



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

APR 17 2002

## Course Outline

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

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**Start Date:** January, 2002

**End Date:** April, 2002

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**Course Credits:** 3

**Term/Level:** 5

**Total Hours:** 36

**Total Weeks:** 12

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**Hours/Week:** 3      Guided Learning

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#### **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 1060	Pharmacology

#### **NURS 7100 is a Prerequisite for:**

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

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#### **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

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#### **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

- |   |      |
|---|------|
| • Personal perspectives on community, health and partnership. | 40%  |
| • Engaging with a community - Reflective Journal              | 25%  |
| • Community Project   | 35%  |
|   | 100% |

All assignments must be completed to achieve a passing grade.

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## Course Learning Outcomes/Competencies

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

1. analyze social, political, economic and environmental contexts 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 the Stage Model of behaviour change to health promotion and illness prevention.
7. analyze a community's understanding of community, health and partnership.

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## 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.

Lynn Field

Program Head/Chief Instructor

December 12, 2001

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**

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### Instructor

Lynn Field

Office No.: SE12- 438

Office Hrs.: Wednesday 1200-1400  
hours

Office Phone: (604) 451-6945

E-mail Address: lynn\_field@bcit.ca

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### 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](http://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.

### Recommended Reading on Reserve in the Library

- ◆ Northrup, D.T. (2002). Self-care: Re-examining the myth. In L.E. Young & V. Hayes (Eds.), Transforming health promotion practice: concepts, issues, and applications (pp. 127-135). Philadelphia, F.A. Davis.
- ◆ Liaschenko, J. (2002). Health promotion, moral harm and the moral aims of nursing. In L.E. Young & V. Hayes (Eds.), Transforming health promotion practice: concepts, issues, and applications (pp. 136-147). Philadelphia, F.A. Davis.

### 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 SE12-412 during the week of February 18, 2002. Please watch the bulletin board for information on the date and time of the conference.** You are required to share the perspectives on community, health and partnership that you developed Your Perspectives Paper. 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. **If assignments do not follow APA standards or do not follow standard English conventions they will be returned unmarked and be penalized 5% per day until the assignment is submitted in acceptable form.**
5. The journal or community project 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 **May 3, 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 turn around if you mail assignments. You may fax assignments to (604) 436-9590 if you wish. The instructor will try to get these assignments mailed back to you in two weeks. Also, you may e-mail assignment as word documents to [lynn\\_field@bcit.ca](mailto:lynn_field@bcit.ca). Again, the instructor will try to mail these assignments back to you in 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 the instructor box at BCIT. It takes much too long to mark assignments on the computer so the instructor will not e-mail assignments back to you.

If students are unable to complete the course assignments by May 3, 2002, 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 the course assignments and the assignments are intended to build on this pre-existing knowledge. When students have questions about the course modules or assignments, please call the course instructor during the identified office hours or e-mail her at other times. If the identified office hours do not work, please contact the instructor to make mutually agreeable alternate arrangements.

The courses in this and subsequent levels will push you to become increasingly critical of what you read, write and experience. When you write, consider the assumptions implicit in your choice of words. When you use concepts such as trust, support, acceptance, respect, etc. be clear how you are defining these terms. Ask yourself what trust, for example, looks like and how you would know when it is not present.

Some 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 the 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 the modules and your community. Nevertheless, the following instructions and marking criteria are intended to guide your work in the course assignments.

## **Assignment Details**

### **1. Personal Perspectives on Community, Health and Partnership due February 15, 2002.**

This assignment provides you with opportunities to develop an understanding and expanding awareness of communities, health and partnerships within the context of your experiences. 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.

This assignment is divided into two sections. Part A is a paper exploring and reflecting on your perspectives on community, health, and partnership. Part B is a scrapbook on the multiple ways of knowing about community, health and partnership.

#### **Part A: My Perspectives Paper (30%)**

Part A of this assignment could be completed after you have finished Module 5, 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 5 (or 6). You are encouraged to articulate and then analyze your ideas from a variety of perspectives:

- Who you are as a person: how did you think about community, health and partnership before you became a nursing student? Which theorists share similar perspectives and which are different? What might account for this similarity or difference?
- Who you are as a community member: how do you think about community, health and partnership as a member of one of the groups to which you belong? Which theorists share similar perspectives and which are different? What might account for this similarity or difference?
- Who you are as a nurse: now that you have experience as a nursing students, how do you think about community, health and partnership. Which theorists share similar perspectives and which are different? What might account for this similarity or difference? How do the principles of primary health care fit with your views on health?

To compare 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 comparison and analysis. Please remember, when you write the paper, you do not need to take a lot of time to describe your views before comparing and analyzing. For example, you may start with the comparison of the three perspectives regarding community, then move on to health, then partnership. The goal is to develop a personal definition of community, health and partnership that will be a useful starting point for discussion in the week 6 conference.

