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 Northwest Territories (NWT) Community Health Nursing Administrative Policies and Guidelines;
✓ 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.

FOUNDATIONS OF PRACTICE

Module 1 provided an overview of the foundations of public health nursing practice, the Core Competencies for Public Health in Canada, the Public Health Nursing Discipline Specific Competencies Version 1.0, 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/community health centres 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 NWT Community Health Nursing Program Standards and Protocols. A specialist is a public health nurse, usually employed at larger health units/community health centres, who focuses on one of the mandatory programs, such as sexual health, or on one activity, such as answering telephone inquiries. 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

<table>
<thead>
<tr>
<th>CCHN Standard</th>
<th>Examples of Public Health Nursing Practice with Clients</th>
<th>Examples of Public Health Nursing Activities with Clients</th>
</tr>
</thead>
</table>
| 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 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 1/2-day training session |

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, spread of anthrax, vaccinations against major communicable diseases.

✓ 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 Well Child Clinics, dental examinations for school-aged children and screening for breast and colorectal 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 facility 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.
✓ The public health nurse, in partnership with the Department of Health and Social Services and Department of Transportation, provides the community with the opportunity for snowmobilers to learn about and obtain helmets for safety and injury prevention.

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 screens routinely screens all 3 year old children for hearing by conducting an audiogram.
✓ The public health nurse provides blood pressure screening at a health fair to detect hypertension before the clinical signs become apparent.
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 the GNWT DHSS’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 standards outlined in the RNANT/NU Standards of Practice for Registered Nurses: Professional Responsibility and Accountability, as well as the NWT Community Health Nursing Administrative Policies and 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/community health centre will be maintaining a written record and that some of it may be in an electronic format.

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 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 are required to document telephone interactions. Standard protocols are used in public health units/community health centres to guide the information exchange between the caller and advice given. In the NWT, a public health nurse documents client interactions either directly on the client’s health record or on a telephone log that goes into the client’s health record.

**LEARNING ACTIVITY # 5**

A public health nurse discusses instructions for good hand-washing with a client on the telephone as the clients is MRSA positive. She follows up with a home visit giving the client written instructions on good hand-washing. When she visits the home, she observes the client washes only the tips of her fingers. The client laughs and shakes her head when the nurse suggests she wash her both hands entirely. After reviewing the *NWT Nursing Administrative Policies and Guidelines* on Quality Documentation and SOAP Community Health Documentation Guidelines, document the visit using SOAP charting and provide a summary.

Your summary: ___________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
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 of Canada, 2008, p. 15). Public health nurses meet the RNANT/NU Standards of Nursing Practice for Registered Nurses and the NWT Community Health Nursing Administrative Policies and Guidelines 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 documentation standards through continuous improvement efforts.

Learning Fact – Health Suite, Wolfe and Medipatient are examples of electronic document systems used by public health nurses in the NWT. This system must conform to the documentation standards of the NWT Community Health Nursing Administrative Policies and Guidelines. What electronic document systems do public health nurses use at your workplace?

EMERGENCY RESPONSE

You may have been introduced to your agency’s plans for emergency response during your corporate orientation to the workplace. 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 public health officer 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 Public Health Act and the Civil Emergencies Measure Act – see module 1).

Examples of situations requiring an emergency response include:
- H1N1 pandemic
- TB outbreak
- meningococcal outbreak
- significant power outages; and
- forest fires near communities.

Please refer to Simpson & Yiu’s discussion of disaster nursing and emergency preparedness to review the public health response in a disaster (Simpson & Yui, 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 in. 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 and websites to clarify your understanding of the expectations of all nurses during pandemics.

**Nursing During a Pandemic:**

http://www.hlthss.gov.nt.ca/english/services/communicable_diseases_control_program/h1n1.htm

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**LEARNING ACTIVITY # 6**

Review your health centre/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 Department of Health and Social Services’ document entitled *NWT Pandemic Influenza Contingency Plan* describes how NWT’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. www.hlthss.gov.nt.ca/content/publications/pubresults.asp?ID=158

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


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.

