ORIENTATION:

TRANSITION TO PUBLIC HEALTH NURSING

Algoma PUBLIC HEALTH
Santé publique Algoma

PUBLIC HEALTH NURSING
ANDSOOHA
MANAGEMENT

Funded by HealthForceOntario

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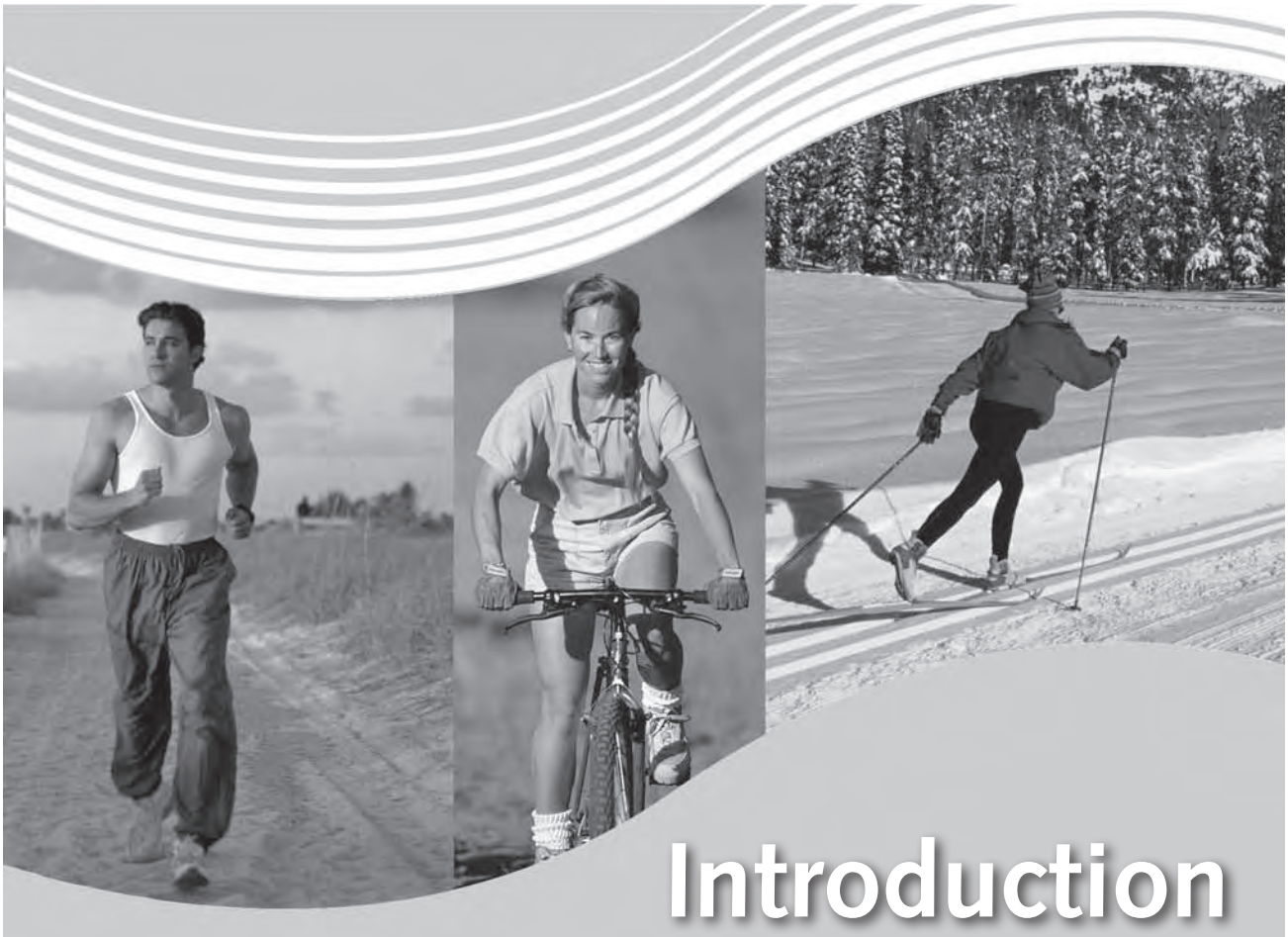


Introduction

This section is intended to assist new graduates and those new to public health to interpret their experiences in becoming a public health nurse.

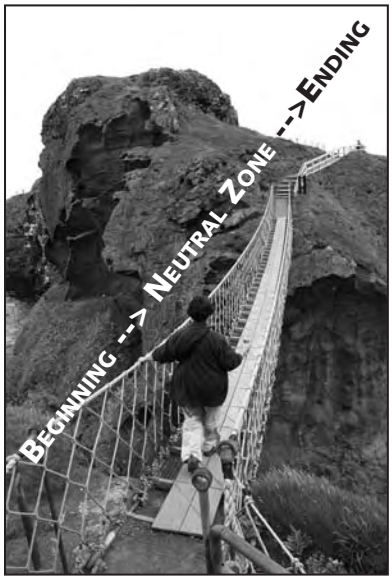
Every beginning is a consequence.
Every beginning ends something.

Paul Valéry, French poet

Orientation: Transition to Public Health Nursing

William Bridges (2003) described a process of adapting to life changes, transition is psychological, a three-phase process that people go through as they internalize and come to terms with the details of a new situation that a change such as a new job brings. A psychological reorientation is often involved (Schoessler and Waldo, 2006). Transition is a process by which people unplug from an old world and plug into a new world. According to Bridges, it starts with an ending (the ending you'll have to make to leave the old situation behind) and finishes with a beginning.

The first step of the psychological transition process involves *letting go* of the old reality and the old identity you had before the change took place. You may, for example, have to let go of previous colleagues or fellow students



The second step in the transition process is the *neutral zone*. Bridges calls the neutral zone the psychological no-man's land between the old reality and the new one —the state between the old sense of identity and the new one. The new way of doing things doesn't seem comfortable yet. You may be surprised when you experience the neutral zone. This is a time when people get discouraged easily, and it takes a heavy toll on people's self-confidence.

The *neutral zone* is at the very core of the transition process: during which you learn new skills, knowledge, and values. New habits develop that will be useful as you focus on public health nursing.

Beginnings depend on endings. Experiencing an ending or letting go often involves a grieving process. *Beginnings* are marked by a release of new energy in a new direction: a sense that you "have made it." They take place when people are ready to make a commitment to the "new way" and see themselves as new people, for example, as public health nurses. *Beginning*s are a cause for celebration. You've crossed the bridge and are on the other side!

Questions for Reflection

1. Where are you now in your transition to public health nursing, according to Bridges' three-step process?
2. Did you experience or are you experiencing the discomfort that is characteristic of the *neutral zone*?
3. What steps have you taken or will you take to celebrate your *beginnings*?

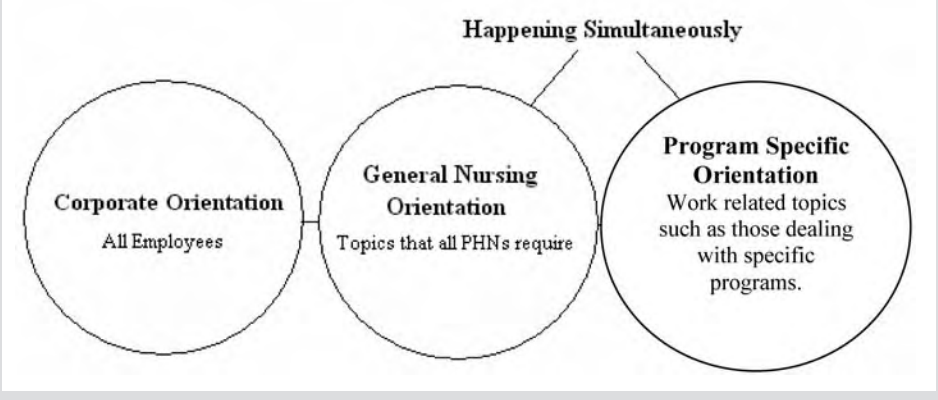
Instructions for Users

Types of Orientation

Orientation in public health units can take a variety of forms (Figure 1). If you have been hired into a regional health unit, you may attend a regional orientation session where you will learn about various regional sites and the functions of the regional health unit. You may attend an orientation session for your health unit or your department. During the health unit orientation you will learn about the goals and mission of the health unit, the organizational structure, and how your program or position fits into the organizational chart. Personnel or human resources policies and procedures are often presented. As a public health nurse you will also receive orientation concerning your role within a program or team. This type of orientation will be organized by your manager, program coordinator, or supervisor. Often it involves a planned one-to-one pairing with a preceptor over a specific period of time (e.g., six weeks). Topics in this program-specific orientation reflect the work you will be doing, such as home visiting, organizing a media campaign or providing immunizations at a flu clinic.

This *Orientation: Transition to Public Health Nursing* provides a **general orientation to public health nursing** and differs from a program-specific orientation that is aimed at your specific role and responsibilities within the team. It was designed by public health nurses, public health nurse managers, and educators to inform you about the foundations of public health nursing practice, public health nursing in Ontario, and the knowledge and skills required in public health nursing. The orientation information consists of three modules. This information will assist you to perform your nursing responsibilities competently within the context of current public health practice in Ontario and is intended to expose you as a new hire to a broader view of public health than you may receive in your program-specific orientation. This general orientation may occur simultaneously with your program-specific orientation and you should complete it within three to six months of beginning to review the modules.

Figure 1 Types of Orientation



Using the Orientation Package

At your own pace!

You may have acquired skills, knowledge, training, or competencies through other work experiences. Please consider these experiences when approaching each module. You may be able to review some of the module topics more quickly than others. The best way to determine how much effort you will need to invest to master the information is to review the description at the beginning of each module and then review the learning outcomes, which describe what you need to know about each topic. If you feel that you can sufficiently address the learning outcomes and you are easily able to complete the learning activities, move on to another section in the module. You can revisit the skipped information later.

Distractions

As you move through the modules you will be directed to websites for information and learning activities. You may be tempted to explore a whole website rather than focusing on the area preselected for you. To get through the modules in the specified time, try to stick to the program. *Please report any difficulties you experience with the websites to your guide.*

Use of the Term "Guide"

One goal of orientation is knowledge enhancement; another is affective support. It is important that you receive support both for enhancing your knowledge enhancement and in adapting to your role, responsibilities, and teams in the public health unit. Therefore, a "guide" will be assigned by your manager, program coordinator, or supervisor. In smaller health units your guide may be your manager, program coordinator, or supervisor. This individual will assist you with your learning activities and provide you with more in-depth information about "how things work around here." This individual has been selected for their knowledge, clinical judgement, and ability to support you in transition. The orientation package is organized to resemble a journey, and the term "guide" was selected to be consistent with this theme. The guide provides navigational advice, leadership, and counsel for your journey.

Supporting Texts and Documents (ISBN numbers included)

These texts are used in the modules to enhance your learning. Your guide will tell you how or where to access these resources to complete the modules.

- ✔ Stamler, L. L. & Yiu, L. (2008). *Community health nursing: A Canadian perspective* (2nd ed.). Toronto: Pearson Prentice Hall. ISBN 9780132340663
- ✔ Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dresler, G. A. (2008). *Community health nursing in Canada*. Toronto: Elsevier Canada. (1st Canadian ed.). Toronto: Elsevier. ISBN 978-0-7796-9936-0
- ✔ Vollman, A. R., Anderson, E. T., & McFarlane, J. *Canadian community as partner: Theory and multidisciplinary practice* (2nd ed.). Philadelphia: Lippincott, Williams & Wilkins. ISBN 9780781784269

The following texts would assist your learning but are not necessary to complete the modules.

- Diem, E., & Moyer, A. (2005). *Community health nursing projects: Making a difference.* New York: Lippincott, Williams & Wilkins. ISBN 9780781747851
- Stewart, M.J. (2000). *Community nursing: Promoting Canadian's health* (2nd ed.). Toronto: W. B. Saunders. ISBN 0-9205-1338-7

Please have the following documents at hand when you are completing the orientation package.

- Community Health Nurses Association of Canada. (2008) *Canadian community health nursing standards of practice.* (Rev. ed.). Toronto: Author. ISBN 978-0-9733774-2-2
- Public Health Agency of Canada. (2008). *Core competencies for public health in Canada, release 1.0. Skills enhancement for public health.* ISBN 978-0-662-05421-4

Overview of the Orientation Package

As mentioned above, the orientation package is organized to resemble a journey. You will note images of healthy ways of travelling, for example, hiking, cycling, and skiing, scattered throughout the modules. You are the traveller in the orientation. The topics in the modules were selected and developed by practising public health nurses, educators, and managers because, in their judgement, it is essential that you grasp these issues if you are to become an innovative, successful public health nurse. Timelines to complete the modules should be discussed with your manager or supervisor and your learning as you work through the modules should augment your program-specific learning. The information in this orientation package has been designed to be reviewed over time, not within a short period. Modules can be reviewed and learning exercises completed as time becomes available during your day or week. You may wish to set aside a specified time on one day a week to work on the modules. You could complete the whole orientation package over two months or you could complete the sections that meet your immediate learning needs with an intention to complete the other sections over a particular time span. To get the most out of this learning experience, take time to make connections with others as suggested in the modules, complete the learning activities and discuss your learning successes and challenges with your guide, your manager and fellow new hires.

You may wish to view the modules on-line or download the modules, depending on your learning style, your workstation access and the preference of your manager. You may have access to a previously printed *Orientation: Transition to Public Health Nursing* package. It is important to confirm that you have the latest version the package by examining the date on the title page of the document. Check for updates on the ANDSOOHA website at www.andsooha.org

Evidence-informed Practice

Nursing practice is based on various types of evidence, including experimental and non-experimental research, expert opinion, and historical and experiential knowledge. It is shaped by theories, values, client choice, clinical judgement, ethics, legislation, and work environments. "Evidence-informed decision-making is a continuous, interactive process involving the explicit, conscientious, and judicious consideration of the best available evidence to provide care" (Canadian Nurses Association, 2002).

To assist you in making evidence-informed decisions in your public health nursing practice that are based on the best available evidence, the information and resources presented throughout the modules are based on best evidence in public health. Links to best evidence websites are provided as resources for you to use in your practice during orientation or afterwards.

Learning Plan

Reflective practice is a requirement for nurses practising in Ontario. An example of a learning plan has been included at the end of this section. This learning plan is similar to the one required to complete an annual practice review (self-assessment) for the College of Nurses of Ontario (CNO). The similarity of this learning plan with the one proposed by CNO will help you to merge your learning objectives into the CNO learning plan or, in fact, to use this plan to meet your CNO self-assessment requirements. Visit the following website to see the CNO learning plan and how the items you list for the learning plan in this orientation package can dovetail into your annual reflective practice requirement.

College of Nurses Self Assessment Tool: Learning Plan Guide
http://www.cno.org/docs/qa/44014_SAT.pdf

Use of the Learning Plan

The learning plan is intended as a record for your personal use. You may identify a topic in the modules that you would like to learn more about or that you do not feel confident that you have mastered. Owing to time constraints, you may have to leave that topic and go on in the module but you may wish to come back to that topic at a later date. The learning plan will help you to track such topics. The learning plan will assist you to develop objectives, resources, and measurement outcomes related to future learning needs.

Your guide will assist you to identify and develop resources to meet your learning needs and to establish appropriate timelines to meet the objectives of your learning plans. You may wish from time to time to check your progress or status. Use the last column in the learning plan to record whether or not you have met your objectives. This may help you to set goals during your initial performance appraisals with your manager, program coordinator, or supervisor.

Definition

Stanhope and Lancaster (2001) defined public health nursing science as follows:

- *Areas of knowledge deemed essential for preparation of community health nurses which includes epidemiology, biostatistics, nursing theory, change theory, economics, politics, public health administration, community assessment, management theory, program planning and evaluation, population health and community development theory, history of public health and issues in public health.*

(As cited in Canadian Community Health Nursing Standards of Practice, March 2008).

The Modules

The three modules contain information that module developers considered to be the most important for new public health nurses. The modules are broad and far ranging in scope, owing to the broad nature of public health nursing.

The modules include many resources to enhance your continuous learning. You may not have time during your general nursing orientation period to view all the resources in the orientation package but you will be able to return to the resources throughout your nursing practice for more in-depth consideration. In fact, the information in the modules may become more relevant the further you advance in clinical experiences.

A recent survey and a literature scan informed the development of the topics included in these modules. The content may seem too theoretical or too academic when you are beginning your practice. Please keep in mind that these topics are relevant to your practice, but your practice may have to evolve for you to integrate this learning through your professional experiences. As one recent hire to a health unit who reviewed the material noted:

> *"Personally I find that if I review something before it applies to my practice it is hard to really grasp the concepts. So having learned this in school it was hard to see how it applied at the time. Having experience in public health I can now see how it [the information] fits and it makes more sense."*

The topics identified in a recently reported survey of the continuing education needs of community health nurses in Ontario and Nova Scotia match the topics selected by the module developers for this orientation package. Items such as the Ottawa and Jakarta charters, population health, and collaborative practice topped the list of continuing education learning needs of community health nurses (Valaitis, Schofield, Akhtar-Danesh, et al., 2008). A literature scan on the orientation of new nurses in general and of new public health nurses in particular revealed that new nurses need to familiarize themselves with topics such as population health and health promotion.

This orientation package is only one part of your learning about and adjustment to public health nursing. There are other formal and informal professional development opportunities available through your employer, through your education department, through the professional associations you join, or through personal contacts with your managers or other mentors.

In this orientation package you will be introduced to two important practice expectations that will appear throughout the modules. One is

the **Core Competencies for Public Health in Canada** and the other is the **Canadian Community Health Nursing Standards of Practice**. These two expectations are addressed in detail in module 1 and are integrated into modules 2 and 3.

Learner Support and Assistance

Orientation has been characterized as a complex process that involves many people and resources (Connelly and Hoffart, 1998). The successful implementation of an orientation within a complex organization such as a health unit requires the cooperation and commitment of various groups of people. Orientation is viewed as a shared responsibility among educators, administrators, and nurse managers (Connelly and Hoffart, 1998).

Although this orientation package was designed as a self-learning package, the module developers intended that your guide would assist you in meeting the learning objectives of the modules. Your guide will then verify to your employer that you have met the learning requirements. Not often, but sometimes, these relationships do not work out. In this instance, consider notifying the individual who assigned the guide to let her or him know that the relationship did not work out. Please remember that the responsibility for the success of your orientation process does not lie with you alone; it is shared.

The three modules have a similar look and feel.

Each module includes the following:

- ❑ *an overview of what you will find in the module*
- ❑ *learning objectives*
- ❑ *learning requirements*
- ❑ *integration or learning exercises*
- ❑ *references*

Navigation Aids through the Modules

The following icons are used throughout the modules:

This icon lets you know you are about to engage in a learning activity.

This icon lets you know that a more detailed look at the topic is required. Be prepared to go deep!

This icon indicates a section that gives you an opportunity to put your learning in a broader perspective. You will be asked to think about the relevance of the material in the section and jot down a few notes.

Web Links

There are many web links within the modules. At the time of writing, the websites were functioning, however, web addresses may change over time. In that case, search the main website using the title of the article. Ask your guide for assistance if you continue to have difficulty.

Have a great journey, and best wishes for a successful transition to public health nursing!

Jane Simpson, Project Lead; Susan Kniahnicki, and Karen Quigley-Hobbs, Co-Leads.
On behalf of Algoma Public Health and ANDSOOHA: Public Health Nursing Management

References

- Bridges, W. (2003). *Managing transitions* (2nd ed.). Cambridge: Da-Capo Press.
- Community Health Nurses Association of Canada. (2008) *Canadian community health nursing standards of practic*e. (Rev. ed.). Toronto: Author.
- Canadian Nurses Association. (2002). *Position statement: Evidence-based decision-making and nursing practice.* Retrieved June 26, 2008, from http://cna-aiic.ca/CNA/documents/pdf/publications/PS63_Evidence_based_Decision_making_Nursing_Practice_e.pdf
- Connelly, L., & Hoffart, N. (1998). A research-based model of nursing orientation. *Journal of Nursing Staff Development,* 14(1), 31-39.
- Edmunds, K., & Kinnaird-Iler, E. (2008). Multicultural clients. In L. Stamler & L. Yiu (Eds.), *Community health nursing: A Canadian perspective* (2nd ed.). Toronto: Pearson Prentice Hall.
- RNAO Centre for Professional Nursing Excellence. (2004). *RNAO guide resource kit*. Toronto: Author. Retrieved October 26, 2008, from http://www.rnao.org/prk/prkDemo/introP1.asp
- Schoessler, M., & Waldo, M. (2006). The first 18 months in practice: A developmental transition model for the newly graduated nurse. *Journal for Nurses in Staff Development*, 22(2), 47-52.
- Sullivan, E., & Decker, P. (2009). *Effective leadership and management in nursing.* (7th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.
- Valaitis, R., Schofield, R., Akhtar-Danesh, N., Bauman, A., Ehrlich, A., Kolotylo, C., et al. (2008, May). *A pan Canadian survey of community health nurses' continuing education needs: Phase 1: Strengthening the quality of community health nursing practice*. Paper presented at the 2nd National Community Health Nurses Conference: Shaping the Future, Toronto, ON.

Glossary of Frequently Used Terms

Advocacy
A combination of individual and social actions designed to gain political commitment, policy support, social acceptance, and systems support for a particular health goal or program (World Health Organization, 1998, p. 5).

Community
A specific group of people, often living in a defined geographical area, who share a common culture, values, and norms and are arranged in a social structure according to relationships that the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values, and norms, which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group and share common needs and a commitment to meeting them (World Health Organization, 1998, p. 5).

Competency
A competency "defines the actual knowledge, skills, and abilities in practice described in behavioral terms necessary of a health professional and serves as a base for assessing competence" (Community Health Nurses Association of Canada, 2008)

Cultural Competence
Culture is individually defined and expressed. This concept integrates the knowledge, attitudes, and skills that the nurse would use to plan effective and appropriate interventions. It is a process that includes a genuine passion to be open and flexible with others, to accept differences and build on similarities, and to be willing to learn from others as cultural informants (Andrews & Boyle, 2003;Camphina-Bacote, 2002, as cited in Edmunds & Kinnaird-Iler, 2008).

Epidemiology
The study of the distribution and determinants of health-states or events in specified populations, and the application of this study to the control of health problems (Last, 2000).

Empowerment
A process through which people gain greater control over decisions and actions affecting their health. Empowerment may be a social, cultural, psychological, or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social, and cultural action to meet those needs.

Group
People who interact and share a common purpose or purposes. Note: There is no clear distinction between a group and a community except that groups tend to have fewer members than a community.

Health Program
A description or plan of action for an event or sequence of actions or events over a short or prolonged period of time. More formally, an outline of the way a system or service will function, with specific information, such as roles and responsibilities, expected expenditures, and outcomes. A health program is generally a long-term and often multifaceted activity, whereas a health project is a short-term and usually narrowly focused activity.

New Hire
A newly hired registered nurse within a public health setting who either is a new graduate or is new to public health but may have experience in other health care settings (ANDSOOHA, Nursing Mentorship Guide, 2005, p. 10).

Partnerships
Relationships between individuals, groups, or organizations in which the different participants in the relationship work together to achieve shared goals. Partnership involves active and flexible collaboration between health care providers and clients, individuals, and communities, it includes choice, accountability, dignity, and respect, and it focuses on increasing clients' capacities for self-reliance using empowerment strategies (Hitchcock, Schubert & Thomas, 1999).

Population
A collection of individuals who have one or more personal or environmental characteristics in common (Stanhope and Lancaster, 2002, p. 24).

Role
A set of expectations about behaviour ascribed to a specific position (Sullivan & Decker, 2009).

Social Justice
A concept in which a society gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protec-

tion and minimal standards of income. The goal of public health – to minimize preventable death and disability for all – is integral to social justice.

Standards

"The knowledge, skills, judgment, and attitudes needed to practice nursing safely" (Community Health Nurses Association of Canada, 2008, p. 5).

Teams

Real groups in which people work cooperatively to achieve some goal (Sullivan & Decker, 2009).

Definitions are taken from the Canadian Community Health Nursing Standards of Practice document first published in 2003 and revised in 2008 or from the Core Competencies for Public Health in Canada, Release 1.0. Some of the definitions are referenced in the reference list provided in this section.

Learning Plan

Learning Objectives	Activities to Achieve Objectives	Resources and Supports	Target Dates	Criteria for Evaluation	Progress or Status
What are you intending to learn more about? Objectives should be specific, measurable, attainable, realistic, and timely. Objectives can include the content to be learned.	Activity 1: Activity 2: Activity 3: Etc.	These are the activities and resources that you will use to meet your objectives. For example, How will you do it?	When is the evidence due? Indicate the number of weeks required to complete the activities and achieve the objectives, and indicate the anticipated completion date.	What is the basis for determining that you have successfully completed the module? For example, *"As a result of meeting this objective, I will be able …"* Who will perform the evaluation? What method will be used for the evaluation? Identify who and how you will obtain feedback or information to demonstrate that you have achieved your objectives.	Describe where the learner "is," in relation to meeting the stated objective.

Adapted from *RNAO Guide Resource Kit* (RNAO 2004) and LEARNING Plan: HH/NURS 4150, Post-RN Advanced Nursing Practicum with the permission of Prof. Adeline Falk Raphael, York University

Module
1

Foundations of Practice

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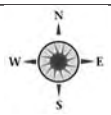
Module 1

Overview

The module is divided into four sections.

- ✔ Section 1 — **Core Functions and Approaches** — explores the approaches that are commonly used to address the health of populations
- ✔ Section 2 — **Governance and Legislation** — examines the three levels of government along with associated funding and legislation that influence the provision of care and services in public health.
- ✔ Section 3 — **Canadian Community Health Nursing Standards of Practice and Core Competencies for Public Health** — explores how the Canadian community health nursing standards of practice and the core competencies for public health shape the practice of public health and public health nursing.
- ✔ Section 4 — **Values and Ethics** — explores the values and ethical principles that guide public health practice.



This module focuses :

- ❑ *on the foundations of practice that underpin public health nursing practice.*

Section 1
Core Functions and Approaches of Public Health Practice

In this section you will:

- ❑ *develop an understanding of public health approaches and how they relate to the core functions of public health;*
- ❑ *advance your understanding of a population health approach and how it relates to public health nursing practice;*
- ❑ *understand how reducing disparities can improve the overall health of a community;*
- ❑ *understand the relationship between key determinants of health and health outcomes;*
- ❑ *develop an understanding of the principles of primary health care; and*
- ❑ *understand the application of the five key strategies for health promotion.*

The goal of the public health sector is to promote and maintain the health of groups, communities, and populations. The public health system aims to keep people healthy through the following core functions: health promotion, disease and injury prevention, population health assessment, health protection, and surveillance (Public Health Agency of Canada, 2007). These functions are carried out using a variety of approaches. In this section three common approaches to health will be examined:

- the population health approach;
- the primary health care approach; and
- the socioenvironmental approach.

After completing this section, you will be able to:

- ✔ define the determinants of health and relate them to public health practice;
- ✔ determine the actions associated with the key elements of population health;
- ✔ differentiate between an individual health approach and a population health approach;
- ✔ explain the importance of addressing disparities among client populations;
- ✔ relate the principles of primary health care to health promotion and disease prevention;
- ✔ provide examples of the five key strategies for health promotion that are essential for success; and
- ✔ apply public health approaches to public health nursing practice scenarios.

Before beginning your journey through this module, visit www.opha.on.ca/media/ebulletins/Mar08/assocupdt.html and listen to the poem "Stolen from Africa." While you are listening, think about all of the factors that affect health in this poem. These factors will be addressed throughout the module. If you have limited knowledge of the population health approach, you may wish to read the following section and then listen to the poem.

Population Health Approach

The population health approach aims to improve the health of the entire population and to reduce health inequities among population groups (Public Health Agency of Canada, 2008). This approach has as its basis a broad notion of health that recognizes that health is a capacity or resource and that recognizes the range of social, economic, and physical environmental factors that contribute to health. The goals of the population health approach are to:

- ✔ maintain and improve the health status of the entire population and
- ✔ "reduce inequities in health status between population groups" (Health Canada, 2001, p.7).

