



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

NURS 8132**Nursing Practicum 7 Preventive and
Rehabilitation Services**

Start Date:	January, 2007	End Date:	March, 2007
Total Hours:	160	Total Weeks:	8
Hours/Week:	20	Practicum Experience:	
		Lab:	
		Shop:	
		Seminar:	
		Other:	
Prerequisites		NURS 8132 is a Prerequisite for:	
Course No.	Course Name	Course No.	Course Name
NURS 7134	Nursing Practicum 6 Community	NURS 8330	Nursing Practicum 8
NURS 8800	Health Partnerships in Action		
NURS 8000	Systematic Inquiry		

■ Course Description

The focus of this course is providing preventive and rehabilitation services mostly to infants, children and adults in the community. Knowledgeable and safe nursing care to promote health, prevent illness and injury and to foster rehabilitation and self-care is the goal for this particular practicum. 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.

■ Detailed Course Description

NURS 8132 is a practicum course focusing on the health promotion of the community at large, with a particular focus on the maternal-infant population within the context of the family. Further emphasis is placed on children with disabilities and their families, and the continuing importance of rehabilitation. The scope of nursing practice will include partnerships with individuals, families, groups and populations. Throughout this practicum, students will be developing attitudes, knowledge, clinical skills and decision making relevant to the practice of professional community nursing. Addressed in this course are issues concerning: the health of the community, population health, communicable disease control, immunization principles and practices, maternal-newborn-infant assessments, family health and well-being and health within the school community. Health teaching, a means of promoting health, rehabilitation, illness prevention and self-care, is a primary focus. Students will have multiple opportunities to engage in health teaching in a variety of settings, including: clients' homes, clinics, schools and in different group settings throughout the community.

Context of Practice: community preventive services and rehabilitation services.

■ Evaluation

Satisfactory/Unsatisfactory standing based on:

- Satisfactory student and instructor evaluation of course outcomes including attending at least 144 hours of public health and rehabilitation experiences. This includes demonstration of professional communication with all health professionals, colleagues and the instructor.
- Satisfactory knowledge base of: public health concepts and their application, maternal-newborn assessments, principles of breastfeeding and immunizations and infant growth and development.
- Satisfactory student participation in a postpartum home visit.
- Satisfactory follow-through with a postpartum family.
- Satisfactory implementation of one health teaching session and teaching plan which includes: goals, objectives, teaching strategies and evaluation.
- A satisfactory reflective professional journal analyzing the process of developing partnerships with clients, public health nurses, 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 community nursing practicum experience is with infants, children and adults requiring preventative and/or rehabilitation health services. Individuals, families, groups and populations may be the focus of nursing care. Promoting health/rehabilitation, preventing illness and injury, along with supporting self-care are the nursing care priorities in this course.

In this context, the student will:

1. implement professional caring (rational, technical and 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.

■ **Course Learning Outcomes/Competencies (Cont'd.)**

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. demonstrate safe assessments with stable clients.

■ **Learning Processes Involved in this Course**

- **Professionalism:** with increasing independence, students work to integrate the rational and emotive elements of caring in the community setting. Students conduct 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 appropriate resources are identified and self-care promoted. Empowerment, healing and growth characterize these partnerships. Students plan and evaluate interventions in discussion with the client, family or group but they may need to validate some decisions with the public health nurse or instructor. 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: clients' homes, schools, community centres and community groups and with a variety of populations. Students engage learners in the teaching/learning process to facilitate health. Students evaluate the effectiveness of the teaching/learning and modify their teaching plans accordingly.


- **Systematic Inquiry:** students are well prepared for all their clinical encounters. They are increasingly independent with critical thinking and use a variety of sources of knowing to guide care. They use research findings and theory to guide their practice and discussions with colleagues and other health professionals. Students question unclear decisions made by others. They consider strategies to promote health, rehabilitation, illness and injury prevention, and self-care. They are reflecting-in-action and can model this skill for colleagues.

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

- **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 (including public health nurses) 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 who are unable to advocate for themselves.

