



MAR 13 2003

## Course Outline

A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Nursing

Option: Bachelor of Technology

**NURS 8130****Nursing Practicum 7 Preventative and Rehabilitation Services****Start Date:** January, 2003**End Date:** January, 2003**Total Hours:** 144 **Total Weeks:** 8**Term/Level:** 7 **Course Credits:** 6**Hours/Week:** 18 Practicum Experience**Prerequisites****Course No.** **Course Name**

NURS 7130 Nursing Practicum 6

NURS 8800 Community Health Partnerships in Action

NURS 8000 Systematic Inquiry

**NURS 8130 is a Prerequisite for:****Course No.** **Course Name**

NURS 8330 Nursing Practicum 8

**■ Course Description**

The focus of this course is providing preventative and rehabilitation services mostly to children and with some adults and elderly in the community. Knowledgeable and safe nursing care to promote health, prevent illness and injury, promote rehabilitation and foster self-care is the goal. The scope of nursing practice includes partnerships with individuals, families, groups and populations. Health teaching, communicable disease control, self-care, and interdisciplinary collaboration are emphasized in the course.

**Context of Practice:** Community Preventative Services and Rehabilitation Services.**■ Detailed Course Description**

NURS 8130 is a practicum course focusing on populations of infants, children, adolescents, adults and elderly experiencing health issues requiring public health nursing care and/or rehabilitation services. Emphasis is placed on health assessment, health teaching and verifying learning so that illness and injury are prevented and rehabilitation, self-care and health are promoted. Students will focus on developing knowledge, skills, and attitudes relevant to the practice of professional nursing in the community. Issues such as population health, communicable disease control, immunization principles and practices, school health, family health, telephone health, and clinical decision-making will be discussed.

**■ Evaluation**

Satisfactory/Unsatisfactory standing based on:

- Satisfactory student and instructor evaluation of course outcomes including attending at least 125 hours of public health and rehabilitation experiences. ←
- 75% on the final health teaching assignment including assessment, planning, and evaluation.
- A satisfactory reflective professional journal analyzing the process of developing partnerships with clients, families, groups and schools in public health nursing practice. The journal will also include an analysis of the process of developing knowledge, skills and attitudes in this context of practice.
- Satisfactory collaboration in the planning of and active participation in seminars and debriefing sessions.

All evaluation components must be completed satisfactorily to achieve a passing grade.

**■ Course Learning Outcomes/Competencies**

This practicum experience is with children, adults, and the elderly requiring preventative and/or rehabilitation health services and nursing care is given in the community. Individuals, families, groups and populations may be the focus of the nursing care given. Promoting health, preventing illness and injury, promoting rehabilitation and supporting self-care are the priorities of nursing care in this course.

In this context, the student will:

1. implement professional caring (rational, technical & emotive elements) that integrates a depth of nursing knowledge and skill in accordance with the Standards of Nursing Practice in British Columbia.
2. pursue shared meaning by facilitating communication with clients, families, groups and populations to promote health, healing and comfort, self-esteem, empowerment, growth and partnership.
3. advocate on behalf of clients, families and groups after analyzing options.
4. integrate the family, group or population into care and teaching.
5. modify practice to meet the health needs of clients, families, groups or communities.
6. integrate systematic inquiry into practice by:
  - analyzing client issues and responding with sound judgments.
  - considering the multiple sources of public health and rehabilitation nursing knowledge.
  - integrating critical thinking and reflection into practice.
  - developing reflective scepticism.
7. commit to learning as a way of developing community practice by:
  - analyzing the knowledge base and skill sets required to nurse effectively in the community setting.
  - combining systematic inquiry, reflection and practice to create competent practice.
  - monitoring and evaluating own practice and acting to modify it.
  - assuming responsibility for own learning needs and investing time and effort in learning.
8. evaluate partnerships established with members of the health team and work to increase their mutual effectiveness.
9. implement technical aspects of care with dexterity including:
  - demonstrating safe assessments with stable clients.

#### ■ Learning Processes Involved in this Course


- **Professionalism:** with increasing independence, students work to integrate the rational, technical and emotive elements of caring in the community setting. Students do complete and focused assessments of clients, families and groups. They pursue shared meaning with clients, families and groups to establish partnerships where shared goals and required resources are identified and self-care promoted. Empowerment, healing and growth characterize these partnerships. Students plan interventions in discussion with the client, family or group but they may need to validate some decisions with the public health nurse or instructor. They evaluate interventions. Students respect cultural diversity, value client capacity and expertise in self-care, respect the client's right to choose and value family involvement in care. They appreciate the challenge clients experience when learning new abilities and are sensitive to stereotypes that exist regarding people, lifestyles and health issues. They are aware of personal values and reactions and effects they might have on others.
- **Communication:** with increasing independence, students work to resolve communication problems or issues in the community setting. They listen carefully to client's issues so that appropriate assessments are made. Students continue to develop positive, pro-client caring attitudes and skills to communicate effectively with them. They analyze learning needs and implement teaching to promote health, prevent illness or injury, and promote rehabilitation. Students engage in health teaching in a variety of contexts: schools, community centres and community groups. Students evaluate the effectiveness of teaching.

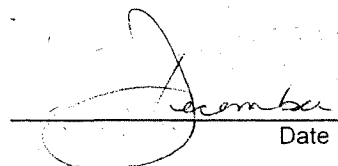
■ Learning Processes Involved in this Course (cont'd.)

- **Systematic Inquiry:** students are increasingly independent with critical thinking and use a variety of sources of knowing to guide care. They use research findings to guide their practice and in discussions with colleagues. Students question unclear decisions made by others. They consider strategies to promote rehabilitation, illness and injury prevention, and self-care. They are reflecting-in-action and can model this skill for colleagues.
- **Professional Growth:** students are committed to professional growth and remain open to new ways of thinking and doing. They are independent in structuring learning conferences with colleagues and instructors. Students evaluate and modify their practice. They use multiple sources of knowing to synthesize a process for increasing their depth of understanding of public health nursing knowledge, attitudes and skills.
- **Creative Leadership:** students establish collaborative partnerships with colleagues and work to foster collaborative decision making and referral. They evaluate the partnership established and use team building, negotiation and conflict resolution skills to collaborate with people and resolve issues. Students clearly describe their role in health care and their particular skills in the community setting. They advocate for clients, families, and groups when they are unable to advocate for themselves.
- **Technical Skills:** students are safe with acute care technical skills and are learning to modify them for the community environment.

■ Verification

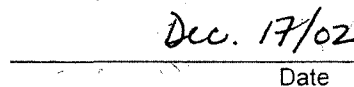
I verify that the content of this course outline is current.

  
\_\_\_\_\_  
Authoring Instructor


 December 17/02  
\_\_\_\_\_  
Date

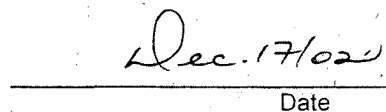
I verify that this course outline has been reviewed.

  
\_\_\_\_\_  
Program Head/Chief Instructor

 Dec. 17/02  
\_\_\_\_\_  
Date

I verify that this course outline complies with BCIT policy.

  
\_\_\_\_\_  
Dean/Associate Dean

 Dec. 17/02  
\_\_\_\_\_  
Date

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.

