



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

**NURS 1030**  
**Nursing Practicum 1****Start Date:** February 19, 2007**End Date:** May, 2007**Total Hours:** 140 **Total Weeks:** 10**Term/Level:** 1 **Course Credits:** 5.5**Hours/Week:** 14 **Lecture:** **Lab:****Other:** Clinical Agency Practicum**Prerequisites****Course No. Course Name**

CRNBC Membership and current CPR will be required prior to commencement of hospital visits. Cards will be checked by instructors week 2 and week 11.

**NURS 1030 is a Prerequisite for:****Course No. Course Name**

NURS 2030 Nursing Practicum 2  
NURS 2000 Applied Nursing Science 2  
NURS 2020 Clinical Techniques 2 – Laboratory

**■ Course 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 discharge. **Context of Practice: Adult Acute Medical Nursing Units**

**■ Detailed Course Description**

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. **NURS 1030 follows NURS 1019 (assessment course) and is linked and interrelated to the concepts learned in NURS 1019.**

**■ Evaluation**

- Satisfactory/Unsatisfactory standing based on student and instructor evaluation.
- **Course outcomes must be met consistently for the last two (2) weeks to pass this course.**
- All assignments must be completed to achieve a passing grade.
- **Current CRNBC registration.**
- **Students must achieve 100% in med math by end of week 10 in order to complete NURS 1030.**

BCIT Nursing Program Student Guidelines, Policies, and Procedures which are located online at <http://www.bcit.ca/health/nursing/> state: Students 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.

**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.

**Students will be evaluated using the CRNBC Standards under the following outcomes:**

■ **Course Learning Outcomes**

Upon successful completion, the student will be able to:

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 completely and with increasing confidence.

■ **Course Sub-Outcomes**

The seven course outcomes for the Nursing Practicum 1 course are quite broad. Under each outcome are sub-outcomes that relate more specifically to the outcome. These sub-outcomes should be used when the instructor and the student evaluate during the term, at midterm, and for final evaluation. **Learning Outcomes are further organized according to CRNBC indicator statements and are included in the NURS 1030 course outline.**

1. **Provides professional caring based on knowledge and skills.**
  - Prepares for the clinical experience and is able to discuss the:
    - < diagnosis and how the disease alters usual body functions.
    - < anticipated nursing care for the collaborative functions with medicine and the independent nursing functions.
    - < potential complications for the patient.
    - < medications prescribed for the patient.
    - < relevant laboratory tests.
  - Does a relevant focused and comprehensive assessment for each patient.
  - Involves the patient in planning the care given by the student.
  - Provides safe, basic nursing care for two medical patients.
  - Begins to consider health promotion activities that might be incorporated into care.

**2. Pursues shared meaning by communicating effectively with people.**

- Is respectful of others.
- Establishes effective relationships with patients, family members, instructor, fellow students, and health team members.
- Demonstrates the use of basic interviewing skills to elicit information and understand the other person's perspective.
- Charts in a clear, concise, relevant, legal, and timely manner.
- In a timely manner, reports about patient care and progress to appropriate team members. May need help to be concise.

**3. Develops critical thinking skills and systemizing skills.**

*A. Recognizes the uniqueness of each patient and/or patient situation and responds with appropriate clinical judgment.*

- Acts appropriately on patient assessments.
- Articulates the thinking behind nursing actions.
- When the patient's condition changes, recognizes this and reports it promptly to the nurse or clinical instructor.
- Begins to individualize patient care and responds to patient and family input when available.
- Promotes patient involvement in care.
- Begins to act as a patient advocate when the situation arises.

*B. Raises questions about nursing practices to explore alternatives.*

- Develops systematic inquiry as a base for practice:
  - < thinks through new situations and validates the thinking.
  - < attempts to understand situations from a variety of viewpoints.
- Begins to clarify nursing issues with health care professionals.
- Tactfully questions nursing practice when the rationale seems unclear or if there is no research to support them.
- Asks about and researches alternative approaches to patient issues.
- Begins to focus on discharge planning and patient support systems.

