



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
School of Health
Program: Bachelor of Technology, Nursing

APR 17 2002

Course Outline

NURS 8330 Nursing Practicum 8: Leadership

Start Date: March, 2002

End Date: May, 2002

Course Credits: 13

Term/Level: 7

Total Hours: 320

Total Weeks: 8

Hours/Week: 40 **Practicum
Experience**

Prerequisites

Course No.	Course Name
NURS 8130	Nursing Practicum 7

NURS 8330 is a Prerequisite for:

Course No.	Course Name
------------	-------------

Corequisite

NURS 8300	Creative Leadership
-----------	---------------------

Course Calendar Description

In this course, students will gain nursing experience in a variety of contexts of practice. Students will be expected to provide knowledgeable and safe nursing care to groups of clients. Also, they will be expected to synthesize a process that helps them develop leadership skills and activities that occur as part of the nurse's role.

Context of Practice: Hospital or community settings.

Course Goals

NURS 8330 is a preceptorship course focusing on the nursing care of people, families, and/or groups experiencing health issues requiring nursing care. Emphasis is placed on integrating the depth of knowledge, skills, attitudes, and judgments relevant to the practice of professional nursing and the development of nursing leadership.

Evaluation

Satisfactory/Unsatisfactory standing based on:

- Satisfactory student, preceptor and instructor evaluation of course outcomes.
- Submission of satisfactory self-evaluation notes.
- A satisfactory reflective professional journal that analyzes your presentation and nursing agency in the practice setting.

All evaluation components must be completed to achieve satisfactory standing in the course.

Course Learning Outcomes/Competencies

This practicum experience is with people, families, and/or groups experiencing health issues requiring nursing care. Collaborating with the health team for referrals and discharge planning will be part of the student role. Also, charge nurse responsibilities may be part of the role.

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/or 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 or group into care and teaching.
5. integrate systematic inquiry into practice by:
 - analyzing client issues and responding with sound judgments.
 - considering the multiple sources of nursing knowledge.
 - synthesizing critical thinking, reflection and practice.
 - remaining reflectively skeptical.
6. commit to learning as a way of anticipating future practice needs by:
 - analyzing the knowledge base and skill sets required to nurse effectively in practice setting.
 - evaluating and monitoring own practice and acting to modify it.
 - investigating practice trends.
 - assuming responsibility for own learning needs and investing time and effort in learning.
7. integrate creative leadership into practice using collaboration and independent action.
8. coordinate multidisciplinary care.
9. implement technical aspects of care with assurance.

Learning Processes Involved in this Course

- **Professionalism** – with increasing independence, students work to integrate the rational, technical and emotive elements of caring in this practice setting. Students do complete and focused assessments of clients, families, groups and the environment. They foster contexts that promote, maintain and restore health. They pursue shared meaning with clients, families and groups to establish partnerships where shared goals are achieved, humanistic care is given and required resources are identified. Students objectively manage patients, families and groups in changing situations using sound clinical judgments based on increasing depth of nursing knowledge and skill. This includes assessment, analysis, development of plans of care, implementation of care, evaluation of care and modification of the plan. Students advocate on behalf of clients, families and groups after analyzing options. They may need to validate decisions based on specialized knowledge and skill. Students change their practice to meet the needs of clients, families and groups. They integrate a system of professional values and ethics and are committed to providing nursing service to people. They 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 challenges clients experience when learning new abilities. They are sensitive to stereotypes that exist regarding people, lifestyles and health problems. They are aware of personal values and reactions and the effects they might have on others. They recognize that the client is part of a community so plan for discharge throughout the stay in the setting.
- **Communication** – with increasing independence, students work to resolve problems or issues with clients, families and groups in emotionally-charged and/or rapidly changing situations. Students continue using positive, pro-client caring attitudes and skills and various media to communicate effectively with them. They promote self-esteem, empowerment, health, comfort, growth and partnership with clients, families and groups. They analyze client, family and group learning needs including those related to health promotion, rehabilitation and illness and injury prevention and integrate teaching into the plan of care. They integrate the family or group into care and teaching. They document and report pertinent assessments and nursing care. Students interact effectively as a group member. They independently establish working relationships with group members, give and receive constructive feedback, monitor group function and share ideas, thinking and learning materials. Students engage in health teaching in a variety of contexts. Students evaluate the effectiveness of teaching.
- **Systematic Inquiry** – students are increasingly independent with critical thinking and use a variety of sources of knowing to guide care. They use research findings as a source in discussions with colleagues. They constructively evaluate research to determine the usefulness of findings for decision-making in nursing practice. Students question unclear decisions made by themselves and others. They evaluate strategies to promote rehabilitation, illness and injury prevention, and self-care to promote health outcomes. They are reflecting-in-action and can model this skill for colleagues. They analyze the uniqueness of each patient or patient situation and client issue. They are independent with critical thinking such as identifying assumptions, evidence, alternatives and consequences to formulate beliefs and take action in nursing practice. This action includes that which takes place within a legal-ethical framework.
- **Professional Growth** – students are committed to professional growth. They invest time and effort in their learning. They form learning partnerships that are collaborative, caring and respectful. They accept responsibility for their learning needs by independently talking with colleagues, preceptors and instructors about their practice, articulating their perspective, and accepting and using feedback to develop competence. They evaluate their care using professional nursing standards and modify their practice accordingly. Students analyze the knowledge based skill sets required to nurse effectively in the practice area. They are responsible for attaining and maintaining a safe level of skill performance and are responsible and accountable for their actions. Students combine systematic inquiry, reflection and experience to create competent practice. They learn to become aware of their limits such as lack of focus, fatigue and/or overconfidence by anticipating these issues and dealing with them proactively.

