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Camp Nursing As Clinical Placements For Undergraduate Nursing Students

By

Shelley Lynn Evans

A Thesis
Submitted to the Faculty of Graduate Studies
through the Faculty of Nursing
in Partial Fulfillment of the Requirements for
the Degree of Master of Science in Nursing
at the University of Windsor

Windsor, Ontario, Canada

2017

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Camp Nursing As Clinical Placements For Undergraduate Nursing Students

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ABSTRACT

TITLE: Camp Nursing As Clinical Placements For Undergraduate Nursing Students:

BACKGROUND: Although traditional clinical placements (hospital or community) are providing direct practice experience for nursing students, BScN programs are experiencing a shortage of these placements (Council of Ontario Universities, 2013). Various types of camps with diverse populations of campers could provide rich exposure to pediatric patients with medical problems, behavioral disorders and learning challenges. Using summer camps as an alternative placement for nursing students could address the shortage of clinical placements and add diversity to the learning experience offered in the BScN program.

METHODOLOGY: A qualitative narrative design was used to explore how course level outcomes were achieved by fourth year level nursing students in the camp setting. Course level outcomes, which are based on nursing competencies, are developed by educational institutions to measure a nursing student's performance. Data collection was done by phone interviews. Six registered nurses who have nursing experience in a camp setting participated in this study. By sharing stories, participants provided examples to demonstrate how nursing students can meet level outcomes while in this type of placement. Through data analysis, these stories were organized into themes to help identify if the collective experiences meet competencies for nursing students.

RESULTS: Data analysis showed that nursing students can demonstrate: principals of patient safety, critical inquiry, preventative/promotional health, reflective practice and advocacy for health care services in the camp setting. These results support camp settings as a diverse, innovative clinical option for the undergraduate nursing experience.

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CHAPTER 1

STUDY BACKGROUND AND SIGNIFICANCE

This qualitative study explored if camp settings meet the acute care or community clinical placement requirements for nursing students. As the researcher, I was drawn to this line of inquiry due to my experience in camp nursing and clinical instruction. The design guiding this study is qualitative, narrative research, based on the viewpoints of nurses working in camp settings through stories provided. This exploratory-descriptive approach describes life experiences and gives them meaning (Grove et al, 2013). A pragmatic philosophy was determined because this study explores these experiences and transforms them into information to offer a new strategy or solve a problem (Grove et al, 2013). The use of pragmatism is further supported by James (1907) who states the primary themes of pragmatism are truth, meaning, and reality. These themes carry value when implemented and can help people make better sense of the world to resolve problems. While research suggests that camp nurse placements provide a learning experience equal to that of a traditional placement (Totten & Fannesbeck, 2002), the educational benefits of camps have been difficult to relay to the profession of nursing. As stated by Harwood & Van Hofwegen (2002), “The trick is to explain this to nurse educators; more of whom have limited camp experience and just do not understand how rich a camp clinical experience would be for their nursing students.” (p. 35). The significance for nursing lies in camps adding diversity to the direct practice experience required for nursing students in clinical rotations.

Each provincial nursing regulatory body in Canada obliges baccalaureate nursing programs to provide students with direct practice experiences in health promotion, prevention of injury and illness, curative, supportive, rehabilitative and palliative care/end-of-life care (Smith & Seeley

2010). To meet these requirements, nursing schools need access to acute care and community placements that offer all of these experiences. Community placements traditionally include public health but now encompass any setting outside of hospital and long term care facilities. Traditionally acute care placements have been in the controlled environment of a hospital, although other settings such as nursing homes, mental health facilities and rehabilitation facilities are also often used (Smith et al, 2013). These various clinical placements are utilized by the education system to meet the demand for hands-on experience currently required for nursing students. This is significant because camp nursing could provide additional opportunities for students to meet learning outcomes.

Different types of camps with diverse populations of campers provide rich exposure to patients with medical problems, behavioral disorders and learning challenges. In sports camps, nursing students have opportunities to manage all types of sports related injuries. In camps for patients with chronic illnesses, nursing students gain experience with patients who have limitations affecting daily living, but who are in a state of wellness. For example, a camp nurse may be responsible for assisting a child diagnosed with muscular dystrophy who self-catheterizes multiple times daily. The opportunity to provide nursing care to these populations offers experiences for students to meet competencies outlined by educational institutions. Competencies such as therapeutic communication, application of knowledge, health promotion, critical thinking, intra- and inter-disciplinary collaboration, and leadership are all examples of requirements for completion. According to Studnicka and O'Brien (2016), there are fewer opportunities for experience in traditional child health clinical placements in acute care settings. This challenge has led to the possibility of camps providing an alternative for acute care and

community placements, as well as fulfilling the need for the pediatric placement opportunities that nursing students need.

Evidence shows that there has been a shortage of quality acute care placements for undergraduate nursing programs. “Hospital cuts have reduced opportunities for clinical placements and put more strain on providers and schools in terms of fulfilling the clinical education enterprise” (Council of Ontario Universities, 2013, p. 12). The factors contributing to this shortage of placements include restructuring of health care, limited acute care placement availability, program competition for hours, expert nurses unwilling to precept, and increased enrollment of nursing students.

According to the Canadian Institute for Health Information (2015), a restructuring of health care settings became evident in 1996. At this time, there was a push to contain and reduce costs and to discharge patients earlier. This began the decline in numbers of Registered Nurses in hospital settings. This restructuring continued in recent years, where hospitals have shifted the patient care model to fewer baccalaureate prepared Registered Nurses employed in favor of Registered Practical Nurses in Canada or Licensed Practical Nurses in the United States. “The overall cuts to nursing positions and the resulting increase in patient-to-RN ratio (each registered nurse being responsible for more patients) have decreased the number of RNs in hospitals and consequently the number of preceptors available to students” (Council of Ontario Universities, 2013, p. 18).

The availability of acute care placements is constrained by educational, regulatory and organizational requirements (Peters et al, 2013). This is compounded by the fact that pediatric nursing courses are lacking in the increasingly limited number of pediatric placement experience

for nursing students (Bultas, 2011). This lack of unit availability is further complicated by fewer experienced pediatric nursing instructors to teach (Bagay, 2014).

Competition amongst programs for placements also arises due to nursing programs such as Registered Nurses (RN), Registered Practical Nurses (RPN) and Licensed Practical Nurses (LPN), vying for clinical hours. A survey of RNs, RPNs, and LPNs, who often work side by side in health care institutions, found that clinical placement competition instead of collaboration was occurring among the various programs (Smith & Seeley, 2010). Similarly, a growing number of health care programs in areas of Medicine, Physician Assistant, Midwifery, Nurse Practitioner, Optometry, Pharmacy and international bridging programs, create significant placement demands on health care teams and institutions (Council of Ontario Universities, 2013). Therefore, all health care educational programs are adapting to health system realities to meet clinical competencies.

There has been a decrease in availability of expert nurses who are willing to precept nursing students. In the early days of the millennium, Canadian and international governments recognized that nursing was in crisis. There was an international shortage of nurses due to the fact that nurses were burned out, stressed and overwhelmed by their work environments (Berry & Curry, 2012). What they found in the following study further reinforces the nurse shortage due to nurse burnout and its effects on decreased job satisfaction. “All across the settings in which nurses work around the globe, the impact of these factors contribute to high nurse turnover at a time when economic conditions impose huge burdens on delivering quality health care to our citizens” (Macken & Hyrkas, 2014, p. 542). “Therefore, the overall dissatisfaction with work environment translates into expert nurses unwilling to teach future graduates” (Council of Ontario Universities, 2013, p.18).

Over time, nursing schools have also increased their enrollment of undergraduate nursing student acceptance to the BScN program. There has been a world-wide increase in popularity in the profession of nursing for those looking for post-secondary education or those starting another career. According to the American Association of Colleges of Nursing (AACN), qualified nursing applicants were turned away due to both shortages of acute care settings and shortages of faculty for teaching (South Dakota, Board of Nursing, 2010). Local statistics from the Bachelor of Sciences in Nursing Program from the University of Windsor show an increase in nursing student enrollment. The year 2006 reported 719 total nursing students in all four levels of the program. Statistics obtained from the year 2015 reported 896 total nursing students. This is an increase of 177 nursing students over a ten year interval (University of Windsor, Historical Data for All Students, 2006-2015). This has caused an increased demand for student clinical placements in the Windsor-Essex County area. Thus, the incongruence between the number of nursing students and the number of clinical placements could be addressed if camp nursing was considered as an innovative option.

