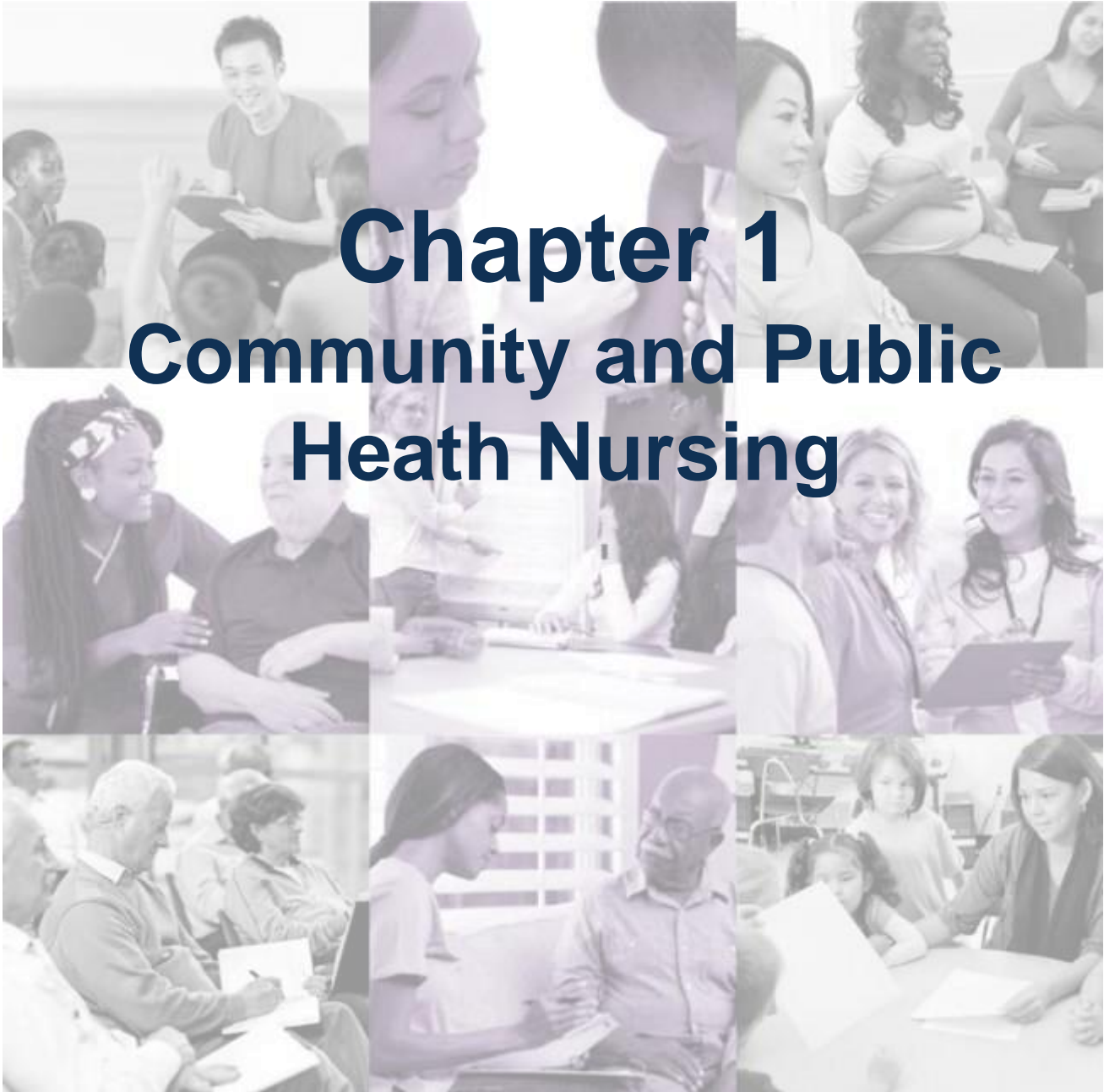


Community and Public Health Nursing

**Learning to Make a Difference
through Teamwork**
Second Edition

Elizabeth Diem and Alwyn Moyer
PowerPoint Slides



Chapter 1

Community and Public Health Nursing

Community health nursing

The professional work of nurses who promote, protect, and preserve the social, personal, and physical capabilities of individuals and collectives that are resources for everyday living. It includes building the environmental and community supports for health.

Community health nurses

Those designated as public health nurses, home health nurses, and other nurses with a priority focus on promoting and protecting the health of individuals, families, groups, and communities. They play a key role in community health care because of what they do and how they do it.

Health

A state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. It is an enabling factor, a resource for living, and a fundamental human right. It is also not evenly distributed in society.

Determinants of health

Recognizing that health relates to the circumstances in which people are born and grow up and age, as well as by the distribution of money, power, and resources at global, national, and local levels.

Primary health care

Promotes health and prevents illness through action on the determinants of health. Looks for action across society and through the full participation of citizens on issues that promote health and well-being.

Primary care

The treatment provided to clients on their first contact with the health care system and health care providers. This is often done by nurses. The scope for assessing patient issues is much narrower here than with primary health care.

Health promotion

Enabling individuals and populations to remain healthy, build capacity, and obtain the resources for healthy living across their life spans. Building capacity means engaging people in a problem solving process they can use to address immediate and future problems.

Primary prevention

Preventing the occurrence of illness and injury by reducing known risk factors and providing protection from harmful environments. These can be directed towards individuals or a whole population.

Secondary prevention

Emphasizes the early detection of disease, before signs and symptoms are visible, and the provision of swift treatment to cure or reduce the impact of disease on individuals or communities. Examples include screenings, such as mammography.

Tertiary prevention

Providing treatment and care management once a disease is established, with the aim of containing the spread of the disease, preventing further complications, and maintaining patient health.

Health literacy

The degree to which individuals have the capacity to obtain, process, and understand basic health information and the services needed to make appropriate health care decisions. This is an important consideration for all health interventions into a community.

Health inequity

Experiencing unfair and avoidable barriers to health and health care opportunities. It represents a difference or disparity in health outcomes that is systemic, avoidable, and unjust.

Health equity

When all people have the opportunity to live to their full health potential and no one is deprived from achieving this potential because of their social position or other socially determined circumstance.

Intersectoral collaboration

The joint work by different sectors of society to improve health outcomes more effectively, efficiently, or sustainably than when working independently.

**COMMUNITY AND PUBLIC HEALTH NURSING
LEARNING TO MAKE A DIFFERENCE THROUGH TEAMWORK
2ND ED**

BY LIZ DIEM AND ALWYN MOYER

CLASSROOM EXERCISES AND MULTIPLE CHOICE QUESTIONS

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Community and Public Health Nursing: Learning to Make a Difference through Teamwork

Instructor Manual

Compiled by Liz Diem and Alwyn Moyer

Canadian Scholars' Press Inc.

425 Adelaide Street West, Suite 200

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NOTE TO INSTRUCTORS

Liz Diem and Alwyn Moyer prepared the following exercises and questions for the classroom to help illustrate and test the concepts in each chapter. The exercises promote classroom interaction and discussion, and the proposed or expected responses help you to clarify their responses. The multiple choice questions feature the objectives for each chapter and can be used in tests, exams, classroom quizzes, or online.

CONTENTS

Chapter 1 Community and Public Health Nursing	1
Chapter 1 Exercises	1
1. Classroom or Study-Group Exercise: Healthy Eating and Exercising to Reduce Diabetes	1
2. Classroom Exercise: Community Health Nursing Foundational Values, Process, and Beliefs	3
Chapter 1 Multiple Choice Questions	5
Chapter 2 Community Health Nursing Projects and Teamwork	7
Chapter 2 Exercises	7
1. Classroom Exercise: Converting a Group of People into a Team	7
2. Group Exercise: Learning to Resolve Team Conflict	9
Chapter 2 Multiple Choice Questions	10
Chapter 3 Starting Well: Beginning a Community Health Nursing Project and Assessment— Steps 1 and 2	12
Chapter 3 Exercises	12
1. Individual or Study Group Exercise: Community Needs Assessment	12
2. Individual Exercise: County Health Rankings	13
3. Classroom Exercise: Comparing Country Health Indicators	14
Chapter 3 Multiple Choice Questions	15
Chapter 4 Assessing the Environment and Community Group—Steps 3 and 4	18
Chapter 4 Exercises	18
1. Individual Exercise: Basic Assessment Methods	18
2. Classroom or Exam Exercise: Suburban Seniors' Center	20
Chapter 4 Multiple Choice Questions	22
Chapter 5 Analysis—Step 5	25
Chapter 5 Exercises	25
1. Classroom Exercises or Exam Questions: Evaluating Action Statements	25
2. Group Exercise: Identifying Appropriate Stakeholders Relevant to Staff	26
Chapter 5 Multiple Choice Questions	27
Chapter 6 Planning for Action—Step 6	29
Chapter 6 Exercises	29
1. Classroom Exercise: Planning for Action	29
2. Group Exercise: Process and Impact Objectives	30