- **Creative leadership** – students are learning to manage a larger group of clients by becoming more organized, efficient and quicker in giving care. They learn to anticipate the work that will be required throughout the day and set priorities to achieve this. Students share their expertise to achieve mutually agreed upon goals. They understand power, influence and policy development and synthesize these concepts to initiate and participate in the change process. They begin to foster the development of others. They clearly describe their role in the health care system and their particular skills in this practice setting. Therefore, they understand nursing leadership in this context of practice.
Students establish collaborative partnerships with colleagues. They work to foster collaborative decision-making and referral among nurses and other members of the health care team. They evaluate the partnerships established and use team building, negotiation and conflict resolution skills to collaborate with people and resolve issues. They share expertise to achieve mutually agreed upon goals. They interact assertively and demonstrate initiative within groups. They take a leadership role in advocating for clients and families. They take an active role in assessment of discharge needs and discharge planning. They present themselves as a professional nurse and articulate the agency of the nurse to others.
Students reflect on the context of their health organization within the health care system. They efficiently and responsibly use information and communication technology.
- **Technical Skills** – students are safe with specialized technical skills and demonstrate high levels of assessment skills (including assessment technology) with patients. They implement a logical series of actions, they are coordinated, they give safe care and speed is within reasonable limits. The novice level of practice is achieved. Students review agency policy regarding skills and additional technical skills are learned based on student need and the context of practice.

Course Record

The content of this course outline is current, accurate, and complies with BCIT Policy.

Developed by

Lynn Field, BSN, MA

January, 2002

Date

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



Part B

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

Operating Unit: School of Health

Program: Nursing

Option:

NURS 8330 Nursing Practicum 8 - Leadership

Instructor(s)

Selma Whiteside

Office No.: SE12-418

Office Hrs.:

Office Phone: (604) 451-6953

Cell Phone: (606) 313- 2149

E-mail Address: selma_whiteside@bcit.ca

Learning Resources

Required:

- ◆ Current RNABC student membership
- ◆ Current CPR Level C

Equipment:

- ◆ A stethoscope
- ◆ A pen-light
- ◆ Bandage scissors
- ◆ A black ink pen
- ◆ A watch with a second hand
- ◆ A photo ID (BCIT One Card) name badge
- ◆ Appropriate clothing for context of practice – uniform or washable street clothes are required. If street clothes are worn, 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.
- ◆ Hospital duty shoes or closed-toe and closed heel walking shoes similar to hospital duty shoes depending on context of practice. WCB will not cover injury resulting from inappropriate footwear.
- ◆ A lock may be required if you use a locker to store coats etc. while at the agency.

Textbooks:

- ◆ BCIT Student Guidelines, Policies and Procedure in the Nursing Program available on-line at:
<http://www.health.bcit.ca/nursing/>
- ◆ Buresh, B., & Gordon, S. (2000). From silence to voice. Ottawa: Canadian Nurses Association.
- ◆ Canadian Nurses Association. (1997). Code of ethics for registered nurses. 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. (1997). 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 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
- ◆ A home-care nursing text
- ◆ Texts related to the context of practice

On Reserve in 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.
- ◆ Hoeman, S.P. (1996). Rehabilitation nursing: Process and application (2nd ed.). St. Louis: Mosby.
- ◆ Pender, N.J. (1996). Health promotion in nursing practice (3rd ed.). Stamford, CT: Appleton & Lange.

BCIT Policy Information for Students

Expectations:

1. Students are responsible for identifying learning goals and consulting with the preceptor and instructor to discuss ways to meet these goals. **Students must develop a letter of introduction for the preceptor. The letter must include a brief description of your decision-making model from NURS 8000, a learning plan (see attached form) and a resume that includes:**
 - ◆ your education,
 - ◆ nursing program,
 - ◆ description of previous nursing experience both in the program and out of the program,
 - ◆ life experiences outside nursing that may be relevant to your placement,
 - ◆ languages spoken other than English and
 - ◆ your goals for this nursing experience.
2. A learning partnership is essential for the successful completion of this course. The student, preceptor 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. The discussion should include the experiences needed to support achievement of outcomes.
 - ◆ identifying the evidence required to demonstrate achievement of the outcomes. The sub-outcomes and learning processes give direction in this regard.
 - ◆ initiating regular dialogue throughout the practicum experience and promoting trust in the student/preceptor relationship so the preceptor is satisfied that safe nursing care is provided by students. Regular dialogue between the instructor, preceptor and student serves to promote learning.
 - ◆ the reflective journal may enhance the dialogue between the instructor and student and the dialogue may enhance the reflective journal.
 - ◆ when conflicts arise, students are expected to review their NURS 7050 notes about resolving conflicts and discuss the issue with the course instructor. Other suggestions for conflict resolution come from your experiences in problem-based and small group work in the program. There will be different ideas about how to approach patient issues and sometimes you and your preceptor will be operating from different belief systems. Here are some suggestions to develop a win-win approach to conflict resolution:
 - a. celebrate the differences in people's perspectives

