



Course Outline

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
 School of Health Sciences
 Program: Bachelor of Technology in Nursing
 Option:

NURS 1030
Nursing Practicum 1

Start Date: January, 2001

End Date: May, 2001

Course Credits: 5.5

Term/Level: 1

Total Hours: 143

Total Weeks: 11

Hours/Week: 13 **Lecture:** **Lab:** **Shop:** **Seminar:** **Other:** Clinical Agency Practicum

Prerequisites

Course No. **Course Name**

NURS 1019 Clinical Techniques 1– Assessment
 Current CPR Certificate

NURS 1030 is a Prerequisite for:

Course No. **Course Name**

NURS 2030 Nursing Practicum 2

Course Calendar Description

In this course, students will be expected to provide knowledgeable and safe nursing care to people in hospitals. The scope of nursing practice includes recognition and consideration of the health needs of people entering the hospital as well as health needs that will require follow-up on discharge.

Context of Practice: Adult Acute Medical Nursing Units

Course Goals

NURS 1030 is a practicum course that focuses on providing nursing care for people experiencing health problems that require hospitalization. Emphasis is placed on developing knowledge, skills and attitudes relevant to a professional nursing identity.

Evaluation

- Satisfactory/Unsatisfactory standing based on student and instructor evaluation.
- Course outcomes must be met consistently for the last three (3) weeks to pass this course.
- All assignments must be completed to achieve a passing grade.

Comments

- Unforeseeable circumstances may necessitate the alteration of course content, sequencing, timing or evaluation and that, as much as is possible, students will be given adequate notice of any such changes.

Course Learning Outcomes/Competencies

The student will:

1. provide professional caring which is based on knowledge and skills.
 2. pursue shared meaning by communicating effectively with people.
 3. develop critical thinking and systemizing skills by:
 - a. recognizing the uniqueness of each patient and/or patient situation and responding with appropriate clinical judgement.
 - b. raising questions about nursing practices to explore alternatives.
 - c. reflecting on own nursing practice.
 4. with assistance, monitor own practice, determine learning needs and independently act upon identified learning needs.
 5. develop collaborative partnerships with members of the health care team.
 6. use leadership skills when working with others in the clinical setting.
 7. implement technical skills competently and with increasing confidence.
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Process Learning Threads

Professionalism: Students begin to develop an understanding of the professional nurse's role. They develop an understanding of nursing care that is required for safe practice. They are accountable and responsible to follow through with work they have been assigned. They recognize the various contexts in which people live. They begin to use assessment knowledge to guide care with patients in acute medical nursing units. They analyze data and develop care plans to resolve patient issues or promote comfort. With assistance, students incorporate health promotion, illness/ injury prevention and rehabilitation into nursing care and begin to consider planning for discharge. They begin to make clinical judgments and act on those judgments. They begin to evaluate their care according to standards and incorporate a code of ethics consistent with professional practice.

Communication: Students thoughtfully discuss practicum experiences verbally and in writing. They dialogue with colleagues and teachers in the process of learning. Students begin to establish relationships with clients based on shared meaning and partnership. They learn to share information about care with patients. They validate health issues with patients and discuss care with the health care team. They are becoming independent with documentation and reporting of patient assessment and nursing care.

Systematic Inquiry: Students begin to reason critically about assessment data, patient concerns and care. They are expected to clarify direction and practices to advocate for the patient and investigate alternate approaches to patient care. They begin to appreciate multiple perspectives that can be taken about patient issues. They think and reflect about technical skills by appreciating the research base, recognizing real and potential risks associated with the skills, and making judgments about the skill considering the context.

Professional Growth: Students take responsibility for their learning and for preparing information for practicum that is accurate and relevant. They take responsibility for attaining and maintaining a safe level of skill performance. Also, they are responsible and accountable for their actions. They access a variety of health professionals in hospital. They begin to reflect on their values, beliefs and assumptions about growth and development, ethnicity, health promotion, health/illness, and nursing concepts. They begin to reflect on their experiences, recognizing their limitations and seeking assistance. They value discussions of their own performance and begin to self-evaluate and act on learning needs. They begin to share knowledge and experience with the group and take responsibility for debriefing sessions.

Creative Leadership: Students identify agency policies prior to acting. They describe the continuum of care as it relates to specific patients. Students begin to establish relationships with members of the health care team. They are assertive with colleagues as they work with health issues. They explain their role and abilities and discuss patient care issues and concerns with health professionals. They are organized to give care to two acute medical patients including setting appropriate priorities for care. They are confident at the bedside and are able to set limits on inappropriate requests. They are beginning to intervene when patient safety is jeopardized. They are beginning to understand where their current context of practice fits in the health care system. Therefore, they are beginning to understand nursing leadership within this context of practice.

