Promoting Quality Community Health Nursing Student Clinical Placements

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• “The national voice for nursing education, research, and scholarship and represents baccalaureate and graduate nursing programs in Canada”  www.casn.ca

• Represents all universities and colleges offering part or all of an undergraduate or graduate degree in nursing

• Is the official accrediting agency for university nursing programs in Canada
CASN Sub-Committee on Public Health

• Formed in 2004
• Collaboration of community health nursing managers, stakeholders and educators from across Canada
• Funded by the Public Health Agency of Canada
Sub-Committee 2009-2010

- **Margaret Antolovich** (Public Health Nurses Leaders Council of British Columbia)
- **Sherri Buhler** (Public Health Managers Network of Manitoba)
- **Dr. Benita Cohen** (University of Manitoba)
- **Dr. Marie Dietrich Leurer** (University of Saskatchewan)
- **Dr. Susan Duncan** (Thompson River University)
- **Susan Froude** (Western Regional School of Nursing)
- **Morag Granger** (Managers of Public Health Nursing Services of Saskatchewan)
- **Dr. Lynnette Leeseberg Stamler** (University of Saskatchewan & CASN)
- **Karen MacDougall** (Public Health Agency of Canada)
- **Omaima Mansi** (McGill University)
- **Dr. Donna Meagher-Stewart** (Dalhousie University & CHNC)
- **Heather Pattullo** (CPHA)
- **Christina Rajsic** (University of Toronto)
- **Joan Reiter** (Public Health Agency of Canada)
- **Ruth Schofield** (McMaster University & CHNC)
- **Dr. Pat Seaman** (University of New Brunswick)
- **Dr. Jo Ann Tober** (ANDSOOHA Public Health Nursing Management)
- **Dr. Ruta Valaitis** (McMaster University)
Sub-Committee Mandate

• Assist CASN members in ensuring all baccalaureate nursing graduates are prepared to meet the *Canadian Community Health Nursing Standards of Practice* at an entry-to-practice level (CHNC, 2008)

• Develop a tool for schools of nursing to assess placements to determine suitability relevant to community health education
Background

• A strong community clinical practice component is required to facilitate the successful acquisition of community health nursing knowledge in nursing education programs

• Research in Canada has shown increased competition for clinical placements and the existence of numerous placement challenges (Valaitis et al., 2008)

• Increasing use of Innovative Clinical Placements (ICPs) (Cohen & Gregory, 2009)
• Survey of Canadian baccalaureate nursing programs found 96% of respondents use ICPs; 41% rely on ICPs for most of their community placements (Hoe Harwood, Reimer-Kirkham, Sawatzky, Terblanche & Van Hofwegen, 2009)

• ICPs present both opportunities & challenges

• Variations in the content, process & outcomes of these experiences led to calls for national dialogue to help standardize the educational quality of community health clinical placements (Valaitis et al., 2008)
National Consultations

2005 - Online survey on public health education to all CASN member schools

2006 - Pan Canadian Symposium on Public Health Education – attended by >60 CASN member schools as well as additional stakeholders

2007 - Report: Public Health Nursing Education at the Baccalaureate Level in Canada Today identified challenges in application of the knowledge to clinical practice i.e. issues related to placements, preceptors, perception community health is devalued, lack of faculty preparation & organizational leadership within the schools
National Consultations

2008

• Nine focus groups at national conferences: Community Health Nurses Association of Canada; Canadian Public Health Association; Canadian Nurses Association

• Participants identified characteristics of quality community health nursing clinical placements

• Report: *Qualitative Data Analysis Findings from the CASN Focus Groups: “Characteristics of a Quality Community Health Nursing Clinical Placement for Baccalaureate Nursing Students* (Ray & Meagher-Stewart, 2008)
Guideline Development

2009

- Based on the findings from the report, a working group of Sub-Committee members developed a draft set of guidelines that reflected the broad range of community placements being used

- Characteristics of a quality clinical placement
  - **Required** – characteristics that should be present for community clinical placements
  - **Preferred** – characteristics that, although preferred, may not be possible in all instances
Consultation on Draft