■ Verification

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



Authoring Instructor

December 11, 2006

Date

I verify that this course outline has been reviewed.

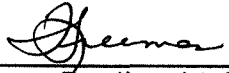


Program Head/Chief Instructor

December 11, 2006

Date

I verify that this course outline complies with BCIT policy.



Dean/Associate Dean

Dec. 11/06

Date

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

■ **Instructor(s)**

Denis Beaupre	Office Location: SE12-418 Office Hours: See instructor	Office Phone: 604-432-8913 E-mail Address: Denise_Beaupre@bcit.ca
Dorothy Cumming	Office Location: SE12-418 Office Hours: See instructor	Office Phone: 604-456-8116 E-mail Address: Dorothy_Cumming@bcit.ca
Maureen Hornak	Office Location: SE12-418 Office Hours: See instructor	Office Phone: 604-432-8917 E-mail Address: Maureen_Hornak@bcit.ca
Ling Lai	Office Location: SE12-418 Office Hours: See instructor	Office Phone: 604-454-2212 E-mail Address: Ling_Lai@bcit.ca
Kim Munich	Office Location: SE12-418 Office Hours: See instructor	Office Phone: 604-451-6947 E-mail Address: Kim_Munich@bcit.ca
Allyn Whyte	Office Location: SE12-418 Office Hours: See instructor	Office Phone: 604-454-2213 E-mail Address: Allyn_Whyte@bcit.ca

■ **Learning Resources**

Required:

- CRNBC student membership.
- Completion of pre-reading assignments provided to students prior to beginning of term.
- British Columbia Ministry of Health (2006). *Baby's best chance: Parents' handbook of pregnancy and baby care* (6th ed.). Victoria, British Columbia: Open School BC.
- Canadian Community Health Nurses Association of Canada (2003), *Standards of practice*, <http://www.chnac.ca/standards>
- Maxishare (2004). *Milestones: Growth and development guide* (5th ed.). Wisconsin: Children's Hospital of Wisconsin.

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.

■ Learning Resources (Cont'd.)

Textbooks and Resources:

- Canadian Nurses Association. (1997). *Code of ethics for registered nurses*. Ottawa: Author.
- The Canadian Health Network (CHN), <http://www.canadian-health-network.ca>
- College of Registered Nurses of British Columbia (2005). *Scope of practice for registered nurses: Standards, limits and conditions*. Vancouver: Author.
- Health Canada. (1997). *Supporting self-care: The contribution of nurses and physicians, an exploratory study*. Ottawa: author.
- Heymann, D.L. (2004). *Control of communicable diseases manual* (18th ed.). Washington, DC: American Public Health Association.
- Leeseberg Stamler, L., Liu, L. (2005). *Community health nursing: A Canadian perspective*. Toronto: Pearson Prentice Hall.
- 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.
- an assessment text.
- a fundamentals of nursing or clinical techniques text.
- a maternal text.
- a pharmacology text.
- a laboratory and diagnostic procedures manual.
- a mental health nursing text.
- a family nursing text.

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* (6th ed.). 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

The following statements are in accordance with the BCIT Student Regulations Policy 5002. To review the full policy, please refer to: <http://www.bcit.ca/~presoff/5002.pdf>.

Attendance/Illness:

In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with his/her instructor or Program Head or Chief Instructor, indicating the reason for the absence. Prolonged illness of three or more consecutive days must have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program.

Academic Misconduct:

Violations of academic integrity, including dishonesty in assignments, examinations, or other academic performances are prohibited and will be handled in accordance with the 'Violations of Standards of Conduct' section of Policy 5002.

Cheating, Fabrication, Plagiarism, and/or Dishonesty:

First Offense: Any student in the School of Health Sciences involved in an initial act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

Second Offense: Any student in the School of Health Sciences involved in a second act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

Attempts:

Students must successfully complete a course within a maximum of three attempts at the course. Students with two attempts in a single course will be allowed to repeat the course only upon special written permission from the Associate Dean. Students who have not successfully completed a course within three attempts will not be eligible to graduate from their respective program.

