

A Pilot Feasibility Study of an Undergraduate Nursing Student Harm Reduction Community Health Placement

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Nursing students may struggle with community placements, instead preferring hospital placements, due to a lack of understanding of the work of community health nurses (van Iersel et al., 2018). Some nursing students perceive community placements to be less complex and less interesting than hospital work (van Iersel et al., 2018), and community health nurses may face heavy workloads and lack the capacity to mentor nursing students (Kenyon & Peckover, 2008). Clinical placements tend to orient towards teaching nursing students task completion (Henderson et al., 2012). However, community health nursing (CHN) placements can help nursing students develop greater autonomy and critical thinking from a broader perspective than a hospital placement (Peters et al., 2015).

CHN placements are established in many environments beyond health care settings such as clinics or hospitals. Often, nursing schools rely on diverse sites for CHN placements due to the shortage of traditional CHN placements in health care settings (Hoe Harwood et al., 2009). Within the era of neoliberalism, CHN's scope has increasingly shifted from community-focused nursing to program-focused nursing with narrower scopes of nursing practice.

CHN placements outside of health care settings that explore the full scope of CHN and include the knowledge, skills, and application of public health practice (PHP) embedded in a harm-reduction setting have not been explored to the extent possible. Nursing students may engage in CHN placements in places such as schools, government organizations, and other sites that often do not employ registered nurses (RNs). The lack of visible RN practice in these settings contributes to the lack of visibility of the broad scope of CHN work (Pijl-Zieber et al., 2015). These CHN placements may present limited opportunities for nursing students to witness role-modelling of nursing work and professional identity formation (Pijl-Zieber et al., 2015).

There are limited reports of nursing student experiences in CHN placements and a lack of potential for nursing students to see nursing work modelled. Nursing students may not fully appreciate the work of community health nurses, as these nurses' practice may differ from nursing students' conceptualizations of nursing work (Calma et al., 2019; Jackson et al., 2021). CHN placements are essential for understanding upstream thinking, which focuses on prevention of illness, promotion of population health, and health equity, including addressing the social determinants of health (SDOHs) (Butterfield, 2017; World Health Organization, n.d.). SDOHs are the basis of structural barriers that individuals and population groups face, manifested as unequal social, economic, and environmental conditions (Weinstein et al., 2017) that are the result of complex and interlocking systems of oppression (Michael Smith Health Research BC, n.d.). Such structural barriers of disparate access to opportunities that result in health inequities include gender, employment and socio-economic status, disability, immigration status, and geography, which may also intersect with systemic drivers such as racism, classism, sexism, ableism, and more (Weinstein et al., 2017). CHN placements are valuable environments for enhancing nursing students' understanding of SDOHs and reshaping the way they conceptualize health when they witness and work with people facing structural barriers to health, including systemic discrimination, economic inequality, exclusion, and lack of access to key resources for health such as food and shelter.

When working with populations who may face structural barriers to health, community health nurses draw upon evidence-informed principles to guide their work. A central paradigm in CHN work is harm reduction for people who use substances. Harm reduction is an evidence-based public health approach within the continuum of care, focused on reducing the negative health, social, and economic impacts of substance use without necessarily reducing consumption (College

of Licensed Practical Nurses of Alberta [CLPNA], 2022). Harm reduction is characterized as a pragmatic approach to meeting people where they are at (Denis-Lalonde et al., 2019; Marlatt, 1996), promoting health and well-being through trust, empowerment, and understanding of lived experiences (CLPNA, 2022), and limiting the harms from behaviour with a compassionate approach to working with clients (Hawk et al., 2017; Lenton & Single, 1998). Harm reduction is associated with efforts to support people who use substances to be recognized as agents who can make decisions about their own lives (Friedman et al., 2007) rather than a problem that needs fixing. Harm reduction offers education, support, and resources through flexible, low-barrier programs that address the diverse needs of people who use substances. It emphasizes involving those with lived experience in policy, program planning, and service delivery and advocates for social justice by challenging systemic barriers to essential services (CLPNA, 2022). Educating nursing students about harm reduction can reinforce the primacy of human rights and consent inherent in harm reduction (Denis-Lalonde et al., 2023). In our clinical placement, we focused on engaging students in understanding SDOHs and introducing the concept of harm reduction for people who use substances, with the goal of informing CHN placements.

