

# Kia ora

## Welcome to BNF710

The focus of this course is for the student to experience, understand and participate in the delivery of safe, effective nursing practice at a level expected of a Year three student within a Primary Health/Community Health setting.

Students will draw on the knowledge; skills and attitudes learnt throughout the Bachelor of Nursing programme and apply these to the primary health care/community nursing setting. The clinical placements will provide an opportunity to learn specific and generic skills that are required for primary health care nursing with a community focus. There will be opportunities to develop skills in working with individuals and families/whānau in health education and health promotion activities.

## Clinical Hours

Clinical hours are tightly prescribed by the Nursing Council of New Zealand and It is expected that all clinical hours offered are attended. The minimum requirement for BNF710 is 200 hours.

## Guidelines for clinical practice

This is a guideline only to help students develop learning goals throughout clinical practice in the community placement. It is expected that practice will develop over the placement by obtaining preceptor/Clinical Liaison Nurse (CLN) feedback on a regular basis. Students are required to develop personal learning goals facilitated by regular contact and discussion with the Academic Liaison Nurse (ALN)/Clinical Lecturer (CL). To further assist with this development, students should be referring to the criteria in the summative clinical assessment form (white form).

## Each week students will:

- Develop one learning goal for personal practice development and be prepared to discuss with (preceptor(s)/CL, and ALN/CLN). Meet, discuss, and show evidence of client/patient care and portfolio work each week with ALN/CLN.
- Establish an effective relationship with a preceptor, allocated RN and CLN/ALN. Notify preceptor/allocated RN promptly of any concerns. Gain feedback on progress from preceptor/staff/ALN/CLN/CL using the clinical practice weekly diary.
- Demonstrate sufficient knowledge of patient's condition including underlying pathophysiology, and the nursing care required to provide safe care. Apply appropriate nursing principles to utilise technical skills safely. Deliver care within an acceptable timeframe. Document appropriately and interpret contents of client/ patient clinical file. Identify and initiate appropriate/relevant client/patient assessment and provide rationale for nursing actions.
- Identify health needs of client/patient, interpret significance for the client / patient and seek advice as required. Notify preceptor/allocated RN promptly of any changes in condition and concerns.
- Acknowledge changes in preceptors/colleague's workload and assist where possible.
- Comply with CDHB/SCDHB/Ara/area fluid and medication policy appropriate for 3A.

*The consent and confidentiality form (right) is to be completed prior to the gathering of patient information for the portfolio work.*

## Portfolio pages

NFW710 Family, Whānau and Community Nursing

[Learning Activity 1](#)

[Learning Activity 2](#)

[Learning Activity 3](#)

[Learning Activity 4](#)

## Assignment coversheet



[Coversheet.docx](#)



Download this file, print, sign, and re-upload it here.

## Consent & confidentiality



[Verification of consent](#)



Download this file, print and re-upload it here.

## Marking criteria

### Performance Criteria

- Assignment coversheet/ declaration of own work.
- Consent form for each assessment which demonstrates consent being gained PRIOR to the collection of any data used for a portfolio.

### Overall presentation



# Learning Activity 1

by [Katie Prokop](#)

Tags: [NFW710](#)



## Requirements

### Assignment coversheet



### Workshop attendance



 [BN YR 3 cover sheet.doc](#)



 [Workshop.docx](#)



## Learning goals

## Reflection guide

## Reflections

## Nursing philosophy

## Smoking caseation course information

### GUIDELINES (DO NOT EDIT)

To access the training, download and open the link below and read carefully through the slides. There are live links you can click on to open the relevant reading material associated with the training. There are also case studies and useful scenarios you can click through to enhance your learning.

[Click here to download the training](#)

At the end of the slides, you will come to the ABC online assessment. There are 14 questions in total and you will need to gain more than 80% (12 out of 14) to gain your certificate. Feel free to complete the assessment as many times as you wish. Once you have passed - CONGRATULATIONS you will be emailed your "Ministry of Health - Better Help For Smokers To Quit E-Learning" Certificate within 7 working days of completion. For more information visit the [Smoking Cessation ABCs website](#).

