

Working in Partnership to Increase Nursing Students Exposure to the Role of CHNs

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Presenters

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Partners



Saint Elizabeth



Ottawa Public Health

Children's Hospital of Eastern Ontario

Goals for our presentation

- ▶ To share with you our success story
- ▶ To describe an innovative strategy to expose nursing students to a variety of community health nursing roles
- ▶ To describe the partnerships, process and results of an alternative clinical experience offered to 3rd year BScN students



*Ultimate goal: building capacity for
community health nursing's workforce for
tomorrow*

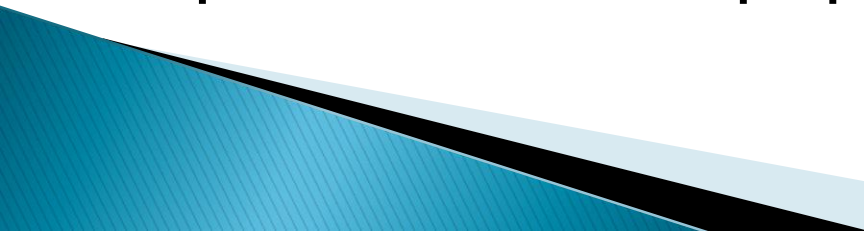
Literature Review

- ▶ Significant changes in Canadian health system
- ▶ Shift from hospital and illness based care to community and health based care (CHNIG, 2010)
- ▶ 1996–2005: 2.5% increase in community nurses
- ▶ 17% of RNs currently working in community
(Underwood, 2009))
- ▶ Future sees over 60% of RNs practicing in community (CNA, Vision 2020)
- ▶ Concerns with inadequate preparation of BScN students with focus on acute care

Where did it all start?

- ▶ Collaborative BScN Program
- ▶ Curriculum revision
- ▶ Decreased CHN credits
- ▶ Now 4th year
- ▶ Consolidation requests

NEW Curriculum

- ▶ 1st yr DOH but no nursing
 - ▶ 2nd yr Intro to Nursing Practice
 - HP in schools, senior wellness in malls, LTC
 - ▶ 3rd yr institution focus
 - Pediatrics, childbearing, acute care & mental health
 - ▶ 4th yr CHN theory + 12 day project based practicum with population focus
- 

Saint Elizabeth Health Care

1908 - Toronto

1928 - Peel

1988 - Durham

1994 - York

1995 -
Ottawa

1997
•Niagara
•Simcoe

1998
• London & Middlesex
• Windsor & Essex
• Hamilton

1999
•Huron
•Thunder Bay
•Northumberland & City of Kawartha Lakes
•Eastern Counties
•Oxford

2000 - Haldimand

2002 - Wellington & Dufferin

2004

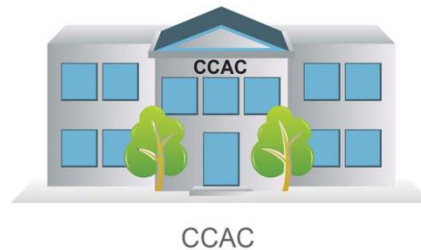
•Kingston, Frontenac,
Lennox and Addington
•Lanark, Leeds
and Grenville
•Halton



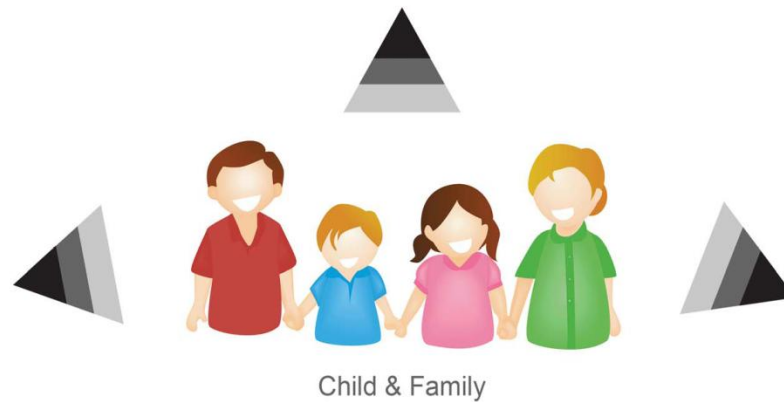
3.3 million units of service annually
150,000 clients and families served
4000 employees

Innovative Collaborative Approach

- Training leading to meaningful jobs
- Responsive to future home health care needs



- Creative HHR solution
- Service funding
- Accountability to meet needs of clients



SUPERIOR OUTCOMES

- Staffing
- Responsiveness to innovation
- Right service / right time
- Knowledge to Action

Partner's Perspectives



- ▶ Our opportunity to expose nursing students to community health positions
- ▶ Future potential to staff in the expanding community health field
- ▶ Create mentorship opportunities for our nurses outside of the organization (fostering benevolence/volunteerism)

