

## COMMUNITY HEALTH NURSING EDUCATION

### CHNC POSITION

Community Health Nurses of Canada (CHNC) strongly supports the preparation of entry level nurses in community health nursing practice as endorsed in the 2011 Blueprint for Action for community health nursing in Canada (CHNC, 2011). In response to a group of CHN educators who met at the 2013 CHNC Conference the Standards and Competencies Standing Committee developed key messages that they could use in their faculties to reinforce the need for effective community health nursing education, especially community clinical education.

The World Health Organization (WHO, March 2011) stated that the quality and relevance of health professionals could only be improved if their education prepared them to place population health needs at the centre of their practice. Similarly, an independent commission of twenty international experts sponsored by the Lancet (Frenk & Chang et al, 2010) stated that glaring gaps and inequities in health that persist both within and between countries could be addressed with changes in the health system. They recommend that "all health professionals in all countries should be educated to mobilize knowledge and to engage in critical reasoning and ethical conduct so they are competent to participate in patient and population centred health systems as members of locally responsive and globally connected teams" (p.3,4). Likewise CASN (2010) identifies public and population health competencies as emerging nursing educational requirements.

Although the Canadian Council Registered Nurse Regulators expect baccalaureate education to prepare entry level registered nurse practice for situations of health and illness with individuals, families, groups, communities and populations and across diverse practice settings, community health nursing education is facing many challenges to maintain this requirement. Financial restraints, introduction of an illness care focused entry to practice registration exam and limited faculty with community health nursing (CHN) education are some of significant hindrances to the integrity and quality of the curriculum. In terms of the future of nursing care there are significant paradigm shifts occurring in the Canadian health system towards a greater focus on health promotion and disease prevention (CNA, 2012). CNA (2009) clearly outlines the vision of undergraduate curricula that is to address the shift from an illness care model to a health promotion vision.

### Recommendations

Addressing the challenges facing community health nursing requires creative and innovative approaches. CHNC urges Schools of Nursing, provincial and jurisdictional regulators and community placement organizations to join us in promoting excellence in community health nursing curriculum through the following recommendations:

1. Continue to value community health nursing as part of the generalist preparation of registered nurse practice in Canada.
2. Provide effective and safe community clinical placements where:
  - a) clinical supervision by experienced nurse instructors who are able to translate the community experience and relate it to community health nursing theory,

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- b) the scope of practice for community health nursing is provided based on the social determinants of health, social justice, and the Canadian Community Health Nursing Standards of Practice and competencies enables students to perform jurisdictional knowledge-based practice competencies in health promotion, health protection and prevention at all levels of the population.
  3. Prepare students to work with diverse populations including vulnerable, underserved populations such as Aboriginal and seniors on present and emerging issues in population health care including emergency preparedness and chronic disease management.
  4. Provide clinical supervision by experienced nurse instructors who have knowledge of the Canadian Community Health Nursing Standards, primary health care and population health practices, values, and beliefs and with sound knowledge of community health nursing practice.

## **BACKGROUND**

Universities and colleges providing nursing education are responsible and accountable for the preparation of our future nurses in community health nursing. The CHNC Blueprint for Action (CHNC, 2011) identifies a strong educational preparation in community health nursing as necessary underpinning for the future of community health nursing in Canada (CHNC, 2011).

### **Excellence in Baccalaureate Preparation**

- CASN's position statement states that baccalaureate curricula, based on appropriate learning models, address health and health care issues (from simple to complex) that affect clients across the lifespan and in a variety of health care settings. Clients include individuals, families, groups, communities, and populations. (CASN, 2011)
- The entry-to-practice public health nursing competencies (CASN, 2014) for undergraduate education expects graduates to be capable of performing five domains of practice for working with populations and communities - public health sciences in nursing practice; population and community health assessment and analysis; population health planning, implementation and evaluation; partnership, collaboration and advocacy; and communication in public health nursing.
- The Guiding Principles of Accreditation (2014) reflect relevant CASN position statements such as those on scholarship and baccalaureate education, and incorporates the requirements for new graduates as determined by professional associations and regulatory bodies.
- National and jurisdictional entry-level Registered Nurse practice competencies (CNO, 2014; CARNA, 2013) include "Applies principles of population health to implement strategies to promote health and assists clients to understand how lifestyle factors impact health".

### **Effective and Safe Clinical Placements**

- All baccalaureate nursing graduates must be prepared to meet the Canadian Community Health Nursing Standards at an entry-to-practice level through community placements based on the *Guidelines for Quality Community Health Nursing Clinical Placements for baccalaureate nursing students* (CASN, 2011). Guidelines state:  
Community Health Nursing Scope of Practice, essential requirements:
  - There is potential for students to work with clients at a 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.
- There are opportunities for practice experiences where students can see the results of their actions and move toward independent practice
- There are opportunities to develop collaborative relationships/partnerships
- Educational program and placements are expected to provide organizational supports and resources necessary for educators to provide regulatory supervision of nursing student activities safely (CRNBC, 2014; CNO, 2009)

### **Learning opportunities to work with diverse populations**

- Jurisdictional nursing regulators e.g., like British Columbia and Alberta identify entry-to-practice competencies (CRNBC, 2013; CARNA, 2013)
  - "knowledge of the origins of the health disparities and inequities of Aboriginal Peoples and the contributions of nursing practice to achieve positive health outcomes for Aboriginal Peoples."
- The *CASN Entry-to-practice Public Health Nursing Competencies for Undergraduate Education (2014)* students include:
  - Applies knowledge about the following concepts: the health status of populations, vulnerable populations, population health ethics, cultural safety.
- The *CASN Nursing Workforce Education for the 21st Century paper (2010)* identified an emerging educational requirement include:
  - Public and population health competencies (based on recommendations of the Learning from SARS report and other Health Canada epidemiological reports)
  - Cultural competence and service provision to underserved groups: Aboriginal peoples (the fastest growing population in Canada), rural and remote communities, and persons with mental health problems.

### **Knowledge and Experienced Clinical Instructors in Community Health Nursing**

- *CASN Guidelines for Quality Community Health Nursing Clinical Placements for baccalaureate nursing students (CASN, 2011)* state the essential requirements for faculty advisor/clinical instructor are:
  - Faculty advisor/clinical instructor have 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.
- *CASN Guidelines for Quality Community Health Nursing Clinical Placements for baccalaureate nursing students (CASN, 2011)* state the preferred requirements for faculty advisor/clinical instructor are:
  - Faculty advisor/clinical instructor has current community health nursing experience
- Association of Community Health Nursing Educators (ACHNE) state in their position paper on *Academic Qualifications for Community/Public Health Educators (2009)* that they strongly supports graduate level C/PHN preparation and advanced expertise for faculty teaching C/PHN content. They also state "It is unacceptable to assign nursing faculty to clinical areas for which they are unprepared by education and experience; such assignments increase the potential for unsafe practice."

*Approved by the CHNC Board of Directors  
2014 November*

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