



## **Community Home Care**

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### **v Evaluation**

**Satisfactory/Unsatisfactory** standing based on:

- satisfactory student performance of course outcomes.
- a satisfactory case seminar.
- satisfactory professional reflective journals analyzing the process of developing partnerships with clients in community practice.
- satisfactory collaboration in the planning of and active participation in seminars and debriefing sessions.

All evaluation components must be completed to achieve a passing grade.

### **v Course Learning Outcomes/Competencies**

This practicum experience is with people experiencing health problems and nursing care is given in the home and community agencies. The family may be involved in the care and they may be the focus of the nursing care given. Preventing illness/injury, promoting rehabilitation and health, and supporting self-care are the priorities of nursing care in this course. Where time and opportunity allow, the concepts and practice of palliative care within the community context will be explored.

In this context, the student will:

1. implement professional caring (rational, technical and emotive elements) that integrates a depth of nursing knowledge and skill in accordance with the Standards of Nursing Practice in British Columbia.
2. pursue shared meaning by facilitating communication with clients and families to promote self-care and rehabilitation.
3. advocate on behalf of clients and with assistance, advocates on behalf of families.
4. integrate the family into care and teaching with assistance.
5. modify practice to meet the health needs of clients. Modify practice to meet the health needs of families with assistance in complex situations..
6. integrate systematic inquiry into practice by:
  - analyzing client issues and responding with sound clinical judgements.
  - considering the multiple sources of community nursing knowledge.
  - integrating critical thinking and reflection into practice.
  - developing reflective skepticism.
7. commit to learning as a way of developing community practice by:
  - analyzing the knowledge base and skill sets required to nurse effectively in the community setting.
  - monitoring and evaluating own practice and acting to modify it.
  - assuming responsibility for own learning needs and investing time and effort in learning.
8. evaluate partnerships initiated with members of the health team.
9. implement technical aspects of care safely and with dexterity.

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### **v Learning Processes Involved in this Course**

**Professionalism** – with increasing independence, students work to integrate the rational, technical and emotive elements of professional caring in the community practice context. Through reasoning and reflection, students develop a depth of nursing knowledge regarding the health care issues addressed when giving health care in the home. Students plan interventions in discussion with home care nurses and instructors prior to and after each visit. They implement independent and interdependent nursing care in consultation with clients and work to foster contexts that promote, maintain and restore health.

Students organize and prioritize care for clients based on humanism. They make sound nursing judgments, evaluate nursing care, commit to the Canadian Nursing Association values and ethics, and, commit to providing a public service and changing practice as society requires.

Students modify techniques and practices to meet the health needs of clients and families in their homes. They learn to organize home visits and understand that they are guests in client's homes. Students give culturally safe care. They understand the physical, emotional, environmental, social, economic, political and spiritual needs of the clients as separate entities. As they try to integrate these needs, students will consider clients from a holistic perspective.

**Communication** – students recognize and respond appropriately to critical messages (embodied, verbal, written, emotional and spiritual) or cues from clients, colleagues, instructors and the health care team. They engage in a rhythm of attachment and separation so a sense of wholeness is created. Through therapeutic communication they establish shared meaning and partnership to develop client's capacities for healing and/or growth. When health deteriorates or death is expected, they establish shared meaning to promote personal meaning, integrity and hope. They implement client teaching to promote health and prevent illness or injury.

**Systematic Inquiry** – students are increasingly independent with critical thinking as they challenge assumptions, search for alternate perspectives and reason about the connections and judgments associated with nursing care. In addition to applying knowledge from previous courses to understand client issues, they use research findings to guide their practice and as the source of discussions with colleagues. They use a cyclic process of reflective questioning, consideration and evidence search to reconcile dilemmas in practice.

**Professional Growth** – students use self-evaluation, reflection, information management, critical thinking and critical appraisal to achieve a level of self-inquiry and self-direction that builds the knowledge, skills, attitudes and judgments of professional nursing in the community context. They actively seek learning partnerships to facilitate their professional growth so they are responsible for this process. They modify their practice to meet the standards of registered nursing practice in BC.

**Creative Leadership** – as students engage with clients they become creative leaders by working to establish meaningful and genuine connections with clients, encouraging a common vision for their health partnership and focusing activity towards their common goal. As exemplary followers, students use their initiative to think critically and challenge ideas and strategies. Students use team building, negotiation and conflict resolution skills to collaborate with people. Students are beginning to advocate for clients and families when clients and families are unable to do so for themselves.

**Technical Skills** – students are safe with technical skills and are learning to modify them for the home environment; this includes translating skills for family use.

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**v Verification**

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



\_\_\_\_\_  
Authoring Instructor

05.08.03

\_\_\_\_\_  
Date

I verify that this course outline has been reviewed.

