



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

**NURS 1030**  
**Nursing Clinical 1****Start Date:** February 23, 2008**End Date:** May 06, 2008**Total Hours:** 140 **Total Weeks:** 10**Term/Level:** 1 **Course Credits:** 5.5**Hours/Week:** 14 **Lecture:** **Lab:****Other:** Clinical Experience**Prerequisites**

Course No.	Course Name
Current CPR (HCP) certification	
CRNBC Student Registration Application	

**NURS 1030 is a Prerequisite for:**

Course No.	Course Name
NURS 2030	Nursing Clinical 2
NURS 2000	Applied Nursing Science 2
NURS 2020	Clinical Techniques 2 – Laboratory

**Co-requisites**

NURS 1020	Clinical Techniques 1 Laboratory
NURS 1019	Clinical Techniques 1 Assessment
NURS 1000	Applied Nursing Science 1
NURS 1055	Professional Interpersonal Communication in nursing practice
NURS 1063	Pharmacology 1

**■ 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 Medical Nursing Units**

**■ Detailed Course Description**

NURS 1030 is a clinical course that focuses on providing nursing care for people experiencing health problems who require hospitalization. Emphasis is placed on developing knowledge, skills, attitudes and judgements relevant to professional nursing practice. **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 instructor evaluation and successful completion of a weekly journal.

**Comments:**

- **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 satisfactory standing.
- **Students must achieve 100% in med math by end of week 10 to complete NURS 1030.**

#### ■ Course Learning Outcomes/Competencies

Upon successful completion, the student will be able to:

1. provides professional caring based on knowledge and skills.
  2. pursues shared meaning by communicating effectively with people.
  3. integrates systematic inquiry to:
    - a. recognizes the uniqueness of each patient and/or patient situation and responding with appropriate clinical judgement.
    - b. raises questions about nursing practices to explore alternatives.
    - c. reflects on own nursing practice.
  4. with instructor assistance, monitors own practice, determines learning needs, and independently acts upon identified learning needs.
  5. develops collaborative partnerships with members of the health care team.
  6. with instructor assistance, uses creative leadership skills to manage changing patient situations.
  7. implements technical skills competently and with increasing confidence.
- \* Student clinical evaluation, combines the above outcomes with the *Professional standards for registered nurses and nurse practitioners* (CRNBC, 2005). See course syllabus for specific expectations.

#### ■ 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

\_\_\_\_\_  
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)**

	<b>Office Phone:</b>	<b>Office Location:</b>	SE12-418
Corrine Schneider	604-454-2217	<b>Office Hrs:</b>	Please see individual instructors.
Judi Campbell	604-451-6957		
Karen Tautz	TBA		
Mina Amiraslany	604-451-6956		
Connie Johnston	604-451-7189		
Merry Van der Gracht	604-454-2214		
Tammy Lail	604-454-2210		
Cristina Durana	TBA		

■ **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 lock may be required if you use a hospital locker to store clothing, etc. while at the hospital.

**Required:**

- 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.
- Canadian Nurses Association. (2002). *Code of ethics for registered nurses*. Ottawa, ON: Author. Retrieved May 23, 2007, from [http://cna-aiic.ca/cna/documents/pdf/publications/CodeofEthics2002\\_e.pdf](http://cna-aiic.ca/cna/documents/pdf/publications/CodeofEthics2002_e.pdf)
- College of Registered Nurses of British Columbia. (2003). *Nursing documentation*. Vancouver, BC: Author. Retrieved May 23, 2007, from <http://www.crnbc.ca/downloads/151.pdf>
- College of Registered Nurses of British Columbia. (2005). *Professional standard for registered nurses and nurse practitioners*. Vancouver, BC: Author. Retrieved May 23, 2007, from [http://www.crnbc.ca/downloads/128\\_prof%20standards%202005.pdf](http://www.crnbc.ca/downloads/128_prof%20standards%202005.pdf)
- College of Registered Nurses of British Columbia. (2006). *Scope of practice for registered Nurses: Standards, limits, conditions*. Vancouver, BC: Author. Retrieved May 23, 2007, from <http://www.crnbc.ca/downloads/433-scope.pdf>
- College of Registered Nurses of British Columbia. (2008). *Medications (2008)*. Vancouver, BC: Author. Retrieved May 26, 2008, from <http://www.crnbc.ca/downloads/3.pdf>
- Jarvis, C. (2008). *Physical examination and health assessment* (5th ed.). (Textbook and User's Guide Package for Health Assessment Online.) Philadelphia, PA: W.B. Saunders.

**Required: (Cont'd.)**

Nursing Program. *Guidelines for students in the nursing program*. Burnaby, BC, Canada: BCIT  
[http://www.bcit.ca/files/health/nursing/pdf/student\\_policies\\_august\\_2006.pdf](http://www.bcit.ca/files/health/nursing/pdf/student_policies_august_2006.pdf)

Perry, A.G., & Potter, P.A. (2006). *Clinical nursing skills and techniques* (6th ed.). St. Louis: Mosby, Inc.