Purpose

We aimed to evaluate a pilot CHN placement in the context of a research study focused on harm reduction for people who use substances, to assess whether a harm-reduction approach was effective in facilitating learning about the full scope of CHN, and engaging students with SDOHs. Additionally, we sought to determine students' insights into harm reduction for people who use substances, the meaningfulness of students' learning experiences, and whether this pilot CHN aligned with students' expectations for a community placement. We further assessed the overall satisfaction and learning experiences of nursing students in this placement.

A Harm-Reduction Clinical Placement

We situated the clinical placement within a nursing program of research involving a study about mitigating needle debris—discarded needles and drug paraphernalia that are left in a public place (Tung et al., 2023). This program of research was built on foundational principles of harm reduction for people who use substances, where the primary focus is to meet people where they are at (Denis-Lalonde et al., 2019), rather than imposing expectations about client recovery goals. Our structure for the clinical placement was based on established quality criteria (Canadian Association of Schools of Nursing [CASN], 2010) that ensure nursing is visible in student CHN placements (see Table 1).

Table 1*Criteria for a Quality CHN Placement*

Quality indicator	Application in our placement
Community health nursing identity: A faculty advisor/clinical instructor must be knowledgeable about the Canadian Community Health Nursing Standards of Practice, primary health care principles, public health sciences, and nursing sciences.	Clinical preceptors/instructors had a clinical practice background in CHN, including membership in the local CHN association.
Community health nursing scope of practice: There must be a possibility for nursing students to collaborate with clients at a group and/or community level while learning community health nursing strategies.	Students completed windshield surveys and key informant interviews to gather relevant individual- and community-level data to identify factors that influenced individual behaviour and outcomes.
Competent, well-prepared preceptor: Suitable preceptors must have the ability to help nursing students apply theory into practice and inspire a positive attitude about preceptorship and lifelong learning.	Clinical instructors functioned as a preceptor who mentored students and supported their learning activities related to solidifying their knowledge in community health, social determinants of health, and nursing research. Through multi-level approaches, including case studies, group discussions, anecdotal notes, and essays, clinical instructors facilitated understanding of how community health, SDOHs, and harm reduction intersect, helping students interpret their research through interactions with community partners and the nurse researcher.
Supportive environment for nursing student learning: The CHN placement must have a caring and welcoming attitude about nursing student mentoring.	Nursing students worked closely with the nurse researcher. The nurse researcher was not a clinical instructor/preceptor and introduced nursing students to evidence-based practice for harm reduction and the essentials of conducting a research study. Nursing students provided regular updates and consulted the nurse researcher when uncertain about findings. Nursing students also observed harm-reduction nursing work from the university, an environment for optimal student learning while meeting the ethical obligations of the research.
Community–academic partnership: The community organization and academic institution must consent to a formalized agreement to create a CHN placement.	The nurse researcher and the academic institution signed a contract to formalize the CHN placement before the beginning of the semester.

Note. CHN = community health nursing; SDOHs = social determinants of health.

Source: Quality indicators adapted from *Guidelines for quality community health nursing clinical placements for baccalaureate nursing students*, by Canadian Association of Schools of Nursing, 2010. <https://casn.ca/wp-content/uploads/2014/12/CPGuidelinesFinalMarch.pdf>.

This clinical placement is the first exposure to nursing practice within the undergraduate program. We identified activities that nursing students could undertake with supervision from their clinical instructor. These activities allowed students to practise skills and make mistakes without causing harm to the population of focus: people who use substances. These activities included opportunities to engage in windshield surveys as a community assessment. Windshield surveys are an observation tool used during CHN assessments to assess the general needs of a community and evaluate the community's current physical, social, or economic conditions (Guin, 2020). Nursing students also engaged in key interviews with relevant participants (e.g., peer support workers, employees from a local harm-reduction program for people who use substances). Throughout the 12-week clinical experience, nursing students wrote weekly reflective notes to build their practice through reflection (Baglin & Rugg, 2010; Kennison, 2012; Quance, 2016).