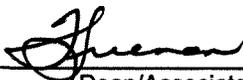


\_\_\_\_\_  
Program Head/Chief Instructor

August 3, 2005

\_\_\_\_\_  
Date

I verify that this course outline complies with BCIT policy.



\_\_\_\_\_  
Dean/Associate Dean

Aug 10/05

\_\_\_\_\_  
Date

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

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### v Instructor(s)

Diane Brothers	Office Location: SE12-418 Office Hrs.:TBA	Office Phone: 604 451-6956	E-mail Address: <a href="mailto:Diane_Brothers@bcit.ca">Diane_Brothers@bcit.ca</a>
Marg Gorrie	Office Location: SE12-418 Office Hrs.:TBA	Office Phone: 604 456-8115	E-mail Address: <a href="mailto:Marg_Gorrie@bcit.ca">Marg_Gorrie@bcit.ca</a>
Joan Walker Course Leader	Office Location: SE12-418 Office Hrs: TBA	Office Phone: 604 453-4083	E-mail Address: <a href="mailto:Joan_Walker@bcit.ca">Joan_Walker@bcit.ca</a>

### v Learning Resources

#### **Required:**

- RNABC student membership
- CPR current certification to end of term
- Immunizations up to date; includes flu vaccination and TB skin test
- Automobile with business class insurance (ICBC class 007)

#### **Equipment:**

- Stethoscope
- Pen-light
- Watch with a second hand
- BCIT Nursing Bag with provided equipment (to be distributed)
- Photo ID (BCIT OneCard) name badge
- Clean, washable street clothes are required. A professional appearance and the ability to provide active care in the community setting is the objective: tops must cover the midriff and be loose fitting; bottoms must come up to the waist and down to the knee, and be loose fitting. No denim clothing is allowed. Students will be sent home if dress is not appropriately professional.
- Closed-toe and closed-heel shoes. WCB will not cover injury resulting from inappropriate footwear.
- All tattoos must be covered

#### **Textbooks:**

- De Becker, G. (1997). *The gift of fear: And other survival signals that protect us from violence*. New York: Dell Publishing.
- Leeseberg Stampler, L, & Yiu, L. (2005). *Community health nursing: A Canadian perspective*. Pearson Education Canada.
- Stanhope, M., & Knollmueller, R.N. (2000). *Handbook of community-based and home health nursing practice: Tools for assessment, intervention and education* (3rd ed.). St. Louis, MO: Mosby.

#### **Recommended:**

- Canadian Hospice Palliative Care Association. (2002). *Hospice Palliative Care Nursing Standards of Practice*. Available at [http://www.chpca.net/publications/norms\\_of\\_practice.htm](http://www.chpca.net/publications/norms_of_practice.htm)
- Fisher, R., Ross, M.M., & MacLean, M.J. (Eds). (2000). *A guide to end-of-life care for seniors*. Ottawa, ON: Age Wise Inc. Available at <http://rgp.toronto.on.ca/PDFfiles/eol-english.pdf>

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- Synder, M. (1992). *Independent nursing interventions* (2nd ed.). Albany, NY:Delmar
- An assessment text
- A fundamentals of nursing or clinical techniques text
- A medical-surgical nursing text
- A pharmacology text
- A laboratory and diagnostic procedures manual
- A mental health nursing text
- A family nursing text

### On Reserve in the library:

- Boyd, M.D., Gleit, C.J., Graham, B.A., & Whitman, N.I. (1998). *Health teaching in nursing practice: A professional model*. Stamford, CT: Appleton & Lange.
- Gray-Vickrey, P., & Colucci, R. (1999). Taking charge in a geriatric emergency. *Nursing99*, 29(1), 41–46.
- Hoeman, S.P. (2002). *Rehabilitation nursing: Process and application* (2nd ed.). St. Louis: Mosby.
- Pender, N.J. (1996). Empowerment for self-care. In N.J. Pender (Ed.), *Health promotion in nursing practice* (3rd ed.). Stamford, CT: Appleton & Lange.
- Sawyer, L.M. (2000). Community health nurse in home health and hospice. In M. Stanhope & J. Lancaster (Eds.), *Community and Public Health Nursing* (5th ed., pp. 834–861). St. Louis: Mosby.
- Stewart, M.J. (1999). Social support, coping and self-care as public participation mechanisms. In M.J. Stewart (Ed.), *Community nursing: Promoting Canadians' health*. Toronto, ON: W.B. Saunders Company.

## v Information for Students

**Assignments:** Assignments must be done on an individual basis unless otherwise specified by the instructor.

**Makeup Assignments/Practicum Hours:** There will be **no** makeup assignments for practicum time.

**Ethics:** BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating, plagiarism or misconduct may, therefore, result in a grade of zero and/or expulsion from the course for all parties involved. You are referred to <http://www.bcit.ca/files/pdf/policies/5002.pdf>.

