



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
School of Health
Program: Nursing
Option: Bachelor of Technology

MAY - 2 2002

Course Outline

NURS 7100 **Community Nursing:** **Partnerships in Health**

Start Date: August, 2001

End Date: November, 2001

Course Credits: 3

Term/Level: 5

Total Hours: 36

Total Weeks: 12

Hours/Week: 3 Guided Learning

Prerequisites

Course No.	Course Name
NURS 4030	Nursing Practicum 4
NURS 4000	Nursing and Health Issues 4
NURS 2040	Professional Practice Seminar 2
NURS 3020	Clinical Techniques 3

NURS 7100 is a Prerequisite for:

Course No.	Course Name
NSSC 8800	Community Health Partnerships/Action

Course Calendar Description

In this course, students will examine multiple perspectives on community, community health and partnership. Primary health care as a philosophical base for community practice is discussed. Using a consultative approach, students will create a community analysis strategy to examine health for a chosen community. This course is modified from NSSC 8600 written by Specialty Nursing at BCIT

Context of Practice: Communities

Course Goals

NURS 7100 is a combined theory and practicum course that explores the concepts of community, community health and partnership. Emphasis is placed on developing knowledge, skills, and attitudes relevant to forming partnerships with communities. Students will explore how knowledge of community may inform nursing practice.

Evaluation

- Assignment #1 – Personal perspectives on community, health and partnership. 35%
- Assignment #2 – Perspectives on community, health and partnership from key informants in area of nursing practice. 30%
- Assignment #3 – Community description and community validation 35%
100%

All assignments must be completed to achieve a passing grade.

Course Learning Outcomes/Competencies

In the process of completing this theory and practicum course the student will:

1. analyze social, political, economic and environmental factors in relation to community health.
2. analyze various perspectives on community, community health and partnership.
3. synthesize a personal philosophy of community, health and partnership.
4. evaluate the contribution of nursing to communities and the contribution of communities to nursing.
5. evaluate the contribution of primary health care principles to the concepts learned in this course.
6. evaluate the contribution of Stage Model of behaviour change to health promotion and illness prevention.
7. analyze a community's understanding of community, health and partnership.

Learning Processes Involved in this Course

- **Professionalism** – with increasing independence, students will work to integrate the rational and emotive elements of caring in the community to increase their understanding of the health care issues addressed by communities. They pursue shared meaning with communities to establish partnerships where shared goals are identified and self-care promoted. Empowerment, healing and growth characterize these partnerships. They analyze social, political, economic and environmental contexts in relation to community health and evaluate the contribution of primary health care to community health.
- **Communication** – Students dialogue with colleagues and teachers in the process of learning. They engage in participatory dialogue with key informants in nursing to identify multiple perspectives on community, health and partnership. They participate with communities to identify their understanding of their community and their health issues. They establish the participatory dialogue required to establish partnerships with communities. They critically read and compose papers that are descriptive, comparative and evaluative.
- **Systematic Inquiry** – students are increasingly independent with critical thinking and use a variety of sources to analyze a variety of perspectives and sources of knowledge regarding health for a selected community. They reflect on and analyze their values, beliefs and assumptions regarding health and partnership in communities to synthesize a personal philosophy for nursing with communities. They clearly evaluate the implications of their perspective for building partnerships with communities. They evaluate the contribution of nursing to community health and the contribution of community to nursing practice. They analyze a community's understanding of community, health and partnership. They evaluate the application of primary health care and the Stage Model of behaviour change in this context of practice.
- **Professional Growth** – Students value learning as a way of promoting professional growth. They assume responsibility for continued knowledge development. They constantly evaluate their care using professional nursing standards and modify their practice to accommodate new learning. Students remain open to new ways of thinking and doing. They are increasingly independent in completing assignments related to their interaction with their selected community. They begin to synthesize a personal philosophy of community,

health and partnership. Students are responsible and accountable for their actions and they develop reflective skepticism.

- **Creative Leadership** – students establish collaborative partnerships with colleagues and work to foster collaborative relationships with their community. They use team building, negotiation and conflict resolution skills to collaborate with them. Students clearly describe their role in health care and their particular skills in their community to model participatory dialogue. Students use word processing and data bases. They access internet sites for research and communicate with instructors using e-mail.

Course Content Verification

I verify that the content of this course outline is current, accurate, and complies with BCIT Policy.

Program Head/Chief Instructor

Date

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



Part B

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
Operating Unit: School of Health
Program: Nursing
Option:

NURS 7100 Community Nursing: Partnerships in Health

Instructor

Lynn Field

Office No.: SE12- 438

Office Hrs.: Wednesday 1000-1100

Office Phone: (604) 451-6945

E-mail Address: lynn_field@bcit.ca

Learning Resources

Required:

- ◆ Proof of current RNABC student membership is required for course registration. (\$35.00 per year for renewal starting 2001)

Equipment:

- ◆ A pen and a note book. (A camera and tape recorder may be used. Please see issues of consent in the Course Policies.)
- ◆ A watch with a second hand
- ◆ BCIT (One Card) student identification
- ◆ Appropriate washable street clothes are required. Tops must cover the midriff and be loose fitting. Bottoms must cover the upper thighs and abdomen and be loose fitting. No denim clothing is allowed.
- ◆ Closed-toe and closed heel walking shoes similar to hospital duty shoes. WCB will not cover injury resulting from inappropriate footwear.