Students analyzed qualitative interviews from a study about harm reduction, meaning they could learn directly from people with lived experience, without creating participant burden for people facing structural barriers to health. The CHN placement focused on harm reduction for people who use substances was introduced to nursing students in their third term of the bachelor of nursing program, when they are first exposed to CHN concepts. This CHN placement spanned 10 hours per week over 14 weeks, with a student-to-preceptor ratio of eight to one. Preceptors played an essential role in guiding students to understand research and evidence-based practice, SDOHs, and harm reduction for people who use substances. Clinical instructors facilitated learning by encouraging discussion on topics related to harm reduction and SDOHs and how they intersect with the full scope of CHN. Students engaged in various activities included in their placement hours to apply their knowledge from CHN theory to practice. These activities included mapping parties involved with needle debris, speaking with key informants, completing harm-reduction modules, engaging in one-to-one mentorship with the nurse researcher about the research process, and debriefing with the clinical instructor through post-clinical conferences. Students were prompted to reflect on how an intersectional lens could be used to interpret the perspectives of relevant parties, and the potential role of nursing in addressing substance use through a harm-reduction lens. This approach also mitigated the potential for non-therapeutic interactions with novice students. At this stage of our program, students were learning about therapeutic communication and how to engage safely in client interactions. Learning experiences were designed to transition nursing students from supervised skills practice to independent skills practice. With the students having only 144 hours (12 hours per week split over 2 days) for their CHN placement, interviews with relevant parties and key informants that were not experiencing structural barriers to health (such as city employees working in programs focused on harm reduction for people who use substances) provided a reasonable means to introduce clinical skills at an early stage of development.

Methods

We evaluated students' experiences in this clinical placement using a research method of semi-structured qualitative interviews and a thematic analysis approach to data analysis of the interviews.

Data Collection

Participants were asked a series of questions in the semi-structured interview to explore their background, their clinical experience, and insights they gained from their CHN placement embedded within the research study. Participants were invited to share their current study year and

term, motivations for pursuing nursing, and any prior experience working with vulnerable populations. The interview also delved into their specific role in the clinical placement, their familiarity with SDOHs before and after the experience, and any surprises or shifts in their perspective. Students were encouraged to reflect on what went well, areas for improvement, and any additional thoughts or feedback they wished to provide for the overall CHN placement. We asked students to describe any shifts in perspectives on CHN, aiming to assess their learning regarding SDOHs in the placement. Additionally, we examined whether implementing learning activities focused on harm reduction for people who use substances proved to be a valuable aspect of their CHN placement to formulate interventions.

Interviews were conducted on Zoom to ensure compliance with COVID-19 public health protocols. The audio from the interviews was professionally transcribed, and the Zoom audio and video were not retained.

Participant Recruitment

Students were placed in their respective CHN placements by the central administration, separate from the team of clinical instructors/preceptors and practicum researcher-evaluators. After the placement was complete, we sent email invitations to students who had completed the CHN placement focused on harm reduction for people who use substances. Students were approached at the end of the semester after final grades had been distributed. This timing separated learning activities in the placement and the scholarly evaluation at the end. To limit any perceived influence on student participation, the researchers who evaluated the students' experiences were different from those who led the placement. We aimed to create a conducive interview environment that encouraged open disclosure and mitigated participant vulnerability (Sinding & Aronson, 2016) to ensure that students participated voluntarily and without any coercion.

Students emailed the researcher, indicating a willingness to participate. Initially, six students consented to participate in this interview. Ultimately, only three students completed interviews. This result may have been due to the timing of the evaluation, which took place during the summer.

Data Analysis

The researchers who analyzed these data were not part of the clinical placement process. We analyzed interviews via NVivo 14 software for data management. We used a thematic analysis approach, which is a qualitative data analysis method of systematically identifying a common set of patterns and themes across a dataset to interpret shared meanings (Braun & Clarke, 2021). We identified recurring patterns of ideas, relating to the approach of harm reduction for people who use substances and how it facilitated students' learning about the full scope of CHN. The research team collaborated closely to analyze the data. Interviews were transcribed by a team member; the research team identified recurring themes and highlighted notable quotes from the transcripts that aligned with the main research goals.

Themes were grouped to understand the pattern of ideas across the dataset and interpret students' experiences of the community health placement (Alhojailan, 2012). During the thematic analysis, analytic questions were considered to guide exploration of the data and focus our interpretation of the themes that emerged. The questions explored how participants described their experiences and perceptions, and how these related to broader concepts in CHN and harm reduction for people who use substances. The analysis also examined specific events, situations,

thoughts, or feelings mentioned by participants and how their perspective on their satisfaction of the CHN placement was affected. Our research team looked for turning points or key moments in the interviews that offered significant insights, assessed how the identified themes contributed to understanding the research problem, and explored similarities and differences between participants, considering potential explanations for these variations.