If it appears to be a criminal matter, the Director of Safety and Security will be notified and consulted.

**Attendance:** The attendance policy as outlined in the current BCIT Calendar will be enforced. Attendance will be taken each day of practicum. Any absence of 10% or more from practicum will necessitate consideration of whether or not the course outcomes can be achieved. What is considered in the end is: "Did the student achieve the course outcomes?"

**Illness:** Students are expected to attend practicum activities in an appropriate state of health. When this does not exist, students must notify the agency and instructor before the experience begins for the day. A doctor's note is required for any illness causing you to miss assignments or extended periods of practicum (see BCIT Policy 5002).

**Attempts:** You are referred to the Nursing Program Student Policies: D7 – Policy on Readmission to the Nursing Program.

**Course Outline Changes:** The material or schedule specified in this course outline may be changed by the instructor. If changes are required, they will be announced in practicum.

### Expectations:

- Students are responsible for identifying their areas of strength and areas for growth within **the first two weeks** of the practicum rotation. Students are to then consult with the instructor to discuss strategies and **establish a learning plan** to promote meeting course outcomes.

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- A **learning partnership**, essential for successful completion of the course, is established when both the student and instructor communicate openly, demonstrate mutual respect and work to maintain a collaborative relationship. This can be achieved by:
  - discussing course outcomes to achieve a shared understanding of them.
  - discussing progress towards meeting the course outcomes.
  - conferring regularly throughout the course.
- One purpose of this course is to learn about the role of the professional nurse when providing care to clients in their homes. Another purpose of the course is to consider health promotion, illness prevention, self-care and rehabilitation as a focus of nursing care. Students are expected to make safe nursing decisions when giving care in the home. **The instructor carries a cell-phone and pager at all times so will be available for consultation and home visits as required.**
- **In the event of an unusual incident, the student must notify the Instructor immediately.** The student will then be required to complete an agency and BCIT Nursing Program incident report. Any accidents or injuries experienced by the student (eg. needlestick injury) require immediate attention and completion of the agency and BCIT First Aid, as well as WCB, forms.

### **Workload:**

**In Weeks 1 and 2** students will orient to the expectations of the course and policies and procedures of the agency. Orientation will include class time to discuss community context, review documents; 'buddy shifts' with members of the interdisciplinary health care team; attending at community clinics; debriefing sessions; instructor facilitated seminars (eg. complex wound assessment and care), and a windshield survey of the community. Students will follow a primary client after having made visits with the Homecare nurses (HCN); the client will need to provide consent. The primary client will be presented at a case seminar during **Week 8**. During Weeks 3 to 8, students will continue with their primary client plus visit one to two additional clients each day. Workload is to be based on learning needs. The clients assigned to students will usually be stable; they will have acute or chronic wounds, routine medication set-ups, and/or chronic problems that require nursing follow-up (COPD, cardiac diseases, MS, diabetes). Students may also be assigned to assist with more complex wound care when two nurses are usually assigned or when the client is seen twice a day.

The purpose of the practicum assignments is to help students develop partnerships with clients and families and experience the wide range of issues dealt with in homecare. Therefore, there will be a balance between seeing clients for the duration of the experience and having new clients each week.

### **Schedule of Practicum Days:**

The practicum days are **two days a week for 8 hour days**. Actual hours of work will be determined in response to the unique needs of the agency; range will be 0730 – 1700 hours. Students will start each day at the homecare office where they will meet with the Instructor to determine client assignments, review client charts, identify relevant issues to consider when visiting the client that day, develop a nursing careplan and then confirm the plan with both the Instructor and HCN. Students will collect needed supplies and resources, organize their visits with the Instructor and then confirm the time with the client by phone before leaving the office. Students will return to the office at throughout the day to review careplans, deal with concerns, and plan for follow-up in collaboration with the instructor, HCNs and other healthcare providers. Home visits will continue in the afternoon. At the end of the day, students are to report to the HCNs as required, return charts and equipment and check out with the Instructor.

Each week, there will be one to two hours of debriefing sessions for students to share and discuss their experiences and to address any issues that arise. Focus areas of these debriefing sessions might include the process of

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developing partnerships with clients and families, health teaching, liaison with other healthcare providers, advocating for clients and clinical decision-making in the community context. Issues related to health promotion (principles of primary health care), illness and injury prevention (risk factor reduction, early detection of illness, environmental health and safety), rehabilitation (capacity, counselling, support, retraining, education and environmental modification) and self-care will also be discussed. Palliative care will be explored as opportunities and workload permit.

