

Curricular Guideline for Integrating Community Health in Baccalaureate Programs of Nursing

Developed by:

Members of the Community Health Education Interest Group (CASN)

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Acknowledgements

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The views and opinions expressed by CASN Nurse Educator Interest Groups do not necessarily reflect the views of the Canadian Association of Schools of Nursing (CASN).

Background

The members of the CASN Community Health Education Interest Group developed a curricular guideline for integrating community health nursing into baccalaureate programs of nursing to offer nurse educators in Canada direction related to the specific set of skills, knowledge, and attitudes new nursing graduates need to promote the health of individuals, families, groups, communities, populations and systems, and to impact their health by addressing the determinants of health.

The vision for community health nursing underpinning the guideline is that of “diversity, partnership and collaboration; promoting and advocating for health across the lifespan” (CHNC, 2011 glossary, p. 4). The community may be the context of practice with individuals and families; the community is the focus of practice for nurses working with groups, communities, populations, and systems. Community health nursing occurs where people live, work, learn, worship, and play.

Registered Nurse community health nurses practice in diverse rural and urban community settings including public health units/departments, home health, community health agencies/centres/clinics/programs, family practices, occupational health, outposts/nursing stations, indigenous communities, on the streets, faith organizations, shelters, schools, correctional institutions, specialized programs such as those for people with diabetes and addictions, and government and educational institutions. Community health nurses have a unique role to provide prevention and protection services to address community emergencies and disasters.

The *CASN National Nursing Education Framework* released in 2015 was selected as the organizing framework for the creation of the guideline. This national, consensus based document provides guidance to baccalaureate programs across Canada regarding essential components for new graduates of baccalaureate programs of nursing in six domains: Knowledge; Research, Methodologies, Critical Inquiry, and Evidence; Nursing Practice; Communication and Collaboration; Professionalism; and Leadership. The essential components are formulated as learning outcomes.

Over several months, the members of the interest group identified relevant learning outcomes in the *CASN National Education Framework* for community health nursing and then elaborated knowledge, attitudes, and skills needed by beginning Registered Nurses for practice in community health nursing related to the selected learning outcomes.

This document provides the CASN Framework with original numbering in the left column and the associated specific community health content developed for this curriculum guideline as subparagraphs in the right column. The full National Framework is available at <http://www.casn.ca/wp-content/uploads/2014/12/Framwork-FINAL-SB-Nov-30-20151.pdf>

*Please note that in the table below, the phrases which have been borrowed from the CASN National Framework are in **bold**.*

DOMAIN 1: KNOWLEDGE	
Baccalaureate	Community Health Nursing
<p><u>GUIDING PRINCIPLE:</u> <i>Programs provide a broad knowledge base in nursing and nursing related disciplines to support a generalist preparation.</i></p> <p><u>ESSENTIAL COMPONENTS</u> <i>The program prepares the student to demonstrate...</i></p>	<p><u>ASSOCIATED GUIDING PRINCIPLE FOR COMMUNITY HEALTH NURSING:</u> Programs provide a broad knowledge base including nursing in community health.</p> <p><u>ASSOCIATED ESSENTIAL COMPONENTS FOR COMMUNITY HEALTH NURSING</u> <i>The program includes preparation for the student to demonstrate ...</i></p>
<p>1.1 Foundational knowledge of nursing including nursing history, nursing theories, and other theories relevant to nursing practice.</p>	<p>1.1.1 Foundational knowledge of community health nursing history and current structure of community health in the health care system. Concepts and approaches include:</p> <ul style="list-style-type: none"> • health promotion as “the process of enabling people to increase control over, and to improve, their health” (World Health Organization, 1986, p. 1) • the socio-environmental approach based on partnerships with communities and populations • literacy and health literacy • cultural humility and safety • chronic disease self-management • communicable diseases and immunization • family theories • emergency preparedness and disaster planning • change theory <p>1.1.2 Knowledge of the history of Canada’s Indigenous people including the effect of governmental laws such as the Indian Act & residential school system (CASN, Aboriginal Nurses of Canada & Inuit Tapiriit Kanatami, 2013), and how their high level of health inequities have been a result of cultural genocide (Truth and Reconciliation Commission, 2015, p. 1)</p>