Significance

Evidence indicates that there has been a shortage of acute care and community placements globally for clinical experience for nursing students. It is well documented that the restructuring of health care to reduce costs, limited acute care availability, competition for hours of various educational health care programs, registered nurses unwilling to precept and nursing student enrollment increases are all factors that are contributing to the lack of clinical placement opportunities. In a time of decreasing clinical placement availability, camp nursing has the potential to provide diversity in nursing students' experiences.

Study Purpose

The purpose of this research is to gain insight into how camp settings meet the learning outcomes for fourth year level nursing students.

CHAPTER 2

REVIEW OF LITERATURE

Consistent with the study's purpose, the aim of the literature review was to analyze what is known and to identify gaps in knowledge about camp settings as clinical placements for nursing students, from the perspectives of the students and faculty advisors. Though camp nursing appeared in the literature nearly thirty years ago (Nash, 1987), there is minimal research regarding this setting as an alternative clinical placement for nursing students. Due to the lack of study in this area, the eight articles specific to this study topic date back from the year 1987 to the most current of 2015. Five articles explored the undergraduate BScN nursing students' experience in the camp setting (Nash, 1987; Totten & Fonnesebeck, 2002; Schmidt, 2007; Vogt et al, 2011; Hensel et al, 2015). One of the articles did not specify if the nursing students were from the undergraduate program or diploma prepared program (Alaniz, 1995) and another article explored the advanced practice nurses' experience (Faro, 1994). Due to the lack of research in camp nursing, the advanced practice nurses' perspective was included because learning outcomes were similar to the undergraduate learning outcomes and therefore found to be useful for this review. One article discussed the attributes of camp nursing and reviewed three models for internships for nursing students (Harwood & Van Hofwegen, 2002). The lack of research found further supports the pressing need for this study and its value in advancing nursing education.

Search Strategies

The following databases were used for this literature review: Cumulative Index of Nursing and Allied Health Literature (CINAHL), Proquest Nursing and Allied Health Source. The search

terms utilized throughout the review of the literature were: nurse, student, camp, shortage, clinical, alternate, placement, non-traditional, baccalaureate, and pediatric. The terms listed were used in a variety of combinations and using different suffixes. The review of the literature was not restricted to any particular year due to the lack of research found on this topic. The search terms were set to include peer-reviewed and full-text articles that were available only in the English language. Inclusion criteria of the articles chosen were focused on the experience of the undergraduate nurse and graduate nurse students' experience. Articles that explored models for camp student nurse internships were also included. Research studies that did not contribute to the purpose of this literature review were excluded. Challenges included finding recent evidence-based research that reviewed the use of camps as placement experience for nursing students.

All of the camps reviewed in the articles served various types of pediatric populations. Four articles based the study at a camp for children with chronic illness including cancer, muscular dystrophy, spina bifida, cerebral palsy, asthma and diabetes (Nash, 1987; Harwood & Van Hofwegen, 2002; Totten & Fannesbeck, 2002; Hensel et al, 2015). One article studied a camp comprised of a mixed population of healthy children and those with chronic illness. The diagnoses of this population of campers was not specified (Schmidt, 2007). Two articles studied a camp comprised of children diagnosed with diabetes (Vogt et al, 2011; Faro, 1994) and one article studied a camp comprised of children diagnosed with asthma (Alaniz, 1995).

The length of the nursing students' clinical rotation differed among the studies. The least amount of time spent in rotation at a camp was two full days (Alaniz, 1995) to a weekend (Hensel et al, 2015). Three and a half days was the length in rotation of the mixed population camp for adolescents who were healthy or diagnosed with chronic illness (Schmidt, 2007). Two

of the camps, one with adolescents diagnosed with diabetes and the other diagnosed with various chronic illnesses, had nursing students spend one week in rotation (Vogt et al, 2011; Nash, 1987). The length of rotation in another camp of mixed population adolescents was one to two weeks (Totten & Fannesbeck, 2002). Faro's (1994) study had the advanced practice nurses (APN) in rotation for two weeks with children diagnosed with diabetes. Harwood & Van Hofwegen (2002) did not report the length of rotation for student nurses in their study of adolescents diagnosed with a chronic illness.

The participants in seven of the studies were undergraduate nursing students while one study focused on the experience of the advanced practice nurse in either the Clinical Nurse Specialist role or Nurse Practitioner role (Faro, 1994). Four of the studies reported the following nursing student participant numbers: 9 participants (Hensel et al, 2015), 22 participants (Alaniz, 1995), 26 participants (Vogt et al, 2011) and 130 participants (Schmidt, 2007). Four of the studies did not report the number of participants used (Nash, 1987; Faro, 1994; Totten & Fannesbeck, 2002; Harwood & Van Hofwegen, 2002).

Direct practice experience was available in the camp setting and upon analysis the following themes emerged: therapeutic communication, application of knowledge, health promotion, critical thinking, interdisciplinary collaboration, leadership opportunities, service to the public and reflective practice. The experiences were compared to the Competencies for entry-level Registered Nurses established by the College of Nurses (CNO, 2014). Examples of how various competencies were met in the camp setting are indicated in the following review.

Therapeutic Communication

Learning how to communicate with children, earning their trust, and making them feel comfortable emerged as a learning experience for nursing students (Schmidt 2007). This facilitated improvement in therapeutic communication not only with the pediatric client but also with the client's family, which can be intimidating and challenging for students. Thus, a competency by the CNO that reflects this example, is stated as, "Building relationships and trust with clients and members of the health care team" (2014, p. 6).

Application of Knowledge

Application of knowledge for clinical skills such as reviewing medical history, focused physical assessment, medication administration, and documentation opportunities were present in the literature. Some campers required special procedures to be performed, such as breathing treatments, urinary catheterization, and blood sugar monitoring with injections (Hensel et al, 2015). Students also became competent in providing first aid for splinter removal, poison ivy, tick removal, scrapes, bruises, bumps and strains (Schmidt, 2007). Other experiences included managing unusual dietary regimes, seizure management and stabilization, concerns around immobility/elimination and youth with behavioural challenges or developmental delays (Totten & Fannesbeck, 2002). The demonstration of knowledge is met in this competency as stated by the CNO, "Demonstrates knowledge of the way in which registered nursing practice can facilitate positive client health outcomes" (2014, p. 6).

Health Promotion

Opportunities for health promotion were ample, because the camp setting provided the luxury of access to large numbers of children. Nursing students had to adjust teaching plans for both individualized and group instruction. Students were encouraged to analyze and reconsider the

more traditional patient education programs and redesign them to make educational sessions fun and interactive for children in the camp setting (Faro, 1994). For example, students had an opportunity to teach relaxation techniques for asthma control. The information needed to be suitable for teaching the needs of children four to seven years old (Alaniz, 1995). Another study by Vogt, Chavez & Schaffner (2011, p. 71) found “several students identified differences in learning styles based on gender (boys were much more active than girls)”. These are examples of a competency met as stated by CNO, “Facilitates client engagement in identifying their health needs, strengths, capacities and goals” (2014, p. 7).

Critical Thinking

Experience in critical thinking and problem solving skills were demonstrated in a camp setting where nursing students reviewed each camper’s medical history and physical and medications with campers’ parents. Upon completion of the assessment, data was then interpreted to respond to the health-related needs of the campers (Schmidt, 2007). The students developed a plan on how to create a medication administration record (MAR) and when to administer medications with guidance from their instructor. Experience in critical thinking and problem solving is a competency required by the CNO (2014, p. 8) as stated, “Utilizes a critical inquiry process to continuously monitor the effectiveness of client care.”

Interdisciplinary Collaboration

Interdisciplinary collaboration opportunities and having the experience for interpersonal communication with a diverse health care team also emerged as another competency met by students during the camp experience (Vogt et al., 2011). Nursing students worked in a team with physicians, dieticians, pharmacists and counsellors to manage blood glucose levels, assist in

medication administration, and participate in medical staff meetings. The ability to collaborate with other disciplines is a competency as stated by the CNO, “Articulates the role and responsibilities of a registered nurse as a member of the nursing and health care team.” (2014, p. 5).

Leadership Opportunities

Leadership opportunities also emerged where a nursing student was appointed ‘head nurse’ and had the additional benefit of managing fellow colleagues in a non-threatening environment (Alaniz, 1995). APN students functioned as the ‘cabin clinicians’ responsible for the diabetic care of one cabin while supervised by a camp physician (Faro, 1994). Nursing students also had the opportunity to manage children with acute, non-life-threatening injuries and illnesses (Vogt et al, 2011). Taking initiative to manage a camper’s care in an acute situation is a competency outlined by the CNO, “Demonstrates leadership in the coordination of health care” (2014, p. 9).