Students will organize automobile transportation to and from client homes. They will have sufficient money to use pay telephones to contact the instructor or HCN if the client's phone is unsuitable. They will survey the community to identify safe washrooms, public telephones, food outlets and community 'hot spots'. If the client's status changes or there is any uncertainty as to the best course of action, students will call the instructor's cell-phone to discuss appropriate actions. **If the client's status becomes critical, they will call 911 for assistance.**

### **BCIT Student Nurse Bags:**

Students will receive bags that contain nursing equipment. They will be required to give the Nursing Program a **\$200.00 deposit cheque** before the bags are issued. When the bags (with equipment in reasonable working order) are returned at the end of the practicum experience, the cheque will be returned to the student.

### **v Policy Information**

1. Students are to read the *BCIT Nursing Program Student Guidelines, Policies and Procedures* for information about specific policies for practicum experiences in the community.
2. As students are required to visit clients in their homes, they will need business class (ICBC class 007) insurance for their vehicles. Students are advised to consult with their insurance agent to modify their coverage for the 8 weeks they take this practicum course. Student vehicles must be reliable and safe to operate. Provisions cannot be made for students who do not have a vehicle for use on practicum days.
3. To control the spread of communicable diseases, the agency requires a flu vaccine, Hepatitis B series, updated polio, tetanus, and diphtheria immunizations and a TB skin test yearly. Students are advised to consult the BCIT Health Services to see that their protection is updated before the course starts.
4. 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.
5. Students are expected to collaborate with the primary HCN before visiting a client and they must debrief all visits with the appropriate homecare nurse or healthcare provider at the end of the day.
6. The instructor will carry a cell-phone and pager at all times. Contact the instructor as the need arises.
7. Students must confer with their instructor or homecare nurse before referrals to other community agencies are made.
8. Students may carry agency charts and equipment in their cars, but the charts and equipment must be returned at the end of the day. When charts and equipment are carried in students' cars, only the items that relate to the particular visit may be transported on the seat of the car. All other charts and equipment must be transported in the trunk of the car. If the car has no trunk or other secure place to store confidential materials, the chart must remain with the student at all times. Documentation of the visit must be made before re-filing the chart at the agency. **All student notes regarding client care must be left at the agency, client confidentiality is essential.**

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9. Physician orders are to be updated as per agency policy. Students *may* obtain these new orders but this must be done only after consultation with the Instructor, or, the HCN must renew these orders. Students may discuss assessments and care plans with physicians, again after consultation, or, they may refer physician discussions about assessments and care plans to the Instructor or HCN. Students may not pick up client medication from pharmacies unless prior consultation with the Instructor or HCN has occurred.
10. **Students are expected to call 911 if emergency care is required in the home.** They must keep their CPR certification updated and may initiate CPR as required. Students are expected to use the Venti-masks from their nursing bags to minimize safety risks.
11. The Homecare agency has policies for the pouring of medications. Students may pour medications for the client to take at a later date according to the policy of the agency.
12. The Homecare agency has policies for the disposal of sharps and garbage and the disinfection of equipment used in the home. Students are expected to follow these policies.
13. The Homecare agency has policies for reporting adult abuse and communicable diseases. As nursing students in this agency, students are expected to report these issues as they arise. Please consult the agency policy manual for specific information.
14. Clients and/or their families are not to be transported in students' cars. When joint visits to agencies or services are planned, either meet them at the agency or go with them on foot or in a taxi.
15. **Students are expected to assess the safety of their working environment and immediately remove themselves from unsafe situations.** They report it immediately to the instructor and must document the safety issue.
16. Homecare agencies do not generally take anything back once it leaves the office. Students are responsible for keeping agency equipment in plastic bags so that it can be returned to the agency at the end of the practicum.
17. **If students are injured during the practicum experience, report to your instructor immediately then call Safety & Security at BCIT: 604-432-8872. Complete the student incident report (enclosed in your binders) and return it as soon as possible.**

### **v 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 as needed, for subsequent students.

### **v Student Evaluation**

To achieve the course outcomes, active participation in all learning experiences is essential. This is achieved by:

1. attending and actively participating in the orientation sessions (weeks 1 & 2). Students are required to review the following before the first day of the practicum.
  - The course outline and orientation 'homework'
  - Documentation guidelines from RNABC at <http://www.rnabc.bc.ca/pdf/334.pdf>
  - Communication skills from NURS 1050 and 7050
2. researching client information during and/or prior to the practicum experience. Students may be given their client assignment the day before the clinical experience but often will learn of their assignment on the day of

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practicum. Students are expected to have an in-depth understanding of the nature of the client's problems, the necessary assessments to be conducted and the nursing care required before attending at a home visit. Students are expected to explore the homecare context of nursing practice from a variety of perspectives; with the focus on the client and their family.

