Developing Guidelines for Quality Community Health Nursing Clinical Placements for Baccalaureate Nursing Students

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Abstract

Rapidly increasing enrollment in Canadian schools of nursing has triggered the development of innovative clinical placement sites. There are both opportunities and challenges inherent in the delivery of clinical nursing education in diverse community settings. As part of the Canadian Association of Schools of Nursing’s (CASN) ongoing work to assist its members and ensure baccalaureate graduates are prepared to meet the Canadian Community Health Nursing Standards of Practice at an entry-to-practice level, the CASN Sub-Committee on Public Health (funded by the Public Health Agency of Canada) conducted extensive national consultations with representatives from both academic and practice settings, as well as key national organizations. The resultant Guidelines for Quality Community Health Nursing Clinical Placements, released by CASN in 2010, aim to provide direction to Canadian schools of nursing and practice settings in addressing the challenges and opportunities arising from the changing context of community health nursing student clinical placements.

KEYWORDS: community health nursing education

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In recent years, many schools of nursing have experienced steadily increasing enrolment. According to a survey by the Canadian Nurses Association (CNA) and the Canadian Association of Schools of Nursing (CASN) (2010), admissions to entry-to-practice registered nursing programs in Canada reached a ten year high in 2008-2009, with 14,010 students entering their first year of study. This 4.6% increase over the previous year is consistent with a trend of almost continual annual increases in the number of nursing students at Canadian schools over the past decade (CNA & CASN, 2010). Similarly, according to the American Association of Colleges of Nursing (AACN, 2011), enrolment in American entry-level baccalaureate programs increased by 5.7 percent in 2010 over the previous year, continuing a decade long trend. This ever-enlarging cohort of nursing students presents a variety of opportunities and challenges for schools of nursing and places pressure on the clinical education placement sites where students develop and practice their skills.

In an effort to address the increasing enrollments and the resultant demand for clinical placement sites, many schools of nursing have begun to rely on new and innovative clinical placements (ICPs) to provide student learning experiences (Cohen & Gregory, 2009a; Hoe Harwood, Reimer Kirkham, Sawatzky, Terblanche, & Van Hofwegen, 2009). While historically community health clinical education occurred at community health centres and public health units, increasingly clinical placements occur in settings such as correctional facilities, parish communities, rural communities, senior’s community centres, schools, Aboriginal communities, international placements, and other alternative settings (Cohen & Gregory, 2009a; Falk-Rafael, Ward-Griffin, Laforet-Fliesser, & Beynon, 2004; Reimer Kirkham, Van Hofwegen, & Hoe Harwood, 2005). In a recent study, Hoe Harwood et al. (2009) found 96% of Canadian baccalaureate nursing programs were increasing their reliance on ICPs over the previous five-year period. Forty-one percent of the programs using ICPs relied upon such placements for most of their community health nursing clinical learning experiences (Hoe Harwood et al., 2009).

The increased use of ICPs in the community creates opportunities for nursing students to practice broader health promotion strategies, such as strengthening community action and supporting the development of healthy public policies, as part of their education program. Such opportunities are important since much current nursing health promotion practice remains narrowly centered on health education, even in the realm of community health nursing. Irvine (2007) found district nurses in Wales practiced from a traditional view of health promotion focused on health education as a means to encourage behaviour change with a lifestyle and disease orientation. A literature review from 1995-
2005 of the health promotion content in nursing education (Whitehead, 2007) found much of the curricula remains focused on traditional health education strategies. The author highlighted the lack of opportunities for students to practice the full range of health promotion strategies and recommended non-traditional community nursing student clinical placements as an appropriate strategy to encourage the linking of health promotion theory to practice (Whitehead, 2007).

Those involved in ICP experiences reaffirm the effectiveness of this approach and report positive outcomes that include student engagement in broader health promotion activities extending beyond health education, to work with communities in addressing the health determinants. Lasater, Luce, Volpin, Terwilliger and Wild (2007) found students placed at an inner-city outreach centre in Portland, Oregon, moved from an individual-as-client view to adopt interventions at the community-as-client level. The authors concluded that “with increasing competition among nursing programs for clinical sites as well as a shift within the health care system to more community-based nursing, nursing education needs to be creative in developing clinical experiences and venues” (p. 91). Nurse educators perceive that ICPs effectively promote student learning, particularly for community concepts such as social determinants of health, poverty, social justice and equity, community development, and culture and diversity (Cohen & Gregory, 2009b; Hoe Harwood et al., 2009; Reimer Kirkham et al., 2005). However, several challenges have also been identified related to ICP use including increased time to establish and coordinate these sites, the visibility and availability of nursing role models, and student concerns (Hoe Harwood et al., 2009).