Accommodation:

Any student who may require accommodation from BCIT because of a physical or mental disability should refer to BCIT's Policy on Accommodation for Students with Disabilities (Policy #4501), and contact BCIT's Disability Resource Centre (SW1-2300, 604-451-6963) at the earliest possible time. Requests for accommodation must be made to the Disability Resource Centre, and should not be made to a course instructor or Program area.

Any student who needs special assistance in the event of a medical emergency or building evacuation (either because of a disability or for any other reason) should also promptly inform their course instructor(s) and the Disability Resource Centre of their personal circumstances.

Assignments

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

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. Professional Learning Plans are to be submitted to the instructor at the beginning of each practicum and updated as learning needs are met and new ones arise. Professional Learning Plans are used to help students focus their learning activities in areas of greatest need. They are meant to be individual for each student as learning needs vary from student to student.

Use the final evaluation from your previous practicum to identify the kinds of learning issues you have. Then review the course outline from this practicum course to identify how these learning issues might affect you in this practicum. List at least three learning issues and for each issue develop very specific strategies you will implement to help you achieve success. As you implement the strategies, make comments in that column about the outcome and the usefulness of the strategy, etc. As new learning needs arise, develop additional strategies to focus your learning. This process will prepare you for your professional competency reviews required for yearly CRNBC re-registration.

3. 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:
 - 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.
4. The purpose of this course is to learn about the role of the public health nurse and nurses in rehabilitation services while providing services in collaboration with the community health nurse 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 an orientation to public health nursing at BCIT during the first week of practicum that will address: public health concepts and principles relevant to a variety of public health nursing settings. This part of the orientation will run for three days followed by a fourth day of orientation at your assigned health unit.

Schedule of Practicum Days:

Students will have a total of **160 hours of public health and rehabilitation experiences** 2.5 days a week for seven weeks. 25 hours in orientation week are included as part of clinical hours. Practicum takes place on Tuesdays and Wednesdays with your instructor (16 hours/week) and another half day (4 hours) with the instructor available by cell phone and/or pager. This half day may be done any day of the week based on learning opportunities and is scheduled by the student. Students will experience the scope of major prevention programs by accompanying public health nurses as they work in the various programs.

■ Policy Information (Cont'd.)

A weekly seminar time (1–1.5 hours) is allotted for students to debrief their experiences with other students in the practicum group. Instructors may vary hours for seminar sessions depending on the student's and the group's learning needs. 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.

Students must have a vehicle to drive in order to facilitate visits to clients, schools and various agencies in the community.

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.
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 policies 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

Evaluation of students is on an ongoing basis throughout the practicum and includes: reflective journals, weekly "brag" sheets, participation in seminar/debriefing sessions, demonstration of an ability to begin to apply the Community Health Nursing standards to one's practice in a variety of settings, and completion of a community assignment including health teaching through group facilitation. **All 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 CRNBC standards and 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, #5002*). 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) says about misconduct:

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 be clinically prepared for all practicum experiences. Preparation will include researching relevant information regarding knowledge, skills and attitudes necessary for public health nursing practice in each clinical setting. Students are also to have an in-depth understanding of the program purpose and goals, relevant nursing assessments conducted, and the goals of the student experience. Students must consider the application of relevant theories (e.g., health promotion, change, teaching and learning, growth and development) to the populations they are working with.

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 144 hours of experience are gained during the course. The Clinical Hours Log is attached to this course outline. **Failure to document at least 144 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 7134 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. Progress toward meeting learning goals identified in the plan will be discussed at the midterm evaluation.

2. Community Assignment: Health Teaching

There will be opportunities for students to work with a variety of community groups and facilitate health teaching. The health teaching will be evaluated and students must achieve a satisfactory standing on their teaching assignment to pass the course.

Each student will perform one community health teaching assignment. The community teaching assignment can be done independently or in a co-teaching role. This assignment must be supervised by the practicum instructor or another BCIT instructor, or a public health nurse. If students obtain an unsatisfactory on their community teaching assignment, a second teaching opportunity will be arranged. If a second teaching opportunity is not available, the assignment may take the form of a seminar presentation and discussion with the practicum group.