Service To The Public

Benefits to the community were found when the education institutions and the camp administrators collaborated together to meet the needs of those they were serving. Most camps which serve campers with chronic health challenges typically take place during a set time frame each year. Clinical rotations, with nursing students providing care, could have long-term benefits to the camps and the nursing programs (Harwood & Van Hofwegen, 2002). This service learning type model also encourages collegial relationships and a sense of civic responsibility for the student (Vogt et al., 2011; Hensel et al, 2015). Being aware of resources available in a camp setting and how to use them to provide the best care is a competency required by the CNO which

states, “Manages resources in an environmentally and fiscally responsible manner to provide effective and efficient client care” (2014, p. 10).

Reflective Practice

Evaluation of the camp learning experience was obtained through reflective practice, verbal feedback and various assignments completed by the nursing students. Four of the seven research articles described the use of reflective practice for nursing students as they evaluated their own performance and then personal goal setting for areas of improvement (Nash, 1987; Alaniz, 1995; Vogt et al., 2011; Hensel et al, 2015). Through reflection, students reported increased confidence in their nursing abilities throughout their experience. The students described “feeling overwhelmed” in the beginning of the rotation but that “skills, knowledge and sense of responsibility were increased by the end of camp” (Vogt et al., 2011). Nash (1987) had nursing students reflect by journaling on chronic illness and the effect on the patient and family. Totten & Fannesbeck (2002) and Schmidt (2007), all used various written assignments, presentations or nursing care plans to gauge students’ learning experience. Continual self-regulation is a competency stated by the CNO as, “Demonstrates continuing competence and preparedness to meet regulatory requirement by reflecting on one’s practice and individual competence to identify learning needs” (2014, p. 10).

Theoretical Framework

Empowerment in nursing education is a concept that is defined as “the process of providing the tools, resources and environment to build, develop and increase the ability and effectiveness of others to set and reach goals for individual and social ends” (Hawks, 1991, p. 609). If this concept was applied to the idea of providing a positive learning experience, greater learning can

occur between two individuals, one who empowers and one who is empowered. Both individuals must have common learning goals and both must have commitment. In a camp setting, there is opportunity for nursing students to have one-on-one mentoring with a staff registered nurse. The nursing theoretical framework based on the Murrell-Armstrong Empowerment Matrix (Murrell 1985) could be used support why a camp setting would be a positive learning opportunity for nursing students. The Empowerment Matrix is based on 6 categories of action: educating, leading, mentoring/supporting, providing, structuring and actualizing.

An example of ‘educating’ is the RN, in the educator role, teaching knowledge and sharing past experiences. In ‘leading’, the RN can facilitate the introduction of new skills and roles as he/she guides the nursing student to take on more responsibility. During ‘mentoring/ supporting’, the RN is role modeling behavior within these new roles that have been introduced. This helps to guide students during times of uncertainty. While in the action of ‘providing’, the RN is supplying resources to substantiate what is being taught. This ensures that the student will be able to find these resources in the future for their own self-directed learning. In ‘structuring’, the RN is organizing and arranging opportunities to move the student forward but also ensuring the student stays on a particular course which increases success. And lastly during ‘actualizing’, the RN is helping the student to reflect. As the student meets his/her learning goals, he/she reflects on what was done right and what could change for improvement. This action empowers the nursing student as he/she builds on experiences learned. Bradbury-Jones, Sambrook & Irvine (2007) reinforced that more time mentoring and supporting leads to greater learning for the nursing student. Camp settings could provide the teaching environment needed to achieve this mutual goal of empowerment for the nursing student.

Summary of the Literature

Findings from the literature were supportive of camp settings as an appropriate clinical placement for direct practice experience for nursing students (Alaniz 1995). However, challenges regarding nurse educators providing clinical placements that represent the realities of the health care system were recognized (Totten & Fannesbeck, 2002). Two studies acknowledge the benefits of camp settings as an experiential education opportunity for nursing students but state research is scarce and further study is warranted on the impact of the campers' experience (Nash, 1987; Faro, 1994). Harwood & Van Hofwegen (2002), discuss how camp settings are a unique opportunity for students in community health nursing but do not discuss its benefits as an acute care placement experience. Therefore, there is a need to explore the potential of camp nursing as a viable placement for meeting the learning outcomes of nursing students. The first step is to listen to the experiences of registered nurses who have worked in this clinical setting.

CHAPTER 3

METHODOLOGY

The proposed study will use a qualitative narrative design using a focus group of Registered Nurses. An exploratory-descriptive approach is conducted to address an issue or problem in need of a solution and/or understanding (Grove et al). This method is compatible with the study because the exploratory-descriptive approach will guide the discovery and exploration of how level outcomes are achieved by nursing students in the camp setting. This method also allows participants to provide direct practice examples from their camp nurse experience which lacks a clearly identifiable qualitative methodology. Pragmatism is a broad philosophical orientation which is inferred by exploratory-descriptive research that gathers data for transformation into information to solve a problem (Grove et al, 2013). Using this philosophy, a narrative strategy will be used to have individuals provide stories about their lives which can be retold by the researcher into an arrangement of time or chronology (Creswell, 2014). This way of gathering data will be interpreted to identify whether the participants' collective experiences meet the desired outcomes of the study.

Due to geographic location of the participants in this study, a focus group session was not an option for data collection. Individual phone interview were performed and each interview was audiotaped.

Sample

The target sample ranged from six to eight registered nurses. The participants were recruited via the snowball effect (Grove, Burns & Gray, 2013). This type of sampling uses social networking to connect colleagues/friends who tend to have the desired characteristics in

common. It is an effective strategy for identifying participants who know other potential participants who provide essential information about the experience as a registered nurse in a camp setting.

Inclusion Criteria

Participants must be Registered Nurses with an active license in Canada or the United States. They must have obtained their diploma or BScN as entry to practice as a Registered Nurse. They must have experience in camp nursing in any country with a minimum of one week length of camp nursing experience required for participation. They must have a minimum of two years clinical experience as a Registered Nurse and be English speaking.

Exclusion Criteria

Those who do not have an active license in Canada or the United States will be excluded. Exclusion criteria also include those who do not have a minimum of two years clinical experience as a Registered Nurse or who are not fluent in English.

Measurement

The Course Level Outcomes for the Four Year Clinical Nurse Experience is the instrument chosen to measure effectiveness of the camp setting as a clinical placement for baccalaureate level nursing students. (Appendix A) These outcomes guide the fourth year students' competency within a precepted clinical experience. The level outcomes are achieved by the student's ability to synthesize theory, research and professional and technical skills in clinical nursing practice. (Collaborative BScN Program 2016-2017). To support ongoing satisfactory clinical performance, additional documentation is required by the student through reflective

clinical journals, nursing care plans and the Digital Clinical Performance Evaluation (CPE) Tool documentation. Prepared questions will be asked by the researcher to encourage the participants to explore and share experiences regarding the Course Level Outcomes. (Appendix B).

Session Outline

Phone interviews appointment times were schedule at the participants' convenience via email. Participants were emailed a copy of the interview questions and consents for participation/audiotaping one day in advance of the scheduled interview appointment. The researcher contacted the participant at the scheduled time using the phone number provided by the participant.

The researcher followed a pre-written script during the audiotaped interviewed to ensure consistency in data collection. The interview began with the researcher collecting demographics on the participant. The researcher then gave a verbal explanation of the background, significance and purpose of the study. The participant was given time to ask questions regarding the introductory information provided. The participant was then instructed on the format of the interview. No length of time for the session was set and participants were instructed to express their need to stop for a break at any time during the interview. Consents for participation and audiotaping were reviewed and verbally obtained by participants. As the researcher asked each of the six questions, participants were given opportunity for clarification if needed before answering each. The participants were given as much time as needed to provide examples of how nursing students demonstrate level outcomes in the camp setting. To conclude the session, the researcher encouraged the participant to express an overall opinion on whether camp settings meet the clinical placement requirements for nursing students. Each participant was also given opportunity to express any additional thoughts regarding the study before audiotaping concluded.

Ethical Considerations

The participants were informed at the beginning of the study that items discussed in the study session would be kept confidential. Numbers were assigned to the participants to increase anonymity. No identifiers or descriptors were used in the report of the study other than the demographics collected from the participants.