GATHERING STAKEHOLDER RECOMMENDATIONS

In 2004, CASN formed a Task Force on Public Health Education whose mandate was to assist CASN members in ensuring that all baccalaureate graduates are prepared to meet the Canadian Community Health Nursing Standards of Practice (CCHNS) at an entry-to-practice level (Community Health Nurses Association of Canada [CHNC], 2008). A unique aspect of this Task Force was its membership structure, with representatives from a variety of stakeholders including provincial public health nursing management councils, the Canadian Public Health Association (CPHA), CHNC, and community health nursing faculty from eight CASN member schools. The Task Force, which became the CASN Sub-Committee on Public Health in 2008, received funding from the Public Health Agency of Canada from its inception. The strategic objectives of the Task Force were to: a) publish a comprehensive report on the competencies of
a new graduate in community health nursing using the *Canadian Community Health Nursing Standards of Practice* (CHNC) as a template, and b) take an inventory of what Canadian schools of nursing are teaching future nurses about community/public health, and c) identify gaps, and make recommendations on community health nursing education to the CASN Board of Directors.

The Task Force conducted extensive consultations with stakeholders using two methods, a) an online survey on public health education distributed to CASN member schools in 2005, and b) a Pan Canadian Symposium on Public Health Education in April, 2006 attended by more than 60 CASN member schools as well as some additional key stakeholders. Based on these consultations, the Task Force found many schools of nursing were experiencing a variety of challenges that were influencing their ability to integrate community health nursing content into their curricula (CASN, 2007). The findings from the survey and symposium consultations identified some challenges related specifically to the provision of clinical experiences that would adequately prepare students to meet national community health nursing standards. Common external challenges experienced by nursing schools included: a) increased demand for and reduced supply of community health clinical placement settings, b) lack of skilled preceptors and lack of protected time and compensation, and c) devaluing of community health, with government funding focused on the acute care system and treatment at the individual level. Internal challenges identified included: a) problems with curriculum structure and process, b) lack of qualified community health nursing faculty, and c) weak community health leadership in academe (CASN, 2007; Valaitis et al., 2008). The Task Force recommended to the CASN Board of Directors that CASN should “promote enhancements to structures for quality measurements of baccalaureate nursing education”, … “promote curricular enhancements in community health nursing of baccalaureate programs of member schools”, … and “network with other stakeholders to advocate for provisions of financial and other support for infrastructure for community placements” (CASN, 2007, p. 56).

Building on the findings from the initial national consultation process, the CASN Sub-Committee on Public Health (which evolved from the Task Force) embarked in 2008 on the next phase of its work; to develop guidelines that Canadian schools of nursing and community settings could use to evaluate community health nursing placements. During the spring of 2008, attendees at several national conferences (CNA, CPHA, and CHNC) were invited to participate in focus groups exploring the characteristics of a quality community health nursing clinical placement. Nine focus groups, with a total of 47 participants, were held. Seventeen of the participants were from practice settings...
while the other thirty were from academic settings. Focus groups lasted approximately one hour and were facilitated by members of the Sub-Committee. Participants were asked to share their perceptions of the characteristics of a quality community health clinical nursing student placement.

Extensive written notes were taken during the focus groups. The data were then analyzed and distilled into major themes by a nursing graduate student, supervised by a nursing professor who was a member of the Sub-Committee. The resultant report of the qualitative data analysis findings from the focus groups was submitted to the Sub-Committee in September, 2008 (Ray & Meagher-Stewart, 2008).