Technical Skills: Students demonstrate correct assessment techniques during physical and psychosocial assessments and recognize normal findings and significant patterns of illness. They describe the purpose of skills and prepare a focused assessment of the patient related to the skills. Students anticipate skills to be performed and prepare and organize themselves to perform them. They maintain patient and own safety when performing skills. They are independent with the majority of technical skills learned this term, but may require minimal supervision with some. They are able to explain skills to patients and family. Specific skills include:

- the health assessment process;
- the health history, self-care and wellness, growth and development, cultural assessment.
- physical assessment – the general survey – measurement of temperature, pulse, respiration, blood pressure, height and weight.
- body review – skin, head, neurological system and mental status.
- respiratory, cardiovascular, peripheral vascular, and lymphatic assessment.
- heart and chest sounds.
- assessment of abdomen, urinary and musculoskeletal systems.
- assessment of breast, external male and female genitalia.

Course Content Verification

I verify that the content of this course outline is current, accurate, and complies with BCIT Policy.

Sain Verne

Program Head/Chief Instructor

JUNE 21, 2000

Date

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



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NURS 1030
Nursing Practicum 1

Instructor(s)

Christina Durana	Office Phone: TBA		
Connie Johnston	451-6946	Office No.:	SE12 418
Jenifer Bartlett	451-6952	Office Hrs.:	Please see individual instructors
Fairleth McCuaig	451-6956		
Karen Driol	451-6946		
Connie Evans	TBA		

Learning Resources – Text(s) and Equipment

Equipment:

- A uniform that complies with program policies (see Guidelines for Students in the Nursing Program)
- Shoes that comply with program policies (see Guidelines)
- A stethoscope
- A pen and notebook
- A pen light
- Bandage scissors
- A watch with a second hand
- Tape measure
- A lock may be required if you use a hospital locker to store clothing, etc. while at the hospital

Texts Required:

Canadian Nurses Association. (1997). *Code of Ethics for Registered Nurses*. Ottawa: Author.

Jarvis, C. (2000). *Physical Examination and Health Assessment*. (3rd ed.). Philadelphia, PA: W.B. Saunders.

Nursing Program. (2000). *Guidelines for Students in the Nursing Program*. Burnaby, BC: BCIT, (on line).

Registered Nurses Association of British Columbia. (1998). *Standard of Nursing Practice in British Columbia*. Vancouver: Author.

Either of the following two texts:

- Kerr, J., & Sirotnik, M. (Eds.). (1997). *Canadian Fundamentals of Nursing*. Toronto, ON: Mosby.
- DuGas, B.W., Esson, L., & Ronaldson, S.E. (1999). *Nursing Foundations: A Canadian Perspective* (2nd ed.). Scarborough, ON: Prentice Hall Canada, Inc.

Required: (cont'd)

Either of the following two texts:

- Black, J.M., & Matassarin-Jacobs, E. (1997). *Medical-Surgical Nursing: Critical Management for Continuity of Care* (5th ed.). Philadelphia: Saunders.
- Phipps, W.J., Sands, J.K., & Marek, J.F. (1999). *Medical-Surgical Nursing: Concepts and Clinical Practice* (6th ed.). St. Louis: Mosby.

Either of the following two texts:

- Anderson, K.N., Anderson, L.E., & Glanze, W.D. (1998). *Mosby's Medical, Nursing and Allied Health Dictionary* (5th ed.). St. Louis: Mosby.
- Miller, B.F., & Keane, G.B. (1997). *Encyclopedia and Dictionary of Medicine, Nursing and Allied Health* (6th ed.). Philadelphia: Saunders.

Either of the following two texts:

- Wilson, D.D. (1999). *Nurses Guide to Understanding Laboratory and Diagnostic Tests*. Philadelphia: Lippincott.
- Malarkey, L.M., & McMorro, M.E. (1996). *Nurse's Manual of Laboratory Tests and Diagnostic Procedures*. Philadelphia: W.B. Saunders Company.
- A pharmacology handbook.

Recommended:

Carpenito, L.J. (1999). *Nursing Care Plans and Documentation: Nursing Diagnoses and Collaborative Problems* (3rd ed.). Philadelphia: Lippincott.