To continue on your discovery of the population health approach, make a 30-minute stop at the Web site of the Canadian Institute for Health Information and complete the learning module entitled Canadian Population Health E-Learning Course: An Introduction to Population Health (http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=cphi_e_module_jan2007_e).

Now that you are more familiar with the population health approach, apply your knowledge by answering the following questions:

Learning Activity #1

Population Health Approach

a) What actions or activities could you as a public health nurse undertake to address determinants of health?

b) In the CIHI E-learning module, the need to invest upstream is discussed in relation to the population health approach. Describe your understanding of the term upstream investment in relation to the health outcomes of the population with which you are going to be working.

Primary Health Care Approach

The primary health care approach was embraced by the World Health Organization (1978) as the optimal way to deliver effective health care services. This approach is not only a philosophy of health care but also an approach to the provision of health services. The primary health care approach promotes health and prevents illness while focusing on promotive, preventive, curative, rehabilitative, and supportive or palliative care (Canadian Nurses Association, 2000). Read the fact sheet entitled "The Primary Health Care Approach" published by the Canadian Nurses Association, located at http://www.cna-aiic.ca/CNA/documents/pdf/publications/FS02_Primary_Health_Care_Approach_June_2000_e.pdf

Learning Activity #2

Primary Health Care Approach
List the principles of primary health care identified in the CNA's "Primary Health Care Approach" document.

1. _____
2. _____
3. _____
4. _____
5. _____

Health Disparities

The term "health disparities" refers to the wide variations in health services and health status among certain population groups defined by specific characteristics (Canadian Public Health Association, 2005). Health disparities are outcome measures that reveal inequities and inequalities or both between populations.

"Equity is a political concept…that entails fair distribution of resources and access within and among various population groups" (Smith, Jacobsen, & Yiu, 2008, p. 112). Health inequities "are deemed to be unfair or stemming from some form of injustice" (Minister of Health, 2005, p. 25). Examples of health inequities are reduced access to health care services for those in rural communities and reduced access to medication owing to an inability to pay . The concept of social justice calls for all members of a society to have equal opportunities for good health through political, social, and economic structures (Smith, Jacobsen, & Yiu, 2008) to address inequities.

Health inequalities, on the other hand, are differences in the health achievements or risk factors of individuals or groups (Minister of Health, 2005). Risk is an epidemiological term that quantifies an individual's probability of illness. Some individuals have a higher risk of illness than others. For example, a smoker is at greater risk for developing lung cancer than a nonsmoker, but not every smoker develops lung cancer. Some individuals who are at risk of developing an illness end up being burdened with that health problem whereas others at risk are not. The connection between social justice and health inequalities is not as clear as the connection between social justice and health inequities. However, vulnerable populations are particularly sensitive to the effects of risk factors for disease (Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2008).

As you continue on your journey, the fork toward the population health approach veers to the north. You come to a sign that reads:

Welcome to Canada's remote north … the land where you are more likely to have a disability, your life expectancy is reduced to the lowest in Canada, [and] you are more likely to be obese, smoke, and drink heavily

(Minister of Health, 2005).

To learn how you might make a difference to individuals, families, and communities living in the north, read pages vi–viii and 1–11 of the paper entitled "Reducing Health Disparities – Roles of the Health Sector: Discussion Paper" located at http://www.phac-aspc.gc.ca/ph-sp/disparities/dr_policy-eng.php

Learning Activity #3

Health Disparities

According to the discussion paper entitled "Reducing Health Disparities — Roles of the Health Sector: Discussion Paper" the four strongest predictors of health disparities are as follows (please list):

1. _____

2. _____

3. _____

4. _____

Socioenvironmental Approach

A number of sources have contributed to the development of thinking about health from a socioenvironmental perspective. The Lalonde Report (Lalonde, 1974) was instrumental in recognizing health promotion as a strategy for improving the health of populations and suggested a framework for health that included not only the availability of health services but also lifestyle, human biology, and the environment as factors influencing health. A report released in 1986 entitled "Achieving Health for All: A Framework For Health Promotion" recognized the impact of the economic and social influences on health (Epp, 1986). This report made it clear that a health-promoting approach was as much the responsibility of society as the individual. This new philosophy influenced the development of the Ottawa Charter for Health Promotion (World Health Organization, 1986). The Ottawa Charter stresses that in order to promote health, equity in health needs to be considered (Cohen, 2008).

The Ottawa Charter defines the following five strategies to decrease inequities between populations that are essential for successful health promotion:

1. building healthy public policy;
2. creating supportive environments;
3. strengthening community action;
4. developing personal skills; and
5. reorienting health services.

The Jakarta Declaration (World Health Organization, 1997), which was signed at a World Health Organization conference in Jakarta in 1997, emphasizes the importance of the agreements in the Ottawa Charter and draws attention to certain aspects of health promotion for the 21st century. The Jakarta Declaration states an intention to:

- ✔ promote social responsibility for health;
- ✔ increase investment in health development;
- ✔ expand partnerships for health promotion;
- ✔ increase community capacity to empower the individual; and
- ✔ secure an infrastructure for health promotion.

This declaration recognizes that participation is necessary for change, that health literacy is essential for participation, and that the combination of the five action areas cited above is more effective than a single strategy (World Health Organization, 1997).

The socioenvironmental approach, also known as the health promotion approach, is not only one of the principles of primary health care but there is also worldwide evidence that it is effective in improving the health status of individuals and aiding in the achievement of greater equity in health (World Health Organization, 1997). The health-promoting strategies defined in the Ottawa Charter can assist individuals, groups, and communities to develop healthy lifestyles through their impact on the environmental, social, and economic conditions that determine health.

As you continue on your journey toward an understanding of the socioenvironmental approach to health and the concepts of health promotion, stop at the Ontario Health Promotion Resource System and participate in the HP-101 Health Promotion On-line Course located at http://www.ohprs.ca/hp101/main.htm. Complete Module 1 (Definitions and Concepts) and Module 3 (Models of Health and Health Promotion) (these will take approximately 20 minutes each to complete).

Learning Activity #4

Socioenvironmental Approach

Identify one of the five health-promoting strategies from the Ottawa Charter that your team uses and discuss how it is used in your area of work. Ask your guide for help if you need it.

_____

_____

_____

_____

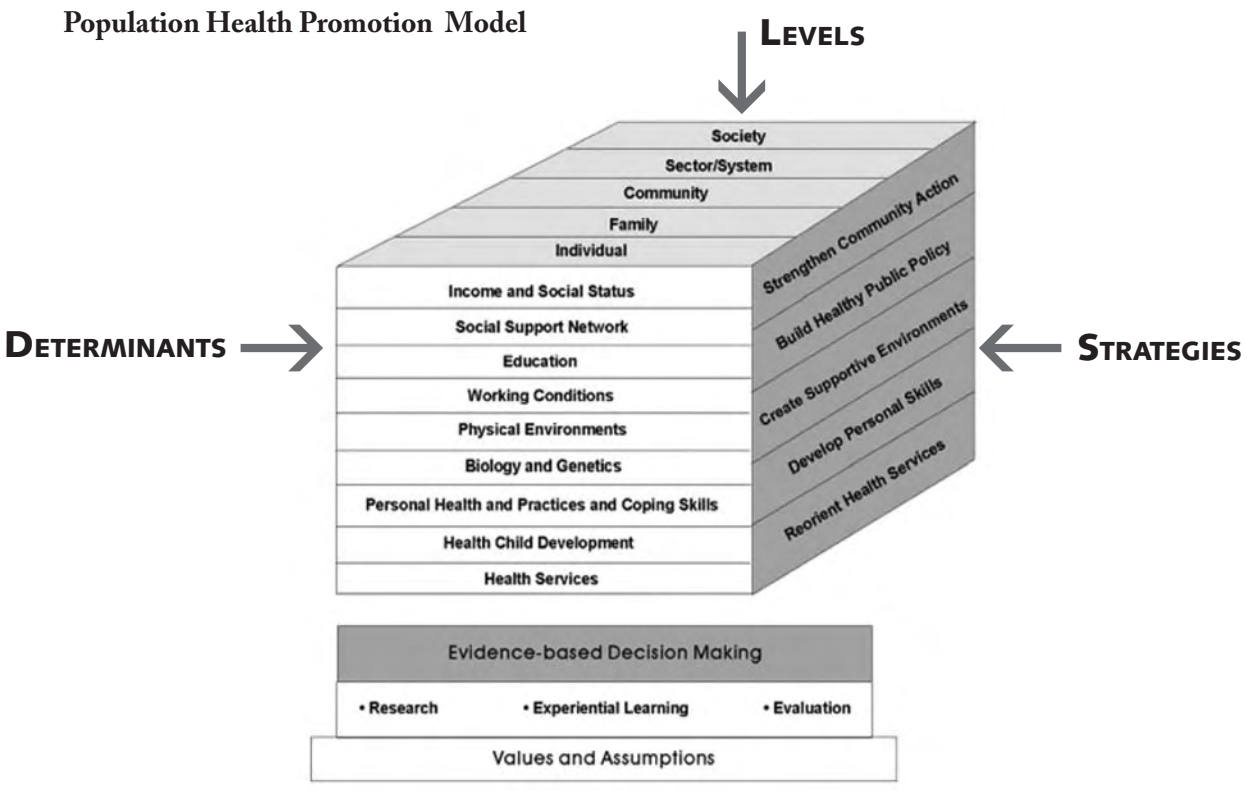
_____

Population Health Promotion Model

In this section the various approaches to improving the health of populations are examined. The primary focus of the population health approach is on the key determinants of health responsible for disease and death, whereas the primary focus of the socioenvironmental (health promoting) approach is on strategies that reduce health disparities related to the key determinants. For example, a public health nurse assigned to a high school is working with a group of 14- to 18-year-old students on the issue of smoking. If the public health nurse were to take a population health approach, she or he may wish to work collaboratively with addiction specialists to identify and assess smoking cessation interventions that have been shown to be effective with youth for implementation within the school. If the public health nurse were using a health-promoting approach, she or he may consider strengthening community action by having students lobby the government to ban the use of tobacco products in movies.

The population health promotion model (Hamilton & Bhatti, 1996) was developed to clarify the relationship, which has been described as synergistic, between these two approaches. As shown in Figure 1, strategies for health promotion are listed on the right side of the model, the determinants of population health are listed on the front side of the model, and various levels of intervention are listed on the top of the model. The model can be used from any perspective: the determinant one wishes to influence, the action strategy one wishes to use, or the level at which an action will be taken (Cohen, 2008). The model can be used to plan actions or to address health concerns of groups at risk.

Figure 1



Hamilton & Bhatti (1996), cited in Cohen (2008), p. 99

The Canadian community health nursing standards of practice (discussed later in this module) identify the socioenvironmental approach to health as the basis of community health nursing practice by encouraging public health nurses to seek the causes of illness and disease and to facilitate change through the application of the population health promotion model (Cohen, 2008).

Developing an understanding of how this section (Core Functions and Approaches of Public Health Practice) of module 1 can enhance my practice as a public health nurse is important because…

CORE FUNCTIONS AND APPROACHES OF PUBLIC HEALTH PRACTICE

References

- Canadian Nurses Association. (2000, June). *Fact sheet: The primary health care approach*. Retrieved May 22, 2008, from http://www.cna-aiic.ca/CNA/documents/pdf/publications/FS02_Primary_Health_Care_Approach_June_2000_e.pdf

- Canadian Public Health Association. (2005). *Reducing health disparities – Roles of the health sector*. Retrieved October 23, 2008, from http://www.phac-aspc.gc.ca/ph-sp/disparities/dr_policy_1-eng.php

- Cohen, B. (2008). Population health promotion models and strategies. In L. L. Stamler & L. Yiu (Eds.), *Community health nursing: A Canadian perspective* (2nd ed., pp. 93–110). Toronto: Pearson Education Canada.

- Epp, J. (1986). *Achieving health for all: A framework for health promotion*. Retrieved May 30, 2008, from http://www.frcentre.net/library/AchievingHealthForAll.pdf

- Health Canada. (2001, July). *The population health template: Key elements and actions that define a population health approach*. Retrieved May 22, 2008, from http://www.phac-aspc.gc.ca/ph-sp/pdf/template_tool-eng.pdf

- Lalonde, M. (1974). *A new perspective on the health of Canadians*. Retrieved May 30, 2008, from http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/1974-lalonde/lalonde-eng.pdf Minister of Health (2005).

- Minister of Health. (2004, December). Health disparities task group of the federal/provincial/territorial advisory committee on population health and health security. *Reducing health disparities — Roles of the health sector*: Discussion paper. Retrieved November 21, 2008, from http://www.phac-aspc.gc.ca/ph-sp/disparities/dr_policy-eng.php

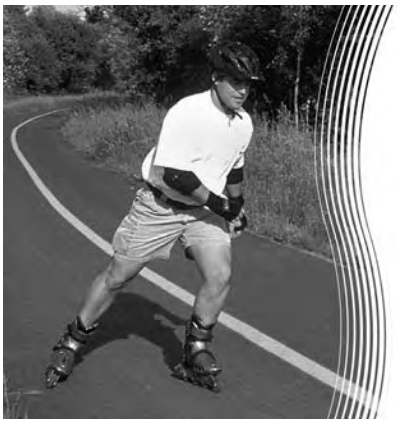
- Public Health Agency of Canada. (2007). *Core competencies for public health in Canada, release 1.0*. Ottawa: Author.

- Smith, D., Jacobson, L., & Yiu, L. (2008). Primary health care. In L. L. Stamler & L. Yiu (Eds.), *Community health nursing: A Canadian perspective* (2nd ed., pp.111—123). Toronto: Pearson Education Canada.

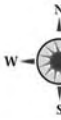
- Stanhope, M., Lancaster, J., Jessup-Falcioni, H., and Viverais-Dresler, G. (2008). Working with vulnerable populations. In *Community health nursing in Canada* (p. 406). Toronto: Mosby Elsevier (1st Canadian ed.).

- World Health Organization. (1986). *The Ottawa charter for health promotion*. Retrieved May 22, 2008, from http://www.who.int/healthpromotion/conferences/previous/ottawa/en/

- World Health Organization. (1997). *Jakarta declaration on leading health promotion into the 21st century*. Retrieved May 22, 2008, from http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index2.html



Section 2
Governance and Legislation



In this section you will:

- ❑ *learn about the three levels of governance that direct public health practice;*
- ❑ *become familiar with how public health is funded;*
- ❑ *develop an understanding of the Health Promotion and Protection Act and how it informs the role of the public health nurse;*
- ❑ *understand how Ontario public health standards guide the practice of the public health nurse; and*
- ❑ *learn about other legislation that is relevant to your practice as a public health nurse.*

After completing this section, you will be able to:

- ✔ distinguish among the three levels of governance guiding public health practice;
- ✔ explain the various funding configurations of public health and how they directly affect your work as a public health nurse;
- ✔ examine the responsibilities of each level of governance as it supports public health initiatives;
- ✔ discuss how the Ontario public health standards inform the work of the public health nurse; and
- ✔ identify the legislative documents that are most relevant to your area of practice.

Introduction

The public health system is an extensive collection of governmental, nongovernmental, and community organizations operating at the local, provincial, and federal levels with varying roles, perspectives, and linkages (Ministry of Health and Long-Term Care, 2007). The different levels of government and governing bodies collaborate to monitor, analyze, and manage threats to public health and to promote the health of the public. Public health practitioners work at the federal, provincial, regional, or local level (Atlantic Provinces Public Health Collaboration, 2007).

Federal: The federal government oversees the delivery of public health services and develops legislation that guides public health practice throughout Canada. The Public Health Agency of Canada, led by a chief public health officer, guides the development of standards that affect public health practice (Atlantic Provinces Public Health Collaboration, 2007).

Provincial: At the provincial and territorial level, legislation such as a public health act defines regulations that outline the responsibilities of provinces and territories for the delivery of front-line public health programs and services, including the call for the establishment of boards of health. In Ontario, the Health Protection and Promotion Act directs the work of public health. Ontario has a chief medical officer of health, who is responsible for the development of effective public health programs

and services that promote and protect the health of the people of Ontario. The chief medical officer of health (CMOH) provides an annual report to the Speaker of the Legislature about the state of public health in Ontario.

Regional or local: At the regional or local level, public health programs and services are governed by a board of health. Each health unit has a medical officer of health, who is in charge of public health initiatives at the local level (Atlantic Provinces Public Health Collaboration, 2007).

Federal Governance

Most nations have devolved responsibility for the health of their populations to a public health entity. "…The treatment of illness in individuals is different from public health's focus on preventing disease and protecting the health of a population" (Atlantic Provinces Public Health Collaboration, 2007, p. 10). Interested in learning more? Visit http://www.gov.ns.ca/hpp/publications/PH-101.pdf and read pages 10–14 to learn about the history of public health in Canada. The federal government supports the health care system by providing funding for health care services through cash and tax transfers to the provinces and territories but the actual delivery of services is generally a provincial or territorial responsibility (Health Canada, 2004).

Health Canada

Health Canada's mandate is to help Canadians maintain and improve their health. Health Canada's responsibilities for health care include setting and administering national principles for the health care system through the Canada Health Act and delivering health care services to specific groups such as First Nations and Inuit populations and veterans.

Public Health Agency of Canada

The Public Health Agency of Canada is a federal body that is linked to Health Canada through accountability to the federal minister of health. Its mission is "to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health" (Public Health Agency of Canada, 2008). The Public Health Agency of Canada works closely with public health bodies in the provinces and territories to keep Canadians healthy and reduce pressures on the health care system; it focuses on preventing chronic diseases and injuries and responding to public health emergencies and infectious disease outbreaks (Public Health Agency of Canada, 2008). Recently, the agency engaged in several initiatives to strengthen the public health system in Canada. One of these initiatives was the development of national competencies for all public health professionals. It also funded the development of the Canadian Community Health Nursing Standards of Practice. Both of these initiatives are covered in more detail in section C.

If you would like to explore the federal government's role further, visit Health Canada's Web site at http://www.hc-sc.gc.ca/index-eng.php and the Public Health Agency of Canada's Web site at http://www.phac-aspc.gc.ca/about_apropos/index-eng.php

Learning Activity #5

Federal Governance

Test your knowledge of federal governance of public health in the following questions.

1. How does Health Canada support Canada's health care system?
2. How does the Public Health Agency of Canada promote and protect the health of Canadians?

_____

_____

_____

Provincial Governance

The public health system in Ontario is governed and funded by three ministries: the Ministry of Health and Long-Term Care (Public Health Division), the Ministry of Health Promotion, and the Ministry of Children and Youth Services. The funding each public health unit receives is contingent upon its meeting the expectations set out in the Ontario public health standards, which are discussed later in this section.

The funding of public health in Ontario is unique in Canada in that it is a shared arrangement between the province and the municipalities. The proportions of funding provided for health units by these two levels of government vary, depending on the program. In January 2007, the provincial government raised its contribution to 75% of costs for most mandatory programs (i.e., programs required to meet the Ontario public health standards), with the municipal government covering 25%. In contrast, the Healthy Babies/Healthy Children program and Smoke free Ontario receive 100% of their funding from the Ministry of Children and Youth Services and the Ministry of Health Promotion, respectively (Nursing Health Sciences Research Unit, 2007).

Public Health Units

A public health unit is an official health agency established by a group of urban and rural municipalities to deliver community health programs by public health providers such as public health nurses, public health inspectors, dieticians, dentists, dental hygienists, health promoters, and public

health managers. There are 36 public health units in Ontario. At a minimum, these health units aim to provide the core functions described in the Ontario public health standards (Ministry of Health and Long-Term Care, 2002).

Health Protection and Promotion Act

In Ontario, the most important legislation that informs public health practice is the Health Protection and Promotion Act, *1990*. The purpose of this act is to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease, and the promotion and protection of the health of the people of Ontario (R.S.O. 1990, c. H.7, s.2). This legislation outlines the roles of public health units and describes the roles of public health staff, including the medical officer of health, public health nurses, and public health inspectors. This act specifies that boards of health must provide or ensure the provision of a minimum level of public health programs and services in specific areas (Ministry of Health and Long-Term Care, 2007).

Learning Activity #6

Health Protection and Promotion Act

Take a closer look at the Health Protection and Promotion Act (available at www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm)
and answer the following questions:

1. Under what circumstances can the local medical officer of health direct a person to receive medical treatment? (See section 24 of the act.)
2. Directives for health care providers such as public health nurses are included in the Health Protection and Promotion Act. What does this legislation say about the educational requirements of a public health nurse? (See section 73.1 of the act.)

Reflect on the implications the Health Protection and Promotion Act has for you personally as a public health nurse.

You may come to the following conclusions:

- These directives permit control over other persons.
- Ethical challenges could arise as a result of these directives, including issues associated with restraint, confidentiality, fairness, lack of resources, inequality, and inequities.

Detailed look

The Ontario Public Health Standards specify the guidelines to be carried out by each board of health. This document contains one Foundational Standard that lays out the specific requirements that provide the base for the Program Standards. There have been 13 Program specific standards developed and they have been grouped under five areas:

- ❑ *Chronic Diseases and Injuries*
- ❑ *Family Health*
- ❑ *Infectious Diseases*
- ❑ *Environmental Health*
- ❑ *Emergency Preparedness*

Ontario Public Health Standards

The Ontario public health standards establish guidelines for fundamental public health programs and services. These standards specify programs and services that all boards of health are required to provide. They are minimum standards and do not reflect the complete scope of public health programming in Ontario. For example, some public health units use a mobile health unit to deliver health care services to hard-to-reach populations, but this function is not included in the standards.

The Ontario public health standards include a broad range of population-based activities, such as promoting healthy nutrition and physical activity. The concepts of population health and health promotion are embedded in the standards (Ministry of Health and Long-Term Care, 2007). Personnel from public health units collaborate with community partners to design and develop programs. For example, public health nurses may partner with school board consultants and teachers to plan for and deliver nutrition workshops as one strategy to promote healthy nutrition. Although program standards are uniform across Ontario, health units may tailor programs to their population, according to the four principles of need, impact, capacity, and partnership and collaboration (Ministry of Health and Long-Term Care, 2007).

Learning Activity #7

Ontario Public Health Standards

Follow the link below to learn more about the foundational and program standards: http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/ophs_2008.pdf. Read the Introduction starting on page 2.

- ✔ Go to page 10 to see how the principles, foundational standards, and program standards are linked.
- ✔ Determine with your guide which of the Ontario public health standards are most relevant to your position in the health unit.
- ✔ Outline three health promotion activities that your area undertakes to meet the applicable program standard:

1. _____
2. _____

Learning Activity #8

Other Acts

There are other legislative acts that direct public health practice in Ontario, a few of which are listed below. With the help of your guide, select the act that is most applicable to the program in which you are working. Discuss with your guide how this act relates to your area of practice.

Personal Health Information Protection Act
http://www.ipc.on.ca/images/Resources/hguide-e.pdf

Municipal Freedom of Information and Protection of Privacy Act
http://www.ipc.on.ca/index.asp?navid=73

Immunization of School Pupils Act
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90i01_e.htm

Day Nurseries Act
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90d02_e.htm

Smoke-Free Ontario Act
http://www.mhp.gov.on.ca/english/health/smoke_free/legislation.asp

The Agency for Health Protection and Promotion

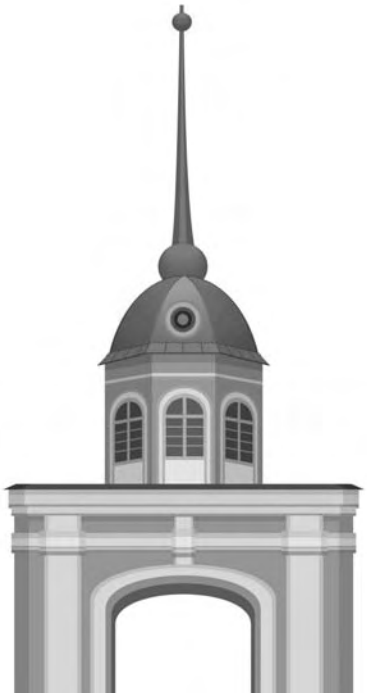
Following the public health disasters of Walkerton and SARS, the public health system in Ontario began a process of reform. Part of this reform has involved the creation of the Agency for Health Protection and Promotion to lead public health initiatives. This agency serves as a hub and supports the public health system in Ontario by providing specialized scientific and technical advice and on-the-ground support to front-line public health workers, public health units, and government. The first president and chief executive officer of the agency is Dr. Vivek Goel (www.oahpp.ca). If you would like to learn more about the agency, visit http://www.oahpp.ca/factsheet.pdf.

Learning Activity #9

Federal and Provincial Acts

Continue to build on your knowledge as you answer the following questions.

1. Which of the following is the federal act directing public health practice and which is the provincial one? Please fill in the blanks.
   a) Health Promotion and Protection Act
   b) Public Health Act



Municipal Governance

The Municipal Act specifies the manner in which municipalities interact with their local boards of health. The board of health is the governing body of each of the 36 health units in Ontario. The board of health is an autonomous corporation under the Health Protection and Promotion Act and is generally composed of elected officials who represent the municipal taxpayers.

Funding for public health programs comes from both the Ontario government and the local municipal tax base. This funding is distributed by the board of health. Municipalities are also responsible for protecting the information and privacy rights of their constituents. This responsibility is guided by the Municipal Freedom of Information and Protection of Privacy Act (Association of Local Public Health Agencies, 2007). Visit this Web site to determine the 3 main responsibilities set out in this act: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90m56_e.htm

Learning Activity #10

Level of Governance

As you near the end of this section, take this opportunity to put together everything you've learned thus far. For each term in the following list, identify the level of governance in which it belongs. Place each term in the appropriate box on the following page.

- ✔ Medical Officer of Health
- ✔ Ontario public health standards
- ✔ Health Canada
- ✔ Public Health Agency of Canada
- ✔ Health Protection and Promotion Act
- ✔ Chief Medical Officer of Health
- ✔ Federal Minister of Health
- ✔ Smoke-free Ontario Act
- ✔ Municipal by-laws (e.g., noise control, animal control, and property standards)
- ✔ Ministry of Children and Youth Services
- ✔ Ministry of Health Promotion
- ✔ Ministry of Health and Long-Term Care
- ✔ Personal Health Information Protection Act
- ✔ Board of Health
- ✔ Chief Public Health Officer

Figure 2 Levels of governance and legislation

FEDERAL

PROVINCIAL

MUNICIPAL

You're about to move on to your next destination...but before you go, reflect on what you've learned in this section, discuss it with your guide, and complete the following sentence:

Developing an understanding of how governance and legislation affect my practice as a public health nurse is important because...

GOVERNANCE AND LEGISLATION

References

- Association of Local Public Health Agencies. (2007). *Orientation manual for board of health members.* Toronto: Author.
- Atlantic Provinces Public Health Collaboration. (2007). *Public health 101: An introduction to public health.* Retrieved March 3, 2008, from http://www.gov.ns.ca/hpp/publications/PH-101.pdf
- Health Canada. (2004a). *Canada Health Act.* Retrieved May 13, 2008, from http://www.hc-sc.gc.ca/hcs-sss/medi¬assur/cha-lcs/index-eng.php
- Health Canada. (2004b). *Health care system.* Retrieved May 13, 2008, from http://www.hc-sc.gc.ca/hcs-sss/medi¬assur/cha- l cs/overview-apercu e.htm l
- Health Protection and Promotion Act (1990). Retrieved May 20, 2008, from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm
- Ministry of Health and Long-Term Care. (2002). *Public health units.* Retrieved May 26, 2008, from http://www.health.gov.on.ca/english/public/contact/phu/phu_mn.html
- Ministry of Health and Long-Term Care. (2007). Fact sheet: *Ontario's first public health agency.* Retrieved May 4, 2008, from http://www.oahpp.ca/factsheet.pdf
- Nursing Health Sciences Research Unit. (2007, January). *Nurses in public health in Ontario.* Retrieved May 26, 2008, from http://www.nhsru.com/factsheets/Public%20Health%20Fact%20Sheet%20Sept%2013.pdf
- Public Health Agency of Canada. (2008). *About the agency*. Retrieved May 21, 2008, from http://www.phac-aspc.gc.ca/about_apropos/index-eng.php

Section 3
Public Health Core Competencies AND Canadian Community Health Nursing Standards

After completing this section, you will be able to:

- ✔ describe how the Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards are important guides to the practice of public health;
- ✔ understand the competencies that guide all public health practitioners;
- ✔ differentiate between the standards that guide all registered nurses and those that guide public health nurses in their practice; and
- ✔ apply the Core Competencies in Public Health in Canada and the Canadian Community Health Nursing Standards to your own practice.