Chapter 6 Multiple Choice Questions	31
Chapter 7 Taking Action—Step 7	34
Chapter 7 Exercises.....	34
1. Classroom Case Study: Developing and Testing Physical Fitness Resources for High School Students.....	34
2. Classroom Exercise: Health Literacy in Preventive Health Services for Older Adults	35
Chapter 7 Multiple Choice Questions	36
Chapter 8 Ending Well—Step 8	38
Chapter 8 Exercises.....	38
1. Classroom or Exam Exercise: Evaluating a Health Education Intervention.....	38
2. Group Exercise: Presentations and Audiences	39
Chapter 8 Multiple Choice Questions	39
Chapter 9 Approaches to Community Health Nursing of Families at Home	42
Chapter 9 Exercises.....	42
1. Case Study: Home Care for Older Man Living in a Rooming House.....	42
Chapter 9 Multiple Choice Questions:	43
Chapter 10 Approaches to Community Capacity Building	46
Chapter 10 Exercises:	46
1. Individual Exercise: Community Capacity Building	46
2. Classroom Exercise: Health Education Strategy vs Community Capacity Building	46
Chapter 10 Multiple Choice Questions	47
Chapter 11 Working with Coalitions	50
Chapter 11 Exercises.....	50
Video 1: A National Movement to Reduce Obesity and Tobacco Use.....	50
Video 2: Communities Putting Prevention to Work: Cherokee Nation, OK	51
Video 3: Fit Kids Coalition, Letters to our Children: Brandi O'Connor	51
Chapter 11 Multiple Choice Questions	52
Chapter 12 Building Healthy Public Policy for Population Health	54
Chapter 12 Exercises.....	54
1. Individual Exercise: School Start Times for Adolescents.....	54
2. Individual Exercise: PTA Presentation	54
Chapter 12 Multiple Choice Questions	55

Chapter 13 Evaluating Community Health Programs	57
Chapter 13 Exercises.....	57
1. Individual or Group Exercise: Evaluating a Health Promotion Program.....	57
2. Individual or Group Exercise: Identifying the Goals of a Health Promotion Program.....	58
Chapter 13 Multiple Choice Questions	58
Chapter 14 Community Health Nursing Roles in Disaster and Emergency Management	61
Chapter 14 Multiple Choice Questions	61

CHAPTER 1

Exercises and Multiple Choice Questions

Chapter 1 Exercises

1. Classroom or Study-Group Exercise: Healthy Eating and Exercising to Reduce Diabetes

Community health nursing students find it difficult to understand the concept of primary health care and to differentiate it from primary care, not least because the terms are sometimes—and inappropriately—used interchangeably. The case studies from the *Promoting Health Equity* workbook (Brennan Ramirez, Baker & Metzler, 2008) provide succinct and vivid examples of a primary health care approach and can be used to illuminate the principles of health promotion, citizen participation, accessibility, appropriate technology, and intersectoral collaboration. The workbook can be downloaded at <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>.

Ask students to read the two-page program description of Case Study 4: Healthy Eating and Exercising to Reduce Diabetes (pp. 20–21 of workbook) and respond to the following questions.

Reference

Brennan Ramirez, L. K., Baker, E. A., & Metzler, M. (2008). Promoting health equity: A resource to help communities address social determinants of health. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>

Health Promotion

- a) What does health promotion mean in this case study?

Suggested answer: In this study, it means encouraging women in Detroit's east side to engage in healthy eating and moderate physical activity to reduce their risk for diabetes.

- b) What factors make these women at risk for diabetes?

Suggested answer: Many factors relate to where they live; an inner-city, low-income neighborhood. Physical activity and healthy eating are important for health and disease prevention. Inner-city neighborhoods may not be walkable and may not provide access to fresh vegetables.

Intersectoral Collaboration

- a) What sectors of the community are involved in this initiative? Who are the partners?

Suggested answer: The East Side Village Health Workers Partnership and the university. The Partnership includes health workers and community members. The health and education sectors are involved in the partnership. They aim to involve other sectors, such as local stores, city

management (could organize space for community gardens), or possibly service organizations (could promote cooperative buying clubs).

- b) What other sectors could be involved to support this initiative?

Suggested answer: Transportation, municipal water services, community police

Accessibility

- a) What strategies are used to increase access to the resources for health?

Suggested answer: The community gardens have the potential to increase access to healthy food, and working in the garden provides exercise and fresh air. As well, the gardens will provide an opportunity for social interaction, possibly an opportunity for families / children to get involved in tending the gardens. The gardens need community workers, and they provide an opportunity to develop the skills of these workers. The emphasis is on providing women with these opportunities. The buying clubs get people to work together to make collective purchases.

Citizen Participation

- a) How do community members participate in this initiative?

Suggested answer: We are told that some community members are in the partnership.

- b) What is the evidence, if any, that community members participate in making decisions?

Suggested answer: The objectives of the partnership suggest that it involves the people of the community when making decisions about how the community can be a healthier place to live by initiating the following activities:

- Increase resources (e.g., increasing community gardens, cooperative buying clubs, social support for a healthy diet).
- Reduce barriers (e.g., lack of affordable fresh produce in local stores) to healthy meal planning and preparation.
- Identify and create opportunities for safe, enjoyable, and low-impact physical activities for community members.
- Strengthen and expand social support for practices that help to delay the onset of diabetes or reduce the risk of complications.

- c) How might the partnership expand social support for practices that delay the onset of diabetes or reduce the risk of complications?

Suggested answer: They could possibly expand social support by helping to organize group meal preparation using garden produce.

Appropriate Technology

- a) In what way does this initiative use appropriate technology?

Suggested answer: Research expertise is used to evaluate the initiative. This will help to monitor success and establish effectiveness. The research has shown that access to funding can be a limiting factor

2. Classroom Exercise: Community Health Nursing Foundational Values, Process, and Beliefs

Classroom options:

Ask about some or all of the items.

Ask questions to the class as a whole or to small groups, and take up their responses in class.

Use the questions with a different case study.

Use the case study with other standards and competencies.

Use the questions in exams instead of for classroom discussion.

Review Box 1.3: Foundational Values, Process, and Beliefs and Box 1.4: Community Health Nursing in Safe Routes to School (SRTS) Programs. Identify which foundational values, processes, and beliefs of community health nurses are and are *not* illustrated in the Safe Routes to School example. Write a brief description of your findings. If any values, processes, and beliefs were not directly apparent, explain how you can tell that the program still exemplified them.

Foundational Values

- a) What indications are there that a broad understanding of health was used?

Suggested answer: The program emphasizes collaboration between school and community to increase physical activity (health promotion). Community volunteers were recruited to ensure routes were safe, and local and state politicians and educators were involved.

- b) What indications are there of a commitment to principles of equity and social justice?

Suggested answer: The program was initiated because students had lower academic performance (social determinant of health) and fitness compared to other students in the state and Safe Routes to School program was expected to improve both rates.

Process

- a) What types of health activities are emphasized in the program?

Suggested answer: Aim to improve student health by having more of them walk to school and build community health/capacity/support through collaboration of school with families in community, municipal services and politicians

- b) Which community health nursing processes—assessment, planning, intervention, and evaluation—are being used in the program?

Suggested answer: The community health nursing process is not discussed but information is provided on academic performance and fitness rates, while knowledge of routes to school and community interests contributed to the preparation of a plan (school planners developed activities and reached out to community). This plan was implemented with community input (activities included International Walk to School Day 2006, 2007; bimonthly Walking Wednesday events; and physical activities and safe walking in the curriculum). The results were also evaluated (use of buses decreased, the percentage of children walking to school increased, and rates for physical fitness and academic achievement increased).

Beliefs

- a) *Build sustainable relationships*—Are there indications that the community health nurse built relationships and collaborated within and outside the school so the program would be successful?

Suggested answer: This is not discussed, but the school would have had to build relationships internally to support the program and from there move out to involve interested community members, municipal police, transportation authorities, and politicians, and then state politicians and educators, in order to implement a successful program.

- b) *Combine a variety of sources of knowledge*—What experiential knowledge or specialized information, e.g. data on students, school, school system, socioeconomic data related to the area and state, did the community health nurse bring to the program?

Suggested answer: The specialized knowledge required to develop the program would include school-age growth and development, communication skills for working with school children, approaches for community development, and previous experience organizing initiatives within the school and with the community.

- c) *Organize resources to support health by advocating, planning, coordinating, delivering and evaluating services, programs and policies*—What are the indications that the community health nurse organized resources alone or with others?

Suggested answer: Many examples are provided; the purpose of the Safe Routes to School program was to bring together the school and the community to increase the health of students. The organizers gained support from community partners, used advertising, invited the involvement of local and state politicians and educators, and delivered and evaluated the program. School policies were changed to emphasize physical activity, but there was no mention of changes in state policies.

- d) *Function at a high level of autonomy, guided by standards and competencies, as individual practitioners, and as part of a team*—Give examples of how the community health nurse demonstrated these characteristics.

Suggested answer: There was no reference to community/public health nursing standards or competencies, but they can be implied from the use of a planning process, implementation, and evaluation, and evidence of the foundational values and beliefs of nursing. Teamwork was apparent by the statement “School planners organized several activities.”

Chapter 1 Multiple Choice Questions

1. Which of the following health services are consistent with primary health care?
 - a) clinics that treat the majority of health problems in a community
 - b) emergency health services provided during a natural disaster
 - c) organizations providing health care services in developing countries
 - d) personal care, health promotion, and community development**
 - e) an approach to health based on working with people in their homes
2. “The process of enabling people to increase control over and improve their health” describes which of the following concepts?
 - a) health promotion**
 - b) empowerment
 - c) primary care
 - d) health protection
3. Legislation to prohibit the sale of tobacco to minors is an example of a strategy aimed at
 - a) health promotion
 - b) primary prevention**
 - c) secondary prevention
 - d) tertiary prevention
4. Which of the following activities directly address a determinant of health other than “health services”?
 - a) providing information and support on breast-feeding
 - b) caring for premature and low birth weight babies in the home
 - c) facilitating the formation of a support group for young pregnant women**
 - d) explaining the risk factors for low birth weight babies at prenatal classes
5. *Health inequities* is a term used to describe
 - a) systematic and avoidable differences in health status**
 - b) random differences in the distribution of health and illness
 - c) unavoidable differences in the receipt of health services
 - d) the natural gradient of health in a population
6. Which of the following nursing actions is most likely to bring about change based on the social determinants of health?
 - a) talking about the effects of social determinants on community health
 - b) providing clients with a list of health resources in their community
 - c) including questions on income and social support in community needs assessments
 - d) working with disadvantaged groups to improve their health and social conditions**