In guiding our data analysis, we focused on several key research questions that aligned with our main goals. First, we examined how this CHN placement—focusing on harm reduction for people who use substances—influenced students’ understanding of SDOHs. We considered whether students had prior exposure to these concepts or experience working with individuals facing structural barriers to health, and how their understanding of SDOHs evolved through the placement while witnessing the nurse researcher and community partners work with this population. We also explored how well students grasped the concept of upstream interventions and its significance in CHN and PHP.

Next, we sought to determine key insights into harm reduction for people who use substances and its importance in the students’ learning experiences. We asked how students’ understanding of harm reduction for people who use substances changed and whether this approach aligned with their expectations for a community placement. A recurring theme among participants was the “real” and “eye-opening” nature of the experience, which emphasized the applicability of harm reduction for people who use substances to various nursing fields.

We also assessed the students’ overall satisfaction with the placement, including their understanding of their role within the research study and their interactions with key parties involved in community outreach. We compared their experiences with those of their peers in CHN placements in health care settings, considering feedback on what could have been done differently, such as the delivery of content (e.g., remote vs. hands-on). Finally, we evaluated the role of the clinical preceptor in supporting the students’ understanding of CHN and contributing to their overall learning experience.

Ethics

To follow the guidelines of our ethics approval, students were required to sign documents indicating they gave informed consent to participate in the interview. Ethical approval was obtained from the University of Calgary Conjoint Health Research Ethics Board, REB22-0279. All data were saved on a secure university SharePoint drive. As part of their mandatory CHN curriculum, students had previously completed a Tri-Council Policy Statement (TCPS2) research ethics certification through a foundational research course. Nursing students had classes on the principles of research ethics, including confidentiality and the ethical considerations specific to working with people facing structural barriers to health, and close supervision throughout the placement.

Results

Three students participated in our study, with demographic details presented in Table 2.

Table 2*Background Information of Interview Participants*

Interview participant	Gender	Entry in nursing program	Prior knowledge in SDOHs and/or harm-reduction	Prior experience working with people facing structural barriers to health resources
Participant 1	Male	Direct entry	No	Yes; volunteered for a food security program
Participant 2	Female	Direct entry	No	Yes; volunteered for a food security program
Participant 3	Male	Accelerated program	Yes	Yes; volunteered at a local non-profit organization

The themes we created were the following: nursing students' learning about CHN practice and the SDOHs, the change in understanding of harm reduction for people who use substances, the value of evidence-based research, the role of nursing instructors, and client interactions. These themes are discussed in the following section.

Expanding Understanding of CHN and SDOHs

A core theme included the ways that nursing students' understanding of CHN practice shifted from seeing the CHN role as working primarily at the one-to-one clinical level to understanding the more obscure, less tangible, but equally important aspects of CHN/PHP work that involves assessing and addressing social, environmental, and contextual determinants of health. Two participants reported that they had limited understanding of SDOHs prior to this placement. However, as they advanced through the placement and corresponding theory course, students also mentioned the opportunity to apply their knowledge of SDOHs: "So, it was like a parallel learning experience where we began not knowing what SDOHs [are], and then slowly, as the semester progressed, we learned about SDOHs. So, we could learn, put whatever ... we learned and apply it [to] our placement" (Participant 1).

The application of these ideas provided participants with a deeper comprehension of how harm-reduction strategies intersect with SDOHs in the context of supporting people who use substances who are experiencing structural barriers to health. Students identified SDOHs as a major factor that influences the health and wellness of individuals and contributes to health disparities:

Now that I've gone through kind of that placement, I found that I could use [the SDOHs] that I learned and put [them] into practice. Something that you can attribute to an area. The reason why this is happening is kind of attributed to, let's say, income and social status of the overall area. You might also have social services that are available, access to certain resources, like hospitals or certain clinics. (Participant 1)

This participant illustrates that through working with people facing structural barriers to health in the CHN placement, the participant was able to attribute SDOHs to structural and social factors that depict a sense of a person's needs, how they influence that person's health, how that person engages with the health care system, their social supports, and safety.

Another participant expressed how they were able to bridge the concept of SDOHs across different sectors of nursing, carrying it forward to their long-term care placement and understanding how it can be used to inform interventions within the care they provide.