		by the Canadian government.
1.2	Foundational knowledge of human development and functioning over the life-span that builds on secondary education, from natural & life sciences, and from behavioural & social sciences (anatomy, physiology, microbiology, biochemistry, pharmacology, nutrition, pathophysiology, genetics, psychology, sociology).	
1.3	Foundational knowledge of the health related needs of diverse clients in rural and urban settings to provide promotive, preventive, curative, rehabilitative, and end-of-life nursing care.	<p>1.3.1 Foundational knowledge that diverse community clients and populations include those who are marginalized and vulnerable and are reached through a range of traditional and non-traditional organizations and locations. These range from public health departments, home health, and family practice to outpost, street, and shelter nursing and in locations such as community and mental health centres, supported living residences, and schools.</p> <p>1.3.2 Foundational knowledge of palliative care.</p>
1.4	Knowledge of professional and organizational structures (i.e. regulatory, professional and union), socio-political, historical, and economic contexts of nursing practice.	
1.5	Knowledge of the use of information technology in nursing care, including epidemiology and statistics.	1.5.1 Knowledge of the use of appropriate use of information technology in community health nursing, including telehealth practices to provide individual assessment and consultation and social media to disseminate generalized health information (CASN, 2014a).
1.6	Foundational knowledge of relational practice (focusing attention on intrapersonal, interpersonal and contextual variables) to impact health outcomes of individuals, families, and communities.	

<p>1.7 Knowledge of ethical nursing practice within a legal context in dynamic healthcare systems and in emergent and multifaceted health situations.</p>	<p>1.7.1 Knowledge that rights of the individual may be superseded in situations that could endanger the health of the public. Examples include: infectious disease epidemic response, and community disaster response</p>
<p>1.8 Knowledge of primary health care in relation to health disparities, vulnerable populations, and the determinants of health.</p>	
<p>1.9 Knowledge of social justice, population health, environment and global health issues.</p>	<p>1.9.1 Knowledge of appropriate communication techniques to influence decision makers (CASN 2014a) on the need for action on the physical environment, ecosystem health, social environment and other determinants of health to impact health outcomes of the population.</p>
<p>1.10 Knowledge regarding healthy work environments including collaborative skills, leadership theories, and effective team functioning and conflict resolution.</p>	
<p>1.11 Knowledge of the art and science of professional caring for persons, families, or communities.</p>	<p>➤ <i>Components of the Knowledge Domain of the National Framework especially relevant to CHN education: 1.3, 1.4, 1.5.</i></p>

Domain 2: Research, Methodologies, Critical Inquiry & Evidence

<p>Baccalaureate</p>	<p>Community Health Nursing</p>
<p><u>GUIDING PRINCIPLE</u> <i>Programs foster the development of critical thinking and research abilities to use evidence to inform nursing practice.</i></p> <p><u>ESSENTIAL COMPONENTS</u></p>	<p><u>ASSOCIATED GUIDING PRINCIPLE FOR COMMUNITY HEALTH NURSING</u> <i>Programs include development of evidence informed decision making by integrating knowledge from multiple population and environmental sources relevant to nursing practice in community health</i></p> <p><u>ASSOCIATED ESSENTIAL COMPONENTS FOR</u></p>