Process

- ▶ Establish partnerships in community
- ▶ Determine process for students and organizations
- ▶ Instructor orientation
- ▶ Fall options
 - Sign up forms
 - [3311\Algo Alternative Experiences St Eliz Nov 2010-18.docx](#)
 - [HBHC placements_PHNs_Students_November_2 .docx](#)
 - [CHEO\CHEO Clinics Nov-Dec 2010as of Nov 18.docx](#)
 - Consent
 - Instructor permission

- ▶ Changes for winter and options
 - Online sign up [..\..\2 Winter 2011\Alternative Experiences Winter 2011.docx](#)



Results



FALL 2010	n=80 visits	# of students
Saint Elizabeth Clinic		11
Saint Elizabeth Schools		2
Saint Elizabeth Home visits		15
CHEO Outpatient Clinics		37
Ottawa Public Health		15

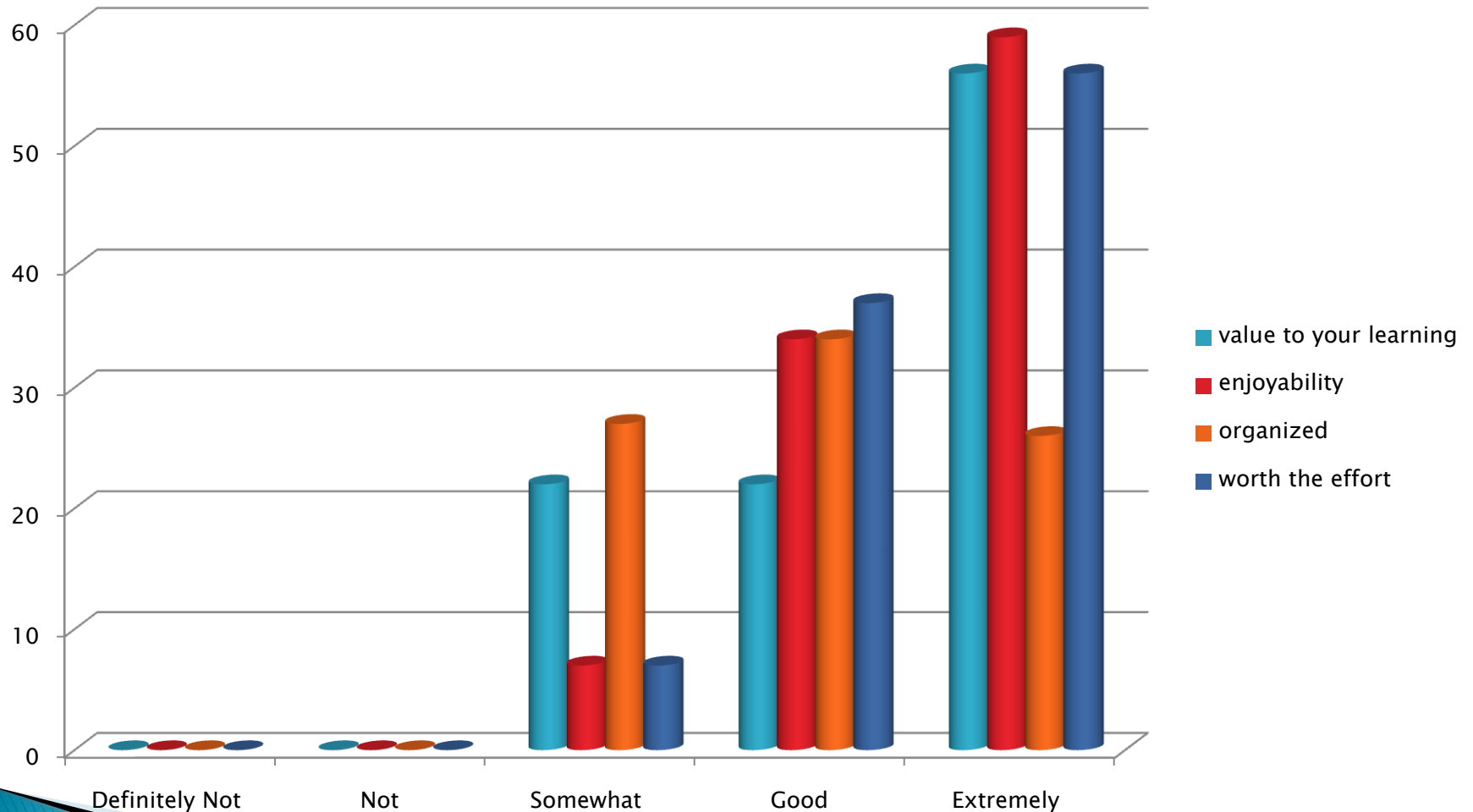
WINTER 2011	n=11 visits	# of students
Carefor Clinics		6
Carefor Homevisits		5