- b. describe the conflict clearly. For example, "We disagree on when this client will be ready for discharge."
 - c. clearly outline the differences. For example, "You think...while I think..."
 - d. look at conflict from different points of view. For example, "The consequences of your ideas are ...and the consequences of my ideas are..." Often at this point, the similarities between the views are clearer.
 - e. clarify the goals for the patient. For example, "The client wants to go home as soon as possible."
 - f. identify all that will be required to achieve the goal, then reach consensus on actions that are reasonable and effective.
 - g. debrief the process used to resolve the conflict.
3. The purpose of this course is to develop personal leadership abilities while polishing the professional nursing knowledge, skills, attitudes and judgments acquired in the program. Specifically, students are expected to:
 - ◆ develop independence in their role as a nurse and give competent care,
 - ◆ manage a patient workload with some delegation back to the preceptor,
 - ◆ manage a number of responsibilities such as unexpected events, complex levels of care, conflict, etc.
 - ◆ exemplify professional values and ethics,
 - ◆ communicate effectively with clients, families and groups and integrate these clients into care,
 - ◆ advocate on behalf of clients, families and groups,
 - ◆ maintain professional development by monitoring, evaluating, and modifying their practice and assuming responsibility for learning,
 - ◆ enhance their ability to think critically, make clinical judgments, value research as a basis for practice and participate collaboratively as a member of the interdisciplinary team.
 - ◆ implement the leadership plan developed in NURS 8300.
 - ◆ coordinate multidisciplinary care,
 - ◆ utilize opportunities to perform specialty nursing skills.

The preceptor and instructor are available for consultation and collaborative interaction as required.
4. The role of preceptors is similar to their role in NURS 7030. Preceptors, in consultation with students, orient the student to the nursing area and select appropriate work assignments. Preceptors are present on the nursing unit while the student is there. Preceptors also supervise students and give them feedback to enhance performance. They will make brief notations on the student's self-evaluation and make comments and recommendations on the midterm and final evaluations.
5. Students must register with the BCIT Nursing Program and pay tuition. They are eligible for bursaries and scholarships. It is expected that student will use health, library, nursing instructor and other services of BCIT. Additionally, students:
 - ◆ introduce themselves in writing to the preceptor before the experience begins.
 - ◆ develop a learning plan and discuss this plan with the preceptor prior to starting the preceptorship. They also share their decision-making model with the preceptor.
 - ◆ are supernumerary in the health care agency.
 - ◆ work within the work schedule of the preceptor.
 - ◆ give competent nursing care
 - ◆ monitor their performance and modify performance as necessary
 - ◆ comply with agency and BCIT policies
 - ◆ where necessary, use health and library services of the health care agency
 - ◆ submit self-evaluations, work schedules, etc. to the BCIT instructor,
 - ◆ complete planned, written assignments during the course.

See the weekly guidelines for Practicum 8 at the end of the course outline for more information about the sequence of events.

6. To maintain safety in nursing practice, students must monitor their health to ensure that fatigue or illness does not affect their decision making and performance. Also, they need to keep focused on the task at hand and not allow over confidence to cloud their judgment. Consider cues to your lack of focus. How might your preceptor give you feedback about these cues?
7. **In the event of an unusual incident by a preceptorship student, the student must notify the appropriate BCIT instructor within 24 hours. The student may need to fill out a hospital incident report at the time of the incident. A Nursing Program Incident Report is also completed by the student, given to the preceptor for comment and then mailed or faxed to the BCIT instructor.**
8. It is expected that students will read Section 1 of From Silence to Voice (Buresh & Gordon, 2000) and work to present a professional nursing image and articulate the specific perspective of nursing. The reflective journal deals specifically with this image and nursing agency.
9. Remember, students are learning to think like a nurse, so whenever possible and reasonable, avoid asking for answers to questions. Think about the questions and try to answer it yourself, then validate your answer with the preceptor. Use your decision-making model to think through situations. Some questions you might want to ask yourself to stimulate thinking are:
 - ◆ What's wrong with this picture?
 - ◆ What are my early thoughts or hunches about this patient?
 - ◆ What assumptions am I making?
 - ◆ What are the consequences of those assumptions?
 - ◆ How could I validate the accuracy of the assumptions?
 - ◆ What data goes together? What patterns do I see?
 - ◆ What alternate perspectives could be taken about the situation?
 - ◆ What criteria will I use to evaluate the outcome of my actions?
10. When preceptors are absent from work due to illness, they will usually try to find a replacement nurse to work with students. If an appropriate replacement nurse cannot be found, you should not go to work, or if you are already at work, you should go home. If you are ill, you must notify the preceptor, ward and instructor in advance.
11. Students should do overtime with the preceptor if the situation has been created because of a heavy workload.
12. Students may take verbal orders from physicians, including telephone orders if a registered nurse hears the orders and co-signs the orders when they are documented.
13. Instructors are available by cell phone and pager (see page 5) throughout the preceptorship. Students and preceptors are urged to notify the instructor as soon as any difficulty is anticipated or identified. The call will be returned as soon as possible and a visit arranged if this seems appropriate.