*C. Reflects on own practice.*

- Writes a reflective journal each week.
- Reflects on practicum following each experience.

**4. With assistance, monitors own practice, determines learning needs, and independently acts upon identified learning needs.**

- Follows BCIT and agency policies and procedures and questions these as necessary.
- Recognizes own limitations and seeks help from appropriate sources.
- Self-evaluates and acts on identified learning needs. May need help to be specific with learning needs and learning plans.
- Is open to feedback from instructor.
- Values discussion of performance and learning plans with instructor.
- Demonstrates a fitness to practice in the clinical setting by:
  - < mental and physical health.
  - < effective coping strategies to deal with anxiety.
  - < a support system to help with financial, time management, and emotional issues.
  - < consistently arrives on time.

5. **Develops collaborative partnerships with members of the health care team.**
  - Introduces self to health team members and explains role and abilities.
  - Establishes an effective relationship with the nursing team and other health professionals who play a role in the patient's care.
  - Discusses patient concerns and issues with other health professionals when not able to act independently to resolve them.
  - Spontaneously reports patient concerns/issues to health professionals promptly.
  - Spontaneously helps team members when appropriate.
6. **Uses leadership skills when working with others in the clinical setting.**
  - Organizes care and sets appropriate priorities of care for two medical patients.
  - Requests assistance when abilities are exceeded.
  - Displays confidence at the bedside.
  - Sets limits on inappropriate requests.
  - Begins to intervene when the patient's safety is in jeopardy.
  - Begins to assume responsibility for debriefing sessions.
  - Manages time such that nursing care is performed in a safe and timely manner.
7. **Implements technical skills competently and with increasing confidence.**
  - Anticipates, prepares, and organizes self to perform skills. Is beginning to understand independent nursing interventions.
  - Maintains patient and own safety and comfort when performing skills.
  - Uses appropriate resources to perform skills safely.
  - Seeks assistance when limitations are exceeded.
  - Explains technical skills to the patient and family members.
  - Performs appropriate teaching before, during, and after performing a technical skill.
  - Reports and records observations made prior to, during, and after performing a skill.
  - Maintains a tidy work area at the patient's bedside.

#### ■ 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.

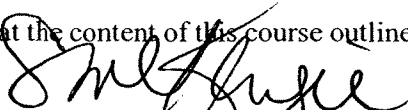
**Creative Leadership:** Students identify agency policies prior to acting. They describe the continuum of care as it relates to specific patients. Students begin to establish relationships with members of the health care team. They are assertive with colleagues as they work with health issues. They 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, functional, nutritional, 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.
- medical asepsis, standard precautions, incontinent briefs, bedpans, urinals.
- feeding, mouth care, special mouth care, oral suctioning, dental care.
- body mechanics, transfers, assistive devices, restraints.
- hygiene — bed bath, perineal care, catheter care, condom care, back massage.
- bedmaking.
- positioning, hazards of immobility, range of motion.
- medications — oral, topical, inhaled, anorectal interventions, oxygen therapy.
- collection of samples, intake and output.
- therapeutic touch.

■ Verification

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



Authoring Instructor



Date

I verify that this course outline has been reviewed.

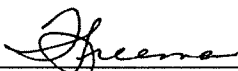


Program Head/Chief Instructor

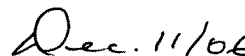
DECEMBER 11, 2006

Date

I verify that this course outline complies with BCIT policy.



Dean/Associate Dean



Date

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

■ **Instructor(s)**

Lynn Johnson	Office Phone: 604-451-6951	<b>Office Location:</b> SE12-418
Judi Campbell	604-456-8073	
Terri Karapita	604-431-4975	
Jeff Dyck	604-432-8411	
Susan McKenzie	604-432-8914	
Connie Johnston	604-451-718	
Merry Van der Gracht	604-454-2214	
Jody Little	604-456-1140	
	Office Hrs.: Please see individual instructors.	