91/144

63%

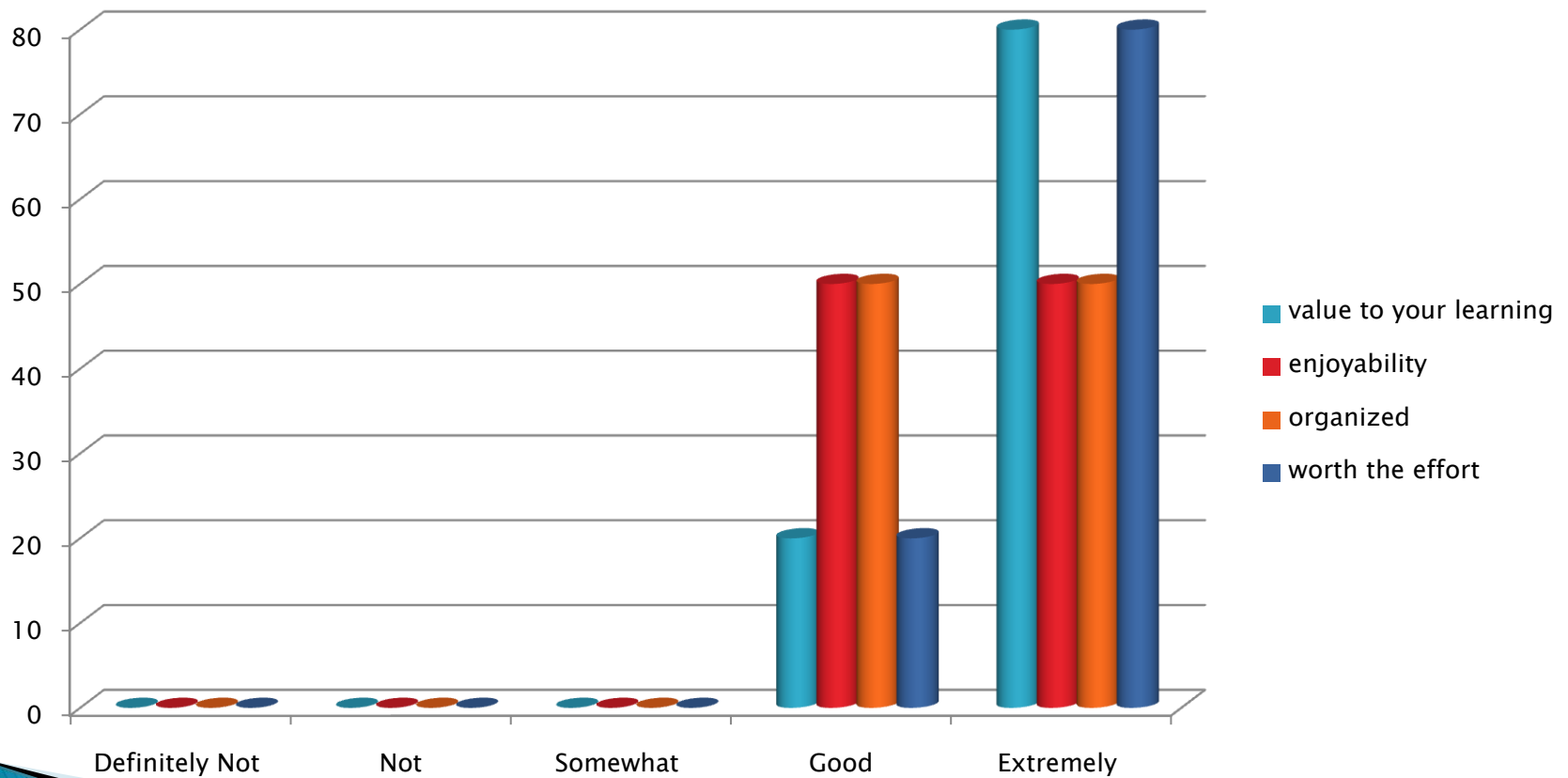
Student Feedback.....Good to extremely good

Fall 2010 n=27/80 (completed survey)