The student, in consultation with the instructor or the public health nurse, will first identify an opportunity with a community group to facilitate health teaching. The student will then create partnerships with the community group, and assess learning needs, interests, and resources. A suitable teaching plan will be developed, incorporating appropriate and current information. The students will demonstrate understanding of ways to effectively facilitate health teaching. A teaching plan will be submitted to the instructor for feedback at least 1 week prior to the teaching session. Implementation, followed by evaluation of teaching will take place (refer to "Teaching Plan" templates and criteria set out in the "Evaluation Tool for Health Teaching", which are included in the course outline). After each teaching session, students will meet with the instructor or public health nurse for evaluation and to share feedback.

Students are encouraged to use a variety of resources to assist with facilitation of health teaching and to organize content materials. Resources may also include: the *Fundamentals of Nursing* text, course materials from 7100, PBL teaching and learning principles.

■ Assignment Details (Cont'd.)

3. Professional Reflective Journal

The purpose of the journal is to help students reflect on their practice. Critical thinking and analysis is required as well as linking relevant theory to one's public health nursing practice. Students must discuss the application of the CHN standards for practice and include a minimum of two academic references (related to theory, research, or relevant and current academic literature) to achieve a satisfactory grade. The following framework* will assist students to articulate their critical analysis:

- explore a situation from your practicum experience.
- 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 attitudes, knowledge and beliefs which guided your actions.
- describe how the CHN standards apply to this situation and how they could direct or guide your practice. Also discuss linking theory to practice by using a minimum of two academic references (theory, research, or relevant and current academic literature).
- 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.

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

Students are expected to submit two professional journals during the practicum. Each instructor will advise their clinical students as to which specific weeks they require journal submissions (between weeks 3 and 7). The instructor will make comments on the contents to stimulate thinking and reflection. 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. Seminar Debriefing

Each student is required to contribute to weekly group debriefing by sharing practice examples from their clinical experiences. Students must demonstrate critical thinking and analysis in the debriefing by linking relevant theory to the practice situations that they and their colleagues share. Students must consistently consider the clinical examples from the perspective of a public health nurse, and apply the CHN standards for practice, Health Promotion model, and other relevant theories to the discussion to achieve a satisfactory grade. (Satisfactory/Unsatisfactory)

■ Assignment Details (Cont'd.)

5. Brag Sheet

For satisfactory course achievement, students must submit weekly brag sheets to their instructor for Weeks 2 to 7. The brag sheets should include detailed descriptions of what students have accomplished in their clinical experiences for each week. Students should also indicate names of health professionals they were working with. Brag sheets provide an opportunity for students to share their clinical experiences with their instructor, highlighting the process of how they are meeting CHN standards and course outcomes in their nursing practice. Each instructor will discuss the process for submitting weekly brag sheets during clinical orientation. Students are encouraged to keep copies of the brag sheets, as they will find them useful when they complete their evaluation summaries.

■ Suggested Resources

Public Health Nursing encompasses many programs. The key program areas are listed below, as well as suggested resources. Ensure you explore resources which are readily available at your local health units.

A. Maternal/ Child

Suggested Resources:

- Wong, D.L., Hockenberry, M.J., Wilson, D., Perry, S.E. & Lowdermilk, D.L. (2006). *Maternal child nursing care* (3rd ed.). St. Louis, Missouri: Mosby.
- British Columbia Ministry of Health (2006). *Baby's best chance: Parents' handbook of pregnancy and baby care* (6th ed.). Victoria, British Columbia: Open School BC.
- Breastfeeding Committee of Canada. *The baby-friendly resource binder: Resources developed through the British Columbia resource project* (2nd ed.). Vancouver, British Columbia: Quintessence Foundation.
- Breastfeeding Committee of Canada – Baby Friendly Initiative, <http://www.breastfeedingcanda.ca/html/bfi.html>
- The British Columbia Reproductive Care Program, <http://www.rcp.gov.bc.ca>
- The Society of Obstetricians and Gynecologists of Canada, <http://www.sogc.org>
- British Columbia Ministry of Health (2006). *Baby's best chance: Parents' handbook of pregnancy and baby care* (6th ed.). Victoria, British Columbia: Open School BC.
- Government of British Columbia (2002). *Toddler's first steps: A best chance guide to parenting your six-month to three-year old* (1st ed.). Victoria, BC: Macmillan Canada.