7. The main similarity between individual and community assessment is
- a) the focus on population groups
 - b) the time required to carry out the process
 - c) **the steps of the process**
 - d) the components or details of the process
8. Which of the following actions by community health nurses are the LEAST likely to address equity and social justice for a group concerned with obtaining healthy food?
- a) **working with experts to provide nutritional information on a website**
 - b) working with single parents to grow their own food in a community garden
 - c) working with government to increase food subsidies for people on lower incomes
 - d) working with churches to provide lunches for isolated older people
9. Which of the following populations are of special concern to community health nurses?
- a) school-aged children and youth
 - b) mothers and infants
 - c) **people who are vulnerable**
 - d) the whole population
10. Which action directly builds relationships and partnerships?
- a) **using collaboration and effective communication with all community levels and governments**
 - b) using systematic processes to collect and document actions, plans, and evaluation
 - c) using a variety of knowledge sources to inform community groups about appropriate actions
 - d) using organizational skills to demonstrate ways that the health of the community could improve

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RESOURCE PACKAGE FOR FACULTY

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Community and Public Health Nursing: Learning to Make a Difference through Teamwork

Resource Package for Faculty

By Liz Diem and Alwyn Moyer

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CONTENTS

Introduction.....	1
Recommendations for Providing Community Health Nursing Education.....	2
Criteria for Community Health Nursing Placements and Clinical Supervision.....	3
Recruiting and Maintaining Community Clinical Placement Partners.....	5
Conditions Required to Accommodate Students in Placement Organizations	5
Finding and Recruiting Placement Organizations	6
Following Up with Interested Organizations	6
Maintaining Community Placement Partners	7
Orientation and Support for Clinical Instructors and Students	9
Clinical Instructor Orientation	9
Student Orientation with Clinical Instructors	10
Seminar Orientation and Team Orientation at Placement.....	10
References.....	12
Appendix A: Community Health Nursing Education Position Statement	13
Appendix B: Recruitment Package	18
B1 Examples of Student Team Projects.....	18
B2 Sample Recruitment Letter to Send as Email Attachment	20
B3 Potential Placement Organizations for Student Teams	22
B4 Community Clinical Placement Information Form	24
B5 Sample Thank You Letter for Advisors	26
Appendix C: Orientation Package	27
C1 Sample Course Schedule	27
C2 Sample Outline for Clinical Instructor Orientation Meeting	30
C3 Community Clinical Course Orientation.....	31

INTRODUCTION

We welcome your interest in designing classroom, seminar, and clinical experiences that effectively engage nursing students in community health nursing. This resource is an adjunct to the Diem and Moyer (2015) text *Community Health Nursing: Learning to Make a Difference through Teamwork, Second Edition*. The text is based on students learning about community health nursing as part of a student team by working with a community group to complete a relevant project under the guidance of an experienced community health nurse. This package explains the team-based community project approach and provides suggestions for a) delivering effective community health nursing courses, b) recruiting and maintaining community clinical placements, and c) orienting clinical instructors and students to the community clinical course.

The community project approach provides a framework for integrating theories, concepts, and evidence-based research to develop the learner's knowledge and skills and to guide nursing practice that contributes to community health. In addition to providing a manageable and realistic slice of community health nursing practice that makes its theories, concepts, and beliefs meaningful to the student, the projects provide an introduction to the teamwork that is central to community health nursing. Teams harness the resources and perspectives of their members to deal with complex long-term community issues in large populations. Understandably, teamwork skills and knowledge are an essential requirement for baccalaureate education.

When working on a project with a community group in the first phase, called "Getting Started," the team begins by organizing and conducting an assessment of the community group identified by the organization and their advisor. With guidance from the clinical instructor and advisor, the team maps and observes aspects of the neighborhood environment, interviews people who know the community group (key informants), and asks community members about their interests and concerns using appropriate assessment methods and pretested questions. The middle phase, "Getting Things Done," involves the team completing the assessment, analyzing the data, and developing a plan and intervention. "Finishing Up" involves the team implementing and evaluating the intervention and the project. The students are expected to use their textbook and advice from the clinical instructor and the advisor to plan and carry out the project.

At the end of the project, the team provides the organization with a project report that includes recommendations and relevant resources to improve the involvement and health of the community group. The students will learn an effective approach for community health nursing practice, and the community group will learn about working with others to improve the health of their community.

The Diem and Moyer text explains how students and new practitioners learn to work on a team using a process grounded in theory, evidence, and experience to develop a beginning level of competency in community health nursing. Community health nursing is a broad term for nurses promoting the health of individual, families, and populations in the community and includes public health and home health nursing. The text integrates the five core values identified by the Association of Community Health Nursing Educators ([ACHNE] 2009): community and population as client, prevention, partnership, healthy environment, and diversity; with the five domains of public health nursing competency identified by the Canadian Association of Schools of Nursing (2014): public health sciences in nursing practice; population and community health assessment and analysis; population health planning, implementation, and evaluation; partnerships, collaboration, and advocacy; and communication in public health nursing.

RECOMMENDATIONS FOR PROVIDING COMMUNITY HEALTH NURSING EDUCATION

Many factors influence the effectiveness of community health nursing theory and clinical courses. These factors include when courses, theory, and clinical concepts are taught; the placement and duration of courses in the program; the availability of appropriate clinical placements; and the proficiency of clinical instructors.

Our preferred approach is to integrate community health nursing into the curriculum and introduce community health nursing concepts early in a nursing program. For example, as students learn to communicate and engage with clients, you can include questions about the client's family and community, discussing how communities support health and how they may or may not provide access to the determinants of health. This discussion could involve the role of community health nurses in promoting health. This early exposure to community-based nursing, such as acute care, rehabilitative, or chronic care clinics, could better prepare students for community courses later in the program (Zotti & Stotts, 1996; as referenced by Cohen & Gregory, 2009).

The middle year or years of a nursing program are the opportune time to provide the community health theory and clinical education courses supported by the Diem & Moyer text. This timing ensures that students understand that clients are people who are also members of families and communities, and that students learn to work in teams and with groups at the same time as they learn the individual approaches often used in institutional settings. In contrast, when community theory and clinical experience are left to the final year of the program, students have difficulty shifting from an individual, biomedical focus to a broader perspective on communities and the determinants of health. Placing community health nursing in the middle of the program also provides students with community examples they can relate to other aspects of nursing. In addition, the skills of conducting a project can be honed in the final year by working on research or leadership projects at the community level or projects in specialized areas such as mental or family health.

The recommended approach to community health nursing courses is to teach the theory and clinical courses concurrently. This approach allows classroom discussion to include clinical examples (see sample questions at the end of each chapter in the text) and clinical seminars to include material that the students are learning in the classroom. When community theory courses are taught without the concurrent community experience, students have difficulty understanding how information is relevant to practice. Teaching theory using experiential practice examples makes the material "sticky."

There is considerable variation in the length of time devoted to community health clinical nursing courses. In their study of Canadian community health theory and clinical courses, Cohen and Gregory (2009) state that "the data suggest that the gold standard in Canadian baccalaureate nursing programs is two terms of population-based community health clinical exposure to integrate their knowledge and skills as novice CHN practitioners" (p. 13). They indicate that this would be approximately 180 clinical hours.

Taking this into consideration, we have based the projects in this resource and in the clinical instructor and advisor guides on a schedule that requires two days a week over a 12-week term for a team of four students to complete an assessment, plan, action, and evaluation of a project with an accessible group of community members. Another viable option is to have one day a week for assessment in the 12-week fall semester and one day a week for planning, action/intervention, and evaluation in the following 12-week winter semester. Some nursing programs may have less time, larger or smaller teams, or limited access to community members. These differences mean that adjustments in timing and expectations will

have to be made. For example if time is limited, a team may only complete an evaluation of an ongoing program if their preparation includes information about the earlier phases. However, reductions in concentrated time, especially less time interacting with the community, will likely limit the ability of students to appreciate the complex relationships, time scale, and value of community health nursing.

Criteria for Community Health Nursing Placements and Clinical Supervision

A key requirement for effective community health nursing clinical education is to have appropriately prepared community clinical instructors and suitable clinical placements. In the text, and in this resource, the term “clinical instructor” applies to a Registered Nurse employed by a nursing program to supervise students in the clinical area. Clinical instructors might also be called faculty instructors, advisors, or mentors. The term “advisor” is used to refer to the person designated by a community organization to provide guidance and oversight to the student team. An important asset, advisors know their organization and the clients their organization serves and can assist the team in working within the organizational culture to improve the health of a community group. In some organizations, such as public health or home health, the advisor maybe a public or community health nurse. Where placement organizations do not employ Registered Nurses, the advisor could be a classroom teacher, a social worker, a community developer, or a staff member of an organization serving vulnerable people. In such placements, it is essential that an experienced clinical instructor is available to provide a community health nursing perspective.

Selecting community clinical placements and experienced community clinical instructors can be challenging. The Community Health Nurses of Canada ([CHNC] 2014) issued the Community Health Nursing Education Position Statement (Appendix A) to identify components that will contribute to a successful outcome for the nursing program, community organizations, and nursing students. The components are incorporated into the specific conditions given in Box 2.1 of Chapter 2 of the text. The conditions are listed below to emphasize the importance of planning for appropriate placements.

Four Conditions for Supporting Student Team Community Nursing Projects

1. An environment for experiencing and reflecting on community health nursing practice
2. A realistic opportunity for community health nursing students and practitioners to learn about and apply aspects of community health nursing practice, including:
 - a) the community health nursing process (assess, plan, implement/take action, evaluate)
 - b) collaboration with a defined community group and possibly other health professionals, disciplines, and sectors, over a specified period
 - c) teamwork
3. The expectation of developing relevant resources for the organization sponsoring the community clinical experience
4. The expectation of developing relevant resources for the community group

The ideal ratio of students to clinical instructor in community settings is not often explored in studies, nor is the expected contact hours with the students. In practice, the ratio of faculty to students tends to be higher in the community than in institutions, based on the rationale that students in community are not as likely to encounter potential life-threatening situations. However, community clinical usually involves students in non-traditional settings without RN supervision and across dispersed and different settings. The high student to instructor ratio and the steep costs of driving often mean that contact with the

clinical instructor may only occur electronically or at the institution. Given the less structured environment, without regular access to an experienced community health nurse, this situation is less than ideal.