In this section you will:

- ❑ *become familiar with nationally defined Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards of Practice;*
- ❑ *develop an understanding of how the Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards guide public health nursing practice;*
- ❑ *learn about the similarities and differences between the Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards of Practice; and*
- ❑ *understand the importance of evidence-based decision-making in public health practice.*

Competencies and Standards

Core Competencies for Public Health in Canada

The Core Competencies for Public Health are national competencies that reflect the knowledge, skills, and attitudes of all practitioners working in public health. The competencies assist practitioners to fulfill the core functions of the public health system. They are independent of program, topic area, and discipline and reflect a public health approach to health issues. Core competencies improve the health of the public by encouraging service delivery that is evidence-based, population-focused, ethical, equitable, standardized, and client-centered. They help to create a more unified workforce by providing a shared understanding of key concepts and practices in public health (Public Health Agency of Canada, 2007, p.1).

Released in 2007, there are 36 statements organized in the following seven categories:

- ✔ public health sciences
- ✔ assessment and analysis
- ✔ policy and program planning, implementation and evaluation
- ✔ partnerships, collaboration, and advocacy
- ✔ diversity and inclusiveness
- ✔ communication
- ✔ leadership

Take a moment and scan the practice examples included for front-line providers in the core competency document (Public Health Agency of Canada, 2007, Appendix B, pp. 15–24); these will be useful for future reference.

In addition to the core competencies there are other types of competencies that frame public health practice (Public Health Research, Education and Development Program, 2006):

- *Technical competencies* reflect the specialized knowledge and skills required by a certain group of public health professionals to carry out specific aspects of public health practice (e.g., infection control competencies).
- *Functional-area competencies* reflect the knowledge and skills required to perform certain functions or in certain positions (e.g., management, emergency preparedness).
- *Discipline-specific competencies* reflect the knowledge, skills, and abilities of a particular discipline. Several disciplines are currently developing their competencies with support from the Public Health Agency of Canada. The Canadian community health nursing standards of practice, which you will learn about later in this unit, will inform the development of nursing-specific competencies in public health.

To learn more about the Core Competencies for Public Health in Canada visit the following two sites:

- the Web site of the Ontario Public Health Association to view the learning module on public health core competencies (view the Applications and Implications tab; this module will take 30 minutes to complete) http://www.opha.on.ca/programs/phcci/tools/learning/index.html).
- the Web site of the Public Health Agency of Canada to learn more about the nationally defined core competencies for all public health professionals (download the document entitled "Core Competencies for Public Health in Canada: Release 1.0" and read the introduction and competency statements) (http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf).

Learning Activity #11

Core Competencies

After viewing the Web sites above, complete the following:

a) Identify one of the four goals of core competency development identified in the report "Building the Public Health Workforce for the 21st Century"

b) Name two ways in which the core competencies can be applied.

Which of these apply to you now, as a new public health nurse?

Learning Activity #12

Core Competencies

After reading the introduction and competency statements in the Public Health Agency of Canada document on core competencies discussed above, answer the following questions:

a) Complete this statement: Core competencies will benefit public health providers because

_____

b) Choose three core competency statements and apply them to public health nursing in your program area.

An underlying concept of the core competencies for public health in Canada is evidence-based practice. The next section examines evidence-based (or evidence-informed) public health practice in more detail.

Evidence-Informed Public Health

Evidence-informed public health "is the process of systematically finding, appraising and using contemporaneous clinical and community research findings as the basis for decisions in public health" (Jenicek & Stachenko, 2003, p. SR1). As a registered nurse, you are familiar with the professional standards of practice of the College of Nurses of Ontario (College of Nurses of Ontario, 2002), which require nurses to use evidence to support decision-making and to ensure that their practice is based on evidence. In public health, using evidence to inform health policies and programs is a requirement of all public health staff under the Core Competencies for Public Health: Public Health Sciences. For example, a front-line provider would be expected, according to this core competency, to discuss how evidence from a recent study can be utilized in practice (Public Health Agency of Canada, 2007, p. 16).

Resources have been developed to assist public health professionals to attain and maintain the Core Competencies for Public Health: Public Health Sciences. These resources have been developed by public health researchers; current evidence in the literature is appraised and synthesized and the results are posted on Web sites or in a database. The purpose of these resources is to facilitate evidence-based decision-making concerning policies, programs, and interventions at the local and regional levels of public health across Canada.

✔ To learn more about the seven stages of evidence-informed public health practice, visit http://www.nccmt.ca/eiph/index-eng.html and click on each of the seven folders.

Other resources:

In the future, you will want to learn more about how evidence is used to inform program planning. View the Heart Health Resource Centre's Learning Module 1: Protocol Overview at the URL provided below to learn about a program assessment protocol used to evaluate community health promotion programs. You can listen to the case study entitled Welcome Basket Cooking Club that demonstrates how the protocol is used. This module will take you 11 minutes to complete. http://teip.hhrc.net/tools/learning/index2.html

Now, try it out!

Select an issue of interest in your program with your guide. Search the two Web sites listed below to find the best evidence to guide your practice. Record your issue, question, and findings below.

Health Evidence: www.health-evidence.ca

The Effective Public Health Practice Project (EPHPP): click on systematic reviews http://www.phred-redsp.on.ca/

Your issue: _____

Your question: _____

Your findings: _____

Canadian Community Health Nursing Standards of Practice

As a registered nurse, you are familiar with practice that focuses on the care of individuals and is guided by standards of practice developed by the provincial regulatory body, the College of Nurses of Ontario. Community health nursing is broader in scope: it includes nurses working in both home health and public health and is focused on improving the health of individuals, families, communities, and populations in a diverse array of settings. In 2003, the Community Health Nurses Association of Canada, funded by the Public Health Agency of Canada , developed a set of standards that support the enactment of primary health care principles and reflect the scope of practice of nurses working in the community. These standards, known as the Canadian Community Health Nursing Standards of Practice (CCHN standards), provide a framework for professional nursing practice in the community and have been integrated into continuing education, reflective practice, job descriptions, orientation, and performance appraisals. Public health nurses came under the umbrella of community health nursing with the introduction of these standards in 2003 (Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2008).

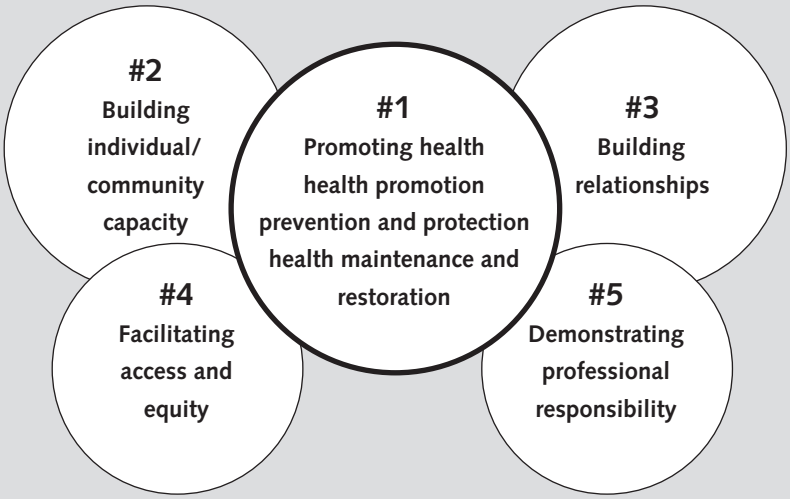
The five standards of practice are as follows (Community Health Nurses Association of Canada, 2008):

- ✔ promoting health
  - health promotion
  - prevention and health protection
  - health maintenance, restoration, and palliation (this item is aimed at community health nurses, not public health nurses specifically)
- ✔ building individual/community capacity
- ✔ building relationships
- ✔ facilitating access and equity
- ✔ demonstrating professional responsibility and accountability

The What and the How of Community Health Nursing Practice

Figure 2 shows that the content of what community health nurses do in practice (i.e., Standard 1, Health Promotion) is supported by how we practise (i.e., Standards 2–5, Building Relationships, Facilitating Access and Equity, etc.) (E.(Liz) Diem, personal communication, September 28, 2008).

Figure 3 Canadian community health nursing standards of practice.



In this model of community health nursing, the five standards of practice are integrated with the values and beliefs that underpin public health nursing practice of improving the health of individuals, groups, communities, and populations and facilitating change in systems to support health.

These values and beliefs are as follows:

- ✔ caring;
- ✔ the principles of primary health care;
- ✔ multiple ways of knowing;
- ✔ individual/community partnership; and
- ✔ empowerment.

To complete your journey in this section, it is important to visit the Public Health Research and Development (PHRED) Web site (http://www.phred-redsp.on.ca/).

Many public health nurses ask how the Canadian community health nursing standards and the core competencies compare and how they affect their practice. On the PHRED site, click on the link "New PHN Standards and Competencies" and view the PowerPoint presentation entitled 'Connecting the CHN Standards and PH Core Competencies'. Have a look at the Moyer diagram in the presentation. Moyer presents an interesting conceptualization of public health nurses, community health nurses, public health providers, and the Canadian community health nursing standards and the core competencies for public health.

Learning Activity #13

Canadian Community Health Nursing Standards

a) Identify why the CCHN standards are important to nursing practice (review the purpose of these standards, p. 15 of the standards document).

_____

_____

_____

Learning Activity #14

Community Health Nursing Standards

Select two programs within your health unit that you would like to know more about (e.g., injury prevention, immunization, sexual health). Speak with a public health nurse in each program to discover how they apply the CCHN standards in their work. (You may need the assistance of your guide to identify a public health nurse in each program.)

Public health nurse #1

Program:_____

CCHN standard: _____

How it is applied:_____

Public health nurse #2

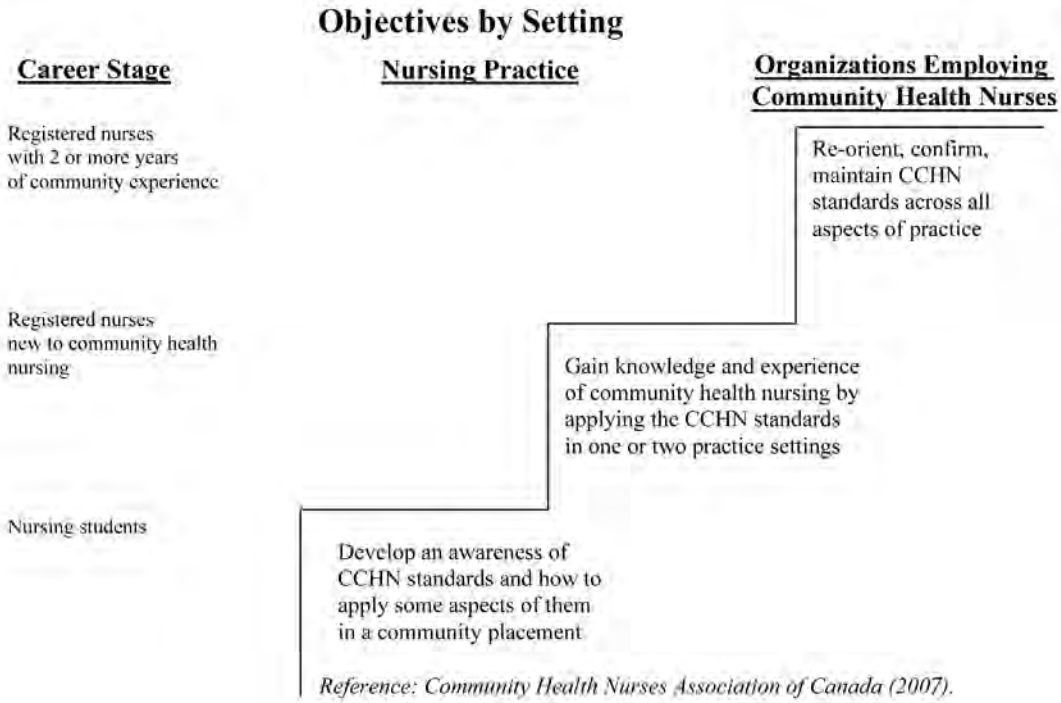
Program:_____

CCHN standard: _____

How it is applied:_____

The full use of the CCHN standards becomes a basic practice expectation for public health nurses two years after they start practising community health nursing. Before then, public health nurses new to community health nursing are expected to use the standards to a limited extent. Figure 3 outlines the expectations of a community health nurse related to using the CCHN standards over the duration of his or her career. Please note the step labelled "Registered nurses new to community health." You may wish to discuss practice expectations with your manager with regard to the use of the CCHN standards during your first two years of practice. A good time to do this is during your performance appraisals.

Figure 4 Staging Use of Standards in the Career of a Community Health Nurse.



Learning Activity #15

Core Competencies and the CCHN Standards

Although the Core Competencies for Public Health define the essential knowledge, skills, and attitudes necessary for the broad practice of public health, public health nurses also meet the CCHN standards in their work with individuals, groups, communities, and populations. The scenarios below demonstrate how the work of a public health nurse articulates with these two practice requirements. For each scenario, identify the CCHN standard and the core competency that are being met.

Family health public health nurses visit individual families and neighbourhood Ontario Early Years Centres to promote healthy pregnancies and parenting that support healthy child development. Public health nurses use individual, group, and community-wide education to promote healthy children and families. Public health nurses also work with family home visitors and interpreters to ensure that there is equitable access to support for all families with children

Reference: Hamilton Public Health Services (2007)

CCHN standard(s): _____

Core Competencies for Public Health: _____

Sexual health public health nurses provide services to the community with the goal of decreasing the rate of unplanned pregnancy as well as the incidence of and complications from sexually transmitted infections. These nurses provide a range of services, including counseling and health teaching through telephone support (Sexual Health Information Line), presentations, and face-to-face contact at clinics. Sexual health and sexually transmitted infection clinic sites review harm-reduction strategies and provide screening and treatment for sexually transmitted infections, provide free condoms, sell low-cost hormonal contraception including the emergency contraceptive pill, and provide vaccination against hepatitis A and B to those who qualify.

Reference: Hamilton Public Health Services (2008)

CCHN standard(s): _____

Core Competencies for Public Health : _____

You're movin' on to your next destination...but before you go, you may want to reflect on the following:

Developing an understanding of how competencies and standards contribute to my practice as a public health nurse is important because…

PUBLIC HEALTH CORE COMPETENCIES AND CANADIAN COMMUNITY HEALTH NURSING STANDARDS

References

- College of Nurses of Ontario. (2002). *Professional standards (No. 41006)*. Toronto: Author.
- Community Health Nurses Association of Canada. (2007). *The Canadian community health nurses standards of practice toolkit.* Ottawa: Author.
- Community Health Nurses Association of Canada. (2008a). *Canadian community health nursing standards of practice*. Ottawa: Author.
- Community Health Nurses Association of Canada. (2008b). *Public health nursing practice in Canada: A synthesis of the literature*. Ottawa: Author.
- Hamilton Public Health Services. (2008, March). The *Nursing Practice Development Committee (NPDC) newsletter:* CCHN Standard 1b. Hamilton: Author.

- Hamilton Public Health Services. (2007, October). The *Nursing Practice Development Committee (NPDC) newsletter*: CCHN Standard 1a. Hamilton: Author.

- Jenicek, M., & Stachenko, S. (2003). Evidence-based public health, community medicine, preventive care. *Medical Science Monitor*, 9(2), SR1-7.

- Ontario Public Health Agency. *Towards evidence based practice. Learning module 1.* Retrieved June 17, 2008, from http://teip.hhrc.net/tools/learning/index2.html

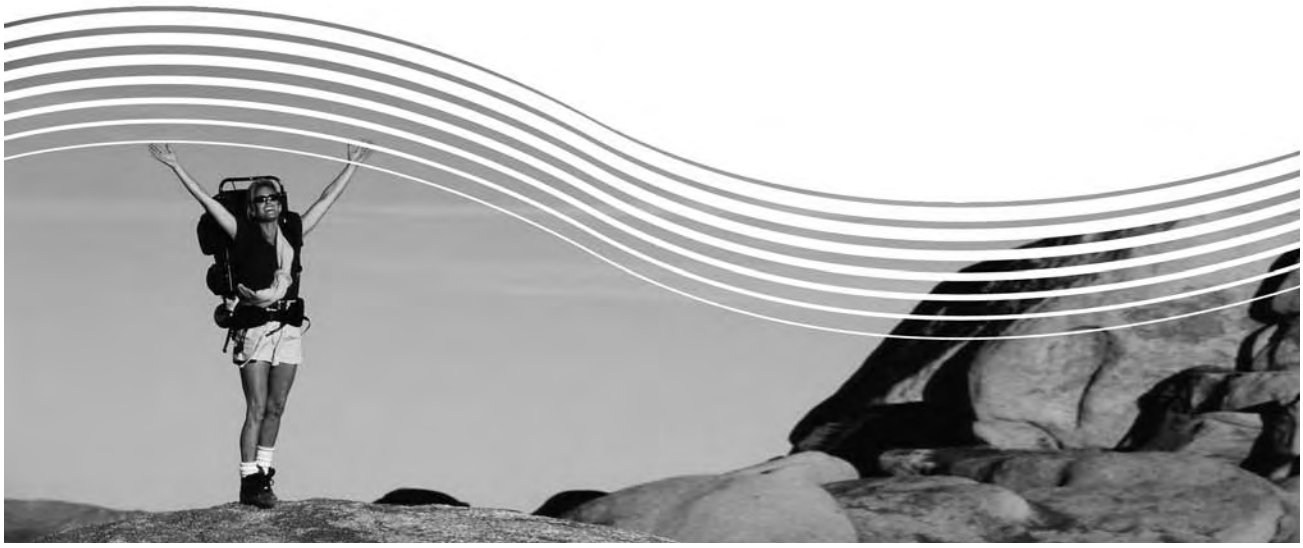
- Public Health Agency of Canada. (2007, September). *Core competencies for public health in Canada, release 1.0*. Retrieved May 20, 2008, from http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf

- Public Health Research, Education and Development Program. (2006). *Public health core competencies:* A discussion paper. Sudbury, ON: Author.

- Public Health Research, Education and Development Program. *The Effective Public Health Practice Project*. Retrieved May 20, 2008, from http://www.phred-redsp.on.ca/

- Schofield, R. (2008, May). *Connecting CCHN standards and public health core competencies (presentation)*. Hamilton: (Author). Retrieved May 20, 2008 from: http://www.phred-redsp.on.ca/

- Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dresler, G. (2008). The evolution of community health nursing in Canada. In *Community health nursing in Canada.* (p. 49t). Toronto: Mosby Elsevier (1st Canadian ed.).



Section 4
Values and Ethics in Public Health Practice

After completing this section, you will be able to:

- ✔ identify and discuss how ethical principles and values are part of the core functions that guide public health nursing;
- ✔ compare and contrast the ethical underpinnings of the core competencies and the Canadian Community Health Nursing Standards; and
- ✔ discuss the reasons that different types of ethical challenges arise in the work of public health nurses.

In this section you will:

- ❑ *learn the ethical principles and values that guide public health nursing practice;*
- ❑ *discover ethical challenges specific to public health nursing;*
- ❑ *explore how your own personal belief system influences your decision-making; and*
- ❑ *learn about ethical decision-making.*

Public Health Nursing Values

As a public health nurse, your practice will continue to be guided by the Canadian Nurses Association's Code of Ethics (Canadian Nurses Association, 2008). Your practice will also be guided by the values and beliefs outlined in the Canadian community health nursing standards of practice and the attitudes and values embedded in the public health core competencies.

The Canadian Nurses Association's Code of Ethics (2008) notes that "there are broad aspects of social justice that are associated with health and well being and that ethical nursing practice addresses. These aspects relate to the need for change in systems and societal structures in order to create greater equity for all" (p. 20). A public health nurse provides care not only to individuals and families but also to the community and society at large. The Code of Ethics states that nurses must recognize the significance of the social determinants of health and advocate for policies and programs that address these determinants.

The duty of protecting and promoting health and preventing disease in populations differentiates public health nurses from nurses in other sectors of the health care system. "… The duality of the public health nurse's role — striving for the well-being of individual clients, while remaining focused on the welfare of the population — means that they may face ethical challenges not generally experienced by nurses in other spheres" (Canadian Nurses Association, 2006).

The following section outlines the values and beliefs embodied in both the CCHN standards and the core competencies. A learning activity follows that asks you to first compare the values and beliefs

embodied in these two documents and then make a judgment about a situation in the community that you as a public health nurse serve.

The values and beliefs underpinning the CCHN standards are as follows:

- ✔ **Caring**
  - Public health nurses "recognize that caring is an essential human need but that its expression in practice varies across cultures and domains." For example, when visiting the home of a new mother and her baby, the public health nurse considers cultural variations when choosing the best approach by which to share health information (e.g., it may be appropriate for the nurse to discuss the health teachings with the baby's father, who will then share the information with his wife). This need to act in a way that is not consistent with the public health nurse's own cultural values may challenge her personal belief system.
- ✔ **The principles of primary health care**
  - Public health nurses "recognize that primary health care is a different way of thinking about health and health care that is fundamental to their practice."
- ✔ **Multiple ways of knowing**
  - Public health nurses "integrate multiple types of knowledge into their practice." These include the essential concept of ethics as well as the concepts of aesthetics, empirics, personal knowledge, and sociopolitical knowledge (Community Health Nurses Association of Canada, 2008, p. 7).
- ✔ **Individual/community partnership**
  - Public health nurses "believe that it is paramount to have the individual/community as an active partner in decisions that affect their health and well-being."
- ✔ **Empowerment**
  - Public health nurses "recognize that empowerment is an active, involved process where people, groups, and communities move towards increased individual and community control, political efficacy, improved quality of community life, and social justice."

The attitudes and values that shape the core competencies for public health in Canada (Public Health Agency of Canada, 2007) are as follows:

- ✔ **commitment to equity**
  - The needs of the people "guide the distribution of opportunities for well-being."
- ✔ **social justice**
  - Social justice is demonstrated in a "society that gives individuals and groups fair treatment and an equitable share of the benefits of society."
- ✔ **sustainable development**
  - Sustainable development is achieved when the use of resources, investments, technology, and institutional development has been accomplished using approaches that do not compromise the health and well-being of future generations.

- ✔ **recognition of the importance of the health of the community as well as the individual**
- ✔ **respect for diversity**
  - Diversity, which is "the demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals" is to be respected.
- ✔ **self-determination**
- ✔ **empowerment**
  - Empowerment is "a process through which people gain greater control over decisions and actions affecting their health."
- ✔ **community participation**
  - "Procedures whereby members of a community participate directly in decision-making about developments that affect the community" are to be encouraged.

Learning Activity #16

Values and Beliefs

a) Which values and beliefs expressed in the CCHN standards and in the core competencies would be compromised in the following situation?

A municipality approved the development of a large landfill site near an existing housing development. No public consultation was held.

Values and beliefs compromised by the situation:

CCHN standards:_____

Core Competencies: _____

Public Health Nursing Ethics

Ethics is a branch of philosophy that includes "both a body of knowledge about the moral life and a process of reflection for determining what persons ought to do or be, regarding this life" (Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2008, p. 107). Ethical dilemmas are puzzling moral problems in which a person, group, or community makes decisions about taking one approach over another. Ethical decision-making is the process by which these decisions are made. Ethical judgments are concerned with values (as described in the previous section). Making an ethical judgment involves choosing the action or state of affairs that is good and right in the circumstances. Turn to page 107 of Stanhope, Lancaster, Jessup–Falcioni, & Viverais-Dresler (2008) for an example of a generic ethical decision-making framework.

The nature of public health nursing and the development of therapeutic relationships can be a cause for ethical challenges in public health nursing

practice. "Public health nurses also face ethical challenges not experienced by many other public health professionals, who do not have the same kind of close individual relationship with people in the community" (Canadian Nurses Association 2006). As a new public health nurse, you will likely be faced with ethical issues that arise from public health nursing practice (Canadian Nurses Association 2006). Balancing individual rights with societal good is a dilemma faced by public health nurses as they work at the population health level while meeting the immediate needs of individuals, families, groups, and communities. For example, during the SARS outbreak, individuals were asked to remain quarantined in their homes, giving up their personal autonomy for a utilitarian cause, the protection of the population or community.

Your practice will be directed by the ethical principles of public health. You may be familiar with more general ethical principles, such as autonomy and beneficence (see page 109 in Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler [2008] for a complete list). In addition to these general ethical principles, the following principles are relevant to public health practice (Atlantic Provinces Public Health Collaboration, 2007, pp. 43–43):

- ✔ the utilitarian or utility principle
- ✔ the precautionary principle
- ✔ the principle of least restrictive means
- ✔ the reciprocity principle
- ✔ the transparency principle
- ✔ the harm principle

Learning Activity #17

Public Health Principles

Identify the ethical public health principles in the following scenario:

As a public health nurse in the infectious diseases program, you receive notification from the local emergency department physician of a confirmed case of rubella in an elementary school. The same day, the school nurse reports that three other students from the same school are also suspected of having this disease. Contact tracing is started immediately. The immunization status of the school population is rapidly assessed. The students who have not been immunized are suspended from school until the incubation period of the disease passes. As the public health nurse, you continue to monitor the school population for new cases.

Ethical public health principles involved in the scenario:

1. _____

2. _____

3. _____

Learning Activity #18

Ethical Principles
In the left-hand column below is a list of some ethical principles in public health. The right-hand column has the definitions for these ethical principles. Connect the definition to the ethical principle.

ETHICAL PRINCIPLE	DEFINITION
Utilitarian or utility principle	a) Different actions taken to achieve public health outcomes may vary in the amount of power and control that government places over the population.
Precautionary principle	b) Once public health officials pose restrictions on a person or community, they will then do their best to help the person or community address the duties.
Principle of least restrictive means	c) Where there is a significant threat, decisions for actions are sometimes made without full scientific evidence.
Reciprocity principle	d) There is an obligation to consider approaches that will result in the greatest good for the greatest number of people.
Transparency principle	e) This allows the government to restrict the liberty of an individual or community as necessary, to prevent others from being harmed.
Harm principle	f) All decisions made regarding public health action should be clear and transparent.

Source: Atlantic Provinces Public Health Collaboration, 2007

You're movin' on to your next destination...but before you go, consider what you've learned in this section. Complete the following sentence:

Developing an understanding of how ethics and values affect my practice as a public health nurse is important because…

VALUES AND ETHICS IN PUBLIC HEALTH PRACTICE

References

- Atlantic Provinces Public Health Collaboration. (2007). *Public health 101: An introduction to public health*. Retrieved May 27, 2008, from http://www.gov.ns.ca/hpp/publications/PH-101.pdf

- Canadian Nurses Association. (2006). *Public health nursing practice and ethical challenges*. Retrieved May 25, 2008, from http://www.cna-aiic.ca/cna/documents/pdf/publications/Ethics_in_Practice_Jan_06_e.pdf

- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Retrieved May 25, 2008, from http://www.cna-nurses.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf

- Community Health Nurses Association of Canada. (2003). *Canadian community health nurses standards of practice*. Retrieved March 10, 2008, from http://www.chnac.ca/index.php?option=com content&task=view&id=19&Itemid=3

- Public Health Agency of Canada. (2007). *Core competencies for public health in Canada*. Retrieved May 27, 2008, from http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf

- Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dresler, G. (2008). Ethics in community health nursing practice. *Community health nursing in Canada:* (pp. 105–119). Toronto: Mosby Elsevier (1st Canadian ed.).