Textbooks:

- ◆ Anderson, E.T., & McFarlane, J.M. (2000). Community as partner: Theory and practice in Nursing (3rd ed.). Philadelphia: Lippincott.
- ◆ Canadian Nurses Association. (1997). Code of ethics for registered nurses. Ottawa: Author.
- ◆ Health Canada. (1994). Strategies for population health. Ottawa: Author.
- ◆ Health Canada. (1997). Supporting self-care: The contribution of nurses and physicians. Ottawa: Author. Available free at www.hc-sc.gc.ca/hppb/healthcare/pubs/selfcare
- ◆ Registered Nurses Association of British Columbia. (1997). Standards of nursing practice in British Columbia. Vancouver: Author.
- ◆ Prochaska, J.O., Norcross, J.C., & DiClemente, C.C. (1994). Changing for Good. New York: Avon Books.

Course Policy Information for Students

Expectations:

1. Students are responsible for identifying learning goals and consulting with the tutor to discuss ways to meet these goals.
2. A learning partnership is essential for the successful completion of this course. Both the student and tutor will communicate openly, demonstrate respect in the relationship and work to establish and maintain a collaborative relationship. This can be achieved by:
 - ◆ discussing course outcomes to achieve a shared understanding of them.
 - ◆ discussing progress towards meeting the achievement of course outcomes.
 - ◆ conferring regularly throughout the course. A reflective journal may enhance the dialogue between the instructor and student and the dialogue may enhance a reflective journal.
3. As this is a guided learning course, students must initiate contact with the tutor. The contact hours are listed on the course outline. If the hours are unworkable, please arrange for an alternate time that is more mutually agreeable.
4. Read module one to see the course overview and how the course is scheduled. Then, read the course assignments in this course outline to develop an understanding of the evaluation strategies. As you work through the modules, think about the assignments and make notes on how the module information will help you complete the assignments.
5. **There is a conference in SE14-412 during the week of October 1, 2001. Please watch the bulletin board for information on the date and time of the conference.** You are required to share your perspectives on community, health and partnership that you developed in Part A of Assignment #1. In turn, it will allow you to identify the different perspectives on these concepts that others in the course have developed.
6. Some students have expressed a need to discuss course concepts to more fully understand them and to have a better idea of how to manage the course assignments. If people require this discussion, please contact the course instructor to arrange such a meeting.

Course Policies

1. Students are advised to read the *BCIT Nursing Program Student Guidelines, Policies and Procedures* for information about specific policies for practicum experiences in the Community.
2. Students must have current student membership in RNABC at the start of the course. They are encouraged to renew their application at least two months before the course commences.
3. Assignments are due by 1600 hours on the dates specified. If an assignment is late, the mark for the assignment will drop 15% for each school day it is late.
4. The second and/or third assignment due dates may be extended if such is negotiated with the instructor prior to the due date specified in the course outline.

Course Evaluation

Students have the right and the responsibility to evaluate the course. Ongoing feedback will be obtained from students who are currently in the course so that 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.

Student Evaluation

Students are expected to submit academic papers according to the standards of the American Psychological Association (1995). You may want to review the expectations summarized in the APA Style Guidelines attached to this course outline. All assignments must be received by the course tutor no later than **December 7, 2001**. Assignments may be mailed in the assignment envelopes provided. Please make sure the BCIT address is showing through the clear plastic slot. You should allow at least three weeks turnaround if you mail assignments. You may fax assignments to (604) 436-9590 if you wish. I will try to get these assignments faxed back to you in one week. Also, you may e-mail assignment as text-rich microsoft documents or as word documents (try both formats initially to identify the method that makes the best connection with the BCIT network) to lynn_field@bcit.ca. Again, I will try to get these assignments back to you in one week if there are less than 12 students in the group. If there are more, it will take between one and two weeks. Those students who have not e-mailed attachments prior to this might want to send a trial document to ensure that glitches are worked out before the assignment deadline. Please note. Assignments will either be returned by mail or placed in my box at BCIT. It takes much too long to mark assignments on the computer so I will not e-mail assignments back to you.

If students are unable to complete the course assignments by December 7, 2001, please contact the instructor to discuss the difficulties. It is possible to re-register as a continuing student in the subsequent semester. Please see the Health Sciences Part-time Studies student manual for policies on re-registration and consult the nursing program advisor for how this is done.

Students are in this course as learners. They are not necessarily expert community participants. However, they possess much of the knowledge and many of the skills they will be directed to use in these assignments and the assignments are intended to build on this pre-existing knowledge. If students have questions about the course modules or assignments, please contact the course instructor during the identified office hours. If the identified office hours do not work, please contact the instructor to make mutually agreeable alternate arrangements.

These assignments require that students seek out and analyze the perspectives of community members so give some thought to issues of consent and confidentiality. Regarding consent, students must ensure they clarify with their community the purpose of the work they will be doing. Perhaps sharing the course assignment instructions with the community will help achieve this. Students must ensure that, once they are informed about the purpose, the community consents to having their perspectives gathered and analyzed. Finally, students must ensure that they let the community know that their individual identities will be kept confidential.

The process of inquiry that guides these course assignments is an inductive one. Inductive processes focus on building ideas, hypotheses and action strategies that are grounded in peoples' experiences, issues, perspectives and knowledge. This means that some of the structure and detail regarding how you proceed through these assignments will emerge as a result of what you are experiencing. It is difficult to specify exactly what will happen during each assignment since it will be contingent upon your interactions and experiences with your community. Nevertheless, the following instructions and marking criteria are intended to guide your work in the course assignments.