<p><i>The program prepares the student to demonstrate...</i></p> <p>2.1 An appreciation of the salience of inquiry for nursing as a profession and a discipline.</p> <p>2.2 The ability to seek, locate and interpret a broad range of information, knowledge, evidence, methodologies, and practice observations within the profession and across disciplines.</p> <p>2.3 Critical thinking skills to use relevant information, knowledge, and communication technologies to support evidence-informed nursing practice.</p> <p>2.4 The ability to formulate research questions arising from nursing practice and analyze research findings.</p> <p>2.5 The ability to compose a written academic argument.</p>	<p><u>COMMUNITY HEALTH NURSING</u> <i>The program includes preparation for the student to demonstrate ...</i></p> <p>2.2.1 The ability to partner with the community to explore the impact of the determinants of health using appropriate assessment methods for persons and families, groups and communities living on the margins.</p> <p>2.3.1 The ability to partner with the community to choose and evaluate appropriate health promotion strategies including health education, health communication, community capacity building and organization, environmental and organizational change, and health policy based on assessment of community</p> <p>2.5.1 The ability to compose a written report including a community assessment, plan, implementation, and evaluation.</p> <p>➤ <i>Components of the Research, Methodologies, Critical Inquiry, and Evidence Domain of the National Framework especially relevant to CHN education: 2.1, 2.2, 2.3, 2.4</i></p>
<p>DOMAIN 3: NURSING PRACTICE</p>	
<p>Baccalaureate</p>	<p>Community Health Nursing</p>
<p><u>GUIDING PRINCIPLE</u> <i>Programs provide practice learning experiences to develop safe, competent, compassionate, ethical, and culturally safe entry-level nurses.</i></p>	<p><u>ASSOCIATED GUIDING PRINCIPLE FOR COMMUNITY HEALTH NURSING</u> <i>Programs include community practice experiences to develop politically aware entry-level nurses</i></p>

<p><u>ESSENTIAL COMPONENTS</u> The program prepares the student to demonstrate...</p> <p>3.1 Holistic and comprehensive assessment of diverse clients, to plan and provide competent, ethical, safe, and compassionate nursing care.</p> <p>3.2 The use of clinical reasoning, nursing knowledge, and other evidence to inform decision-making in diverse practice situations.</p>	<p><i>prepared to work with persons and families, groups, communities and populations on an episodic and continuing basis.</i></p> <p><u>ASSOCIATED ESSENTIAL COMPONENTS FOR COMMUNITY HEALTH NURSING</u> The program includes preparation for the student to demonstrate ...</p> <p>3.1.1 The ability to assess and analyze populations and community health using relevant data, research, and considering local and global context (CASN, 2014)</p> <p>3.2.1 The ability to independently use clinical reasoning, nursing knowledge, and other evidence to inform decision-making in community practice situations</p> <p>3.2.2 The ability to work collaboratively with a team, community population, and organization using appropriate theories, concepts, and evidence informed decision making to:</p> <p>3.2.2.1 Locate and interpret relevant data, such as epidemiological, sociodemographic, and environmental data on the health of populations, and service gaps while considering the local and global context.</p> <p>3.2.2.2 Identify and use appropriate community assessment methods.</p> <p>3.2.2.3 Integrate community assessment data and evidence informed strategies to plan a tailored intervention.</p> <p>3.2.2.4 Implement, modify, and evaluate the planned intervention.</p> <p>3.2.2.5 Prepare and disseminate a report on the process and results from the collaborative community intervention.</p>
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3.3	The ability to synthesize findings to develop or modify a person-centered plan of care.	3.3.1	The ability to use a population health lens to assess and analyze group/community/population health trends to inform the plan of care .
3.4	The ability to recognize and respond safely, competently and ethically to rapidly changing client-conditions and contexts.	3.4.1	The ability to actively participate in prevention and protection services to address community emergencies or disasters.
3.5	The ability to monitor and manage complex care of clients in stable and unstable contexts using multiple technologies.		
3.6	The use of information technologies to support quality patient care.		
3.7	The capacity to engage in RN entry level scope of practice as defined by the provincial/territorial regulatory body.		
3.8	Engagement and leadership in the provision of comfort care including pain and symptom management.		
3.9	The ability to counsel and educate clients to promote health, symptom and disease management.		
3.10	The coordination of patient care in collaboration with individuals, families and other members of the healthcare team.	3.10.1	The ability to conduct safe and effective nursing visits with persons and families in homes and diverse community locations.
3.11	The ability to facilitate client navigation through health care services.		
3.12	The ability to promote health of individuals, families, communities, and populations through actions to address health disparities.	3.12.1	The ability to effectively collaborate and advocate with various sectors and community members to address determinants of health and increase health equity through healthy public policies at local and community levels.
3.13	The use of the core elements of patient safety and quality care.		

