

## Looking Through a Community Lens: Innovative Ways to Integrate Community Health Nursing Competencies into All Settings of Care

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### Article:

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Community nursing is not a new. In fact, nursing practice in the home and community is the oldest form of nursing care. Yet, nursing education's move to the university from hospital-based programs coupled with advances in health care technology located in hospitals has contributed to community nursing being overshadowed by the perceived need for nursing students to spend more clinical time in an acute-care setting. In the 1980s, the introduction of Diagnostic Related Groups (DRGs) in the acute care setting resulted in community nursing being viewed as a vital part of the healthcare continuum. Nonetheless, in today's schools of nursing, community health nursing is viewed by some faculty members as a practice that takes place solely outside the walls of the hospital and one that requires less nursing skill and knowledge—or at least less than a student needs to be successful on the National Council Licensure (NCLEX) licensure examination. Nursing students will occasionally say community health nursing is a waste of time since “it is not even on the Boards.” This viewpoint fails to recognize the competencies of nursing practice in the community and sets the stage for a us-versus-them attitude between

nursing faculty who teach in medical-surgical hospital settings and those who teach in community settings.

The competencies of community health nursing that make it a unique specialty are actually attributes that are desirable in nursing practice, regardless of the setting. Helping nursing students understand these principles and incorporate them into practice in all settings will help ensure that more holistic nursing care is delivered and that students and medical-surgical hospital-based faculty view their practice through a community lens. The client/patient in community/public health nursing is the individual, family, community, and/or population, and nurses strive for engagement and empowerment of these clients (Association of Community Health Nursing Educators [ACHNE], 2009). Just as family-centered care is promoted for nurses in all settings, the incorporation of selected competencies of community health nursing would be not only appropriate but also desirable. Figure 1 lists the competencies as established by the Association of Community Health Nursing Educators.

1. Implementing appropriate interventions for illness and disease management
2. Documenting care according to professional standards
3. Assessing the holistic health status of clients including risk assessment
4. Assessing client and family definitions of health and culture
5. Assessing spirituality needs
6. Valuing diversity
7. Practicing cultural awareness and striving for cultural competency
8. Including the client in health care decisions/partnership and mutuality
9. Providing appropriate health education
10. Assessing barriers to prescribed care
11. Communicating effectively in order to:
  - a. Interpret health related information to clients and families
  - b. Link clients to needed resources
  - c. Be a client advocate
12. Empowering clients to improve health
13. Assisting clients in developing skills for self-advocacy
14. Collaborating with interprofessionals to meet care needs
15. Using ethical problem-solving to address dilemmas related to the care of individuals and families
16. Case finding (ACHNE, 2009).

FIG. 1. Community Health Nursing Competencies.

The extent that these selected competencies are integrated into care in a medical-surgical hospital-based setting would, of course, depend on individual patient and family needs. This is also true for care by community health nurses outside hospital walls. To deny that some degree

of integration of these values and competencies in the medical-surgical hospital setting is appropriate, even desirable, would demote the education of nursing students in a baccalaureate program to that of a mere technician. Professional nursing should always direct priority concern to the care of the person, not a medical condition or a psychomotor skill. Since the whole of every person is made up of a combination of the influences of family, friends, environment, culture, abilities, life experiences, and spirituality, to name just a few components, then all these influences cannot be viewed as separate from the person being treated but a part of the person and, therefore, must be considered. This is what is called caring for the “whole person;” this is embracing everything that makes a person who they are and who they will be when the interaction with the nurse is over. This is holistic care. This is viewing all patients through a community lens.

This article reports on a recently implemented senior nursing practicum that incorporates the competencies of community health nursing in a variety of practice settings including medical-surgical hospital settings as well as community settings. The article describes the learning activities that are used in the practicum to help senior nursing students understand that community health nursing competencies are able to be incorporated into all areas of nursing practice.

## **OVERVIEW OF SENIOR NURSING PRACTICUM**

Senior nursing students are required to take a 16-hour/week comprehensive clinical practicum in the fall semester that is designed to facilitate the application of three theory courses: Nursing Care of the Community of Older Adults, Nursing Care in the Community Health, and Nursing Leadership, Management, and Research. In this practicum, the faculty members teaching the course work in dyads in order to provide students with meaningful, well rounded clinical experiences. One faculty member of each dyad teaches clinical skills primarily in the medical-surgical hospital setting and the second faculty member teaches about clinical skills in community settings. A variety of locations are included to provide students opportunities to apply community health nursing competencies in multiple practice areas. The clinical experiences are related to show students the continuum of care in today's health care system. Experiences used in the practicum in 2008 include clinics in public housing properties, inpatient and outpatient cancer care, homecare, hospice, and Public Health Departments.

### **Senior Housing/Community Property Clinics**

Students are able to gain valuable experience in community health nursing by working in nurse-managed clinics in low-income senior housing facilities and family dwelling community properties. By providing health counseling and teaching the older adults and adult family members in the clinics, as well as providing basic services, such as blood pressure checks, blood sugar monitoring, and following weight patterns, students are able to practice basic community health nursing competencies such as case finding, patient advocacy, and the skill of home visitation. Furthermore, the students are able to practice cultural competence by caring for people of diverse ethnicities. They are also able to practice program planning and implementation through developing and presenting health-related educational programs or health fairs for the community of older adults in the senior housing facilities and adults living in low income community properties.

Students are often surprised to learn that many of the residents in these facilities have a past medical history that includes one or more mental health conditions, such as substance abuse, depression, schizophrenia, and bipolar disorder. Having the opportunity to care for these patients in a non-hospital setting helps the students develop their assessment skills and gives them practice with common psychiatric assessment instruments, such as the Folstein Mini-Mental Status Exam, the Geriatric Depression Scale, and the CAGE assessment for alcohol abuse (Hartford Institute for Geriatric Nursing 2008).