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:

- Take the position that is based on what you know from experience and reading the modules. Be sure to reference your writing appropriately.
- Make sure the historical, social, economic, or cultural context of your position is clear. Remember in critical thinking the context of ideas is crucial.
- When writing about personal views, remember you are writing critically so everything is not acceptable.
- 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. What assumptions are you making? How does context influence your views? Next, identify what is missing or unaccounted for. Compare your views with 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 these alternate perspectives.
- 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.
- Synthesize the parts of your position into a whole by describing relationships between the parts in new and creative ways. 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.
- Identify the implications of your views for community engagement. How might your definition of community and partnership impact how you approach and engage with a community? How might your



definition of health affect how you identify and clarify health issues. 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 Personal Perspectives Paper:**

#### **Content (25 marks):**

- Compares perspectives on community, health and partnership (as a person, community member and nurse). The perspectives are clearly identified, the source of views is identified and the context is described. Also, the fit of primary health care principles into the health of communities is clearly articulated (5 marks).
- Analyzes own perspectives using critical thinking and reflection (assumptions, context, consequences and alternate perspectives). Parts are described and related to each other. Theorists' views are acknowledged and ideas not accepted are noted. (10 marks).
- Synthesizes a cohesive view of community, health and partnership consistent with the analysis. Connections between ideas are articulated and new understandings are developed (5 marks).
- Critically evaluates implications of own perspectives for building nursing partnerships with communities. Clearly articulates how own views direct you to initiate contact with groups, engage with groups and collect information from groups? 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 community, health and partnership 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 community, health and partnership in 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 or at any point during the course.

## **2 Engaging with Your Selected Community**

The goal of this portion of the course is to provide opportunities for you to engage in participatory dialogue with a community. 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 a community, writing a reflective journal of your observations, impressions, interactions, experiences, etc., and then submitting a community project in which you analyze and interpret what they believe about community, health, and partnership.

Module 7, Engaging in Participatory Dialogue: Gathering Multiple Perspectives provides a comprehensive guide to gathering perspectives from key informants/community members and gives suggestions for analyzing the perspectives you have heard. The key informants/community members may stimulate your thinking and provide ideas about pertinent community health issues. Additional sources of knowledge may be research literature and the media that you used in the personal perspectives paper or scrap book. Please note, it is hoped you will continue to work with your chosen community in the NURS 8800, Community Nursing 2: Partnerships in 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?
- How often does the group meet? Will it meet often enough for me to meet the group, collect data, analyze the data and then validate the data?
- How large is the group? How often will I have to meet with them to collect the perspectives of all members and validate my analysis with them?

Although selecting your community within your area of nursing practice has been suggested 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 a community for this assignment, talk with your tutor about possibilities for community interaction. It is the instructor's experience that groups appreciate the facilitation skills you bring to them and benefit from the concept clarification you engage in.

In this community project, 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 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 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?
- How does your community's strengths and challenges relate to your community's health?
- 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. Keep track of divergent thoughts in your field notes as they will likely provide a starting point for the assignments in the next community course, NURS 8800.

## 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.

## Part A - Reflective Journal due March 8, 2002

The purpose of the assignment is to explore your thinking about approaching and engaging with your chosen community. While the journal is submitted only once during the course, it is expected that students will make a number of entries that document their observations, thinking and analysis. Entries should not be limited to the thinking and analysis that occurs only while engaging with your community. Rather thinking and analysis that

occurs as students write and examine their field notes should also be noted and recorded. This reflective journal should be the work in progress for the final community project in this course.

The journal should be written spontaneously as students consider the questions and reflect on their knowledge and beliefs. Therefore, APA standards are not required nor are the usual requirements for paragraphs. However, the instructor does need to understand what students write so for this reason, full sentences/complete thoughts must be recorded.

The following are guidelines for your reflective journal:

- a. Summarize your beliefs about community, health and partnership.
- b. Based on your views, how will you accomplish the following:
  - Approach this group?
  - Meet with them and explain your purpose?
  - Get consent from the group for the participation and recording you need to do?
  - Participate with this group?
  - What and how will you observe?
  - How will you record your notes?
  - How will you record direct quotes?
  - Would taping interactions be helpful or intrusive?
  - How might you collect visual images to record what you have seen?
  - How will you question the group? If they do not understand your meaning, how will you clarify without directing their responses?
  - What kinds of questions might help you clarify your interpretations?
  - What work from other courses might be of use as you write the journal?
- c. Compare your actual approach and engagement with the group to how you anticipated you would do things. Why did you change?
- d. How does your professional knowledge, experience and power influence the group? How should it influence the group and why?
- e. As you analyze your field notes, what patterns or themes do you identify about:
  - Issues of power and equality
  - Acceptance of diversity
  - Capacities or strengths
  - Group norms.
- f. How do you know you understand the group's meaning regarding words like commitment, acceptance, trust and support?