Effective supervision and support is important. We have found that student teams can self-monitor to an extent but require regular (weekly and occasionally biweekly) meetings at the placement to ensure effective collaboration within the organization and community and, most importantly, to ensure that they learn how to translate community health nursing theory and concepts into practice. An experienced clinical instructor can usually support 12 students in teams of three or four students at separate locations. However, a clinical instructor can only manage five teams of two students if they are in separate locations. An efficient option is to encourage schools or businesses to place 10–14 students. This means that the clinical instructor can stay in the placement all day and provide more contact time to the teams instead of driving to different locations.

RECRUITING AND MAINTAINING COMMUNITY CLINICAL PLACEMENT PARTNERS

Recruiting appropriate placement partners is manageable by following a cyclical and long-term process. At least one year is required when moving from individual placements to team-based projects. It requires meeting with existing placement partners to discuss the proposed changes and to explain how the community organizations might benefit by having students work on a team project with them. As well, it may mean recruiting new placements. Once the team-based project approach is established, the process requires seven or eight months. This provides time to confirm that existing partners can continue to provide suitable placements, allows the organization to make arrangements to support the student team project, and provides time to recruit new placements as necessary.

Potential placements fall into two main types: a) traditional placements, e.g. public health and community health organizations; and b) non-traditional placements, e.g. community, social, or educational organizations and businesses. Traditional placements are likely to have a Registered Nurse (RN) on staff who is available to work with nursing students; the other category would not have an RN on staff to work with students. Placements without an RN will require additional time for the faculty instructor to explain the role of community health nursing practice. Examples of organizations that might provide traditional or non-traditional placements are provided in Appendix B of this guide.

When talking about team projects, you want to provide potential placement organizations with some idea of what student teams can accomplish. Examples of completed community health nursing team projects are provided in Appendix B to help you and the organizations design clinical placements. The examples are grouped according to five groups in a variety of community settings: older adults, children and youth, working adults, adults learning English, and mothers with young children.

Some examples of projects designed for older adults include reducing outdoor winter falls, delivering and evaluating physical activity games, developing and delivering a workshop to improve sleep, a health fair to bridge the gap between seniors and community resources, and working with older multicultural clients to improve their communication with service providers. Something that you may want to explore within your organization is to accept these team-based projects as fulfilling service learning requirements for your program.

Conditions Required to Accommodate Students in Placement Organizations

When exploring the potential for clinical placements, you need to indicate some of the conditions required to accommodate a student team. These conditions include:

1. An interested staff advisor to work with the student team
2. An opportunity to meet weekly with members of a community group of 8–30 people
3. A space for the student team to meet and work at the placement or nearby

The advisor (who could be called a preceptor, agency contact, or mentor) needs to have the time and interest to work with the student team each week, to arrange access to and meetings with a community group, to support the team in problem solving throughout the project, and to provide direction in adapting the student and academic requirements to the interests of the organization. If the advisor is a Registered Nurse, role modeling would also be expected.

Community group members need to be accessible to the team on a regular basis. The group can be comprised of students, parents, mothers of infants, homeless people, employees, a congregation, or

whatever group is served by the organization. It is important for students to have sufficient time to interact with actual or potential clients of the organization in order to gain an understanding of the community's interests and concerns and community nursing practice. Also, it is important to emphasize that student teams can provide a useful service to the organization by offering a different perspective on the interests of clients and/or effective ways to address those interests.

A meeting space for the student team, as well as an Internet connection (the assumption is that at least one team member will bring a laptop, tablet, or smartphone) is desirable but may not be available in some organizations. Alternate arrangements, such as meeting at a nearby library or education facility in the community, can be organized when space is not available on-site. Of note: some very worthwhile organizations may not be able to accommodate workspace for the student teams. Our colleague Kathy King set up "simulation community/public health offices" at her educational institution to accommodate student teamwork and meetings with faculty advisors.

Finding and Recruiting Placement Organizations

If you are looking for new placement partners, especially in non-traditional settings, community networking is particularly important. Ask people for suggestions, especially clinical instructors. Check local newspapers for potential partners or attend meetings of organizations such as community health centers, school staff meetings, or community service organizations. If you have contact with students before the course, you might choose to ask them for suggestions, with the proviso that the suggestions may not be followed.

Placements that offer access to underserved or vulnerable populations, such as school children in low-income areas, single mothers, or older adults in assisted housing, are usually the most interesting to nursing students. However, most organizations serving community groups can provide placements with interesting features that offer excellent learning experiences.

When contacts with potential placements are identified, we suggest first sending an email (indicating who referred them to you), with a recruitment letter attached that describes the course, what the organization is expected to provide, and examples of relevant completed student projects (see examples in Appendix B of this guide). This provides the contact with time and information to consider the request before they receive your phone call.

Following Up with Interested Organizations

When an organization responds positively to the recruitment letter, the next step is to discuss requirements and options with them. Although the recruitment letter provides practical details, such as when the students will be present and what the organization will need to provide in terms of supervision, space, and resources, these often need to be further explained. Avoid any tendency to minimize expectations in order to gain agreement. Be realistic instead; give examples of the type of work completed by students in similar situations or past placements, and describe the benefits to the organization and the community. With organizations considering student placements, preliminary discussions might consider the placement as a "pilot" allowing both the organization and the nursing program to work out how best to partner over the first year or two. For successful projects, the needs of both the organization and students must be considered.

Once you and the organization's contact agree that a student placement may be possible, you are advised to use the Community Placement Information Form given in Appendix B (or an adapted version) to start collecting information. The items related to the availability of an advisor and potential community group will confirm whether there is sufficient interest and resources at the organization to provide a suitable placement. If an organization is interested but unable to provide a placement at the present time because of a change in staff, funding, or mandate, you can thank the person for their interest and ask if they would consider placements in the future.

Once you and the organization confirm the placement, provide your contact person with the name(s) and some information about the person (people) who will complete the arrangements and meet with the advisor. You also need to advise them on whether or not a placement agreement has to be signed between your institution and the organization before students can be placed. If it does, you could provide them with an overview of what is included in the agreement so the information can be passed on.

The clinical instructor usually completes the Community Placement Information Form during discussions with the advisor, before the students arrive at the placement. The responses to the questions on the form will help the organization to prepare for the students and the clinical instructor and students to prepare for their placement. This form can be adapted to fit different situations.

Maintaining Community Placement Partners

Once an organization agrees to provide a community placement, your efforts need to be directed toward maintaining their involvement so that placements are "ongoing partnerships." An ongoing partnership provides considerable benefits. Such placements are easier for the clinical instructor and students because the organization's staff know what to expect and need less time for orientation and establishing effective communication. As well, organizations that are an ongoing partner are the first ones to contact each year and can often help to identify other appropriate sites.

One approach that helps to keep partners and clinical instructors with the program is to encourage clinical instructors to develop expertise in a certain area and with the same organizations. For example, our program has placed teams of students in English as a Second Language (ESL) classes for a number of years. Clinical instructors who express an interest in this field can usually expect to have students with ESL classes at the same schools year after year and often with the same ESL teacher. The ESL teachers appreciate having the same instructor and have come up with creative ideas to build on previous projects. Throughout the placement, the teachers and clinical instructors may begin to talk about the upcoming year so further recruitment is not necessary. The same situation occurs with voluntary organizations working with drop-in centres for women and single mothers.

At the end of a clinical course, a lot of energy goes into organizing final evaluations and presentations for the students. This is a time when connections with advisors/contacts or preceptors in the clinical placement can suddenly be greatly reduced. It is important for students and clinical instructors not to forget the people who play a key role in maintaining the placements.

1. Encourage students to provide recognition and support with the following actions:
 - a) Name the people who have provided support at the final event at the placement.
 - b) Provide a card or cards expressing appreciation for the support they have received.
 - c) Invite the advisors to the final presentations if they are held at another location.

2. Encourage clinical instructors to recognize the contributions of advisors with the following actions:
 - a) Comment on the particular skills or experiences that the advisor has provided to the students.
 - b) Informally ask advisors in the last few weeks what went well and what could be changed.
 - c) With new (first- or second-time) placements, discuss with advisors what could be changed for the next time. Advise when the next clinical session will begin and ascertain their interest in future participation.
3. Prepare a letter of appreciation with blank spaces (e.g. name and title of contact, names of students, and what the students especially appreciated learning) to be filled in by each clinical instructor, printed on institutional letterhead, and then signed and mailed by the instructor or faculty. An example of this letter is provided in Appendix B5 of this guide.

When the clinical experience ends well, through people feeling appreciated for what they provided, they are more like to continue as a partner.