I'm able to use [SDOHs], especially this term in the long-term care facility, and use them to help older adults that I'm caring for. I think that's what I really got out of that for social determinants, is being able to use them in the care that I'm providing. (Participant 2)

This quotation suggests that learning about SDOHs in theory and applying the knowledge in a CHN placement that is focused on harm reduction for people who use substances highlights the importance of recognizing the multi-faceted contributors to environmental, social, and structural barriers to health equity. An application of knowledge may help students to understand the relationship between SDOHs and the full scope of CHN interventions and delivery of care. A participant reported that the clinical placement helped them understand the theoretical concept of SDOHs manifested as concrete issues for clients.

Change in Understanding of Harm Reduction for People Who Use Substances

The practicum helped to bring course concepts to life for students, deepened their awareness about the prevalence of substance use, and strengthened their understanding of the social realities of substance use and the importance of social justice within harm-reduction approaches. Students were able to understand that harm reduction for people who use substances includes a spectrum of interventions, including supervised consumption sites, public biohazard disposal bins, and safer supply kits.

We learned a lot about harm reduction. Some of these things that I only knew a little bit about, now I know terms about things and [have] a deeper understanding of them. I enjoyed learning about harm reduction and the evidence-based research around that, and I have a deeper understanding about them. (Participant 2)

This participant illustrated how students were not familiar with harm reduction prior to the placement but saw concrete ways to apply the concepts in practice with people who use substances. The placement also prompted students to examine issues they may have been aware of but had not understood. This participant conveyed how nursing students recognized the importance of using neutral and medically accurate language to prevent perpetuating stigmatizing language that dehumanizes and judging people who use substances: "We didn't want to use 'addict.' We wanted to use 'person who used substances.'" So, just the little tiny details of wording and terms that we were going to use" (Participant 1).

Nursing students recognized the importance of harm reduction for people who use substances as a form of promoting social justice and respecting basic human dignity and rights. Students emphasized how non-judgemental acceptance is the foundation of harm reduction for people who use substances. Lastly, nursing students recognized the application of harm reduction for people who use substances in all sectors of nursing, beyond community outreach settings.

So, I feel like harm reduction is a broader concept. Like, most commonly it can be used in safe consumption sites, but you could just use it almost anywhere because it's just really the concept that we are promoting. There's value to every human out there. And that's something that we can just carry onwards and respect. And there's certain terms and phrases you should avoid using so that we can reduce stigma and allow people a safer

and more inclusive environment [so] they're able to come and access services. So, it's not just for safe consumption sites and needle debris-related services. (Participant 1)

This participant highlighted the importance of harm reduction across all sectors of nursing care, beyond community health. This participant discussed their change in understanding of people who use substances and experience homelessness.

That whole [experience] was kind of a surprise. Not necessarily bad, just different from what I was expecting. I think something about watching the videos [from the research study] made the drug problems downtown seem more real. And so, [it was] surprising because of how big the problem really is? Just with the needle debris and the amount of people that seem to be using [drugs], so that was a bit of a bursting my bubble. (Participant 3)

This participant, who had not previously learned about harm-reduction practices, was confronted with the social realities of substance use and the need for a harm-reduction response for people who use substances to address needle debris.

Students also recognized how behaviour can be influenced by the built environment. Participants reported that conducting a windshield survey prompted them to reflect on what options were available to people who use substances when there were no accessible needle disposal bins. "I don't know what we would expect these people to do if there's nowhere to put these needles. We don't like needle debris, but they don't necessarily like it, either. And maybe there are better solutions we could find" (Participant 3).

This participant recognized the need for harm-reduction strategies to mitigate needle debris, such as providing accessible needle disposal.

Evidence-Based Research

This placement was also based on a current research initiative led by a nurse researcher in the faculty of nursing about public substance use and needle paraphernalia. Students were able to learn the process of research through analyzing videos of the nurse researcher interacting with community outreach organizations, analyzing qualitative interviews through thematic analysis, and writing a manuscript based on their findings. Nursing students clearly understood and appreciated the value of evidence-based practice to develop quality nursing care for a community.

A really big portion of nursing links back to what we've learned, like, evidence-based practice. So, I think this is a very crucial part of nursing that oftentimes isn't really noticed. The whole world of nursing has researched and applied [content] into our practice. (Participant 1)

This participant saw how the work of nursing research connected with clinical practice to influence patient care. This finding reinforces the value of making research visible in clinical placements to build an understanding of the evidence base behind nursing practice. The participant elaborated on the skills they acquired by learning during the qualitative thematic analysis.