Answers to Learning Activities for Section 1

- **Learning Activity #1:** Determinants of Health
  a) focus on the health of populations , base decisions on evidence, increase upstream investments, apply multiple strategies, collaborate across sectors and demonstrate accountability for health outcomes.
  b) see Cohen, 2008, pg. 102 in Stamler and Yiu

- **Learning Activity #2:** Primary Health Approach
  Accessibility, public participation, health promotion, appropriate technology, inter-sectoral collaboration

- **Learning Activity #3:** Health Disparities
  Socioeconomic status, gender, Aboriginal status, geographical location

- **Learning Activity #4** Socioenvironmental Approach:
  Answers will vary

Answers to Learning Activities for Section 2

Learning Activity #5: Federal Governance

1. Among other activities, Health Canada's responsibilities for health care include setting and administering national principles for the health care system through the Canada Health Act and delivering health care services to specific groups such as First Nations and Inuit populations and veterans. Working in partnership with provinces and territories, Health Canada also supports the health care system through initiatives in areas such as health human resources planning, adoption of new technologies, and primary health care delivery (Health Canada, 2004).
2. The Public Health Agency of Canada promotes and protects the health of Canadians through leadership, partnership, innovation, and action in public health.

Learning Activity #6: Health Protection and Promotion Act

Section 24 of the Health Promotion and Protection Act states the following:

A medical officer of health, in the circumstances specified in subsection (2), may give directions in accordance with subsection (3) to the persons whose services are engaged by or to agents of the board of health of the health unit served by the medical officer of health (R.S.O. 1990, c. H.7, s. 24 (1)).

A medical officer of health may give directions in accordance with subsection (3) where the medical officer of health is of the opinion, upon reasonable and probable grounds, that a health hazard exists in the health unit and the person to whom an order is or would be directed under section 13,

a) has refused to or is not complying with the order;
b) is not likely to comply with the order promptly;
c) cannot be readily identified or located and as a result the order would not be carried out promptly; or
d) requests the assistance of the medical officer of health in eliminating or decreasing the effect of the health hazard. R.S.O. 1990, c. H.7, s. 24 (2); 1997, c. 30, Sched. D s. 4 (1)..

Contents of directions

Under this section, a medical officer of health may direct the persons whose services are engaged by or who are the agents of the board of health of the health unit served by the medical officer of health to take such action as is specified in the directions in respect of eliminating or decreasing the risk to health presented by the communicable disease. R.S.O. 1990, c. H.7, s. 24 (3); 1997, c. 30, Sched. D, s. 4 (2).

1. Directions under this section may include, but are not limited to,
   a) authorizing and requiring the placarding of premises specified in the directions to give notice of the existence of a communicable disease or of an order made under this Act, or both;
   b) requiring the cleaning or disinfecting, or both, of any thing or any premises specified in the directions;
   c) requiring the destruction of any thing specified in the directions. R.S.O. 1990, c. H.7, s. 24 (4).

2. According to section 73.1 of the Health Promotion and Protection Act, a public health nurse must be:
   a member of the College of Nurses of Ontario who is a registered nurse and,
   (a) has the public health nursing education prescribed by the regulations from a degree granting institution in Canada or at a degree granting institution outside Canada that is accepted as equivalent by such an institution in Canada; and
   (b) meets such additional qualifications and requirements as are prescribed by the regulations.

Learning Activity #7: Ontario Public Health Standards

Answers will vary

Learning Activity #8: Other Acts

Answers will vary.

Learning Activity #9: Acts

1. The Health Promotion and Protection Act is provincial and the Public Health Act is federal.

Learning Activity #10 Level of Governance:

FEDERAL	PROVINCIAL	MUNICIPAL
Federal Minister of Health	Ministry of Health and Long-Term Care	Board of Health
Health Canada	Ministry of Children and Youth Services	Medical Officer of Health
Chief Public Health Officer	Ministry of Health Promotion	Municipal by-laws (e.g., noise control, animal control, and property standards)
Public Health Agency of Canada	Chief Medical Officer of Health	
	Ontario public health standards	
	Personal Health Information Protection Act	
	Smoke-free Ontario Act	
	Health Protection and Promotion Act	
	Agency for Health Protection and Promotion	

Answers to Learning Activities for Section 3

Learning Activity #11: Core Competencies

a) To develop an interprofessional public health workforce with the skills and competencies to fulfill public health functions and meet population health needs at the local, provincial, national, and international levels
b) Human resources management practices, education and professional development, sharing processes, and marketing public health)

Learning Activity #12: Core Competencies

a) See page 1 of the Public Health Agency of Canada publication entitled "Core Competencies for Public Health in Canada" (Public Health Agency of Canada, 2007).
b) Answers will vary.

Learning Activity #13: Canadian Community Health Nursing Standards

Standards

See "Purpose of these Standards" on page 5 of the CCHN standards document

Learning Activity #14: Community Health Nursing Standards

Answers will vary.

Learning Activity #15: Core Competencies and the Community Health Nursing Standards

a) Scenario 1: standards: 1a (health promotion) and standard 4 (facilitating access and equity); core competencies: 1.1, 5.2
b) Scenario 2: standards: 1b (prevention and health protection) and standard 3 (building relationships); core competencies: 1.1, 5.3, 6.1

Answers to Learning Activities for Section 4

- **Learning Activity #16:**
  Values and Beliefs
  Canadian community health nursing standards: individual/community partnership
  Core competencies: community participation
  Others values and beliefs such as empowerment and equity may be considered to have been compromised as well.

- **Learning Activity #17:**
  Public health principles
  Any of the following principles would apply to the scenario:
  Utilitarian principle
  Principle of least restrictive means
  Reciprocity principle
  Transparency principle
  Harm principle

- **Learning Activity #18:**
  Ethical Principles
  Utilitarian or utility principle (d)
  Precautionary principle (c)
  Principle of least restrictive means (a)
  Reciprocity principle (b)
  Transparency principle (f)
  Harm principle (e)

Module
2

Public Health Nursing In Ontario

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Module 2

Overview

The module is divided into three sections.

- **Section 1** — explores home health nursing and public health nursing under the umbrella of community health nursing. The uniqueness of community health nursing and specifically public health nursing is examined. The community health nursing process is described. Professional associations are presented that the public health nurse might consider joining for professional development. Key features of public health nursing, such as "thinking upstream" and the community health nursing model, are highlighted.

- **Section 2** — focuses on public health nursing practice. The Canadian Community Health Nursing Standards of Practice and Core Competencies for Public Health are revisited, and levels of prevention and types of programs are explored. An example of a program that frames public health nursing strategies within the Canadian Community Health Nursing Standard of Practice is provided. A review of documentation and an introduction to emergency response complete this section.

- **Section 4** — is concerned with the meaning of the word "client" in public health nursing practice and strategies for working with various clients. Examples of public health nursing interventions as they relate to various clients and to the Canadian Community Health Nursing Standards and the Core Competencies for Public Health are presented. Finally, there is an exploration of working with communities in a wide range of settings.

This module focuses :

- *On assisting newly hired public health nurses to visualize the scope of public health nursing within health units. The specialty of community health nursing and in particular public health nursing is explored.*

Section 1
Defining Public Health Nursing

After completing this section, you will be able to:

- ✔ define public health nursing;
- ✔ outline the differences between public health nursing practice and home health nursing practice;
- ✔ state two concepts of community health nursing practice that make it unique;
- ✔ apply the nursing process to public health nursing practice; and
- ✔ choose a public health nursing association or a public health association that you may wish to join.

In this section you will:

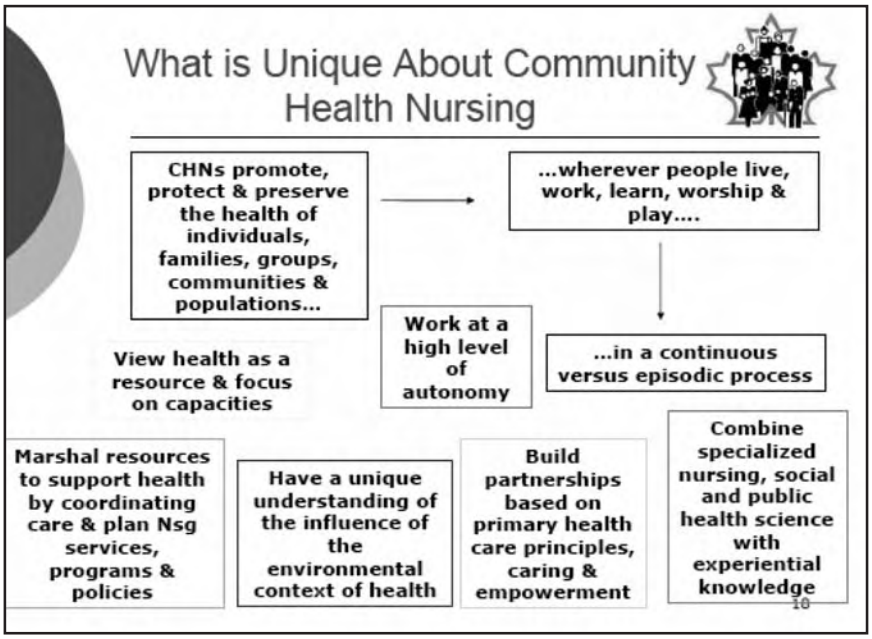
- ❑ *learn about the key aspects of public health nursing;*
- ❑ *explore the concept of a macroscopic approach to public health nursing ("thinking upstream");*
- ❑ *learn about key professional associations for public health nurses;*
- ❑ *gain awareness of the public health nursing process as it applies to society, communities, groups, individuals and families; and*
- ❑ *become familiar with the Canadian Community Health Nursing Standards of Practice (CCHN standards).*

Defining Public Health Nursing as a Category of Community Health Nursing

Community Health Nursing

Community health nursing includes up to 17 categories of nurses working in the community. A significant number of these nurses are public health and home health nurses. Figure 1 highlights the unique characteristics of community health nursing. Please take particular note of three of these characteristics: autonomy of practice, the influence of the environment and the settings for community health nursing.

Figure 1 Uniqueness of community health nursing.



Source: Community Health Nurses Association of Canada (2007), p. 65

Two categories of community health nursing will be discussed in more detail.

Public Health Nursing

According to Battle Haugh and Mildon (2008), a public health nurse is "a community health nurse who synthesizes knowledge from public health sciences, nursing science and the social sciences, in order to promote, protect, and preserve the health of populations" (p. 43).

A public health nurse is defined in the Canadian Community Health Nursing (CCHN) standards as a community health nurse who:

- ✔ focuses on promoting, protecting and preserving the health of populations;
- ✔ focuses on populations and links health and illness experiences of individuals, families and communities to population health promotion practice;
- ✔ recognizes that a community's health is closely linked with the health of its members and is often reflected first in individual and family health experiences;
- ✔ recognizes that healthy communities and systems that support health contribute to opportunities for health for individuals, families, groups and populations; and
- ✔ practices in increasingly diverse settings, such as community health centres, schools, street clinics, youth centres and nursing outposts, and with diverse partners to meet the health needs of specific populations.

(Community Health Nurses Association of Canada (2008), p. 8)

Home Health Nursing

Home health nursing is a specialized area of nursing practice in which nurses provide care in the client's home, school or workplace (Battle Haugh & Mildon, 2008). Individual clients, their families and caregivers are the focus of home health nursing practice. The home health nurse is a generalist, although some specialty nurses, such as wound ostomy nurses and diabetes nurse educators, work in home health and advise generalists about specialty clinical areas. Home health nurses work with groups of clients, such as technologically dependent children in schools, providing client-specific care interventions.

(Community Health Nurses Association of Canada (2008), p. 6)

Stanhope, Lancaster, Jessup-Falcioni & Viverais-Dresler (2008) note that the primary focus of public health nursing is on populations and the health of the community whereas the primary focus of home health nursing is on individuals and families (p. 18).

According to these authors, public health nursing is distinguished by the following features.

- ✔ It is *population-focused*. Its primary emphasis is on populations living in the community as opposed to individuals who are institutionalized or cared for at home.

- ✔ It considers the *community as context* and therefore has
  - a concern for the connection between the health status of the population and the environment (physical, biological, sociocultural) in which the population lives and
  - an imperative to work with the members of the community to carry out public health functions.
- ✔ It is focused on health and prevention. It emphasizes strategies for health promotion, health maintenance and disease prevention, particularly primary and secondary prevention.
- ✔ It implements interventions at the community or population level (e.g., it uses political processes to influence public health policy).
- ✔ It is concerned for the health of all members of the population or community, particularly vulnerable subpopulations.
- ✔ It considers the influence of the social determinants of health when planning interventions and services with clients.

(Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, (2008), p. 18)

Despite these differences, both public health nurses and home health nurses care for clients, be they individuals, families, communities or populations. Their primary focus may differ. The CCHN standards include guidelines for both public health nursing and home health nursing practice. Public health nurses and home health nurses mobilize resources to support health by coordinating care and planning services, programs and policies with their clients, other disciplines, organizations, communities and governments.

Public health nurses deliver public health programs and services to individuals and families but these programs and services are often undertaken with the broader goal of improving the whole population's health. This is known as thinking upstream. For example, a public health nurse may assess three or four mothers in a suburban community who obtain a score on a postpartum depression scale that indicates they may be suffering from depression. She researches the evidence on postnatal depression and discovers a link between isolation and depression. She works with local community leaders to develop a moms and tots program.

The public health nurse seeks to reduce the isolation of all new mothers living in this suburban community and ameliorate some risk factors for postnatal depression with this program. She acts on an individual level by assessing and providing services to these three or four new mothers and thinks upstream by developing a community resource for all new mothers. The public health nurse has an impact on the broader population of new mothers in her community. Thinking upstream means that, in addition to meeting the immediate needs of individual clients or families, the public health nurse should also be assessing broader socio-environmental determinants of health (Cohen, 2008). This macroscopic approach is an important aspect of public health nursing; public health nurses are encouraged to think upstream and address the root causes of health issues in individuals, families and communities (Cohen, 2008).

The Community Health Nursing Process

Public health nurses make assessments and decisions about interventions using the community health nursing process when they are working with clients. The community health nursing process provides a framework for working not only with individuals, but also with families, groups, communities, populations, systems or society as the client. It includes components similar to those in the traditional nursing process (assessment, planning, implementation and evaluation) and is enhanced by three concepts: individual and community participation, multiple ways of knowing and environmental influence (Community Health Nurses Association of Canada, 2008). These concepts add to the uniqueness of community health nursing and are explained as follows:

a) Individual and community participation:

- ✔ Participation is the basis of therapeutic, professional, caring relationships that promote empowerment.
- ✔ Participation should occur in each step of the nursing process.

b) Multiple ways of knowing:

- ✔ There are various ways of knowing for nurses, including the art and science of nursing, sociopolitical knowledge and ethical knowledge.

c) Environmental influence

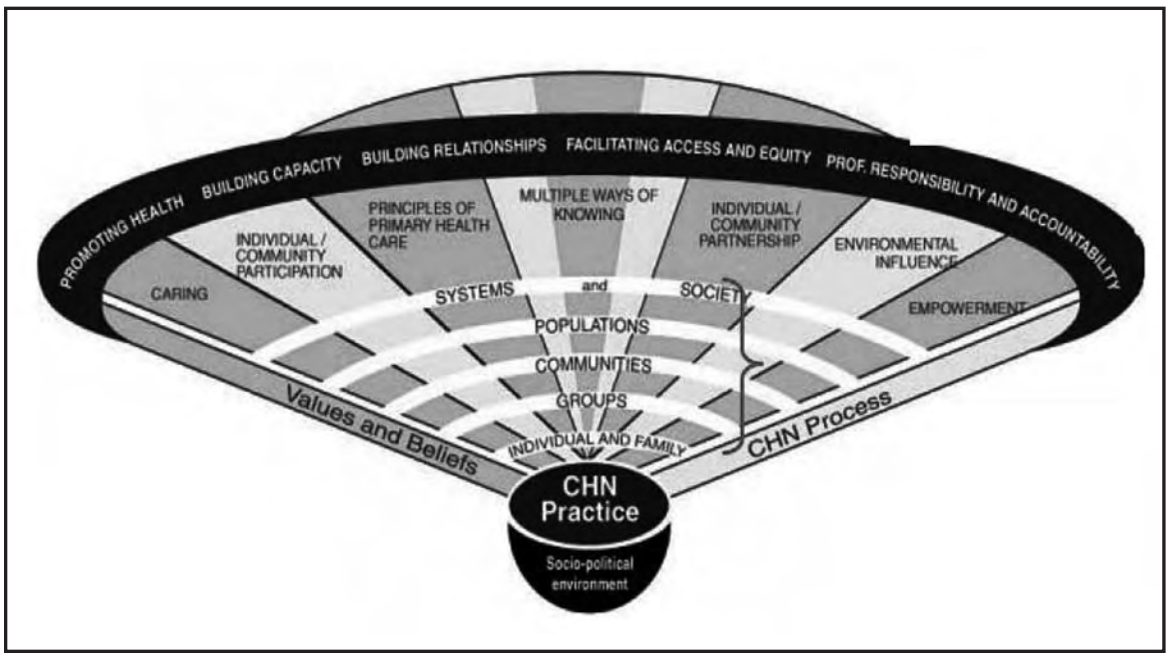
- ✔ The environment has a significant influence on the health of individuals and communities.
- ✔ Community health nurses have a unique understanding of the environmental context of health.

Adapted from Reiter (2004)

The Canadian Community Health Nursing Practice model (Figure 2) conceptualizes the CCHN standards, the context of practice, the foundational values and beliefs of community health nursing and the community health nursing process. The community health nursing process provides the vehicle through which public health nurses work with various types of clients.

The model illustrates how the standards of practice revolve around both the values and beliefs of community health nursing and the nursing process. Public health nurses focus on improving the health of individuals and families, groups, communities , populations and systems and society throughout the community health nursing process.

Figure 2. The Canadian Community Health Nursing Practice Model



Source: Community Health Nurses Association of Canada (2008)

A public health nurse uses the ***community health nursing process*** when working with various clients. Table 1 provides several examples.

Table 1. Examples of the community health nursing process.

The community health nursing process: *assessment*	**Individuals and families** Data collection is related to the individual or family and involves interviews, physical assessments and charts with the purpose of addressing an immediate need. **Groups, communities and populations** Data collection may be related to groups, communities or systems (e.g., survey findings) and involves interviews, surveys and focus groups. Data are collected from a variety of health, social and economic sources to improve the population's health.
The community health nursing process: *planning*	**Individuals and families** The public health nurse may make plans with the individual or family that usually involve a time frame of days or weeks. **Groups, communities and populations** Planning may be at the community or population level and involves those expected to receive service. The time frame may be weeks, months or years.
The community health nursing process: *implementation*	**Individuals and families** Referrals are made to community services. This step in the process includes social support and is holistic in nature. **Groups, communities and populations** A range of strategies may be used to develop capacity at the group and community levels and to deal with issues that range from availability of health information to poverty.
The community health nursing process: *implementation*	**Individuals and families** This step in the process may include interviews, observation or measurement of change in an individual or a family. The time frame is days or weeks. **Groups, communities and populations** This step in the process may include interviews, surveys or focus groups with groups, communities or the population. The time frame is months or years.

Adapted from Community Health Nurses Association of Canada (2007)

Learning Activity #1

Identify the steps in the nursing process in one of the following two stories. The preceding information about the community health nursing process will assist you.
http://76.74.186.129/resources/careers/OPHA_CommunicableDiseaseControl.pdf
http://76.74.186.129/resources/careers/OPHA_HealthyFamilies.pdf

Title of role story #1: _____
Steps in the nursing process

Assessment: _____

_____

_____

Planning:_____

_____

_____

Implementation: _____

_____

_____

Evaluation: _____

_____

_____

Title of role story #2: _____

Steps in the nursing process

Assessment: _____

_____

_____

Planning:_____

_____

_____

Implementation: _____

_____

_____

Evaluation: _____

_____

_____

Professional Associations

You will recall from Module 1 some of the legislative and governance agencies and documents that regulate public health practice. Professional bodies guide public health nursing practice in Ontario. For example, the Canadian Nurses Association is the national professional voice of registered nurses in Ontario.

Given your role as a professional working within the public health system, it is recommended (or in some cases required) that you become a member of one or more of the organizations listed below.

a) Nursing organizations
Canadian Nurses Association www.cna-aiic.ca
Registered Nurses' Association of Ontario www.rnao.org
College of Nurses of Ontario www.cno.org

b) Public health nursing associations and public health associations

ANDSOOHA: Public Health Nursing Management www.andsooha.org
ANDSOOHA: Public Health Nursing Management is a public health nursing association that engages in many public health nursing initiatives, including the development of this orientation package.

Joining a Professional Association

Belonging to and supporting professional organizations strengthens public health nursing in Canada. These organizations also offer a network of professional resources and support. Some professional groups offer bursaries and awards to members.

Community Health Nurses Association of Canada www.chnac.ca
The Community Health Nurses Association of Canada was formed to represent the specialty of community health nursing in Canada and to advocate for the continued designation of community health nursing as a nursing specialty. This association has been the driving force for the development of the CCHN standards , the Canadian Community Health Nursing Standards Toolkit and the Canadian Community Health Nursing Certification examination. The Community Health Nurses Association of Canada has worked with the Public Health Agency of Canada to develop discipline-specific competencies for nursing.

Community Health Nurses Initiatives Group www.chnig.org.
The Community Health Nurses Initiatives Group is an interest group of the Registered Nurses' Association of Ontario. It endeavours to raise the profile of community health nurses and promote the value of their practice. A public health nurse must be a member of the Registered Nurses' Association of Ontario to be a member of Community Health Nurses Initiatives Group and must be a member of the Community Health Nurses Initiatives Group to become a member of the Community Health Nurses Association of Canada.

Ontario Public Health Association www.opha.on.ca
This association provides leadership on issues affecting the public's health and strengthens the impact of people who are active in public and community health throughout Ontario.

Canadian Public Health Association www.cpha.ca.
This association is a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

Learning Activity #2

Practice standards for public health nurses include the College of Nurses of Ontario practice standards. Visit the college's Web site (http://www.cno.org/prac/yau/2004/06_injections.htm) and review this practice standard. Apply your learning to the following scenario.

You have been assigned to a school where a large number of children have nut allergies and carry "epi" pens. You have been asked to teach school employees to administer epinephrine injections.

What are some of the things you need to consider before teaching the school employees?

_____

_____

_____

_____

_____

Learning Activity #3

Determine the Registered Nurses' Association of Ontario interest group that relates most closely to the program with which you will be working. Find a public health nurse who belongs to that group and ask them why they belong.

Interest group most related to your program: _____

_____

_____

You're movin' on to Section 2 but before you go, reflect on what you've learned in this section and complete the following sentence:

Developing an understanding of how public health nursing associations affect my practice as a public health nurse is important because....

References

- Battle Haugh, E., and Mildon, B. (2008). Nursing roles, functions and practice settings. In L.L. Stamler & L. Yiu (Eds.), *Community health nursing* (2nd ed., pp.41–64). Toronto: Pearson Prentice Hall.

- Community Health Nurses Association of Canada. (2007). *Canadian community health nursing standards of practice toolkit*. Ottawa: Author

- Community Health Nurses Association of Canada. (2008). *Canadian community health nursing standards of practice*. Ottawa: Author.

- Cohen, B. (2008). Population health promotion models and strategies. In L.L.Stamler & L. Yiu (Eds.), *Community health nursing: A Canadian perspective* (2nd ed., pp. 93–110). Toronto: Pearson Prentice Hall.

- Reiter, J. (2004, January). *The Canadian community health nursing standards: Introduction.* Toronto: Community Health Nurses Association of Canada. January.
  Retrieved October 26, 2008, from
  http://www.chnac.ca/images/downloads/standards/chn_sop_presentation_feb10_english.pdf

- Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dresler, G. (2008). *Community health nursing in Canada* (1st Canadian ed.). Toronto: Mosby Elsevier.

Section 2
Public Health Nursing Practice

After completing this section, you will be able to:

- ✔ describe a situation in public health where working with groups within a population affects the larger population;
- ✔ describe the three levels of prevention (primary, secondary and tertiary prevention) and provide examples from your own agency;
- ✔ document client interactions according to the standards of the College of Nurses of Ontario;
- ✔ provide examples of situations where an emergency response is required;
- ✔ describe your role as a public health nurse within your agency in the event of a pandemic or emergency situation; and
- ✔ be aware of the phases of the Jennings disaster nursing management model as an example of an emergency response.

In this section you will learn about:

- ❑ *various roles of the public health nurse;*
- ❑ *how to apply the community health nursing process to society, communities, groups, individuals and families;*
- ❑ *levels of prevention;*
- ❑ *emergency response in public health; and*
- ❑ *documentation standards in public health.*

Foundations of Practice

Module 1 provided an overview of the foundations of public health nursing practice, the Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards of Practice (CCHN standards). This module will apply these standards and competencies using examples from public health nursing practice. Generally, there are two types of public health nursing practice in health units defined by the environments in which public health nurses work: generalist and specialist practices. A generalist is a public health nurse whose work involves many of the Ontario public health standards. A specialist is a public health nurse, usually employed at larger health units, who focuses on one of the mandatory programs, such as sexual health, or on one activity, such as answering telephone inquiries on the health information line. Both types of public health nurse are guided by the foundations of public health nursing practice described in Module 1.

Canadian Community Health Nursing Standards and Public Health Nursing Practice

The CCHN standards define community health nursing practice and set out the professional expectations for community health nurses. They apply to community health nurses working in practice, education,

administration or research. They set a benchmark for new community health nurses and become basic practice expectations after nurses have had two years of work experience.

In Table 2, public health nurses frame strategies within the CCHN standards when planning a smoking cessation program to meet a community's needs. In this real-life example, the public health nurses developed a quit-smoking clinic after determining that smoking rates during pregnancy were higher in their practice area than in other Ontario communities. These authors have granted permission for the information from their brochure to be included here. The CCHN standards are listed in the first column and examples of practice and activities that are associated with each standard are listed in the second and third columns.

Table 2. Implementation of Canadian Community Health Nursing Standards of Practice by public health nurses.

CCHN STANDARD	EXAMPLES OF PUBLIC HEALTH NURSING PRACTICE WITH CLIENTS	EXAMPLES OF PUBLIC HEALTH NURSING ACTIVITIES WITH CLIENTS
1. Promoting health	• Conduct a holistic assessment of assets and needs of client • Assist client to take responsibility for maintaining or improving their health • Assist client to identify their strengths and available resources	• Implementation of motivational interviewing as an underpinning of client-centered care • Implementation of minimal contact tobacco intervention with all clients • Provision of community referrals and resources as appropriate
2. Building individual capacity	• Enable client to participate in resolution of their issues • Use a comprehensive mix of actions to address unique needs and build client capacity • Apply principles of social justice	• Implementation of motivational interviewing to assist client in resolving their health issues • Provision of minimal contact tobacco intervention and motivational interviewing during home visits
3. Building relationships	• Involve client as active partner in identifying relevant needs, perspectives and expectations • Promote and facilitate linkages with community resources when the client is ready to receive them	• Use of motivational interviewing principles and the philosophy of the therapeutic relationship to ensure client-focused care • Provision of referrals to quit-smoking clinic or other community resources as appropriate
4. Facilitating access and equity	• Ensure access to services and health-supporting conditions for vulnerable populations	• Implementation of minimal contact tobacco intervention and use of motivational interviewing during home visits • Provision of bus tickets, child minding and pharmacotherapy at no cost for clients who are referred to quit-smoking clinic
5. Demonstrating professional responsibility and accountability	• Seek professional development experiences • Use reflective practice as a means of continually assessing and seeking to improve nursing practice	• Attendance at training sessions • Self-reflection immediately after the initial motivational interviewing training session, as well as during 2-month follow-up sessions and the ½-day training session

Source: Chandran, Johnston, Mitton & Vickers-Manzin (2008)

Levels of Prevention

Public health is concerned with the health and well-being of the whole community. Health is viewed as a resource for everyday living, and in turn it is influenced by the everyday environment in which people live, learn, work and play. Broad determinants of health, such as level of income, social status, education, employment opportunities, workplace environment, physical environment and family and friend supports, influence health as much as the presence of health care practitioners and acute care facilities. This is not to say institutional tertiary health care is not important; rather, the availability of acute health care is only one determinant of health.