**COMMUNITY AND PUBLIC HEALTH NURSING
LEARNING TO MAKE A DIFFERENCE THROUGH TEAMWORK
2ND ED**

BY LIZ DIEM AND ALWYN MOYER

ADVISOR GUIDE

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Community and Public Health Nursing: Learning to Make a Difference through Teamwork

Advisor Guide

By Liz Diem and Alwyn Moyer

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CONTENTS

Introduction.....	1
Student Teamwork on Projects	2
Pre-Clinical and Weeks 1 to 4: Getting Organized.....	4
Pre-Clinical Preparation.....	4
Understanding the Perspective of Students	4
Identifying an Appropriate Community Group for the Project.....	4
Features of Team-Based Projects.....	5
Preparation with Clinical Instructor	6
Orientation of Students	8
Orientation to the Placement and Community Group by the Advisor	8
Orientation to Assessment and Teamwork by the Clinical Instructor	9
Supporting Assessment and Teamwork in Weeks 1 to 4.....	10
Weeks 5 to 8: Getting Things Done	12
Weeks 9 to 12: Finishing Up	14
References.....	15
Further Sources of Information.....	15
Examples of Websites for Identifying and Assisting Students in Distress:	15
Appendix A: Examples of Projects Completed by Student Nursing Teams.....	16
Appendix B: Example of a Form to Collect Information from Clinical Placement Organization	18
Community Clinical Placement Information Form	18
Appendix C: Advisor Feedback Form	20

INTRODUCTION

We welcome your interest in effectively engaging nursing students as an advisor within your organization. This guide is an adjunct to the Diem and Moyer (2015) text *Community Health Nursing: Learning to Make a Difference through Teamwork, Second Edition*. The text is based on students learning about the theory and practice of community health nursing by working on a team with a community group to complete a relevant community project. Using this guide and working closely with the clinical instructor will assist you in conveying to students how to effectively work with the people served by your organization.

The term “advisor” is used to refer to the person designated by a community organization to provide guidance and oversight to the student team. In some organizations, such as public health, home health, or a community health center, the advisor maybe a public or community health nurse. Other placement organizations do not employ Registered Nurses and the advisor is a classroom teacher, a social worker, a community developer, or a staff member of an organization serving vulnerable people. In some situations, the advisor may be called a preceptor, mentor, or contact. The important asset of advisors is that they know their organization and the people that it serves and can assist the student team in working within the organization to improve the health of a community group.

All the advisors serve as a role model for students. In addition, an advisor who is a community or public health nurse models that role and is encouraged to interpret practice in terms of theories, concepts, standards, and competencies. For example, you might ask which standard or competency applies when the team is involved in health promotion or dealing with an ethical issue.

In the text and this resource, the term “clinical instructor” applies to a Registered Nurse employed by a nursing program to supervise students in the clinical area. Clinical instructors might also be called faculty instructors, advisors, or mentors.

This guide uses an approach based on a) student teams being placed in community organizations for two days a week for 12 weeks, and b) the clinical instructor having 10–12 students in teams of 2–4 placed in different locations and usually meeting with each team weekly, preferably at each placement. Although the structure and requirements for clinical placements will vary greatly, the overall process of completing a community team project by conducting an assessment, developing a plan, taking action, and evaluating remains the same. This guide will assist you in supporting a team through this process. When in doubt about what you are expected to do, consult with the clinical instructor.

The purpose of this guide is to give you background information on student teams working on a project, your role, your shared responsibilities with the clinical instructor, and your contribution to the student team’s activities during the project.

STUDENT TEAMWORK ON PROJECTS

The nursing program and the clinical instructor appreciate that your organization has offered a placement for a student team and that you are willing to work with the team on a community project. This guide will assist you in promoting your partnership with the clinical instructor and providing support for the student team for the benefit of the people served by your organization.

A project usually arises from a need, issue, or interest that is identified by the organization or community group. The organization might want to reach out and assess a community group that does not use the services offered by the organization, connect with other organizations serving a similar population, try out a new approach or procedure with a community group, or evaluate an ongoing program or service. The project could involve older adults interested in healthy nutrition or exercises, new mothers dealing with stress and lack of sleep, workers wanting to prevent back injuries, or homeless people trying to survive on the streets. Other examples of student projects are provided in Appendix A of this guide.

When working on a project with a community group, the team begins the first phase (called Getting Started) by organizing and conducting an assessment of a community group identified by you and your organization. With guidance from you and from the clinical instructor, the team maps and observes aspects of the neighborhood environment, interviews people who know the community group (key informants), and asks community members about their interests and concerns using tested questions. The middle phase, Getting Things Done, involves the team completing the assessment, analyzing the data, and developing a plan and intervention. Finishing Up, the final phase, involves the team implementing and evaluating the intervention and the project.

At the end of the project, the team provides your organization with a project report that includes recommendations and relevant resources to improve the involvement and health of the community group. The students will learn an effective approach to community health nursing practice and the community group will learn about working with others to improve the health of their community. The project approach provides a manageable and realistic slice of community health nursing practice that makes theories, concepts, and beliefs meaningful for the learner.

The students are expected to use their textbook, instruction from their clinical instructor, and advice from you to plan and carry out the project. For example, the text provides nine steps to guide the teams through the project. Although you are probably familiar with project planning and may have experience with community projects, you are not expected to know all of the details about the steps, methods, theories, or concepts in the text. The text provides steps that clarify the process at the appropriate level for students. Instead, your knowledge is required throughout the project to ensure that the students are working on something that is relevant to the community group and your organization. You are also needed to link the team with the community group and to guide them in using approaches that you have found effective with this group.

The time available for the team to complete a project is limited by the course requirements. This often means that the team is not able to complete a complex project, but they can lay the groundwork for a change that can be continued by the organization or provide a different perspective on issues or concerns.

Although there are some challenges for student teams completing a community project, the benefits outweigh other options for the students, community organizations, and community health

nursing. The community project approach provides students with the opportunity to work closely with community groups and the organizations that serve them, a first-hand realization of the importance of teamwork, and an appreciation of how the social determinants of health and social justice contribute in a meaningful way to community health. This can encourage them to consider a future in community health nursing.

In this guide, the clinical instructor is expected to be available to meet weekly with you and the team. If this availability or the clinical timelines differ from the course schedule you were given, you can focus on the type of activities that occur during different phases.

The phases of the project occur in three time periods. Getting Organized includes the pre-clinical preparations and the first four weeks of the course; the second phase, Getting Things Done, includes the middle four weeks; and the third, Finishing Up, covers the last four weeks. If possible, read “Pre-Clinical and Weeks 1 to 4: Getting Organized” in this guide before meeting with the clinical instructor.

Throughout the clinical placement, remember the importance of both support and challenge and consider yourself a helper of learning (Brookfield, 2015). You would place more emphasis initially on support and more at the end on challenge.

PRE-CLINICAL AND WEEKS 1 TO 4: GETTING ORGANIZED

This period, before the students arrive and then their first weeks at the placement, is usually the busiest. It's also the most important period to ensure that you, the students, the clinical instructor, and your organization have a successful project. Since everything is new, this section is quite detailed to provide you with an understanding of what to expect and how you can contribute.

Pre-Clinical Preparation

For you and the clinical instructor, getting organized begins a few weeks before students arrive. This is the time for you to prepare to work with a student team and the clinical instructor on a team-based project.

Understanding the Perspective of Students

As in starting any new experience, students are likely to have mixed feelings about beginning their community health nursing clinical experience (Ley, 2011). Some are likely excited about learning a new perspective in nursing; others may be reluctant to move from the individual approaches that occur in a structured institutional environment. Students may have had very limited exposure to community health nursing concepts or practice and could benefit from learning about how you and others came to work in the community.

When students feel uncertain, they tend to think mainly of a set of tasks that they must accomplish and consider other elements, such as the structure and services provided by the organization, as background (Benner, Tanner & Chelsea, 2009). They depend on required forms and processes for guidance and on the expertise of mentors and advisors as they strive to develop their own practice. This feeling of uncertainty causes them to continually question their ability to contribute so that, initially, they may appear subdued or uninterested. Talking to them about everyday events will help them to relax and feel comfortable in the new environment.

Students are also learning how to work on a team during their clinical experience. Their academic success in most other courses is usually based on individual effort. The team project requires that they learn to work together in a realistic—but new to them—community work environment. By talking about how you work with others in your organization, you reinforce the idea that teamwork skills are important in most practice situations.

Ask the clinical instructor about the students' previous courses and experiences, so you know how to approach them. You might recount your feelings when you first worked with a community group. Ask the students how they are feeling, and what would help them feel more comfortable.

Identifying an Appropriate Community Group for the Project

The first consideration in providing a community placement for a four-member team project is identifying an appropriate community group. An appropriate group is included in the organization's mandate, available during the students' clinical time, consists of 8–30 people, and is willing to work with students. The appropriate number of group members depends on their characteristics and availability. For example, smaller groups of 8–12 members who meet regularly are appropriate when the members have limited skills in speaking English; larger groups are appropriate if most members are fluent in English and are only available for short periods of time.

The organization might already have decided on an appropriate community group. If not, talk to people in the organization about possible options before your first meeting with the clinical instructor. Ideas often emerge from casual conversations or from offering some suggestions. You want a project based on an organizational concern so that staff will welcome the work being done by the students. For example, a community health center might want to increase the use of their website by youth in the area, or a mother's drop-in program might want to reach out to the mothers in a nearby low-income apartment building. Each of these situations would involve using methods that are appropriate for that group. If your organization wants to evaluate a service or program, such as a vaccination clinic, the student team could observe the situation, develop and use a questionnaire or checklist, and provide recommendations on what they found. As mentioned before, other examples of projects that have been completed by student nursing teams with different community groups are provided in Appendix A of this guide.

When you have some ideas, discuss them with the clinical instructor. Once a community group and broad context has been determined, the team can collect some preliminary assessment data and then identify what to focus on with the community group.

Features of Team-Based Projects

Team-based projects feature weekly team meetings, a weekly report sent by email, and course requirements. These features provide structure and promote the completion of the project within the course timelines.

Weekly meetings of one or occasionally two hours with the students and the clinical instructor are an efficient way to keep everyone informed. Preferably, these meetings are held at the placement and are guided by the steps in the project and the course schedule (to be provided by clinical instructor).

The weekly report is the main communication and monitoring feature of the project. The student team is expected to complete the weekly report together at the end of the clinical day/week and distribute it to team members, the clinical instructor, and you by email. The report is expected to be about a half to a full page in length and is to be submitted by the deadline given in the course outline. The weekly report documents what has happened, what is planned, asks questions, and gives reminders.

