BCIT®

Course Outline

A POLYTECHNIC INSTITUTION

School of Health Sciences
Program: Nursing
Option: Bachelor of Science

NURS 8100
Community Nursing: Facilitating Health Action

Start Date: August, 2008		**End Date:** December, 2008	
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

NURS 8100 is the second of two community nursing theory courses. It provides students with the opportunity to explore contemporary perspectives on health promotion and health protection. It also examines community health nursing process and community development and facilitates participatory dialogue. Students critically examine the Population Health Promotion Model and the Canadian Community Health Nursing Standards as guiding frameworks for community health nursing practice.

v Evaluation

Assignment #1 Framework/Standards Application	30%
Assignment #2 Health Promotion/Health Protection Application	40%
Assignment #3 Community Health Action, Community Capacity and Participatory Dialogue Application	30%
TOTAL	100%

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

v Course Learning Outcomes/Competencies

Upon successful completion of the course, the student will be able to:
1. Critically reflect on the core concepts of health promotion and health protection.
2. Examine how the Canadian Community Health Nursing Standards guide community health nursing practice.
3. Apply the Population Health Model to case scenarios.
4. Apply principles of community development to a specific group.
5. Analyze a contemporary health issue and suggest creative community health strategies to address it.
6. Analyze evidence of participatory dialogue using multiple perspectives.

v Verification

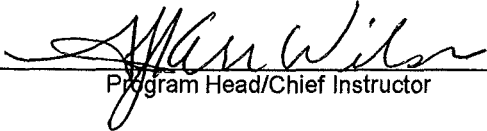I verify that the content of this course outline is current.

(signature)   August 18, 2008

Authoring Instructor	Date

I verify that this course outline has been reviewed.

(signature)   October 2nd, 2008
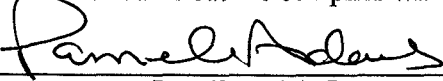
Program Head/Chief Instructor	Date

I verify that this course outline complies with BCIT policy.

(signature)   Oct. 7/08

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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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."

Accomodation: Any student who may require accommodation from BCIT because of a physical or mental disability should refer to BCIT's Policy on Accomodation 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 continue to develop optimism, comfort with uncertainty, and passion for nursing in this second community nursing theory course. Students develop an appreciation of the philosophical beliefs and values underlying community nursing.

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 facilitation skills.

Systematic Inquiry - involves the processes of critical thinking, decision-making and research. They access course modules, textbooks, academic literature, and online resources including WebCT for research information and course work.

Students continue to develop critical thinking by challenging assumptions, considering context, imagining alternate perspectives and developing reflective skepticism (Brookfield, 1987). They engage in self-reflection and dialogue with others. This reflective questioning, critical thinking and evidence search is used to develop their understanding of the Population Health Model and the Canadian Community Health Nursing Standards.

Students develop research ability by initiating a diligent, systematic investigation of concepts and data. They critically read appropriate, relevant academic literature to expand their body of knowledge.

Students use reasoning to make connections, judge information and develop decision-making.

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. Students 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 use self-awareness to transcend self-interest, establish meaningful connections with nursing students and instructors, challenge the status quo, and incorporate nursing ethics into their actions. They recognize the contributions of others while supporting self-direction and risk-taking.

Students continue to develop exemplary followership (Kelley, 1992). That is, they develop the independence and initiative to think critically and challenge their student colleagues so the best idea, strategy or goal is identified, but they remain loyal energetic supporters of the common goal (Chaleff, 1998). Students know their strengths and appreciate their unique contribution to the common goal. Students develop their 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

<u>Introductions</u>   **Week 1 and 2**

The purpose of the introductions is two fold: one, to create an electronic community environment where you are connected with your peers and instructor; and two, increase your familiarity of the webCT environment, ensuring your access, comfort with the tools and demonstrated ability to thread messages. Please introduce yourself and make comments to your peers' submissions. Use proper threading by creating a new message title with your name and respond to peers' contributions by replying under their particular thread.

Assignment #1   55 marks (30 %)   due: Week 3 Friday, Sept 5 @0830

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** academic paper, and those grouped in **triads will submit a 7 page** academic paper, 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
– describe how these two models guide nursing practice for community health nurses.
comparison of the two models Canadian community health nursing practice model and the PHPM
- Compare the two standards; How do the CCNSP practice standards add to the CRNBC; how are they similar; values and beliefs

5 marks Considering the context of community practice, describe how the CCNSP Standard #1 Promoting Health, guides health promotion practice for Community health nurses; in this description include a comparison of these standards to the CRNBC standards. In your answer, refer to the description and two of the 10 strategies outlined on pp.10-11 (groups of triads describe three).