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, restorative, or palliative 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);

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 /Discipline-Specific Competencies for Public Health in Canada and the Canadian Community Health Nursing Standards.
Module 2 - Public Health Nursing in the Northwest Territories

**Detailed Look**

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


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.


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.


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://www.rnao.org/page.asp?PageID=122&ContentID=1308&SiteNodeID=405

**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, discipline-specific competencies for public health nursing and the *Canadian Community Health Nursing Standards* (CCHN standards). Pull out the copies of the core and discipline-specific 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

<table>
<thead>
<tr>
<th>CLIENT</th>
<th>EXAMPLES OF INTERVENTIONS</th>
<th>CCHA STANDARDS</th>
<th>CORE/DISCIPLINE-SPECIFIC COMPETENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>System and society (population)</td>
<td>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.</td>
<td>Standard 5: demonstrating professional responsibility and accountability</td>
<td>Three/3(B): policy and program planning, implementation and evaluation</td>
</tr>
<tr>
<td></td>
<td>Public health nurses work with the communications team to develop a social marketing campaign to increase awareness of the effects of environmental tobacco smoke in a vehicle.</td>
<td>Standard 1: promoting health</td>
<td>Six/6: communication</td>
</tr>
<tr>
<td>Communities</td>
<td>Public health nurses work with a community to advocate for a smoke-free town or municipality by attending a bar-owners meeting</td>
<td>Standard 1: promoting health</td>
<td>Four/4: partnerships, collaboration and advocacy</td>
</tr>
<tr>
<td></td>
<td>Public health nurses collaborate with a community organization to develop a tuberculosis screening program with the homeless.</td>
<td>Standard 4: facilitating access and equity</td>
<td>Five/5: diversity and inclusiveness</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>Standard 2: building individual/community capacity</td>
<td>Seven/7: leadership</td>
</tr>
<tr>
<td>Groups</td>
<td>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</td>
<td>Standard 2: building individual/community capacity</td>
<td>Four/4: partnerships, collaboration and advocacy</td>
</tr>
<tr>
<td>CLIENT</td>
<td>EXAMPLES OF INTERVENTIONS</td>
<td>CCHA STANDARDS</td>
<td>CORE/DISCIPLINE-SPECIFIC COMPETENCIES</td>
</tr>
<tr>
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<tr>
<td></td>
<td>community’s strengths and needs and prioritize, plan, implement, evaluate and celebrate action for a healthier school.</td>
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<tr>
<td></td>
<td>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.</td>
<td>Standard 4: facilitating access and equity</td>
<td>Five/5: diversity and inclusiveness</td>
</tr>
<tr>
<td></td>
<td>Public health nurses identify that the homeless 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 outreach street worker and the nurse practitioner to develop and provide health information and services at those locations.</td>
<td>Standard 4: facilitating access and equity</td>
<td>Five/5: diversity and inclusiveness</td>
</tr>
<tr>
<td>Individuals and families</td>
<td>Public health nurses track immunization schedules for each child so that families and health care practitioners can access information when needed.</td>
<td>Standard 1: promoting health</td>
<td>Two/2: assessment and analysis</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>Standard 3: building relationships</td>
<td>Two/2: assessment and analysis</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>Standard 4: facilitating access and equity</td>
<td>Five/5: diversity and inclusiveness</td>
</tr>
</tbody>
</table>
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://www.opha.on.ca/resources/careers/OPHA_CommunicableDiseaseControl.pdf
http://www.opha.on.ca/resources/careers/OPHA_HealthyFamilies.pdf

<table>
<thead>
<tr>
<th>TYPE OF CLIENT</th>
<th>INTERVENTIONS</th>
<th>CANADIAN COMMUNITY HEALTH NURSING STANDARDS OF PRACTICE</th>
<th>CORE/DISCIPLINE-SPECIFIC COMPETENCIES</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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 the following example 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/ephp/EPCPResearch.asp
   Click on Public Health Research
   Click on Early Childhood Home Visitation in Preventing Violence 2006.
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 practiced and the meaning of client in public health.