The components of the weekly report are:

Title: Weekly Report of (provide name of team or placement)

Distribution List:

Date Completed and Sent:

Team Members Present:

A. Purpose of Activities This Week (linked to project plan/timeline [see Chapters 3 and 4 of the text]):

B. Activities, Decisions, Results, and Timing for the Week:

C. Plans for Next Week, Meetings, and Upcoming Activities:

D. Comments or Questions:

E. Team Evaluation:

The students usually know about the weekly report before they arrive at the placement, but they may need feedback about working together to complete the report and reminders to include important details and to submit it on time. The team is expected to meet the submission deadline with a complete report within the first couple of weeks. This accomplishment indicates that the team has learned to manage their time. In an "energetic" (to use a more polite term) discussion we had with 14 clinical

instructors about the value of using different forms during the project, they unanimously agreed that the weekly report was the most important document in the text.

The weekly report provides a standardized way to monitor the team's functioning. The clinical instructor can compare the report to reports from other teams, while you can compare what is in the report to what you observed during the team's week at the placement. At first teams tend not to recognize and document an important occurrence. For example, they may miss reporting on a chance meeting with a person who provided information about the community group.

The clinical instructor will tell the team when to expect a response from them on the weekly report. You are also encouraged to give them your response time as well. Giving and meeting deadlines or response times in all but unavoidable events demonstrates the importance of professional accountability to the students.

Preparation with Clinical Instructor

Ideally you will meet with the clinical instructor a couple of weeks before the students arrive to allow the two of you time to prepare, especially if you are a new advisor. The main purpose of your meeting is to orient you to the team-based clinical project approach, decide on the community group for the project, set expectations for the first few weeks of the experience, discuss your roles and responsibilities, and make arrangements for the team and your communication. By the end of the meeting, expect to have an outline for your student orientation; plans for the first 2–3 weeks, including when the team will first meet with the community group; and possible key informants who would be available to talk to the students. These preliminary arrangements will help you to prepare your student orientation and will help the team to get organized.

To start your meeting, decide on a community group for the team's project. You and the clinical instructor may each have different ideas about a community group, but often the most appropriate group is the one that is the most accessible. Once you decide on a group, you can discuss what is likely to happen during the assessment in the first few weeks. This planning will help you to gain a better understanding of what will likely be involved in the team-based community project and of the focus or direction that the project is likely to take. For example, if your organization has had little experience working with the community group, the project might focus on an extensive assessment; if the community group has already started to identify some concerns that they would like to address, the project could involve assessment, planning, intervention, and evaluation.

Following the discussion about the assessment and possible project focus, the two of you can draft out the expected activities for the first 2–3 weeks using the course schedule (provided by the clinical instructor). You might find that a calendar or other record will help you keep track of plans. The first item on the plan will be your orientation for students on the general characteristics of the organization and the selected community group (described above). The next item is the day and time for the first meeting at the placement lead by clinical instructor. The correct dates, time, and location for the first meetings must be clear to everyone so the placement starts well. If there are any changes in timing or location, ensure that everyone is informed.

The next items would be the team's first meeting with the community group and possible meetings with key informants. Weekly requirements include the team's weekly report, responses from both you and the clinical instructor, and weekly meetings.

Your plans for the students need to include further meeting times for the full team (clinical instructor, advisor, and student team) at a time that works best for both you and the clinical instructor. Meeting together with the team, especially in the first half of the course, is an efficient use of time. You should also discuss your availability and/or that of your stand-in to the team during the first weeks of the placement. You are also encouraged to set up a personal contact schedule (phone, email, texting) with the clinical instructor each week to ensure that both of you have a relatively full picture of how the team is functioning. You may want to ask the clinical instructor what to do if you encounter any issues (e.g. a student is absent or regularly leaves early).

The roles and responsibilities of the clinical instructor and you need to be initiated at this preparation meeting and reviewed throughout the project so you are working as partners. The clinical instructor has a formal role with the nursing program to instruct, monitor, and evaluate assigned students as they complete community team projects that benefit both student learning and the community. You have a formal role within the organization to mentor and assist the student team in carrying out a community project that benefits both the organization and community. Both of you have responsibilities to each other and to the student team that occasionally overlap.

Table 1 lays out the usual roles and responsibilities of the clinical instructor and advisor during the first phase and can be adapted for the remaining phases. The table can be used at your initial meeting, possibly to discuss your roles and responsibilities during assessment. The roles and responsibilities are described in more detail in the following phases of the project. In Table 1, the term “lead” indicates that the person has the primary responsibility; the term “assist” indicates that the person has a supporting responsibility.

Table 1: The Usual Roles and Responsibilities of Clinical Instructors and Advisors during the First Phase

Phase of project	Activities with student team	Clinical instructor	Advisor
Getting started: Week 1	Orientation of team to course requirements	Lead	Usually not involved
Getting started: Week 1	Orientation to placement, including organization’s mandate, geographical boundaries, programs, professionals and staff, clients, clinical arrangements for team, etc.	Assist	Lead
Getting started: Weeks 1 to 4	Orientation to teamwork: Prepare team for leading meetings, organizing clinical time, preparing and sending weekly report	Lead	Assist
Getting started: Weeks 1 to 4	Identifying potential community group(s), key informants, and effective approaches with community members	Assist	Lead

The preparatory meeting needs to deal with practical matters such as how the team will be accommodated in the organization and how team meetings and communication will be managed. You can use the community clinical placement information form (Appendix B in this guide) to structure the discussion on team accommodations.

Arranging a place for the students to meet and have Internet access could be challenging for your organization. It might be an extra room or office, a corner of the cafeteria, or wherever there is a private

place they can gather and work. If there is not a private place or there's no Internet access, possible arrangements can be made at a nearby library or another public place.

Orientation of Students

The first two weeks of the course involve several different orientations for the students. The location and timing and who delivers the orientations will vary but usually include a course orientation, a seminar orientation to introduce and initiate use of the project tools, an orientation to the organization, and a first meeting of the full team (clinical instructor, team, and advisor) in the clinical placement.

The course orientation is usually led by the clinical coordinator and introduces the students to team-based projects and the course requirements based on the course schedule (provided by the clinical instructor). The course orientation is followed by a seminar orientation by each clinical instructor. In the seminar orientation, the clinical instructor explains required documentation tools such as the team agreement and weekly report, and each team starts to work on those documents. During the seminar, the clinical instructors pass on placement information to each team, including the timing and location for the team's arrival and orientation at the placement. Your orientation of the team to the organization and the community group usually occurs next, followed by the first meeting in the placement with the clinical instructor.

Orientation to the Placement and Community Group by the Advisor

Your orientation and the first full meeting at the placement (led by the clinical instructor) help the students understand your organization, the selected community group, teamwork, and community assessment. Your preparation meeting with the clinical instructor will help you prepare your orientation for the students and gain a general understanding of the project.

When the students first arrive, welcome them and ask them some "gentle" questions to help them relax and settle in. The clinical instructor may or may not be present, depending on arrangements with other teams.

Your student orientation needs to provide general information about the organization, specific information about their community group, and the arrangements made for them within the organization. Options for the orientation to the broader organization are to provide all the information at one time or to use a more informal approach, such as a scavenger hunt where students have to find answers to your assigned questions from sources like the organization's website, the receptionist, the pamphlets in the waiting room, or whatever you think will be useful. The questions can include services for different groups as well as those specific to the team's assigned group.

What students really want to know initially is what community group they will be working with, what data or information you have about the group, how they will have access to the group, and when they can get started. The team will be particularly interested in any data that the organization has collected in previous surveys or evaluations and websites that provide regional or national data on the population group. Provide them with what information you have first and then explain how the group was selected (or is being considered). You need to explain how their work with the community group will benefit the group and the organization. You need to repeat these benefits throughout the project because the students might not realize the longer-term results of their actions.

You could include one or two short meetings with relevant people from the organization in this orientation. Before each person arrives to speak, you can assist the team in developing a few questions about their assigned community group that they could use in the meeting. The students are more likely to ask questions when they have had a chance to prepare. This approach introduces them to the process they will use in talking to community during the assessment. The process involves the team drafting questions, reviewing questions with you and/or the clinical instructor, using approved questions, and evaluating the questions based on the responses. If there is time, you could also provide advice on how to get to know the neighborhood (on foot or by car) so they can plan their mapping of the area.

Practical arrangements can be included at the beginning or the end of your orientation meeting. Give the team time to try out the meeting space and connect to the Internet so you know if any adjustments need to be made. Make sure the team knows how and when to contact you.

Conclude your orientation by explaining that you will be working closely with the clinical instructor to provide the team guidance in working with the community group and other relevant people inside and outside the organization. Explain that you expect a lot of questions in the first few weeks as they are learning to work in the community.

At the prearranged time later in the day or week, the clinical instructor leads the first full team meeting (with the clinical instructor, student team, and the advisor) at the placement.

Orientation to Assessment and Teamwork by the Clinical Instructor

The first full team meeting at the placement with the clinical instructor focuses on assessment and teamwork. This meeting will likely take about an hour and a half.

The clinical instructor will likely start by asking the students what they learned about the organization and community group in their orientation with you and how the arrangements for the team are working out. That will be followed with planning the time for the full meetings (student team, clinical instructor, and advisor) each week and adding your name and email to the weekly report distribution list and the contact list. Ensure that you receive a copy of the contact list. In the remainder of the meeting, the clinical instructor will include items on the team project and teamwork. You may decide to leave after the discussion of the project.

The clinical instructor and the students will continue to discuss items related to teamwork according to course requirements: completion of the team agreement (you may want to obtain a copy once it is signed), discussion of their previous weekly report, the expectation that the team includes an agenda for the next meeting in this week's report, expected readings from text, review of the course outline and workplan/timeline in the text, specifics about what they are to complete next week if the meeting does not occur first thing in the morning, and a statement by the clinical instructor that this will be the last time that requirements will be so clearly laid out for them. At future meetings and during clinical time they will be expected to know what is expected from the course outline, the text, and any clarification questions they might have.