## Portfolio pages

[NFW710 Family, Whānau and Community Nursing](#)

Learning Activity 1

[Learning Activity 2](#)

[Learning Activity 3](#)

[Learning Activity 4](#)

## Marking criteria

Workshops, Learning Goals, Reflective Practice, Values Exercise

Assignment Coversheet - declaration of own work

Workshop attendance form including:

- Immunisation workshop and lecture
- CPR workshop

Evidence of undertaking online packages:

- Smoking cessation
- Shaken baby
- Rheumatic fever
- SUDI
- Child growth education

Vaccinator training:

- Introduction to Immunisation
- Vaccine storage and management
- Provisional Vaccinator Training
- Course/COVID/CIR



# Learning Activity 2

by [Katie Prokop](#)  
 Tags: [NFW710](#)

+

✎

...

## Requirements

### GUIDELINES (DO NOT EDIT)

#### Nursing Council of New Zealand domains of practice.

**Domain Two:** Management of nursing care

**Domain Four:** Interprofessional health care & quality improvement.

#### Aim:

To use appropriate assessment and evidence in developing a profile of the community/service where your agency is located and identifying the health needs of that community.

The focus of this assessment is the health of the community and involves undertaking a community assessment to determine the health-related concerns of its members. Everyone is part of at least one community (Lewis & Foley, 2014). Lewis and Foley (2014) discuss the classification of a community as being ...” according to either location, or social relationship “(p. 819).

#### Steps:

1. Use a Community Assessment Framework (suggestions available in resources) to structure the assessment. Provide a rationale for using this framework.
2. Collect appropriate data (qualitative and quantitative) of the community of choice. Use data from a larger entity, such as regional or national statistics to compare the community core demographics and data.
3. Talk to at least two key people in the community when gathering data and maintain the confidentiality of these people please ask for verbal consent to use their opinion. Examples of key people to interview for the project include, but are not limited to the mayor, residents of the community, health care providers and a service provider such as a pharmacist/shop owner. People who live or work in the community are a rich source of information regarding the community, health care providers and service providers such as pharmacist/shop owners. People who live or work in the community are a rich source of information regarding the community.
4. Provide evidence of a windshield / walking survey a systematic survey of observations made while travelling around the community you make as you travel around the community, either walking or driving. This is an informal process, and a formal survey should not be undertaken (Shuster & Ester Thatcher in Stanhope and Lancaster, 2018).
5. Investigate and report on how the community is prepared for a disaster. This could be discussed with the nurses in the clinical area including a review of disaster/civil defence policy



## Portfolio pages

[NFW710 Family, Whānau and Community Nursing](#)

[Learning Activity 1](#)

Learning Activity 2

[Learning Activity 3](#)

[Learning Activity 4](#)

## Marking criteria

Evidence of community assessment framework used with rationale.
Evidence of appropriate data collection (qualitative and quantitative) with community core demographics and data compared with data from a larger entity
Interview data evident from key people in the community maintaining their confidentiality.
Evidence of a windshield survey
Reports on community preparedness for a disaster  Relates disaster preparedness to relevant disaster theory
Two strengths and two gaps/issues/problems for this community identified using assessment data to support findings and



# Learning Activity 3

by [Katie Prokop](#)  
Tags: [NFW710](#)







## Requirements

## Health assessment guide

### GUIDELINES (DO NOT EDIT)

#### Health Assessment Framework Guide

<b>Name:</b> Non-identifiable	<b>Date of assessment/consent:</b> Date health assessment was completed, and consent was gained		<b>Date of admission:</b> Date admitted to facility or practice visit date
<b>Day post-op:</b> Number of days post-op/post-procedure/post admission	<b>DOB:</b>	<b>Age:</b>	<b>Day post-op:</b> Number of days post-op/post procedure/post admission
<b>Medical Diagnosis:</b>	<b>Gender:</b> Male, female, prefer not to answer	<b>Ethnicity:</b>	
<b>Chief Complaint:</b> Describe in the patient's/client's own words the reason for their visit or calling for attention.			
<b>Past Health History</b> Nature of surgery: Name, date and outcome Nature of injuries: Name, cause, date and outcome			
<b>History of Presenting illness/Concern:</b> (using a framework to gather information COLDSPA, PQRSTU, OLDCARTS etc.). A comprehensive description of the characteristics and progression of the symptoms			