LEARNING ACTIVITY # 8 [CONT’D]

2. Read about the effectiveness of having public health nurses deliver vaccines to healthy children to prevent influenza.

3. Read about the role of public health in the promotion of cycle helmet wearing to reduce bicycle-related head injuries.

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

REFERENCES


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.

LEARNING ACTIVITY #2:

Role Story #2 Health 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.
**LEARNING ACTIVITY #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:**

Documentation would reflect the phone call and visit and non-judgemental observation of unchanged behaviour. The nurse would need to understand why her communication was ineffective and why the client did not change her behaviour. Summary of the documentation would include the identified cultural beliefs and customs, and how the situation was resolved.

**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:**

<table>
<thead>
<tr>
<th>TYPE OF CLIENT</th>
<th>INTERVENTIONS</th>
<th>CCHA STANDARDS</th>
<th>CORE/DISCIPLINE-SPECIFIC COMPETENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Role story #1:</strong> communicable disease control individuals</td>
<td>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.</td>
<td>Standard 1: promoting health</td>
<td>Two/2: assessment and analysis</td>
</tr>
<tr>
<td><strong>Role story #2:</strong> healthy families, families or groups</td>
<td>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.</td>
<td>Standard 1: promoting health and standard 2: building individual community capacity</td>
<td>Four/4: partnerships, collaboration and advocacy</td>
</tr>
</tbody>
</table>

**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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ANSWERS TO LEARNING ACTIVITIES FOR MODULE 3

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Overview

✓ Section 1 — explores how public health nurses demonstrate the concept of caring in a public health/community 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 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 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 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 of Canada, 2008, p. 13).

This Module Focuses:

- “Community health nurses build relationships based on the principles of connecting and caring” (Community Health Nurses 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 (CHNC, 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 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 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).

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 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 of Canada, 2008, p. 6).
Module 3 - Building Relationships through Caring and Communication

**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 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). This core competency is entrenched in the Public Health Nursing Discipline Specific Competencies.

- 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.

- 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.
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 socio-environmental 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 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 socio-ecological 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 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 the community 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

<table>
<thead>
<tr>
<th>ASPECT OF CARING</th>
<th>DEFINITION AND RELATION TO THE SCENARIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>“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 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:</td>
</tr>
<tr>
<td>Respect</td>
<td>“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:</td>
</tr>
<tr>
<td>Trust</td>
<td>“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:</td>
</tr>
<tr>
<td>Empathy</td>
<td>“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:</td>
</tr>
<tr>
<td>Cultural Competency</td>
<td>&quot;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&quot; (College of Nurses of Ontario, 2006, p. 4). Relation to the scenario:</td>
</tr>
<tr>
<td>Honesty</td>
<td>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:</td>
</tr>
<tr>
<td>Spirituality</td>
<td>“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:</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Relation to the scenario:</th>
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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).

<table>
<thead>
<tr>
<th>Relation to the scenario:</th>
</tr>
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</table>

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).

<table>
<thead>
<tr>
<th>Relation to the scenario:</th>
</tr>
</thead>
</table>

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).

<table>
<thead>
<tr>
<th>Relation to the scenario:</th>
</tr>
</thead>
</table>

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:

  - 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/Page.asp?PageID=924&ContentsID=801](http://www.rnao.org/Page.asp?PageID=924&ContentsID=801)
REFERENCES


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

INTRODUCTION
Directives from the Canadian Community Health Nursing (CCHN) Standards, the Core Competencies for Public Health in Canada, and the Public Health Nursing Discipline Specific Competencies 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 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. Because of the socio-cultural 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 the following background information to get you going on your journey:
✓ CCHN Standards (Community Health Nurses of Canada, 2008): Standard #5, demonstrating professional responsibility and accountability (read indicator 11, p. 15).
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.

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

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. The type and appropriateness of communication that occurs between partners will directly or indirectly affect the partnership e.g. audio, visual, tactile, one-on-one, group, combination of more than one..