■ **Suggested Resources (Cont'd.)**

B. Youth

Suggested Resources:

- Wong, D.L., Hockenberry, M.J., Wilson, D., Perry, S.E. & Lowdermilk, D.L. (2006). *Maternal child nursing care* (3rd ed.). St. Louis, Missouri: Mosby.
- Options for Sexual Health, www.optionsforsexualhealth.org
- McCreary Centre Society – Adolescent Health, <http://www.mcs.bc.ca>

C. Communicable Disease Control (CDC) Programs

Suggested Resources:

- The Ministry of Health, *Communicable Disease Control (CDC) Manual*, available at each health unit.
- National Advisory Committee on Immunizations (1998). *Canadian Immunization Guide* (6th ed.), Ottawa, ON: Canadian Medical Association
- Gold, R. and the Canadian Pediatric Society (2002). *Your child's best shot: A parent's guide to vaccination* (2nd ed.), available at each health unit.
- BC Centre for Disease Control Health Files, www.bccdc.org
- Canadian Immunization Awareness Program, <http://www.immunize.cpha.ca>
- John Hopkins University, Institute for Vaccine Safety, <http://www.vaccinesafety.edu/index.html>

D. Nursing Support Services

Suggested Resources:

- Ministry of Children and Family Development, Nursing Support Services, <http://www.mcf.gov.bc.ca>

■ **Clinical Evaluation Outcomes:**

The clinical outcomes for the course are a combination of the CRNBC Professional Standards (2005) and course outcomes. They are:

CRNBC Standard 1 — Responsibility and Accountability: Maintains standards of nursing practice and professional conduct determined by CRNBC and the practice setting (2005).

Clinical practice indicators:

- is accountable and takes responsibility for own nursing actions and professional conduct (includes honesty, integrity and respect).
- functions within the legally recognized scope of practice of nursing and within all relevant legislation.
- follows agency or department policies and standards.
- takes action (including advocacy) to promote the provision of safe, appropriate and ethical care to clients.

■ **Clinical Evaluation Outcomes: (Cont'd.)**

NURS 8132 Course Outcome: Commits 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.
- monitoring and evaluating own practice and acting to modify it.
- combining systematic inquiry, reflection and practice to create competent practice.
- assuming responsibility for own learning needs and investing time and effort in learning.
- modifying practice to meet the needs of clients.

CRNBC Standard 2 — Specialized Body of Knowledge: Bases practice on the best evidence from nursing science and other sciences and humanities (2005).

Clinical practice indicators:

- knows how and where to find needed information to support the provision of safe, appropriate, ethical care.
- shares nursing knowledge with clients, colleagues, students and others.
- interprets and uses current evidence from research and other credible sources to make practice decisions.
- understands nursing's contribution to the health of clients in the community and communicates this to clients.
- uses relationship and communication theory appropriately in interactions with clients, colleagues and others.

NURS 8132 Course Outcome: Integrates systematic inquiry into practice by:

- analyzing client issues and responding with sound clinical judgements.
- considering the multiple sources of nursing knowledge.
- integrating critical thinking and reflection into practice.
- developing reflective scepticism.

CRNBC Standard 3 — Competent Application of Knowledge: Makes decisions about actual or potential problems, plans and performs interventions, and evaluates outcomes (2005).