The instructor will arrange routine visits at midterm and at the final evaluation of student performance. These visits between the instructor, student and preceptor will involve discussion of the student's progress to date with the goal of identifying learning needs and modifying learn plans so that course outcomes are achieved.

Prior to the first visit, students will write their midterm evaluation then give the evaluation to the preceptor in sufficient time for the preceptor to comment.

Prior to the final visit, students write their final evaluation and give the form to the preceptor for comments. **Again, arrange a suitable date to give the evaluation to the preceptor so there is sufficient time for the preceptor to comment before the instructor visits.** The instructor will discuss the student's performance related to course outcomes with both the student and preceptor. It is the responsibility of the instructor to make the final decision about the course grade.

14. Unforeseeable circumstances may necessitate the alteration of course content, sequencing, timing or evaluations. As much as possible, students will be given adequate notice of such changes.

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.

Also, at the end of the term, students will be asked to complete the Nursing Program Exit Questionnaire that provides information about the ability of the program to prepare them for nursing practice requirements. The information gained from the questionnaire will be used to modify the program and provide feedback to RNABC regarding approval of the program.

Student Evaluation

1. Students must show evidence that the course outcomes are being met. Students are expected to maintain self-evaluation notes throughout the experience. The notes must show sufficient thoroughness and reflection to be acceptable. Students are expected to share their self-evaluation notes with the preceptor before submitting them to the instructor. The ongoing self-evaluation notes must be completed to achieve a satisfactory standing in this course.
2. The student completes the practicum evaluation form as provided. The preceptor may add information to the form. The instructor may add comments to the form and ultimately has the responsibility to recommend a Satisfactory or Unsatisfactory standing in this course.
3. Students are expected to attend practicum activities in an appropriate state of health. When this does not exist, students must notify the preceptor and instructor before the experience begins for the day. Be prepared to submit a medical certificate (see attached) if illness is more than one 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).

Participation

1. Level 7 preceptorship students are expected to take responsibility for increasing their knowledge base. Students work with the RN within the RN's assigned workload. Students assume responsibility to research the client's condition and treatment regime. They will use available information to function safely including policy and procedure manuals.
2. Safe nursing care is required. The preceptor will assist the student to gradually accept responsibility for the RN role. As students move along in this experience, it is expected they will work more independently but collaboratively. Students are expected to take responsibility for errors and to document them according to agency and BCIT policies.
3. A student who cannot make progress, is unable to work collaboratively with the preceptor and whose care is viewed as inappropriate and or unsafe will be removed from this course.

4. Preceptorship students are expected to refer to the BCIT Student Guidelines, Policies and Procedures available on the www. These guidelines provide information related to clinical techniques and medication administration that will assist you in the clinical area. Please review these policies before starting the practicum and access the document as needed while you are there.

Assignment Details

A. Self-evaluation Notes

Students will complete a written self-evaluation four times during the course: once during the first half of the course and at midterm then once in the last half of the course and for the final evaluation summary. The self-evaluation is shared with the preceptor and then sent to the BCIT instructor. Preceptors read and often add comments to the self-evaluation. The instructor reads the notes and will call the student to clarify, suggest, encourage and support the student in achieving the course outcomes.

At midterm, students must write a learning plan to remediate all identified learning issues. Please see learning plan guide attached to this course outline.

Guidelines for Self-evaluation Notes

1. Your learning plan will guide your learning. Ensure you discuss your plan with your instructor and preceptor at the beginning of the experience.
2. Your self-evaluation will include the following:
 - ◆ Dates of the set of shifts discussed in the notes.
 - ◆ A description of the preceptor's workload and the number of patients you were assigned out of your preceptor's workload. Include the diagnosis of each patient and days post-op or postpartum (if relevant).
 - ◆ An evaluation of your performance by focusing on three major outcomes (see page 9-12 for further information about course outcomes and sub-outcomes) that had particular significance for you in the set of shifts. Give specific examples to illustrate your progress in relation to the outcomes discussed. It is expected that all outcomes will be evaluated during the experience. Refer to the outcome statements in the course outline and to the practicum evaluation form that provides indicators for each outcome. The indicators will help you focus your self-evaluations.
 - ◆ A comment on the application of your leadership plan from NURS 8300.
 - ◆ Share your self-evaluation with your preceptor so the nurse has the opportunity to add comments and to sign the notes. This might be an excellent time to discuss new learning needs and to formulate a plan to meet these needs. Then forward these notes to your instructor.
3. Mail, fax or deliver your self-evaluation notes to your instructor immediately following the last shift of the set. If mailing, the address is:

Name of Instructor
Instructor, Level 7
Bachelor of Technology in Nursing Program
British Columbia Institute of Technology
3700 Willingdon Avenue
Burnaby, BC V5G 3H2

4. If faxing, the number is 436-9590. Please include a cover sheet that includes the name of the sender and receiver.

B. Reflective Professional Journal

This journal will help you describe and then analyze the process of developing leadership in the context of practice. **Two journal entries are required to successfully complete the course.** Students are expected to submit professional journals no more than one a week and the instructor will make comments on the contents to stimulate thinking and reflection. The content of the incident will not be evaluated, but the reflection must show critical analysis and synthesis. The journals will be marked satisfactory or unsatisfactory.