**Goal** - To receive feedback on the draft clinical placement guidelines from multiple perspectives: practitioners, managers, educators, administrators & students

**Venues** - Feedback again sought from stakeholders at pre-conferences held in conjunction with three national conferences (Spring 2009): Canadian Public Health Association, Community Health Nurses of Canada, Canadian Association of Nursing

Input incorporated into final version of *Guidelines* and approved by CASN Board in Feb 2010.
Guidelines for QUALITY COMMUNITY HEALTH NURSING CLINICAL PLACEMENTS for baccalaureate nursing students
1. Community Health Nursing Identity

ESSENTIAL:

• Faculty advisor/clinical instructor has knowledge of the Canadian Community Health Nursing Standards of Practice, primary health care principles, public health sciences and nursing science.

• Faculty advisor/clinical instructor is able to translate the community placement experience so that students can understand the community health nursing role.

PREFERRED:

• Faculty advisor/clinical instructor has current community health nursing practice experience.
2. Community Health Nursing
Scope of Practice

ESSENTIAL:

- There is potential for students to work with clients at group and/or community levels.
- There is potential for exposure to broad determinants of health, citizen engagement, population health, and primary health care principles.
- There is exposure to multiple community health nursing strategies e.g. Building healthy public policy; Developing personal skills; Strengthening community action; Creating supportive environments; Reorienting health services (World Health Organization, Canadian Public Health Association & Health & Welfare Canada, 1986)
• There are opportunities for practical experience where students can see the results of their actions and move toward independent practice.
• There are opportunities to develop collaborative relationships/partnerships.

PREFERRED:
• There are opportunities for the student to engage in practice with community as client.
• Students will experience being part of an interprofessional and potentially intersectoral team.
• Rural, remote and international placements are available.
3. Competent Well-prepared Preceptor

**ESSENTIAL:**

- There are organizational supports to precept, especially in the form of time to effectively support students.
- The preceptor has a positive attitude toward preceptorship and life-long learning.
- The preceptor has experience working in and/or with communities.
- The preceptor has the ability to help students apply theory into practice.
PREFERRED:

• Formal preceptor orientation is provided collaboratively by the community organization and the academic institution e.g. preceptor workshop or module.
• The preceptor is a nurse with community health nursing experience and knowledge of the Canadian Community Health Nursing Standards of Practice, primary health care principles, public health sciences and nursing science.
4. Supportive Environment for Student Learning

ESSENTIAL:

• In a preceptored learning situation, there is ongoing, regular communication between faculty, preceptors, and students, with at least one verbal contact.

• The community placement setting has a caring and welcoming attitude towards student mentoring.

• Student orientation to the placement setting is provided.

• Attention is paid to student safety.
PREFERRED:

• In a preceptored learning situation, there is verbal communication at least at the beginning, middle and end of the experience involving faculty, preceptors and students.

• Student preference in placement choice should be given consideration.
5. Community-Academic Partnership

ESSENTIAL:

• Formalized agreements (e.g. MOU, signed contract) exist between the community organization and the academic institution.

• Clearly defined roles and expectations are agreed to by the community organization and the academic institution.

• Formal recognition of preceptor contribution is provided.

PREFERRED:

• Formalized cross-appointments exist between the community organization and the academic institution.
Dissemination

- 2,800+ hard copies of the *Guidelines* distributed
- CASN website
  http://www.casn.ca/vm/newvisual/attachments/856/Media/CPGuidelinesFinalMarch.pdf
- Sent to Deans/Directors of CASN’s 91 member schools
- Public Health conferences (CNA, CHNC, CPHA, WHO Collaborating Center for Midwives & Nurses, ACHNE)
- Insert in *Canadian Journal of Public Health*
- Article in *International Journal of Nursing Education Scholarship*
Next Steps

Evaluation

• Initial reaction obtained through feedback form distributed with Guidelines at conferences

• Opportunity for further evaluation: uptake, degree utilized, need for revisions, etc.

Sub-Committee

• Future plans await funding decision from Public Health Agency of Canada
References