Public health focuses on preventing physical, psychological, environmental and sociological conditions that may put health at risk (health protection), detecting health problems early (screening) and changing people's and societies' attitudes and practices regarding lifestyle choices (health promotion).

- **Health protection programs** primarily address the safety of food and drinking water, environmental risks such as toxic waste handling and air pollution, second-hand smoke, public sanitation, spread of rabies, vaccinations against major communicable diseases and mandatory tuberculosis screening of immigrants to Canada.

- **Screening programs** are aimed at specific asymptomatic individuals within groups for whom the early detection of an illness or problem can lead to significant improvements in health. Examples of such programs are developmental milestone screening in the Healthy Babies, Healthy Children program, dental examinations for school-aged children and screening for breast and cervical cancer.

- **Health promotion** programs include educational programs concerning tobacco use, nutrition, physical activity, injury prevention, reproductive health, prevention of sexually transmitted diseases (including HIV/AIDS) and breastfeeding.

Traditionally there have been three approaches to disease prevention: primary prevention, secondary prevention and tertiary prevention (Shah, 2003). As described below, public health nurses play a role at each level (Stanhope, Lancaster, Jessup-Falcioni & Viverais-Dresler, 2008, pp. 199–200).

Primary prevention seeks to prevent the disease, before people have a disease, thereby reducing the incidence of disease.

Examples:

- The public health nurse provides an influenza vaccination program in a community retirement village and organizes a community vaccination program for influenza.
- The public health nurse provides education at a health fair regarding healthy eating using the Canada Food Guide.

Secondary prevention seeks to detect disease early in its progression before clinical signs and symptoms become apparent so that an early diagnosis can be made and treatment can be started.

Examples:

- The public health nurse, in partnership with the local police, provides the community with the opportunity for caregivers to have infant and child car seats screened for safety.
- The public health nurse provides education at a health fair about the need for blood pressure screening for early diagnosis and treatment of hypertension.

Tertiary Prevention begins once the disease has become obvious; the aim is to interrupt the course of the disease, reduce the amount of disability that might occur and begin rehabilitation.

Examples:

- ✔ The public health nurse helps to set up a chronic disease management clinic for a defined population of adults who have experienced a recent cardiac event and who live in a low-income housing unit in the community.
- ✔ The public health nurse provides education to a community group of individuals and their families coping with the effects of brain injury.
- ✔ The public health nurse develops a population-focused or an individual-focused strategy for the management of obesity in children to reduce obesity and its associated risks, such as diabetes mellitus and heart disease.

Learning Activity #4

a) Identify a current health issue in your community. Ask your guide or your agency's epidemiologist for ideas.
b) List examples of primary, secondary and tertiary prevention interventions that relate to this health issue.

Identified issue: _____

_____

Primary prevention _____

_____

_____

Secondary prevention _____

_____

_____

Tertiary prevention _____

_____

_____

Documentation

Documentation is one of the most effective forms of communication used by health professionals (Canadian Nurses Protective Society, 2006). Public health nurses follow their professional body's documentation guidelines and those outlined in their employer's policies and procedures. Nurses may document for individuals, families or groups of clients. All clients served by a public health practitioner are informed during the initial contact that the health unit will be maintaining a written record and that some of it may be in an electronic format. Most registered nurses are familiar with

the documentation standards of the College of Nurses of Ontario for individual clients but may not be as familiar with guidelines for documenting their professional practice for communities and populations. The College of Nurses of Ontario has made the following recommendations for documenting public health nursing practice (e.g., with groups, communities and populations). You can access this Practice Standard: Documentation http://www.cno.org/docs/prac/41001_documentation.pdf

Public health nursing practice involves groups, communities or populations (e.g., public health programs, coalitions or health promotion groups). In these situations, nurses consider the purpose of documentation to be the same as it would be for individuals. A public health nurse meets the college's documentation standards by documenting the following:

- ✔ assessment of the needs;
- ✔ purpose, objectives or expected outcomes of any meetings;
- ✔ the plan or approach to be used;
- ✔ interventions used;
- ✔ evaluation of interventions; and
- ✔ advice, care or services provided to individuals within groups, communities or populations.

Public health nurses providing telephone care (e.g., through a public health information line) are required by the college to document telephone interactions. Standard protocols are used in public health units to guide the information obtained from the caller and advice given. A public health nurse documents which protocols were used during client interactions. A telephone log is a convenient format to use when a client chart is inaccessible, for example, when a client calls a public health "help line."

Learning Activity #5

Visit the telepractice guideline of the College of Nurses of Ontario at http://www.cno.org/docs/prac/41041_telephone.pdf. After reading the guideline, scroll down to scenario 4 on page 13 of the guideline.

Scenario 4 outlines an ethical dilemma for a public health nurse named Dana who is assigned to the public health information line. After you have read the scenario, record how you would document the interaction. Look through the log from your health unit's help line to locate a similar interactions, and compare the way this situations was documented with the way you chose to document the interaction in scenario 4. Discuss your notes with your guide.

Your documentation notes

_____

_____

To "polish" your documentation skills, visit the following online documentation learning module from the College of Nurses of Ontario (this takes about 10 minutes to review): http://www.cno.org/prac/learn/modules/documentation/index.htm.

Electronic Documentation and Confidentiality

Nurses are accountable for safeguarding the confidentiality of client information in an electronic record as well as in a paper (or manual) system. As discussed earlier, public health nurses follow their professional body's documentation guidelines and those outlined in their employer's policies and procedures. Electronic documentation carries a greater risk of breach of confidentiality than paper documentation (Canadian Nurses Protective Society, 2007). Standard 5, # 3, in the CCHN standards, demonstrating professional responsibility and accountability, outlines how public health nurses use nursing informatics (including information and communication technology) to generate, manage and process relevant data to support nursing practice (Community Health Nurses Association of Canada, 2008, p. 15). Public health nurses meet the documentation standards of the College of Nurses of Ontario by ensuring that confidentiality and security of the information are maintained through controlled access on a need-to-know basis. Electronic documentation is a practice in public health nursing that continues to evolve and public health nurses seek to ensure compliance with the standards of the College of Nurses of Ontario through continuous improvement efforts.

Learning Fact – the Integrated Services for Children Information System (ISCIS) is one example of an electronic document system used by public health nurses. This system must conform to the documentation standards of the College of Nurses of Ontario. What other electronic document systems do public health nurses use at your health unit?

Emergency Response

You may have been introduced to your agency's plans for emergency response during your corporate orientation to the health unit. This section focuses on the role of the public health nurse in an emergency. Although a public health nurse may be hired for a specific position within a health unit or department, he or she can be called upon by the medical officer of health or delegate to respond to an emergency or to fulfill any public health nursing role deemed necessary in a pandemic or emergency situation (according to the Health Promotion and Protection Act – see module 1).

Examples of situations requiring an emergency response include:

- ✔ the SARS outbreak;
- ✔ the 1998 ice storm in Eastern Ontario;
- ✔ the Walkerton E. coli outbreaks;
- ✔ significant power outages; and
- ✔ meningococcal outbreaks.

Please refer to Simpson & Yiu's discussion of disaster nursing and emergency preparedness to review the public health response in a disaster (Simpson & Yiu, 2008, p. 354). The Jennings disaster management

model describes a four-phase model to guide nurses in responding to a disaster (Simpson and Yiu, 2008). This model may be useful to consider when reviewing your agency's emergency response plan and your role within it. The second phase of the model describes community health nurses working in various capacities, such as operating a walk-in clinic, working in a shelter and providing prophylactic medications or administering vaccine.

During an emergency, public health nurses provide care for clients and are also concerned about their own families' health care needs. This is a difficult situation for some. Review the following documents to clarify your understanding of the College of Nurses of Ontario's expectations of all nurses during pandemics.

Nursing During a Pandemic: Frequently Asked Questions

http://www.cno.org/docs/general/InfluenzaPandemicFAQs_web.pdf
http://www.cno.org/docs/prac/41072_fsPandemic.pdf
http://cna-aiic.ca/CNA/documents/pdf/publications/PS91_Emergency_e.pdf

Learning Activity #6

Review your health unit's organization chart and department chart. Review your agency's emergency response plan. Discuss with your guide the procedure for testing the emergency response plan, the role you may have and any recent uses of the plan and the outcomes.

The Ontario Ministry of Health and Long-Term Care's document entitled *Ontario Plan for an Influenza Pandemic* 2008 describes how Ontario's health care system will respond to an influenza pandemic. You won't have time to review this document now, but tuck the Web address away for future reference. Roles and responsibilities of various health care providers are included in the document.

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Visit the ANDSOOHA: Public Health Nursing Management Web site, read this association's summary of lessons learned in the SARS crisis (three pages) (http://www.andsooha.org/uploads/assets/1/andsooha_-_sars_crisis_-_july11.pdf) and complete the following exercise.

List two recommendations from the ANDSOOHA report on the SARS crisis.

Recommendation #1: _____

Recommendation #2: _____

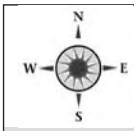
References

- Canadian Nurses Protective Society. (2006). Communication. *InfoLaw: A Legal Information Sheet for Nurses, 15*, (3).
- Canadian Nurses Protective Society. (2007). Quality documentation: Your best defense. *InfoLaw: A Legal Information Sheet for Nurses, 1*, 1.
- Chandran, U., Johnston, J., Mitton, J., & Vickers-Manzin, J. (2008). *Implementation of standards by organization with public health nurses* (brochure). Hamilton: City of Hamilton Public Health Services.
- College of Nurses of Ontario. (2008, May). *Practice guideline: Telepractice*. Retrieved October 30, 2008, from http://www.cno.org/docs/prac/41041_telephone.pdf
- Community Health Nurses Association of Canada. (2008). *Canadian community health nursing standards of practice*. Ottawa: Author.
- Shah, C. P. (2003). *Public health and preventative medicine in Canada* (5th ed.). Toronto: Elsevier Canada.
- Simpson, M. A., & Yiu, L. (2008). Disaster nursing and emergency preparedness. In L. L.Stamler & L. Yiu (Eds.), *Community health nursing: A Canadian perspective* (2nd ed., pp. 350–359). Toronto: Pearson Prentice Hall.
- Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dresler, G. (2008). *Community health nursing in Canada*. Toronto: Mosby Elsevier. (1st Canadian ed.).

Section 3
Clients in Public Health Nursing Practice

After completing this section, you will be able to:

- ✔ select and explain the appropriate strategies to intervene with different types of clients;
- ✔ list the various settings for public health nursing;
- ✔ relate examples of effective public health practice;
- ✔ relate the Core Competencies for Public Health and Canadian Community Health Nursing standards to your current client activities.



In this section you will:

- ❑ *learn about the meaning of "client" in public health nursing practice;*
- ❑ *learn about strategies for working with a variety of clients;*
- ❑ *review examples of public health nursing efforts that have had a community-wide impact; and*
- ❑ *review examples of public health nursing practice with clients as they relate to the Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards.*

Who is the Client?

When nursing in institutions, the individual or family is most often the client. The client usually requires a tertiary level of prevention or treatment for an illness. The primary focus in home health nursing is on individuals and families recovering from an illness event and is curative in focus. In public health nursing the client can be a system or society, a population, a community, a group, families an individual. Illness is not the focus. Public health nurses working in interdisciplinary teams use disease prevention and health promotion methods to improve the health of these various types of clients.

Settings of public health nursing practice

Public health nurses practice autonomously in many settings. They work with a variety of clients, as demonstrated in the readings above. The readings also highlight the wide range of settings where public health nursing is practised. Public health nursing takes place where people live, work, learn and play! Some of the many settings where public health nurses practise include:

- ✔ community facilities;
- ✔ workplaces;
- ✔ street clinics (in fact, in streets and down alleys);.
- ✔ schools;
- ✔ outpost settings;
- ✔ homes;
- ✔ detention centres;
- ✔ hospitals (as liaisons);

Detailed look

Stop here and read this background information on the various types of clients; this information will help you on your journey:

Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dresler, G. A. (2008). Community health nursing in Canada *Toronto: Mosby Elsevier. (1st Canadian ed.).*

Please review the following material:

chapter 1, pp. 34 and 35, on working with groups,
chapter 9, pp. 243 and 244, on the community as client,
chapter 12, pp. 338–344, on working with families, and
chapter 14, pp. 416–427, on working with vulnerable populations.

- ✔ community health centres;
- ✔ clinics, such as immunization clinics, sexual health clinics; and
- ✔ mobile vans (e.g., in harm reduction programs for injection drug users).

You may wish to visit the following websites that offer more information about working with communities and working in a variety of settings.

Refer to the CNA backgrounder entitled *Healthy Communities and Nursing* for insight into how a public health nurse works with communities to identify risks and improve health status.
http://www.cna-aiic.ca/CNA/documents/pdf/publications/BG5_Healthy_Communities_e.pdf

Refer to the CNA backgrounder entitled *Social Determinants of Health and Nursing: A Summary of the Issues* to understand why it is important for public health nurses to work with communities to address social determinants of health.
http://www.cna-aiic.ca/CNA/documents/pdf/publications/BG8_Social_Determinants_e.pdf

Refer to the Registered Nurses of Ontario's practice page entitled *Public Health Nursing: Nursing Practice in a Diverse Environment* for examples of public health nurses working in a wide range of settings.
http://chnig.org/downloads/981_Practice_Page_public_health_nursing.pdf

The Meaning of Client within Public Health Nursing: Working With a Variety of Clients

In Module 1, the foundations of practice were introduced, including the core competencies and the Canadian Community Health Nursing Standards (CCHN standards). Pull out the copies of the core competencies and the CCHN standards that have been put aside for you (your guide will be able to find these).

Table 3 provides practice examples of how a public health nurse may work with a variety of clients using a wide range of strategies. Note the links with the core competencies and the CCHN standards and the alignment between the two.

Table 3. Public health nursing practice examples.

CLIENT	EXAMPLES OF INTERVENTIONS	CCHN STANDARDS	CORE COMPETENCIES
Systems and society (population)	Public health nurses work with the planning and evaluation team to identify potential school intervention programs to address increasing rates of sexually transmitted infections among youth.	Standard 5: demonstrating professional responsibility and accountability	Three: policy and program planning, implementation and evaluation
	Public health nurses work with the communications team to develop a social marketing campaign to increase awareness of the effects of environmental tobacco smoke among the general public.	Standard 1: promoting health	Six: communication
Communities	Public health nurses work with a community to advocate for a smoke-free town or municipality by attending a bar-owners meeting.	Standard 1: promoting health	Four: partnerships, collaboration and advocacy
	Public health nurses collaborate with members of an immigrant community to develop a tuberculosis screening program in their neighbourhood.	Standard 4: facilitating access and equity	Five: diversity and inclusiveness
	Public health nurses facilitate discussion with a community group that is developing a program to identify factors that could affect program delivery such as resources, space and previous community experience.	Standard 2: building individual/community capacity	Seven: leadership
Groups	Public health nurses support education and collaborate with school staff, parents and students to identify key health issues for the school community. They encourage schools to mobilize a healthy school committee that includes students, parents, teachers, administrators and community partners. The public health nurse assists committee members to identify the school	Standard 2: building individual/community capacity	Four: partnerships, collaboration and advocacy

Table 3. Public health nursing practice examples.

CLIENT	EXAMPLES OF INTERVENTIONS	CCHN STANDARDS	CORE COMPETENCIES
	community's strengths and needs and prioritize, plan, implement, evaluate and celebrate action for a healthier school.		
	Public health nurses determine that a particular ethnic population is not accessing prenatal classes and they work with the multicultural community agency to identify a champion who will assist with promotion and delivery of these classes.	Standard 4: facilitating access and equity	Five: diversity and inclusiveness
	Public health nurses identify that new immigrants are especially vulnerable to communicable diseases, such as tuberculosis, but make limited use of prevention services. The public health nurses decide to work with the teachers in the English as a Second Language (ESL) classes and the staff in immigrant assistance centres to develop and provide health information and services at those locations.	Standard 4: facilitating access and equity	Five: diversity and inclusiveness
Individuals and families	Public health nurses track immunization schedules for each child so that families and health care practitioners can access information when needed.	Standard 1: promoting health	Two: assessment and analysis
	Public health nurses work with families to help parents develop their parenting skills through a home visiting program and through referral and linkage to community resources and supports.	Standard 3: building relationships	Two: assessment and analysis
	Public health nurses distribute resources such as the Nipissing District Developmental Screen, Canada's Food Guide and the Physical Activity Guide to families in the appropriate language.	Standard 4: facilitating access and equity	Five: diversity and inclusiveness

Learning Activity #7

The following learning activity captures examples of situations that a public health nurse encounters during a typical day at work. Although the clients and settings may vary, the basic foundations of public health nursing practice are the same.

Review the public health nurses' role stories from the Ontario Public Health Association available at the links listed below. Each story describes the work of a public health nurse working with a variety of clients. Choose one of these scenarios and complete the following table. Use Table 3 as a reference for table completion. Discuss your answers with your guide or manager.

http://76.74.186.129/resources/careers/OPHA_CommunicableDiseaseControl.pdf
http://76.74.186.129/resources/careers/OPHA_HealthyFamilies.pdf

TYPE OF CLIENT	INTERVENTIONS	CANADIAN COMMUNITY HEALTH NURSING STANDARDS OF PRACTICE	CORE COMPETENCIES

Learning Activity #8

In addition to public health nurses in practice and administrative roles, there are also public health nurse researchers advancing informed decision-making by determining the effectiveness of public health nursing interventions. Visit the Effective Public Health Practice Project at the Web sites listed below. The products from this project are a resource for evidence-based decision-making in public health in Ontario and Canada. The project conducts systematic reviews about the effectiveness of public health interventions and summarizes recent, high-quality reviews produced by others. Read **at least one** of the following examples of evidence-based public health nursing efforts that can improve health for a family, group, community or population.

1. Read how an early-childhood home-visitation program run by public health nurses can help prevent violence against children.
http://old.hamilton.ca/phcs/ephpp/Research/Summary/2006/EarlyChildhoodHomeVisitationPreventingViolence.pdf

Learning Activity #8

2. Read about the effectiveness of having public health nurses deliver vaccines to healthy children to prevent influenza.
http://old.hamilton.ca/phcs/ephpp/Research/Summary/2006/InfluenzaVaccineForChildren.pdf

3. Read about the role of public health in the promotion of cycle helmet wearing to reduce bicycle-related head injuries.
http://old.hamilton.ca/phcs/ephpp/Research/Summary/2006/InterventionsPromotionCycleHelmetWearingChildren.pdf

You're movin'on to your next destination – Module 3 …. But before you go, reflect on what you've learned about the variety in roles of the public health nurse, the settings in which public health nursing is practice and the meaning of client in public health.

Developing an understanding of how variety affects my practice as a public health nurse is important because_….

References

- Community Health Nurses Association of Canada. (2008). *Canadian community health nursing standards of practice.* Ottawa: Author.
- Public Health Agency of Canada. (2008). *Core competencies for public health in Canada, release 1.0.* Ottawa: Author.

Answers to Learning Activities for Module 2

Learning Activity #1:

Role Story #1 Communicable disease control

Assessment:
Telephone call to a client reported to have mumps to gather relevant data (circumstances, time, location, symptoms, contacts) with the purpose of confirming reported findings. Data collected from the telephone interview, the reported case and follow-ups.

Planning:
Plan discussed with the client: advised client to stay home while sick to minimize risk of infecting others. Gathered names and contact information of contacts for follow-up.

Implementation:
Contact tracing, sharing of recommendations.

Evaluation:
Although not noted in the role story, evaluation may include follow-up telephone interviews and reporting on the outcomes of contact tracing.

Role Story #2 Healthy families

Assessment:
Data on parenting program participants were probably collected directly from clients at the time of registration: all families within the 8-week parenting program had children 1–6 years old and were either young, single, low income with little formal education or socially isolated.

Planning:
The public health nurse prepared a parenting program designed to address common parenting challenges that parents would address in a group and find solutions. Planning was done throughout the program with the participants as issues were identified.

Implementation:
Weekly sessions held at a local community centre.

Evaluation:
The public health nurse observed participants engaged in discussion about the material presented, received anecdotal feedback from participants and although not noted in the role story may have asked participants to complete a class evaluation. Evaluation also could have involved observation or measurement of change in individuals or families if they were active clients.

Answers to Learning Activities#2

1. Are you competent to administer substances by injection?
2. Do you have the competencies to make the decision to teach epi pen injections?
3. Do you have the necessary competencies to teach epi pen injections?
4. Have you assessed the client, risks and environmental supports?
5. Do you have a plan to determine the competence of the learners?
6. Is there a plan to ensure that the learners maintain their competence, once instructed?
7. Is there a plan for regular review of the learners' competence?
8. Does your employer support this activity as part of your nursing role? There may be liability considerations for the employer.

Learning Activity #3:

Answers will vary.

Learning Activity #4:

Your guide can help you to identify if primary, secondary and tertiary responses are appropriate.

Learning Activity #5:

On the basis of her assessment and the information from the father, Dana provides advice about postpartum mood disorders, recommends that the father make an appointment with the family physician, offers a home visit by a public health nurse and provides contact information for community support resources. Dana also discusses the importance of including the mother in the care plan, reinforces aspects of self-care for the mother and encourages a return call from public health. The husband refuses the home visit and does not express interest in participating in the community support group; however, he agrees to ask his wife to accompany him on a visit to their physician. Dana evaluates the man's understanding of the information by having him repeat it. She stresses the importance of seeking immediate emergency care at his local hospital if his wife's behaviour changes or he becomes concerned about the safety of his wife, their baby or others. Dana encourages him to call back if he has further concerns. Dana documents the call in the phone log as an anonymous call.

Learning Activity #6:

Lessons learned:

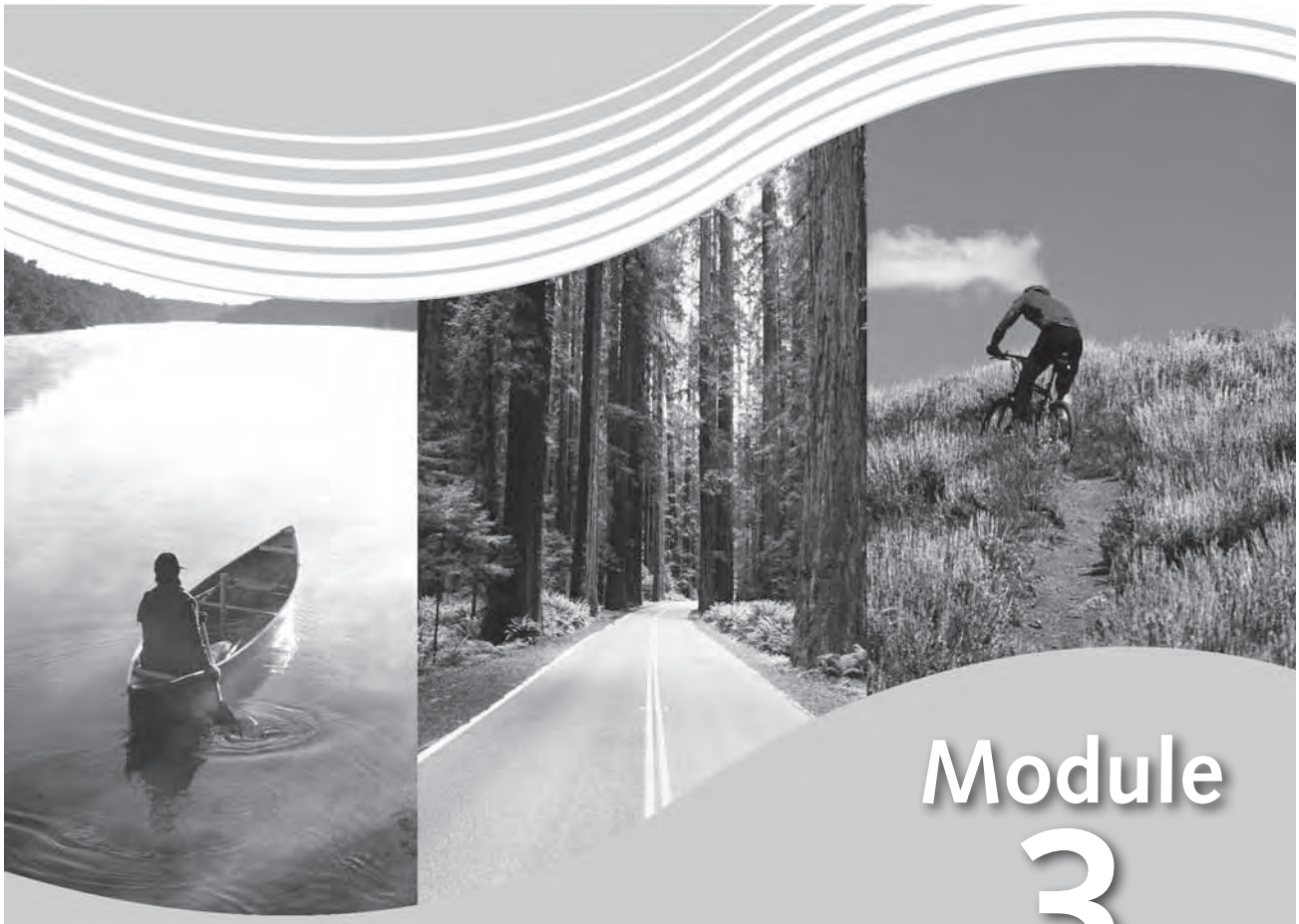
- ✔ Nurses played a critical role in the public health response to SARS at every level.
- ✔ They provided unique and specialized skills in advocacy, risk communications, health assessments, health teaching, etc.
- ✔ Their skills in community mobilization and risk communication were used when they worked with communities affected by SARS.
- ✔ Public health did not have the surge capacity required to respond to SARS.
- ✔ The impact of the nursing shortage was evident.
- ✔ Effective, accurate technology systems are required to manage outbreak-related information.

Learning Activity #7:

TYPE OF CLIENT	INTERVENTIONS	CCHN STANDARDS	CORE COMPETENCIES
Role story #1 – communicable disease control individuals	The public health nurse receives a communicable disease report and conducts a telephone assessment of Linda's situation. The public health nurse advises Linda, who has contracted mumps, to stay home while she is sick to minimize the risk of infecting others. The nurse discusses Linda's symptoms and completes contact tracing.	Standard 1: promoting health	Two: assessment and analysis
Role story #2 – healthy families families or groups	The public health nurse delivers parenting classes in a local community centre with the goal of helping participants to find support within the group. The nurse encourages them to work together to come up with their own solutions to a wide range of parenting challenges.	Standard 1: promoting health and standard 2: building individual community capacity	Four: partnerships, collaboration and advocacy

Learning Activity #8:

Read through the examples.
Consider if this method (research summary of high quality reviews) would be helpful to you to meet your requirements under Core Competency Statement One: Public health sciences.



Module
3

Building Relationships through Caring and Communication

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Module 3

Overview

- ✔ **Section 1** — explores how public health nurses demonstrate the concept of caring in a public health setting.
  "Community health nurses recognize that caring is an essential and universal human need and that its expression in practice varies across cultures and practice domains" (Community Health Nurses Association of Canada, 2008, p. 6).

- ✔ **Section 2** — is dedicated to communication and highlights strategies unique to public health nursing.
  "[The community health nurse] establishes connections and collaborative relationships with health professionals, community organizations, businesses, faith communities, volunteer service organizations and other sectors to address health related issues" (Community Health Nurses Association of Canada, 2008, p. 13).

- ✔ **Section 3** — examines the centrality of partnerships to public health practice.
  "Community health nurses build a network of relationships and partnerships with a wide variety of relevant groups, communities and organizations" (Community Health Nurses Association of Canada, 2008, p. 13).

- ✔ **Section 4** — examines a public health nurse's personal and professional boundaries.
  "[The community health nurse] maintains professional boundaries in often long-term relationships in the home or other community settings where professional and social relationships may become blurred" and "negotiates an end to the relationship when appropriate" (Community Health Nurses Association of Canada, 2008, p. 13).