I had the opportunity to participate in the SANDs [strategies for addressing needle debris] study in term 3 of my program. And I was involved in a lot of the reading [of] the transcripts and then doing an analysis throughout those transcripts. So, we then put it into an analysis of the observation of themes and stuff that we've seen throughout the different interviews. (Participant 1)

During the process of learning qualitative nursing research, students were able to understand how to draw evidence-based practice upon critical reasoning and judgement skills acquired through qualitative thematic analysis. They combined their own data analysis with the nurse researcher's professional expertise, with external evidence appraised from relevant clinical articles and literature to produce positive outcomes for the community.

The Role of Nursing Instructors

Participants expressed how their clinical instructors provided guidance and learning activities to help them understand core community health concepts relevant to harm reduction through SDOHs and evidence-based practice. The nursing instructor played a pivotal role in supporting students during their placement by providing clear explanations and navigating the complexities of both research and CHN clinical practice. They thoroughly explained research steps, breaking down thematic analysis by reading the transcripts, analyzing the data, and compiling the analysis into observed themes within a short time frame to significantly enhance students' understanding. They delivered essential content about CHN, making the learning experience more manageable by connecting core concepts of harm reduction for people who use substances and SDOHs. This supportive approach helped bridge the gap between theory and practice, ensuring a successful and integrated learning experience.

A lot of the reasons why we were able to get through this was because we had a really strong nursing instructor. I have to applaud her for that because she gave us so much support and explanation. She was so patient with explaining all of the different steps in research and also all the different concept[s] that we'd have to understand within such a short period of time. (Participant 1)

Another participant conveyed that while approaches for learning SDOHs and harm reduction for people who use substances were valuable, the clinical instructor helped realize the placement goals. Another participant recognized the centrality of an effective clinical instructor in facilitating the placement and its success:

I think it was my instructor. We did some journal club where we looked at harm reduction-related journal articles, we discussed them, and we had to do trauma-informed care modules from AHS [Alberta Health Services]. And we did harm-reduction modules, and it was a lot of learning and growing our understanding. (Participant 3)

This participant illustrated that in addition to being in the practice area, the learning activities in the placement effectively enhanced student learning. Secondary sources such as relevant published articles and videos offered learners another way to not only learn about needle debris but, more importantly, offer insight into the people who use substances they were trying to learn more about. The clinical instructor organized various activities, including trauma-informed care modules from AHS, harm-reduction modules, windshield surveys to assess SDOHs in urban environments, and group debriefs and discussions, and reviewed students' anecdotal notes.

Client Interactions

Participants expressed their interest in interacting directly with people who use substances to make the placement experience more engaging and realistic: "We learned a lot about peer workers. Having the chance to interact with people who have lived experience would be significant. I just wonder how much more practical it would be actually talking to real people" (Participant 3).

Participants may also have had additional learning needs, such as interacting with peer support workers with lived experience of substance use. These interactions may facilitate students' learning about the multi-faceted role of CHNs, including community outreach and advocacy through the involvement of people with lived experience. This would provide a more tangible understanding of the population than could be achieved through qualitative video analysis alone. In the above quotation, the participant characterizes "real people" in this context as people who use substances rather than the people who were interviewed during the placement. Another participant reported value from the presenters and also wanted more direct engagement with people who use substances.

We had some presenters from the [agency] come in and talk to us about their harm-reduction strategies, which helped put that research into a bigger perspective within the community. It would have been nice to maybe be able to see some more of that vulnerable population just to get a better sense of who you're actually researching and why. (Participant 2)

This quotation reflects the desire commonly expressed by nursing students from the CHN placement: they want more opportunities to interact with the population they work with. Increased engagement with people who have lived experience may provide nursing students firsthand insight into how CHN, harm reduction for people who use substances, and SDOHs intersect. This insight can lead to a more empathetic approach to harm reduction for people who use substances and help bridge the gap between theory and practice for CHN and PHP. Other participants valued the windshield survey as a means of engaging with people who use substances.

We did actually do a windshield survey before we started our participation [in] the overall research. I think after that experience, we actually got a lot of insight into where we were really working.... Having to actually go through an experience and actually walk through those streets and walk through the pathways and stuff. It's through that that you're able to find, "Oh, this is actually something more tangible rather than just something on paper." (Participant 1)

This participant illustrated how being downtown provided more insight into the local issues, even without sustained engagement with people who use substances who are experiencing homelessness. Windshield surveys and direct community engagement may contribute to a deeper understanding of abstract concepts such as SDOHs in terms of how the social, environmental, and contextual factors influence health outcomes for people who use substances. Experiential learning, such as windshield surveys and direct community engagement, may contribute to a deeper and more concrete understanding of abstract concepts such as SDOHs.