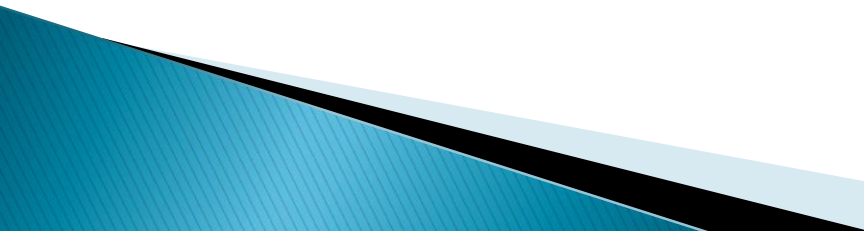


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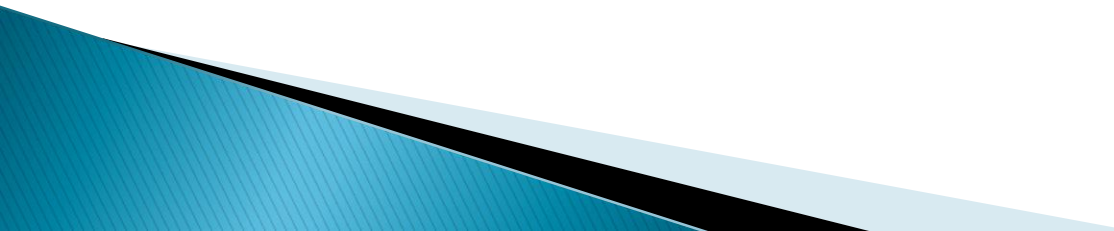
Winter 2011 n=10/11 (completed survey)



When asked the best thing about the experience

- ▶ *Having the opportunity to broaden my perspective on NSG. I didn't know nurses did this type of work.*
 - ▶ *It gave me an idea what other options there are for nurses that doesn't involve a hospital setting.*
 - ▶ *With the diversity of opportunities in nursing, I feel these experiences helped open our eyes to the many opportunities we do have in this profession.*
- 

Student Feedback

- ▶ *I was really amazed by how different the setting was in a public health role. I loved seeing that side of nursing, because before this experience I never thought I would have any interest in public health nursing. This experience has definitely changed my perspective on this field of nursing.*
 - ▶ *Going to the homeless shelter! I never would have had the chance to interact with that community population otherwise.*
- 

Student Feedback

- ▶ *I had a better look at central lines and not just simulation in the lab, getting the exposure to a wide variety of diseases from all walks of life.*
- ▶ *I observed so many things in one day (more than I have in a full acute care rotation)! Picc cleaning and removal, portable chemo treatment, abscesses, wound care, ulcers etc. I think what really made the difference was the openness of the staff to my presence and their willingness to include me in everything as well as answer all questions I had for them.*
- ▶ *I felt that the nurses there were absolutely welcoming of a student, willing to teach and challenge me and I would absolutely recommend it*

Student's Suggestions given for improving the experience.

- ▶ *The organization from the level of the college was confusing, needs better communication in terms of number of placements, timing and a better sign-up system*
- ▶ *I didn't choose any because **we were told they were a waste of time** and they took away a day from your hospital experience*

Organization's Feedback

- ▶ We welcomed the opportunity to provide learning opportunities for Algonquin nursing students
- ▶ Community care is our life, we want to share all of the benefits of community vs. acute care settings
- ▶ “We don’t eat our young at Saint Elizabeth”
- ▶ The students were awesome!

Lessons Learned

- ▶ Advance meeting with service providers regarding student desires & schedules
- ▶ More discussion up front with the clinical instructors
- ▶ Having full 8 hr experience
- ▶ Continue using online sign-up to assist in organizational set up



Future Directions

- ▶ Working with collaborative curriculum committee to have a **compulsory** component in at least one of the 3rd yr courses or 4th yr acute care course
- ▶ Include a reflection component to the experience
- ▶ Work to ensure home health nursing is promoted in the BScN program
- ▶ Continue to work collaboratively with our partners
- ▶ Encourage students to choose community based and home health for their preceptorship

Ultimate goal: building capacity for community health nursing's workforce for tomorrow

Acknowledgements

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Children's Hospital of Eastern Ontario

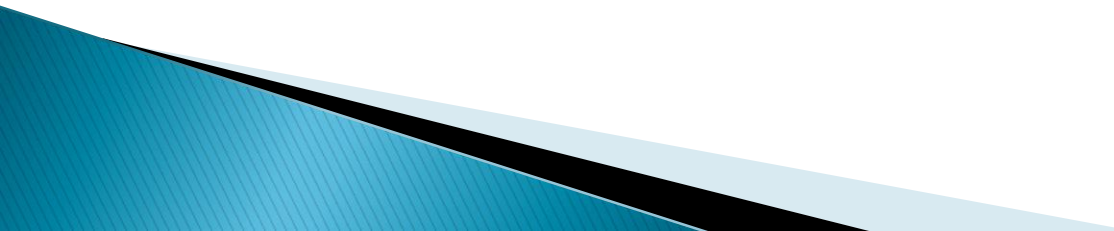
Marilyn Hollingsworth
Carefor Ottawa



& all the many RNs that mentored the students

Questions?

*Thank you for coming
today*



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