Assignment Details

1. Assignment #1 - Communities, Health and Partnership due September 21, 2001.

This assignment provides you with opportunities to develop an understanding and expanding awareness of communities, health and partnerships within the context of your nursing practice. In addition, by thinking about

your perspectives, you will have opportunities to develop knowledge for building partnerships with communities. To develop an understanding of your perspectives on the ideas in this course, you are asked to articulate and analyze your perspectives on community, health and partnership. I assume that the meaning of these concepts will vary for each student and for different nursing practice. There are no right or wrong perspectives regarding the ideas in this course; your perspectives will not be evaluated. What will be evaluated is your ability to clearly and concisely articulate your perspectives and related analyses about the meaning of community, health and partnerships to you and your nursing practice.

The first assignment is divided into two sections. Part A is an exploration and reflection of your perspective of community, health, and partnership. Part B is a scrapbook on the multiple ways of knowing about community, health and partnership.

Part A: My Perspectives (25%)

Part A of this assignment could be completed after you have finished Module 4, but you may wish to complete module 6 before completing the assignment. If this is the case, you will have to complete the modules more quickly than the suggested schedule included later in this course outline. Your journal entries and responses to critical thinking activities in the modules will be valuable as you explore your perspectives on the ideas in Modules 1 through 4 (or 6). You are encouraged to articulate your ideas from a variety of perspectives:

- Who you are as a person.
- Who you are as a community member.
- Who you are as a nurse.

To identify the various perspective, I suggest you develop a chart. For example:

VIEWS	COMMUNITY	HEALTH	PARTNERSHIP
Perspective as a person			
Perspective as a community member			
Perspective as a nurse			

This table allows you to see the similarities and differences in your perspectives so should help you organize your writing and the analysis.

The course tutor will have thoughts about the meaning of community, health, and partnership. You may want to talk with the tutor about the tutor's perspectives to stimulate your thinking, self-exploration, and analysis for this assignment.

The submission for this assignment is an academic paper with a **maximum of 10 pages of text**. Your discussion should clearly indicate that you have engaged in critical analysis of the meaning of the concepts in this course and their relevance for your nursing practice.

When taking a position on the definition of community, health and partnership:

- a) Take the position that is based on what you know from experience and reading the modules. Be sure to reference your writing appropriately.
- b) Make sure the historical, social, economic, or cultural context of your position is clear. Remember that critical thinking confirms that the context of ideas is crucial.
- c) When writing about personal views, remember you are writing critically so everything is not acceptable. Start by summarizing your position.
- d) Analyze your position. This means separate your view into parts so you can understand them better. The module reflective thinking activities have helped you identify the parts of your views. Next, identify what is missing or unaccounted for. Summarize what the theorists say and why you do or do not accept their position. Then, describe how the parts relate to each other. Could someone else look at them differently? Acknowledge this different perspective.
- e) When describing your position, set out clear arguments that illustrate your line of reasoning. Make sure the logic is clear and consequences are considered. Ask yourself questions to see if you have considered everything.
- f) Synthesize the parts of your position into a whole by describing relationships between the parts. Start by looking for connections between ideas. Is there a way to make connections between your views and the disparate views you did not accept? Synthesis is a creative experience, you are looking for a different way of viewing the concepts so they fit with your analysis. Draw mind maps or pictures to describe your ideas. This may help you see the whole in a new way.
- g) Identify the implications of your views by describing the positive and negative consequences of your position on interacting with communities. Also note how these consequences might be managed in your community practice.
- h) Finish with a conclusion that convinces the reader that your position has been soundly made.

Criteria for Satisfactory Assignment #1A:

Content (20 marks):

- Explores and articulates own perspective on community, health and partnership. The perspective is clearly identified, source of views is identified and context is described. (10 marks).
 - As a person
 - As a community member
 - As a nurse
- Analyzes own perspectives using critical thinking and reflection. Parts are described and related to each other. theorists' views are acknowledged and ideas not accepted are noted. (5 marks).
- Critically evaluates implications of own perspectives for building nursing partnerships with communities then synthesizes own views of community, health, and partnership into a cohesive whole. Connections between ideas are identified and new understandings are articulated. Positive and negative consequences of views are discussed along with ideas of how these consequences might be managed in community nursing practice. (5 marks)

Format (5 marks)

- APA style is used. Sources of information are identified appropriately. References, citations and quotations are noted appropriately. Neutral and accurate language is used and repetition avoided. (2 marks) You are advised to review the APA Style Guidelines accompanying to this course outline.
- Organization, clarity, logic, and flow are appropriate for an academic paper. (2 marks)
- Grammar, spelling, and punctuation are appropriate. (1 mark)

Part B: My Scrapbook (10 marks)

Consistent with valuing multiple ways of knowing about nursing practice, Part B of this assignment encourages you to explore nontraditional, relatively unrecognized and undervalued sources of knowledge for communities and nursing practice. Creating a scrapbook in this assignment provides you with creative opportunities to collect a variety of images that represent the ideas in this course as they are reflected in the communities to which you belong. You are encouraged to explore diverse ways of knowing about your community/communities using a mixed media strategy. Specifically use photos, poetry, conversations, music, art, quotes, newspaper clippings, magazine articles, interview data, stories, etc. to describe the ideas about the communities to which you belong.

The scrapbook will not be graded, but is required for course completion. It represents 10% of your mark for this course and may be submitted with Part A of assignment #1 or at any point during the course.

