“Code CHN”

Extreme Measures to Reveal Standards of Practice in CHN Curriculum

7th Annual Community Health Nursing Conference
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Kelowna, B.C., June, 2013
Overview

- Setting the Scene
- Community Health Nursing (CHN) Log Design & Implementation
- What We Discovered
- Student Voice: “Dotmocracy”
- So What?
- Suggestions
Setting the Scene
CHN Curriculum

- Curriculum involves 4 integrated courses that unfold from September to April. 2 Theory + 2 Practicum courses
- CHN Practicum courses =
  - 1 day per week (7 hours) PHC placement with a nurse preceptor
  - 1 day per week ‘CHN Learning Activities’
- Codes focus *exclusively* on CHN learning activities
- Fall session students learned how to use the CHN Log
- Winter ‘advanced’ session is context for this data collection
- Total CHN time in winter session = ~4500 hours (52 students)
CHN Learning Objectives

The student will be able to:

1. Explain how their CHN actions link to integrative socio-ecological approach to health across the lifespan; *relate all CHN learning activities to relevant Standards via selection/entry of appropriate CHN Log codes.*

2. Build and nurture collaborative partnerships for the purpose of contributing to community capacity; to promote authentic public participation of people/families/groups or populations.

3. Connect community-based experiences to course theory; to improve depth of insight and to advance personal/professional development.

4. Demonstrate effective application of multiple dimensions of communication.

5. Consistently demonstrate Professionalism and Accountability within all CHN contexts.
CHN Log Design & Implementation

- Excel (common software) – practical necessity but not ideal
- Template with drop down lists for the pre-defined time log scheme
- One worksheet for each month
- Template stored on Learning Management System
- Students downloaded the template, entered their time and submitted to faculty
- Faculty collated data in a database (Microsoft Access) and decoded
- Reporting and analysis carried out using Excel pivot tables and charts
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What We Discovered

If I'd known they wanted me to use all this info— I would never have asked for it!
CHN Day: % Time Devoted to Purpose

Community Engaged Learning

- 432 CHN activities: 12%
- 432 personal learning objective: 5%
- 432 Other: 3%
- 432 conference: 13%
- 432 practicum: 1%

431 CHN Activities: 0%

421 HP project: 65%
CHN Day: % Time Devoted to Partners

- 432 Group/peer: 35%
- 432 Individual: 14%
- 432 CBO: 16%
- 432 Faculty: 12%
- 421 Community: 2%
- 432 Community: 7%
- 421 Agency: 0%
- 421 CBO (HP project): 0%
- 421 HP Project Team: 8%
- 421 Individual: 0%
- 432 Agency: 1%
- Other: 2%
CHN Day: % Time Devoted to Action 1 Excluding 421 Project

- Conference (7) 29%
- 431/432 Partnership(s) (4) 19%
- 431/432 Independent learning activity (1;6) 11%
- 420/201 Project Partnership(s) (4) 13%
- Health Communication Campaign 6%
- Health promotion (1) 6%
- Health education, prevention & protection (2) 2%
- Political Action/Advocacy (5;6;7) 4%
- 420 EHA Project/team 0%
- Faculty consultation (7) 6%
- Coordination (4;3;7) 4%

Sum of Time
CHN Day: % Time Devoted to Each Standard

1. Health Promotion: 62%
2. Prevention & Protection: 1%
3. Health Maintenance: 0%
4. Professional Relationships: 15%
5. Capacity Building: 0%
6. Access & Equity: 6%
7. Professional Responsibility: 16%
CHN Day: Hours Devoted to Each Standard

- **Standard 1 - Health Promotion**: 2948 hours
- **Standard 2 - Prevention & Protection**: 47 hours
- **Standard 3 - Health Maintenance**: 786 hours
- **Standard 4 - Professional Relationships**: 4 hours
- **Standard 5 - Capacity Building**: 24 hours
- **Standard 6 - Access & Equity**: 15 hours
- **Standard 7 - Professional Responsibility**: 900 hours
CHN Day: % Time Devoted to Each Standard Excluding 421 Project

1. Health Promotion: 12%
2. Prevention & Protection: 2%
3. Health Maintenance: 0%
4. Professional Relationships: 34%
5. Capacity Building: 1%
6. Access & Equity: 15%
7. Professional Responsibility: 36%
Key Elements of the Health Promotion Project Process

- Team reunion/forming: 2%
- Team meeting (7): 23%
- Implementation: 4%
- Logic Model: 8%
- Assignment writing/editing: 14%
- CHN activities: 0%
- Expert consultation: 3%
- Feedback tools: 5%
- Literature/evidence search: 4%
- Other (specify): 4%
- Planning/delegation: 5%
- Product revision (final) dissemination: 2%
- Product revision: 5%
- Product design: 10%
- Presentation: 6%
Student “Voice”: CHNC Standards
Their View

- Determinants of health & root causes
- Collaboration & readiness
- Strategies for change & advocacy
- Community Resources
- Teamwork

Shift societal norms & apply community development
Legislation & Professional boundaries
Health Maintenance
Research & systems gaps
Findings Suggest:

- Time is an important factor
  - Anecdotally: maturity and evolution of choice of CHN codes in Winter compared to Fall
- CHN Log helped students co-create learning experiences
  - Translated to ‘advanced’ CHN learning/evolving vision – including community engaged learning
  - Exposure to front line determinants are reflected in “Dotmocracy” feedback
- Diversity in engagement and accessing opportunity is a part of their/our reality
  - Includes non-conventional partners & contexts
Diversity of Vision & Experience

- 421/421 Independent learning activity (1/6): 8%
- Conference (7): 13%
- Faculty consultation (7): 1%
- 420/421 Project Partnership(s) (4): 13%
- 421 HP Project/team: 65%
- Political Action/Advocacy (5): 21%
So What?

- **Standards**
  - Health Promotion, (nurturing) Professional Partnerships and Access & Equity are valued, feasible and deserving of undergraduate curriculum
  - It’s hard to tease out Capacity Building from Access & Equity
  - Multiple elements within some Standards make it challenging to prioritize actions

- **Curriculum and technology**
  - Students value community engaged learning (with non-conventional partners)
  - Faculty need to embrace diversity & offer flexibility in learning activities
  - Technology revealed student progress towards professional competencies
  - IT skills take time – and (unexpected) external partners

- **Research**
  - Emerging technologies, standards & nomenclature to measure/capture practice
  - Students like to contribute when they feel they are contributing to innovation and practice development
Suggestions

**CHNC**
- Lead partnership to research application of Standards in undergraduate curriculum – including student response over time
- Prioritize elements within each Standard for undergraduate level
- Break those elements into concrete, paced, plain language steps for faculty and students
- Create student handbook with natural practice examples
- Cross reference with the Blueprint for Action – for shared language and vision
- Explicate non-conventional
- Rename “Professional Relationships”? Consider Relationships and Partnerships

**Faculty**
- Create CHN (project) paths to integrate learning activities
- Require students to have the Standards ‘in-hand’ (living document)

Partner, partner, partner with IT (intersectoral) – see Standard 7️ми
Take Home Messages

- Technology is here to stay – so might as well have it work for us
- Using the CHN Log raised visibility of CHN and education with all partners/contexts
- Using the CHN Log helped students co-create learning experiences & shape vision
- Potential to generate evidence – accreditation and regulatory bodies
- Integrating technology resonates with youth (bridge a connection)
- Leadership - continuing this work can influence and inspire CHN practice, education and research
Philip Gausden (Technical Consultant)!!😊

Hermes Cornejo & Rosanna Zappavigna (Faculty)

Community Health Nursing Students (2012-2013)