Discussion

Innovative clinical placements are commonly used in teaching CHN within undergraduate nursing programs (Hoe Harwood et al., 2009). Overall, participants found that completing a CHN placement that focused on harm reduction for people who use substances was useful in facilitating their understanding of the full scope of CHN. Nursing students learned key CHN principles of social justice, health promotion through partnerships with communities, reflexive practice, and other factors connected with upstream thinking (Butterfield, 2017). Through our placement, nursing students learned about how community health nurses can establish, build, and nurture professional and therapeutic relationships, enhancing their understanding of CHN (Calma et al., 2019). Nursing students explored ways that community

health nurses can develop therapeutic relationships that optimize client participation, self-determination, and capacity-building based on clients' existing strengths (Community Health Nurses of Canada [CHNC], 2019). Students want to have diverse learning experiences (Ahmari Tehran et al., 2021), and innovative clinical placements could provide more opportunities for nursing students in community settings.

The core principles of harm reduction are aligned with the CHN Standards of Practice to support equity the right to access health care (CHNC, 2019). Nursing students learned how CHN efforts to preserve, protect, and enhance human dignity are essential when working with populations facing structural barriers to health such as people who use substances (CHNC, 2008). Gillis and Mac Lellan (2010) reported that learning placements required consideration for the unique needs of the population being served. A clinical placement may balance opportunities for student learning with the need to provide safe care for people who use substances who are experiencing structural barriers to health. Student placements have been suggested as a strategy to build capacity in harm reduction (Barbour et al., 2017), and nursing students understand harm reduction as part of nursing practice (Denis-Lalonde et al., 2023). Other harm-reduction clinical placements could support students to develop skills in harm reduction and CHN.

A key implication of our findings is the need to enhance students' understanding of the collaborative, multi-level assessments and interventions required by community health nurses. Steffy (2019) found that CHN experiences helped students to appreciate the complexity of community health nurses' work. Community health nurses' work includes representation on addressing a client's individual needs through clinical nursing care, ensuring access to essential health resources based on SDOHs, and engaging collaboratively in health equity and human rights advocacy. Nursing students' understanding of advocacy was also enhanced with an understanding of local agencies and community collaboration (Steffy, 2019). Meeley (2021) echoed this finding, reporting that community placements could demonstrate the complexity of nursing interventions in this setting. Future iterations of the CHN placement could explore how to increase engagement between students, community health nurses, community resources, and clients.

The clinical instructors were a central element of the placement's success. This finding is consistent with other literature, in which clinical instructors have been identified as an integral part of successful clinical learning (Panda et al., 2021). Role-modelling nursing work with people who use substances early in nursing education programs can improve outcomes for people who use substances (Dion et al., 2023). The influence of clinical faculty members, community health care providers, and nurses in clinical settings can create more positive interactions between students and clients (Dion et al., 2023). Clinical instructors can continue to be supported across nursing placements.

Limitations

This evaluation is limited by its pilot nature and the small number of participants. The findings of this study show promise with our approach to a CHN placement. Larger studies could assess the effectiveness of this approach in CHN placements compared to more traditional CHN placements.

Conclusion

Our pilot study of an undergraduate nursing student CHN placement that focused on harm-reduction for people who use substances effectively facilitated nursing students' knowledge

of the full scope of CHN. The focused placement also engaged students in exploring how SDOHs and harm-reduction principles can inform CHN practice. Our findings demonstrated that nursing students had increased understanding of the complexity of SDOHs and substance use after finishing their CHN placement. Students reported increased upstream thinking and consideration of SDOHs, aligning with expectations for CHN placements as outlined by CASN (2010). Nursing students have emphasized the crucial role of their instructors in helping them navigate through the harm-reduction CHN placement, gain insights into fundamental community health concepts, and complete learning activities about harm reduction. Our pilot study suggests the further implementation of a CHN placement that is focused on harm reduction for people who use substances could provide nursing students the opportunity to build essential skills in learning the full scope of CHN, harm-reduction strategies, and core principles of CHN and PHP such as SDOHs.

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