The participants were made aware that he/she can change their mind and refuse to participate and withdraw from the study at any time. The participants were informed that the information (data) will be kept for an indefinite period of time. Benefits to the participants include: (a) the ability to have input into future development of clinical placements for nursing students and (b) the potential to address the shortage of placements worldwide and potentially nurse education globally.

The participants were provided with contact information including email as well as a contact phone number so they are able to get in touch with the researcher at any time.

CHAPTER 4

FINDINGS

The purpose of the study was to gain insight into how camp settings meet the level outcomes of fourth year level nursing students; therefore, adding diversity to the clinical experience required by nursing students in the baccalaureate program. Thematic analysis was used to piece together principal ideas for interpretation of the results (van den Hoonaard, 2012). The principle themes were found in stories, provided by registered nurses, who have worked in camp settings and in examples of how nursing students could demonstrate competencies in the camp setting. This narrative strategy is in line with the pragmatic view where data is transformed into themes which can be reorganized through exploration by the researcher.

Participant Characteristics

Six participants were obtained through the process of snowball sampling. Each participant was given the option to share their experiences in a focus group environment or a phone interview session. Phone interviews were preferred by all participants due to challenges of geographical location. Participant recruitment stopped at six due to saturation of the data indicated by repetition of data during the interviews. Information obtained from participants included place of residence, years of clinical experience, years of camp nursing experience and type of camp worked as a registered nurse.

The six participants in this study reside within a 320 kilometer area in Ontario, Canada. Years of clinical experience range from 10 to 41 years. Years of camp nursing experience ranged from 5 to 20 years. Of the six participants, five were female and one was male. The participants worked as registered nurses at a variety of different camps. Of the six participants, five reported

working at chronic illness camps. One of these participants reported working for many years at a “chronic illness camp” strictly for campers with Type 1 diabetes. Another participant reported working at a camp considered a “sports camp” where the population was composed of healthy campers as well as those with chronic illness. For the five participants who reported working at chronic illness camps, the list of chronic illnesses diagnoses included the following: asthma, ADHD, cystic fibrosis, muscular dystrophy, cerebral palsy, spina bifida, diabetes and cancer. Two of these participants had additional experience working in a religious camp. The sixth participant reported working at an overnight camp of healthy campers as part of her experience.

The data obtained from the six interviews were grouped according to the six questions asked. (See Appendix B) Participants’ answers to each question were then compared to find common themes. These common themes are discussed in the following findings.

Application of Patient Safety Principles

Question number one asked participants to describe how a nursing student could apply patient safety principles in the camp setting. The following themes emerged from the nurses’ stories.

Medication administration. Medication administration was the predominant theme found in each participant’s example. All participants expressed strong views in the importance of safe administration practices and the high risk for error that is prevalent in all clinical settings. One participant discussed that the camp setting he worked at had two nurses overseeing administration for each child where medication was reviewed before the camper arrived. When the child did arrive, a health screening was done jointly by a nurse and a physician with the use of a screening tool to assess client safety. Medication administration also involved reviewing of medications and use of patient identifiers at all times. Two participants discussed implementation

of an extra safety measure which included 'a two nurse sign-off for every single medication' as well as use of patient identifiers at all time. The challenges of managing insulin administration for low blood sugar levels while the campers "engaged in the craziness that is camp", was also discussed. The nursing staff supervised techniques of the campers as they dialed doses of insulin on their pumps or drew up insulin in a syringe. Another participant discussed how the processes with which nursing students are familiar in the acute care setting, need to be modified in the camp setting because children do not wear armbands at camp. Modifications included creating their own medication administration record (MAR) specific to each camper. They outlined how they asked each camper's name, reviewed the medication, made sure that they understood what the camper was taking and performing 'all of the rights'. Another participant discussed their protocol of initial contact with the campers:

We fill out the MAR and it is specific to each camper so when they come in, we ask their name, check the medication, make sure they know what they're taking and do all of our rights. (Participant #6)

Risk for falls. Another patient safety theme discussed by three participants was assessment of mobility for the campers. These participants all had worked in chronic illness camp. One participant discussed challenges with maintaining bathroom safety where only showers are available in the cabins with no wheelchair access. Modifications included moving the non-ambulatory camper to another area for bathing where there was a tub and more privacy available. This also made wound care during bathing much easier.

Another participant discussed how a student would have opportunities for teaching and assisting in mobility issues in activities where campers are getting in and out of canoes, on and

off horses, climbing walls or using the high rope activities. This participant also stressed the importance of providing campers an opportunity to participate in an activity that they have never done before even with the challenges that accompany the activities. One participant discussed the challenging experience of using assistive devices in the camp setting:

Well, so if a child has some kind of ambulatory aid, so even in a well child camp, you might have a child who has a walker or a wheelchair. So, again it's making sure that student is familiar with what the safety requirements of having that kind of equipment around. And now you've got different terrain right. (Participant #2)

One participant brought up the importance of proper footwear and use of ambulatory aids for those campers with physical disabilities. This participant stressed the devastating effects of a camper injuring themselves while at camp. This was not only the physical effects of the injury but the emotional effects of being sent home.

Emotional safety. The theme of mental health safety was discussed by two participants. One participant provided an example of a student having to establish therapeutic relationships and take responsibility for the direction of care including both physical safety and emotional safety. One participant encompassed multiple examples of emotional safety situations by stating:

Kids at camp can have all kinds of sorts of traumatic, emotional things.....if they have a severe low [sic] with the diabetes or they have an allergic reaction to something, they can get kind of frightened and sometimes it's just homesickness. (Participant #4)

The participant went on to discuss the importance for nursing staff to recognize the potential emotional needs of campers particularly in the chronic illness camps.

Transfer of accountability/Transfer of care. One participant discussed the importance of receiving a comprehensive report for transfer of care upon arrival at the camp. The participant reported this camp had a weekly turnover of nurses and maintaining continuity of care for the campers was a challenge.

When I arrive, I will speak to the outgoing nurse, the person who's leaving that session. Because, I only do one week at a time...we go over her documentation. She keeps a list of ongoing camper or a counsellor problem and we go over those just so I'm familiar with who might be coming to see me and who I should be keeping an eye on. (Participant #6)

Taking Initiative in Demonstrating Self-Awareness, Confidence and Critical Inquiry

In question number two, the following themes emerged when participants were asked to describe how a nursing student can take initiative in demonstrating self-awareness, confidence and critical inquiry when providing care.

Use of resources. Four of the participants discussed the opportunity for nursing students to utilize resources in the camp setting when they are in doubt. Examples of resources listed included current research, written policies, experienced nursing staff and physicians. Participants also discussed the importance of ensuring safe and appropriate care for campers in an isolated, autonomous environment.

One participant gave an example of a nursing student having the experience of establishing a relationship with the local community hospital. The nursing student could provide the hospital with information such as the ages and number of campers coming to the area and, in turn, the student could collect information such as the level of care the hospital could provide. Another example mentioned as a resource was the child's primary physician and/or parent when questions arose about campers' health.

Asking questions. Three of the participants discussed the importance of being inquisitive and asking questions in the camp setting. One participant shared an example where nursing students could take opportunities to 'sit and chat' with the counsellors, staff and campers who are diabetic. By asking those with diabetes to share their experience of how their life has been affected by the disease, students could gain information for future practice. One participant stressed the importance for nursing students to be inquisitive in moments of uncertainty by stating,

It's the self-awareness that you need to be able to ask questions when you don't know what the heck is happening or asking questions about why it's being done in such a way or certainly not doing something that you're not familiar with doing. (Participant #1)

Knowing scope of practice. Three of the participants discussed the theme of knowing the limits of your knowledge. One participant was passionate in her expression when she spoke of the isolation of the camp setting. She stated how nursing students would gain experience in differentiating between what nursing interventions could be done in the camp setting verses

knowing when to transfer a camper to hospital. One participant shared an example of a camper who was being treated for poison ivy that had progressed to the eye. The theme of knowing your scope of practice is reflected in this participant's statement.

I just needed that reassurance from a colleague that 'yeah, this is something that is a little bit beyond my scope of practice and what I can manage here' (Participant #6)

Promote Healthy Work Environment, Positive Health Outcomes and Understanding Population Health Challenges

The third question asked participants to describe how a nursing student could promote a healthy work environment, promote positive health outcomes and demonstrate understanding of population health challenges. The following themes emerged from the stories they shared.

