

Community Health Nurse Educators & Practitioners Network



CHNC, Niagara Falls
12:45 to 1400
June 21, 2017

Supported by **CHNC**
Standards and Competencies
Standing Committee

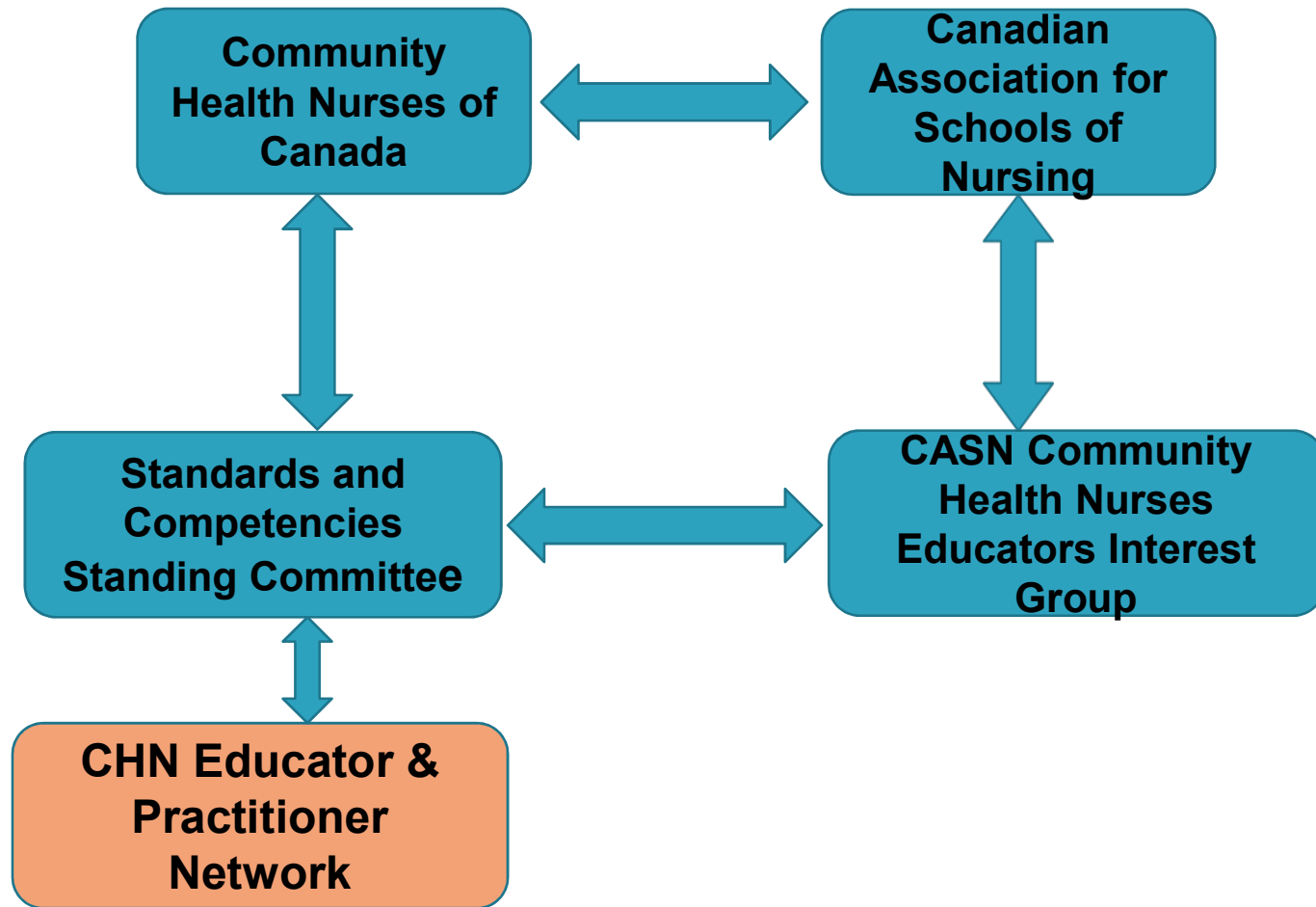
Proposed Agenda

- Welcome and Introductions
- Summary of Standing Committee activities in the past year (Ruth)
- Issues and interests: survey and email exchange (Liz)
- Discussion and identification of action for next year
- Announcements