3. giving safe and comfortable care to clients utilizing rational, technical, and emotive elements of nursing knowledge, skills, and judgements. Students are expected to document errors according to the policy of the agency. Students whose care is unsafe will be removed from the practicum setting (see the *BCIT Nursing Program Student Guidelines, Policies and Procedures*).
4. evaluating performance and developing learning plans. It is expected that students will refer to their previous theory and practicum courses to identify learning needs and develop learning plans. Instructors are available to discuss learning needs and assist with learning plan development.
5. collaborating in the planning of and actively participating in the seminar/debriefing sessions. Nurse workplace safety will be a focus (read *The Gift of Fear*). Other topics may include family, mental health, socioeconomic status, elder abuse, homelessness, poverty, community resources, loss and grief and ethics.

### **The Following Must be Completed Satisfactorily to Achieve a Satisfactory Standing in the Course:**

- One individual reflective assignment on *partnership*
- Group community care case seminar; related individual team conference
- Careplanning and follow-up for a primary client
- Collaboration and participation in weekly seminar/debriefing sessions
- Home visits demonstrating that course outcomes/competencies are met

**By the end of the course, students must show evidence that the course outcomes have been met.**

After completing Week 8, the student and instructor will contribute to the final evaluation summary of outcome achievement. The instructor ultimately has the responsibility to recommend a satisfactory or unsatisfactory standing in the course.

## **v Assignment Details**

### **A. Reflective Assignment (1) on Partnership**

**Partnership** can be defined as:

“relationships between individuals, groups or organizations wherein the different participants in the relationship work together to achieve shared goals. Involves active and flexible collaboration between health care providers and clients/individuals and communities which includes choice, accountability, dignity and respect, and is focused on increasing clients' capacities for self-reliance using empowering strategies.”(p. 426)

Diem, E. & Moyer, A. 2005. *Community health nursing projects: Making a difference*. New York: Lippincott, Williams & Wilkins.

The purpose of the assignment is to help students reflect on their understanding of, and ability to develop, partnerships with clients in the home care setting. Specifically, the focus will be on relationship-building and decision-making with clients as these are two facets of partnership that are integral to the provision of safe and appropriate care. The goal is to consider the challenges you encounter, and changes to your practice required, as you develop partnerships with clients in this new context.

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**As a result of these reflections, you will develop your ability to:**

- recognize and respond to client **cues**
- **engage** effectively with clients as you consider the appropriateness of the chosen health goals and various strategies to achieve them
- **analyze** situations for the many layers of data and their implications
- **plan** care that is client-centered and promotes client capacity.

The process will be to think critically about the aspects of your home care visit(s), provide an analysis of the factors influencing the situation(s), compare and contrast from previous experiences partnering with patients/clients and to determine how your practice has developed and areas for growth and change.

**Provide a picture: (1-2 pages)**

- Briefly describe client/family interactions that clearly demonstrate the need to and/or use of relationship-building/decision-making in the provision of nursing care. What were the significant cues? Verbatim statements can be helpful.
- What were your thoughts/concerns/feelings at the time?
- What challenges presented in the situation? Were there environmental factors that played a part?
- Why are these interactions significant?

**Reflect on the incident: (3-4 pages)**

- Describe the goal of the interaction/partnership. Why did you do what you did? What assumptions were you making?
- Describe the outcomes/consequences for the client, yourself, and others. What were the thoughts, feelings, reactions and behaviour of you and your client? Were your assumptions validated? How did you know this?
- Describe the knowledge that guided your actions. What knowledge was missing?
- Describe how your actions were congruent/incongruent with your personal and professional beliefs. What made you act in this way?
- Describe how your approach was similar/different from hospital interactions with patients. Was this effective? Explain why.
- Identify the interests that seemed to be served by your actions. What social norms were maintained by your actions?
- Describe an alternate perspective that you could take so that other interests would be served.
- Describe your plan of action for future visits. What will change or stay the same?

\*These questions have been modified from Greenwood, J. (1998). The role of reflection in single and double loop learning. *Journal of Advanced Nursing*, 27, 1048-1053.

The instructor will review the assignment and make comments to stimulate thinking and reflection. The reflective assignment should serve to enhance the dialogue between the instructor and student regarding the achievement of learning outcomes/competencies. As students prepare for the final evaluation with the instructor during Week 8, they may want to review their assignment for evidence of their growth in learning and thinking regarding partnership, relationship building and decision-making.

Students are to electronically submit (email) the assignment by **0830 on the Monday of Week 6 (September 19 or November 14)**. There is a **5 page** maximum, double-spaced. A face page is required. The focus is on the reflection component as this is where the student can demonstrate thinking and ability. **The assignment will be marked Satisfactory or Unsatisfactory.** Students may resubmit an unsatisfactory assignment **once**.

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### **B. Community Care Case Seminar**

During **Week Eight** of the experience, two sub-groups of the practicum group are to each lead a seminar which will include both a group and an individual member component. The group will lead a seminar to explore how **one** key social determinant of health, as well as **one** concept related to client care, inform nursing practice. Group membership will be assigned. The content areas (which have to be different for each group) must be reviewed with the instructor and agreed upon by the end of **Week Three**. Each individual member of the group will be responsible for leading a discussion relating the key determinant of health and the concept, plus other facets of their partnership, to their work with a primary client (see below).