Philosophy Task Group. (2006). *Bachelor of Science Nursing curriculum philosophy*. Burnaby, BC: British Columbia Institute of Technology. [This document will be distributed in NURS 1000]

Spratto, G.R. & Woods, A.L. (2008 edition). *PDR Nurse's drug hand book*. [This text is also required in Level 3 for NURS 1060]

Taber, C.W. (2001). *Taber's cyclopedic medical dictionary* (20th ed.). Philadelphia, PA: F.A. Davis.

**Recommended:**

**Care Planning Text**

Gulanick, M., et al. (2003). *Nursing care plans: Nursing diagnosis and intervention* (6th 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.

**Cheating, Fabrication, Plagiarism, and/or Dishonesty:**

**First Offense:** Any student in the School of Health Sciences involved in an initial act of academic misconduct-

**Cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

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

**Attempts:**

BCIT Nursing Program Student Guidelines, Policies, and Procedures which are located online at <http://www.bcit.ca/health/nusing/> state: Applicants who have any combination of two instances of withdrawal or failure in a Nursing Theory course will be readmitted to the program "with written permission from the Associate Dean, who will detail any special considerations". Applicants who have a combination of two instances of

### ■ Information for Students (Cont'd.)

withdrawal or failure in any Nursing Clinical course(s) for academic or performance reasons, will not be readmitted to the program

#### **Accommodation:**

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

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

### ■ 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 clinical 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 clinical 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.

### ■ Process Learning Threads (Cont'd.)

**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, basic interview skills.
- the health history, functional, nutritional, growth and development, cultural, psychosocial assessment.
- basic physical assessment — the general survey — measurement of temperature, pulse, respiration, blood pressure, pain, height and weight.
- body review — skin, hair and nails, head and neck, including ears, eyes, nose and throat.
- mental status and neurologic assessment.
- respiratory, cardiovascular, peripheral vascular and lymphatic assessment.
- heart, chest and abdominal sounds.
- assessment of abdomen, urinary, and musculoskeletal systems.
- assessment of breast, external male and female genitalia.
- medical asepsis, clean dressing change and transparent dressing application.
- standard precautions, isolation precautions.
- feeding, mouth care, special mouth care, oral suctioning, dental care.
- bedmaking, body mechanics, transfers, assistive devices, restraints.
- hygiene — bed bath, perineal care, catheter care, condom care, incontinent briefs, bedpans, urinals.
- positioning, hazards of immobility, range of motion.
- medications — oral, topical, inhaled, anorectal interventions, oxygen therapy.
- collection of samples, urine testing, intake and output, assessment of tubes.
- therapeutic touch, back massage, relaxation therapies.

## ■ Assignment Details

1. Students will be given patient information *the day prior* to the clinical experience.
  - **Research is required** before the clinical experience so that students have a reasonable understanding of the reason for hospitalization and the nursing care the patient(s) might require.
  - Students will **complete written nursing care plan(s)** prior to arriving at clinical.
2. Safe nursing care is required. The instructor has the responsibility to assist students to provide safe and competent care for the patients. Students are expected to take responsibility for errors and to document them according to agency and BCIT policy. Students whose care is unsafe may be removed from the clinical setting. (See Guidelines for Students in the nursing Program.)
3. Students can expect to **attend a weekly clinical conference**. Students and the instructor have a joint responsibility to see that these conferences are meaningful. They will decide when the conferences will be scheduled each week and how the conference will be structured. A one hour a week conference is suggested.
4. Students will complete a **written midterm and final self-evaluation** which shows evidence that course outcomes/sub-outcomes are being met.

## ■ Reflective Thinking Activity

1. Students will **keep a journal** during this course. The reflective journal must demonstrate sufficient thoroughness and thought in order to be accepted.
2. The student's journal will be confidential between the student and the instructor. Sharing of any part of the student's writing will only occur when both the student and the instructor have given written permission.

## ■ Course Notes

1. Students have the right and the responsibility to evaluate the course. An end-of-term review is aimed at modifying the course for subsequent students.
2. Students are responsible to identify their own learning needs and to consult with the instructor about how they might meet these needs. Students will meet with their instructors at the beginning of the clinical course to discuss their learning needs and prepare a learning plan. The students will update their learning plans as the term progresses.
3. A learning partnership is essential for successful completion of this course. Both student and instructor will communicate openly, will demonstrate respect in the relationship, and will work to maintain a reasonable balance of power in the relationship. This can be achieved by:
  - discussing the course outcomes to achieve shared understanding of them.
  - identifying the evidence required to demonstrate achievement of the outcomes.
  - dialoguing regularly throughout the course.