Edit: Describe how the CCNSP Standard #1 Promoting Health, guides health promotion practice for Community health nurses; in this description include a comparison of the CCNSP standards (as a whole) to the CRNBC standards. In your answer, refer to the description and two of the 10 strategies outlined on pp.10-11 (groups of triads describe three).

10 marks Select 1 (groups of triads select 2) 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 two of these beliefs and values (groups of triads describe three of these beliefs and values)?

Application of the PHPM

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

2 mark Identify your target population.
6 marks Discuss the barriers unique to this population that are evident in the literature
6 marks Given the barriers that you have identifies, choose 2 health determinants that are of most concern and explain why.
6 marks Select 2 PHPM strategies (each strategy addressing one of the health determinants) at an action level that can realistically be addressed. Provide a specific example as to how each strategy would address the health determinants.
15 marks APA, grammar, flow of thought, critical analysis.

Assignment #2   55 marks (40%)   due: Week 7 Friday, October 3 @ 0830

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 (non-Canadian articles may be used if these are relevant and applicable to our Canadian system) 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 a strategy 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

3 marks Clearly define the issue, including a description of its categorization as a health promotion or protection.
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.
5 marks Choose one foreseeable barrier to the health promotion/health protection initiatives presented.
5 marks. Provide 3 realistic (within the scope of CHN practice, providing a rational for your choice) strategies that could be implemented that would address this barrier (discussed above) to the new health promotion/health protection initiatives.
5 marks Develop a specific action plan for one strategy **(of the five you have suggested above)** in which the Community health nurse could be involved in implementing in order to address the barrier in implementing this particular health promotion/health protection concern.
10 marks APA, grammar, flow of thought, critical analysis.

Assignment #3 (50 marks 30%)   week 10 to 14 October 20 – November 17

Online discussion: Community Health Action, Community Capacity and Participatory Dialogue
The purpose of this discussion is to develop critical understanding of Community Health Action, Community Capacity and Participatory Dialogue.
This assignment consists of 4 parts.
   1) **Preliminary 'Group Norms' Discussion'** to develop group norms and organize discussions.
   2) **part A** is an **individual examination** (and posting) of an author's perspective;
   3) **part B** is a **group discussion of (part A) author's perspectives** – comparing and contrasting these perspectives, discussing the strengths and weaknesses of each perspective, and analyzing how these elements are evident in the group applications; and
   4) **part C** is the **final summary of discussions**. Evaluation of this assignment is based on this final group summary – you are graded **as a group** based on this summary, regardless of how the work is divided within the group.

Assignment details:

You will be working in small discussion groups consisting of 3-5 members (listed under the "Group Lists" link on the course content home page) to facilitate you in applying the concepts and theories within this course.
All members are expected to **participate regularly and equally in discussions** with attention to **quality NOT quantity**), responding to peer contributions to ensure the assignment criteria are met.

It is an expectation that the group will, within their group processes, deal appropriately with issues that arise; if issues are serious enough to require instructor assistance, it is expected that the group will initiate the instructor's involvement in a timely manner.

I. Group Norm Discussion
Group norm discussion has two-fold purpose:
   1. to organize the working details for the functioning of small group discussions (your individual groups of 3-5 students), such as:
      • timing and deadlines for postings (in addition to the listed due dates)
      • determining a 'community group' for application of analysis. You will choose collectively, as a group, **one specific 'community group'** that you will use for applying your analysis of the content for both question 1 and 2 (such as those 'community groups' listed in the 'Assignment Content' i.e. from adult day care, seniors' center, sports group, etc). All discussion group members may or may not

have been involved with the chosen 'community group'. Please recognize that the 'community group' you choose must support the material for both question 1 and 2
- distribution of workload for summary
- individual selection of authors for examination – (each individual selects a different author to examine for part A)
- organization for communication – such as creating a phone list, meeting on webCT chat for non-content discussions
- etc

2. to develop and determine a 'collective' group norm list (for all of the groups within your instructor's course section – all the groups you can see within your webCT page), such as:
   - expectations around participation
   - quality of postings
   - feedback and tone
   - etc
   a) During the first week of 'group norm discussions', you will develop a 'group norm list' in your small discussion groups (groups of 3-5 students).
   b) During the second week of 'group norm discussions', the small discussion groups will join together in a large discussion group discussion (all of the groups within your instructor's course section) to develop and merge the individual small group norm lists into a collective group norm list.

Thus, you will develop ONE group norm list to guide all the groups within your course section.
This discussion concludes with the posted summary of collective group norms on due date listed below.