## ■ Instructor(s)

Denise Beaupre	Office Location: SE12-418 Office Hrs.: See instructor	Office Phone: 604-432-8913 E-mail Address: <a href="mailto:denise_beaupre@bcit.ca">denise_beaupre@bcit.ca</a>
Dorothy Cumming	Office Location: SE12-418 Office Hrs.: See instructor	Office Phone: 604-456-8116 E-Mail Address: <a href="mailto:dorothy_cumming@bcit.ca">dorothy_cumming@bcit.ca</a>

## ■ Learning Resources

### Required:

RNABC student membership (\$37.45 per year)

### Equipment

- a stethoscope
- a pen-light
- bandage scissors
- a pen
- a watch with a second hand
- a photo ID (BCIT One Card) name badge
- appropriate washable street clothes are required. Tops must cover the midriff and be loose fitting. Bottoms must cover the upper thighs and abdomen and be loose fitting. No denim clothing is allowed. Students will be sent home if dress is not appropriately professional.
- closed-toe and closed-heel walking shoes similar to hospital duty shoes. WCB will not cover injury resulting from inappropriate footwear.

### Textbooks

- Anderson, E.T., & McFarlane, J.M. (2000). *Community as partner: Theory and practice in nursing* (3rd ed.). Philadelphia: Lippincott.
- Canadian Nurses Association. (1997). *Code of ethics for registered nurses*. Ottawa: Author.
- Chin, J. (Ed.). (2000). *Control of communicable diseases manual* (17th ed.). Washington, DC: American Public Health Association. (on reserve in the library)
- Health Canada. (1997). *Supporting self-care: The contribution of nurses and physicians, an exploratory study*. Ottawa: author.
- Prochaska, J. O., Norcross, J.C., & DiClemente, C.C. (1994). *Changing for good*. New York: Avon Books.
- Registered Nurses Association of British Columbia. (2000). *Standards of nursing practice in British Columbia*. Vancouver: Author.
- Snyder, M. (1992). *Independent nursing interventions*, (2nd ed.). Albany, NY: Delmar.
- Stanhope, M., & Knollmueller, R.N. (2000). *Handbook of community and home health nursing: Tools for assessment, intervention and education* (3rd ed.). St. Louis: Mosby.
- an assessment text
- a fundamentals of nursing or clinical techniques text
- a medical-surgical nursing text
- a pharmacology text
- a laboratory and diagnostic procedures manual
- a mental health nursing text
- a family nursing text

- a maternal child nursing text

## ■ Learning Resources (cont'd.)

### *References on Reserve at the Library*

- Boyd, M.D., Gleit, C.J., Graham, B.A., & Whitman, N.I. (1998). *Health teaching in nursing practice: A professional model*. Stamford, CT: Appleton & Lange.
- Simon Fraser Health Region. (2001). *Burnaby healthy beginnings standards and guidelines*.
- Ingraham, J.L., & Ingraham, C.A. (2000). *Infections of the genitourinary system*. In: *Introduction to microbiology* (2nd ed., pp. 634–665). Pacific Grove, CA: Brooks/Cole.
- Ingraham, J.L., & Ingraham, C.A. (2000). *Preventing disease*. In: *Introduction to microbiology* (2nd ed., pp. 506–529). Pacific Grove, CA: Brooks/Cole.
- Hoeman, S.P. (1996). *Rehabilitation nursing: Process and application* (2nd ed.). St. Louis: Mosby.
- Ministry of Health and Ministry Responsible for Seniors. (1998). *BC handbook for action on child abuse and neglect*. Victoria, BC: Author.
- National Advisory Committee on Immunization (1998). *Canadian immunization guide*. Ottawa, ON: Canadian Medical Association.
- Pender, N.J. (1996). *Health promotion in nursing practice* (3rd ed.). Stamford, CT: Appleton & Lange.
- Stanhope, M., & Lancaster, J. (2000). *Communicable disease risk and prevention*. In: *Community & public health nursing* (5th ed., pp 779–804). Philadelphia: Mosby.
- Stanhope, M., & Lancaster, J. (2000). *Human Immunodeficiency virus, hepatitis B virus, and sexually-transmitted diseases*. In: *Community and public health nursing* (5th ed., pp. 805–831). Philadelphia: Mosby.
- Stanhope, M., & Lancaster, J. (2000). *The physically compromised*. In: *Community and public health nursing* (5th ed., pp. 805–831). Philadelphia: Mosby.

## ■ Information for Students

**Assignments:** Assignments must be done on an individual basis unless otherwise specified by the instructor.

**Ethics:** BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating or plagiarism may, therefore, result in a grade of zero for the assignment, quiz, test, exam, or project for all parties involved and/or expulsion from the course.

**Attendance:** The attendance policy as outlined in the current BCIT Calendar will be enforced. Attendance will be taken at the beginning of each session. Students not present at that time will be recorded as absent.

**Illness:** A doctor's note is required for any illness causing you to miss assignments, quizzes, tests, projects, or exam. At the discretion of the instructor, you may complete the work missed or have the work prorated.

**Attempts:** Students must successfully complete a course within a maximum of two attempts at the course. Students who have not successfully completed a course will not be eligible to graduate from the program.

**Course Outline Changes:** The material or schedule specified in this course outline may be changed by the instructor. If changes are required, they will be announced in class.

## ■ Policy Information

### **Expectations**

1. Students are responsible for identifying learning goals and consulting with the instructor to discuss ways to meet these goals.

2. A learning partnership is essential for the successful completion of this course. Both the student and instructor will communicate openly, demonstrate respect in the relationship and work to establish and maintain a collaborative relationship. This can be achieved by:

■ **Policy Information (cont'd.)**

- discussing course outcomes to achieve a shared understanding of them.
  - discussing progress towards meeting the achievement of course outcomes.
  - conferring regularly throughout the course. The reflective journal may enhance the dialogue between the instructor and student and the dialogue may enhance the reflective journal.
3. The purpose of this course is to learn about the role of the public health nurse and nurses in rehabilitation services while providing services to clients, families, groups and populations in the community. Students are expected to make safe nursing decisions. The instructor is available for consultation and collaborative interaction with clients as required.

**Orientation**

There will be a four-day orientation to public health nursing at BCIT during the first week of practicum that will address: maternal/child health, communicable disease control (CDC), nursing support services, school health and adult health programs. The orientation will also include a review of nursing skills required and legal/ethical issues related to this context of practice. Come to the orientation having reviewed information from previous courses as detailed in the orientation outline. A 1-2 day orientation at respective health units will be offered the following week.

**Schedule of Practicum Days**

Students will have a total of **144 hours of public health and rehabilitation experiences** 2.5 days a week for eight weeks (generally Tuesday and Wednesday full days, and .5 is spent any day throughout the week according to student teaching experiences in the community). Students will experience the scope of the major prevention programs by accompanying public health nurses as they work in the programs. All students will attend a community based maternal/child health outreach program, a breastfeeding clinic, and a child health clinic. Students will also accompany nurses in the Healthy Beginnings program on their home visits and will have the opportunity to listen to public telephone calls fielded by intake nurses associated with CDC and the Healthy Beginnings program. Students will do a minimum of two teaching assignments with various age groups, as well as, a presentation in the practicum seminar. After consultation with the PHN, it will be the student's responsibility to meet with teachers and/or group leaders to identify the learning needs of the learners, to assess their readiness to learn and learning styles, plan the teaching sessions, implement the teaching and evaluate it. Additional experiences in adult immunization clinics, planned parenthood clinics, accompanying public health inspectors, and attending various inservices at the health unit may be available to individual students.