Four major themes were identified. First, participants spoke of the importance of having faculty champions with the necessary experience and knowledge to ensure students were exposed to relevant community health nursing theory and practice. Second, the importance of having a baccalaureate nursing curriculum (structure and process) that effectively incorporates community health nursing content was emphasized. Third, participants felt that strong community-academic partnerships should be created. The final theme, unlike the first three that considered the background context for the clinical practice placement, described onsite characteristics found in a high quality placement. These characteristics involve ensuring (a) there is a nursing identity present in the placement, (b) there is broad exposure to community health nursing scope of practice, (c) the placement includes a range of experiences, (d) preceptors are competent and well-prepared, and (e) the environment supports student learning.

The findings from the stakeholder consultations in Canada are consistent with international literature examining the opportunities and challenges inherent in community health nursing student clinical placements. Due to nursing faculty shortages, faculty without specialized community health education or experience may be assigned to community clinical placements (AACN, 2005; Wade & Hayes, 2010). This problem has led to calls for schools of nursing to ensure faculty have knowledge of population-focused community health nursing concepts and are able to assist students in applying this theory to practice in a diverse range of community settings (Wade & Hayes, 2010). Whitehead (2007) identified the need for instructors with knowledge and experience in broad health promotion strategies while acknowledging these might be non-nurse health promotion specialists working in community settings. The Association of Community Health Nursing Educators (ACHNE, 2009a), in a recent position paper, stated:
At a minimum, all clinical faculty members should have population-focused experience that includes conducting community assessments, planning and program development, in which the nursing process is used to improve the health of the population through interventions with communities, populations, and/or at risk aggregates. Such population focused experiences may occur in a variety of community settings including, but not limited to, local and state health departments. (p. 6)

The importance of strong community health content in nursing curricula was echoed by the ACHNE (2009b) in a position paper outlining core community health nursing knowledge and competencies considered essential content in undergraduate baccalaureate nursing education programs. A recent World Health Organization (2010) document, entitled Framework for Community Health Nursing Education, also highlighted the importance of students being “actively involved in actual activities of community clinical work during their practice” as part of their nursing education (p. 23).

Participants in the Canadian consultations were not alone in calling for strong community-academic partnerships. Several studies have reported positive outcomes from collaborative partnerships between schools of nursing and community health agencies, including enhanced student opportunities to develop essential community health skills and increased opportunities for faculty development, research and scholarship (Mallette, Loury, Engelke & Andrews, 2005; Siegrist, 2004). An American study found clinical placement coordinators recommended closer academic-clinical setting collaboration with increased use of the clinical scholar model, enhanced efforts to clarify student/preceptor/faculty roles, and provision of incentives for staff to precept (Leners, Sitzman & Hessler, 2006).

Supports are also required at the community agency level in order to create a placement environment that supports student learning. Kenyon and Peckover (2008) found the increased number of clinical placements has placed demands on community health staff to manage their client loads while simultaneously facilitating student learning. Their qualitative study concluded that agencies should provide appropriate supports to enable staff to perform both their clinical and educational roles. Participants in Leners et al.’s (2006) research also recommended decreased workloads for staff taking on the “burden of students” due to the extra responsibility and additional stress related to assuming a teaching role in addition to their clinical duties (p. 12).
A working group of the CASN Sub-Committee on Public Health met in March 2009 to develop a draft tool that, based on the recommendations from the focus group report, would provide guidelines to structure and optimize the opportunities for student learning in community health nursing clinical placements. The guidelines outlined the necessary characteristics of a high quality community health nursing clinical placement and were designed to apply to a broad range of placements including ICPs. The draft *Guidelines for Quality Community Health Nursing Clinical Placements for Baccalaureate Nursing Students* were designed to provide specific and clear direction to schools of nursing.

Further stakeholder consultation was undertaken during the spring of 2009. The draft *Guidelines* were presented during pre-conference forums at two national conferences (CPHA and CHNC). Participants were asked the following questions: (a) What do you think of these guidelines? (b) How achievable/realistic are they? and (c) What changes would you recommend? The forums were well attended and much feedback was obtained from the stakeholders in attendance. In October, 2009, the Sub-Committee met to revise the guidelines based on the feedback from the pre-conference sessions. The final version of the *Guidelines for Quality Community Health Nursing Clinical Placements for Baccalaureate Nursing Students* was subsequently approved by the CASN Board of Directors in February, 2010.