BCIT Policy Information for Students

Introduction

Welcome to your first nursing practicum course. For many of you, this is your first practicum experience. Practicum is not an escape from classes; you cannot just use common sense to achieve course outcomes. Practicum requires thoughtful preparation, reflection and integration of learning. Knowledge and skill are required. Practicum is also not another laboratory experience where your learning needs take priority. It is a health/illness experience for the patient in which you are encouraged to participate and from which you learn. The patient's needs will always take priority because the fundamental role of nurses is to provide a public service.

As you begin your journey to become a professional nurse you will have a number of experiences that will help you develop professional nursing knowledge, skills and attitudes. As nurses care 24 hours a day, many of you will have both day and evening practicum experiences. As the term progresses, you will have increasing responsibility

for client care so you may be unable to leave the agency on time. Be prepared to extend your day past the usual stop time.

Outcome Review

At the beginning of the term, the expectations for practicum performance may seem overwhelming. However, the majority of students are successful in this course. Be prepared to collaborate with family members, classmates, instructors, nurses and other agency personnel to maximize your learning. To help students understand the meaning of the seven course outcomes listed on page two of this document, we have developed examples of topics that are included in each. Please refer to these *Guidelines for Course Outcomes* attached to the back of this document.

1. The relationship with your practicum instructor will likely be different from any instructor-student relationship you have had in the past. You are expected to form a partnership with the instructor that is based on open communication, respect and a balance of power. This means that you will:
 - meet to discuss course outcomes to achieve shared understanding of them.
 - identify the evidence required to demonstrate achievement of the outcomes.
 - dialogue verbally regularly throughout the course. The reflective thinking activity may enhance the dialogue between students and teachers. The dialogue may also enhance the reflective thinking.
2. During the practicum orientation, the evaluation of this course will be discussed. Most of the course will focus on dialogue to promote learning. **Students are expected to use the dialogue to make weekly progress in learning.** Towards the end of the course, the student must **show evidence of consistent outcome achievement** to obtain a satisfactory standing in the course.
3. Between weeks five and six of the course, each student will meet with their practicum instructor to discuss progress to date. Both will come to the meeting with evidence to support conclusions about strengths and areas for improvement. A learning plan will be established that will help students achieve course outcomes by the end of the term. (See the midterm course evaluation attached to this course outline.)

For some students, the requirement to contribute to performance summaries may be a very new experience. How do you go about preparing for such an interview? How do you collect evidence about your abilities and areas for improvement?

Start by reviewing your patient assignment sheets, notes used for practicum preparation and journal entries. They will help you identify what you know and what you have done. As you compare this knowledge and behavior with the course outcomes you will begin to see how close you have come to achieving the course outcomes. Record your ideas and be prepared to discuss them with your instructor during the meeting. **At midterm, it is expected that most students will identify some course outcomes they have not yet achieved.** Begin to consider how you might go about learning to achieve these course outcomes. Remember, sometimes maximizing strengths helps us overcome areas for improvement.

4. During the exam week, each student will meet with their practicum instructor to draft the final summary of outcome achievement. Both will come to the meeting with evidence to support conclusions. (See the final course evaluation attached to this course outline.) The instructor has the final responsibility for assigning a S or U in the course.

Course Evaluation

Students will participate in a verbal or written review of the course at midterm and the end of the term. This review will include a discussion of teaching methods, resources and course structure. The midterm review is aimed at meeting the needs of the students currently taking the course. The end of term review is aimed at modifying the course for subsequent students.

Attendance

1. Attendance is required in this course because of the importance of experience in learning how to nurse. **Therefore, if students are absent for more than 10% of the practicum activities for other than medical reasons, they may not meet course requirements** (see *Guidelines for Students in the Nursing Program*).
2. 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.

Participation

1. Students will be given patient information the day prior to the practicum days. **Prior to the first practicum day, students are expected to read their medical-surgical text so they have a reasonable understanding of the nursing care the assigned patient(s) might require.** This includes:
 - knowing the medical diagnosis including how the disease alters usual body functions.
 - understanding the appropriate assessments required for the medical diagnoses and patient issues.
 - anticipating the nursing care required for the collaborative functions with medicine and for the independent nursing functions.
 - speculating on the possible complications for the patient(s).
 - knowing the medications prescribed for the patient(s) including: the likely purpose of the medication for the patient(s), the action of the drug, the safe dosage, the usual side effects, the contraindications for the drug and the nursing actions required when administering the drug.
 - beginning to understand the relevant laboratory tests.
2. Students are expected to perform the clinical techniques from the NURS 1020 course as they are learned. Because of the client population at the assigned agency, the clinical instructor may also teach specific skills.
3. The nursing care must be safe and comfortable for patients. Please refer to the *Guidelines for Students in the Nursing Program* for specific policies regarding nursing care.
4. Students are expected to document assessment findings, nursing care and evaluation of care each day for all assigned patients. **The daily documentation must include a full system review for each patient.**
5. It is expected that students will be able to write care plans for one patient problem for each patient by the end of the term. These care plans must be **comprehensive and individualized** for the patients.