Communication, whether formal or informal, must protect the privacy rights of the partnership. These communications are guided by the NWT Access to Information and Protection of Privacy Act (ATIPP, 2007), at http://www.justice.gov.nt.ca/pdf/ACTS/Access_to_Information.pdf

Recognition of formal and informal types of communication is vital to the success of a 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, discussion with a school principal or a presentation to a small group of students. This type of communication is less structured and more interactive. What is your workplace’s policy on speaking to the media?
The use of e-mail and text messaging are widespread in the business and health care environment. However, e-mails and text-messaging are 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 or unsecured text-messaging (Policy 6003.08.10 Mobile Handheld Devices).

What is your workplace’s policy on the appropriate use of e-mail and text messaging?

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 workplace 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, public health providers, and health promotion specialist/coordinate.

LANGUAGE

Having considered some of the aspects of communication, it is important to consider how clearly your message is being communicated by the words you choose to use. Using clear concise plain language 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 female-male couples 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 socio-demographic variable (Ronson & Rootman, 2004, as cited in Stanhope, Lancaster, Jessup-Falcioni & Viverais-Dresler, 2008, p. 89). In ethno-cultural 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 in the boxed column to examine the relationship between levels of health literacy and health outcomes (Canadian Council on Learning, 2008).

COMMUNICATION AND HEALTH STATUS

When planning and evaluating programs and services to improve the health of a population or a community, health units/community health centres 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 supported by dissemination of health promotion materials to meet the developmental and situational needs of their communities.

Health units/community health centres communicate with the general public by disseminating various resources, such as fact sheets, pamphlets or brochures. When evaluating for the purpose of adapting a resource, it is important to consider the needs, literacy levels and health status of the community as well as the HSSA priorities and NWT Initiatives. 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/community health centre.
- 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/community 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.)
  - You could review the health status report in the NWT Epi-North publication or on the Statistics Canada Web site at http://cansim2.statcan.gc.ca/cgi-win/cnsmcgi.pgm?lang=E&SP_Action=Theme&SP_ID=2966&SP_Portal=2
  - Speak with the epidemiologist at the DHSS or ask your guide for help.

Review the brochure, 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 workplace. http://www.ccl-cca.ca/CCL/Reports/HealthLiteracy?Language=EN
- Go to the NWT Literacy Council website and determine whether the plain language used has followed the plain language process. http://www.nwt.literacy.ca/resources/plainlang.whatis.htm

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

LEARNING ACTIVITY #4

- Go to the First Nations Health Managers website at http://www.fnhealthmanagers.ca/html/cultural_safety_e.php and access the free online Continuing Studies on Cultural Safety by the University of Victoria School of Nursing. Complete the 3 modules.

Now examine the brochure, pamphlet or fact sheet that you used in the activities #1 and #2, and examine it from the cultural perspective of the groups for whom the brochure was intended. Is it culturally safe? Does it make assumptions? Ask a member of the cultural group for his or her perspective. Make a few notes on your findings.
IMAGES IN HEALTH COMMUNICATION MESSAGES

When adapting a client resource such as a brochure, pamphlet, fact sheet, video or PowerPoint for distribution to the public, it is important to match the language with images to convey the message. It may support key messages from other programs of your workplace.

Figure 1 shows an image taken from a 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/community health centre 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 an image taken from a brochure used for the MRSA Superbug 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 homes and in workplaces. The language is clear for audiences at all levels of reading. The brochure provides a simple message with clear instructions. (For a clearer picture, access at: http://www.hlthss.gov.nt.ca/english/publications/posters_and_flyers.asp)

### FIGURE 1

Breastfeeding on the go! Anytime ... anywhere!

### FIGURE 2

**What are Superbugs?**
Superbugs are bacteria (bugs) that are not killed by the usual antibiotics. This makes treatment very difficult.

**Methicillin Resistant Staphylococcus aureus (MRSA)**

**What is MRSA?**
- MRSA stands for methicillin-resistant Staphylococcus aureus.
- *Staphylococcus* (Staph) aureus is a common bacteria that is found in the nose and/or on the skin of people.
- Staph aureus can develop resistance to a large group of antibiotics called beta-lactams. When this resistance happens it is then called MRSA.