Clinical practice indicators:

- collects information on client status from a variety of sources using assessment skills including observation, communication and physical assessment. (Involves clients in this process.)
- identifies, analyzes and uses relevant and valid information when making decisions about client status and reporting client outcomes.
- uses verifiable information, communicates client status to other health professionals with appropriate terminology used in the practice setting.
- develops plans of care that include data about: assessments, decisions about client status, planned interventions and evaluation criteria for client outcomes (in consultation with PHN)
- sets priorities when planning and giving care.
- carries out interventions in accordance with policies, procedures and care standards.
- evaluates client's responses to interventions and revises the plan as necessary.
- documents timely and appropriate reports of assessments, decisions about client status, plans, interventions and client outcomes (in consultation with PHN).
- initiates, maintains and terminates professional relationships in an appropriate manner.

■ **Clinical Evaluation Outcomes: (Cont'd.)**

NURS 8132 Course Outcomes:

- implements professional caring that integrates a depth of nursing knowledge and skill in accordance with the *Standards of Nursing Practice* in British Columbia:
 - ▶ rational elements (integrating reason and reflection into care).
 - ▶ technical elements (implementing technical aspects of care with dexterity).
 - ▶ emotive elements.
- pursues shared meaning by facilitating communication with clients, families, groups or populations to promote health, healing and comfort, self-esteem, empowerment, growth and partnership including:
 - ▶ choosing appropriately from a variety of communication skills.
 - ▶ integrating positive, pro-client attitudes such as compassion, commitment, conscience, confidence and competence into care.
 - ▶ choosing appropriately from various media.
 - ▶ with assistance, working to resolve problems, issues or conflicts, especially in emotionally-charged or rapidly changing situations.
- engages in health teaching in a variety of contexts by:
 - ▶ analyzing learning needs.
 - ▶ developing teaching plans.
 - ▶ implementing appropriate teaching (including facilitating discussions in the group).
 - ▶ evaluating the effectiveness of teaching.

CRNBC Standard 4 — Code of Ethics: Adheres to the ethical standards of the nursing profession (2005).

Clinical practice indicators:

- upholds the values contained in the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses*, namely:
 - ▶ safe, competent, and ethical care
 - ▶ health and wellbeing
 - ▶ choice
 - ▶ dignity
 - ▶ confidentiality
 - ▶ justice
 - ▶ accountability
 - ▶ quality practice environments
- consistently practises according to the responsibility statements in the CNA *Code of Ethics for Registered Nurses*.

■ **Clinical Evaluation Outcomes: (Cont'd.)**

NURS 8132 Course Outcome:

- advocates on behalf of clients, families and/or groups after analyzing options.
- integrates the client, family, group or population into decision making and teaching by:
 - ▶ respecting cultural diversity, values client capacity and expertise in self-care, respects the client's right to choose, and values family involvement in care.
 - ▶ appreciating the challenge clients may experience when learning new abilities.
 - ▶ being sensitive to stereotypes that exist regarding people, lifestyles and health problems.
 - ▶ being aware of personal values and reactions and effects they might have on others.

CRNBC Standard 5 — Provision of Service in the Public Interest: Provides nursing services and collaborates with other members of the health care team in providing health care services (2005).

Clinical practice indicators:

- communicates, collaborates and consults with other members of the health care team about the client's care.
- exercises judgment in assuming or performing assigned tasks or functions.
- advocates and participates in changes to improve client care and nursing practice.
- reports unsafe practice to appropriate person.
- assists clients to learn about the health care system and accessing appropriate health care services.

NURS 8132 Course Outcome: Evaluates partnerships established with members of the health care team

- Evaluates partnerships established with members of the health team. This includes:
 - ▶ evaluating partnerships established with members of the health team, and working to increase their mutual effectiveness.
 - ▶ using team building, negotiation and conflict resolution skills to collaborate and resolve issues.
 - ▶ sharing expertise to achieve mutually agreed upon goals.
 - ▶ presenting self as a professional nurse and clearly describing their role in health care and their particular skills in the community setting.

CRNBC Standard 6 — Self-regulation: Assumes primary responsibility for maintaining competence and fitness to practice (2005).

Clinical practice indicators:

- maintains current registration (student membership).
- practices within own level of competence.
- meets the requirements for continuing competence, including investing own time, effort or other resources to meet identified learning goals.
- maintains own physical, psychological and emotional fitness to practice.

