not be readmitted to the program.”

Accommodation: Any student who may require accommodation from BCIT because of a physical or mental disability should refer to BCIT’s Policy on Accommodation for Students with Disabilities (Policy #4501), and contact BCIT’s Disability Resource Centre (SW1-2300, 604-451-6963) at the earliest possible time. Requests for accommodation must be made to the Disability Resource Centre, and should not be made to a course instructor or Program area.

Any student who needs special assistance in the event of a medical emergency or building evacuation (either because of a disability for any other reason) should also promptly inform their course instructor(s) and the Disability Resource Centre of their personal circumstances.

Course Evaluation

Students have a right and the responsibility to evaluate the course. Ongoing feedback will be obtained from the students who are currently in the course so students’ needs and course outcomes can be facilitated. At the end of the term, a review will be written that is aimed at modifying the course for subsequent students.

Process Threads Relevant to this Course

Professionalism –professionalism is a process that evolves throughout professional life as nurses make the client (the individual, family, community) the primary focus of nursing and commit to providing nursing service in the Community interest (*Bachelor of Science in Nursing Curriculum Philosophy*, 2006). Students commit to using reasoning and reflection to develop professional nursing attitudes, judgments, knowledge and skills.

Students commit to honesty, integrity, responsibility, accountability, and moral commitment consistent with the Canadian Nurses Association *Code of Ethics for Registered Nurses* (2002) as they develop optimism, comfort, with uncertainty, and passion for nursing in this second community nursing theory course. In this theory course, students will have an opportunity to continue to build on their understanding of how the *Canadian Community Nursing Standards of Practice* (2003) guides community nursing’s professional practice. This includes developing an appreciation of the philosophical beliefs and values underlying community nursing and particularly the concepts of health promotion and health protection. This document provides succinct guidelines in terms of the nurse’s professional role in enhancing health promotion and health protection with individuals, families and the community at large.

Communication – is a dynamic process by which embodied, verbal, written, emotional and spiritual messages are exchanged (McMaster University, 1993). Students develop professional communication by establishing shared meaning and partnership with other nursing students. They also word process essays using APA style.

Students develop partnership by believing all human beings have worth and potential and are unique. They value cooperation and commit to sharing the responsibility, risk and power inherent in partnerships. They value partnership, open communication and the contribution colleagues bring; they believe in the capacity of others to engage in partnership and empowerment.

Nursing partnership is developed in this course:

- Students agree to partner and negotiate roles, responsibilities and actions. They use critical listening to explore concerns, assist with self- reflection, identify capacities and build trust in the partnership.
- Students discuss with one another application of the course frameworks and build on facilitator skills learned in other courses. Specifically, students explore conflict resolution skills and group dynamics that will hopefully assist students when working with groups in the community.

Systematic Inquiry –involves the processes of critical thinking, decision-making and research. They access modules, texts and internet sites for research information.

- To develop critical thinking, students continue to challenge assumptions, consider the importance of context, imagine alternate perspectives and begin to be reflectively sceptical (Brookfield, 1987). They engage in self-reflection and dialogue with nursing students. This reflective questioning, critical thinking and evidence search is used continually to develop health promotion/health protection approaches. Students are increasingly independent in developing critical thinking and use a wide variety of theoretical perspectives to guide their thinking regarding social environments' effect on the health of individuals, families and the community.
- To develop decision-making, students use reasoning to make connections and judge information. They use critical thinking and academic research to consider the best possible decisions.
- To develop research ability, students initiate a diligent, systematic investigation of concepts and data relevant to the health experience presented. They critically read appropriate, relevant academic literature to expand their body of knowledge and use research studies to develop evidence.

Professional Growth –is a process of self-inquiry and self-discovery that facilitates learning. Students are committed to professional growth. They evaluate their performance, assess learning gaps, reflect on these gaps and why they might exist, manage information to search for learning opportunities, think critically about learning options, and then critically appraise the consequences of the learning options implemented. Students have self-discipline, initiative, commitment to nursing and passion for nursing practice to engage with nursing students to enhance their professional growth. They reflect on their personal values, beliefs, and assumptions about nursing concepts regarding community nursing. They assume responsibility and accountability for professional growth in this course.