The journal entries must include your presentation as a professional nurse (Buresh & Gordon, 2000) and your ability to articulate your nursing agency (Buresh & Gordon) to clients or health care workers. Using the following questions, analyze your use of your last name, handshakes, dress, and habits of interaction as a way of developing professional nursing leadership in this context of practice. Also, describe opportunities you have had to talk about the agency of nurses so that clients begin to understand the complexity of nursing care and the complexity of the nursing judgments you make.

Record an incident:

- ◆ Describe the incident including what you saw, heard, smelled, touched, and felt.
- ◆ Record conversations.

Reflect on the incident:

- ◆ What were you were trying to achieve. (Why did you do what you did? What assumptions were you making?). Why was it achieved or not achieved?
- ◆ Analyze 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 do you know this?)
- ◆ What knowledge guided your actions. What knowledge was missing?
- ◆ Evaluate the ethical appropriateness of your actions. (What personal and professional values fit or did not fit with your actions? 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.

NURS 8330 Course Outcomes and Sub-outcomes

All professional nurses in the province of British Columbia must to do a yearly practice self-evaluation, plan remedial activities and evaluate the activities as a requirement for continued nurse registration. The Standards for Nursing Practice in British Columbia (RNABC, 1998) are used as the basis of this self-evaluation. To help students make the transition from student to professional nurse, the standards and clinical practice indicators from the Standards for Nursing Practice in British Columbia (RNABC) have been used verbatim as some of the course outcomes in this document. The course outcomes are organized by the standards (1-6) with the specific NURS 8330 course outcomes and sub-outcomes following. These outcomes are similar to the knowledge, skills, judgments and attitudes required of a new graduate.

A. RNABC Standard 1. Responsibility and Accountability: Maintains standards of nursing practice and professional behaviour determined by RNABC and the practice setting (1998).

Clinical practice indicators:

- ◆ at all times is accountable and takes responsibility for own actions.
- ◆ Functions within the legally recognized scope of practice of nursing and within all relevant legislation.
- ◆ Follows and/or helps to develop agency or department policies and standards.

- ◆ Advocates improvements in clinical nursing practice and health care.

NURS 8330 course outcome: Commits to learning as a way of anticipating future practice needs by:

- ◆ Analyzing the knowledge base and skill sets required to nurse effectively in the practice setting.
- ◆ Evaluating and monitoring own practice and acting to modify it.
- ◆ Investigating practice trends.
- ◆ Assuming responsibility for own learning needs and investing time and effort in learning.
- ◆ Modifying practice to meet the needs of clients.

B. RNABC Standard 2. Specialized Body of Knowledge: Bases practice on nursing science and on related content from other sciences and humanities (1998).

Clinical practice indicators:

- ◆ Knows how and where to find needed information.
- ◆ Shares nursing knowledge with clients and/or others.
- ◆ Justifies decisions with reference to knowledge or theory.
- ◆ Presents an informed view of the nursing profession to others.
- ◆ Identifies the difference between therapeutic communication skills and social interaction behaviours and uses each appropriately.

NURS 8330 course outcome: Integrates systematic inquiry into practice by:

- ◆ Analyzing client issues and responding with sound judgments.
- ◆ Considering the multiple sources of nursing knowledge.
- ◆ Synthesizing critical thinking, reflection, and practice..
- ◆ Remaining reflectively skeptical.

C. 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 (1998).

Clinical practice indicators:

- ◆ Searches for information from a variety of sources using skills of observation, communication and physical assessment.
- ◆ Distinguishes between relevant and irrelevant information when determining client status, reporting or evaluating.
- ◆ States client status in practice setting terminology, using verifiable information.
- ◆ Designs plans of care which include data about: assessments, planned interventions and evaluation criteria of client outcomes to address client status.
- ◆ Sets priorities when planning and giving care.
- ◆ Performs planned interventions in accordance with policies, procedures and care standards.
- ◆ Evaluates client's responses to interventions and revises the interventions as necessary.
- ◆ Documents timely and accurate reports of relevant observations, including conclusions drawn from them
- ◆ Initiates, maintains and concludes a professional relationship.

NURS 8330 course outcomes:

- ◆ Implement professional caring that integrates a depth of nursing knowledge and skill in accordance with the Standards of Nursing Practice in British Columbia:
 - rational (integrating reason and reflection into care).
 - technical (implementing technical aspects of care with advanced assurance).
 - emotive elements.
- ◆ Pursue shared meaning by facilitating communication with clients, families, and/or groups 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.
- objectively initiating resolution of problems, issues or conflicts, especially in emotionally-charged or rapidly changing situations.

D. RNABC Standard 4. Code of Ethics: Adheres to the ethical standards of the nursing profession (1998).

Clinical practice indicators:

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

NURS 8330 course outcomes:

- ◆ Advocates on behalf of clients, families and/or groups after analyzing options..
- ◆ Integrates the family or group into care and teaching.
- ◆ Respects cultural diversity, values client capacity and expertise in self-care, respects the client's right to choose, and values family involvement in care.
- ◆ Appreciates the challenge clients experience when learning new abilities.
- ◆ Is sensitive to stereotypes that exist regarding people, lifestyles and health problems.
- ◆ Is aware of personal values and reactions and effects they might have on others.