- *Components of the Nursing Practice Domain of the National Framework especially relevant to CHN education: all components*

DOMAIN 4: COMMUNICATION & COLLABORATION

Baccalaureate

Community Health Nursing

GUIDING PRINCIPLE

Programs prepare students to communicate and collaborate effectively with clients and members of the health care team.

ASSOCIATED GUIDING PRINCIPLE FOR COMMUNITY HEALTH NURSING

Programs include preparation of students to communicate and collaborate effectively with community groups and organizations, other disciplines, and governmental and non-governmental sectors.

ESSENTIAL COMPONENTS

The program prepares the student to demonstrate...

ASSOCIATED ESSENTIAL COMPONENTS FOR COMMUNITY HEALTH NURSING

The program includes preparation for the student to demonstrate ...

4.1 The ability to communicate and collaborate effectively with diverse clients and members of the health care team to provide high quality nursing care.

4.1.1 **The ability to communicate and collaborate effectively with diverse** community members, partners, and sectors using appropriate information technology (CASN, 2014a) and approaches to improve health literacy.

4.1.2 The ability to understand the use of social marketing techniques to reach selected audiences including client populations, health professionals, and other sectors.

4.2 The ability to self-monitor ones beliefs, values, and assumptions, and recognize their impact on interpersonal relationships with clients and team members.

4.3 The ability to communicate using information technologies to support engagement with patients/clients and the interprofessional team.

<p>4.4 The ability to articulate a nursing perspective and the scope of practice of the registered nurse in the context of the health care team.</p>	<p>4.4.1 The ability to articulate a community health nursing perspective with community partners and sectors.</p>
<p>4.5 The ability to collaborate with diverse clients, adapt relational approaches appropriately and accommodate varying contextual factors in diverse practice situations.</p>	<p>4.5.1 The ability to use culturally and developmentally appropriate approaches and evidence informed knowledge translation strategies.</p>
<p>4.6 The ability to contribute to positive health care team functioning through consultation, application of group communication theory, principles and group process skills.</p>	<p>4.6.1 The ability to summarize data for community members and partners using relevant communication methods.</p> <p>➤ <i>Components of the Communication & Collaboration Domain of the National Framework especially relevant to CHN education: 4.5, 4.6</i></p>

DOMAIN 5: PROFESSIONALISM

Baccalaureate	Community Health Nursing
<p><u>GUIDING PRINCIPLE</u> <i>Programs prepare students to meet standards of professional nursing practice and conduct, and to become life-long learners.</i></p>	<p><u>ASSOCIATED GUIDING PRINCIPLE FOR COMMUNITY HEALTH NURSING</u> <i>Programs include preparing students to meet community health nursing standards and existing entry-to-practice competencies</i></p>
<p><u>ESSENTIAL COMPONENTS</u> <i>The program prepares the student to demonstrate...</i></p>	<p><u>ASSOCIATED ESSENTIAL COMPONENTS FOR COMMUNITY HEALTH NURSING</u> <i>The program includes preparation for the student to demonstrate ...</i></p>
<p>5.1 The ability to practice within the context of professional standards of practice, ethical, regulatory, and legal codes.</p>	<p>5.1.1 The ability to practice within the context of the Canadian community health nursing professional practice model and standards of practice, home health competencies, and entry to practice public health nursing competencies.</p> <p>5.1.2 The ability to recognize that practice in the community requires accountability</p>

<p>5.2 An understanding of the significance of fitness to practice as it relates to self-care and life-long learning.</p> <p>5.3 The ability to act as a role model for the intraprofessional nursing team.</p> <p>5.4 The ability to maintain professional boundaries with clients and other members of the health care team.</p> <p>5.5 The ability to ensure client confidentiality and privacy (including in the context of social media).</p> <p>5.6 An understanding of the importance of participating in a professional nursing organization.</p> <p>5.7 Foundational knowledge and skills required to pursue graduate studies as desired.</p>	<p>to community partners as well as to employer and community clients</p> <p><i>Sources: Canadian Community Health Nursing Professional Practice Model and Standards of Practice (CHNC, 2011)¹, Entry-to-Practice Public Health Nursing Competencies for Undergraduate Nursing Education (CASN 2014b), Home Health Nursing Competencies Version 1.0.(CHNC, 2010)¹.</i></p> <p>¹Although both the Standards of Practice and the Home Health Nursing Competences are only applicable to nursing practice two years after graduation, they were both used as resources for determining basic knowledge and skills that could be learned during baccalaureate education programs.</p> <p>➤ <i>Components of the Professionalism Domain of the National Framework especially relevant to CHN education: all apply to some degree, but none are especially relevant to community health nursing alone</i></p>
<p>DOMAIN 6: LEADERSHIP</p>	
<p>Baccalaureate</p>	<p>Community Health Nursing</p>
<p><u>GUIDING PRINCIPLE</u></p>	<p><u>ASSOCIATED GUIDING PRINCIPLE FOR</u></p>