2 Assignment #2 – Describing your Practice – Perspectives on community, health and partnership from key informants in your area of nursing practice due October 19, 2001

The purpose of this assignment is to explore and describe various perspectives on community, health and partnership within the context of your nursing practice so that you learn about community trends and possible areas for community development within your nursing practice. Through exploration of various sources of information like key informants in your nursing practice and relevant research literature it is hoped that you will generate ideas and build networks that will foster your community practice. Through critical reflection and analysis of the perspectives gathered, it is hoped you will begin the process of selecting a community with whom you develop your community practice.

To systematically inquire within your nursing practice, you are encouraged to interview clients, families, health care providers, volunteers, etc. to clarify their perspectives about community, health, and partnership and analyze them. Module 7, Engaging in Participatory Dialogue: Gathering Multiple Perspectives provides a comprehensive guide to gathering perspectives from key informants and gives suggestions for analyzing the perspectives you have heard. The key informants may stimulate your thinking and provide ideas about pertinent community health issues in your practice. Additional sources of knowledge may be research literature and the media that you used in Assignment #1.

The NURS 7030 practicum may not allow you sufficient time to identify key informants in nursing practice and dialogue with them. If you are having difficulty accessing people such as key informants in your practice, consider other opportunities for community interaction. You may belong to community groups like a church or community center. Community centers for older and elderly people and children's daycare centers are other places that might be an opportunity for community interaction. Identify the key informants in these organizations and then develop this assignment. The key is to gather perspectives on community, health and partnership, analyze and synthesize the perspectives, and reflect on the process of participatory dialogue. If you are having difficulty identifying an organization for this assignment, talk with your tutor about possibilities for community interaction.

The submission for this assignment is an academic paper with a maximum of 15 pages of text.

Criteria for Satisfactory Assignment #2

Content (25 Marks)

- Multiple perspectives on community, health and partnership are clearly described from a variety of sources. Evidence is provided to support conclusions and sources are cited. (10 marks)
- The perspectives gathered are critically analyzed. Parts are described and related to each other. Theorists are acknowledged and ideas not accepted are noted. The principles of Primary Health Care are used as one way of analyzing the perspectives identified. (5 marks)

- The knowledge from the variety of practice sources is synthesized into a comprehensive perspective on community, health, and partnership in this context of nursing practice. Connections between ideas are identified and a new understanding is articulated. (5 marks)
- The process of participatory dialogue is reflected upon. Describe how you chose informants, the questions asked and the interview process. Reflect on your impact on the dialogue you had with key informants. What would you change in your next participatory experience? (5 marks)

Format (5 marks)

- APA style is used. Sources of information are identified appropriately. References, citations and quotations are noted appropriately. Neutral and accurate language is used and repetition is avoided.
- Organization, clarity, logic, and flow are appropriate for an academic paper.
- Grammar, spelling, and punctuation are appropriate.

3 Assignment #3 - Engaging with Your Selected Community due November 16, 2001

By dialoguing with key informants in your practice you will likely generate ideas and build networks that will lead you to select a community for assignment #3 and the NSSC 8800 community course. Please note, it is hoped you will continue to work with your chosen community in the NSSC 8800 Health Action course. Try to choose a community that will persist long enough to allow this to happen.

Some questions may help you select your community. They are:

- What areas of community practice interest me?
- Are there any opportunities for interacting with groups that I am aware of?
- What community development projects already exist?
- Who would be potential groups with whom I could interact?
- Is this an opportune time to interact with these groups?
- Would the groups be willing to interact with me?
- Would the groups I am interested in potentially benefit from my interactions with them?
- Have other health professionals recently interacted with these groups? If so, what was their experience?
- What are the perceived opportunities and challenges of interacting with these groups?
- Can I envision myself building partnerships with these people?

Although selecting your community within your area of nursing practice has been stressed in this course, access to practice related groups may be limited for students. If you are having difficulty accessing communities in your practice, consider other opportunities for community interaction. You may belong to community groups like a church or community center. Community centers for older and elderly people and children's daycare centers are other places that might be an opportunity for community interaction. Also, there may be groups where you work that would appreciate the opportunity to discuss course concepts with you. If you are having difficulty identifying an community for this assignment, talk with your tutor about possibilities for community interaction.

The purpose of this assignment is to provide opportunities for you to describe your selected community by engaging in participatory dialogue with them. As a result, you and you community will have mutual opportunities to begin to learn about and understand one another and thereby develop relationships. What are their values, beliefs and assumptions about community, community health and partnership? How do individuals within the group relate to one another and how do they describe themselves? What is the history and evolution of the group? What does the group perceive to be their strengths and challenges?

To answer these and many other questions, you will be spending time (At least 2-3 meetings) interacting with your community, keeping notes of your observations, impressions, interactions, experiences, etc., and submitting an assignment in which you describe and interpret what they believe about community, the health of the community, and partnership. The assignment therefore will provide a full description of your community.

The process

One of the ways that you initially spend time with your community could be described as participant observation. Participant observation as a method of engaging with and inquiring about people, is based on the philosophy explored in this course called a participatory worldview. This perspective values partnership among community members and health care providers. Therefore, we do not participate in community work solely as 'professionals' to do for others, but rather, we engage as participants in order to do with people. This approach evolves from a philosophy that values community members' expertise and this means that nurses and community members share leadership, knowledge and power.