E. RNABC Standard 5. Position of Service to the Public: Provides nursing services and collaborates with other members of the health care team in providing health care services. (1998).

Clinical practice indicators:

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

NURS 8330 course outcomes:

- ◆ Integrates creative leadership into practice using collaboration and independent action. This includes:
 - Evaluating partnerships established with members of the health team and working to increase their mutual effectiveness.
 - Fostering collaborative decision-making to increase commitment to goals
 - Sharing expertise to achieve mutually agreed upon goals.
 - Presenting self as a professional nurse and articulating the agency of the nurse to others.
 - Networking
 - Identifying opportunities for change and growth
 - Implementing strategies to address gaps in leadership
- ◆ Coordinates multidisciplinary care.

F. RNABC Standard 6. Self-regulation: Assumes primary responsibility for maintain competence, fitness to practice and acquiring evidence-based knowledge and skills for professional nursing practice (1998).

Clinical practice indicators:

- ◆ Invests time, effort or other resources in maintaining evidence-based knowledge and skills for practice..
- ◆ Practices within own level of competence.
- ◆ Maintains current registration (student membership).
- ◆ Maintains own physical, mental and emotional well-being.

NURS 8330 course outcome: Commits to learning as a way of anticipating future practice needs by:

- ◆ Analyzing the knowledge base and skill sets required to nurse effectively in the practice setting.
- ◆ Evaluating and monitoring own practice and acting to modify it.
- ◆ Investigating practice trends.
- ◆ Assuming responsibility for own learning needs and investing time and effort in learning.

Weekly Guidelines for Practicum 8

A. Prior to starting the preceptorship experience

Prior to starting the preceptorship experience, you will call you preceptor to introduce yourself. In addition to the phone call, you may wish to meet before the first clinical day to get to know each other. You will have a letter for your preceptor that outlines your abilities and experiences in nursing as well as your learning needs. It would be useful to discuss your decision-making model with your preceptor prior to the start of the preceptorship.

During the first discussion, you should be prepared to get answers related to:

- the starting date and shift.
- orientation to the agency and nursing unit.
- your days and hours of work.
- parking, uniform/dress policies, lockers, procedure for reporting ill and accommodation (if appropriate).
- Common patient problems (diagnoses) and common nursing care (including medications if appropriate) seen on the nursing unit.

It is difficult to suggest a sequence of experiences that will be useful in all areas because students may have preceptorship experiences in a wide range of nursing units from specialty hospital areas such as pediatrics, obstetrics, telemetry, emergency, or operating room to community areas like home care or public health. Therefore, the following weekly schedule is a guide only. Modify the schedule as seems best for you, the preceptor and the area. If your preceptor has questions about what the schedule might look like in your area, please discuss the ideas with your instructor.

B. Week 1

Week 1	Day 1	<ol style="list-style-type: none">1. The student needs to become familiar with the physical set-up of the unit and the delivery of care. The student should:<ul style="list-style-type: none">• know the location of fire and emergency equipment, and procedures for their use. Other safety issues like workplace violence and nurse safety should be discussed.• locate resource materials (e.g. libraries, manuals, in-service programs, etc).• know the location of allied services (for hospitals – laboratories, dietary, social services, X-ray, etc. and for community agencies – dietician, community resources, pharmacies, etc).• identify methods of obtaining supplies and equipment (linen, drugs, sterile supplies, pamphlets, teaching aids, etc).• identify the method of organizing nursing care.• read the philosophy and objective of nursing in the agency and relate these to the delivery of care.• identify established channels of communication (e.g. reporting and documentation, communication books, etc).• identify established care pathways.2. If not done already, the student must review her learning plan and decision-making model with the preceptor.3. The student will identify the nursing skills/experiences he needs. A list of these skills/experiences might be posted so that other staff are informed of the student's learning needs.4. The student should be introduced to other staff on the ward. They should be informed what the student is to learn while on the unit and about the role of preceptor.5. On the first day, the student could 'buddy' with the preceptor to obtain a sense of the routines, kinds of clients, etc.
--------	-------	---