Infection control. Three participants talked about the challenges of preventing the spread of communicable diseases amongst a population of campers who are playing, eating and sleeping together in a small community setting where hygiene is a constant challenge. In the camp setting, there is not always running water present for handwashing or extra rooms where campers can be isolated. These participants stressed the importance of good hand washing techniques to prevent spread of flu and colds for campers and staff. A further example of a nursing student gaining experience in implementation of infection control practices, is reflected in this scenario,

...at the camps for children who are unwell, if we have a counsellor who is sick, we have to isolate them away from the kids because the kids have such low white blood cell counts... (Participant #2)

Another participant shared a story where the camp setting she worked at experienced a ‘huge gastrointestinal outbreak at camp’ where every cabin had to be quarantined and hand hygiene was enforced diligently at this time. She reflected on how this would be a good learning experience for a nursing student in a very challenging environment.

Teaching and health promotion. The theme of health teaching for improving the work environment and improving patient outcomes was found in various examples from four of the participants. One participant shared teaching examples that they stated should be continually taught and reinforced throughout the camp experience. There were opportunities for teaching about the use of sunscreen and care of the skin, not just for campers, but also for the counsellors, maintenance staff, kitchen staff and healthcare staff. Students would learn to modify their teaching plans based on their target populations’ level of development; children, adolescence or adults. They also mentioned opportunities to teach and reinforce good hand washing to prevent the spread of cold and flu throughout the camp experience. This also includes a good understanding of the camp environment. Campers, counsellors and healthcare staff are all living closely together in a small community where they congregate in one mess hall for eating, sleeping in groups of eight in cabins and working/playing so closely together every day.

Another participant stated he had health promotion themes for different weeks which included dental care, sun safety and handwashing. For example, when teaching handwashing, the participant would demonstrate proper technique by use of teaching aids like black lights to give the campers a visual aid on how effective their handwashing was. Another participant discussed teaching moments for improving health outcomes at a diabetic camp with campers who are still learning how to control blood sugars levels.

You can help the child understand why you are getting this many units before your lunch today...It's because your sugar is running a little bit high, and you're going to be busy this afternoon so you won't need as much insulin. So you can help them understand all the thought processes that go into figuring out how much insulin they need to take. (Participant #4)

Assuming Leadership Roles

In the fourth question, participants were asked to demonstrate how a nursing student could assume leadership roles in the camp setting. Multiple themes emerged in the stories shared.

Developing educational programs. Two participants gave examples of how a nursing student could take initiative in the camp setting to develop teaching plans if they found a lack of knowledge existing for camp staff and counsellors. One participant shared experiences in educating the camp staff about preventative and promotional interventions for certain illnesses. In this example, the story is based on what a participant had taught at a diabetic camp.

A student nurse could assume responsibility for teaching staff and bunkmates about hypoglycemic seizure and facilitating conversation, with sensitivity to the privacy requirements. (Participant #5)

Improving a process. Two participants discussed a student's ability to demonstrate leadership through improving a process in the camp setting. One participant discussed reflecting on the information that is gathered on the campers with disabilities, as she gave this example. 'Is

the information on the campers gathered from a strengths perspective or from a weakness perspective?’ The participant talked about applying a theoretical approach called the Strength-Based Nursing theoretical approach. This leadership approach focuses on mobilizing and capitalizing on a person’s strengths to promote health and facilitate healing (Gottlieb et al, 2012). This example was shared to demonstrate how this participant practiced leadership by improving her nursing practice and potentially others by the kind of information that is collected on each camper.

Another participant gave an example where students could use evidence-based research to improve nursing practice in the camp setting.

For example, say they were treating a low blood sugar, and a kid is feeling really low and is really shaky and they don’t bother with the 15/15 rule, they’ll just hand them a great big glass of juice, you know. And that’s not good practice, but it’s sort of the habit they’ve got into...a nursing student can sort of reinforce what the best practice is for treating a low and maybe talk about revising policies and things like that.

(Participant #4)

The participant went on to explain, for a low blood sugar, the ‘15/15 rule’ means taking 15 grams of sugar and waiting 15 minutes to retest sugar again. In this example, the participant talks of a student nurse taking a leadership opportunity to provide the most current literature and best practices for blood sugar controls. The student could then lead a group discussions where the healthcare team develop strategies to implement new recommendations in the camp setting.

Improving of Health Care Services at all Health Care System Levels

The fifth question asked the participants to describe how a nursing student can advocate for improvement of health care services at all health care system levels. Two themes emerged in the participant's experiences.

Improving services within the camp. Understanding that a camp is an isolated, small community and needs to change as the larger community around it changes, was a common theme discussed among four of the participants. Examples were given where nursing students could update local health centres with information about the number of pediatric clients coming to a camp within their community. Students could have experience in developing a collegial relationship with outside healthcare services so they are part of developing plans to facilitate access to medical care if needed.

Another participant talked about nursing students having the opportunity to teach campers healthy lifestyle choices while at camp. In turn, the campers become teachers to their families when they return home and that is an improvement of health at another level. A participant shared an experience where, at the community level, public health services became involved during a flu-like outbreak. This statement demonstrates how healthcare services within the camp were improved by services from public health.

They themselves were very instrumental in working with public health to create guidelines to prevent this in the future. Hand wash stations and sanitizers came because of that. They bring in a cabin on wheels that they use as a sick space, so if anyone presents with any of these symptoms, even if they're a counsellor, they're in

there for 24 hours and kept separate from everyone. (Participant #3)

Communicate with parents at home. The theme of communicating with camper's parents at home was an example of how to improve health care service outside the camp setting. Two participants discussed the importance of information going back to the supporting health care team (e.g. primary caregiver and primary care physician) and to ensure parents have the information they require regarding their child's overall health at camp. If a camper had difficulty, the caregiver or primary care provider would be informed.

One participant worked at a camp in the country of Ireland where children were coming from other surrounding countries. The situation brought up issues with language barrier and translation of medical information for continuity of care. The participant discussed the opportunity for problem solving to improve communication when there is a language barrier present. In a further example of improving communication, another participant referred to the health care team at camp as being a part of the 'circle of care'. The participant discussed the importance of written documentation to transfer information. Written documentation is a communication tool used to send information about the camper to the primary caregiver or primary care provider upon completion of camp. If this tool required a revision to improve communication, then a nursing student could advocate for this change: therefore, improving the health care services campers receive when they return home.

Maintaining Competency In Nursing

The last question asked participants to identify ways for nursing students to meet regulatory requirements to maintain competency in nursing. The themes of personal reflection and goal

setting were given as examples in the stories the participants shared. One participant discussed opportunities to develop nursing care plans to maintain competency.

Reflective practice. Reflective practice was the predominant theme in all participants in maintaining competency in nursing. One participant shared an experience of having a conflict arise with another colleague due to different styles in nursing practice while working at a camp. She stated this experience could provide a student with an opportunity to reflect on conflict resolution. The participant then discussed the challenge of working in a non-traditional team environment with people they have not worked with before. This participant also had worked at a camp in Ireland where campers were coming from other countries and speaking different language. She talks about reflective practice in this statement.

And communication is always an issue, that dealing with people in different languages and even dealing with people who speak the same language and the way we talk to each other and the way we try and come to a common understanding, it happens no matter where you are, so the camp setting would provide opportunities for students to reflect on what went down or how it could be improved. (Participant #1)

Another participant shared their experience of the use of reflection in the camp setting. She discussed the challenges of providing holistic care at the same time maintaining professional role boundaries in the relationships that may develop between campers and nurses.

In terms of camp nursing, there can be that actual physical health, but then the mental health of the campers...you're not just a clinician, but you're a counsellor,

and you're a mom sometimes, and there are a few different things, so you can be reflective in all situations. (Participant #6)

One participant, who worked at a diabetic camp was expressive in her story where she gave an example of a nursing student using reflection. While managing the blood sugar levels of children in an active environment, there is the challenge of working with a multi-disciplinary team of dieticians, physicians and residents. She states 'residents tended to be over-aggressive' in their management at times and if the nurse has concerns, the nurse needs to have effective communications skills to express their input. Reflective practice will aid the student in improving communication skills with the healthcare team which ultimately results in improving patient outcomes.

Developing personal learning goals. All of the participants provided fruitful examples of how to set learning goals in the camp setting for self-development. One participant discussed that in the chronic illness camp setting, nursing students would have to adjust their nursing practice where the camper is not viewed as a patient and therefore not viewed as ill. Learning goals would focus on prevention, promotional and maintenance nursing care that keeps each camper in a wellness state despite various disease processes that may require daily interventions such as catheterizations or injections.