### **Inpatient Units, such as Oncology, Renal, and Cardiac and Aging and Rehabilitation Centers**

Medical-surgical hospital settings provide students with two primary opportunities: to provide nursing care to acutely ill patients and to experience nursing leadership through team leading opportunities. The students each have an opportunity to act as a team leader with their fellow students. This involves making patient assignments, and acting as the charge nurse for the day, which provides the students with a real-life leadership and management experience as well as a better understanding of the health care system.

### **Outpatient Cancer Treatment Center**

The students who work closely with the center's staff learn how the center acts as a community resource. The students also have opportunities to talk with patients and families about their illnesses and treatment plans and are able to gain a better understanding not just of outpatient care, but also of the impact of a patient's condition on the family.

### **Home Care Agencies**

While in the home health setting, students are paired with a registered nurse who visits patients in their homes. The students make weekly visits with the nurse and gradually assume the care of the patients in the nurses' caseloads. Students find that teaching and health monitoring are skills that are equally as important as providing wound care and IM injections. Students also gain a better understanding of payer sources, such as Medicare and Medicaid, and the role of the nurse in cost containment as a provider of health care.

In this setting, students are able to see the current demographics of health care in a real and concrete way. For example, the majority of the patients are older adults who are experiencing one or more chronic illnesses. Unfortunately, a common demographic that students have encountered is that of those most likely to commit suicide: the older white male. Quite often, students have cared for a person in the home health setting that has committed suicide while in the care of the student's nurse preceptor. While this scenario is difficult for students to understand, it teaches them the importance of assessing for suicidal ideations in patients exhibiting signs of depression.

### **Public Health Departments**

In the Public Health Departments students become more familiar with resources offered by the counties as well as other agencies in the community. This is valuable information to share with patients in anticipation of their return to the community from the medical-surgical hospital setting. The importance of the health of the environment, the environment of the community, and the environment of the home are emphasized. Some students spend the majority of their time in clinic settings while others make mostly home visits. Students making home visits gain self-confidence, autonomy, case management, and communication skills since most student progress to making the visits without the Public Health Nurse who usually visits the clients. Students who have clinical in a health department screen for postpartum depression on a routine basis, not just when the Edinburgh Postnatal Depression Scale is required by the state following a delivery by a mother covered by the Maternal Care Coordination Program. Students in this setting also gain insight into the complexities of the outpatient mental health programs in different counties. Encountering the barriers that clients and nurses face when trying to access community mental health services has been an eye opening and often times frustrating experience for all involved.

### **School Health Nursing**

Students are placed with school nurses and gain experience with routine screening activities and have a daily refresher of normal growth and development of children. This also is an excellent location to provide group health education sessions. Childhood Obesity and the Importance of Daily Exercise have been two classes developed by nursing students that address local community assessment needs.

### **Hospice Agency**

Students are able to care for dying patients in a variety of settings; however, the primary setting for this experience is provided by the local hospice agency. Students spend a day with the intake nurse of the local hospice in order to understand the role that hospice plays as a resource for dying patients and their families. However, students find that other agencies, such as home health and inpatient oncology, also provide experiences in end of life care.

## **MAKING CONNECTIONS**

Having a variety of clinical experiences helps students understand the big picture of health care. However, students need guidance on how these experiences are related to their future nursing practice. In order for students to see the community competencies in these experiences, nurse educators use learning strategies to help them identify the underlying community health nursing competencies being taught.

One teaching strategy is to provide learning activities in each setting that relate to the community health nursing competencies. For example, while students are in the home health setting, the nurse-managed clinic, or the Public Health Department, they investigate the resources used by their patients/clients and families by visiting the resources to learn more about them. Students are required to do so by using public transportation to get to the resources, in order to identify the

barriers that many patients have in obtaining needed health care. A strategy for inpatient locations is to have each student group choose one community health nursing competency and discuss in post-conference how this competency was applied in their patient care. Students know the choice prior to starting clinical. This fosters critical thinking as well as the application of nursing theory in nursing practice. Another strategy used in medical-surgical hospital settings is to have students identify resources that could be used with their patients upon discharge, and then investigate the resource to learn more about how to connect the patient to it when discharged.

## **OUTCOMES**

Students in the School of Nursing are always asked to evaluate courses they take. With this course, one extra step is added. In a terminal clinical conference students are asked to comment on their ability to integrate the three theory courses into one practicum. A few student comments were:

Just one day of experiencing the transportation barriers some of our patients live with all the time opened my eyes to why some appointments are not kept; I will never call this noncompliance again.

Being in the community and the medical-surgical hospital setting during the same semester helped me see why knowing about community resources and agencies is so important. Community health nursing is no longer something nice I would like to do after I have worked in the hospital for a while. It is something I can use right now, every day.

There have been many examples over the years that demonstrate that this integrated approach to clinical delivery helps students carry their skills from course to course and setting to setting. For example, a student that had experienced the loss of a home care patient through suicide was able to identify a suicidal patient in another clinical setting and seek intervention, which resulted in a hospitalization for the patient and ultimately saved her life.

Providing nursing care through a community lens ensures that holistic care is given. Nurse educators must help future nurses understand that community health nursing competencies should be implemented in a variety of settings to meet the goal of seamless health care. Having nursing students participate in a variety of clinical settings and providing them with learning experiences that reinforce community competencies will assist them to incorporate these competencies into their practice regardless of the setting.

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