II. Content: Part A, B and C
1. Content is organized into **two discussion questions**. Each individual will post an answer to '**part A**' of each question by due dates listed below. As a group, in '**part B**', you will discuss the 'part A' content, comparing and analyzing the author's perspectives.
2. Each group, for **part C**, will post two final summaries (one for each of the two discussion questions) based on your discussion content, by the due dates listed below.
3. <u>Threading and Posting</u>
   - Post all discussions within the designated discussion area and do not use attachments.
   - **Please post your ideas within threads started by the first person to answer the question:** each <u>first posting of a question</u> starts the 'thread', titled with the idea in the 'subject' area. All <u>subsequent discussions of this idea</u> are under this post using 'reply' to this subject post. (*note: to view postings as threaded, you need to select this option within 'display' located on the top right of the discussion screen.).

III. Evaluation
4. Evaluation of this assignment is based on the **final group summary for EACH question** – you are **graded as a group based on this summary, regardless of how the work is divided within the group.**
5. Each group member **shares in determining the distribution of this grade amongst group members**: At the end of this discussion assignment each group member will identify the percentage of contribution of individual group members, using the participation criteria produced during group norms discussions. Submit this percentage by <u>email to your instructor AND to the individual student</u> by due date listed below. These percentages will determine, unless an issue is raised within the group, the allocation of the group

grade to each group member i.e. a member evaluated to have contributed at 70% of set group norms, will receive 70% of the group's total grade. **When rating members below 80%, please provide a rationale and identify the group norms not met.**

IV. Due Dates

Activity	Time Line/Due Dates
Group Norm discussion Small group discussion Large group discussion **Group Norm summary** posted	weeks 10 and 11 October 20-31 **week 10 October 20-26** **week 11 October 27-31** ***due* Friday October 31 @0830**
Content: part A, B and C **part A: individual examination** (and posting) of an author's perspective **part B: group discussion** of these (part A) author's perspectives **part C: summary of discussions**	weeks 12 and 13 November 3 - 16 'question 1' post ***due* Day 1 wk 12, Monday November 3,** 'question 2' post ***due* Day 5 wk 12, Friday November 7** Discussion and analysis begins *immediately* following each of the postings of part A and continues throughout weeks 12 and 13, **November 3 - 16** ***due* Monday November 17 @ 0830** post in 'group summaries'
Evaluation of group members' contributions	***due* Monday November 17 @ 0830** email to instructor and individual group member

Assignment Content:

In your community nursing experience thus far, you have likely observed and applied many of the theories presented in modules 4 & 5, participating in 'community groups' at various resources such as
- adult day centers

- senior centers
- community centers
- chronic disease management initiatives
- working with members of the health care team.

You may also have observed and applied these theories within personal and non-professional 'community groups':
- such as sports groups
- social groups (including family, friends and peers)
- educational classes (PBL, group projects, etc).

You will choose a 'community group' from your experiences (such as those outlined above) to use for applying your analysis of the course content.

Approach these discussions as though you are a group of colleagues in a health unit who are reviewing or assessing the community groups within your area in the context of community development.
Perhaps your team is learning the theory and want to use 'real life' examples to understand application,

or

You are looking to see how you can best help these groups by first analyzing their work from the perspective of the theory – how are these groups functioning – so that you can intervene in a more effective way.
Consider what your colleagues have proposed and consider how you can contribute to optimize outcomes for the 'community group' under discussion. This can include seeking clarification and/or working with your team to make sure you all understand the meaning of the theory or how best to apply it in a particular situation.

Question 1: Community Capacity

Have the actions of community development been employed in the 'community group' you have encountered? If yes, how? If not, why not?
Part A: Each individual will examine and present the perspectives of one of the authors presented within the course module (Labonte et al., Lindsay et al., Volman, Stevens & Hall, Shuster et al., Fehir, Sibbalbs; **each member must present a different author**) applying this perspective to your 'community group'.
Part B: As a group, compare and contrast these perspectives; discuss the particular strengths and weaknesses of each perspective; and analyze how this is evident in the group applications.
Part C: Summary (25 marks): your answer to the question must include
- **within APA format, 5 pages or less (you do not have an additional page leeway)**
- **analysis of at least four authors' perspectives (one author per member): examining similarities and differences; strengths and weaknesses; and**
- **application to the 'community group'.**

Question 2: Participatory Dialogue and Community Health Action

Within your 'community group', what facilitator qualities/strategies were evident, or could have been effectively employed to promote participatory dialogue and benefit group development?
Part A: Each individual will examine and present the perspectives of one author presented within the course module applying this perspective to the chosen group (**each of the four authors must be presented**: Chinn, Shields & Lindsay, Kaner, Amundson).
Part B: As a group, compare and contrast these perspectives; discuss the particular strengths of each perspective; and analyze how this is evident in your 'community group'. Analyze group dynamics using Chinn's Peace and Power concepts (two concepts) and describe how groups do/do not demonstrate these 2 concepts.
Part C: Summary (25 marks): your answer to the question must include
- **within APA format, 5 pages or less (you do not have an additional page leeway)**
- **analysis of at least two authors' perspectives: examining similarities and differences; strengths and weaknesses; and**