■ **Learning Resources**

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 penlight.
- A watch with a second hand.
- A tape measure.
- A lock may be required if you use a hospital locker to store clothing, etc. while at the hospital.

**Required:**

Jarvis, C. (2004). *Physical Examination and Health Assessment* (4th ed.). (Textbook and User's Guide Package for Health Assessment Online.) Philadelphia: W.B. Saunders.

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

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

College of Registered Nurses of British Columbia. (2005). *Standard of Nursing Practice in British Columbia*. Vancouver: Author. [www.crnbc.ca](http://www.crnbc.ca)

Perry, A.G., & Potter, P.A. (2002). *Clinical Nursing Skills and Techniques* (5th ed.). St. Louis: Mosby, Inc.

College of Registered Nurses of British Columbia. (March, 2003). *Administration of Medications*.

Black, J.M., & Hawks, H. (2005). *Medical-Surgical Nursing: Clinical Management for Positive Outcomes* (7th ed.). Philadelphia: W.B. Saunders.

Boyer, M.J. (2006). *Math for Nurses: A Pocket Guide to Dosage Calculation and Drug Preparation* (6th ed.). Philadelphia: Lippincott.

**Encyclopedia and Dictionary** — Choose one of the following:

Anderson, K.N., Anderson, L.E., & Glanze, W.D. (2001). *Mosby's Medical, Nursing and Allied Health Dictionary* (6th ed.). St. Louis: Mosby.

Taber, C.W. (2001). *Taber's Cyclopedic Medical Dictionary* (19th ed.). Philadelphia: F.A. Davis.

Deglin, J., & Vallerand, A. (2004). *Davis' Drug Guide for Nurses* (9th ed.). Philadelphia: F.A. Davis.

*Recommended:*

**Care Planning Text** — Either of the following three texts:

Doenges, M.E., et al. (2002). *Nursing Care Plans: Guidelines for Individualizing Patient Care* (6th ed.). Philadelphia: F.A. Davis.

Gulanick, M., et al. (2003). *Nursing Care Plans: Nursing Diagnosis and Intervention* (5th ed.). Mosby.

Pagana and Pagana (2006). *Mosby's Diagnostic and Laboratory Test Reference* (7th ed.). Mosby.

■ **Information for Students**

*(Information below can be adapted and supplemented as necessary.)*

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

**Attendance/Illness:**

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

**Academic Misconduct:**

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

**Attempts:**

Students must successfully complete a practicum course within a maximum of two attempts. Students with two failed attempts in a single practicum course will not be allowed to repeat the course as per BCIT Nursing Program Student Guidelines, Policies, and Procedures which are located online at <http://www.bcit.ca/health/nusing/> state: Students 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.

**Cheating, fabrication, plagiarism &/or dishonesty:**

**First Offence:** Any student in the School of Health Sciences involved in an initial act of Academic Misconduct — **cheating, fabrication, plagiarism &/or dishonesty** will receive a zero(0) or unsatisfactory (U) on the particular assignment and they may receive a zero (0) or unsatisfactory (U) in the course, at the direction of the Associate Dean.

**Second Offence:** Any student in the School of Health Sciences involved in a second act of Academic Misconduct –**cheating, fabrication, plagiarism or dishonesty** will receive a zero (0) or unsatisfactory (U) on the particular assignment, a zero (0) or unsatisfactory (U) in that course and the Associate Dean will recommend to the BCIT Vice President, Education and /or President, expulsion from 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.

**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 an S or U in the course.

## 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 four patient problems for each patient by the end of the term. These care plans must be **comprehensive and individualized** for the patients.
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 *Professional Standards (CRNBC, 2005)* 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.**
9. **For information on BCIT policies, go to BCIT website and read policy section found at [www.bcit.ca/health/nursing](http://www.bcit.ca/health/nursing).**

#### ■ 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.