**.1 Group Component:** A literature search will be required to develop an understanding of the key determinant of health and concept. The group must then develop an interesting, interactive seminar to explore the content and promote consideration of its incorporation into nursing practice. In **Week Seven**, **one** article for pre-reading must be distributed to the rest of the group so they may prepare for participating in the session. The seminar is to be a maximum **25 minutes** in length; discussion must be at least **ten minutes** of that time.

#### **Choice of key determinants of health (one) that may be used:**

- ◆ Income and social status
- ◆ Social support networks
- ◆ Education
- ◆ Employment/working
- ◆ Social environments
- ◆ Physical environments
- ◆ Health services
- ◆ Gender
- ◆ Culture

The key determinants of health can be found at: <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html>.

#### **Choice of concepts (one) that may be used:**

- ◆ Empowerment
- ◆ Self-efficacy
- ◆ Self-care
- ◆ Autonomy

#### **Criteria for Satisfactory Case Seminar:**

##### **CONTENT**

##### **Group:**

- Creates a dialogue to ensure there is common understanding of the key determinant of health and concept
- Leads a discussion as to the relevance of these to professional nursing practice. Explores varied perspectives among the group.
- Summarizes the value of incorporating these factors into community-based nursing (context of care)
- Explores relevant community resources in relation to these factors and client care
- Creates a reference list (minimum 5) with a nursing focus; must have at least **one** research-based reference
- Distributes one article to group for pre-reading that will promote participation in the seminar

##### **PRESENTATION**

##### **Group:**

Sets up an environment conducive to listening and discussion.

- Utilizes principles of teaching and learning
- Verifies that the group understands the information presented
- Deals effectively with questions or issues (including alternate perspectives) raised by the group

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- Generates discussion of at least 10 minutes that promotes reflection and analysis
- Summarizes the discussion at the end of the seminar
- Completes the seminar within the time frame

**.2 Individual Component:** You will have needed to consider and develop “relational capacity” as well as be guided by Prochaska’s (1994) stages of change theory in order to build a relationship and partner with your primary client on health issues. **Relational practice** includes “...helping people understand and clarify the meaning of their health and healing experiences and ...fostering the discovery of choice and power within those experiences.” (Hartrick, 1997, p.527)

Hartrick, G. (1997). Relational capacity: The foundation for interpersonal nursing practice. *Journal of Advanced Nursing*, 26, 523-528.

Prochaska, J., Norcross, J., & DiClemente, C. (1994) *Changing for Good*. New York: Avon Books.

Each student in the sub-group will be responsible for presenting and discussing how relational capacity and Prochaska’s Stages of Change theory (both NURS 7100 content) formed an integral component of providing effective nursing care to their primary client. Furthermore, each individual student will lead the larger group to an understanding of how the social determinant of health and concept presented by their sub-group can be understood in the context of their work with their primary client.

The presentation should mimic the format or tone of professional colleagues gathered for a team conference. To support this approach, in **Week Seven**, each student will be required to distribute **one page** of relevant case data (protecting confidentiality) so that the group will ‘know’ the basics about the client. The conference is to be a maximum of **15 minutes** in length; discussion must be at least **5 minutes** of that time.

### **Criteria for Satisfactory Team Conference:**

#### **CONTENT**

##### **Individual:**

- Connection made between client data and related challenges/abilities
- Discussion and analysis of the use and interplay of ‘relational capacity’ and ‘stages of change’ in developing the relationship and careplan in the provision of nursing care to primary client
- Discussion and analysis of the use and impact of the key determinant of health and concept within the context of working with the primary client; how these factors were applicable, what assumptions played a role in applying them, and what facilitated/obstructed their application.
- Shares client’s insights and perspectives related to these factors
- Evaluation of the effectiveness of approaches used
- Reflect on what was learned from the experience and will be useful for future practice
- Distributes relevant case data

#### **PRESENTATION**

##### **Individual:**

- Creates an interesting and effective working environment
- Verifies that the team understands the information presented
- Deals effectively with questions or issues (including alternate perspectives) raised by the team
- Generates discussion of at least 5 minutes that demonstrates thinking and analysis
- Summarizes the key points of the conference
- Terminates the conference within the time frame

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### **EVALUATION**

An additional **ten** minutes will be taken at the end of each seminar for evaluation of the presentations and group process.

#### **Group and Individual presenters together:**

Set up a dialogue to:

- Identify strengths and areas for improvement
- Discuss group process and effectiveness

There will be time during practicum hours (to be negotiated with the instructor) for students to work on and develop the seminar with their working group. The instructor is available for consultation.