Creative Leadership- is a process that evolves throughout a nurse's professional life. Students continue to develop creative leadership that enhances and supports the creative potential within followers by nourishing a common vision and focusing activity towards the common goal. Students understand themselves so they can transcend self-interest, establish meaningful connections with nursing students, challenge the status quo, and incorporate nursing ethics into their actions. They support self-direction and risk-taking in nursing students and recognize the contributions of others.

At all levels, students develop exemplary followership (Kelly, 1992). That is, they develop the independence and initiative to think critically and challenge their student colleague so the best idea, strategy or goal is identified, but

they are also loyal energetic supporters of the goal (Chaleff, 1998). Students know their strengths, thus, their unique contribution to the goal. Students develop the ability to move between exemplary followership and creative leadership roles as the situation requires.

Technology-in-practice—“Technology involves organization, procedures, symbols, new words, equations and...a mindset “(Franklin, 1990, p.12). Technology-in-practice is the ways of knowing, being and doing in health that enhances patient care and community health. Students continue to develop an understanding of the impact of technology-in-practice on culture, socially accepted practices and values. Students recognize the impact of technology-in-practice on communities.

Course Assignments

Assignment #1 58 marks (30 %)

due: Week 6 Monday, September 17th

The first assignment in N8100 involves application of the Canadian Community Nursing Standards of Practice (CCNSP) and the Population Health Promotion Model (PHPM)--2 important frameworks that guide CHNs' professional practice. For this assignment you will need to **work in the assigned pairs or triads** to discuss your understanding of the CCNSP and the PHPM. You will also need to select one of the following 3 scenarios to work from in order to answer the assignment questions.

For this assignment you will need to read Module 1 and particularly become familiar with the CCNSP's (2003) description of health promotion and its affiliated strategies pp.10-11, as well as, Hamilton & Bhatti's (1996) PHPM document, located in Module 1 Appendix A.

The Submission

Students grouped in **pairs will submit a 5 page** write-up, and those grouped in **triads will submit a 7 page** write-up, following APA formatting. **ONE** submission is required from each student group. Note: instructors will read only 1 additional page beyond the page requirement and grading will be based on this policy.

Scenarios

Choose one of the following scenarios. When reading the scenarios, consider yourself as the Community health nurse and what you would do in order to address the presenting issues. You will be applying both the CCNSP and the PHPM to your chosen scenario.

Scenario #1

You are visiting a postpartum mother whose baby is 4 days old. You assess the baby and find the baby thriving: baby is gaining weight appropriately, breastfeeding is going well, with adequate stool/urine output and baby is alert and bonding. During the visit, the mother (in broken English) states that she has only been in Canada for 2 months. The only furniture in the room is a queen-sized mattress on the floor and 2 chairs. You learn that her 6 year old has not been attending school and observe an underweight 3 year old seeking the mother's attention. Upon inquiring about the children's immunization history, the mother shakes her head indicating no records. Her husband is still in Indonesia and is planning to come to Vancouver in 3 months time.

Scenario #2

At an interagency elementary school meeting, several professionals including the home economics and physical education teachers, the school counselor and yourself (the school Community health nurse), express concerns regarding the increase in the number of students who are overweight. Parents at the last parent advisory meeting also voiced concerns about their children being overweight, eating too many unhealthy snacks and spending a considerable amount of time in front of the computer or the TV once they get home from school.

Scenario #3

You are a Community health nurse recently assigned to a new high school. During the second week of school, a 17 year old in Grade 11 comes into your office on the advice of the school counselor and states she is pregnant for the second time and wishes to keep this baby as well.

Application of the CCNSP

7 marks Describe what you find most meaningful/significant in terms of how the CCNSP Standard #1 Promoting Health guides health promotion practice for Community health nurses. In your answer, you can refer to the description and any of the 10 strategies outlined on pp.10-11.

10 marks Select 1 out of the 10 health promotion strategies outlined on pp.10-11 (except for strategies 4 and 5 as they will be addressed when examining the PHPM) that would be pertinent to your scenario and create a specific example as to how this strategy could be implemented. When providing your example, identify “client” goals, additional agency partnerships, and any unique circumstances that would need to be addressed i.e. language barriers.