A weekly seminar time (1-1.5 hours) is allotted for students to debrief their experiences with other students in the practicum group. Discussions will include: examining the process of developing partnerships with clients, families, and community groups; client assessment; teaching-learning; behaviour change; liaising with other health team members; advocating for clients; and clinical decision-making. Students are expected to consider the multitude of influences on the health of the community and to compare and contrast the roles of PHNs in the various programs. In seminar, each student will present a specific topic related to public health. Topics will be assigned during the first week of orientation. Examples of such topics include: school health promotion, assessing the community, community development, common health related concerns of infants and toddlers, challenges in communicable

disease control etc..The presenting student will be responsible for leading and evaluating the seminar and assessing the learning that has taken place. The seminars must be comprehensive and interactive.

Students will organize their transportation to and from the health unit, school, and community agency.

## ■ Policy Information (cont'd.)

### Practicum Policies

1. Students are advised to read the *BCIT Nursing Program Student Guidelines, Policies and Procedures* for information about specific policies for practicum experiences in the community. This information is available at [www.health.bcit.ca/nursing/studentpolicies.htm](http://www.health.bcit.ca/nursing/studentpolicies.htm).
2. To control the spread of communicable diseases, the agency requires a Hepatitis B and MMR primary series, updated polio, tetanus, and diphtheria immunizations and a TB skin test yearly. Students are advised to consult the BCIT Health Services to see that their protection is updated before the course starts.
3. Students must have current student membership in RNABC at the start of the course. They are encouraged to renew their application at least two months before the course commences.
4. The instructor will carry a cell-phone at all times. Contact her at that phone number as the need arises.
5. Students are expected to establish effective collaborative relationships with the nurses with whom they work. They must share the goals of the experience and discuss nursing issues as appropriate.
6. Students must confer with their instructor or public health nurse before referrals to other community agencies are made.
7. The Health Unit has policies for reporting abuse and communicable diseases. As nursing students in this agency, students are expected to report these issues as they arise. Please consult the agency policy manual for specific information.
8. Students are expected to assess the safety of their working environment and remove themselves from unsafe situations. They must document the safety issue and report it immediately to the instructor.
9. Students with latex sensitivity or allergy must review the BCIT School of Health Policy attached to this course outline before the practicum commences.

## ■ Course Evaluation

Students have the right and the responsibility to evaluate the course. Ongoing feedback will be obtained from students who are currently in the course so that students' needs and course outcomes can be facilitated. At the end of the term, a review will be written that is aimed at modifying the course for subsequent students.

## ■ Student Evaluation

Reflective journals; teaching and participation in seminars; participation in debriefing sessions, health teaching and practicum experiences must be completed satisfactorily to achieve a satisfactory standing in the course. At the end of the course, students must show evidence that the course outcomes have been met. The student and instructor will contribute to the final evaluation summary of outcome achievement. The instructor ultimately has the responsibility to recommend a Satisfactory or Unsatisfactory standing in the course.

Students are expected to attend practicum activities in an appropriate state of health. When this does not exist, students must notify the agency and teacher before the experience begins for the day. If students are absent for more than 10% of the course for other than medical reasons, they may not meet course requirements (see the *BCIT Nursing Program Student Guidelines, Policies and Procedures*). Students will be required to submit a medical

certificate to corroborate illness. Please see the "BCIT Nursing Program Medical Certificate Definition" attached to this course outline.

BCIT Policy #5251 (available on the web at: [www.bcit.ca/~presoff/5251.htm#Policy](http://www.bcit.ca/~presoff/5251.htm#Policy)) says about misconduct:

### ■ Student Evaluation (cont'd.)

Students are expected to conduct themselves appropriately at all time. This applies to any institutional related activity on or off campus. Misconduct is defined as any action that is detrimental to the interest of the Institute or safety of others, and includes, but is not limited to the following:

- threats
- abusive language
- assaults
- theft
- damage to property
- under the influence of mind-altering substances
- disruption of instructional activities or services
- unlawful entry to buildings
- possession of weapons, or any instrument designed to inflict injury
- unauthorized use of equipment
- offering a bribe

If it appears to be a criminal matter, the Director of Safety and Security will be notified and consulted.

### ■ Assignment Details

#### 1. Practicum Evaluation

Students are expected to attend practicum experiences having researched information about the program, clinic and/or service prior to attending. Most practicum experiences will be scheduled in advance. Students are to have a in-depth understanding of the nature of the clinic, the goals of the student experience, the usual client issues dealt with at the clinic, the usual assessments to be conducted and the usual nursing care required. Learning resources are identified for each type of preventative health experience. Students must review all the resources identified so that they are well prepared for care.

Students are required to give safe, comfortable care to clients. Students whose care is unsafe may be removed from the practicum setting (see the *BCIT Nursing Program Student Guidelines, Policies and Procedures*). If students have questions about appropriate practice they are to consult the public health nurse or the instructor. Referrals to community agencies need to be made in consultation with the public health nurse.

Students are expected to keep a log of their practicum hours to ensure that **at least 125 hours of experience** are gained during the course. The Clinical Hours Log is attached to this course outline. Failure to document at least 125 hours of experience will mean failure in the course.

**It is the student's responsibility to develop a learning plan at the beginning of the practicum and evaluate their performance as the course progresses** (see learning plan guidelines attached to the course outline). It is expected that students will refer to their clinical evaluation in NURS 7130 to identify learning



needs for the beginning of the experience then modify the plan as the practicum continues. Instructors are available to discuss learning needs and assist with learning plan development

## ■ Assignment Details (cont'd.)

### 2. Health Teaching

After consultation with the PHN, students will independently meet with teachers and/or community leaders to sell their health teaching skills. Use the *Fundamentals of Nursing* text from clinical techniques as an overview of the teaching and learning process to help you identify learning needs, plan a teaching session including identifying desired learning outcomes and then evaluate the teaching. The NURS 7100, Community Nursing: Partnerships in Health course describes the Stage Model of behaviour change that might be useful in considering the teaching strategies useful for the various stages of change. The Anderson & McFarlane text *Community as Partner* describes promoting healthy partnerships with schools and elders. Teaching has been discussed in the problem-based courses throughout the program and there are many books in the BCIT library about health teaching. Also, the instructor is available for consultation. Students are encouraged to use various resources to understand health teaching and organize the information for presentation.

Students are expected to evaluate their teaching using a model of teaching and learning and critical thinking. They have a responsibility to clarify material being presented to the class or group and ask questions to confirm that learning has occurred. Students are expected to challenge their assumptions about the class and the content, to consider the consequences of conclusions they make and to suggest alternate perspectives that could be taken about the class and the teaching session. The health teaching will be graded and students must achieve 75% on their final teaching assignment to pass the course.

Each student will perform at least two teaching assignments during the course. This may be an independent or co-teaching role. The teaching assignments must be supervised by the practicum instructor or another BCIT instructor, or a public health nurse. Students must also take responsibility for leading one seminar session which includes their seminar topic presentation and discussion.