As with any presentation, those who listen to the presentation have a responsibility to be prepared, actively participate, clarify material being presented and ask questions. Listeners are expected to identify and challenge assumptions, consider the consequences of conclusions and suggest alternate perspectives that could be taken. The ability of the presenter(s) and the listeners to participate in this kind of thinking activity is part of the evaluation of this assignment. As the students progress through the community, systematic inquiry, and applied ethics courses, they will bring additional knowledge and skills to this assignment. Students are expected to consider the volume of information that needs to be presented and use appropriate handouts, graphics and teaching methods to maximize group understanding and discussion. **The presentation is marked Satisfactory or Unsatisfactory.**

#### **C. Primary Client**

Students may meet as often as needed (with mutual agreement of the client) with their primary client to complete a holistic assessment of the client with the focus of supporting client capacity and building a partnership. They will use interviews with the client and family, observation, physical assessment, other health team members and multidisciplinary health records to obtain data. Students will pay particular attention to the abilities of the client and help them draw on these assets to foster their self-care. Students will collaborate with them to identify the relevant community resources they find useful. Students will consider client access to these resources and assist them to use them. As they work with the client and family or caregiver, students will collaborate with them to identify health promotion, illness/injury prevention and or rehabilitation issues relevant to them and develop appropriate interventions. The student is expected to consult with the instructor as the relationship with the primary client develops and data is collected.

#### **D. Collaboration in the Planning of and Active Participation in Debriefing Session**

Students are expected to actively participate in the practicum group. Group norms for participation, feedback, brainstorming and decision making will be identified by the group. Students will be evaluated by the group and the instructor as satisfactory or unsatisfactory in group process at the end of the practicum experience.

**NURS 7134: NURSING PRACTICUM 6**  
**Reflective Assignment on Partnership**  
**Feedback Notes**

**Student:** \_\_\_\_\_

<p><b><i>Provide a Picture</i></b></p> <p>Briefly describe client/family interactions that clearly demonstrate the need to and/or use of relationship-building/decision-making in the provision of nursing care.</p> <ul style="list-style-type: none"><li>• What were the significant cues?</li><li>• Verbatim statements can be helpful.</li></ul> <p>What were your thoughts/concerns/feelings at the time?</p> <p>What challenges presented in the situation?</p> <ul style="list-style-type: none"><li>• Were there environmental factors that played a part?</li></ul> <p>Why are these interactions significant?</p>	
<p><b><i>Reflect on the Incident</i></b></p> <p>Describe the goal of the interaction/partnership.</p> <ul style="list-style-type: none"><li>• Why did you do what you did?</li><li>• What assumptions were you making?</li></ul> <p>Describe the outcomes and/or consequences for the client, yourself, and others.</p> <ul style="list-style-type: none"><li>• What were the thoughts, feelings, reactions and behaviour of you and your client?</li><li>• Were your assumptions validated?</li><li>• How did you know this?</li></ul> <p>Describe the knowledge that guided your actions.</p> <ul style="list-style-type: none"><li>• What knowledge was missing?</li></ul>	

<p>Describe how your actions were congruent/incongruent with your personal and professional beliefs.</p> <ul style="list-style-type: none"> <li>• What made you act in this way?</li> </ul> <p>Describe how your approach was similar/different from hospital interactions with patients.</p> <ul style="list-style-type: none"> <li>• Was this effective?</li> <li>• Explain why.</li> </ul> <p>Identify the interests that seemed to be served by your actions.</p> <ul style="list-style-type: none"> <li>• What social norms were maintained by your actions?</li> <li>• Describe an alternate perspective that you could take so that other interests would be served.</li> </ul> <p>Describe your plan of action for future visits.</p> <ul style="list-style-type: none"> <li>• What will change or stay the same?</li> </ul>	
<p><b>Comments</b></p>	
<p><b>Evaluation</b></p>	<p><b>Satisfactory/////Unsatisfactory</b></p>

**NURS 7134: Nursing Practicum 6  
Group Community Care Seminar  
Feedback Notes**

Students: \_\_\_\_\_

Key Determinant: \_\_\_\_\_ Concept: \_\_\_\_\_

Criteria	Comments/Mark
<p><b><i>CONTENT</i></b> Creates a dialogue to ensure there is common understanding of the key determinant and concept.</p> <ul style="list-style-type: none"> <li>• Relevant, current and accurate content</li> <li>• Establishes the learning needs of the group</li> <li>• Relates new material to prior knowledge</li> <li>• Demonstrates solid knowledge of the material</li> </ul>	
<p>Leads a discussion as to the relevance of these factors to professional nursing practice.</p> <ul style="list-style-type: none"> <li>• Applies the material to homecare nursing</li> <li>• Stimulates discussion</li> <li>• Energizes the group</li> <li>• Sets up reflection and analysis</li> </ul> <p>Explores varied perspectives among the group.</p> <ul style="list-style-type: none"> <li>• Your perspective or hypothesis must be included</li> <li>• Solicits and explores alternate perspectives</li> </ul>	
<p>Summarizes the value of incorporating these factors into community-based nursing.</p> <ul style="list-style-type: none"> <li>• Considers the context of care</li> <li>• Draws conclusions from the discussion</li> </ul>	
<p>Explores relevant community resources in relation to these factors and client care.</p> <ul style="list-style-type: none"> <li>• List is relevant, varied and appropriate</li> </ul>	

