

## Connecting the Dots Between Mental Health, Community Health, and Leadership

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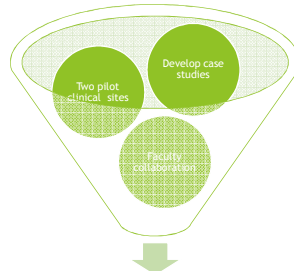
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## Project Focus

- ▶ Design a teaching approach that is integrated across courses in the final year of nursing education as opposed to our historically distinct way of teaching in silos.
- ▶ Enable a holistic pedagogy that allows students to “connect the dots” across the final year of the undergraduate BScN curriculum.

## Project Approach: Two Pronged



Students integrate multiple concepts from leadership, mental health, community health

## Prong #1 Integrating Case Studies in all Three Courses

- ▶ Audiotaped and transcribed detailed focus group with practitioners in mental and community health to elicit their experiential stories
- ▶ Based on the tapes developed 3 case studies
- ▶ Planned to integrate each case study in mental health, community health and leadership classes for group work with students; linking concepts of mental health, community health and leadership.

## Prong #1: Case Studies

- ▶ 3 case studies developed by external researcher based on the transcripts
  - ▶ Rural black community experiencing limited resources and limited education and racism
  - ▶ Rural agriculture community experiencing environmental toxins
  - ▶ Suburban community neighborhood with numerous resources, rich history of old and new traditions
- ▶ Refine case studies to be more inclusive of nursing situations relevant to mental health, community health and leadership
- ▶ Course professors to collaborate on refining case studies and developing appropriate guidelines for group discussion for each course in fall of 2015

## Approach #2: Two Pilot Clinical Sites

### Metro Housing

- ▶ 16 students, 1 clinical instructor for community health, 1 clinical instructor for mental health and 1 on-site preceptor (non-nurse)

### Dalhousie Mental Health Services

- ▶ 16 students, 1 clinical instructor for both community health and mental health and 1 on-site preceptor (non-nurse)

#### BOTH SITES

Wednesdays community health focus for all 16 students for 10 weeks

Thursday and Friday 8 of 16 focus on mental health for first 5 weeks then rotate and other 8 of 16 focus on mental health for last 5 weeks

### Feed back from focus group with students

#### Benefits

- ▶ Some thought it was a great clinical
- ▶ Learned to find resources and learn what is out there
- ▶ Learned mental health is everywhere
- ▶ Met people living in the community without it being a “clinical thing” - it was in their lives, offering alternative therapies was great
- ▶ Better than hospital experience - felt it was overall MH wellness vs illness and it was nice to see how people do it in every day life and how nurses manage with people
- ▶ Realized what students think the patient needs may not be what they really need.
- ▶ Working with the population, you need to work with the population not just hand them something

### Feedback from focus group with students

#### Concerns

- ▶ Having the same placements was not really helpful because there was a lack of integration
- ▶ Disconnect between instructors across the two courses; the instructors were not clear on what the connection was
- ▶ Shared instructor and inconsistent grading expectations between courses was really frustrating
- ▶ MH assignment; the focus was on mental illness vs mental health and so found it difficult to do the assignment

### Lessons Learned

- ▶ Better integration of concepts required in the classroom
- ▶ Introduction of case studies early in all four courses
- ▶ Clinical sites require specific structure and guidelines, i.e. same clinical instructor relevant clinical assignments which meet the objectives of each course, and are relevant to students clinical experiences, clarification of expectations of all players
- ▶ Preceptors to engage in the goals of integrating concepts
- ▶ Post conferences to focus on mental health, community and leadership
- ▶ Extra time required for course professors to coordinate an integrated learning experience

### Faculty Reflections: Moving Forward

- ▶ Define concepts used in both courses
- ▶ Use of a case study in the beginning of term would help to integrate concepts
- ▶ Compare and contrast many nursing perspectives
- ▶ Identification of clinical/practicum projects which integrate Mental Health, Community Health and Leadership
- ▶ Preceptor remain the same in each site for mental health and community, may be beneficial to have clinical instructor for each clinical do both mental health and community health, and be well versed in both subjects.

Questions, Comments,  
Ideas

Thank you!