Another participant shared a personal example of how learning goals affected her career development after working at a camp of children with chronic illness.

I learned about the chronicity of disease for the child and his or her family with

demanding home care plans in the case of cystic fibrosis, demanding anywhere from 2

to 4 hours of therapy a day and medications too numerous to tabulate. So those were pretty unofficial learning goals, but it imprinted my practice so that I graduated and went into pediatrics and essentially into cystic fibrosis and diabetes care. (Participant #5)

Developing nursing care plans. Although no other participant discussed nursing care plans, one participant provided an excellent example where a nursing student develops a plan that is shared with the health care team to help a socially struggling camper integrate into the camp setting.

Create a learning plan for a child that is homesick or a child that has a social enigma attached to them and they're having trouble dealing with or working with other children and how they've tried to make them feel more a part of it, you know including them in the daily activities and the fun, because like I said teenagers can ostracize so quickly. (Participant #3)

In answering this question, participants used the terms learning goals, learning plans and reflection interchangeably. This made it difficult to find definitive themes because the terms are so relational.

Summary

The findings in this chapter supported the purpose of the study. The experiences shared by registered nurses, who worked in camp settings, were explored using thematic analysis. Through

this analysis, themes emerged supporting the proposal that opportunities exists for fourth year level nursing students to meet learn outcomes. The findings in this study suggest camp nursing provides a positive learning experience and adds diversity to the direct practice experience required for nursing students in clinical rotation.

CHAPTER 5

DISCUSSION

The purpose of this chapter is to discuss and highlight findings from this study. I will review how the findings address the gap in the literature, reinforce what is positive about the camp nursing experience as a clinical setting and how this contributes to new insights for consideration in future research and dissemination. Study limitations will be reviewed at the end of the chapter including bias and rigor of the method and data.

Significance of Findings

Although direct practice experience standards for baccalaureate nursing programs are set by each provincial regulating body (Smith & Seeley 2010), there is a shortage of quality clinical placements to meet this demand (Peters et al, 2013). Research suggests that camp nursing placements provide a learning experience equal to that of traditional placements and add diversity to placements offered, but little research has been completed on this topic (Vogt et al, 2011). The findings of this research study address this gap in the literature. The design of the study allows the researcher to explore how Course Level Outcomes (see Appendix A) for the fourth year level nursing student are met through the camp nursing setting. Level outcomes are indicators used to measure competencies required for entry-level Registered Nurse practice. The positive findings support and further illuminate the diversity to clinical practice experience that camp nursing can bring to educational curriculum. The contributions of this research are addressing the existing gap in research and demonstrating how the camp setting adds diversity to the clinical practice experience required in the undergraduate nursing program.

Discussion of Participants

The study's sample was comprised of six registered nurses who have worked in various types of camps and in two different countries. An interesting fact was revealed when comparing the type of participants used in this study and participants used in past studies. The available articles used nursing students (undergraduate and graduate) as the participants for data collection. Those results interpreted nursing students' views and opinions on their learning experience when determining if clinical objectives had been met in the camp setting. The data had been collected through written assignments, surveys and 'camp logs' completed by nursing students. The present study gathered information from the viewpoint of experienced registered nurses who have worked in various camp settings in the role of camp nurse. This study analyzed their collective narrative experiences by providing examples of how nursing students can meet clinical objectives in the camp setting. Therefore, the results are based on experiences from the expert provider role as opposed to the inexperienced student role which had been predominantly found in review of the literature.

An unexpected fact that emerged in the data was participants' opinions on the appropriate education level of a nursing student if considered for a camp placement. Four of the six participants gave an unsolicited opinion that a senior level nursing student (third or fourth year level) would be appropriate for this type of rotation. The other two participants were prompted at the end of their interview to express their view on what level student would be appropriate for the camp setting and they also confirmed that a third or four year level nurse would be appropriate. All participants discussed how the student would not do well without some clinical experience or a pediatric course due to of the nature of the autonomous, isolated setting. Two participants further discussed that a nursing student should have pediatric clinical experience or a

pediatric course as a pre-requisite. While one participant was sharing her view on this topic, she reflected on the concepts of confidence and self-awareness by stating,

It would be difficult for an inexperienced student to demonstrate confidence in this setting especially, I mean, I had 5 years of ER nursing experience in my first year of camp and I was so shaken I think, just about being outside of my comfort zone in an ER, and so going into this, you know, 'remote, I'm alone', sort of setting was intimidating. (Participant #6)

Applications for Clinical Practice

A discussion will now follow on how competencies based on the College of Nurses of Ontario, Competencies for Entry-Level Registered Nurse Practice, 2014, relate to the findings of this study.

Table. 1. Summary of Themes Supported by Corresponding Competency

Level Outcome	Themes	Competency (CNO, 2014)
Applying Patient Safety Principles	*Medication Administration *Risk For Falls *Emotional Safety *Transfer of Care	'Advocates and intervenes, as needed, to ensure client safety' (#9)
Taking Initiative to Demonstrate Self-Awareness, Confidence and Critical Inquiry	*Utilization of Resources *Asking Questions *Scope of Practice	'Utilizes a critical inquiry process to continuously monitor the effectiveness of client care' (#70)

Promoting a Healthy Work Environment, Positive Health Outcomes and Understanding Population Health Challenges	*Contact Precautions *Teaching for Health Promotion	‘Anticipates potential health problems or issues for clients and their consequences and initiates appropriate planning’ (#49)
Assuming Leadership Roles	*Developing Education Programs *Improving a Process	‘Facilitates client engagement in identifying their health needs, strengths, capacities and goals’ (37)
Improving of Health Care Services at all Health Care System Levels.	*Improving Services *Communication	‘Collaborates with the health care team to proactively respond to changes in the health care system’ (#91)
Maintaining Competency in Nursing	*Reflective Practice *Setting Personal Learning Goals *Nursing Care Plans	‘Demonstrates continuing competence and preparedness to meet regulatory requirements’ (#100)

Applying Patient Safety Principles

Competency: ‘Advocates and intervenes, as needed, to ensure client safety’ (CNO, 2014, #9).

Ensuring patient safety is a competency for clinical practice that is supported by the following themes that emerged in the data. The theme of *medication administration* was discussed by all participants. Each expressed the high risk for patient errors in the camp setting and the importance of safe practice techniques. All participants provided examples where nursing students can apply patient safety principles in a clinical setting where campers do not wear armbands. The theme of *assessing mobility and decreasing risk for falls* was also found. The

challenges of the camp environment and types of activities that campers are participating in give the nursing student exposure to these safety concerns that are found in all clinical settings. The theme of *emotional safety* and its importance for patient safety where students have opportunity to assess mental health concerns and establish therapeutic communication is available in the camp setting. The theme of *transfer of care* for patients was another opportunity found in the camp setting for nursing students to gain competency.

Taking Initiative in Demonstrating Self-Awareness, Confidence and Critical Inquiry

Competency: ‘Utilizes a critical inquiry process to continuously monitor the effectiveness of client care’ (CNO, 2014, #70).

Multiple themes emerged when participants provided examples of how students could demonstrate this competency. The theme of *utilization of resources* such as students seeking out the guidance from other nursing staff, physicians or the local community hospital was shared by the participants. The theme of students *knowing when to ask questions* and displaying an inquisitive mindset is present in the camp setting. Participants also discussed the theme of *knowing scope of practice* and provided examples where students can demonstrate the ability to acknowledge the limits of their knowledge base.

Promoting Healthy Work Environment, Positive Health Outcomes and Understanding Population Health Challenges

Competency: ‘Anticipates potential health problems or issues for clients and their consequences and initiates appropriate planning’ (CNO, 2014, #49).

Findings from this study show two themes emerging from the results of the data that support this competency in clinical practice. The theme of *contact precautions* and ways to prevent spread of infection was discussed by all participants. Nursing students would have the opportunity to anticipate and plan for positive outcomes for campers as well as promote a healthy work environment for the staff. The theme of *teaching for health promotion* in the camp setting also supports competency opportunities for nursing students. It was noted by participants that nursing students' exposure to the patient experience of learning to live with a disease process and initiating prevention measures to prevent illness, is a significant part of working at a chronic illness camp.