### School Health Promotion – Potential Teaching Topics

Be aware that each Public Health Unit has resources used in the area. Please check the unit for these resources before planning a teaching session. Also, the Public Health Nurses have had much experience teaching in the community. They may have useful resources as well. The following is a list of topics that might be suitable for the school you are assigned:

1. Hand washing to primary grades. Kit with fluorescent 'germs' is available from the nursing lab.
2. Head lice review for parent and school/staff team. A video is available from the Public health unit. Review or demonstrate or help plan the process for the school to do checks and organize paperwork to send to families.
3. Nutrition information for elementary and high school grades. Use the resources available at the health unit like videos, pamphlets, resource book, and fake food. (Giving treats of apple slices, pumpkin seeds etc. at the end of the session may be useful, but check with the teacher or school nurse before building this into the lesson plan.)
4. Safety information appropriate for each developmental stage.
5. Communicable disease transmission and health promotion activities.
6. Hepatitis B for grade 6. Show the video and discuss how the disease is transmitted and what students should do in specific situations (i.e. if they find a needle).

7. Smoking as a health risk (for students in elementary, middle and high schools). "Smoke Screen" video and quit smoking CD available from the health unit. Also pamphlets and other teaching equipment is available at the health unit.
8. Specific body function information during science classes. Stethoscopes and blood pressure cuffs are available from the nursing lab.
9. Specific disease/disability information as requested by teachers. For example, allergies, asthma management (including use of epipen and medic alert identification), seizure management, diabetes management, and cast care.
10. Parent Advisory Committees may request information about specific topics i.e. first aid, communicable diseases, etc.
11. Helping the teacher or school nurse with family life teaching.

Anderson & McFarlane (2000) list a number of health education topics in the chapter *Promoting Healthy Partnerships with Schools*. They also list a number of community education ideas in the chapter *Promoting Healthy Partnerships with Faith Communities*.

### **Criteria for Satisfactory Health Teaching:**

#### **Planning:**

- Includes current, relevant, accurate and defensible health information.
- Clarifies the group's prior knowledge of the health topic.
- Develops an appropriate teaching strategy to aid in the study of the topic.

#### **Implementation:**

- Establishes an environment conducive to learning.
- Introduces the topic and relates it to an immediate need, problem or deficit. It has meaning to the group.
- Relates new material to previous knowledge.
- Presents information in an organized, confident manner. Speaks clearly.
- Uses appropriate learning styles for the class.
- Teaching aids are clear, organized and enhance learning.
- Asks questions or makes comments that stimulate discussion (energizes the group).
- Deals effectively with questions or issues (including alternate perspectives) raised by the group.
- Helps the learner feel valued.
- Summarizes the presentation and discussion at the close of the presentation.
- Verifies that the group understands the information presented.
- Completes the presentation within the pre-set time frame.

#### **Evaluation:**

- Incorporates the feedback into the self-evaluation of the presentation.
- Analyzes the process used to develop partnerships with the teacher and the class.

**Your instructor or public health nurse will assign a mark from 1-5 for each criteria. Students must achieve a grade of 75% on the final teaching activity to pass the course.**

After each teaching session, students are expected to discuss the teaching self-evaluation with the instructor. Use whatever teaching material you wish to support your evaluation of your teaching. At the final evaluation of course achievement, include your evaluations of your health teaching during the course.

## ■ Assignment Details (cont'd.)

### 3. Professional Reflective Journal

This journal will help you describe and then analyze the process of developing partnerships with clients, families, groups and schools in public health nursing and rehabilitation practice. The journal should also include an analysis of the process of developing knowledge, skills, and attitudes in this context of nursing practice.

The purpose of the journal is to help you reflect on your practice before, during and after it happens. The goal is to consider alternate strategies to achieve goals and the appropriateness of the chosen goals. To help you do this, you must think critically about situations or experiences in your practice. Therefore, you are to use the following model\* when writing the reflective journals. Each week, list the practicum activities in which you have engaged then choose a situation that relates to developing partnerships or developing knowledge, skills or attitudes in the community context, then use the following process.

#### Record the situation:

- Describe the situation.

#### Reflect on the situation:

- Describe what were you were trying to achieve. (Why did you do what you did? What assumptions were you making?)
- Describe the consequences for the patient, family, group, yourself, and others. (What were the thoughts, feelings, reactions and behaviour of you and your clients? Were your assumptions validated? How did you know this?)
- Describe the knowledge that guided your actions (For example, was your communication social or therapeutic?) What knowledge was missing?
- Describe how your actions matched your beliefs. (What personal and professional values fit with your actions?)
- Describe how your actions were incongruent with your personal and professional beliefs. What made you act in this way?
- Identify the interests that seem to be served by your actions. What social norms are maintained by your actions?
- Describe an alternate perspective that you could take so that other interests would be served.

\* These questions have been modified from Greenwood, J. (1998). The role of reflection in single and double loop learning. *Journal of Advanced Nursing*, 27, 1048-1053.

Students are expected to submit professional journals and the instructor will make comments on the contents to stimulate thinking and reflection. **Journals must be submitted on a weekly basis between weeks three and seven of the rotation. The above points must be considered at least once in the journals in order to meet practicum evaluation criteria.** The content of the situation will not be evaluated, but the reflection must show critical analysis and synthesis. The journals will be marked satisfactory or unsatisfactory.

### 4. Collaboration in the planning of and actively participating in seminars and debriefing sessions

Students are expected to actively participate in the practicum group. Group norms for participation, feedback, brainstorming and decision making will be identified by the group. Students are expected to facilitate at least one of the debriefing sessions during the course. Students will be evaluated by the group and instructor as satisfactory or unsatisfactory in group process at the end of the practicum experience.

## ■ Guidelines for Student Experiences

\*Some activities are revised from University College of the Fraser Valley Nursing Program

The overall program is described then goals students are expected to achieve in the program are listed. Next, resources to help students prepare for the program are identified. Once the program is described, specific services are described. **The Health Unit has many teaching resources. Please be aware that teaching material and pamphlets are costly to print. Take only those resources you plan to use with clients.**

### A. Healthy Beginnings/Perinatal Programs

The perinatal period is made up of the prenatal period (from preconception until birth) and the postnatal period (from birth until 1–2 months). Promoting the health of women, their partners and families before, during and after pregnancy will promote the health of children and their families.

#### Common goals for this program:

- Observe and appreciate the role of the public health nurse.
- Assess the growth and development of children, mothers, families and groups.
- Intervene with appropriate communication, teaching and nursing skills to support the health needs of clients.
- Debrief issues with the PHN.
- Appreciate community resources that support young families.

#### Common resources for this program:

- Review the relevant chapters of Wong & Perry (1997) and information from NURS 3032, Family Nursing Theory.
- Review *Overview of Legislation Relevant to Nursing Practice* (RNABC, 1999) to understand legislation relevant to this client population.
- Resource information on Healthy Beginnings at the Health Unit including *Baby's Best Chance Parents Handbook* 5th ed, *BC Handbook for Action on Child Abuse and Neglect* (1998), BC Reproductive Care Program Guidelines for Perinatal Care, Postpartum Care Paths, Developmental Screening Tool, and Growth Charts, and information on breast feeding. **The Health Unit has many teaching resources. Please be aware that teaching material and pamphlets are costly to print. Take only those resources you plan to use with clients.**
- Identify community resources for perinatal programs in the community or Greater Vancouver area. When would referral to these resources be appropriate?