<p>Creates a reference list.</p> <ul style="list-style-type: none"> <li>• Minimum of 5</li> <li>• Nursing focus</li> <li>• At least one research-based reference</li> </ul>	
<p>Distributes one article for pre-reading.</p> <ul style="list-style-type: none"> <li>• Relevant</li> <li>• Appropriate for engendering participation in the discussions.</li> </ul>	
<p><b>PRESENTATION</b></p> <p>Sets up an environment conducive to listening and discussion.</p> <ul style="list-style-type: none"> <li>• Goals are clear and relevant</li> <li>• Learning needs of the group addressed</li> <li>• Strategies enhance participation, promote critical thinking</li> <li>• Media aids are clear, organized and promote understanding</li> <li>• Confident and articulate leadership of the seminar</li> </ul> <p>Principles of teaching and learning evident.</p> <p>Deals effectively with questions or issues (including alternate perspectives) raised by the group.</p>	
<p>Generates discussion.</p> <ul style="list-style-type: none"> <li>• 10 minutes minimum</li> <li>• Creates conditions that promote reflection and analysis</li> </ul>	
<p>Summarizes the discussion at the end of the seminar.</p> <ul style="list-style-type: none"> <li>• Main points are reviewed in such a way as to be relevant to promoting incorporation of learning into future nursing practice</li> </ul>	
<p>Completes seminar in 25 minutes.</p>	
	<p><b>SATISFACTORY////UNSATISFACTORY</b></p>

**NURS 7134: Nursing Practicum 6**  
**Individual Team Conference on Primary Client**  
**Feedback Notes**

**Student:** \_\_\_\_\_

**Key Determinant:**

**Concept:**

Criteria	Comments/Mark
<p><b><i>CONTENT</i></b>            Connection made between client data and related challenges/abilities.</p> <ul style="list-style-type: none"> <li>• Relevant, accurate and evident</li> <li>• Connects to key determinant, concept, relational capacity and stages of change</li> </ul>	
<p>Discussion and analysis of the use and interplay of relational capacity and stages of change in developing the relationship and careplan in the provision of nursing care to primary client.</p> <ul style="list-style-type: none"> <li>• Clear and specific presentation of the circumstances</li> <li>• Demonstrates solid knowledge of the case</li> <li>• Provides personal perspectives</li> <li>• Prompts critical thinking and discussion with the team</li> </ul>	
<p>Discussion and analysis of the use and impact of the key determinant of health and concept within the context of working with the client.</p> <ul style="list-style-type: none"> <li>• How were these factors applicable</li> <li>• What assumptions played a role in applying them</li> <li>• What facilitated/obstructed their application to the situation</li> <li>• Provides personal perspectives</li> <li>• Prompts critical thinking and discussion with the team</li> </ul>	
<p>Shares client's insights and perspectives related to these factors.</p>	

<p>Evaluation of the effectiveness of approaches used.</p> <ul style="list-style-type: none"> <li>• Prompts analysis and evaluation of the careplan</li> <li>• Explicit with rationale for conclusions</li> </ul>	
<p>Reflect on what was learned from the experience and will be useful for future practice.</p> <ul style="list-style-type: none"> <li>• Prompts discussion of approaches used</li> <li>• Provides personal perspectives</li> <li>• Solicits team's input</li> </ul>	
<p>Distributes case data.</p> <ul style="list-style-type: none"> <li>• Relevant</li> <li>• Appropriate to prepare team for conference</li> <li>• Used effectively to guide discussion</li> </ul>	
<p><b>PRESENTATION</b> Creates an interesting and effective working environment.</p> <ul style="list-style-type: none"> <li>• Content relevant to the purpose</li> <li>• Strategies enhance participation, promote critical thinking</li> <li>• Stimulates participation and discussion</li> <li>• Energizes the team</li> </ul> <p>Verifies that the team understands the information provided.</p> <p>Deals effectively with questions or issues (including alternate perspectives) raised by the team.</p>	
<p>Generates discussion.</p> <ul style="list-style-type: none"> <li>• 5 minutes minimum</li> <li>• Creates conditions that promote reflection, analysis and understanding of the unique needs of the client</li> </ul>	
<p>Summarizes the key points of the conference. Main points are reviewed in such a way as to reinforce the careplan</p>	
<p>Completes conference in 15 minutes.</p>	
	<p><b>SATISFACTORY////UNSATISFACTORY</b></p>