Participant observation means that you spend time with your community where they normally get together as a participant and as an inquirer. You experience being a part of the community by observing interactions among community members, asking questions, engaging in dialogue and at the same time, keeping track of what you see, hear, and experience. Lincoln and Guba (1985) describe several phases of engagement as a participant observer. The first phase involves gathering information and is described as 'orientation and overview'. During this phase, they suggest focusing on getting a sense of how people relate to one another and how people in communities see themselves. Specifically, they suggest you focus on hearing perspectives held by participants, seeing how people interact and collecting direct quotes that illustrate what you are observing and hearing.

To keep track of this information, you will need to take field notes. Lincoln and Guba (1985) suggest that field notes be written either during or immediately following your interactions to document what you are hearing, seeing and experiencing, to record quotes and to raise questions. The longer the lapse between participation, observation and writing, the greater the likelihood that notes end up unclear and meaningless thereby reducing your ability to think about and interpret what you have heard, observed and experienced. However, recording during discussions may interfere with the free dialogue that is needed to develop understanding. Lincoln and Guba also suggest that reviewing your field notes a day later facilitates further reflection and new insights.

Before you begin this assignment, you might want to ask yourself how participating and inquiring might work for you. The following questions might be useful:

- What might participation look like with this group?
- What and how will I observe?
- What and how will I record in my notes?
- How will I record direct quotes?
- Would taping interactions be helpful or intrusive?
- How might I collect visual images to record what I have seen?
- What kinds of questions might help to clarify my interpretations?
- What work from other courses might be of use as I complete this assignment?
- How will I go about getting consent from the group for the participation and recording I need to do?

As a participant, it is important for you to acknowledge that, like other group members, you bring values, beliefs, assumptions, biases, and theories to your participation and inquiry. Further, as a nurse, it is important for you to think about how your professional knowledge, experience, power, etc. can and ought to influence your participation and inquiry. Explore the ways that who you are as a person, a participant and a nurse influence your participation and inquiry.

The assignment

In this assignment, you are asked to explore your community's values, assumptions and beliefs about the nature of their community, health and partnerships. You will be inquiring into how they view themselves as a community,

what they value and believe about the health of the community and how they relate to one another. The following questions may be used to focus your inquiry:

- What does the group believe about their community?
- What beliefs and values are attached to the concept of community?
- Does your group view themselves as a community?
- What do they believe about health?
- How are health professionals viewed?
- What perceived contextual factors impact health?
- What are the perceived health issues for this community?
- What principles of primary health care are important for this community? Do they exist here?
- How might the Stage of Model of behaviour change (Prochaska et al, 1994) help you think about health promotion in this community?
- What do you know about the history and evolution of the group?
- Who are the apparent leaders?
- How do you see diversity being valued in this community?
- What do you see as your community's strengths?
- What challenges does your community identify?
- What does partnership mean to this community?
- How would you describe relationships within this community?
- How does partnership manifest itself?

You need not limit your inquiry to these questions. Because this is an emergent inquiry, other questions and concepts will likely arise as you complete this assignment. Please include them in the written portion. In addition, keep track of divergent thoughts in your field notes as they will likely provide a starting point for the assignments in NSSC 8800, the next community course.

Another purpose of this assignment is to provide an opportunity for reflection on your engagement with your community. As a participant, it is important for you to acknowledge that, like other group members, you bring values, beliefs, assumptions, biases, theories and the like to your participation and inquiry. Further, as a nurse it is important for you to think about how your professional knowledge, experience, power, etc. can and ought to influence your participation and inquiry. Explore the ways that who you are as a person, as a participant and a nurse influence your participation and inquiry. Some of the work you completed Assignment #1 will be of value as you explore this aspect of the assignment.

You are asked to share your summary of the group's views with your selected community to generate discussion and feedback. You are asked to do this for two reasons. Sharing will help you validate your perceptions of the group. Also, it may be a powerful catalyst for community values clarification and thereby facilitate action. How you choose to share your summary of the group with your community will vary and is dependent on you, your community, and your relationship with them. You may also wish to share your summary of the group with the course tutor and other nursing faculty. Be sure to include their feedback in the assignment as well.

Your submission for this assignment is intended to be a description and interpretation of your selected community. The format is purposefully open and you are encouraged to be creative. Choose the format that best suits your style of expression, your selected community, your interpretations, etc. For example, your submission could be a combined written paper, collage, videotape, mixed media collage scrapbook, concept map poster, short story, etc. Be aware that any written material apart from a poster must be in APA format.

There is a sample assignment # 3 on reserve in the library.

Criteria for Satisfactory Assignment #3

Content

- The rationale for why you accessed this community is clearly described. What made it opportune to engage with them, why were they willing to engage, what were the benefits to the group and what were the challenges to interacting with them? Also, how you engaged with the group is clearly described. How was consent achieved, how were interactions observed, what questions were asked, what was discussed, how did you keep track of what was seen and heard, when were field notes made, how were they reviewed and what questions were asked to increase clarity? (5 marks)
- Your selected community is clearly described in terms of who they are and their perspectives on themselves as a community, their health, and their partnerships. The descriptions of your community are supported by concrete illustrations. The perspectives of the community are analyzed using principles of Primary Health Care and the theorists from the modules. The community's perspective on health are analyzed using the Stage Model of behaviour change. Also, the summary of your conclusions about the community are shared with them and the feedback from your community about the summary is incorporated into your synthesis of your community's beliefs. (20 marks)
- Critical reflection on the process of engagement with your community is included. Who you are as a participant, your views on community, health, and partnership and how this might have influenced your participation with the group is clearly analyzed and synthesized. An evaluation of your engagement with your community is included as well as implications of this evaluation. What might you change or keep the same for your next course? (10 marks)

In summary, this assignment is intended to provide you with opportunities to learn about participant observation as a way of interacting with and inquiring about groups of people. The assignment is also intended to provide you and your community with mutual opportunities for exploration. It is hoped that you will begin to know and understand your community and for them to get to know you. By examining how a group comes together and developing a relationship with them, it is hoped that you will be better able to both facilitate and participate in group action in the next community course; NSSC 8800, Community Health Partnerships in Action. Keep your field notes and assignments from this course as you will be revisiting them in NSSC 8800.