<p><i>Programs prepare students to coordinate and influence change within the context of nursing care.</i></p> <p><u>ESSENTIAL COMPONENTS</u> <i>The program prepares the student to demonstrate...</i></p> <p>6.1 The ability to influence the development of programs to improve health outcomes.</p> <p>6.2 Leadership abilities in the co-ordination of a healthcare team, including the delegation of tasks, performance evaluation, and facilitation of continuity of care.</p> <p>6.3 The ability to collaborate with and act as a resource for LPNs or other members of the health care team to meet the patient/client needs.</p> <p>6.4 The ability to analyze and influence public policy related to health.</p> <p>6.5 The ability to advocate for change to address issues of social justice, health equity, and other disparities affecting the health of clients.</p>	<p><u>COMMUNITY HEALTH NURSING</u> <i>Programs include preparing students to coordinate and influence change within the context of nursing practice in community health.</i></p> <p><u>ASSOCIATED ESSENTIAL COMPONENTS FOR COMMUNITY HEALTH NURSING</u> <i>The program includes preparation for the student to demonstrate ...</i></p> <p>6.2.1 Leadership abilities including negotiation and conflict resolution skills</p> <p>6.4.1 The ability to influence decision makers, including the preparation of briefing notes in the development of community services, programs and policies to improve population health outcomes.</p> <p>6.5.1 The ability to influence decision makers to provide accessible, responsive services which enable people to safely stay in their homes with dignity, independence and quality of life.</p> <p>6.5.2 Leadership abilities in the coordination of community health care services, health promotion, and community development with community members, partners, and sectors to improve the health of the population and especially marginalized and vulnerable people</p> <p>➤ <i>Components of the Leadership Domain of the National Framework especially relevant to CHN education: All are especially relevant.</i></p>
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Glossary of Terms

Community (CHNC, 2011, glossary):

An organized group of people bound together by social, cultural, job, or geographic ties. It may be as simple as a number of families and others who organize themselves to survive or as complex as the world community with its highly organized institutions.

Community Health Nurses of Canada Vision Statement (CHNC, 2011, glossary):

Community health nurses: diversity, partnership and collaboration; promoting and advocating for health across the lifespan.

Community Health Nursing Process (CHNC, 2011, glossary):

The CHN process puts the Standards into practice and includes the traditional nursing process components of assessment, planning, intervention, and evaluation. Community health nurses enhance this process through:

- individual or community participation in each component
- multiple ways of knowing
- awareness of the effects of the broader environment on the individual, family, group, or community that is the focus of their care (p.4)

Information and Communication Technologies (CASN, 2014a)

Encompasses all those digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication.

Group (CHNC, 2011, glossary):

People who interact and share a common purpose or purposes.

Note: There is no clear distinction between a group and a community except that groups tend to have fewer members than communities. The methods used to plan and provide programs or activities for groups and communities are similar except for scale.

Person-and Family-Centred Care (RNAO, 2015)

Person- and family-centred care focuses on the whole person as a unique individual and not just on their illness or disease. In viewing the individual through this lens, health-care providers come to know and understand the person's life story, experience of health, the role of family in the person's life, and the role they may play in supporting the person to achieve health... The term is inclusive of the individual and their family. A person's "family" includes all those whom the person identifies as significant in his or her life (e.g., parents, caregivers, friends, substitute decision-makers, groups, communities, and populations). (p.7) (RNAO, 2015).

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