■ **Clinical Evaluation Outcomes: (Cont'd.)**

NURS 8132 Course Outcome: Commits 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.
- monitoring and evaluating own practice and acting to modify it.
- combining systematic inquiry, reflection and practice to create competent practice.
- assuming responsibility for own learning needs and investing time and effort in learning.



**Bachelor of Science in Nursing
Professional Learning Plan**

Student Name: _____

Date: _____

Learning Needs (Sub Outcomes)	Strategies	Progress (Date of Comments)
Has the knowledge and skills to lead a maternal-child home visit	<ul style="list-style-type: none">• Review maternal-child text for maternal and newborn assessment by first orientation day (have cue cards in pocket to remind self.• Review CFAM (NURS 3032)• Have formula for % infant weight loss written down. Practice using formula so I can calculate the % loss accurately during the 24 hour call.• Review hospital liaison sheet to identify health issues to address with mother during 24 hour call.• Review Healthy Beginning protocols for issues of concern during 24 hour call. Think about how to address these during the home visit.	

Learning Needs (Sub Outcomes)	Strategies	Progress (Date of Comments)
	<ul style="list-style-type: none"> During the first visit – observe the PHN carefully for how she engages the client and communicates therapeutically with her. After the visit write down some phrases that I will use to engage the mother during the second home visit. During the first home visit, identify cues from the mother that the health issue(s) exist and note the nursing interventions provided by the PHN. Record these cues and interventions after the visit. 	
Is able to debrief clinical situations to show instructor I can evaluate my practice knowledgeably.	<ul style="list-style-type: none"> Use the learning plan to guide debriefing. For example re: home visit – did I know what to assess about mother, infant and family? Could I calculate the % weight loss and identify the appropriate protocol from SFHR Protocol? What cues did I identify; was my engagement with the mother therapeutic? What would I change for next time? Use the reflective journal activity to think about the experience further, look for alternate perspectives and assumptions. 	
Expand my ability to teach during this experience.	<ul style="list-style-type: none"> Talk with classmates about how to energize groups of learners and how to facilitate discussions with them. Talk with PHN about the purpose of the teaching and resources she has used in the past. Attend group to meet with learners and learn about their needs. 	

Learning Needs (Sub Outcomes)	Strategies	Progress (Date of Comments)
	<ul style="list-style-type: none">• Consult texts, agency resources, and professional literature to ensure the accuracy of the information provided. Have a resource list for interested learners.• Develop a specific teaching plan that addresses both the content to be taught and the process of engaging clients in the learning process.• Review the learning plan with the instructor before the event and make whatever changes need to be made.	



Bachelor of Science in Nursing Teaching Plan

Student Name: _____

Audience: _____

Topic: _____

Learning Need	Learning Goal	Teaching Strategies: Content, Method of Instruction & Evaluative Criteria	Time Frame	Resources
<p>* What are the identified learning needs of your population?</p> <p><i>(i.e.) Many parents are asking questions regarding the appropriate time for introducing solids to their babies.</i></p>	<p>* What are the learning goals you have for the participants in your teaching session? Goals should be measurable.</p> <p><i>(i.e.) The parents will be able to discuss at least 3 perspectives regarding why the WHO recommends waiting until 6 months of age for introducing solids to infants.</i></p>	<p>* Identify your teaching strategies including your method of instruction (discussion, small group work, brainstorm, lecture...) as well as the content you are presenting (detailed content may be provided on an attached document). Your strategies must be specific as to what you the teacher/facilitator are going to do to promote learning and to facilitate the participants achieving the learning goals. Also, include what evidence you will use to evaluate if your learning goals are achieved.</p>	<p>* Identify an estimated timeframe for each section of your teaching plan to use as a guide for planning and implementing your teaching plan.</p>	<p>* List any resources you need to present your teaching plan (i.e.) handouts, videos, flip chart paper, felt pens, etc.</p>

A reference list should be attached to your teaching plan to acknowledge and demonstrate the breadth of resources used to plan your teaching session: APA formatting required.