## Portfolio pages

[NFW710 Family, Whānau and Community Nursing](#)



[Learning Activity 1](#)

[Learning Activity 2](#)

Learning Activity 3

[Learning Activity 4](#)

## Marking criteria

Plans for this activity discussed with clinical lecturer
Completed verification of consent and maintenance of confidentiality form.
Patient introduced with brief overview of presenting concern
Relevant assessment framework completed to an appropriate level for the patient/client
Assessment tool utilised and completed to an appropriate level including a rationale for use
Appropriate health promotion/illness prevention strategies relevant to this patient/client identified with reference to EBP
Medication Table and pharmacology framework complete
Findings discussed with clinical lecturer

# Learning Activity 4

by [Katie Prokop](#)  
Tags: [NFW710](#)

Requirements

▼

Health education framework

▼

Lesson planning

NCNZ Domain 1; Professional responsibility. Domain 2; Management of nursing care. Domain 3; Interpersonal relationships. Domain 4; Interprofessional health care & quality improvement.

Upload your planning and teaching materials in the section below. For support uploading the documents, [follow these instructions](#).

Teaching plan

▼

Lesson content

▼

Portfolio pages

[NFW710 Family, Whānau and Community Nursing](#)

[Learning Activity 1](#)

[Learning Activity 2](#)

[Learning Activity 3](#)

Learning Activity 4

Marking criteria

Appropriate health education/promotion activity discussed with clinical lecturer/preceptor
Verification of Consent and Maintenance of Confidentiality form, if required.
Teaching plan developed using <b>all five steps</b> of education framework as applicable Discussion of application of educational theory
Copy of content delivered in health education/promotion session provided
Summary of feedback submitted including



# Learning Activity 4

by [Katie Prokop](#)  
Tags: [NFW710](#)







## Requirements

## Health education framework

### GUIDELINES (DO NOT EDIT)

The following framework is a guideline to assist in the planning, implementation, and evaluation of a health education/promotion session. The framework has five steps – use the relevant steps depending on the situation.

#### Step 1: Identify the educational needs of the client/whānau/community. The patient / community / group profile.

- For example, age, occupation, sexual orientation, socio-economic status, developmental stage, social and cultural

#### Physical data

- Current illness/concerns/issues/health risks/history/sensory deficits/memory loss

#### Lifestyle and cultural background

- Normal patterns – sleep, diet, exercise, recreation, stress management, sexual activity
- Health beliefs, language barriers, cultural influences on lifestyle

#### Educational background/ health literacy/link to educational theory

- Reading and writing abilities
- Level of health literacy –refer to Ministry of Health (2015) or Clendon (2012).
- Motivation and readiness to learn – what does the person want to know?
- What does the client/family/whānau/group already know? Do they know anyone in a similar situation as them? What strategies have worked in the past?
- What skills can the client/family/whānau already perform that are relevant to their health needs?
- What sort of learner is the client? (VARK)
- Which resources are useful to the person/family/whānau/group?
- What is the concentration and attention span of the individual(s)?
- Link to educational theory

#### Attitude toward learning/ self-concept

- Motivation and readiness to learn – what does the person/family/ whānau/group want to

## Portfolio pages

[NFW710 Family, Whānau and Community Nursing](#)

[Learning Activity 1](#)

[Learning Activity 2](#)

[Learning Activity 3](#)

Learning Activity 4

## Marking criteria

Appropriate health education/promotion activity discussed with clinical lecturer/preceptor
Verification of Consent and Maintenance of Confidentiality form, if required.
Teaching plan developed using <b>all five steps</b> of education framework as applicable Discussion of application of educational theory
Copy of content delivered in health education/promotion session provided
Summary of feedback submitted including any change in health literacy