**MRSA is a Superbug!**
MRSA can cause skin infections like boils and open sores. It can also lead to serious infections like pneumonia, sepsis, bone infections, wound infections and flesh eating disease.

**How do I get MRSA?**
MRSA spreads by direct skin to skin contact and/or by touching objects contaminated with MRSA.
There are five “C’s” that outline the risk factors for MRSA infections:
- Crowded conditions
- Close contact
- Lack of cleanliness
- Sharing common personal items such as towels, clothing, sports equipment and outdoor gear
- Having compromised or broken skin

**Stay Healthy!**
- Keep your hands clean by washing with soap and water or using hand sanitizers.
- Avoid dry cracked skin - use moisturizer.
- Good housekeeping is important - doing laundry, cleaning shared objects and wiping surfaces with regular household cleaner.
- Laundry should be washed with regular detergent and fully dried.
- Do not share personal items such as towels, clothing, bedding, bar soap, razors, helmets or other athletic equipment.
- Clean high touch surfaces like remotes, light switches, door knobs and telephones often with regular household cleaner.
- Superbugs can live on these items for weeks!
- Not all bugs need drugs
- If you are given antibiotics, always finish your prescription.

Where do Superbugs live? Everywhere!
LEARNING ACTIVITY #5

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**

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/community health centre’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/community health centre? (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. When using an interpreter, ensure the client is aware that the service is being used and consents to its use and to the person doing the interpretation. Speak slowly enough for the interpreter to understand you and use plain language and short sentences. Watch the audience, not the interpreter, for clues to the reception of your message. 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.

Sometimes direct translation is not possible as the words do not exist. Be prepared to describe the concept to the interpreter and trust that they can convey the message – then validate.

Fluency in social English may not reflect health literacy. Make no assumptions and validate understanding. Sometimes it is difficult for someone who speaks good social English to admit that they do not understand. Be prepared to offer them a graceful way out of the dilemma.

Try to find out what the “traps” are for potential confusion i.e. when orange juice and orange tang are translated in the same way – what are you going to do to ensure that your true meaning is conveyed?

If formal interpretation services are not available and the client brings a family member, be aware that there may be cultural restrictions on what the client will be willing to say through the interpreter, or that the interpreter will be willing to say to the nurse.

LEARNING ACTIVITY #6

Determine who your health unit/community health centre uses as an interpreter. What is the protocol for the use of an interpreter?

Protocol for use is: __________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

How many languages are provided by the available interpreters in your community?

________________________________________

________________________________________

________________________________________

________________________________________
REFERENCES


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.

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 on your journey:
✓ Canadian Community Health Nursing (CCHN) Standards (Community Health Nurses 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)
✓ Public Health Nursing Discipline Specific competency #4 (review section, p 6-7 (Community Health Nurses of Canada, 2009).
✓ 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/index.html

**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). In the NWT, paraprofessionals, such as Community Health Representatives and Community Wellness Workers, are an important part of the Primary Community Care Team that operates using interprofessional collaborative practice principles (ISDM, 2004). 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

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 #7

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/community health centre 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, 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 may assist you to answer that question.

LEARNING ACTIVITY #8

You have contacted the director of a local youth centre/friendship centre. She is concerned that most of the children who are snowmobiling are not wearing helmets or other protective gear. 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.


Using the next worksheet, 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
Module 3 - Building Relationships through Caring and Communication

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 #8)**

**PROCESS MODEL FOR PARTNERSHIP DEVELOPMENT**

<table>
<thead>
<tr>
<th>MODEL STEP</th>
<th>YOUR APPROACH (QUESTIONS AND STRATEGIES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Awareness of Need</td>
<td>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</td>
</tr>
<tr>
<td>2. Exploration with Potential Partners</td>
<td>What criteria would you use for partner selection? List three potential partners.</td>
</tr>
<tr>
<td>3. Formulation of Partnership Vision</td>
<td>List three things that need to be in place when working in partnership to form a vision.</td>
</tr>
<tr>
<td>4. Commitment from Potential Partners</td>
<td>What strategies can be used to establish and maintain a high level of commitment?</td>
</tr>
<tr>
<td>5. Partnership Agreement</td>
<td>What are the guiding principles of a partnership agreement?</td>
</tr>
<tr>
<td>6. Partnership Implementation</td>
<td>What are partnership processes and activities? Provide three examples of partnership activities based on the scenario.</td>
</tr>
</tbody>
</table>

**REFERENCES**


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


You've completed another leg of your journey...awesome work!!!
You're movin' on to the last section of the last Module.
Section 4
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 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, secondary traumatic stress or critical incident stress.