Week 1	Day 2	<ol style="list-style-type: none"> 1. On the second day, the student should be assigned 1 or 2 clients. The assignment will increase gradually as the preceptor and the student become comfortable working together. 2. The student should begin documenting care given and taping the end of shift report (if one is done). 3. The preceptor should start giving feedback to the student about the care given. 4. At the end of the first week or set of shifts, the student will evaluate his progress towards meeting course outcomes and the successfulness of his learning plan. The student will review the self-evaluation with the preceptor at the end of this week. The preceptors will make verbal or written comments on the notes as they think appropriate.
Week 2		<ol style="list-style-type: none"> 1. Preceptors will gradually increase the work assignment so that the student is providing holistic care to more clients. The student should be: <ul style="list-style-type: none"> • starting to anticipate care based on assessments, establishing priorities, and developing and revising plans of care. • incorporating family into care and describing her agency to them (This means explaining how nursing care affected the outcome of their problem. Buresh & Gordon, 2000). • communicating professionally with health care workers. 2. Preceptors will support your openness to learning throughout the experience and continue to give feedback on performance.
Weeks 3-4		<ol style="list-style-type: none"> 1. Preceptors will continue to increase the number and complexity of assignments. In hospitals this means 4-5 patients depending on the acuity. 2. Students need to identify the knowledge and skills required to organize care for an increased number of clients or the increased complexity of clients. In hospitals, this should include such things as: <ul style="list-style-type: none"> • doing quick initial assessments of patients at the beginning of each shift and setting priorities based on the assessment. • doing complete assessments regularly throughout the shift to identify changes. • checking charts frequently to ensure awareness of new orders. • front loading care and grouping tasks to utilize time effectively. • anticipating and planning for the unexpected. • communicating frequently with the preceptor to ensure priority care is completed and the preceptor is kept informed. 3. In community nursing, this might include such things as: <ul style="list-style-type: none"> • checking intake records or care plans to identify priority clients. • anticipating and planning for the unexpected. • making independent visits. • collaborating with other health professionals about the care and making appropriate referrals. • communicating frequently with the preceptor to ensure priority care is completed and you are kept informed. 4. Students must start teaching clients as needed. They need to identify client's learning needs, implement incidental and planned teaching and evaluate the teaching. 5. The student should gain an understanding of the general functioning of the nursing unit and how the work is facilitated. It may be beneficial for the student to spend the day with the ward clerk, the assignment nurse or triage nurse, etc. Preceptors will arrange this as required. The activities should include: <ul style="list-style-type: none"> • becoming familiar with methods by which people are categorized (severity of illness, amount of care required, type of

		<p>problem).</p> <ul style="list-style-type: none"> • reviewing the job descriptions of the various nursing personnel on the unit. • becoming familiar with the follow-up for physician orders, child abuse, CDC, etc. • becoming familiar with methods of requisitioning and/or arranging for diagnostic tests, therapies, referrals, discharges, and transfers. <p>6. During week 4, the student should complete the midterm practicum evaluation and give it to the preceptor for feedback. The BCIT instructor will meet with you and the preceptor to review the evaluation.</p>
Weeks 5-8		<ol style="list-style-type: none"> 1. The student should begin to develop leadership skills like networking to facilitate care, collaborating with health professionals, sharing expertise, being advocates for clients, identifying opportunities for change and growth, and implementing strategies to address gaps in leadership. 2. The student should be participating in multi-disciplinary rounds if available. 3. The student should become increasingly aware of your total workload/responsibilities. The preceptor and the student should have a discussion about the part of the preceptor's workload the student has yet to assume. The student should be gradually adding more of the preceptor's responsibilities to his role so that his ability to manage increases with each week or set of shifts. 4. By week 8, the student should be attempting to assume most of the preceptor's work/responsibilities, identifying when she requires the preceptor's assistance and then delegating back to the preceptor appropriately (up to 25%). 5. During week 8, the student should complete his final practicum evaluation and give it to the preceptor for comments. 6. During week 8, the BCIT instructor will review the final evaluation with you and the preceptor and will recommend a grade for the course.

BCIT
Bachelor of Technology in Nursing
Professional Learning Plan

Student Name:

Course:

Learning Needs (Sub outcomes)	Strategies	Resolution (Comments & Achievement Date)

BCIT
Bachelor of Technology in Nursing
Professional Learning Plan

Student Name:

Course:

Learning Needs (Sub outcomes)	Strategies	Resolution (Comments & Achievement Date)

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
NURSING PROGRAM

RECORD OF UNUSUAL INCIDENT IN THE CLINICAL AREA

Student: _____ Student #: _____ Level: _____

Date of Incident: _____ Hospital incident filed: yes / no
day / month / year

Facility where incident occurred: _____

Briefly describe the incident. If medication-related write out order.

Identify actual and/or potential effect on patient.

Briefly outline steps you (student) will take to prevent reoccurrence.

Which Standard(s) for Nursing Practice in British Columbia relates to this incident. Explain the relationship between the incident and the Standard(s).

Student Signature: _____ Date: _____

Preceptor's / instructor's comments: _____

Preceptor/Instructor Signature: _____ Date: _____

Course instructor notified: yes / no Date notified: _____

Course instructor's comments: _____

Course Instructor's Signature: _____ Date: _____

C-3: GUIDELINES FOR INJURY TO STUDENTS IN THE PRACTICUM

If you are injured during a practicum experience the following procedure applies:

1. Report to your immediate supervisor at the practicum site.
2. Report to your instructor as soon as possible.
3. Call BCIT First Aid at 604-432-8872 to report the incident as soon as possible. Please let your instructor know if you have difficulty in reporting the incident to BCIT First Aid.
4. If you have seen a doctor, you must complete a form provided by BCIT First Aid. This form is entitled **Student Incident Report** (This is a different form than the Record of Unusual Incident in the Clinical Area). This form can be obtained from your instructor and once completed must be sent to BCIT First Aid.

The information you provide on the BCIT First Aid form is used to complete the necessary WCB forms. Please note that the doctor may complete a particular WCB form as well. This is not the same as the one that you and BCIT need to complete.