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
 Operating Unit: School of Health
 Program: Nursing
 Option: Bachelor of Technology

Schedule

NURS 7100 Community Nursing: Partnerships in Health

Week of/ Number	Outcome/Material Covered	Reference/ Reading	Assignment	Due Date
1	Complete Module 1 and make contact with the course tutor Complete Module 2	See module See module		
2	Complete Module 3	See module	Start Assignment #1	Sept. 21
3	Complete Module 4	See module	Continue Assignment #1	
4	Complete Module 5	See module	Complete Assignment #1	Sept 21
5	Complete Module 6	See module		
6	Conference – feedback on course to date Complete Module 7	See module	Start Assignment #2 Think about the group you will be working with in assignment # 3. Make initial contact.	October 19
7-8			Continue and complete Assignment #2	October 19
9			Continue Assignment #3	Nov. 16
10-12			Complete Assignment #3	Nov. 16

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
NURSING PROGRAM

APA STYLE GUIDELINES

Each profession has a style that is used when papers are submitted for publication. Nursing uses the American Psychological Association (APA) style guide. Therefore, student papers are to be written according to this style. The text (APA, 1995) is a recommended resource for students, but the standards have been summarized here. Please refer to the text to clarify your understanding of these guidelines.

Appearance

- ◆ The paper must be 8.5 by 11 inches, 20-pound bond weight and white in colour.
- ◆ The margins must be 1-1.5 inches on the top, bottom, right and left. All margins must be the same.
- ◆ All type must be times roman or courier font and 12-point size.
- ◆ All lines are double spaced including quotations and references.
- ◆ Paragraphs are indented 5-7 spaces consistently.
- ◆ There is one space after all punctuation.
- ◆ All pages are numbered starting with the title page. Page numbers include a header, usually a shortened form of the title. Type the header, leave 5 blank spaces, then type the page number.
- ◆ The title page includes the following information centered horizontally and vertically on the page.
 - ◆ Title of the paper
 - ◆ Your name
 - ◆ Course name and number, set letter
 - ◆ Reader's name
 - ◆ Date paper submitted
- ◆ The sections of papers are ordered as follows:
 - ◆ Title page
 - ◆ Abstract (if required)
 - ◆ Body of the paper
 - ◆ References
 - ◆ Appendix

Each section except the title page has a section title that is centered on the line at the top of the page. It is typed in upper and lower case letters. It is not considered a heading. The first heading of a paper that appears after the section title is a first level heading.

- ◆ Papers of longer than ten pages usually require headings to help the reader understand the organization of the paper. Usually two levels of heading are sufficient for student papers (p. 92).

Headings divide the body of the paper into parts. For example, you will notice that this document is divided into parts. The major headings like appearance, writing style etc. are first level headings. They are centered on the line and typed in upper and

lower case. If these parts were subdivided, there would be second level headings. Second level headings are typed in upper and lower case at the left margin of the paper and are underlined.

Writing style

- ◆ The introduction introduces the topic of the paper and the organization of the paper. It may be as much as two paragraphs long and has no heading (APA, p. 11).
- ◆ The source of ideas (research, opinion, and anecdote) must be identified clearly in the writing. Saying the author found, investigated, or studied can identify research. Saying the author thinks or argues can identify opinion articles. Saying the author describes situations or experiences can identify anecdotal papers.
- ◆ When describing literature, the past tense or present perfect tense should be used (p. 25). For example:
 Begany (1994) suggested ... or
 Jett (1996) has stated ...
- ◆ Jargon and redundancy should be eliminated (p. 27). This means that contractions, slang expressions (kids, mom) and euphemisms (passed away) should not be used. Also expressions like 'my own personal views' should be shortened to my views.
- ◆ Words should be used precisely (p. 28). This means that 'feel' cannot be used when 'think' is the more accurate word. Also, plural pronouns (they) cannot be used to refer to singular nouns (man).
- ◆ The editorial 'we' should not be used unless it refers to a group of people to whom one belongs (p. 30). For example:
 'We usually think of nurses as women' would be better written as 'people usually think of nurses as women'.
- ◆ Grammar and sentence structure rules apply to all writing.
- ◆ Verbs should be phrased in the active voice (p. 32). For example:
 'The paper was written by Smith (2000)' ... would be better phrased as 'Smith (2000) wrote' ...
- ◆ Biased language (his or her) must be removed from all writing (pp. 46-60). Use 'person' or 'individual' to indicate gender neutrality.
- ◆ Quotation marks are used to indicate that a portion of the text was quoted from another source. Underlining indicates emphasis.
- ◆ Numbers less than or equal to ten are written as words. Numbers greater than ten are written as figures. Please see pp. 99-105 for exceptions to this guideline.
- ◆ Abbreviations should be kept to a minimum (pp. 80-89).
 - ◆ Units of time are never abbreviated.
 - ◆ Plural abbreviations add an 's' not ' 's'. For example:
 'RT' becomes 'RTs'.
 - ◆ State and province abbreviations are two letters with no period following them. For example:
 BC or ON or CA
 - ◆ Abbreviations that are not universally understood must be defined when they are first used. For example:

Whenever the ideas presented in a paper have been influenced by the written, spoken or sung ideas of someone else, you must give credit in the paper to that person by citing the source of the idea or ideas. Failure to do so is at best intellectual dishonesty. At worst, it is plagiarism. Please see the BCIT policy for the consequences of plagiarism. To cite the source of ideas:

- ◆ The author's last name and the date of the publication must appear in the sentence. There are three ways to do this:
Begany (1994) suggests ...
or
The public generally views nurses as caring (Begany, 1994).
or
In 1994 Begany suggested ...
- ◆ As long as subsequent sentences clearly refer to the same source, another citation is unnecessary. For example:
Begany (1994) suggests that nursing's image could be seen as a double-edged sword. For instance, the public generally views nurses as caring, knowledgeable, and responsible, yet, they think nurses do not have the training to handle expanded roles. He recommends nurses attempt to change ...
When the sentence does not clearly refer to the same source, a new citation is required.
- ◆ Notice that the title of books or articles usually do not appear in the body of a paper. If a source has no author, the title may appear in the paper. An article in a journal has quotation marks around it and books or periodicals are underlined (p. 171).
- ◆ The full citation of author and date need only appear the first time the author is cited in the paragraph (p. 168). Subsequent times, only the author is cited. E.G. (Begany)
- ◆ When a source has two authors, always cite both names (p. 168).
- ◆ When the source has three – five authors, cite all authors the first time the reference occurs in the paper. In subsequent citation, include only the surname of the first author followed by 'et al.' (pp. 168-169). For example:
(Martin, Cass, & O'Donnell, 1998) first citation
(Martin et al., 1998) second citation
- ◆ When a source has six or more authors, cite only the surname of the first author followed by 'et al.' (p. 169).
- ◆ If the author is anonymous, cite (anonymous, 1997). In the reference list it is alphabetized using 'anonymous'.

Whenever the exact word or words of another person who wrote, spoke or sang them have been used in a paper, they must be quoted and cited in the paper (pp. 95-98). Consult BCIT policies for the consequences of plagiarism.

- ◆ Short quotations of fewer than 40 words are made to fit grammatically into the sentence and enclosed by quotation marks (p. 95). Follow the quote with the citation that includes the page number on which the words are found. For example:

As researched by Begany, “people continue to value nurses mainly for their caring disposition ...” (1994, p. 29).

- ◆ Quotations of more than 40 words are set off from the text of the paper by indenting them five spaces from the left margin and do not have quotation marks around them. Again, the citation includes the page number. For example:

APA (1995) has specific guidelines for quotation.

Display a quotation of 40 or more words in a free-standing block of typewritten lines, and omit the quotation marks. Start such a block quotation on a new line, and indent it five spaces from the left margin (in the same position as a new paragraph). Type subsequent lines flush with the indent. ... Type the entire quotation double-spaced (p. 95).

- ◆ Quotations must be accurate. If part of the sentence is omitted, indicate the omission by using three spaced dots (...). If the omission occurs at the end of a sentence, use four dots, the last one being the period indicating the end of the source’s sentence. For example:

Awiatka (1992) closes her essay with a call to action on the part of her readers. “We must all insist that – in film and other media – the positive portrayal of Native Americans be deepened and enlarge and that ... [they]have the opportunity to speak for [themselves]” (p. 195).

- ◆ Explanations, clarifications or grammatical/syntactical adjustments, which you make to the quotation, are indicated by square brackets. For example:

He recommends nurses attempt to change the image of nurturer and handmaiden that seems to be associated with caring dispositions and “remain[s] closely linked in the public’s mind” (p. 34).

- ◆ Secondary sources of information must not be quoted as primary sources. Secondary sources are sources of ideas originally written by another author, but quoted or used by the secondary author. See the APA (1995) manual for directions on how to cite and reference these sources.

References

The reference list at the end of a paper gives information required to find the material if necessary. The following guidelines apply (pp. 174-222).

- ◆ All the sources cited in the body of the paper must have complete reference information in the reference list.

- ◆ The reference list is on a separate page.
- ◆ The sources are listed alphabetically by author. If one author has more than one source, the entries “are arranged by year of publication, the earliest first” (APA, 1995, p. 179).
- ◆ The first line of each reference is indented 5-7 spaces. The reference list is double spaced.
- ◆ The general reference style for journal articles is (p. 182):

Author, A. A., Author, B. B., & Author, C. C. (year of publication). Title of article. Title of Periodical, Volume # (issue #), page-page. For example:

Singer, P. A., & Siegler, M. (1990). Sounding board euthanasia: A critique. New England Journal of Medicine, 322(26), 1881-1883.

- ◆ The reference style for books is (p. 182):

Author, A. A. (publication date). Title of work. Location of publisher: Publisher. For example:

Caffery, M., & Beebe, A. (1989). Pain: Clinical manual for nursing practice. St. Louis: C. V. Mosby.

- ◆ Note that in the above example, there is no state location for St. Louis. A number of cities around the world are major publishing locations so the state or country abbreviation is not required. See page 176 for this information. Except for the cities listed there, the city and state abbreviation must be listed in the reference.
- ◆ The APA (1995) manual has pages of specific directions for references different sources. Please consult the manual as needed. If specific directions for a source are not included, do the best you can with the guideline provided.

Reference

American Psychological Association. (1995). Publication manual of the American psychological association. Washington, DC: Author.