Supporting Assessment and Teamwork in Weeks 1 to 4

At your orientation and in the remaining time during the first four weeks, you can greatly assist the team in getting off to a good start. Table 2 outlines what assistance you could provide for different aspects of the project.

Table 2: Support Provided by the Advisor in Weeks 1 to 4

Team focus	How the advisor can support the student team
Settling into placement	<ul style="list-style-type: none">• Ask team members questions about themselves and what they learned in their previous orientations and at the nursing program.• Show them around; have them investigate some things themselves and report back to everyone.• Have them check out their meeting place, Internet connection, and lunch arrangements, then report back.• Provide information on how and when to contact you.
Finding assessment opportunities	<ul style="list-style-type: none">• Explain how and why the community group was selected.• Indicate if other assessment opportunities might be available.
- <i>Collecting secondary data</i>	<ul style="list-style-type: none">• Provide access to previously collected data on the community group or the larger community.
- <i>Mapping the community</i>	<ul style="list-style-type: none">• Indicate the area served by the organization and key points of interest.• Identify walking, bus, and bike routes.
- <i>Meeting the community group</i>	<ul style="list-style-type: none">• Give tips on how to approach community members.
- <i>Conducting key informant interviews</i>	<ul style="list-style-type: none">• Identify key informants and provide some background, including how best to reach them (phone or email).• Give feedback on draft questions (refer them to the text).• Give feedback on their roleplay of an interview.
- <i>Conducting progressive inquiry</i>	<ul style="list-style-type: none">• Ask them to think of questions that they would ask someone they are meeting for the first time.• Provide feedback on the first few cycles of questions.
- <i>Conducting guided observation</i>	<ul style="list-style-type: none">• Suggest situations where guided observation could be useful.• Provide feedback for items on checklist.

All the basic assessment methods—mapping, key informant interviews, progressive inquiry, and guided observation—are described in detail in Chapter 4 of the text and some are available on the CHNResources.org website. The instructions for these methods include how student teams are expected to obtain informed consent from participants.

Before the students meet with key informants or members of the community group, they will benefit from your advice on how to approach community members because this is usually a new experience for them. You will quickly find out how comfortable they are by asking questions and observing their actions. You might have to emphasize the need to introduce themselves, to explain who they are and what they want, and to thank people for any assistance they provide. Although students would do this in normal situations, sometimes when they are nervous they forget, or they do not realize that when they are not wearing a uniform people will not know who they are. Expect them to wear their name tag at all times.

Your guidance of these student activities involves responding to their clarification questions and monitoring how they carry out their teamwork (e.g. making efficient use of time in conducting their meetings and completing their weekly report) and respond to your feedback on their interactions with others. The weekly report is expected to indicate not only what they did, but also what they accomplished in Sections B and C of the report. Plan to respond within the deadline you gave them once you receive the report. Frequently, students may leave out information that you know is important, such as comments made by a manager or community member. You can also include any changes or opportunities that could affect the next clinical day. Even if you do not have much to say, provide some comment so they know that you received the report.

In this period, you can expect that the team might have some difficulty at first in learning how to organize their work. However, by their second or third time at the placement the team should be organizing their own time well, completing and submitting their weekly report on time, and showing an active interest in the project. If these actions and attitudes are not happening, indicate your concerns to the clinical instructor as soon as possible. Early warning and acting on concerns is especially important because of the limited time the students have in the placement. If you wait to see if the difficulties will be overcome, team members can get discouraged and more difficult to rescue. For example, one student who was on a struggling team said she had trouble getting up and going to clinical because of all the tension she felt there. By working together, you and the clinical instructor can usually assist a team to get back on track.

**COMMUNITY AND PUBLIC HEALTH NURSING
LEARNING TO MAKE A DIFFERENCE THROUGH TEAMWORK
2ND ED**

BY LIZ DIEM AND ALWYN MOYER

CLINICAL INSTRUCTOR GUIDE

WITH ASSISTANCE FROM JEAN RODNEY, RN, BSCN

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Community and Public Health Nursing: Learning to Make a Difference through Teamwork

Clinical Instructor Guide

By Liz Diem and Alwyn Moyer

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CONTENTS

Introduction.....	1
Clinical Instructor Orientation and Support	3
Introduction to Team-Based Community Projects.....	3
The Structure and Process of the Project	4
Roles and Responsibilities	5
Clinical Instructor Orientation Meeting	5
Written Resources.....	7
Support throughout the Course	8
Pre-Clinical and Weeks 1 to 4: Getting Organized.....	9
Pre-Clinical Preparations	9
Understanding Students at the Start of the Community Clinical	9
Preparation with Advisors.....	10
Preparation for the Orientation Seminar and the First Meeting in Clinical Placement.....	12
Weeks 1 and 2 of Course	12
Student Orientation	13
Team Project	15
Weeks 3 and 4 of Course	16
Teamwork	16
Weeks 5 to 8: Getting Things Done	19
Analysis and Determination of the Project Focus.....	19
Clinical Seminar.....	20
Moving into Planning	20
Communication and Documentation	21
Midterm Evaluation	21
Weeks 9 to 12: Finishing Up	23
Teamwork	23
Evaluation of the Project.....	23
Presentations	24
Completion of the Final Report	24
Ending Well	25
Troubleshooting during the Phases of the Project.....	26
Troubleshooting in the Getting Started Phase.....	26
Troubleshooting in the Getting Things Done Phase	27

Troubleshooting in the Finishing Up Phase.....	28
References.....	29
Further Sources of Information.....	29
Examples of Websites for Identifying and Assisting Students in Distress	29
Appendix A: Community Health Nursing Education Position Statement	30
Appendix B: Orientation Resources.....	35
B1 Sample Course Schedule.....	35
B2 Sample Outline for Clinical Instructor Orientation Meeting.....	38
B3 Community Clinical Course Orientation.....	39
B4 Orientation Seminar Outline	42
Appendix C: Placement Resources.....	45
C1 Community Clinical Placement Information Form.....	45
C2 Examples of Projects Completed by Student Nursing Teams.....	47
C3 Contact Information Sheet	49
C4 Advisor Evaluation Form	50
C5 Sample Thank You Letter for Advisors from the Clinical Instructor.....	51

INTRODUCTION

We welcome your interest in effectively engaging nursing students as a clinical instructor. This guide is an adjunct to the Diem and Moyer text *Community Health Nursing: Learning to Make a Difference through Teamwork, Second Edition* (2015). This text is based on students learning about the theory and practice of community health nursing by working on a team with a community group to complete a relevant community project. This *Clinical Instructor Guide* prepares you for working with student teams in the community and leading these teams through a process that fosters learning about and enjoyment of community health nursing practice. Related resources are available for the faculty and staff who organize clinical placements and support clinical instructors and student teams, and for the advisors who provide guidance at the clinical placement.

In the text and in this guide, the term “clinical instructor” applies to a Registered Nurse employed by a nursing program to supervise students in the clinical area. Clinical instructors might also be called faculty instructors, advisors, or mentors. The term “advisor” applies to the person designated by a community organization to provide guidance and oversight to the student team. In some organizations, such as public health, home health, and community health centers, the advisor may be a public or community health nurse. Where placement organizations do not employ Registered Nurses, the advisor could be a classroom teacher, a social worker, a community developer, or a staff member of an organization serving vulnerable people. The important asset of advisors is that they know their organization and the clients it serves and can assist the team in working within the organizational culture to improve the health of a community group. An advisor who is a community or public health nurse provides a role model for the students and is encouraged to interpret practice in terms of theories, concepts, standards, and competencies. Clinical instructors and advisors work in partnership to support the team in completing a successful project for themselves, the organization, and the community.

The clinical experience is designed to introduce students to community health nursing and teamwork. Community health nursing is a broad term that includes public health and home health nursing, with an emphasis on primary health care and health promotion with individuals, families, communities, and populations.

This guide assumes that you are familiar with the community/public health nursing standards and competencies relevant for your jurisdiction. The Community Health Nursing Education Position Statement (Community Health Nurses of Canada, 2015; see Appendix A) emphasizes that instructors need this foundation to be able to translate what students are experiencing in the community and relate it to community health nursing theory.

Team-based community projects are based on having a student to clinical instructor ratio of 10–12 students, and on having student teams of 2–4 students work with community organizations two days a week for 12 weeks. As well, this guide assumes that students know the names of their team members and some information about the organization providing their placement (name and basic information [e.g. website, address]) and that you, their clinical instructor, are available to meet with them for an hour or two for weekly discussions throughout the clinical experience.

If this availability or the clinical timelines differ from your situation, you will need to make some timing adjustments. Even with adjustments, the overall process of completing a community team project by conducting an assessment, planning, taking action, and evaluating remains the same, and you will find this guide useful in supporting teams throughout the process.

This guide is organized by the flow of the clinical experience and the three phases of the student project given in Chapter 2 of the text: getting organized, getting things done, and finishing up. Getting organized includes the pre-clinical preparations and the first four weeks of the course, getting things done is the middle four weeks, and finishing up is the last four. You will find the timelines for the phases in the sample course schedule in Appendix B of this guide.

Three team activities are considered in each phase of the student project: team organization, team rapport, and evaluation. These activities are addressed in the teamwork sections at the end of Chapters 3 to 8 of the text in sections that appear just before the chapter summary. Although each activity may not be mentioned specifically in this guide, consider each one when you meet with student teams throughout their clinical time.

While there is some flexibility, teams need to learn about the process and carry out activities to meet their goal of providing relevant resources for the community group within the timelines of the clinical experience. This requires the team to set priorities and make decisions about what needs to be done compared to what might be nice to do, similar to a real work environment. When you consistently refer to the course schedule, student teams will learn to monitor and, if necessary, to speed up their progress.