5. The instructor will follow-up with you and BCIT First Aid to make sure this procedure has been carried out.

If the injury is an accidental exposure to blood and body fluids, you need to refer to the BCIT Medical Services procedure as well. This procedure is found in the BCIT Nursing Program Student Guidelines, Policies and Procedures manual.

Revised: June 2001

BCIT FIRST AID

PHONE: 432-8872 (non-emergency number, building NE 16)
HOURS: Monday to Friday 0700 – 2200
Saturday 0800 – 1530

C-4: PROCEDURE FOLLOWING ACCIDENTAL EXPOSURE TO BLOOD AND BODY FLUIDS

Exposure to blood or body fluids places the student at risk for contacting disease, especially HIV, and Hepatitis B.

A. WHAT CONSTITUTES EXPOSURE?

Massive Exposure

- transfusion of blood
- injection of large volume of blood/body fluid
- exposure to laboratory materials or research specimens.

Definite Exposure

- injection of blood/body fluid not included in massive exposure
- deep injury with blood /body fluid contaminated needle
- laceration or similar wound produced by a visibly blood/body fluid contaminated instrument which causes spontaneous bleeding in the worker
- visible laceration or similar fresh wound inoculated with blood/body fluid.

Probable Exposure

- superficial injury with blood/body fluid contaminated needle or instrument
- a wound produced by a blood/body fluid contaminated instrument which does not cause spontaneous bleeding
- a prior wound or skin lesion that is visibly contaminated with blood/body fluid
- mucous membrane exposure with blood/body fluid.

Doubtful Exposure

- superficial injury with a needle or device contaminated with non-infectious non-bloody body fluids
- superficial wound produced by non-bloody fluids contaminated instrument which does not cause visible bleeding
- prior wound or skin lesion contaminated with non-infectious body fluid
- mucous membrane exposure with blood/body fluid.

Non Exposure

- intact skin visibly contaminated with any blood/body fluid.

B. PROCEDURE FOLLOWING ACCIDENTAL EXPOSURE TO BLOOD AND BODY FLUIDS BY STAFF AND STUDENTS

- Hepatitis B Immune Globulin (HBIG) and Hepatitis B vaccine, if required, should be given as soon as possible (must be given within 7 days of exposure).
- If antiretrovirals for HIV exposure are indicated, they are most effective if initiated within two hours of exposure. Delays in presenting to an Emergency Department should be avoided.

EXPOSURES OCCURRING IN CLINICAL AREA:

In the event that a student or staff member is working in a clinical area and has an accidental exposure to blood or body fluids, the hospital or clinical area protocol should be followed.

Contact BCIT Medical Services to ensure adequate follow-up occurs.

EXPOSURES OCCURRING AT BCIT:

1. Scrub injury site for 10 minutes with any available skin detergent. Promote vigorous bleeding. If contaminated area is mucous membranes, irrigate for 15 minutes with normal saline or water.
2. BCIT Medical Services will document the following information:
 - a) date and time of exposure
 - b) route of exposure and precautionary measures used
 - c) source (blood or body fluid; from Red Cross or other agency?)
 - d) volume of inoculum
 - e) type and promptness of step 1
 - f) health status and anxiety level of client
 - g) immunization status of Hepatitis B and tetanus
3. Documentation
 - a) chart
 - b) WCB accident record and first aid form if required
4. Provide Hepatitis B and tetanus immunization if required.
5. **Refer client to nearest hospital emergency room AS SOON AS POSSIBLE** for assessment of Hepatitis B and HIV exposure: Burnaby Hospital is the nearest hospital to BCIT
 - a) phone Emergency to notify them
 - b) use Medical Services physician as referring Doctor (if client consents)
 - c) send above information with client

6. Recommend and/or provide counseling that includes the following:
 - a) an estimate of the risk of infection
 - b) a discussion of follow-up plans and the importance of compliance (to baseline testing and lifestyle changes)
 - c) emotional support and a response to all questions

**EXPOSURES OCCURRING AT BCIT DURING EVENING OR WEEKEND HOURS
(WHEN MEDICAL SERVICES IS CLOSED)**

1. Scrub injury site for 10 minutes with any available skin detergent. Promote vigorous bleeding. If contaminated area is mucous membranes, irrigate for 15 minutes with normal saline or water.
2. Supervisor or instructor should document the following information:
 - a) date and time of exposure
 - b) route of exposure and precautionary measures used
 - c) source (blood or body fluid, Red Cross or other agency?)
 - d) volume of inoculum
 - e) type and promptness of step 1
 - f) health status and anxiety level of client
 - g) immunization status of Hepatitis B and tetanus
3. **Refer client to nearest Hospital Emergency Room AS SOON AS POSSIBLE** for assessment of Hepatitis B and HIV exposure: Burnaby Hospital is the nearest hospital to BCIT.

NOTE:

Hepatitis B Immune Globulin (HBIG) and Hepatitis B vaccine, if required, should be given as soon as possible (must be given within 7 days of exposure).

If antiretrovirals are indicated, they are most effective if initiated within two hours of exposure. Delays in presenting to an Emergency Department should be avoided.

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.