This module focuses :

- ❑ *"Community health nurses build relationships based on the principles of connecting and caring" (Community Health Nurses Association of Canada, 2008, p. 13). This module focuses on building relationships with clients, care partners and colleagues. The module is divided into four sections: Caring, Communication, Partnerships and Professional Boundaries.*

Section 1
Caring

Introduction

The Canadian Community Health Nursing Standards (Community Health Nurses Association of Canada, 2008) outline how community health nurses establish and nurture caring relationships with individuals and communities. According to the standards, caring involves developing empowering relationships that preserve, protect and enhance human dignity (Community Health Nurses Association of Canada, 2008, p. 13). Community health nurses build caring relationships that are based on mutual respect and understanding of the power inherent in their position and its potential impact on relationships and practice. Caring occurs within a relationship and is directed toward protecting and enhancing the dignity of others (Falk-Rafael, 2000). The Canadian Community Health Nursing Standards (CCHN standards) list caring as one of the values and beliefs of community health nurses. "Community health nurses recognize that caring is an essential and universal human need and that its expression in practice varies across cultures and practice domains" (Community Health Nurses Association of Canada, 2008, p. 6). Caring is based on the principle of social justice in community health nursing practice in Canada. Social justice is a concept in which a society gives individuals and groups fair treatment and an equitable share of the benefits of society (see Glossary).

In this section you will:

- *learn about caring as it relates to public health nursing;*
- *become familiar with how caring is addressed in the CCHN standards; and*
- *become familiar with how Jean Watson's theory of human caring is one framework that can be used for guiding public health nursing practice.*

According to the CCHN standards,

Community health nurses support equity and the fundamental right of all humans to accessible, competent health care and essential determinants of health. Caring community health nursing practice acknowledges the physical, spiritual, emotional and cognitive nature of individuals, families, groups and communities. Caring is expressed through competent practice and development of relationships that value the individual and community as unique and worthy of a nurse's "presence" and attention. Community health nurses preserve, protect and enhance human dignity in all of their interactions" (Community Health Nurses Association of Canada, 2008, p. 6).

These social values intersect with the environment for community health nurses. "Their practice is based on a unique understanding of how the environmental context influences health" (Community Health Nurses Association of Canada, 2008, p. 6).

After completing this section, you will be able to:

- ✔ demonstrate the application of actions and attitudes consistent with caring in public health nursing; and
- ✔ use the CCHN standards to guide practice in the areas of caring and building relationships.

Review the following background information to get you going on your journey:

- ✔ CCHN Standards (Community Health Nurses Association of Canada, 2008):
- the values and beliefs of community health nurses, caring (read p. 6)
- the values and beliefs of community health nurses, empowerment (read p. 7)
- the Canadian community health nursing practice model (read pp. 8–9)
- standard #3, building relationships (read p. 13)
- standard #4, facilitating access and equity (read indicators 1, 2, 8–12, pp. 13–14)

- ✔ Public Health Agency of Canada's core competency #5, inclusiveness and diversity (see 5.2 and 5.3, p. 21) (Public Health Agency of Canada, 2007)
- ✔ Registered Nurses' Association of Ontario's nursing best practice guideline, *Establishing Therapeutic Relationships*
  Review the best practice guideline and the updated supplement (Registered Nurses' Association of Ontario, 2002, 2006a). You may wish to focus on recommendations 1, 2, 3, 4, 5, 11, 12 and 14. Note in the supplement that the knowledge of **caring theory** has been added as requisite knowledge for establishing therapeutic relationships.
  Review the recommendations in these documents from a health nurse perspective, remembering that a "client" can be an individual, group, community, population or system.
- ✔ Registered Nurses' Association of Ontario's best practice guideline entitled *Client Centred Care* and supplement (Registered Nurses' Association of Ontario, 2006b, 2006c) Take a look at practice recommendation #1, which focuses on the values and beliefs of client-centred care.

Now that you have reviewed the above resources and have an enhanced understanding of the essential role of caring in relationships in public health nursing practice, explore public health nursing practice using a caring approach based on Jean Watson's nursing theory.

Put your learning in a broader perspective

Further information about Watson's theory and caring,

- Falk-Rafael, A. (2000). Watson's philosophy, science, and theory of human caring as a conceptual framework for guiding community health nursing practice. *Advances in Nursing Science, 23*(2), 34–49.
- Falk-Rafael, A. (2005). Advancing nursing theory through theory-guided practice: The emergence of a critical caring perspective. *Advances in Nursing Science, 28*(1), 38–49.
- Ray, M. A. (2006). Marilyn Anne Ray's theory of bureaucratic caring. In M. E. Parker (Ed.), *Nursing theories and nursing practice* (2nd ed., pp.360–368). Philadelphia: F. A. Davis.
- Watson, J. (1988). *Nursing: Human science and human care: A theory of nursing.* New York: National League for Nursing.
- Watson, J. (2006). Theory of human caring. In M. E. Parker (Ed.), *Nursing theories and nursing practice* (2nd ed., pp. 295–308). Philadelphia: F. A. Davis.

Caring as a Concept for Public Health Nursing

Adeline R. Falk-Rafael is a professor in the school of nursing at York University in Toronto, Ontario. She has stated that public health nurses inform their practice with theories from other disciplines, such as sociology, psychology, medicine and business (Falk-Rafael, 2000). Many nursing theories have limited application to public health nursing. Most nursing theories focus on the individual and have been developed for practice within the context of infirmity and disease. They are, in the opinion of Falk-Rafael, inadequate for a population-focused health promotion approach. Falk-Rafael (2005, p. 39) states, "Theory to guide public health nursing practice must allow care partners (or clients) to be conceptualized both as populations and/or communities and as the families and individuals those populations comprise," reminding us of the broad definition of client in public health nursing. She also states that "theory must be broad enough in scope to encompass social determinants of health" (Falk-Rafael, 2005, p. 39).

Jean Watson's philosophy and theory of human caring is applicable to public health nursing practice because of its philosophical congruence with public health nursing. There are other theories of public health practice but Watson's, according to Falk-Rafael, fits well with the socioenvironmental context of public health nursing. Public health nurses value individuals' and communities' potential for improvement. One of the values and beliefs that is highlighted in the community health nursing model is caring (Community Health Nurses Association of Canada, 2008, p. 9). Human caring, according to Watson, is based on human values such as "kindness, concern and love of self and others" (Falk-Rafael, 2000, p. 37). Watson's vision for nursing is to "help persons gain a higher degree of harmony through a transpersonal caring relationship" (Falk-Rafael, 2000, p. 36). Watson characterizes this relationship as one of mutuality in which the whole nurse engages with the whole client. In a caring relationship, the value of both the client's and the nurse's own viewpoint is recognized. Whether engaging with "client" as an individual or a client as a population or community, the public health nurse values and believes in individual and community partnership. Watson's ideas about health and relationships echo Nightingale's philosophy of nursing regarding the importance of the environment in facilitating healing. More recently, Watson's ideas align well with the current interest in socioecological theories.

Watson's conceptualization of health is congruent with the definition of health promotion in the Ottawa Charter and affirmed in the Jakarta Declaration, which is that health promotion is the process of enabling people to gain more control over and improve their health. Watson asserts that caring involves helping a person gain more self-knowledge,

self-control and readiness for self-healing. This assertion echoes the values and beliefs that public health nurses have about empowerment when working with a variety of clients. Empowerment is one of the values and beliefs that are included in the community health nursing model (Community Health Nurses Association of Canada, 2008, p. 9). Empowerment, according to the CCHN Standards, involves people, groups and communities discovering and using their own strengths (Community Health Nurses Association of Canada, 2008, p. 7). This statement echoes Watson's description of caring relationships.

Although there is not time to provide further details about Jean Watson's theory in this module, several references for further reading are listed below. Another nursing theorist who addresses caring in nursing practice is Marilyn Anne Ray in her theory of bureaucratic caring. The social mandate of nursing, according to Ray, is caring. Other nursing theories, such as the Newman systems model, have been used to conceptualize public health nursing.

Now that you have checked out these informational points of interest along the route, it is time to test your skills.

Learning Activity #1

Scenario

You are a public health nurse involved in the tuberculosis program at the health unit. One of your clients (a 40-year-old male) is showing symptoms of tuberculosis and you are conducting a home visit to explain to the client the requirements for testing and self-isolation. When you enter the home you see that the client has two small children and his partner is four months pregnant. The family lives in a small apartment on the outer edge of town and the client is the only one who can drive. The client is very concerned that if he has to be on home isolation he will lose his job and will not be able to provide for his family.

Thinking about this scenario, reflect on the aspects of care that are involved in this situation. How could you, as a public health nurse, incorporate actions or activities that demonstrate caring when working with this family? The following worksheet features aspects of caring, such as advocacy, respect and trust, that have been taken from sources included in the reference list and from the cumulative wisdom and experience of the public health nurses who crafted the worksheet. Aspects of caring are listed in the left-hand column of the worksheet. Definitions of each aspect of caring are included in the right-hand column.

In the space provided in the right-hand column of the worksheet, outline how each aspect of caring relates to the scenario.

Worksheet on caring

ASPECT OF CARING	DEFINITION AND RELATION TO THE SCENARIO
Advocacy	"Community health nurses use advocacy as a key strategy to meet identified needs and enhance individual and community capacity for self-advocacy" (Community Health Nurses Association of Canada, 2008, p. 13). "Speaking, writing or acting in favour of a particular cause, policy or group of people often aims to reduce inequities in health status or access to health services" (Public Health Agency of Canada, 2007, p. 5). Relation to the scenario:
Respect	"Respect is the recognition of the inherent dignity, worth and uniqueness of every individual, regardless of socio-economic status, personal attributes and the nature of the health problem" (College of Nurses of Ontario, 2006, p. 3). Relation to the scenario:
Trust	"Trust is critical in the nurse–client relationship as the client is in a vulnerable position. Initially trust in a relationship is fragile, so it's especially important that a nurse keep promises to a client. If trust is breeched, it becomes difficult to re-establish" (College of Nurses of Ontario, 2006, p. 3). Nurses build trustworthy relationships as a foundation of meaningful communication (Canadian Nurses Association, 2008, p. 8). Relation to the scenario:
Empathy	"Empathy is the ability of the nurse to enter in to the client's relational world, to see and feel the world as the client sees and feels it, and to explore the meaning it has for the client. Empathy involves the nurse being able to attend to the subjective experience of the client and validate that his/her understanding is an accurate reflection of the client's experience" (Registered Nurses' Association of Ontario, p. 21) Relation to the scenario:
Cultural competency	"Culture refers to the shared and learned values, beliefs, norms and way of life of an individual or a group. It influences thinking, decisions and actions" (College of Nurses of Ontario, 2006, p. 4). Relation to the scenario:
Honesty	This may be the first interaction with the client and their family. The client and nurse begin to learn to trust and know each other as partners in the relationship. Trust, respect, honest and effective communication are key principles in establishing a relationship (Registered Nurses' Association of Ontario, p. 23). Relation to the scenario:

Spirituality	"To be spiritual is to be connected — to the inner self, to others or to a transcendent being or energy. Spirituality in practice is to demonstrate a unique capacity for love, joy, caring, compassion and for finding meaning in life's difficult experience. Spiritual care is how you do what you do. It is an attitude and openness to the shared experience of the human condition" (Balzer-Riley, 1996, pp. 320–323). Relation to the scenario:
Socio-economic	The Ottawa Charter highlights fundamental conditions and resources for health such as shelter, education, food and income (Public Health Agency of Canada, 2001) The Jakarta Declaration acknowledges poverty as the single greatest threat to health (Falk-Rafael, 2000, p. 43). When meeting with a client to develop a caring partnership, a public health nurse must be cognisant of the client's or family's socioeconomic status and its impact on their health. Relation to the scenario:
Family, work and health	A holistic approach recognizes the interconnectedness of a community's health with that of its constituent members. Jean Watson's theory supports a focus on the wholeness of a community while still attending to the individuals and families within it (Falk-Rafael, 2000, p. 41). Relation to the scenario:
Values	Falk-Rafael states that "caring involves preparing oneself to engage in a caring–healing relationship". To be authentically present with care partners, it is important for nurses to become aware of their own belief systems, both to differentiate them from those of clients and to call upon them when needed (Falk-Rafael, 2005, p. 43). Relation to the scenario:
Moral/ethical views	"All nurses strive to provide ethical nursing care. Yet the duality of the public health nurses role — striving for the well being of individual clients, while remaining focused on the welfare of the population — means they may face ethical challenges not generally experienced by nurses in other spheres. Public health nurses also face ethical challenges not experienced by many other public health workers, who do not have the same kind of close individual relationship with people in the community" (Canadian Nurses Association, 2006, p. 5). Relation to the scenario:

Use the answers at the end of this module as a resource to help complete this exercise.

You are moving on to your next destination…but before you go, you may wish to check out these resources for further learning:

- ❑ Embracing Cultural Diversity in Health Care, a best practice guideline in the Registered Nurses' of Ontario's Healthy Work Environments series http://www.rnao.org/Page.asp?PageID=122&ContentID=1200&SiteNodeID=241&BL_ExpandID
- ❑ RNAO provides an e-learning module on Establishing Therapeutic Relationships, Click on Vignette # 4 for a public health example concerning a moms and tots example at http://www.rnao.org/TR_e-learning/TRFiles/RNAO_Relationships.html

References

- Balzer-Riley, J. W. (1996). *Communication in nursing*. St. Louis, MI: Mosby-Year Book, Inc.

- Canadian Nurses Association. (2006, February). Public health nursing practice and ethical challenges. *Ethics in practice for registered nurses.* Retrieved July 4, 2008, from http://www.cna-aiic.ca/cna/documents//pdf/publications/Ethics_in_Practice_Jan_06_e.pdf

- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Retrieved November 4, 2008, from http://www.cna-nurses.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf

- College of Nurses of Ontario. (2006). *Therapeutic nurse–client relationship.* Retrieved July 3, 2008, from http://www.cno.org/docs/prac/41033_Therapeutic.pdf

- Community Health Nurses Association of Canada. (2008). *Canadian community health nursing standards of practice*. Ottawa: Author.

- Falk-Rafael, A. (2000). Watson's philosophy, science, and theory of human caring as a conceptual framework for guiding community health nursing practice. *Advances in Nursing Science,* 23(2), 34–49.

- Falk-Rafael, A. (2005). Advancing nursing theory through theory-guided practice: The emergence of a critical caring perspective. *Advances in Nursing Science*, 28(1), 38–49.

- Public Health Agency of Canada. (2001). *Ottawa Charter For Health Promotion: An international conference*. Retrieved November 17, 2008, from http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/pdf/charter.pdf

- Public Health Agency of Canada. (2007). *Core competencies for public health in Canada, release 1.0*. Ottawa: Author.

- Registered Nurses Association of Ontario. (2002). RNAO nursing best practice guideline: *Establishing therapeutic relationships*. Retrieved November 17, 2008, from http://www.rnao.org/Storage/15/936_BPG_TR_Rev06.pdf

- Registered Nurses Association of Ontario. (2006a). *RNAO nursing best practice guideline: Establishing therapeutic relationships:*

Supplement. Retrieved November 17, 2008, from http://www.rnao.org/Storage/15/943_BPG_TR_Supplement.pdf

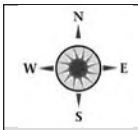
- Registered Nurses Association of Ontario. (2006b). *RNAO nursing best practice guideline: Client centred care.* Retrieved November 17, 2008, from http://www.rnao.org/Page.asp?PageID=924&ContentID=798

- Registered Nurses Association of Ontario. (2006c). *RNAO nursing best practice guideline: Client centred care: Supplement*. Retrieved November 17, 2008, from http://www.rnao.org/Storage/15/933_BPG_CCCare_Supplement.pdf

You've now completed the first of four sections of Module 3: Building Relationships through Caring and Communication. Congratulations for completing this leg of the journey!! You're movin' on but before you do, reflect on what you've learned in this section and complete the following sentence:

Developing an understanding of how caring affects my practices as public health nursing is important because …..

Section 2
Communication



In this section you will:

- ❑ *identify strategies for communication used in public health nursing;*
- ❑ *evaluate how the use of language and communication can affect relationships with clients;*
- ❑ *understand the impact of health literacy for clients; and*
- ❑ *develop culturally relevant communication abilities.*

Introduction

Two directives from the Canadian Community Health Nursing (CCHN) standards and the Core Competencies for Public Health in Canada guide communication strategies used by public health nurses when promoting the health of individuals, families, groups, communities, populations and societies. A critical part of public health nurses' practice involves mobilizing resources to support health by coordinating care and planning services, programs, and policies with others (Community Health Nurses Association of Canada, p. 6). Community health nurses use culturally relevant communication when building relationships. Communication may be verbal or nonverbal, written or graphic. It may involve face-to-face, telephone, group facilitation, print or electronic methods (Community Health Nurses Association of Canada, 2008, p. 13). Because of the sociocultural competencies required to interact effectively with diverse individuals, groups and communities, public health practitioners are encouraged to apply culturally relevant and appropriate approaches. These approaches are tailored to people from diverse cultural, socioeconomic and educational backgrounds and to people of all ages, genders, health status, sexual orientation and abilities (Public Health Agency of Canada, 2007, p. 21, core competency #5).

After completing this section, you will be able to:

- ✔ use effective communication strategies;
- ✔ use culturally relevant communication; and
- ✔ use consistent messaging in health unit programming and service delivery, including the use of health status.

Review this background information to prepare you for the next stage of your trip.

CCHN Standards (Community Health Nurses Association of Canada, 2008):

Standard #5, demonstrating professional responsibility and accountability (read indicator 11, p. 15)

Tuning up your communication skills:

Plan to spend about 10 minutes reviewing each of the following Web sites.

The Mind Tools Web site introduces ***effective communication*** and outlines how to communicate without misunderstanding and confusion. It includes a review of the communication process and describes skills on removing communication barriers that you may find helpful when working with clients, care partners and colleagues in multidisciplinary teams. http://www.mindtools.com/CommSkll/CommunicationIntro.htm

James J. Messina addresses some of the other aspects of effective communication, such as ***body language and listening***. Look at the section on Tools for Communication at http://www.coping.org/dialogue/content.htm

Detailed look

- *Core Competencies for Public Health (Public Health Agency of Canada, 2007):*
- *Core Competency #4, partnerships, collaboration and advocacy (read 4.2, p. 20)*
- *Core Competency #6, communication (read 6.1 to 6.4, p. 22)*

Communication Basics: Aspects of Communication

Our ability to communicate is important to the dissemination of key messages. How we communicate our message is just as important as the message itself. There are many aspects to communication. Although the words we use are important, they are only one aspect of communication.

Communication starts with how we present ourselves. Some public health units have a dress code that the employees follow. Whether or not there is a dress code in your workplace, it is important to dress according to the client situation. For example, if you are presenting to a group of teens, wearing a business suit is not the best attire for conveying your message. Casual business dress is more appropriate. If you are presenting to the board of health or a group of business people whose support you are seeking for your project, a business suit is probably the best choice. It is important to consider how your dress will be viewed by the members of a multicultural community. For example, conservative dress should be selected when speaking with Muslim women in a mosque.

When interacting with clients, keep in mind other aspects of communication, such as listening, body language, tone of voice and language. When we pay attention to these different aspects of communication in addition to language, our overall message is better received by the client. If the various aspects of communication are not congruent, we risk the loss of the overall message. For example, you are a public health nurse working in an immunization clinic. A child presents for immunization and is obviously anxious. To make the child feel more comfortable and ensure your message is conveyed, be aware of all aspects of your communication. Bend down to the child's level, speak in a calm, reassuring tone, listen to his or her concerns and use simple, clear words to provide reassurance.

Formal and Informal Communication

Communication can be grouped into two categories: informal communication and formal communication.

Recognition of formal and informal types of communication is vital to the success of a partnership. The type of communication that occurs between partners will directly or indirectly affect the partnership. There is a need for both formal and informal communication strategies. It is suggested that ongoing evaluation of communication strategies will facilitate the determination of strategies that are appropriate for the partnership at a given time.

(Scott-Taplin, 1993, as cited in Vollman, Anderson and McFarlane, 2008, p. 129)

Informal communication: This may be a casual discussion, verbal exchange, note or memorandum that may adhere less strictly to rules and conventions, for example, a short note to a friend (Schneider, 2004). E-mail can be an effective form of informal communication if used appropriately between partners. However, note the following when using e-mail to transmit client information rather than as a means of communication:

The College of Nurses of Ontario provides the following direction regarding e-mail communication:

The use of e-mail is widespread in the business and health care environment. However, e-mails are an inherently insecure method of transmitting confidential information. Messages can easily be misdirected or intercepted by unintended recipients. The information can be read, forwarded and/or printed. For these reasons, nurses should avoid transmitting client information by unsecured e-mail. To ensure clear communication and to meet the CNO Documentation Practice Standard, public health nurses should refrain from using standard e-mail to send health record information (College of Nurses of Ontario, 2005, pp. 15–16).

Determine your health unit's policy on the appropriate use of e-mail.

Formal communication: This may be a presentation or written piece that strictly adheres to rules, conventions and ceremony and that is free of colloquial expressions (Schneider, 2004). A brochure, pamphlet or fact sheet prepared by the health unit for dissemination to the public is an example of formal communication. Much thought and effort is put into these formal methods of communication, involving the expertise of communications staff, graphic design teams, members of the public and public health providers.

Check out these resources for further learning about communicating using clear language:

- *Literacy BC http://www2.literacy.bc.ca/facts/clear.pdf*
- *Plain Language Online Training http://www.plainlanguagenetwork.org/plaintrain/*

Language

Having considered some of the aspects and methods of communication, it is important to consider how clearly your message is being communicated by the words you choose to use. Using clear language that is concise and at an appropriate level for the intended audience is important to convey your message to your clients. When we use complicated language, the client may lose the point we are making and the overall message is lost.

There are also cultural aspects to the use of language. Some language may offend various groups. Use language that is inclusive of all life situations and your client's definition of their family. For example, if you are teaching a prenatal class, the best terminology to use would be "partner" and not "husband or wife" because it is possible that not all the couples are married and the people present may not be couples at all: one of the pregnant women could be homosexual and not disclose that to the group and attend classes with a male friend.

Health Literacy

Literacy is a greater predictor of health status than any other sociodemographic variable (Ronson & Rootman, 2004, as cited in Stanhope, Lancaster, Jessup-Falcioni & Viverais-Dresler, 2008, p. 89). In ethnocultural communities, literacy can be a barrier to health services. Thus, literacy is a complex issue for public health nurses. Low literacy levels are a social determinant of poor health and present challenges when public health nurses are trying to improve health outcomes through health promotion and disease prevention campaigns.

The Canadian Public Health Agency defines health literacy as "skills to enable access, understanding and use of information for health." Read the fact sheet below to examine the relationship between levels of health literacy and health outcomes (Canadian Council on Learning, 2008).

Health Literacy in Canada: A Healthy Understanding 2008 Fact Sheet
http://www.ccl-cca.ca/NR/rdonlyres/31A74A3D-6974-45F9-A601-BFA318495555/0/HealthLiteracyFactSheetFeb2008E.pdf

Communication and Health Status

When planning and evaluating programs and services to improve the health of a population or a community, health units assess the health needs of their local population through the analysis of data, including information known as health status indicators. These are indicators of well-being, burden of illness and life expectancy, among others. "Health status data of the community, such as trends in mortality rates (maternal and infant death rates), morbidity rates (e.g., common infectious diseases and chronic conditions) and life expectancy provide indications regarding the health of the population" (Yui, 2008, p. 180). Public health nurses assess their population's health status to examine population trends, anticipate needed services and direct programming such as dissemination of health promotion materials to meet the developmental and situational needs of their communities.

Health units communicate with the general public by disseminating various resources, such as fact sheets, pamphlets or brochures. When designing a resource, it is important to consider the needs, literacy levels and health status of the community. For example, health status data indicate that remote northern communities have higher rates of smoking, obesity, suicide and alcohol use than the nation's averages (Statistics Canada, 2002). A public health nurse using these health status data would promote healthy lifestyles and community support to combat the social determinants of social isolation and poverty among First Nations (Yui, 2008, p. 181).

Learning Activity #2

- ❑ Obtain a brochure, pamphlet or fact sheet from your health unit.
- ❑ Look at the brochure, pamphlet or fact sheet and determine the topic and the target population.
- ❑ Find information about the health status of the target population in your community or health unit related to the topic in the brochure. For example, the brochure's topic may be about colorectal cancer screening tests and the target population is males 50 years of age and older. Does the information in the brochure, pamphlet or fact sheet reflect the epidemiological data available in your health unit, such as the socioeconomic determinants of health? (For hints on how you could access these data, see below.)
  - If your health unit participates in the Rapid Risk Factor Surveillance System, you could review the health status data on the system's Web site at http://www.rrfss.on.ca/index.php?pid=21. Speak with the epidemiologist at your health unit or ask your guide for help.

Review the brochure, pamphlet or fact sheet once again to determine if the topic and target population are aligned with health status data for your community. Do the topic and target population match the data? Make a few notes on your findings.

_____

_____

Learning Activity #3

Go to the Canadian Council on Learning's interactive literacy map and determine the literacy level for your health unit's area. http://www.ccl-cca.ca/CCL/Reports/HealthLiteracy?Language=EN

Take the brochure, pamphlet or fact sheet used in Learning Activity #2 and evaluate how well it matches the literacy level for your area. Do you think the general public can understand the message in the brochure and understand why the message is important? Why or why not?

Match?

❑ Yes_____

❑ No _____

Message understandable to general public?

❑ Yes_____

❑ No _____

Message important to general public?

❑ Yes_____

❑ No _____

Images in Health Communication Messages

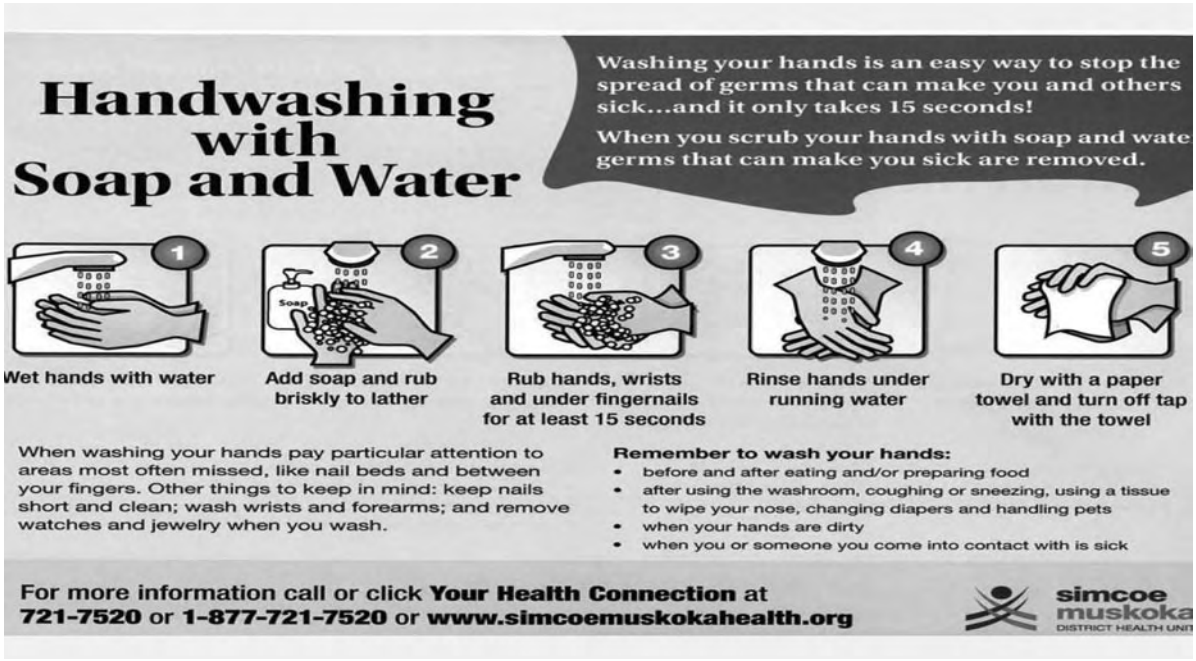
When developing a client resource, such as a brochure, pamphlet or fact sheet for distribution to the public, it is important to match the language with images to convey the message. It is also important that the images support key messages from other programs of your health unit.