Participation (cont'd)

6. Students will find that concepts from the NURS 1000 and 1040 courses will apply to practicum situations. Students would be wise to ask themselves the following questions to help them increase their understanding:
 - How does this patient situation relate to the concepts from NURS 1000?
 - What do I know about the NURS 1000 concepts that might help me understand this patient situation?
 - What assumptions am I making about this situation? What other perspectives could be taken?
 - What professional issues apply in this situation?
 - What is expected of me according to the *Standards of Practice for Registered Nurses* (RNABC, 1998) and the *Code of Ethics for Registered Nurses* (CNA, 1997)?
7. Students will be expected to document errors according to the policy of the agency in which they are working and according to the policies of the Nursing Program. Students whose care is unsafe may be removed from the practicum setting according to the *Guidelines for Students in the Nursing Program*.
8. Weekly practicum activities include the hour-long practicum debriefing. The debriefing session is a structured group that allows teachers and students to process, contextualize, understand, reflect and learn from the practicum experiences. The conference is aimed at reflection, education, critical thinking, stress reduction, group support and question identification. **Students and teachers have the responsibility to see that these sessions are meaningful. They will decide where and when the sessions will be scheduled each week and how they will be structured.**

Assignment Details

Reflective Thinking Activity or Journal

The purpose of this activity is to help students develop the ability to reflect on and reason about their practicum activities. It is not a diary in that diaries are usually focused on outside experiences. A journal is a written account of your thinking about the practicum experiences. "The focus will be on your unfolding awareness of yourself and your [nursing] world, as well as the new meanings, values and interrelationships you are discovering" (Reimer, Thomlinson & Bradshaw, 1999, p. 28).

Your journal should include descriptions of events and the impact of these events on you. By recording this, you have the opportunity to critically analyze the events of the practicum experience to identify your assumptions and alternate perspectives. Through this process, you will discover "your biases about yourself as a developing nurse ... [and] your abilities and strengths" (Reimer, Thomlinson & Bradshaw, 1999, p. 41). Also, you will start to think about how you learn best so that you can use this knowledge to enhance your learning in the practicum situation.

The following guidelines will help you start a journal that will help in the reflection process:

1. Keep all the journal entries together in a book.
2. Describe the experiences briefly. Do not worry about grammar, spelling, etc. unless you wish to use this writing experience to assist you with these skills.
3. Make at least one journal entry each practicum week. Describe the events as you understood them.
4. Carefully examine your beliefs, feelings and actions once you record the experience. Questions like "why did I feel that way?" "why did I act that way?" and "why did I use these words to describe the situation?" might help you identify your beliefs and feelings.

5. Record your analysis. Questions like “what have I learned from this event?” “how does this experience connect or relate to previous experiences?” “what would be the consequences if I behaved differently?” and “what might I do differently in the future?” might help you analyze the experience.
6. Consider what the experience tells you about the ways you learn.
7. Include at least one positive statement about your strengths and abilities each week. Also, include an “I wonder ...” statement to help you think about the possibilities of practice.

The student’s contribution to this journal will be confidential between the student and the instructor.

Sharing of any part of the student’s writing will occur only when written permission has been given to do so. **All students must complete all the journal activities to achieve a satisfactory grade in this course.**

Instructors will make comments and ask questions to help students reflect on their practicum experiences in greater depth. From time-to-time, instructors may ask students to reply to a question they have posed.

Once students have been writing journals for a while, they might want to do a different reflective thinking activity. This second activity is to help students identify another person’s perspective of a nursing situation. In the journal:

- describe something significant that occurred in the practicum experience that involved another person (patient, family member, staff member, etc.).
- identify why the situation is significant to you.
- how might your perspective of the situation be different from the perspective taken by the other person?
- how might you validate this different perspective?
- how will the two perspectives impact your future nursing care?

References

- Greenwood, J. (1998). The role of reflection in single and double loop learning. *Journal of Advanced Nursing*, 27, 1048–1053.
- Reimer, M.A., Thomlinson, B., & Bradshaw, C. (1999). *The Clinical Rotation Handbook: A Practicum Guide for Nurses*. Albany, NY: Delmar Publishers.