ABBREVIATION GUIDE

Abbreviations for English mechanics:

0	punctuation problem
#	problem with spacing
sp	spelling error
para	problem with parallelism
?wc	questionable word choice - check dictionary definition
?prep	check preposition
NV	no verb in sentence
[]	missing word or extraneous word
ROS	run on sentence
gp	grammar problem
VT	verb tense problem
SVA	problem with subject-verb agreement
NP	new paragraph needed
mp	missing pronoun
IS	incomplete sentence

Abbreviations for content:

A	assumption
YA	your assumption
E	evidence
Val	validation

Abbreviations for content:

?APA	check APA manual for information on style
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Electronic Reference Formats Recommended by the American Psychological Association

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Last update: January 10, 2001

Note. This document replaces "[How to Cite Information From the Internet and the World Wide Web.](#)"

- [Citing Email Communications](#)
- [Citing a Web Site](#)
- [Citations and Quotations in Text](#)
- [Creating References for Specific Documents on a Web Site](#)
- [Creating References for Articles and Abstracts Obtained From Electronic Databases](#)

Citing Email Communications

First, a cautionary note: It is possible to send an email note disguised as someone else. Authors—not journal editors or copy editors—are responsible for the accuracy of all references, which includes verifying the source of email communications before citing them as personal communications in manuscripts.

Email communications from individuals should be cited as personal communications, as noted in APA's *Publication Manual* (4th ed., pp. 173–174). The format in text (personal communications are not cited in the reference list) is as follows:
L. A. Chafez (personal communication, March 28, 1997).

Citing a Web Site

To direct readers to an entire Web site (but not a specific document on the site), it's sufficient to give the address of the site in the text. For example,

Kidspych is a wonderful interactive Web site for children (<http://www.kidspych.org>).

No reference entry is needed.

Citations and Quotations in Text

Follow the author/date format described on pages 168–174 in the *Publication Manual*. To cite specific parts of a Web document, indicate the chapter, figure, table, or equation as appropriate.

For quotations, give page numbers (or paragraph numbers) if they are available. For example,

As Myers (2000, ¶ 5) aptly phrased it, "positive emotions are both an end — better to live fulfilled, with joy [and other positive emotions] — and a means to a more caring and healthy society."

If needed, the abbreviation "para." can be substituted for the ¶ symbol. If page or paragraph numbers are not available (i.e., they are not visible to every reader), they can be omitted from the in-text citation. With most browsers, readers will still be able to search for the quoted material.

Creating References for Specific Documents on a Web Site

Web documents share many of the same elements found in a print document (e.g., authors, titles, dates). Therefore, the citation for a Web document often follows a format similar to that for print, with some information omitted and some added. Here are some examples of how to cite documents posted on APA's own Web site.

An action alert posted by our Public Policy Office: 1

American Psychological Association. (1995, September 15). *APA public policy action alert: Legislation would affect grant recipients* [Announcement]. Washington, DC: Author. Retrieved January 25, 1996, from the World Wide Web: <http://www.apa.org/ppo/istook.html>

An article from the journal *American Psychologist*: 1

Jacobson, J. W., Mulick, J. A., & Schwartz, A. A. (1995). A history of facilitated communication: Science, pseudoscience, and antiscience: Science working group on facilitated communication. *American Psychologist*, 50, 750–765. Retrieved January 25, 1996, from the World Wide Web: <http://www.apa.org/journals/jacobson.html>

An article from the *APA Monitor* (article in a magazine, no author identified): 1

From "character" to "personality": The lack of a generally accepted, unifying theory hasn't curbed research into the study of personality. (1999,

December). *APA Monitor*, 30. Retrieved August 22, 2000, from the World Wide Web:
<http://www.apa.org/monitor/dec99/ss9.html>

An abstract: 1

Rosenthal, R. (1995). *State of New Jersey v. Margaret Kelly Michaels*: An overview [Abstract]. *Psychology, Public Policy, and Law*, 1, 247-271. Retrieved January 25, 1996, from the World Wide Web:
<http://www.apa.org/journals/ab1.html>

An independent document (no author identified): 1

Electronic reference formats recommended by the American Psychological Association. (2000, August 22). Washington, DC: American Psychological Association. Retrieved August 29, 2000, from the World Wide Web:
<http://www.apa.org/journals/webref.html>

All references begin with the same information that would be provided for a printed source (or as much of that information as is available). If no publication date is available for a document, use "n.d." (stands for "no date") in its place. The Web information is then placed in a retrieval statement at the end of the reference. It is important to give the date of retrieval because documents on the Web may change in content, move, or be removed from a site altogether.

Creating References for Articles and Abstracts Obtained From Electronic Databases

APA's recommendations for citing electronic media have changed substantially since we published the fourth edition of the *Publication Manual*. For databases, rather than the "Available: File: Item:" statement specified in the *Publication Manual*, we now recommend a retrieval statement that identifies the date of retrieval (omitted for CD-ROMs) and the source (e.g., DIALOG, WESTLAW, SIRS, Electric Library), followed in parentheses by the name of the specific database used and any additional information needed to retrieve a particular item. For Web sources, a URL should be given that points to an "entry page" for the database. The basic retrieval statement for CD-ROM databases is as follows:

Retrieved from [source] database ([name of database],
CD-ROM, [release date], [item no.--if applicable])

The basic retrieval statement for on-line databases is:

Retrieved [month day, year,] from [source] on-line
database ([name of database], [item no.--if applicable])