Figure 1 shows an image taken from a health unit brochure. Note that the mother and baby are wearing bike helmets. Although this photo was used in a brochure for a breastfeeding campaign, careful attention was given to reflecting other health unit messages such as bicycle safety for children and adults, role modeling helmet use and healthy living choices, including exercise and using bicycles as a form of active transportation.

Figure 2 shows a brochure used for a hand-hygiene campaign. Softer colours were used because they appeal to many people and age groups. The information is communicated with words and images at the same time, even though the images alone would tell the story. This information can be used in a school setting for children, in public rest rooms and in workplaces. The language is clear for audiences at all levels of reading. The brochure provides a simple message with clear instructions, and the images are placed in a row as well as numbered so it is clear that hand washing is something that you do in steps.

Figure 1

Figure 2



Learning Activity #4

Review the following fact sheet from the Public Health Agency of Canada for information regarding the use of images when communicating with clients via written materials.

Healthy Images Fact Sheet
http://www.phac-aspc.gc.ca/dca-dea/allchildren_touslesenfants/she_healtyimages_e.html

Using the same brochure, pamphlet or fact sheet you used in the previous learning activities, look at the overall presentation in relation to your health unit's key messages and pictures. Does it meet the requirements for healthy images? Is it appealing to the reader? Would the target population understand it? Are the pictures and messages complementary? Do the pictures match the messaging from the other programs of your health unit? (For example, if the resource is about playground safety, do the children have hats on in the sun?)

Meet requirements?

❑ Yes_____

❑ No _____

Appealing to the reader (target)?

❑ Yes_____

❑ No _____

Understandable?

❑ Yes_____

❑ No _____

Pictures and messages complementary?

❑ Yes_____

❑ No _____

Other messages?

❑ Yes_____

❑ No _____

Interpretation Services

A public health nurse is sometimes faced with a communication barrier when she or he does not speak the same language as the client. Some health units have access to interpretation services. When using an interpreter, ensure the client is aware that the service is being used and consents to its use. Speak slowly enough for the interpreter to understand you and use plain language. Be careful about using medical terms. Use common language but also be cautious regarding using slang and street terms. These sometimes do not translate well and can be offensive to other cultures.

Learning Activity #5

Determine if your health unit has an interpretation service. What is the protocol for its use?

Protocol for use is:_____

_____

_____

How many languages are provided for by the interpretation services, if your health unit has one?

_____

_____

References

- Canadian Council on Learning. (2008). *Health literacy in Canada: A healthy understanding 2008 fact sheet*. Retrieved November 17, 2008, from http://www.ccl-cca.ca/NR/rdonlyres/31A74A3D-6974-45F9-A601-BFA318495555/0/HealthLiteracyFactSheetFeb2008E.pdf

- College of Nurses of Ontario. (2005). *Practice standard: Documentation*. Toronto: Author.

- Community Health Nurses Association of Canada. (2008). *Canadian community health nursing standards of practice*. Ottawa: Author.

- Public Health Agency of Canada. (2007). *Core competencies for public health in Canada, release 1.0*. Ottawa: Author.
- Schneider, M. (2004). *Literary terms. Language Arts Resource Center*. Retrieved November 18, 2008, from http://www.armour.k12.sd.us/Mary's%20Classes/literary_terms_glossary.htm
- Scott-Taplin, C. M. (1993). *The development of partnerships among community agencies working with vulnerable groups*. Unpublished master's thesis, University of Calgary, Calgary, Alberta.
- Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais –Dresler,G. (2008). *Community health nursing in Canada* (1st ed.). Toronto: Mosby Elsevier.
- Statistics Canada (2002). Annual Health Reports: How healthy are Canadians? Retrieved November 25, 2008 from http://www.statcan.gc.ca/pub/82-003-s/2002001/pdf/4195132-eng.pdf
- Yiu, L. (2008). Community care. In L. L. Stamler & L. Yiu. (2008). *Community health nursing: A Canadian perspective* (2nd ed., pp. 176–196). Toronto: Pearson Prentice Hall.

Section 3
Partnerships

Introduction

Partnerships are relationships between individuals, groups or organizations wherein the different participants in the relationship work together to achieve shared goals (Diem and Moyer, 2005). Partnerships form the basis for our work in public health. People and communities have the information, knowledge and skills required to make choices for health. Strong partnerships set the stage for identifying needs and setting common goals. Partners work to develop, implement and evaluate an action plan that helps to build community capacity.

In this section you will:

- ❑ *develop an understanding of why partnerships are essential to public health practice;*
- ❑ *understand how community capacity is built through the development of partnerships; and*
- ❑ *understand the importance of interprofessional collaboration to partnership.*

After completing this section, you will be able to:

- ✔ define partnerships within a public health context;
- ✔ explain how partnerships build community capacity;
- ✔ identify the guiding principles for creating a sustainable partnership;
- ✔ identify the indicators of a successful partnership;
- ✔ apply the process for partnership development; and
- ✔ practice effectively in an interprofessional environment.

The following resources will help you understand the role partnership development plays in your work as a public health nurse. Review these points of interest and definitions to get you going on your journey:

- ✔ Canadian Community Health Nursing (CCHN) standards (Community Health Nurses Association of Canada, 2008):
  - Standard #2, building individual/community capacity (review the whole standard, p. 12)
  - Standard #3, building relationships (review the whole standard, p.13)
  - Standard #4, facilitating access and equity (review 1, 7 and 11, p. 13)
- ✔ Core competency #4, partnerships, collaboration and advocacy (review the whole section, p. 20) (Public Health Agency of Canada, 2007)
- ✔ In the work by Scott & MacKean (2008), read the material on community capacity (pp. 115–116) and on partnerships (pp. 123–135).
- ✔ Take a look at Chapter 5 in the Community Tool Box (*Choosing Strategies to Promote Community Health and Development*) to better understand how partnerships can be used to organize community change http://ctb.ku.edu/tools/chapter_1010.htm

- Review the Community Tool Box toolkit entitled *Maintain Coalitions and Partnerships: Outline for Maintaining Coalitions and Partnerships* for an understanding of how to maintain partnerships within a coalition http://ctb.ku.edu/tools/coalitions/expand/outline.jsp
- For some interesting examples of successful coalitions, see *How to Work with Coalitions…the Best Start Experience*, a resource developed by Best Start: Community Action for Healthy Babies http://www.beststart.org/resources/howto/pdf/COALITIONS.pdf

Interprofessional Collaboration: Key to Partnership Success

Interprofessional collaborative practice facilitates a public health nurse's work with other health care providers to meet the needs of clients. Multidisciplinary teams may include "some or all of an extensive list of RNs, LPNs/RPNs, public health inspectors, epidemiologists, health promotion specialists, program evaluation specialists, strategic communication specialists, graphic designers, dieticians, dental professionals, family support personnel, social workers and physicians" (Battle Haugh & Mildon, 2008, p. 43). Interprofessional **practice** has been described as a partnership between a team of health professionals using a participatory, collaborative and coordinated approach to shared decision-making on health issues (Orchard, Curran and Kabene, 2005). Interprofessional **collaboration** has been described as an "inter-professional process of communication and decision-making that enables the separate and shared knowledge and skills of health-care providers to synergistically influence the client/patient care provided" (Way & Jones, 2000, p. 1). Interprofessional **collaborative practice** is used in coalition building and policy and community development. In interprofessional collaboration and practice, public health providers from many disciplines work together closely and communicate frequently to optimize care and services for clients. They use their specific expertise to enhance intended client outcomes. Enablers of interdisciplinary practice include sharing common values and beliefs and mutual respect, including the building of trust and spending time learning and working together.

The following Web sites provide information on interprofessional collaborative practice:

- Read the Canadian Nurses Association's position statement on interprofessional collaboration. This statement focuses on the six principles of interdisciplinary collaboration in primary health care (Canadian Nurses Association, 2005). http://cna-aiic.ca/CNA/documents/pdf/publications/PS84_Interprofessional_Collaboration_e.pdf
- Read the Public Health Agency of Canada's Web page entitled *Health is Everyone's Business* for more information on how interprofessional practice affects public health. http://www.phac-aspc.gc.ca/ph-sp/collab/index-eng.php

- ✔ Review the Community Tool Box's Web page entitled *Developing Multisector Collaborations*. Partnerships involving members from other sectors are discussed. http://ctb.ku.edu/en/tablecontents/sub_section_main_1385.htm

Now that you have reviewed all of the above resources, it is time to test your skills.

Learning Activity #6

On the basis of the recommended readings on interprofessional practice earlier in this section answer the following questions concerning the scenario presented below and discuss your answers with your guide.

Scenario:
One of the areas of responsibility for public health nurses is emergency planning. Your health unit is in the process of planning for an emergency reception centre to be opened in case part of the community needs to be evacuated because of a flood, explosion, fire or other emergency. You are one of the public health nurses on the planning team.

1. Who are the potential partners with whom you would work to plan for a reception centre? What role(s) would each partner play to contribute to the outcomes?

_____

_____

_____

_____

_____

2. List three challenges of interprofessional practice that may occur in this scenario. How might they be overcome?

_____

_____

_____

_____

_____

You may use the answers at the end of this module as a resource.

Partnerships and Coalitions

Public health practitioners from various disciplines form partnerships to collaborate to address public health issues. Partnership is defined as a collaboration between individuals, groups, governments or sectors for the purpose of joint action to achieve a common goal (Public Health Agency of Canada, 2007, p. 12). Public health nurses participate in coalitions, which are a type of partnership. Stanhope et al. (2008) state, "A coalition refers to groups that share a mutual issue or concern and join forces to attain a common goal in reference to addressing the issue" (p. 250). Visit Best Start's document entitled How to Work with Coalitions and scroll to page 8 to review a humorous recipe for a good coalition.

http://www.beststart.org/resources/howto/pdf/COALITIONS.pdf#search="coalitions"

This document also features some quick tips for working with coalitions (page 9).

What is the best way to develop a partnership? The learning activity below to may assist you to answer that question.

Learning Activity #7

You have contacted the director of a local youth centre. She is concerned that most of the children using the local skate park are not wearing helmets or other protective gear. The local youth centre is in a social housing neighbourhood. There is a strong parents group in the community. She doesn't know where to start to address her concerns and is asking for your help.

Visit the following Web sites for background information to complete the learning activity.

- Smartrisk. (2006). Ontario Injury Compass, *Wheeled Recreation Injuries*, Vol. 3, Issue 3 http://www.oninjuryresources.ca/downloads/Compass/2006/2006-03-OICompass-wheeled.pdf
- Public Health Agency of Canada. (2008). *CHIRPP injury reports: injuries associated with…* http://www.phac-aspc.gc.ca/injury-bles/chirpp/injrep-rapbles/index-eng.php
- American Academy of Pediatrics. (2002). Skateboard and scooter injuries. *Pediatrics*, 109(3), 542–543. http://aappolicy.aappublications.org/cgi/reprint/pediatrics;109/3/542.pdf
- Australian General Practice Network. (2008). *Youth participation*. http://www.primarymentalhealth.com.au/site/index.cfm?display=16127
- Forsman, L., & Eriksson, A. (2001). Skateboarding injuries of today. *British Journal of Sports Medicine*, 35, 325–328. Retrieved November 26 from http://bjsm.bmj.com/cgi/content/abstract/35/5/325
- Health Professions Regulatory Advisory Council. (2008). *Interprofessional collaboration*. http://www.hprac.org/en/projects/Interprofessional_Collaboration.asp

Using the worksheet below, based on the *Process Model for Partnership Development* (Scott & MacKean, 2008, pp. 131–133), identify the approach you'll use to develop partnerships to address the issue. Consider the *Guiding Principles of Partnerships* during this exercise (Scott & MacKean, 2008, p. 135).

Further down the road, you might find it helpful to refer to the Community Tool Box, Chapter 5: *Choosing Strategies to Promote Community Health and Development: Section 1 - Strategies for Community Change and Improvement* http://ctb.ku.edu/tools/sub_section_main_1053.htm

Answers have been provided at the end of this module as a resource. Once you've completed this activity, discuss your answers with your guide and then continue on your learning journey.

Worksheet (for Learning Activity #7)
Process Model for Partnership Development

MODEL STEP	YOUR APPROACH (QUESTIONS AND STRATEGIES)
1. Awareness of need	What questions do you need to consider to determine if a partnership is needed? How will you gather this information? Hints to consider: Previous injury prevention strategies, local prevalence of helmet use, research related to injuries
2. Exploration with potential partners	What criteria would you use for partner selection? List three potential partners.
3. Formulation of partnership vision	List three things that need to be in place when working in partnership to form a vision.
4. Commitment from potential partners	What strategies can be used to establish and maintain a high level of commitment?
5. Partnership agreement	What are the guiding principles of a partnership agreement?
6. Partnership implementation	What are partnership processes and activities? Provide three examples of partnership activities based on the scenario.

References

- Battle Haugh, E., & Mildon, B. (2008). Nursing roles, functions and practice settings. In L. L. Stamler & L. Yiu (Eds.), *Community health nursing: A Canadian perspective* (2nd ed., pp. 41–64). Toronto: Pearson Prentice Hall.
- Canadian Nurses Association. 2005. *Position statement on interprofessional collaboration.* Retrieved November 22, 2008, from http://cna-aiic.ca/CNA/documents/pdf/publications/PS84_Interprofessional_Collaboration_e.pdf

- Community Health Nurses Association of Canada. (2008). *Canadian community health nursing standards of practice.* Ottawa: Author.
- Diem, E., & Moyer, A. (2005). *Community health nursing projects: Making a difference.* New York: Lippincott, Williams & Wilkins.
- Orchard, C., Curran, V., & Kabene, S. (2005). Creating a culture for interdisciplinary collaborative professional practice. *Medical Education OnLine 10*, 11. Retrieved October 20, 2008, from http://wagecc.gwumc.edu/pdf/Creating_Culture.pdf
- Public Health Agency of Canada. (2007). *Core competencies for public health in Canada, release 1.0.* Ottawa: Author
- Scott, C., & MacKean, G. (2008). Strengthening community action: Public participation and partnerships for health. In A. R. Vollman, E. Anderson & J. McFarlane (Eds.), *Canadian community as partner* (2nd ed., pp. 131–135). Philadelphia: Lippincott, Williams & Wilkins.
- Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dresler, G. (2008). *Community health nursing in Canada.* Toronto: Elsevier Canada. (1st Canadian ed.).
- Way, D., & Jones, L. (2000). *Canadian Nurse Practitioner Initiative. Questions and answers: Collaborative practice.* Retrieved November 22, 2008, from http://206.191.29.104/documents/pdf/Q_A_practice_2005_e.pdf

You've completed another leg of your journey…awesome work!!!
You're movin' on to the last section of the last Module.

Section 3 Professional Boundaries

Introduction

The consideration of professional boundaries is important for public health nurses in their relationships with clients and with other professionals and in their personal relationships. Public health nurses must maintain professional boundaries in relationships in the homes of clients and in community settings that often continue over long periods and where professional and social relationships may become blurred (Community Health Nurses Association of Canada, 2008, p. 13).

Public health nurses will often find themselves in situations in which they have to clearly identify their personal values and beliefs and their professional obligations in relationships. In these situations, a clear understanding of scope of practice, organizational expectations and intrinsic values and beliefs is vital. Nurses are responsible for effectively establishing and maintaining the limits or boundaries in the therapeutic nurse–client relationship (College of Nurses of Ontario, 2006, p. 7). Owing to the nature of their work, public health nurses may be challenged to maintain professional boundaries while working in certain practice settings, such as a client's home. Their relationship with the family may expose them to details of the family's private lives. The close relationship may lead to the public health nurse experiencing more stress than usual. This type of stress is known as vicarious trauma.

In this section you will:

- ❑ *explore what is meant by professional boundaries within therapeutic relationships;*
- ❑ *evaluate intrinsic values and beliefs in order to create professional, interprofessional and personal boundaries; and*
- ❑ *explore the potential psychological impact of public health practice.*

After completing this section you will be able to:

- ✔ identify scope of practice to maintain interprofessional boundaries;
- ✔ list various types of professional nurse–client boundaries;
- ✔ differentiate between personal life and professional role; and
- ✔ identify self-care and resiliency strategies to prevent or minimize vicarious trauma.

Types of Professional Boundaries

- ✔ **Nurse–Client Boundary:** A boundary in the nurse–client relationship is the point at which the relationship changes from professional and therapeutic to unprofessional and personal. Crossing a boundary means that the care provider is misusing the power in the

relationship to meet her or his personal needs, rather than the needs of the client, or behaving in an unprofessional manner with the client. The misuse of power does not have to be intentional to be considered a boundary crossing (College of Nurses of Ontario, 2006)

- **Interprofessional Boundary:** It is important for health professionals to understand the limitations of each other's roles and responsibilities (College of Nurses of Ontario, 2007, p. 11). Knowing one's scope of practice and the responsibilities of colleagues within that scope facilitates teamwork and supports quality care for the public (College of Nurses of Ontario 2007, p. 11). When a nurse provides care that is beyond her or his skill, knowledge level or authority, the client's well-being is put at risk (College of Nurses of Ontario, 2007, p. 10)

- **Personal–Professional Boundary:** As a regulated health professional, you are both a private citizen and a professional accountable to the College of Nurses of Ontario and to the public. Although there may seem to be a clear dividing line between your professional and personal lives, how you deal with situations and people outside of the workplace can sometimes affect how you are perceived as a trusted professional. Being aware of how your personal and professional lives are linked is important if you are to play your part in protecting the public trust given to the nursing profession (College of Nurses of Ontario, 2004, p. 11).

Check out these points of interest as you continue on your journey:

- Canadian Community Health Nursing (CCHN) standards (Community Health Nurses Association of Canada, 2008): Standard #3, building relationships (see 1, 9, 10, p. 13)
- The 2006 revision of the College of Nurses of Ontario's practice standard on the therapeutic nurse–client relationship establishes the professional expectations for nurses. http://www.cno.org/docs/prac/41033_Therapeutic.pdf
- College of Nurses of Ontario. (2004). Personal choices and the regulated professional. The Standard –29(1), 10–13. Read this journal article for a good description of personal–professional boundary issues. http://www.cno.org/pubs/mag/TSMvol29no01.pdf
- The Canadian Nurses Association's Code of Ethics (2008) outlines the ethical principles by which all nurses should function. http://www.cna-nurses.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf
- Ensure that you have completed the component of your agency orientation wherein you learn how to access agency policies and procedures related to professional and personal conduct (for example, the code of conduct section on acceptance of gifts).

Now that you have read all the above points of interest for information, it is time to test your skills.

Learning Activity #8

Case Study

A public health nurse has been living in the same community for many years and has recently begun working in her local public health unit. While attending a private function on a weekend, a woman she has known for many years approaches her and asks to speak with her confidentially. The woman knows that the public health nurse has recently started working at the health unit and wants to speak to her about her granddaughter. She tells the public health nurse that her 16-year-old granddaughter is pregnant. She wants the public health nurse to talk to her granddaughter. The woman states that she wants her granddaughter to have an abortion. In this scenario, the public health nurse does not personally believe in abortion.

1) How should the public health nurse in the scenario deal with this situation?
2) Identify the types of boundary issues that might develop in this scenario.
3) What are the potential effects of the public health nurse's personal values and beliefs on her interaction with the individuals in the scenario and what course of action should the public health nurse take regarding her own values and beliefs?

Answers are provided at the end of this module

Vicarious Trauma

Hearing directly from the victims of trauma, seeing physical suffering and encountering a family's hopelessness can touch the professional as strongly as if she or he had had the first-hand experience. Thus, vicarious trauma has been defined as "the emotions and behaviours resulting from the knowledge of the traumatizing events of others, and the painful and disruptive impact this may have upon the helper" (Howe, 1998). This author notes that health care providers are especially vulnerable to this trauma because they:

- ✔ have frequent contact with clients, especially children, who have experienced trauma;
- ✔ have high workload demands;
- ✔ have significant responsibility for determining the outcome of a traumatizing event for others;
- ✔ have their decisions scrutinized by the public and the media;
- ✔ work alone in the community; and
- ✔ display empathy as a primary resource in the performance of their duties.

Situations that could lead to vicarious trauma for public health nurses include the following :

- ✔ outbreaks of disease with subsequent mortality and morbidity (e.g., Walkerton, SARS);

- ✔ visiting at-risk clients when family violence is a threat or is present;
- ✔ a fatal car accident of a teen at a school where the public health nurse works;
- ✔ providing services for a family facing deportation; and,
- ✔ community disasters, such as a chemical explosion, flood, train derailment or ice storm.

Visit the following Web sites to access information about vicarious trauma:

- ❑ *Invest in Kinds*
  http://www.investinkids.ca/SearchPage.aspx?keyword_search=vicarious+trauma

- ❑ *Public Health Agency of Canada*
  A Guidebook on Vicarious Trauma for the ABCs of Addressing Vicarious Trauma and the self-assessment scale on the same page. This self-assessment may be of value as your practice evolves and you deal with more complex situations. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/trauma_e.pdf, pages 29–31

Learning Activity #9

Following involvement with a traumatic occurrence in your community, you notice symptoms of vicarious trauma in yourself. What are the symptoms? What are some ongoing self-care (prevention) and resiliency (treatment) strategies you can use to address the emotional stress related to public health nursing practice?

Symptoms of vicarious trauma: _____

_____

_____

Self-care and resiliency strategies: _____

_____

_____

Answers are provided at the end of this module

You are about to complete this module ……. but before you do reflect on what you have learned and complete the following sentence

Developing an understanding of how my own values and beliefs may affect my professional actions and judgements as a public health nurses is important because

References

- College of Nurses of Ontario. (2004). Personal choices and the regulated professional. *The Standard 29*(1), 10–13.
- College of Nurses of Ontario. (2006). *Therapeutic nurse–client relationship.* Retrieved November 23, 2008, from http://www.cno.org/docs/prac/41033_Therapeutic.pdf
- College of Nurses of Ontario. (2007). It takes a team. *The Standard* 32(4), 10–13.
- Community Health Nurses Association of Canada. (2008). *Canadian Community Health Nursing Standards of Practice.* Ottawa: Author.
- Howe, P. (1998). *The peer support team. Procedures and reference manual.* Toronto: Children's Aid Society.

Answers to Learning Activities for Module 3

Learning Activity #1:

ASPECT OF CARING	DEFINITION AND RELATION TO THE SCENARIO
Advocacy	• This client may need some assistance with obtaining essential resources, such as food, child care and money. He may also need assistance to communicate with his employer. • He may need assistance with accessing community resources, such as the food bank or other community agencies. • He may need help establishing a social safety net. • You should broaden your nursing focus from individual determinants of health to include sociopolitical determinants.
Respect	• Establish mutual goals with the client. • Caring involves helping a person gain more self-knowledge, self-control and readiness for self-healing. • The nurse and client decide together on the role each will play in working toward health goals. • The nurse respects the client's fears and acknowledges them, possibly related to tuberculosis itself, the risk to his family and financial pressures.
Trust	• Provide evidenced-informed information to the client. • Keep appointments with the client. • Provide an approximate timeline for treatment. • Provide interventions, including maintaining confidential counselling, treatment, therapy, referral, follow up and investigation. • Caring occurs within a helping–trusting relationship and is directed toward protecting and enhancing the dignity of others. • Health teaching is not a didactic giving of information, but an exploration of the meaning of the situation and the provision of information and development of skills that the client and nurse identify as necessary to enable the client to gain greater control over his health.
Empathy	• Acknowledge the client's situation and the difficulty he and his family are experiencing
Cultural competency	• Nurses need to understand themselves and be sensitive to others. • Acknowledge the differences in the ways clients and families respond to illness and treatment and how those ways differ from the public health nurse's own ways.
Honesty	• Communicate in an open manner.
Spiritual	• The nurse must be aware of how spirituality is included in the client's life and understand that client decisions related to spirituality may affect the plan of care.

Socio economic	• Assist the client to access needed equipment. • Be aware that poverty is the single greatest threat to health. • Work with the family to identify community resources. • Mobilize community resources to meet the family's needs.
Family, work and health	• Work with the family to assist its members to adapt to health and illness. • Obtain the client's permission to involve his wife in planning his care. • Explain the role of the public health nurse in assisting the client to communicate with his employer. • The public health nurse must be aware that the role that this client has in his own household may be affected by his illness and this could be putting his family life out of balance and affecting other aspects of his life.
Moral/ethical views	• Nurses need to understand their own moral perspectives, their values and their beliefs and be sensitive and respectful of others. • The nurse's part of the caring relationship is to clarify values and be authentically present to clients.

Learning Activity #6:

1.

Partners	Role
St. John Ambulance	First aid, work with public health nurses
Red Cross	Registration, clothing, bedding
Salvation Army	Food
Community pharmacy	Medication refills
Public health inspector	Facility and food inspection before and during event
City or municipality	Provision of facility (e.g., community centre)
Police	Security
Social services	Money, housing
Community Care Access Centre	Nursing services to those in need
Public health nurses in community agencies	Counselling, first aid, Medication refills, referrals
Public transportation	Access to reception centre
Community health clinic	Non-emergency immediate health care needs
Social workers	Counselling

Answers to Learning Activities for Module 3

- **Learning Activity #2:** Answers will vary.
- **Learning Activity #3:** Answers will vary.
- **Learning Activity #4:** Answers will vary.
- **Learning Activity #5:** Answers will vary.

NOTE: This table includes many but not all services that would be needed in an emergency reception centre. Please add your own ideas.

2.

Challenge of inteprofessional practice	Overcoming challenge
Duplication of roles	Clearly outline roles and responsibilities
Each partner wanting their own needs met	Establishing group terms of reference
Incorrect expectations of partners	Clearly outline roles and responsibilities
Partners at the table not able to make decisions	Ensure that those at the table have the power to speak for their organizations
Not enough money	Establish the budget and how supplies will be handled (may need to be included in the terms of reference or in the overall plan)

Learning Activity #7:

MODEL STEP	YOUR APPROACH (QUESTIONS AND STRATEGIES)
1. Awareness of need	1. What does the research say about the risk of injury related to not wearing a helmet while skateboarding? Ontario hospitalization data on injuries from skateboard use (Smartrisk, Ontario Injury Compass, *Wheeled Recreation Injuries*, March 2006, Vol. 3, Issue 3) Look for local injury data in the Public Health Agency of Canada's CHIRPP injury reports (Canadian Hospitals Injury Reporting and Prevention Program) http://www.phac-aspc.gc.ca/injury-bles/chirpp/injrep-rapbles/index-eng.php American Academy of Pediatrics policy on skateboard and scooter injuries http://aappolicy.aappublications.org/cgi/reprint/pediatrics;109/3/542.pdf Fractures were found in 29% of the casualties, and four children had concussion (Forsman, L., & Eriksson, A. (2001). Skateboarding injuries of today. *British Journal of Sports Medicine*, 35, 325–328). http://bjsm.bmj.com/cgi/reprint/35/5/328 (Other research articles or Web site information may be obtained to support the concern.) 2. How would you gather information on the local prevalence of helmet use at the skate park? Meet with the director of the youth centre to discuss his or her observations. Consult with the health unit epidemiologist or local hospital about local data regarding injuries related to skateboard use. Review CHIRPP data (as above).