5 marks Refer back to the beliefs and values of the CCNSP (pp. 4-6). As a CHN involved in this situation, how are you depicting these beliefs and values?

Application of the PHPM

Application of this model includes the target population, health determinants and affiliated strategies.

3 mark Identify your target population.

6 marks What 2 health determinants are of most concern and explain why.

6 marks Select 2 PHPM strategies, with each strategy addressing one of the health determinants. Provide a specific example as to how each strategy would address the health determinants.

6 marks Discuss possible barriers a CHN might encounter when involved in this health promotion initiative with respect to the implementation of the strategies.

15 marks APA, grammar, flow of thought, critical analysis.

Assignment #2 87 marks (40%)

due: Week 10 Monday, October 15th

The second assignment requires students to have read Module 2. The assignment provides students with the opportunity to research a topic of interest related to health promotion or health protection. Students will need to clearly define the topic of interest, its scope (statistical evidence of the topic’s prevalence/relevance) and its magnitude (the impact the issue has on either individuals, families, or the population of concern) and all students will need to address how the selected health topic impacts the health care system at large. Students will research a minimum of 3 Canadian scholarly research articles and provide a critique by comparing and contrasting the strategies suggested by the 3 research authors that address the health promotion or health protection concern. Students will also provide their creative ideas regarding strategies that could be implemented to address their health promotion/health protection topic. The final criterion for the paper involves students reflecting on how community health nurses could be involved in this particular health promotion/health protection endeavour.

The following are examples of possible topics. You are encouraged, however, to generate your own topic of interest. If you do choose your own topic, please confirm your topic with your instructor.

Examples of Health Promotion Topics

- childhood obesity
- aids in the heterosexual population
- homelessness
- refugee health care access issues
- immigrant women and depression
- domestic violence

- seniors' isolation
- unsafe sex practices amongst youth
- teen pregnancy
- teen alcohol and drug abuse
- migrant workers' health issues including access to health care
- any health issue related to a specific population that would have health promotion implications: ie testicular cancer, osteoporosis in aging women (note: do not focus on the medical condition itself, rather, think about how to address this condition in terms health promotion/ prevention initiatives).

Examples of Health Protection

- harm reduction initiatives related to decreased alcohol or drug use during pregnancy
- harm reduction initiatives amongst drug users
- health protection initiatives: any immunization related topic or a topic related to communicable disease control ie. SARS, avian flu, syphilis, tuberculosis amongst susceptible populations
- health protection: sun screen safety initiatives
- injury prevention initiatives: water safety for infants and toddlers, bicycle safety, car seat safety

The Submission

Write a 6 page APA academic paper. Note: instructors will read only 1 additional page beyond the 6 page requirement and grading will be based on this policy.

Evaluation Criteria

5 marks Clearly define the issue.

6 marks Discuss the scope of the issue: statistical significance, prevalence.

6 marks Discuss the magnitude of the issue: the impact of the issue—how does it affect those concerned and the health care system at large.

15 marks Compare and contrast the similarities and differences with respect to the 3 authors' suggested health promotion/health protection initiatives and devise a summary statement.

10 marks Provide your creative suggestions as to what additional strategies could be implemented that would address new health promotion/health protection initiatives..

10 marks Describe foreseeable barriers to all of the health promotion/health protection initiatives presented, including your own.

15 marks Discuss how the Community health nurse could be involved in this particular health promotion/health protection concern.

20 marks APA, grammar, flow of thought, critical analysis.

Assignment #3 90 marks (30%)

week 13, 14, 15

Group Discussion

Monday, November 5 - Sunday November 25th

Question 1 Monday 8:30am November 5 – Sunday 6pm November 11th

Question 2 Monday 8:30am November 12 – Sunday 6pm November 18th

Question 3 Monday 8:30am November 19 – Sunday 6pm November 25th

discussion groups are listed "Group Lists and Instructor Information" (link on the course content home page)

Community development, facilitator skills, group dynamics and critical social theory are integral elements within the work of the Community Health Nurse, applied both on a global level, such as with

policy change and community development through action groups, and on an individual level, working with clients and their support networks. In your community nursing experience thus far, you have likely observed and applied many of these theories: working with clients and their support networks/families; participating in activities at various resources such as Adult Day Centers, senior centers, community centers, chronic disease management initiatives; and working with members of the health care team. You may also have observed and applied these theories within personal and non-professional settings: such as sports groups, social groups (including family, friends and peers) and educational classes (PBL, group projects, etc).