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/critical incident stress 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 RNANT/NU 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.

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

- Canadian Community Health Nursing (CCHN) Standards (Community Health Nurses of Canada, 2008): Standard #3, building relationships (see 1, 9, 10, p. 13).
- Ensure that you have completed the component of your Authority’s orientation wherein you learn how to access an Authority’s 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 #9

Scenario:
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/community health centre. 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 wants to speak to her about a possible abortion. She tells the nurse that the home pregnancy test was positive and thinks she is about 10 weeks pregnant. She wants an abortion. Her husband supports her decision. 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, SECONDARY TRAUMATIC STRESS OR CRITICAL INCIDENT STRESS

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/stress 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, secondary traumatic stress or critical incident stress for public health nurses include the following:

- outbreaks of disease with subsequent mortality and morbidity (e.g., H1N1, TB);
- 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 forest fire, flood or ferry sinking.

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

- Invest in Kids
  http://www.investinkids.ca/professionals/answers-for-professionals.aspx

- Public Health Agency of Canada
  A Guidebook on Vicarious Trauma
  Click on PDF, pages 29-31 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.

---

**LEARNING ACTIVITY #10**

Following involvement with a traumatic occurrence in your community, you notice symptoms of vicarious trauma/secondary traumatic stress/critical incident stress 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/secondary traumatic stress/critical incident stress:

________________________________________________________

________________________________________________________

________________________________________________________

Self-care and resiliency strategies:

________________________________________________________

________________________________________________________
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 belief may affect my professional actions and judgements as a public health nurse is important because....

REFERENCES


### ANSWERS TO LEARNING ACTIVITIES FOR MODULE 3

#### LEARNING ACTIVITY #1:

<table>
<thead>
<tr>
<th>ASPECT OF CARING</th>
<th>DEFINITION AND RELATION TO THE SCENARIO</th>
</tr>
</thead>
</table>
| 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 socio-political 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 needs. |
LEARNING ACTIVITY #1 (CONT'D):

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 #2:
Answers will vary.

LEARNING ACTIVITY #3:
Answers will vary.

LEARNING ACTIVITY #4:
Answers will vary.

LEARNING ACTIVITY #5:
Answers will vary.

LEARNING ACTIVITY #6:
Answers will vary.

LEARNING ACTIVITY #7 - 1:

<table>
<thead>
<tr>
<th>Partners</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. John Ambulance</td>
<td>First aid, work with public health nurses</td>
</tr>
<tr>
<td>Red Cross</td>
<td>Registration, clothing, bedding</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Food</td>
</tr>
<tr>
<td>Community pharmacy</td>
<td>Medication refills</td>
</tr>
<tr>
<td>Environmental Health Officer</td>
<td>Facility and food inspection before and during event</td>
</tr>
<tr>
<td>City or community</td>
<td>Provision of facility (e.g. community centre)</td>
</tr>
<tr>
<td>Police</td>
<td>Security</td>
</tr>
</tbody>
</table>
### Social Services
- Money, housing

### Outreach Clinics
- 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 Centre
- Emergency immediate health care needs