	3. Who would you partner with to determine the injury prevention strategies that have been implemented to date? Meet with the director and staff of the youth centre. Speak with a public health nurse from the injury prevention team. 4. Is there a target audience for a partnership project? To determine this, review local statistics for injuries related to lack of helmet and gear use while skateboarding. 5. Is the political climate in the community amenable for the partnership? Meet with the parent group. Identify if there is a champion in the community who could increase the effectiveness of the partnership. Consult with community leaders and police. **Reference:** Bingle, C. (2002). *Evaluation framework for partnership in public health*. Barrie: Simcoe Muskoka District Health Unit.
2. Exploration with potential partners	Criteria for partner selection: • Select partners who convey the same message and ideals in keeping with the objectives of the partnership. • Investigate potential partners for conflict of interest or ethical concerns. • Choose partners that have an affiliation with the community/sense of community responsibility. Reference: Bingle, C. (2002). *Evaluation framework for partnership in public health*. Barrie: Simcoe Muskoka District Health Unit. Potential partners • Youth: Use Hart's ladder of youth engagement to ensure meaningful involvement http://www.primarymentalhealth.com.au/site/index.cfm?display=16127 • Local sports store (supply helmets at reduced cost) • Group responsible for maintaining skate park and enforcing the rules • Parents group • Local hospital or health care clinic
3. Formulation of partnership vision	Partners agree on basic guiding principles for the partnership. Partners have shared vision, goals and objectives. Vision of the partnership is realistic, attainable, flexible and time limited. Vision of the partnership is clearly defined, stated and understood by partners. The vision should be stated formally (mission statement) or informally (signed letter, verbal agreement). References: Bingle, C. (2002). *Evaluation framework for partnership in public health*. Barrie: Simcoe Muskoka District Health Unit. Scott, C., & MacKean, G. (2008). Strengthening community action: Public participation and partnerships for health. In A. R. Vollman, E. Anderson & J. McFarlane (Eds.), *Canadian community as partner* (2nd ed., pp. 131–135). Philadelphia: Lippincott, Williams & Wilkins.

4. Commitment from potential partners	Strategies: • Identify partners on the basis of their ability to contribute to the goals of the project. • The mandate, values and culture of the partner's organization should support the vision. • Establish and agree upon levels of participation and commitment of partners. For example: - participate in setting meetings; - attend the meetings; -volunteer to chair or write minutes; and -commit to accepting responsibility for particular actions. • Each partner should openly share their reasons for participation. If it is not possible for the partnership to meet the individual's needs, the partner should be given the opportunity to withdraw. This will ensure that partners who remain involved are committed to the project. Reference: Scott, C., & MacKean, G. (2008). Strengthening community action: Public participation and partnerships for health. In A. R. Vollman, E. Anderson & J. McFarlane (Eds.), *Canadian community as partner* (2nd ed., p. 134). Philadelphia: Lippincott, Williams & Wilkins.
5. Partnership Agreement	• Partners must agree on guiding principles for the partnership, which normally are included in terms of reference document. Some examples of guiding principles are the following: - partners will agree to the mission, goals, objectives, and activities that have been established for the partnership; - partners will be recognized for their unique contributions; - all partners recognize that the capacity to achieve a common purpose is greater when working in partnership than working individually; - all activities performed on behalf of the partnership will embody the vision and values of health promotion; and - the structure of the partnership will remain flexible to accommodate changing needs. For further examples, see Scott, C., & MacKean, G. (2008). In A. R. Vollman, E. Anderson, & J. McFarlane, (Eds.), *Canadian community as partner* (p. 135). Philadelphia: Lippincott, Williams & Wilkins.
6. Partnership Implementation	What are partnership processes and activities? • Develop an agenda to give the partnership direction. • Hold effective meetings with reasonable location, frequency and length. • Allow for flexibility in the schedule that is able to meet key deadlines. • Form subcommittees or active planning groups to carry out partnership activities, sustain momentum and encourage participation. • Deliver timely, effective communication between partners. • Establish a process for decision making. • Implement interventions that are appropriate, effective, feasible, realistic and well timed. • Provide adequate marketing and promotion of the intervention. Reference: Bingle, C. (2002). *Evaluation framework for partnership in public health*. Barrie: Simcoe Muskoka District Health Unit. Examples of activities of the partnership based on the scenario: - Communicate to park users, parents and the community at large. - Offer subsidized helmets and gear for park users. - Monitor helmet and gear usage.

Learning Activity #8

- **Boundary issue:** The public health nurse is at a personal, private function outside of work hours and she has been approached by a person requesting service. She is not obligated to provide service. An appropriate way to deal with this situation would be to refer the person to the health unit's telephone information line or Web site or to the health unit's receptionist and tell her ask to speak with a public health nurse who works in this program area.
- **Values and beliefs issue:** The public health nurse should avoid sharing her personal values and beliefs. Refer back to the definition of the personal–professional boundary. The public health nurse should be careful in how she communicates (verbal and body language) so as to not convey her values, beliefs and personal views, which may differ from her professional obligations.

Learning Activity #9

Signs and symptoms of vicarious trauma:

- repetitive thoughts or images of what happened;
- avoiding reminders or victims of the incident
- preoccupation with aspects of the traumatic event
- dreams or nightmares about the trauma
- inability to tolerate strong emotions or hypersensitivity to emotionally charged stimulations (e.g., movies, newspapers)
- feeling fearful or overly concerned for the safety of family members
- increased suspiciousness or mistrust
- over identifying with the victim(s)
- diminished interest in or capacity to enjoy significant activities

Self-care and resiliency strategies

- Spend more time with friends and family members to experience warmth and the fuller spectrum of happy emotions.
- Allow yourself to indulge in the same kind of self-nurturing that you advocate for in families.
- Engage in creative outlets and rediscover your creativity.
- Engage in physical activities and reconnect with your body.
- Take time for leisure pursuits.
- Become involved in volunteer work to revive feelings of hope.
- Join a political movement and work toward change.

Debrief with a colleague formally (using an established model) or informally (talking over coffee).

Conclusion
The Journey Continues

The goal of the Orientation:

Transition to Public Health Nursing manual was to ensure that:

- ❑ *All new graduate nurses and experienced nurses in transition to public health nursing are provided with a comprehensive general orientation with defined learning objectives and learning expectations. The orientation addresses both the socialization of new hires, e.g., their need of belonging, and the provision of a basis for knowledge and skill development in a consistent and evidence-based manner.*

Nurses new to public health nursing have had an opportunity to acquire knowledge and opportunities they might not otherwise have had, by reviewing this Orientation manual. Public health nurses accessing this manual have a collection of resources to aid them as their practice evolves. They may not have visited every website or completed every exercise but they know that resources are in the manual for future reference.

This orientation is lengthy but public health nurses, similar to other community health nurses, work with a high degree of autonomy when providing programs and services. Opportunities for direct supervision and coaching are few. Organizations must address the evidence-informed recommendation for a longer orientation period (Bauman, Hunsberger, Blythe and Crea, 2006; Baxter, 2007). This manual will provide new public health nurses with current information about public health science and the art of nursing.

Public health nurses are accountable to a variety of authorities and stakeholders as well as to the individual and community that they serve (CCHN Standard # 5, p. 14). The public health nurse is mandated by these Standards to seek professional development experiences that are consistent with current community health nursing practice, new and emerging issues and changing needs of the population. This orientation manual provides a path for this professional development to be accomplished. The Core Competencies for Public Health in Canada expects public health practitioners to "demonstrate an ability to pursue lifelong learning opportunities in the field of public health".

In order to fulfil the expectation for lifelong learning, there are other routes for those new to public health nursing to explore at the end of their orientation period in addition to joining the associations and interest groups listed in Module 2. Two opportunities for continuing professional development are listed here.

Skills Enhancement for Public Health: An online continuing education program

This program seeks to strengthen the public health system by helping public health practitioners across Canada develop and strengthen the

skills needed to meet the core competencies for public health through a competency-based approach. There are a series of Internet-based modules in French and English. The Internet-based modules are offered over an 8-week period during Fall, Winter, and Spring sessions. See text box on the right for the list of modules.

For more information, please visit the **Public Health Agency of Canada website.** http://www.phac-aspc.gc.ca/sehs-acss/about-eng.php#wh

The second opportunity for continuing professional development is to work toward the Community Health Nurse Certification provided by the Canadian Nurses Association (CNA). Certification became available to Canadian community health nurses in 2006. It provides official recognition by nursing colleagues and health system stakeholders of the unique community practice focus and that certified nurses are qualified, competent, and current in the practice of community health nursing. Between 2006 and 2008, 338 Community Health Nurses have received the designation CCHN(C).

Public health nurses may apply for Certification after two years of practice. The CNA Certification program recognizes this Orientation Program as a pathway to certification renewal for those who have their Certification in Community Health Nursing. Reviewing the *Orientation: Transition to Public Health Nursing* could count toward their Certification Renewal. Check if your health unit has a CNA Certification Program Video on DVD. If not, order one in French or English from CNA free of charge.

Certification Program
Canadian Nurses Association
50 The Driveway
Ottawa, Ontario
613-237-2133 or toll free at 1 – 800 – 361-8404, ext. 259.

Information about Certification and about how to reach the Certification Nurse Consultants can be found on the following website.
http://cna-aiic.ca/CNA/nursing/certification/default_e.aspx

The list of modules is provided below and new modules are being planned.

- **Orientation:** WebCT Tutorial
- **EPI1:** Basic Epidemiological Concepts
- **EPI2:** Measurement of Health Status
- **EPI3:** Descriptive Epidemiologic Methods
- **APP2:** Epidemiology of Chronic Diseases
- **APP1:** Outbreak Investigation and Management
- **SUR1:** Introduction to Public Health Surveillance
- **APP3:** Applied Epidemiology: Injuries
- **SUR2:** Communicating Data Effectively
- **STA1:** Introduction to Biostatistics

References

- Bauman, A., Hunsberger, M., Blythe, J., & Crea, M. (November, 2006). *Rural workforce: How sustainable is it?* Toronto: Nursing Health Services Research Unit.

- Baxter, P. (2007). *A literature review of orientation programs for new nursing graduates.* Toronto: Nursing Health Services Research Unit.

Implementation Information for Managers

The Purpose of orientation

This orientation package introduces new hires to public health nursing in Ontario. Chief Nursing Officers in eleven public health units indicated in a recent survey, that there was a need for a broad orientation addressing public health nursing issues such as the *Core Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards of Practice(CCHN Standards)*.

The purpose of orientation is ensuring that employees are well prepared to perform their job function, to meet job expectations, and to have a high level of understanding of the business of public health (Halton Health Department, 2008). At Halton, orientation is considered to be a shared responsibility between employer and employee.

The goal of orientation at the Chatham Kent Health Unit is to ease the adjustment of new staff by fostering their social integration into the organization and to facilitate and enhance the employee's ability to provide public health services to the community. Easing the adjustment of new staff is an important contributor to a successful orientation.

This orientation package has two foci; learning about the business of public health through the content of the manual and developing relationships in the new workplace through interaction with others. To ease the adjustment of new staff, this orientation package is *guided*, in that there is an individual designated to oversee the new hires' orientation.

Many thanks to the Chief Nursing Officers at Halton and Chatham Kent for sharing their orientation information

Using this information

- *This information is provided to assist you in implementing the orientation package in your health unit. Please read the Introduction section before reading this information.*

Reasons to adopt the orientation package.

New Hires

Retention rates of new graduates are lower than those of experienced nurses, with approximately 35% to 60% of new graduate nurses changing positions within the first year of employment (Schoessler & Waldo, 2006). Nurses at greatest risk to leave are new hires (Bauman, Hunsberger, Blythe and Crea, 2006). At Corning Glass, employees were 69% more likely to remain with the company after three years if they completed a full orientation program (Sims, 2002). Effective orientation in health care organizations is vital to the successful integration of new graduate nurses (NGNs) into practice. A recent literature review examined orientation programs for NGNs. The need for structured support to facilitate clinical competence, promote socialization, ease psychological stress and increase job satisfaction, was critical in helping NGNs commit to the profession of nursing (Baxter, 2008).

Experienced RN's are also hired into public health nurse (PHN) positions. Although the majority of these individuals have university degrees, they may not have been exposed to current public health approaches (CASN, 2007). This orientation package is one means of assisting the transition to public health nursing practice for experienced RNs from other sectors (Zahner, 2006, Zahner & Gedig, 2005).

A planned orientation improves transition to practice, decreasing stress in new hires and thereby, increases staff retention.

Accreditation

One of the mandates of a community health agency is to ensure a competent workforce through recruitment and retention of skilled professionals and the provision of ongoing training and education for all staff. The Ontario Council on Community Health Accreditation (OCCHA) and Accreditation Canada provide accreditation to public health units in Ontario. Both OCCHA proposed standards and Accreditation Canada standards include orientation standards that address workforce competencies and effectiveness in meeting agency goals and needs of the community. Core competencies and discipline-specific standards are mentioned in both accreditation processes as agency-wide approaches to ensure continuing education opportunities for staff. Professional standards such as Core Competencies for Public Health and the CCHN standards of practice are central topics in the Orientation Package providing newly hired PHNs with the opportunity to see how these standards fit within their nursing practice.

Organizational Assessments Prior to Implementation.

Before you begin implementation, you may wish to undertake an infrastructure, technology and learning environment assessment to determine if sufficient resources are available.

Human and Physical Resources: suitable human and physical resources are present.

- ✔ Are Health unit staff sufficient in numbers and academic preparation to offer the orientation package and toolkit in the manner envisioned?
- ✔ Are staff numbers, roles and functions sufficient to support this curriculum?
- ✔ Will new hires be provided with appropriate and functional technologies?
- ✔ Are library holdings sufficient in number, scope and quality?
- ✔ Will sufficient time be provided to new hires to complete the module during the first six months of their employment?

Upon reflection, if answers to these questions are primarily yes and you are able to make plans to mitigate the "no" answers, you may wish to proceed with implementation.

It is also important to assess the learning environment in your health unit before initiating the orientation package.

Learning Climate: the social, emotional and intellectual atmosphere that exists within the learning environment.

The learning climate influences the quality of life of new hires and staff assisting them. The following aspects of the learning climate should be considered for new hires undertaking the orientation package and toolkit.

- ✔ Opportunities to work through the modules are available
- ✔ Setting is conducive to learning
- ✔ Support available when undertaking learning challenges
- ✔ Sense of belonging and feeling of community
- ✔ Opportunity for new hires to work on the modules in an area other than their usual workstation

Required technology:

Discuss these technological requirements with Information Technology personnel to ensure the systems in your health unit meet the following requirements. The minimum technical requirements are:

- ❑ *Internet access with minimum of 56kbps*
- ❑ *Web browser (version 4.0 or higher)*
- ❑ *233 MHz Pentium processor, or equivalent*
- ❑ *32 MB RAM*
- ❑ *Windows 95/98/ NT/2000, MacIntosh OS8 or OS9, Unix*
- ❑ *800x600 screen resolution*
- ❑ *16 bit or higher colour depth*
- ❑ *Sound/ video card, speakers*
- ❑ *Email address*

Integration of the orientation package in health units

Role of manager in implementing orientation

The implementation of the orientation package may represent a change to the way orientation is conducted. As in any process of change, it is important to identify factors that influence the success of the new innovation. For example:

- ✔ Tailor implementation plans to the needs and resources of your organization.
- ✔ Link the proposed orientation to desired outcomes such as professional development or a culture of learning

The Canadian Community Health Nursing Standards of Practice Toolkit assists managers to integrate the CCHN standards in organizations employing nurses. Steps in the integration process are outlined on pages 7 – 30 of this resource. Although the Toolkit is aimed at implementing the Standards, the steps in integration can serve as a guide for implementing the orientation package, as well.

Infrastructure issues

An important element of an implementation is the anchoring of that change within an organization. Here are some suggestions to incorporate this orientation package.

Links with organizational goals

Organizations seek to build capacity, improve performance and enhance the quality of working environments. This orientation package contributes to team and organizational learning to advance public health goals and contributes to organizational performance standards (Core Competencies for Public Health in Canada # 7, Leadership). Market the program as a method of achieving organizational goals to:

- ✔ decision-makers – internal to health unit, external to health unit;
- ✔ potential users;
- ✔ potential supporters of learning.

Policies around orientation

Policies are an important aspect of supporting infrastructure to the orientation package. Halton Health Department has shared their orientation policy which could be used as a template (please see Appendix A). Consider decreasing work expectations for the new hire while he or she completes the orientation package and reassigning some duties of the guide temporarily.

Link with performance appraisal system

Performance appraisals usually occur at 3 months and at 6 months during the probationary period. Some health units extend orientation up to 18 months. Benner (as cited in Schoessler & Waldo, 2006) notes that a newly graduated nurse will be in practice for 18 months to two years before completing the transition to a competent nurse. Learning plans, such as the one included in the Introduction, can be reviewed at this time and appropriate learning goals set by the new PHN and the manager. These learning goals, depending on the health unit's approach, would become part of the performance appraisal process.

Communication

Most employers and front line staff recognize that overseeing orientation will create an additional workload for the guide (NHSRU, 2008). Consider conducting the following activities to introduce the orientation package:

- ✔ Inform all staff members about the orientation;
- ✔ Indicate managerial and organizational support for the new hires and the guides;
- ✔ Communicate expectations for guides and new hires related to the time spent on the orientation and availability for program work.

Please see Appendix B for an example of how one manager communicated expectations to her staff during the pilot project.

Dialogue for success

There are no exams to pass within this orientation package, nor is there a specific time frame for completion. Rather, the learner is encouraged to review the content of the modules and complete the learning activities within the first six months of practice. This timeline may seem extensive but program specific learning needs come first as new hires prepare for practice within the workplace.

The guide supports the new hire by assisting her or him to integrate content within the context of practice. The guide will determine that learning has occurred through discussion of the learning requirements for each Module. The information in the orientation package helps the new hires make sense of the "business of public health" from a nursing perspective. New hires are expected to develop a grasp or an overview of public health nursing practice and public health approaches by the end of review. New hires that seem to be overwhelmed by the material and exercises in the orientation package should be counselled to begin the orientation at their 3 month performance appraisal.

Guide selection

A checklist is included to assist in the selection of guides. Check each item that applies to the guide candidate you are considering. The more "yes" answers you have for a candidate, the more likely the candidate will be a successful guide for this program.

- ❑ Is the candidate enthusiastic about becoming a guide for the orientation package?
- ❑ Does the candidate demonstrate a high level of competence and knowledge around the topic areas contained in the orientation package?
- ❑ Does the candidate enjoy working with and talking with people?
- ❑ Has the candidate's manager clearly defined and communicated the role and responsibility of the guide for the orientation package?
- ❑ Has the candidate's manager demonstrated support of the guide function by reducing the candidate's normal job responsibilities?
- ❑ Does the candidate have previous preceptor, mentor, teaching experience?
- ❑ Has the candidate demonstrated a high level of accountability and follow-through on other assigned projects?
- ❑ Is the candidate already seen as a leader or a knowledgeable and respected mentor in your area?
- ❑ Does the candidate use evidence-informed decision-making in his or her practice?

Adapted from Sims, D. (2002). Selecting on-the-job trainers. *Creative new employee orientation programs.* Boston: McGraw-Hill 2002.

You may also wish to consult the *ANDSOOHA/PHRED Resource guide for Implementing Nursing Mentorship for Public Health Units in Ontario,* Section 2: Becoming a Mentor, p. 31. This section gives an overview of personal and professional characteristics of mentors that may be applicable to the selection of orientation guides. The ANDSOOHA resource guide is available for download at www.andsooha.org and at www.phred-redsp.on.ca

References

- Baxter, P. (April, 2008). *Fact sheet: A literature review of orientation programs for new nursing graduates.* Nursing Health Services Research Unit (NHSRU),

- Community Health Nurses Association of Canada. (2007). *Canadian Community Health Nursing Standards of Practice Toolkit.* Ottawa: Author.

- Nursing Health Services Research Unit (NHSRU). *Employment of nursing graduates: evaluation of provincial policy strategy.* Series # 10. June, 2008

- Nursing Health Services Research Unit (NHSRU). *The new healthcare worker: Implications of changing employment patterns in rural and community hospitals.* Series # 8, October, 2006.

- Schoessler, M., & Waldo, M. (2006). The first 18 months in practice: A developmental transition model for the newly graduated nurse. *Journal for Nurses in Staff Development, 22(2),* 47-52.

- Sims, D. (2002). *Creative new employee orientation programs.* Boston, Massachusetts.: McGraw Hill

- Task Force on Public Health Education. *Report: Public health nursing education at the baccalaureate level in Canada today.* Canadian Association of Schools of Nursing (CASN), November, 2006.

Information for Guides

This information is based on the recommendations of the module developers (see Acknowledgements) who oversaw the implementation of the orientation package for 14 new hires in the pilot sites.

Expectations of the guide

- ✔ Learning needs – guides require several hours to review the content of the orientation package prior to being assigned new hires.
- ✔ Guides demonstrate professional responsibility and accountability by providing constructive feedback to peers as appropriate to enhance community health nursing practice (CCHN Standards, p. 15).
- ✔ Time involved – a range of hours is suggested, about 1 – 2 hours of guide/new hire interaction per week. Time spent with new hires is more intensive in the first weeks of orientation, e.g., weekly during the first 3 weeks, then monthly thereafter, with brief interactions from time to time.
- ✔ Provide a strategy for new hires to work through the modules, e.g., provide a general introduction or overview to the module; provide an opportunity for new hires to identify content that they are familiar with and that which is not as familiar, mutually develop a strategy to address which content will be reviewed; assist the new hires to select the learning activities that best meet their learning needs.
- ✔ Troubleshoot /navigate on-line resources, photocopy items as requested by the new hires, introduce new hires to others in the health unit and obtain and provide the resources listed in the Introduction section of the orientation package, obtain ear "buds" so that video links will not disturb colleagues.
- ✔ Some websites may have changed their URLs (or website addresses) since the printing of this resource. Use the trunk of the URL to access the main website, then input the title of the document into the search function of the website. If you fail to find the document, please find an alternative reference or resource. You may also wish to notify the webmaster of the website that you are having difficulty retrieving a webpage from their website.

Guides also:

- Communicate with new hires through formal interaction during launch day and scheduling meetings (a calendar may be provided to the new hire with scheduled meetings outlined), keeping in touch by e-mail, informal individual conversations, send responses to individual questions about information in the orientation package to all new hires.
- Individualize the orientation - some new hires may require more assistance than others depending on their experience and education. Dialogue with the new hires to ensure that they are absorbing the content and redirect back to the content as necessary.
- Use local examples to make the concepts in the orientation package come to life, e.g., provide a copy of the health unit's report to the community, annual report etc. addressing local social determinants of health.
- Encourage new hires to work together when there is more than one new hire.
- Problem-solve/advocate on behalf of new hires, e.g., determining location to work, manager support for time away from desk.
- Discuss the new hires' progress through the manual with their manager.
- Ask manager to inform new hires' colleagues about the time and workload expectations to complete the orientation (Simpson, Beynon & Simpson, 2007).
- Recognize and reward new hires in keeping with the health unit's usual approach.

References

- Community Health Nurses Association of Canada. (2008). *Canadian community health nursing standards of practice.* Ottawa: Authors.

- Simpson, J., Beynon, C., & Simpson, M.A. (2007). *An evaluation of a public health nursing mentorship initiative.* London: Ontario: Association of Public Health Nursing Management (ANDSOOHA) and Public Health Education, Research and Development (PHRED).

Appendix A

Health Department Policy & Procedure

Section: Health Department
Policy #: POL-HD-AD Staff Orientation

Title: Staff Orientation
Level: Divisional

Approved By:	Medical Officer of Health	**Date of latest revision:**	
Approval Date:		**Next Review By:**	Annual
Creation Date:		**Review Frequency:**	Supervisory/Mgmt
Distribution:		**Responsible for review:**	

Policy Statement: This policy will outline the orientation components required to ensure that new employees are well prepared to perform their job functions, to meet job expectations, and have a high level of understanding of the business of public health and/or emergency medical services as appropriate to their job functions.

Definitions:
COMPASS: Time, activity and payroll system for Halton employees except for EMS paramedics
Halton Central: Halton Region intranet
HealthNet: Health Department intranet
HERC: Halton Employee Relations Committee
ONA: Ontario Nurses Association (Bargaining agent for registered nurses employed by the Health Department)
OPSEU: Ontario Public Service Employee's Union (Bargaining agent for paramedics employed by the Health Department)
PAD: Public Access Defibrillation

The following outlines the minimum components of the Departmental orientation program for newly hired staff to the Health Department. The orientation requirements for short term contract staff (such as students, temporary agency resources, influenza contract staff) will be addressed in the orientation tool kit (to be developed). In addition, each Division and Program area will have an orientation program to address the specific Divisional and Program components necessary for new staff to have an understanding of their job functions.

Procedures/ Process/ Guidelines:

- ✔ Newly hired staff (including internal transfers from one program or division to another) will be assigned a mentor to guide them through the orientation process.
- ✔ Newly hired staff (including internal transfers from one program or division to another) will complete orientation as identified in this policy document.

Orientation will include a review of:

- ✔ Mission, Mandate and Governance by the end of the first month of employment.
  - Public Health inclusive of a review of the Ministry of Health and Long Term Care Program Standards, EMS staff will review the relevant EMS Standards and staff of the North Halton Mental Health Clinic will review the relevant mental health clinic standards.
  - Halton Region Health Department
  - Relationship with the various provincial Ministries, Regional Council and municipalities
  - Employee role as an ambassador
  - Regional government
  - Corporate Structure

- ✔ Health and Safety Policies/Procedures by the end of the first month of employment.
  - Corporate, Departmental and Divisional Health and Safety Policies/Procedures (Completion of the Orientation to Health and Safety Checklist is a requirement)
  - Health Department Member(s) on the Joint Health and Safety Committees
  - PAD

- ✔ Departmental Policies/Procedures and position on key health issues by the end of the first week of employment.
  - Departmental position on key health issues
  - Corporate Communications
  - Departmental policies/procedures as listed on HealthNet

- ✔ Structure and Function by the end of the first week of employment.
  - Departmental organization
  - Structure and functions including workspace, technology policies, facilities services
  - Geographic, office and building orientation

- ✔ Representation by the end of the first month of employment.
  - ONA Local 1, OPSEU Local 207 or HERC
  - Corporate human resource policies as listed on Halton Central and/or collective agreements

- ✔ Health Department Emergency Response Plan and annexes by the end of the first three months of employment.
- ✔ COMPASS and payroll by the end of the first week of employment.
- ✔ The Division Director and Program Manager shall utilize the Health Department orientation framework to identify the divisional and program orientation components including timelines for completion.

Health Department Orientation checklists/tools are available on HealthNet under Orientation (insert link to be developed with the tool kit).

Roles and Responsibilities:
DMT: Review and endorse the orientation policy.
MOH: Approve orientation policy.
Program Manager: The Manager of the Program to which the new staff has been assigned shall ensure that the orientation is completed within the specified timelines. A copy of all pertinent signed-off orientation checklists/tools will be retained in the staff person's file
New Staff Person: Complete orientation activities at the Corporate, Departmental, Divisional and Program level within the specified timelines. New staff will ensure that any ongoing orientation needs are communicated to the Program Manager.
Division Director: Responsible for ensuring that all new staff hires, from the date of creation of this policy, have completed orientation documentation.

Measurable Outcomes: Adherence to this policy will ensure that new staff are oriented to the Department within three months of hire. All Divisions and programs will have orientation procedures to address Division and Program specific needs.

Related Documents:
Departmental Orientation Tool Kit (To be developed)
Health and Safety Policies and Procedures
Manager's Orientation Checklist
New Staff Orientation Checklist
Each Division and Program will have tools to support orientation.

Reference Documents/ Sources:
Ministry of Health and Long-Term Care Program Standards and Applicable Protocols
Departmental List of Key Priorities
DMT Priorities Document
Halton Central
HealthNet for policies

Appendix B

Dear Managers,

I just wanted to thank you for agreeing to let your new staff participate in this important Provincial Public Health Nursing pilot project. I know that it is a bit commitment for them and your programs but I believe that the final product will be extremely valuable to Public Health Nursing not only here in Niagara but across the Province. Ultimately, this will be a valuable tool that all of us in the Department should work through in a systematic way over 1-2 years. At least that's my vision.

Let me reiterate the importance of giving the staff dedicated time during the course of the next 6 weeks. Your support and that of the staff in your programs, by giving these new nurses "quiet" time to go through the modules, will be essential for their success in completing this "mission" in a timely fashion. Please pass along this information to your teams so that they realize the "new" nurses require this dedicated time.

We are estimating that approximately 1 day per week will be required to complete the modules over the next 6 weeks. I have suggested that they even work together and find an office/meeting room where they can be more secluded from interruptions. They may choose to work 1 full day per week or 2 half days, depending on their needs and those of the program.

Again, I thank you for your support for an initiative that we can all benefit from in our nursing future……..Marilyn

Ms. Marilyn St.John, RN, MScEd, MScN
Chief Nursing Officer/Director Clinical Services Division
Niagra Region Public Health Department