You are to critically reflect on these various experiences, applying the theories within modules 4 and 5, within a group discussion forum.

Topics are organized into **three** one-week-long, time limited, online group discussion forums focusing on specific questions (outlined below and on the discussion page). You are expected to participate throughout each week, making a contribution on Day 1 and throughout the rest of the week. Participation means coming to the discussion prepared, providing support to others, challenging ideas, taking responsibility and risks in terms of your own learning, and assuming shared responsibility to make this a supportive and productive learning environment for all.

Each group is responsible for establishing group norms and guidelines for how the discussions will progress, including how the discussion of various ideas will be organized and ‘threaded’. Grouping the discussion topics/ideas using threaded discussions is suggested as it aids readability and clarity. It entails postings of particular ideas within separate areas: each first posting of a new idea starts the ‘thread’ using ‘reply’ to the weekly question, titled with the idea in the ‘subject’ area. All subsequent discussions of this idea are attached to this post using ‘reply’ to this subject post. Your discussions may be threaded in various ways: ‘individual examples’ and exploration of ideas, such as ‘principles of community development’, ‘action strategies’, ‘community nursing diagnosis’, etc.

*note: to view postings as threaded, you need to select this option within ‘display’ located on the top right of the discussion screen.

Question 1: Community Development. (Monday Nov. 5th to Sunday Nov. 11th)

Have the actions of community development been employed in community groups you have encountered? If yes, how? If not, why not? Include a description of the groups’ health issue and your community nursing diagnosis, principles of community development; examples of “methods of community development”; and action strategies.

Question 2: Influences on/within Groups (Monday Nov. 12 to Sunday Nov. 18th)

Discuss the various influences on group dynamics and process, including concepts of Chinn’s Peace and Power, Kaner’s participatory core values and contextual factors (political, social, economic, cultural and physical).

Question 3: Facilitation (Monday Nov. 19 to Sunday Nov. 25th)

In contemplating your future work with community development groups as a CHN, identify **challenges and facilitator qualities/strategies** you could further develop to facilitate this future endeavour. (refer to Amundson et.al. Module 5)

Evaluation Criteria

Question 1

15 marks Demonstrates understanding of community development; including principles of community development; examples of “methods of community development”; action strategies.

5 mark Identifies a community group health issue and writes a community nursing diagnosis.

Question 2

8 marks Describes the impact, on group health issues, of 3 contextual factors, either - political, social, economic, cultural and physical.

8 marks Analyzes group dynamics using Chinn's Peace and Power concepts (two concepts) and describes how groups do/do not demonstrate these 2 concepts.

4 mark Describes a participatory core value (Kaner's) within group dynamics.

Question 3

20 marks Identify a major challenge within a group that you have encountered or previously identified within discussions: To deal with this challenge, discuss a) actions and qualities that a facilitator can implement to promote discussion, and b) advocacy-typed action that would benefit the group in response to this challenge.

30 marks Participation:

- Contribute to discussions regularly, at least 3 times per week
- Listen attentively and respectfully to the views of others by regularly and thoughtfully reading and responding to discussion postings with reflections of beliefs in light of their perspectives
- Respectfully offering views for the consideration of others and avoid dominating the conversation
- Asking questions for clarification when necessary
- Demonstrate patience with own questions and uncertainty and with that of others
- Sharing responsibility for keeping discussions productive

Each of the three discussion forums is awarded up to 30 marks, for a maximum of 90 marks. This mark is based on your individual performance: the quality of contributions (20 marks) and the frequency of participation (10 marks).

The content of your contributions:

- Integrate theory and practice, similar to that of your written assignments, not in length, but in depth of content, demonstrating critical orientation to the material – demonstrating an extensive knowledge base (gained from practice or reference sources), reflection (on your own experience and knowledge), original thinking and critical analysis and synthesis.
- Include descriptive orientation to the topic through narratives and stories of your experiences in nursing practice, reflection on these experiences and developing beliefs and understanding.
- Interact through debate and discussion with peers: responding to and building on group discussions such that individual and group learning is stimulated.