### **Criteria for Satisfactory Reflective Journal (25 marks)**

- Personal view of community, health and partnership are clearly linked to how the student wanted to approach and engage with the community. (5 marks)
- Analysis of the process of engagement reflects critical thinking (identification of assumptions, context, consequences and alternate perspectives). (10 marks)
- Reflection on field notes indicates analysis. (10 marks)

### **Part B – Community Project due April 8, 2002**

The purpose of this assignment is analyze your community and evaluate your engagement with them. You are asked to share your summary of the group's views with your selected community to generate discussion and feedback. Sharing will help you validate your perceptions of the group and 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 community project will vary. 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. Any written material apart from a poster must be in APA format. There is a sample community project titled assignment # 3 on reserve in the library.

### **Criteria for Satisfactory Assignment #3**

#### **35 marks**

- Your summary of your selected community is clear 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 (5 marks).
- 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 (5marks) .
- Your synthesis of your community's beliefs is clear. The summary of your conclusions about the community are shared with them and the feedback from your community is incorporated into your synthesis. (5 marks)
- Your reflection on the process of engagement is clear. 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? (10 marks)
- Critical reflection on the process of engagement with your community is included. Your views on community, health, and partnership and how this might have influenced your participation with the group is clearly analyzed. Who you are as a nurse and how your knowledge and power affected the group is clearly analyzed. 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 community project 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 project 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; NURS 8800, Community Nursing 2: Partnerships in Action. Keep your field notes and assignments from this course as you will be revisiting them in NURS 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 Modules 1 & 2 and make contact with tutor	See module		
2	Complete Module 3	See module	Start Personal Perspectives	Feb. 15
3	Complete Module 4	See module	Continue Personal Perspectives	
4	Complete Module 5	See module	Complete Personal Perspectives	Feb. 15
5	Complete Module 6	See module	Think about the group you will be working with for the community project  Start the Reflective Journal	
6	Conference – feedback on course to date  Complete Module 7	See module	Make initial contact with your community.  Continue the Journal	Feb. 18  March 8
7-8			Continue and complete Assignment #2	March 8
912			Complete Community Project	April 8

## 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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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'Donnel, 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.

# 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.](#)"

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- [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])

The basic retrieval statement for databases accessed via the Web is:

Retrieved [month day, year,] from [source] database  
([name of database], [item no.--if applicable]) on the  
World Wide Web: [URL]

### Examples<sup>1</sup>

Federal Bureau of Investigation. (1998, March).  
*Encryption: Impact on law enforcement*. Washington,  
DC: Author. Retrieved from SIRS database (SIRS  
Government Reporter, CD-ROM, Fall 1998 release)

Schneiderman, R. A. (1997). Librarians can make  
sense of the Net. *San Antonio Business Journal*,  
11(31), pp. 58+. Retrieved January 27, 1999, from  
EBSCO database (Masterfile) on the World Wide  
Web: <http://www.ebsco.com>

Kerrigan, D. C., Todd, M. K., & Riley, P. O. (1998).  
Knee osteoarthritis and high-heeled shoes. *The Lancet*,  
251, 1399-1401. Retrieved January 27, 1999, from  
DIALOG database (#457, The Lancet) on the World  
Wide Web: <http://www.dialogweb.com>

Davis, T. (1992). Examining educational malpractice  
jurisprudence: Should a cause of action be created for  
student-athletes? *Denver University Law Journal*, 69,  
57+. Retrieved January 27, 1999, from WESTLAW  
on-line database (69 DENULR 57)

Bowles, M. D. (1998). The organization man goes to  
college: AT&T's experiment in humanistic education,  
1953-1960. *The Historian*, 61, 15+. Retrieved January  
27, 1999, from DIALOG on-line database (#88, IAC  
Business A.R.T.S., Item 04993186)

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<sup>1</sup> In newer browsers (4.0 and higher), the citation examples will appear in "hanging-indent" style (i.e., the first line is flush left and all subsequent lines are indented). In older browsers, the citation examples will appear in block format. (This is not APA style, but rather a limitation of paragraph display in older browsers.) For papers or manuscripts, either a regular paragraph indent or a hanging indent is appropriate for references, as long as the format is consistent throughout. For additional information on acceptable paragraph formatting for references, see our [Publication Manual FAQ](#)

In addition, italics are used in place of underlining. As with the paragraph indent, either italics or underlining is acceptable in an APA-style manuscript, providing they are used consistently.

Finally, the examples are single spaced rather than double



spaced. This is also a browser limitation -- APA style calls for references to be double spaced.