Standing Committee Activities 2016-2017

- CHN Leadership Institute
 - PHN Leadership in PHN Practice Preconference
- PH Leadership Competencies Network
- Liaison with CASN CHN Interest Group
 - CHN Curriculum Guideline
- Resolution on Indigenous Health

CHNC and CASN Connection



Roles

CHNC Standards and Competencies

- Advocacy for CHN Education

CASN CHN Educators Interest Group

- Resource Development eg. CHN Curriculum Guidelines and teaching resources

CHN Educator and Practice Network

- Pulse on CHN Education
- Networking through CHNC

2017 Program Information Form

- Name
- Email
- Program
- Open-ended questions on issues and interests

***Please complete and place in envelope on table
at end of meeting***

2017 Results of Issues and Interest Survey

Responses: 9 programs from across the country

- Interest in resource(s) on Health Equity for Indigenous People (7/9) [Type of Action will be directed by AGM Resolution]
- Concern about the erosion of community health education in the curriculum (4/9) **also email exchange**
- NCLEX (4/9)
- Appropriate Placements (4/9)
- Satisfaction with Program (3/9)
- Clinical faculty (2/9)
- Simulation (1/9)

NCLEX (4/9)

- Two programs identify difficulties:
 - Difficult to engage students because of focus on NCLEX
 - NCLEX does not seem to acknowledge the practice of community nursing
- Two programs identify that their students do well on NCLEX
 - 90% or more pass rate due to the inclusion of ATI and then most students purchase the HURST preparation
 - Students do well on NCLEX, assume it is because curriculum has strong emphasis on critical thinking and sciences.

Appropriate Placements (4/9) & Clinical Faculty (2/9)

Placements:

- Three programs expressed problems securing and maintaining PHN or RN preceptors
- One program suddenly lost major number of placements

Clinical Faculty:

- Clinical faculty has no experience in community/public health
- Salary too low to attract competent clinical faculty

Satisfaction with Program (3/9)

- Very pleased with having community health theory and clinical start in first year and each year until 3rd year. Seeing an increase in number of students asking for CH/PH preceptorship in fourth year
- Feel our theory and practice courses reflect Community Health Nursing Standards and CASN PHN Entry to Practice Competencies.

Erosion of Community Health

- Preconference survey (4/9)
 - Issue initiated by responses, ie there was no specific question
 - Initiation of “Concept-Based” Curriculum mentioned by three respondents and as a concern by two of them.
 - Lack of community content in NCLEX identified by two programs
- b) email exchange in response to request for simulation exercises (4 members)
 - Concern about lack of person to person observation and communication skills by students that would not be addressed by usual simulation models

Examples from emails in response to ideas for simulation

- Simulation cannot replace actual community placements when it comes to **relationship building** and **facilitation skills**. Being face-to-face with community members, having to practice communication skills and build trust with individuals is an invaluable skill. Having to organise and implement an intervention with vulnerable populations eg: homeless, low income, disabled, newcomers etc..., encourages (forces) them to think outside the box. They have to plan something that **is not** a straight forward PowerPoint presentation.
- 3 of 4 students reluctant to use phone to recruit participants: “[I] lived on the phone using my voice; this generation uses their hands!”

Suggestions

- Home visiting lab- 'standardized patient', role-play
- Academic Liaison Model

What Action to take for Next Year?

- Are there other issues that have not been mentioned?
- What action would you like to see at the meeting next year?
- What comments do you have about what has been done?

Announcements

- CHNC AGM Resolution on Indigenous Health Equity, 6-7 pm
- Network Cafe: Applying Community Health Practice Model and Standards for educators and practitioners-immediately following this session, 300: 2-3pm
- Network Café: Introducing and Promoting CASN Interest Group CHN Curriculum Guideline, tomorrow, session 500, 1030-1130.
- Community Educator and Practitioner Network meeting next year at CHNC conference in Regina- please plan to attend

Please respond to the meeting minutes and provide any successes and challenges throughout the year that could help guide our activities. We want to hear from you!

Invitation to join CHNC Standards and Competencies Standing Committee and /or CASN CHN IG