Upon analysis of the interviews, multiple participants gave examples of what they felt demonstrated population health. According to Kindig and Stoddard, *population health* is defined as “an approach that focuses on interrelated conditions and factors that influence the health of populations over the life course” (Kindig & Stoddard, 2003). Kindig and Stoddard further discussed that using social determinants (e.g. income, education, housing) and physical determinants (e.g. clear air, water) facilitate the development of policies and implementation of actions to improve the health and well-being of populations. Based on the definition of this concept, the participant's examples did not clearly demonstrate the understanding of population health challenges; therefore, no themes emerged to support this component of the question asked in the interviews.

Assuming Leadership Roles

Competency: ‘Facilitates client engagement in identifying their health needs, strengths, capacities and goals’ (CNO, 2014, #37).

Two predominant themes emerged to support this competency of leadership opportunity for nursing students in the camp setting. The theme of *developing educational programs* arose where participants discussed nursing students having the opportunity to identify areas of a deficit in knowledge for campers or staff. Students having opportunities to take initiative and developing teaching plans to address these needs are ample in the camp setting. The theme of *improving a process* also emerged as participants discussed students using the most recent evidence-based research to make change in a process that may need revising.

Improving of Health Care Services at all Health Care System Levels

Competency: ‘Collaborates with the health care team to proactively respond to changes in the health care system’ (CNO, 2014, #91).

Themes revealed in the data that support this competency are *improving services* within the camp and *communicating* with parents. Nursing students in a camp setting have opportunity to improve services at all levels of health care by developing collegial relationships with local hospitals or clinics that may be used if campers require a higher acuity of care. This collaboration would facilitate transfer of care thereby improving patient outcomes. The theme of improving communication of camper information through written documentation or verbal communication supports the opportunity to meet this competency. Nursing students having the opportunity to translate information regarding campers’ successes and difficulties during camp ensure continuity of care when they return home.

Maintaining Competency in Nursing

Competency: ‘Demonstrates continuing competence and preparedness to meet regulatory requirements’ (CNO, 2014, #100).

Reflective practice, setting personal learning goals and developing nursing care plans were three themes that emerged to support the above nursing competency. Participants discussed using reflection to learn key ideas such as the effect of a diseases process in the life of patient or reflection on self-development areas such as conflict resolution in the work place. Developing learning goals was a theme that reinforced opportunity for a student to identify and implement their own learning needs in the camp setting for personal improvement. Developing nursing plans to identify campers’ health needs and strengths is another theme that reinforces the nursing students’ ability in the camp setting to meet this competency.

Summary

In summary, upon review of the current literature, themes in past literature had been identified as clinical objectives required for competency for nursing students. The findings in the current study found themes that emerged when analyzing the stories provided by experienced registered nurses in the camp setting. All of the themes in past literature are addressed to some degree in the present study and in most cases are analyzed in more depth. For example, the theme of *Therapeutic Communication* found in the literature review can be an umbrella theme for *Emotional Safety* and *Communicating with Parents* found in the current study. These connections reinforce the positive findings of this study. (See following Table 2)

Table.2. Comparison of Themes Found in Past Literature and Current Study

Themes from Literature Review	Themes of Current Study
Therapeutic Communication Application of Knowledge Health Promotion Critical thinking	Medication Administration for Patient Safety Risk for Falls for Patient Safety Emotional Safety Transfer of Accountability/Transfer of Care

Interdisciplinary Collaboration Leadership Service to the Public	Use of Resources Asking Questions Knowing Scope of Practice Application of Contact Precautions Teaching and Health Promotion Improving a Process Developing Educational Programs Improving Services Within the Camp Setting Communicating with Parents Reflective Practice Setting Learn Goals
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Application of Theoretical Framework

The empowerment framework in nursing education is used to facilitate learning by providing resources and tools to help others reach goals for individual and social ends (Hawks, 1991). This framework was chosen for application in this study due to its aspect of creating a positive learning experience where two individuals benefit from common learning goals and commitment to betterment. The two individuals, the nursing student (one who is empowered) and the experienced nurse (one who empowers), could benefit from a positive clinical learning experience in the camp setting. Through the use of camp settings, experienced nurses can organize and arrange opportunities for students to meet level outcomes. This action moves the nursing student forward but also ensures the student stays on a particular course, which increases success. In turn, the experienced nurse shares in the mutual goal of success for the student, which is empowering for that nurse. The mutual goal of success for the nursing student means to meet level outcomes in the camp setting and this is possible according to the findings of this study.

Rigor

To analyze rigor of this study, Lincoln & Guba's (1985) criteria of rigor will be used to explain the overall reliability and validity of this qualitative study. The criteria include credibility, transferability, dependability and confirmability.

Credibility. According to Shenton (2004), credibility means to find how congruent the findings are with reality. Credibility will establish trustworthiness to the qualitative research. The following techniques that were demonstrated in this study are considered in the following.

Triangulation. Shenton (2004) suggests that supporting data from participants, to verify particular details that participants have supplied, would strengthen credibility of data. For example, as participants shared stories of their experiences, gathering the data beforehand on what type of camp the participant had worked as a registered nurse helped to clarify the type of experiences they had. For example, a story was shared by a participant about a camper having a 'severe low' and being given a glass of juice. Data gathered before the interview, helped to understand that the participant was nursing at a camp for those diagnosed with diabetes. Credibility of the study findings was also strengthened through triangulation of sources, where data from one source is used to corroborate data from another source (McBrien, 2008). Notes taken during the interviews heightened awareness of pertinent points to refer back to. In this case these notes, combined with the interview transcripts, helped to increase the accuracy of the data findings. To strengthen dependability, meticulous records were transcribed from audiotaping of participants' phone interviews. Records of the audiotapes were sent to an independent company for transcription, therefore, strengthening credibility of the data obtained.

Frequent debriefing sessions. According to Shenton (2004), frequent debriefing sessions may draw attention to flaws in the direction of the proposed course of action which can decrease

credibility. In this study, a meeting with the internal reader and supervisor ensured the thematic analysis of data was reviewed and organized to prevent this phenomenon. The meetings were also used as a sounding board to test developing ideas and interpretations to ensure trustworthiness of the data.

Examination of previous research findings. The ability of a researcher to relate findings with an existing body of knowledge can also increase credibility (Shenton, 2004). In the present case, no other study was found to be staged similarly; therefore no comparison could be conducted.

Transferability. Lincoln and Guba (1985) describe transferability as the ‘fittingness’ of a study where its audience views findings that are applicable and meaningful in the context of their own experiences (p. 124). In this study, participants were identified by their ability to explore a particular aspect of behavior relevant to the research. These key informants were chosen due to their particular source of knowledge which is the experience of working as a nurse in a camp setting. Transferability should also include ‘thick’ descriptions of the actual situations and the context surrounding it. This technique enables readers to compare the context and data to those they have seen emerge in their own situations (Shenton, 2004). In this study, participants scheduled a time of their choosing and were given an ample amount of time during their interview to encourage the gathering of rich, narrative examples. These examples of raw data were made reference to in quotes to allow readers to have an understanding of it (see Chapter 4). Accumulation of findings from future studies staged with a different group of participants from different camp settings might enable a more inclusive picture. This study could provide a baseline understanding for other similar studies to be compared.

Dependability. Lincoln and Guba stress that a demonstration of credibility strengthens dependability (1985, p. 219). Dependability, according to Shenton (2004, p. 71), will be addressed by reporting the processes within the study in detail enabling future researchers to repeat the work. In this study, the research design and its implementation were described, planned and executed similarly for each participant. A pre-written script had been developed as a guide which ensured consistency with each phone interview. The script kept the phone interview from potentially veering off into a different direction. The script was discussed with my supervisor to ensure proper research practices have been followed. This process of my supervisor's input also allowed for *reflective appraisal of the project* (See Reflexivity), which ensured input into the effectiveness of the process and strengthened dependability of the study. Decisions regarding cessation of data collection when saturation was achieved was also discussed. During the data analysis, my thesis committee internal reader also reviewed and provided feedback concerning the data findings. My internal reader also had a meeting to discuss benefits to grouping data into themes using a charting formation for ongoing analysis and interpretation. Use of the charting method also increased consistency within this qualitative study.

Confirmability. Confirmability is described as the criterion that represents objectivity or freedom from bias. Where considerable steps are taken to ensure the work's findings are the "result of the experiences and the ideas of the informants rather than the preferences and characteristics of the researchers" (Shenton 2004, p. 72). In this study, potential bias was addressed through the use of techniques such as: (a) pre-written scripts to adhere to for phone interviews (See Dependability), (b) using note taking, charts and transcripts for triangulation of sources (see Credibility), (Lincoln & Guba, 1985).