#### 1. Breast Feeding Clinic

"Because short hospital stays allow less time for the nurses to provide assistance to the breast feeding mother, most women need some support after leaving the hospital. The father or other family members may fill this need, but due to absence or lack of information, additional support is often needed" (Reader, Martin & Koniak, 1992, p. 743). Review the RNABC (2001) "Policy Statement on Breastfeeding: Protection, Promotion and Support" from their web site before the visit.

## ■ Guidelines for Student Experiences (cont'd.)

### 2. Maternal Discharge/New Baby Visits

Changes in our health care system, for example shorter hospital stays and the emphasis on health care in the community has expedited the discharge of mothers and newborns from the hospital setting. "Discharge from the hospital at [sometimes under] 24 hours of age often gives the community health nurse the responsibility for assessing physical status, monitoring family adaptation, referring to community resources as indicated, and teaching infant care. The nurse should be aware of factors that place the infant at risk and danger signs indicating need for referral and management" (Stanhope & Lancaster, 1996, p. 523).

### 3. Moms & Infants (also called Mom & Tots or Baby-Time Drop In)

Infancy is a time of very rapid change both physical and developmental. At the same time, infants are extremely vulnerable, being totally dependent on their caregivers to satisfy their needs. Most parents want to enhance their child's development and may question their abilities as parents especially with their first born. Professional resources can encourage parents in their efforts and offer anticipatory guidance. Social support is also crucial at this time.

### 4. Prenatal Health

"The ultimate goal of prenatal care is to improve and maintain the health and well-being of women, babies and families. The role of the public health nurse in prenatal health involves providing prenatal education, intervention, and follow-up for higher needs clients to ensure a healthy pregnancy and appropriate referral to resources and services" (Orientation Program for Public Health Nurses, Module 10, p. 5).

## B. Communicable Disease Control Program

Communicable disease control is the investigation and management of communicable diseases. It is concerned with communicable diseases in the population that have a "public health significance and for which there are effective interventions for prevention and control" (Orientation Program for Public Health Nurses, Module 6, p. 8). Program functions include: communicable disease surveillance, case management, implementation of a variety of programs including immunization and control of outbreaks, consultation, education and epidemiological research. Public health nurses:

- provide primary prevention through provision of immunization for vaccine preventable disease.
- monitor communicable disease occurrence in the community as reported from physicians, hospitals, community labs, general public, schools, day cares and other agencies.
- provide interventions including confidential counseling, treatment, therapy, referral, follow-up inspection, investigation, and initiation of corrective action in relation to communicable diseases.
- provide screening and follow-up of communicable disease contact.
- provide professional consultation to physicians, hospitals, and other community based professionals and facilities.
- provide information and education to community groups" (Orientation Program for Public Health Nurses, Module 6, p. 9).

## ■ Guidelines for Student Experiences (cont'd.)

### Common Goals for this Program:

- Observe and appreciate the role of the public health nurse in communicable disease control.
- Assess people re: communicable diseases and immunological status.
- Appreciate the complexity of determining non-routine immunizations.
- Intervene with appropriate communication, teaching and nursing skills.
- Assess the reactions of children to immunizations considering factors such as developmental stage and specific vaccines.
- Suggest at least five areas of public concern re: communicable diseases that PHNs might be questioned about in this role.
- Utilize your resources to seek answers to these areas of concern.
- Appreciate community resources that support communicable disease control.

### Learning Resources:

- Review disease etiology theory including reservoir, mode of transmission, incubation period, period of communicability, susceptibility and resistance, methods of prevention and control.
- Review information from microbiology and epidemiology. Review your microbiology text, Ingraham & Ingraham (2000) "Infections of the Genitourinary System".
- Read Stanhope & Lancaster (2000) "Human Immunodeficiency Virus, Hepatitis B Virus and Sexually Transmitted Diseases".
- Consult the *Canadian Immunization Guide* (on reserve in the BCIT library) and the *BC Communicable Disease Control Manual* at the Health Unit.
- Consult the MOH *A Quick Guide to Common Childhood Diseases* and the *Child Health Passport* at the Health Unit.
- Read Stanhope & Lancaster (2000) "Communicable Disease Risk and Prevention" available on reserve in the BCIT Library. Pay particular attention to vaccine preventable diseases, diseases of travelers, hepatitis, and TB.
- **The Health Unit has many teaching resources. Please be aware that teaching material and pamphlets are costly to print. Take only those resources you plan to use with clients.**
- A number of Internet resources exist. For example:
  - a. BC Centre for Disease Control: [www.bccdc.org/](http://www.bccdc.org/)
  - b. Canada Communicable disease Report: [www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/index.html](http://www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/index.html)

### 1. Child Health Clinic

Children represent our future. Optimal health and wellness at this stage of life will give children the best opportunity to be productive adults. The focus of the clinic is one-to-one assessment, teaching and support of parents and children. A number of issues are of concern to parents of young children and they include child care, child guidance and discipline, nutrition, toileting, growth and development and safety (Orientation Program for Public Health Nurses, Module 12). Immunizations may be part of the purpose for attending the clinic. Immunizations have eliminated the risk of many communicable diseases and are the focus of the Child Health Clinic. In addition, there is an opportunity for guidance related to many facets of health including: nutrition, dental health, growth and development norms, and injury prevention. The multicultural nature of communities in the Lower Mainland makes establishing partnerships with families exciting and challenging.

## ■ Guidelines for Student Experiences (cont'd.)

Suggested involvement is:

- the student doing the teaching prior to the immunization using the appropriate information sheets,
- filling in the assessment tool (all or part),
- giving anticipatory guidance relevant to the developmental stage, and
- offering support to the child and parent(s).

### 2. Adult Immunization Clinic or Travelers Clinic

"The purpose of immunization programs is to offer protection against disease which can cause serious health problems, for which there is an immunization agent of established value. Immunizing as many persons possible throughout the community in order to attain a high level of immunity eliminates or prevents outbreaks of vaccine preventable diseases" (BC Ministry of Health, 1985).

### 3. Duty, Intake, or Phone Nurse

The public health nurse has a broad knowledge base to draw on when inquiries come from the public. People with health concerns may access this professional resource either in person or by phone. The PHN may answer the concerns directly utilizing the resources at her disposal or the nurse may choose to refer the person to another professional or agency. Read, "Telehealth: Great potential or risky terrain?" (CNA, 2000) on reserve in the BCIT library.

### 4. TB Nurse

Surveillance of communicable disease "is a system of close observation of all aspects of the occurrence and distribution of a communicable disease through systematic collection, orderly consolidation and analysis and prompt dissemination of all relevant data. Community health nurses may be involved at different levels of the surveillance system. They play important roles in collecting data, making diagnoses, reporting cases, and providing feedback information to the public" (Stanhope & Lancaster, 1996, p. 759).

## C. Child and School-age Health Programs

"Childhood experiences impact health and well-being into adult years. Identifying ... children at risk and intervening as early as possible can improve life prospects" (Orientation Program for Public Health Nurses, Module 12, p. 5). "The role of the public health nurse when working with school age groups is to plan school-based health promotion activities to encourage students to take responsibility for their health and adopt a healthy lifestyle. School based strategies enhance health of individual students and ultimately promote a healthy community for students to live and learn" (Orientation Program for Public Health Nurses, Module 13, p. 5).