**GUIDELINES FOR QUALITY COMMUNITY HEALTH NURSING CLINICAL PLACEMENTS**

The *Guidelines* outline five key areas, with characteristics for each area leveled according to whether that characteristic is essential versus preferred. This categorization recognizes that the ideal clinical placement characteristics, while desirable, may not always be practical in all instances.

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 support environments; Reorienting health services (World Health Organization, 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. Memorandum of Understanding, 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.

The complete Guidelines can be found on the CASN website at http://www.casn.ca/vm/newvisual/attachments/856/Media/CPGuidelinesFinalMarch.pdf.

**DISCUSSION**

The process used in developing the Guidelines was purposively consultative and inclusive. The membership structure of the Sub-Committee specifically included representatives from practice and academic settings in addition to members from relevant community/public health organizations. Nursing and public health conferences were effectively used as sites to gather the
perspectives of any attendees who were interested in contributing to the development of the Guidelines. The overall process was consistent with calls for national dialogue related to community health nursing content in nursing curricula and to evaluation of current community health clinical education practices (Cohen & Gregory, 2009a).

Community health nursing stakeholders identified many internal and external challenges for community health nursing education: lack of qualified/skilled preceptors and faculty to teach community health nursing, lack of protected time for preceptors, and a shortage of community placements due to increased demand (CASN, 2007; Valaitis et al., 2008). Similarly, Cohen and Gregory (2009a) found challenges to community health nursing clinical education placements included the shift toward incorporation of nontraditional/alternative clinical placements and the availability of qualified clinical instructors. They suggested that ICPs, in addition to creating a challenge, also provide an opportunity to facilitate learning related to social justice and the social determinants of health. Community health nursing stakeholders also identified strong community-academic partnerships as having a significant positive influence on the integration of community health nursing content in Canadian baccalaureate programs (CASN, 2007; Valaitis et al., 2008).

It is hoped the Guidelines, by outlining the characteristics of quality clinical placements, will assist schools of nursing in addressing the challenges and potential of the changing context of community health nursing clinical education placements. The efforts of the Sub-Committee are currently focused on dissemination of the Guidelines, development of tools to assist with their implementation, and evaluation of their impact. Dissemination of the approved Guidelines commenced in the spring of 2010 with their posting on the CASN website and distribution at numerous nursing and community health conferences. Additionally, the Guidelines were disseminated as an insert in the Canadian Journal of Public Health during fall 2010. Since incorporation of the Guidelines into nursing education curricula is voluntary, the Sub-Committee is considering strategies to promote implementation of the Guidelines. One initiative currently being explored is an online platform to share exemplars and exchange ideas related to community health nursing student education. Finally, early evaluation was conducted through distribution of feedback forms concurrently with the distribution of the Guidelines at the national conferences. Additional evaluations to assess the extent the Guidelines are implemented and their effectiveness is an area for future research.
Community health nursing education is being significantly influenced by the changing health care context and increasing enrollment in nursing schools. These factors have placed pressure on schools of nursing to change their delivery of community health nursing clinical education. Such changes present both challenges and opportunities to enrich the learning environment for Canadian nursing schools. The Guidelines were developed to assist schools of nursing in meeting these challenges and in utilizing community clinical placements to their full potential.

**CHRONOLOGY**

2004  CASN formed a Task Force on Public Health Education (funded by Public Health Agency of Canada)

2005  Online survey on public health education distributed to CASN member schools

2006  Pan Canadian Symposium on Public Health Education held in April

2007  Task Force report released: Final report: Public health nursing education at the baccalaureate level in Canada today (CASN)

2008  CASN Task Force on Public Health Education evolved into the CASN Sub-Committee on Public Health (continued funding from Public Health Agency of Canada)

Focus groups held at national conferences (CNA, CPHA, & CHNC) to explore characteristics of quality community health nursing clinical placements

September – Report released: 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)

2009  Working group of Sub-Committee met in March to prepare draft Guidelines for Quality Community Health Nursing Clinical Placements for Baccalaureate Nursing Students based on results of earlier consultations

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Draft Guidelines presented for feedback at pre-conference sessions at two national conferences (CPHA & CHNC)

Sub-Committee met in October to revise the Guidelines based on pre-conference feedback

2010 Final version of the Guidelines approved by the CASN Board of Directors.

Dissemination of the Guidelines

REFERENCES


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