CLINICAL INSTRUCTOR ORIENTATION AND SUPPORT

When you have some understanding of the structure and process used in a team-based community project, you will have a foundation for planning the clinical experience for students and advisors in each placement. The roles and responsibilities of team-based community projects are introduced in the next section, and you will explore them with other clinical instructors during the clinical instructor orientation meeting.

Introduction to Team-Based Community Projects

Understanding student teamwork and the structure and process of the community project will assist in your orientation to this clinical experience. Teamwork is integral to community health nursing practice.

A team approach is needed to deal with the number of people in the community and to harness the resources and perspectives of team members in working with communities on complex long-term community issues. Developing teamwork skills and knowledge are requirements for baccalaureate education.

Team or group development follows five recognized stages: forming, storming, norming, performing, and ending, which are discussed in detail in Chapter 2. Student teams are expected to know about the stages and, with some assistance from you, learn how to deal with stage-related issues.

The community project approach provides a framework for student teams to apply theories, concepts, and evidence-based research in guided practice that will develop the knowledge and skills of the learners while contributing to the health of the community. A project usually arises from a need, issue, or interest identified by the organization or community group. The organization might want to reach out and assess a community group that does not use the services offered by the organization, connect with other organizations serving a similar population, try out a new approach or procedure with a community group, or evaluate an ongoing program or service. The project could involve older adults interested in healthy nutrition or exercises, new mothers dealing with stress and lack of sleep, workers wanting to prevent back injuries, or homeless people trying to survive on the streets. Examples of student community projects are provided in Appendix C of this guide.

When working on a project with a community group, the first phase is called “getting organized.” The team begins by organizing and conducting an assessment of a community group identified by the organization and advisor. With guidance from you and advice from the advisor, the team maps and observes aspects of the neighborhood environment, interviews people who know the community group (key informants), and asks community members about their interests and concerns using tested questions. The middle phase, “getting things done,” involves the team completing the assessment, analyzing the data, and developing a plan and an intervention. “Finishing up” involves the team implementing and evaluating the intervention and the project. The students are expected to use their textbook and advice from you and the advisor to plan and carry out the project.

At the end of the project, the team provides the organization with a project report that includes recommendations and relevant resources to improve the involvement and health of the community group. The students will learn an effective approach for community health nursing practice and the community group will learn about working with others to improve the health of the community. The project approach provides a manageable and realistic slice of community health nursing practice that makes theories, concepts, and beliefs meaningful to the learner.

The Structure and Process of the Project

The project approach in the text is structured by steps that lead students through assessment, planning, taking action, and evaluation in the community nursing process. The following are the nine steps involved in completing a community nursing project:

Assess

1. Orient to project
2. Assess secondary data
3. Assess physical and social environment
4. Assess community group
5. Analyze assessment data

Plan

6. Plan action

Act

7. Take action

Evaluate

8. Evaluate results and complete project
9. Evaluate team work

The steps are explained and illustrated with examples in the text. Teams are expected to prepare for their clinical experience by reading and applying the readings indicated in the course schedule. After the orientation week, teams start managing semi-independently, with some guidance from you and the advisor, to adapt the steps to their particular situation. This guide identifies the areas where teams may need some clarification.

The structure of the community project includes weekly meetings with the students and advisor. Preferably, these meetings are held at the placement and are guided by the steps in the project approach and the course schedule (Appendix B in this guide).

A required weekly report also provides structure and accountability for the team. The weekly report is prepared by the team at the end of the weekly clinical hours and distributed by email to team members, the clinical instructor, the advisor, and others as required. The sections of the weekly report are:

Title: Weekly Report of (provide name of team or placement)

Distribution List:

Date Completed and Sent:

Team Members Present:

A. Purpose of Activities This Week (linked to project plan/timeline [see Chapters 3 and 4 of the text]):

B. Activities, Decisions, Results, and Timing for the Week:

C. Plans for Next Week, Meetings, and Upcoming Activities:

D. Comments or Questions:

E. Team Evaluation:

The team's weekly report requires the team members to work together to document their community practice and serves the purpose of meeting the document requirements of professional practice. Preferably, the submission deadline for the weekly report is given in the clinical course schedule or is communicated to everyone at orientation.

Roles and Responsibilities

You have a formal role within the nursing program to instruct, monitor, and evaluate assigned students as they complete their course requirements, including a community team project that benefits both their learning and the community. Your role does not mean that you teach the students what is in the text, but you still need to understand the material in order to guide the students. Your guidance involves explaining the overall process of the project, the choice and appropriate use of assessment methods, planning, interventions, and project evaluation, as well as effective team functioning so the course requirements, including team evaluation, are met. Throughout the process you readily provide feedback and translate what they are doing to community health nursing practice (Appendix A).

Your responsibilities include preparing and partnering with the advisors in each placement. Together, you can enhance the team's ability to contribute to the health of the designated community group. The advisor has a formal role within the placement organization to mentor and assist the student team in carrying out a community project that benefits the organization and the community. The advisor links the team with key informants and the community group, identifies effective approaches for working with the community group and within the organization, provides ongoing advice and feedback, and collaborates with you to support the team in carrying out the community project. Both of you have responsibilities to each other and to the student team that sometimes overlap.

Clinical Instructor Orientation Meeting

The community clinical course usually begins with the person responsible for organizing the teaching faculty providing an orientation for the clinical instructors. Hopefully, this orientation will be given at least two weeks before students arrive, to allow for you and the other clinical instructors to then prepare an orientation for the advisors. This guide will help you to prepare for your orientation.

The orientation is especially important to increase your understanding of the community project approach and student teamwork and to introduce the resources available to support the process. In addition, the orientation provides an opportunity for you to form relationships with other instructors and to develop a support network.

Appendix B includes an outline for the clinical instructor orientation with a sample course schedule. Included is a small group discussion about the community project and working with student teams. This discussion is based on prior reading of chapters 1 to 4 of the textbook, this guide, and the advisor guide to the end of week four. Before reviewing the material, pick a few community groups from the project examples in Appendix C in this guide that could be relevant to your assigned placement organizations. As you read through the material, think about how the information could apply to your selected groups.

To encourage discussion at the orientation, groups of three or four clinical instructors may be assigned questions from the instructor and advisor guides pertaining to the first four weeks of the course. For example, was the information about the placement orientation useful or not useful, and what might

need to be changed to fit different situations? Since the weekly report is unique to working with teams on a project, discussion should include a question about the use of the report.

Following the small group discussions, each group can give a short (five-minute-long) report to the rest of the orientation so the full group can learn about different perspectives. A summary of the discussion will serve to identify where this particular course is the same and where it is different from the material in the guides and how best to use the written and human resources.

The orientation outline also includes a review of requirements for the theory and clinical courses (not provided) and explains how clinical instructors will be involved in the course orientation for students (Appendix B3).

WRITTEN RESOURCES

Along with this guide, the Diem and Moyer text is your primary resource. The first two chapters of the text provide basic information for understanding community health nursing practice, competencies and standards in Canada and the US, teamwork, and teamwork during student projects. The suggested websites at the end of the chapters provide links for more detailed information. The teamwork sections at the end of Chapters 3 to 8 in the text help you to recognize where teams may experience difficulties and the possible approaches to overcoming these difficulties as teams are working on their projects.

The teamwork section of Chapter 2 is very relevant to instructors. For example, instructors and advisors need to understand the importance of defining roles and responsibilities in teamwork, how to identify and bring out the strengths of team members, the different types of thinking, and the different approaches to conflict resolution. The website CHNresources.org provides a discussion of the group process for teamwork at <http://www.chnresources.org/node/48#overlay-context=node/100>.

In Chapter 2, the section on community nursing student project teams identifies different factors that can affect team functioning and provides suggestions on how students can address these factors. As a clinical instructor, you have a primary role in demonstrating your accountability by defining and meeting your response deadlines (such as responding to the team's weekly email report), being available within a reasonable response time (e.g. 24 hours) by email, phone, text, or in person to address problems, and in general to be consistently involved and collaborative. A specific role of instructors and advisors from the community organization is to provide ongoing commendations (as used in family nursing, Chapter 9 of the text) that recognize positive behavior and attitudes from individuals and the team, especially in the initial phase as teams struggle to gain confidence in a new practice area.

Table 1: Tools and Resources Used in the First Phase

Number	Name	Chapter introduced
A.2.1	Pre-clinical assessment ¹	2
A.2.2	Team agreement ²	2
A.2.3	Weekly report ²	2
A.2.4	Meeting agenda ¹	2
A.2.5	Reflection ¹	2
A.2.6	Self-assessment of team functioning ¹	2
A.2.7	Team functioning ¹	2

¹Optional ²Strongly recommended

Table 1 is adapted from Appendix A of the text and includes several tools and resources that are relevant to the first weeks of the course.

Chapter 2 also explains the use of several tools and resources given in Table 1 and gives an example of a completed report in the scenario “Initiating Teamwork in a Public Health Nursing Setting.” Chapter 2 does not explain the benefits of the weekly report to the clinical instructor and advisor. Since you have a few teams submitting a weekly report, you are able to compare their progress. Meeting the submission deadline and the expectations for report completion quickly identifies teams who have learned to manage and those who have not. The report provides both the instructor and advisor with the opportunity to evaluate if the team has understood what was discussed during their clinical. In an “energetic” (to use a more polite term) discussion we had with 14 clinical instructors about the value of

using different forms during the project, they unanimously agreed that the weekly report was the most important one.

Support throughout the Course

Regular meetings throughout the course are recommended to assist you in sharing experiences and resources with other clinical instructors. The support meetings can be held face-to-face, by teleconference, or by using an internet service such as Skype a couple of times during the course and once at the end. At these meetings, you learn what other teams are doing and can share that with your teams. You can also learn how to encourage the team's independence and how to avoid taking over the project. If meetings are not arranged, initiate your own to exchange ideas and assist each other with issues.