This is achieved through screening for, assessment of, referral and follow-up of specific problems, anticipatory guidance and immunizations.

### Common Goals for these Programs:

- Appreciate the role of the PHN in these programs.
- Assess children (hearing and vision), families and the school environment.
- Intervene with appropriate communication, teaching and nursing skills.
- Appreciate community resources that support children, families and schools.

## ■ Guidelines for Student Experiences (cont'd.)

**Learning Resources** (A number of resources listed with the Healthy Beginnings program are relevant here):

- Review *Overview of legislation relevant to nursing practice* (RNABC, 1999) to understand legislation relevant to this client population.
- Resource information at the Health Unit includes *Baby's best chance parents handbook* 5th Ed., *BC handbook for action on child abuse and neglect* (1998), Developmental Screening Tool, and Growth Charts, *Anaphylaxis: A Handbook for School Boards* (Health Canada, 1996), *Awareness of Chronic Health Conditions: What the Teacher Needs to Know* (MOE, 1990), *Healthy Schools* (MOH, 1990).
- Read "Assigning and Delegating to Unregulated Care Providers" by RNABC available on reserve in the BCIT Library.
- Read Stanhope & Lancaster (2000) "The Physically Compromised" on reserve in the BCIT library or portions of Heoman (1996).
- Read Wong & Perry (1997) for information about nutritional requirements of children.
- Review screening for hearing, speech, vision, literacy, dental health and nutrition.
- **The Health Unit has many teaching resources. Please be aware that teaching material and pamphlets are costly to print. Take only those resources you plan to use with clients.**
- Internet sources may be useful:
  - a. Parents Guide to Selecting Child Care: [www.hlth.gov.bc.ca/ccf/child/publicat/comm/com014.pdf](http://www.hlth.gov.bc.ca/ccf/child/publicat/comm/com014.pdf)
  - b. Dial-a-dietician 1-800-667-3438: [www.dialadietician.org/](http://www.dialadietician.org/)
  - c. Canadian Association of School Health: [www.schoolfile.com/CASH.htm](http://www.schoolfile.com/CASH.htm)
  - d. Comprehensive School Health (Health Canada): [www.hc-sc.gc.ca/main/hc/web/datahpsb/children/english/](http://www.hc-sc.gc.ca/main/hc/web/datahpsb/children/english/)
- Identify community resources for school and child programs in the community or Greater Vancouver

### 1. **Respiratory, Meningomyelocele, Seizure, Rheumatology, Cystic Fibrosis, and Newcomers Clinics**

There are a number of specialized hospital clinics that focus on rehabilitation and follow-up of children within the community. Review the particular disease in your medical/surgical textbook or the BCIT library and review the resources available in the health unit.

### 2. **Interdisciplinary Team Associated with the Health Unit.**

There are a number of disciplines that are traditionally associated with a Health Unit in addition to nursing. Insight into the specific roles of these professionals is essential for the nurse to maximize their potential as resources. PHNs may at times work collaboratively with these people or refer a client to them. Describe the various facets of this specific professional's role and identify examples of instances where the PHN might wish to collaborate with or refer someone to other health professionals. Identify at least five questions you would like to ask of the professional when you have the opportunity to meet them.



## ■ Guidelines for Student Experiences (cont'd.)

Promoting good nutrition and dietary habits is one of the most important components of maintaining child health. The quality of nutrition has been widely accepted as an important determinant of growth and development. Public health nurses encounter many opportunities to promote or teach about the benefits of good nutrition (e.g. prenatal education, infant and child nutrition, school health). At times, the nurse may require specialized nutrition knowledge, resources and other professionals for consultative purposes. The community nutritionist, situated in the health unit, is available for consultative purposes. Familiarize yourself with resources at the Health Unit — pamphlets, fake food, etc.

### 3. Nursing Support Services

Nursing support services provide supportive care for children with special needs associated with a health problem. Nursing support services includes the following four program areas: In-School support Program, At Home Program, Supported Child Care Program, and Nursing Respite Program. Each program provides an interdisciplinary approach to the nursing care of children within the home, daycare, preschool or school environment. Consider how Child Development programs, schools, and the Ministry for Children and Families collaborate with PHNs to support the development of children and youth. Also, consider the resources required to facilitate the transition from the acute care to the home environment. Review the *BC Nursing Support Services for Children with Special Health Care Needs* manual at the health unit.

### 4. School Health

A significant portion of the child's day is spent in the school environment. The public health nurse can have a positive impact on promoting the health of children, their families and the school community. Programs include immunizations, health screening and health teaching for an individual or group, addressing developmental issues, and planning for individual health concerns. An important aspect of this role is collaboration with families and other involved professionals such teachers, counselors, aides, and social workers. Explore with the PHN at your assigned school what the scope of your role could be throughout the course. Then, talk with the principal, vice-principal, and/or teachers as required.  
*Provincial School for the Deaf*

The Provincial School for the Deaf in Burnaby is an elementary and high school. PHNs are responsible for family life teaching and assisting with the variety of health problems the children experience there.

### 5. Youth Programs

Various groups in the community consult with PHNs to promote health and prevent injury or illness. This collaborative role of the nurse with communities is expanding as self-care and public participation are becoming a reality. Some issues that specifically apply to youths are reproductive health, promotion of healthy relationships, prevention of substance abuse, tobacco reduction, injury prevention, reducing the impact of social and economic inequalities and aboriginal health.

■ Guidelines for Student Experiences (cont'd.)

*Planned Parenthood*

Planned Parenthood is focused on the prevention of unplanned pregnancies and the promotion of optimal reproductive health. The program provides quality education, information and clinical services to individuals, groups and the community. Planned Parenthood clinics include the provision of methods (birth control), counseling, STD information and pap tests.

You must complete a confidentiality form prior to your scheduled experience. You are asked to give special consideration to the sensitive and highly confidential nature of this particular program.

**NURS 8130 NURSING PRACTICUM 7 –  
PREVENTATIVE AND REHABILITATION SERVICES**

Student Name:

[illegible]

Clinical hours log

## BCIT NURSING GUIDE TO THE USE OF THE LEARNING PLAN FOR STUDENTS AND INSTRUCTORS

Students must start each practicum experience (with the exception of Level 1) with a professional learning plan completed. The expectation is that students will identify specific sub-outcomes that need work and then act on the strategies identified. Students are recommended to keep their learning plans in a portfolio that they can take from term to term. (Curriculum Review Committee, May 14, 2001)

Students and instructors will adopt the "3R" approach (**review, revise, roll over**) to learning plans.

Every student is responsible to complete and update (review and revise) a learning plan. Students need to take ownership of their learning plans.

Each student's learning plan should be reviewed by the instructor at the beginning (with the exception of Level 1), midterm, and at the completion of the semester as well as on a pm basis (review). The final learning plan for the semester should be brought forward (rolled over) by the student to the next level.

It is important for students to "carry through" or "roll over" their learning plans into each and all levels and in Level 3 students should "roll over" their learning plans into each specialty.

Learning plans **will not** be placed in students files. Students should keep **all** their learning plans throughout the program. Keeping all learning plans together in a file folder, duo tang, portfolio is a good thing!