Limitations

A limitation of this study was its inability to have the participants meet face-to-face for a focus group session. This technique of data collection would have added to the richness to the stories provided by the registered nurses in the camp setting. Since this was an unfunded master's thesis and due to geographic location, I did not have the ability to go to the participants and I could not reimburse participants for driving expenses or missed time from work.

Strengths

Measurement. Questions posed to the participants were developed from the level outcomes for clinical experience of fourth year nursing students in the acute care setting. The level outcomes are complex and are developed to synthesize theory, research, professional and technical skills in clinical nursing practice (University of Windsor, Collaborative BScN Program, 2016). These level outcomes are developed based on the Competencies for Entry-Level Registered Nurse Practice (2014). Since level outcomes are developed based on the competencies for a beginning skill level identified by the College of Nurses of Ontario, the questionnaire is a dependable measurement for this study.

Originality. This design is unique and there were no other study designs such as this found in the literature review for replication. Since this study is the first of its kind, it could add richness to the current research available in camp nursing. This study could also be used as a baseline for future research. Potentially the findings of this research can be used in other provinces and countries. This research was based on level outcomes from an Ontario educational institution and on competencies from an Ontario regulating body. The nursing board exam in

Ontario (NCLEX) for registered nurse licensure qualifies an individual to practice in both Canada and the United States.

Plethora of narrative data received. This study gathered a plethora of narrative data. The registered nurses not only provided rich stories to answer the questionnaires, they also provided a wealth of information outside of the context of the questionnaires. Four of the six participants offered unsolicited opinions on their view of the level of nursing students that would be appropriate for the camp setting. All agreed that it would have to be a third or fourth year student due to the level of autonomy in the camp setting. Many of the participants also identified numerous opportunities for clinical skills in the camp setting such as: blood sugar levels, breathing treatments, head-to-toe assessments, splinting, wound care, catheterizations, transfusions and subcutaneous injections.

Study scope and topic. Data saturation was reached with six participants. The study topic was clear to the participants, and the nature of the questions asked allowed participants to willingly share their stories. Also due to the fact that participants were able to reflect on the questions in advance, participants were prepared to share rich, articulate and insightful experiences which helped to reach saturation.

Opportunity for fast tracking. Due to the trend in institutions developing innovative opportunities to increase flexibility in course offering for students to complete their education, camp placements could be a consideration. Students could have opportunity to take a camp pediatric clinical experience during the summer, when camps are typically in service.

Access to pediatric population. This study examines the clinical experience for nursing students while working with the pediatric client. Research has proven a lack of access to the

pediatric client in clinical rotations. Children who attend camp are generally school age, which ranges from five to eighteen years and undergraduate nursing students require a well-rounded pediatric experience of all ages from infancy to adolescence.

Recommendations

Overwhelmingly, there was little research found on the use of camps as clinical placements. The following are recommendations for health educators to consider when planning clinical opportunities for nursing students.

According to Nash (1987), the presence of nursing students and their impact on the campers' experience needs to be studied. Ultimately the primary purpose for a child at camp is to reap the benefits of the camp experience. According to the research, these camp experiences include growth and development, enhanced self-esteem and opportunity for worthwhile experiences that would otherwise be unavailable to that child (Vogt et al, 2011). It has been recognized that camps provide the luxury of large groups of children who can benefit from both individuals and group instruction for nursing students (Faro, 1994). The benefits of pediatric clinical experience in the camp setting are substantiated but further research is required.

Further research needs to explore an evaluation from the instructor's perspective on camp as a clinical placement for nursing students. How the camp setting is utilized by the instructor and the support required by the instructor to teach in this environment should also be included.

The health care system is moving towards a more community-based approach, therefore, nurse educators need to increase their community-based offerings (Totten & Fannesbeck, 2002). My findings support camps as a setting for clinical placement opportunity. Therefore, the camp setting as a community-based course or acute care-based course, needs to be explored further.

The benefit to the camps as a service-learning model requires further study. Nursing students would have exposure to developing ‘real world’ knowledge while helping to service the needs of the community. Therefore, future research needs to explore the collaborative community-academic experience to understand what those benefits are (Vogt et al, 2011).

The potential for other disciplines in health care to utilize the camp setting as a clinical placement needs to be explored. For example, LBGTQ2 camps could offer a specialized focus for students in medicine or social work who require experience in medical and resource management of vulnerable populations.

The type of camp requires exploration because each camp is unique in its clinical experience for nursing students. For example, a chronic illness camp may be chosen for its opportunities to perform hands-on skills such as blood sugar monitoring, injections and catheterizations. Whereas a camp for youth at risk may be chosen for its experience in mental/behavioral health.

CHAPTER 6

CONCLUSION

The purpose of this exploratory-descriptive qualitative study was to investigate if camp settings meet the acute care or community clinical placements requirements for undergraduate nursing students. The importance of this study is supported by the concerning state of healthcare and clinical education due to: (a) global shortage of acute care and community placements for direct practice experience for undergraduate nursing programs (Council of Ontario Universities, 2013), (b) restructuring of health care (Canadian Institute of Health Information, 2015) limiting hospital placement availability, especially pediatric placement (Bultax, 2011), (c) increased competition for hours amongst health care programs (Peters et al, 2013), (d) expert registered nurses unwilling to precept nursing students (Berry & Curry, 2012) and (e) increased enrollment of nursing students (University of Windsor, Historical Data for All Students, 2006-2015).

Contributions of Findings

The study findings contribute to the gap in scholarly educational literature. Current research recommendations support the need for clinical placement opportunities globally for the undergraduate nursing student. It has been shown that camp settings are a learning experience equal to that of a traditional placement; however; the educational benefits have been difficult to relay to the profession of nursing. There is little research that explores (a) the student's experience in this clinical placement, (b) how camp placements contribute to the overall clinical experience required by students and (c) what needs to be taught to achieve nursing competencies for students in the camp setting. The positive findings of this study extend to what is currently

known. Camp placements have learning opportunities available for nursing students in the undergraduate program necessary to achieve competency for entry-level Registered Nurse practice. Camp placements also add diversity to the direct practice experience required for nursing students in clinical rotation.

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APPENDICES

Appendix A

COURSE LEVEL OUTCOMES

By the end of this course, the student will achieve competency in the following within the context of an individual precepted acute-care/community clinical setting (Complex or multi-system health disruption within the contest of family and community):

LEVEL FOUR

1. Anticipate, plan and co-ordinate application of principles of patient safety that protect patients, families from harm (physical and psychological) at all times with intra-and inter-disciplinary health care team members
2. Self-initiate practice of professional responsibility and accountability, through self-awareness, critical inquiry, confidence, initiative and leadership within the intra-and inter-professional health care team, with the client as the focus
3. Co-ordinate selection and application of specialized knowledge using appropriate tools and techniques for client assessment and care in collaboration with clients, intra-and inter-professional health care team members
4. Assume leadership role through proposing and applying an ethical framework and evidence informed decision making process in practice and collaboration with clients, intra-and inter-professional health care team members
5. Propose, defend, and advocate for improvement of health care service at all health care system levels
6. Self-initiate continued competence and preparedness to meet regulatory requirements for independent practice (e.g., learning plans, reflective practice)

Referenced from: Collaborative Bachelor of Science in Nursing Program, University of Windsor, Lambton College, St. Clair College – Windsor & Thames, Course Syllabus, Fall 2016/Winter 2017

Appendix B

PHONE INTERVIEW QUESTIONS

Questions are numbered and correspond to the six Course Level Outcomes found in Appendix A.

- 1) In your experience as a camp nurse, describe how a nursing student can apply patient safety principles.
- 2) In your experience as a camp nurse, describe how a nursing student can take initiative in demonstrating self-awareness, confidence and critical inquiry when providing care.
- 3) In your experience as a camp nurse, describe how a nursing student can promote a healthy work environment, promote positive health outcomes and demonstrate understanding of population health challenges.
- 4) In your experience as a camp nurse, describe how a nursing student can assume leadership roles. (Reflect on evidence based practice and use of nursing theory and frameworks in your answer.)
- 5) In your experience as a camp nurse, describe how a nursing student can advocate for improvement of health care services at all health care system levels.
- 6) In your experience as a camp nurse, identify ways for nursing students to meet regulatory requirements to maintain competency in nursing. (ie. learning plans, reflective practice)

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