



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

NURS 8132**Nursing Practicum 7, Health Promotion and
Prevention Services**

Start Date:	January, 2008	End Date:	March, 2008
Total Hours:	128	Total Weeks:	8
Hours/Week:	16 Practicum Experience	Lab:	
Prerequisites		Term/Level:	7
Course No.	Course Name	Course Credits:	5.0
NURS 7134	Nursing Practicum 6	Shop:	
NURS 8100	Community Nursing: Facilitating Health Action	Seminar:	
NURS 8010	Systematic Inquiry	Other:	
NURS 8132 is a Prerequisite for:			
Course No.	Course Name		
NURS 8330	Nursing Practicum 8		

■ Course Description

The focus of this course is facilitating health promotion and prevention in the community. Knowledgeable and safe nursing care to promote health, prevent illness and injury, and to build individual/community capacity is the goal for this particular practicum. The scope of nursing practice includes partnerships with individuals, families, groups, and populations. Facilitating health teaching, participating in health promotion initiatives, and collaborating with interdisciplinary teams are emphasized.

Throughout this practicum, students will be developing attitudes, knowledge, clinical skills, and decision making relevant to professional practice requirements. Addressed in this course are issues concerning: the health of the community; population health; family health; empowerment; advocacy; communicable disease control; political, social, and economic determinants affecting health; and health promotion and prevention concepts specific to populations with which students will be working. Facilitating health teaching and participating in ongoing health promotion initiatives are a primary focus. Students will have multiple opportunities to engage in health teaching in a variety of settings within the community context.

■ Evaluation

Satisfactory/Unsatisfactory standing based on:

- Satisfactory student and instructor evaluation of course outcomes. This includes demonstration of professional communication with all health professionals, colleagues, and the instructor.
- Satisfactory knowledge base of: concepts of health promotion and prevention, determinants of health, community development, empowerment, change theory, communication theory, and content specific to health needs of the populations with which students will be working.
- Satisfactory facilitation of one health teaching session based on a teaching plan which includes identification of: learning needs, goals, teaching strategies, and evaluation methods.

■ Evaluation (cont'd.)

- Satisfactory reflective professional journals analyzing the process of developing partnerships with clients, staff, and community groups and agencies relevant to populations with which students will be working. 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.
- Satisfactory experience logs which include detailed descriptions of what students have accomplished in their clinical experiences for those weeks.

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

■ Course Learning Outcomes/Competencies

This nursing practicum experience is with diverse populations in the community. Individuals, families, groups, and populations may be the focus of nursing care. Promoting health, preventing illness and injury, along with building individual/community capacity are the nursing care priorities in this course.

Upon successful completion, the student will be able to:

1. implement professional caring (rational, technical, and emotive elements) that integrates a depth of nursing knowledge and skill in accordance with professional practice requirements.
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 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.

■ **Verification**

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



Authoring Instructor

Dec 10/07

Date

I verify that this course outline has been reviewed.



Program Head/Chief Instructor

Dec 10/07

Date

I verify that this course outline complies with BCIT policy.



Dean/Associate Dean

Dec 10/07

Date

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

■ **Instructor(s)**

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■ **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>
- De Becker, G. (1997). *The gift of fear: Survival signs that protect us from violence*. New York: Dell Publishing.
- Leeseberg Stamler, L., & Yiu, L. (2005). *Community health nursing: A Canadian perspective*. Toronto: Pearson Prentice Hall.
- Maxishare. (2004). *Milestones: Growth and development guide* (5th ed.). Wisconsin: Children's Hospital of Wisconsin.
- Philosophy Task Group. (2006). *Bachelor of Science nursing curriculum philosophy*. Burnaby, BC: British Columbia Institute of Technology.

■ Learning Resources (cont'd.)

Recommended:

Textbooks and Resources:

- Canadian Nurses Association. (2002). *Code of ethics for registered nurses*. Ottawa: Author.
www.cna-nurses.ca/cna/documents/pdf/publications/CodeofEthics2002_e.pdf
- The Canadian Health Network (CHN), <http://www.canadian-health-network.ca>
- College of Registered Nurses of British Columbia. (2006). *Scope of practice for Registered Nurses: Standards, limits, conditions*. Vancouver, BC: CRNBC.
- Doane, G.H., & Varcoe, C. (2005). *Family nursing as relational inquiry: Developing health-promoting practice*. Philadelphia: Lippincott Williams & Wilkins.
- 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.
- Prochaska, J.O., Norcross, J.C., & DiClemente, C.C. (1994). *Changing for good*. New York: Avon Books.
- 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.
- 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 and 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. After prolonged illness of three or more consecutive days, students must arrange to have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program.

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:

BCIT Nursing Program Student Guidelines, Policies and Procedures which are located online at <http://www.bcit.ca/health/nursing/> state: "Applicants who have any combination of two instances of withdrawal or failure in a Nursing Theory course will be readmitted to the program with written permission from the Associate Dean, who will detail any special considerations. Applicants who have any combination of two instances of withdrawal or failure in any Nursing Practicum course(s) for academic or performance reasons will not be readmitted to the 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.

■ Learning Process Threads

Threads 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 individual/community capacity are promoted. Empowerment, healing, and growth characterize these partnerships. Students plan and evaluate interventions in discussion with the client, family, or group. Students respect cultural diversity, value client capacity, 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 clients' 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 facilitate teaching to promote health, prevent illness or injury, and build on individual/community capacity. Students engage in health teaching in a variety of settings within the community context. 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, prevent illness and injury, and build on individual/community capacity. 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 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.

■ Assignment Details

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