The learning plan contains three sections:

1. Learning needs. This section should contain identified sub-outcomes that students and/or instructors determine that the student needs to work on. Use your outcomes and sub-outcomes for each level as a guide to identifying these areas to work on or learning needs.
2. Strategies. Identify strategies or specific ways that you can meet your identified sub-outcomes. You should have several strategies identified for each learning need that you have identified. Reflect on your strengths and incorporate your strengths (where possible) in creating workable strategies.
3. Progress. In this section you will comment on your progress toward meeting your identified sub-outcomes. You may find that some learning needs are ongoing throughout the semesters of the program. Date each of your comments in order to be able to look back and reflect upon your progress.

Note: The "3R's" were created by L. Barratt.

May 2002

**BCIT**  
**Bachelor of Technology in Nursing**  
**Professional Learning Plan**

**Student Name:**

**Course:**

**Date:** January 24, 2002

Learning Needs (Sub outcomes)	Strategies	Progress (Date of Comments)
4.1 Follows BCIT and agency policies and procedures. Late for practicum two times on a Thursday.	<ol style="list-style-type: none"><li>1. Leave a note on bathroom mirror to set alarm on Wednesday night.</li><li>2. Have one of my classmates phone me at 0530 hours for the next two clinical weeks.</li><li>3. Have my uniform, shoes, etc. ready.</li><li>4. Make sure that I have enough gas in my car on Wednesday and Thursday night.</li><li>5. Make my lunch the evening before.</li><li>6. Go to bed by 2200 hours!</li></ol>	February 20, 2002 I have been on time for the last three weeks of clinical. Now I do not have a classmate phoning me and I have regularly set my alarm. The note on the mirror works! I'm also getting a good sleep before clinical.

**BCIT**  
**Bachelor of Technology in Nursing**  
**Professional Learning Plan**

**Student Name:**

**Course:**

**Date:**

Learning Needs (Sub outcomes)	Strategies	Progress (Date of Comments)

**SIMON FRASER HEALTH REGION  
JOB DESCRIPTION**

**JOB DESCRIPTION:** Public Health Nurse – Preventive Health Services  
**SITE:** Burnaby/Maple Ridge/New Westminster/Tri-Cities  
**DEPARTMENT:** Preventive Health Services  
**REPORTS TO:** Nursing Supervisor  
**BARGAINING ASSOCIATION:** Nurses' Bargaining Association  
**BARGAINING UNIT:** BCNU  
**CLASSIFICATION:** Community Health Nurse (CH1)  
**REFERENCE #:**

**JOB SUMMARY:**

Under the general direction of a Nursing Supervisor, plans, organizes, implements and evaluates health services for individuals, families, groups and communities in homes, schools and community locations; provides health education and health promotion services for individuals and target groups to increase knowledge and awareness regarding health, promote behavior change and encourage personal responsibility for health. Collaborates with other community resources to coordinate preventive health services; plans, implements and evaluates community health services.

**DUTIES:**

1. Assesses specific health care needs and strengths; plans, implements and evaluates health services for individuals, families and groups in homes, schools and community locations.
2. Immunizes children and adults against vaccine preventable diseases, investigates and follow-ups reportable communicable diseases following established protocols.
3. Identifies high-priority infants/children/youth and their families and children with special needs; provides supports such as referrals, case coordination, case management, teaching treatment procedures and development of action plans; collaborates and counsels clients and/or their families in formulating health goals; performs follow-up for outcomes of plans.
4. Screens and assesses for child development, family functioning, immunization status, vision and hearing; refers persons with identified needs to appropriate community groups, health care professionals, agencies and physicians.
5. Provides health education and health promotion services for individuals, the general public and target groups such as new parents, families, students and school personnel to increase knowledge regarding health, promote behavior change to a healthy lifestyle and encourage personal responsibility for health.
6. Participates in planning, organizing, implementing and evaluating community health services by using the community development process; facilitates the communities' involvement in identifying health needs and strengths; participates in recommending services and evaluating existing services.

7. Coordinates Community Health Preventive services including communicable disease control and follow up; establishes and maintains a collaborative working relationship with government and community services
8. Provides information, interpretation and guidance to the general public, agencies, Boards etc. on Acts and Regulations applicable to nursing functions.
9. Develops relevant informational material; participates in continuing education programs to keep up to date with current trends and research; assists with orientation of new staff, students and other health care professionals; maintains knowledge of community health services and resources.
10. Maintains related records, documentation and statistics; prepares reports as required, and in accordance with established standards and procedures.
11. Performs other related duties as assigned.

## QUALIFICATIONS:

### Education, Training and Experience

A Baccalaureate Degree in Nursing, including public health nursing from a recognized university.

Current practicing registration with the Registered Nurses Association of British Columbia (RNABC).

Two year's recent relevant nursing experience or one year recent Public Health experience.

Valid B.C. Driver's license and have access to own vehicle.

### Skills and Abilities

- Demonstrated knowledge of epidemiology, family health, health promotion and community development.
- Ability to assess, plan, implement and evaluate.
- Ability to organize and problem-solve.
- Ability to communicate effectively both verbally and in writing.
- Demonstrated teaching skills.
- Ability to deal effectively with individuals, groups and other professionals within a multi-disciplinary environment in a diverse community.
- Physical ability to perform the duties of the position.
- Ability to operate related equipment, including personal computers and related software.

Manager	Date:
Human Resource Services:	Date:

DEVELOPED: July, 2000



RNABC STANDARD 1: Responsibility and Accountability: Maintains standards of nursing practice and professional behaviour determined by RNABC and the practice setting.

#### STANDARDS FOR ASSESSMENT:

1. At all times is accountable and takes responsibility for own actions.
  2. Functions within the legally recognized scope of practice of nursing and within all relevant legislation.
  3. Follows and/or helps to develop agency, department or organization policies and standards.
  4. Advocates improvements in clinical nursing practice, health care and health care services.
- 

#### Performance Indicators:

- ◆ at all times the nurse demonstrates accountability and takes responsibility for her own actions in the context of the situation
- ◆ able to explain rationale for actions
- ◆ takes responsibility for recognizing errors/weaknesses and take corrective action as appropriate
- ◆ follows established agency and program guidelines, standards and policies
- ◆ able to identify lobbying or advocacy issues in her community and creates and takes advantage of opportunities to lobby and support others' lobbying efforts

RNABC STANDARD 2: Specialized Body of Knowledge: Bases practice on nursing science and on related content from other sciences and humanities.

STANDARDS FOR ASSESSMENT:

1. Knows how and where to find needed information.
  2. Shares nursing knowledge with clients and/or others.
  3. Justifies decisions with reference to knowledge or theory.
  4. Presents an informed view of the nursing profession to others.
  5. Identifies the difference between therapeutic communication skills and social interaction behaviours and uses each appropriately. Creates an environment in which professional growth, cooperation and mutual respect can occur.
- 

Performance Indicators:

- ◆ is able to identify the need for and access community resources appropriately
- ◆ has a working knowledge regarding current community resources (searches for, use of other resources, shares, rationale for, client outcome)
- ◆ participates in inservice and shares knowledge with others
- ◆ articulates evidence based rationale for action and decisions
- ◆ questions and understands reasons for policies, procedures and guidelines
- ◆ articulates the role of CHN and how it relates to health care reform
- ◆ able to maintain a therapeutic relationship with clients
- ◆ demonstrates therapeutic communication skills (\*\*need to clarify and have common understanding re this)

RNABC STANDARD 3: Competent Application of Knowledge: Determines client status and responses to actual or potential health problems, plans interventions, performs planned interventions and evaluates client outcomes.