### Social Workers
- Counselling

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

### LEARNING ACTIVITY #7 - 2:

<table>
<thead>
<tr>
<th>Challenge of Interprofessional Practice</th>
<th>Overcoming Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duplication of roles</td>
<td>Clearly outline roles and responsibilities</td>
</tr>
<tr>
<td>Each partner wanting their own needs met</td>
<td>Establishing group terms of reference</td>
</tr>
<tr>
<td>Incorrect expectations</td>
<td>Clearly outline roles and responsibilities</td>
</tr>
<tr>
<td>Partners at the table not able to make decisions</td>
<td>Ensure that those at the table have the power to speak for their organizations</td>
</tr>
<tr>
<td>Not enough money</td>
<td>Establish the budget and how supplies will be handled (may need to be included in the terms of reference or in the overall plan)</td>
</tr>
</tbody>
</table>

### LEARNING ACTIVITY #8:

<table>
<thead>
<tr>
<th>DEL STEP</th>
<th>YOUR APPROACH (QUESTIONS AND STRATEGIES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Awareness of Need</td>
<td>1. What does the research say about the risk of injury related to not wearing a helmet while snowmobiling?</td>
</tr>
<tr>
<td></td>
<td>• Safe Kids Canada website: Reports that snowmobile-related accidents account for 8 deaths and 1600 injuries of children each year. <a href="http://www.safekidscanada.ca/SKForParents/section.asp?s=Safety+Information+by+Topic&amp;sid=10774&amp;ss=Winter+Safety&amp;ssid=11338&amp;sss=Snowmobiles&amp;sssid=26437">http://www.safekidscanada.ca/SKForParents/section.asp?s=Safety+Information+by+Topic&amp;sid=10774&amp;ss=Winter+Safety&amp;ssid=11338&amp;sss=Snowmobiles&amp;sssid=26437</a></td>
</tr>
</tbody>
</table>
Learning Activity #8: (CONT’D)

2. How would you gather information on the local prevalence of helmet use while snowmobiling?
   Meet with the director of the youth centre/friendship centre to discuss his or her observations. Consult with the DHSS epidemiologist about local data regarding injuries related to snowmobile 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/friendship centre. Speak with a health promotion specialist whose portfolio is injury prevention.

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 snowmobiling.

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:

---

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:

Potential Partners
- Local sports store (supply helmets at reduced cost)
- Group responsible for maintaining skate park and enforcing the rules
- Parent group
- Local hospital

---

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).

Reference:
### 4. Commitment from Potential Partners

**Strategies**
- Identify partners on the 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 his or her 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:**

### 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

### 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:**

Examples of activities of the partnership based on the scenario:
- Communicate to snowmobile users, parents and the community at large.
- Offer subsidized helmets and gear for snowmobile users.
- Monitor helmet usage.
Learning Activity #9:

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 her to another public health nurse, nurse practitioner or physician during regular working hours for management of the case.

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 #10:

Signs and Symptoms of Vicarious Trauma/Secondary Traumatic Stress/Critical Incident Stress:
✓ 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

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
Conclusion

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 in the Northwest Territories could count toward Certification Renewal. Check if your health unit/community health centre 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

REFERENCES


THE LIST OF MODULES IS PROVIDED BELOW AND NEW MODULES ARE BEING PLANNED

- Orientation: D2L (Desire to Learn) 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
Implementation
Information for Managers

THE PURPOSE OF ORIENTATION

This orientation package introduces new hires to public health nursing in the Northwest Territories (NWT). The Advisory Group for Skills Enhancement in the North, whose members include Nursing Directors and Nursing Managers, indicated 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. In the NWT, orientation is considered to be a shared responsibility between employer and employee.

The goal of orientation at the HSSA 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.

Using This Information

- This information is provided to assist you in implementing the orientation package in your health unit/community health centre. 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. Currently, Accreditation Canada provides accreditation to HSSAs that includes public health units in the NT. Accreditation Canada (The Canadian Council on Health Services Accreditation) 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/community health centre 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

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 (NWT CHN Administrative Policies and Guidelines (2010) Policy # 201: Orientation). 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 12 months during the probationary period, with learning objectives reviewed at 3 and at 6 moths. 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. Professional development 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/community health centre’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.
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 who seem to be overwhelmed by the material and exercises in the orientation package should be counselled to begin the orientation at their three month learning objectives review of their performance appraisals.

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?

You may 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


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, and 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/community health centre’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