**Bachelor of Science in Nursing
Teaching Plan**

Student Name: _____ Audience: _____ Topic: _____

Learning Need	Learning Goal	Teaching Strategies: Content, Method of Instruction & Evaluative Criteria	Time Frame	Resources

Reference list attached



Student Name: _____

[illegible]

#29333 CO NURS 8132 JAN 2007 PDF.DOC 12/06



**Bachelor of Science in Nursing
Evaluation Tool for Health Teaching**

Student Name: _____

Evaluator: _____

Your instructor or public health nurse will assign a grade of Satisfactory (S) or Unsatisfactory (U) for each criteria. Students must achieve a satisfactory on the final teaching activity to pass the course.

Date			
Topic			

Assessment/Planning: Evaluator indicates S or U

In consultation with the instructor or PHN, identifies an opportunity within a community group to facilitate health teaching and/or participate in ongoing health promotion initiatives as available.			
Creates partnerships with the community group to assess or identify the group's: <ul style="list-style-type: none">• learning needs, interests and strengths• expressed health topic which has meaning to the group• prior knowledge of the health topic• resources available and/or needed			
Uses current, relevant, accurate and defensible health information in preparing to facilitate your health teaching.			
Develops an appropriate teaching strategy/plan to facilitate the group's learning needs.			

Implementation: Evaluator indicates S or U

Establishes an environment that facilitates learning.			
Shares your objectives and plan for your teaching session with the group.			
Captures your audience's attention and links the topic to the group's prior expressed learning interests.			

Implementation: Evaluator indicates S or U			
Relates new material to previous knowledge.			
Demonstrates flexibility in modifying teaching to meet the group's needs.			
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: Evaluator indicates S or U			
Incorporates the feedback from students and instructor into the self-evaluation of the presentation.			
Evaluates the effectiveness of the teaching including strengths and weaknesses.			

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



Bachelor of Science in Nursing Student Requirements

1. Develop a learning plan: to be submitted in week 2 (see course outline, p. 8) and revised throughout the practicum. Bring to your midterm evaluation with documented progress. A sample plan is attached to the course outline.
2. Log clinical hours: update weekly and submit during midterm/final evaluation. A clinical hours log is attached to the course outline.
3. Submit a weekly "Brag Sheet": (weeks 2–7) to your clinical instructor outlining your clinical activities and highlighting the process of how you are meeting course outcomes through your nursing actions. Your clinical instructor will discuss the criteria for your "Brag Sheets" in more detail during orientation at the health unit.
4. Submit two professional journals: (week 3 and 6) — see course outline for guidelines regarding journal submissions. Critical thinking and analysis is a central component as well as linking relevant theory to your public health nursing practice. Students must discuss the application of the CHN standards for practice and a minimum of two academic references (theory, research, or relevant and current academic literature) to achieve a satisfactory grade. (Satisfactory/ Unsatisfactory)
5. One community assignment: Health teaching: creating partnership with a community group and providing appropriate health teaching through group facilitation and participation in ongoing Health Promotion initiatives as available. You are required to assess a group, develop a suitable teaching plan, implement your plan, and evaluate your teaching. (Satisfactory/ Unsatisfactory)
6. Seminar debriefing: each student is required to contribute to weekly group debriefing by sharing practice examples from their clinical experiences. Students must demonstrate critical thinking and analysis in the debriefing by linking relevant theory to the practice situations that they and their colleagues share. Students must consistently consider the clinical examples from the perspective of the PHN, and apply the Community Health Nursing (CHN) standards for practice, Health Promotion model and other relevant theory to the discussion to achieve a satisfactory grade. (Satisfactory/ Unsatisfactory)
7. Satisfactory participation in community experiences: as evidence by application of the CHN standards for practice and meeting course outcomes.

Depending upon the assigned health unit and available experiences, students may be able to focus their practice in one particular area of public health nursing. Regardless of setting and practice focus, students are required to demonstrate that they are meeting the course outcomes and applying the CRNBC and CHN standards for practice in their clinical nursing practice.

Midterm Evaluation: Week 4/5

Final Evaluation: Week 8/9