#### STANDARDS FOR ASSESSMENT:

1. Searches for information from a variety of sources using skills of observation, communication and physical assessment.
  2. Distinguishes between relevant and irrelevant information when determining client status or problems and when reporting or evaluating essential information, organizational problems or status.
  3. States client status in practice setting terminology, using verifiable information.
  4. Designs plans of care which include data about: assessments, planned interventions and evaluation criteria of client outcomes to address client status and/or contributes to addressing organization's systems or problems.
  5. Sets priorities when planning and implementing care or strategies.
  6. Performs planned interventions in accordance with policies, procedures and care standards.
  7. Evaluates client's response to interventions and revises the interventions as necessary.
  8. Documents timely and accurate reports of relevant observations, including conclusions drawn from them.
  9. Initiates, maintains and concludes a professional relationship.
- 

#### Performance Indicators

- ◆ able to articulate information sources and how they are being used
- ◆ completes a thorough nursing assessment using available tools and resources
- ◆ designs, evaluates and revises a plan of action in collaboration with clients/community partners
- ◆ assessment, intervention, follow up and record keeping are congruent
- ◆ set and change priorities and demonstrate use of same
- ◆ produce clear, accurate and comprehensive documents
- ◆ initiates, maintains and concludes professional relationships

RNABC STANDARD 4: Code of Ethics: Adheres to the ethical standards of the nursing profession.

#### STANDARDS FOR ASSESSMENT:

1. Expresses a philosophy of nursing that is congruent with the *Canadian Charter of Rights and Freedoms*.
  2. Complies with the codes of ethics endorsed by RNABC.
  3. Demonstrates honesty, integrity and respect.
  4. Reports unsafe practice or professional misconduct to appropriate person or body.
  5. Acts as an advocate to protect and promote a client's right to autonomy, respect, privacy, dignity and access to information and a safe and supportive working environment.
  6. Provides clients access to and/or assists clients to obtain access to their records in appropriate circumstances.
  7. Assumes responsibility for ensuring that relationships with clients are therapeutic and professional.
- 

#### Performance Standard

(Will get a copy of the Nursing Code of Ethics for the orientation manual  
- follows the FIPPA policies of the Health Department)

- ◆ maintains confidentiality
- ◆ support client decision
- ◆ reports unsafe practice
- ◆ demonstrates the ability to recognize and work through an ethical issue or dilemma

RNABC STANDARD 5: Provision of Service to the Public: Provides nursing services and collaborates with other members of the health care team in providing health care services.

#### STANDARDS FOR ASSESSMENT:

1. Communicates and consults with other members of the health care team about the client's care.
  2. Exercises judgement in assuming or performing delegated tasks or functions.
  3. Collaborates with other members of the health care team regarding activities of care planning, implementation and evaluation.
  4. Delegates responsibilities to and guides members of the nursing team.
  5. Participates in, encourages and supports initiatives for quality improvement.
  6. Explains health care services to clients and others.
- 

#### Performance Indicators

- ◆ seeks out and works in collaborative partnership with community resources and other teams
- ◆ initiates, plans, participates in and/or leads in interdisciplinary and inter-team meetings regarding health issues and clients
- ◆ recognizes the appropriateness of delegated tasks under the CHN mandate
- ◆ performs delegated tasks and maintains skills to do so
- ◆ coordinates and uses the services of volunteers and support staff appropriately and effectively
- ◆ initiates discussion and problem solves for improvements in services

RNABC STANDARD 6: Self-Regulation: Assumes primary responsibility for maintaining competence, fitness to practice and acquiring evidence based knowledge and skills for professional nursing practice.

#### STANDARDS FOR ASSESSMENT:

1. Invests time, effort or other resources in maintaining evidence-based knowledge and skills for practice.
  2. Practices within own level of competence.
  3. Maintains current registration or licensure.
  4. Maintains own physical, mental and emotional well-being.
- 

#### Performance Indicators

- ◆ able to identify own learning needs and plans to implement professional development
- ◆ actively participates in inservice and orientation
- ◆ initiates and has motivation to expand knowledge – self-motivated
- ◆ takes responsibility for learning needs
- ◆ applies and integrates new learning (& skills) into their nursing practice
- ◆ recognizes limits within scope of nursing practice and seeks out consultation and comes 'up' with short term and long term solution
- ◆ recognition that own health impacts work and takes responsibility for own well-being in order to better promote client needs
- ◆ comes to work healthy
- ◆ advocates for changes/strategies that promote a healthy workplace

**POLICY: LATEX SENSITIVITY/ALLERGY**

Since latex sensitivity and allergic reactions are becoming more common and a latex allergy can develop without warning, it is the goal of the School of Health Sciences to provide a latex-free environment for all faculty, staff and students. The following policy is to be followed in all instances where gloves and other products that contain latex are used in programs within the School of Health Sciences.

1. A prospective student in the School of Health Sciences shall not be restricted from entry to a program because of a known latex sensitivity and/or allergy. However a prospective student who has a known allergy should be warned of the health risks before being accepted into the program.
2. An enrolled student in the School of Health Sciences who develops latex sensitivity and/or allergy shall be accommodated by provision of latex-free gloves and, wherever possible, latex-free substitutes of other latex-containing products that may encountered during training at BCIT.
3. Any faculty, staff member or student who exhibits signs of latex sensitivity shall be counselled to consult a physician for assessment.
4. A sufficient number of latex-free kits will be kept in BCIT laboratories for use by faculty, staff, students and clients/patients with latex sensitivity and/or allergy.
5. A student with latex sensitivity and/or allergy must notify laboratory instructors, or clinical/practicum instructors prior to starting a laboratory course or a clinical experience/practicum.
6. It is the responsibility of any member of the faculty and staff, and any student with known latex sensitivity and/or allergy, to carry an allergy kit to any laboratory, clinical experience/practicum site or other location where there is a risk of exposure to latex-containing products.
7. All faculty and staff working with students who are likely to be exposed to latex-containing products in their training at BCIT or during their clinical experiences/practica will review this policy with students at the commencement of each term.
8. Any policy concerning latex sensitivity and/or allergy, in force at a clinical/practicum site shall be observed. Where there is conflict between the BCIT policy and that of the clinical/practicum site, the policy of the host institution shall take precedence.

## **BCIT NURSING PROGRAM MEDICAL CERTIFICATE DEFINITION**

Students may be required to submit a Medical Certificate (BCIT Policy 5410) after an absence due to medical reasons.

The **Medical Certificate**, obtained at the student's expense, must be written on letterhead and signed by a medical doctor. The certificate is to be specific and detailed with respect to the following:

- dates during which the student was under the doctor's care for the particular medical, emotional or other problem;
- dates on which the student was seen by the doctor for the particular medical, emotional or other problem;
- a statement regarding the seriousness of the student's medical, emotional or other problem, (without compromising the confidentiality of the student's medical record);
- a statement outlining the actual or potential impact of the condition on the student's ability to complete the course.