



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

Program: Nursing

Course Outline Part A

**NURS 1040**

**Professional Practice Seminar 1**

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<b>Hours/Week:</b>	2	<b>Total Hours:</b>	34	<b>Term/Level:</b>	1
<b>Lecture:</b>		<b>Total Weeks:</b>	17	<b>Credits:</b>	2
<b>Lab:</b>					
<b>Other:</b>	Seminar to Groups of 24				

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#### Prerequisites

Course No.	Course Name
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#### NURS 1040 is a Prerequisite for:

Course No.	Course Name
NURS 2040	Professional Practice Seminar 2
NURS 2030	Nursing Practicum 2

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#### Course Goals

Professional Practice Seminar 1 facilitates student understanding of the professional practice of nursing.

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#### Course Description

This seminar course presents the BCIT Nursing model and philosophy, and promotes a beginning understanding of the professional basis of nursing practice. Computer work, projects, written assignments, and discussions with peers and faculty are part of the course.

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#### Evaluation

- A paper that asks students to compare and contrast the image of nursing described in the professional literature, the image portrayed in the media, and the student's view of the image.
- An assignment that asks students to analyze assumptions present in a scenario and identify alternate perspectives that could be taken.
- Attendance and participation in class and activities. **Anyone having trouble participating, please see instructor for assistance.**

Students will participate in deciding the percentage of marks assigned to each.

All written assignments must be word processed.

## Course Outcomes

The student will:

1. Appreciate the role of nursing in the current health care system from a historical perspective.
2. Appreciate the impact of the philosophical basis of the BCIT Nursing Program on nursing practice.
3. Discuss the interrelationships of the BCIT Nursing model and their impact on the role of the nurse in practice.
4. Appreciate the role of caring in nursing and its contribution to the health of people.
5. Discuss the patterns of knowing in nursing and their contribution to nursing practice.
6. Understand the concept of research based practice and its relevance for nursing practice and health care.
7. Understand the nurse's role re: advocacy, health promotion, primary health care and referral.
8. Investigate current professional issues.
9. Discuss leadership and followership.
10. Identify assumptions and alternate perspectives when discussing course concepts.

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## Process Threads Relevant to this Content

- *Professionalism:* Students will discuss the various aspects of professional practice so that they develop an understanding of the professional nursing role. They will attend a RNABC chapter meeting to identify current professional issues.
- *Communication:* Students will thoughtfully discuss course concepts verbally and in writing. They will learn to be clear and concise in their arguments and to use relevant research and literature to support their views.
- *Systematic Inquiry:* The ways of knowing including the empirical will be discussed in this course. Students will learn to critically review literature and research. They will be encouraged to identify assumptions, suggest alternatives and consequences and be clear on the context of issues. They will be encouraged to provide evidence for their views.
- *Learning:* Students will be required to take responsibility for their learning. Individual learning styles will be discussed. They may work in reading groups so they will be responsible for sharing their thoughts clearly in class.
- *Leadership:* Students will discuss concepts of leadership in the class. Issues in decision making, priority setting, and leadership/followership styles will be discussed using case studies. Students will be encouraged to identify their style and consider ways to develop it.

### Course Record

Developed by: L. Fried Nursing Date: May 21, 1996  
Instructor Name and Department (signature)

Revised by: L. Fried Date: December, 1996  
Instructor Name and Department (signature)

Approved by: M. Bennett Raley Start Date: August, 1996  
Associate Dean / Program Head (signature)



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY  
School of Health Sciences  
Program: Nursing

Course Outline **Part B**

**NURS 1040**  
**Professional Practice Seminar 1**

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**Effective Date**

August, 1997

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**Instructor(s)**

Lynn Field	Office No.:	SE12 - 418	Phone:	451-6945
	Office Hrs.:	posted at desk		
Selma Whiteside	Office No.:	SE12 - 418	Phone:	451-6949
	Office Hrs.:	posted at desk		

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**Text(s) and Equipment**

**Required:**

1. **RNABC Membership** — Cost \$37.45 Per Year. The following two documents will be sent with membership.
2. Canadian Nurses Association. (1997). *Code of ethics for registered nurses*. Ottawa: Author.
3. Registered Nurses Association of British Columbia. (1992). *Standards of nursing practice in British Columbia*. Vancouver: Author.

**Recommended:**

American Psychological Association. (1994). *Publication manual of the American Psychological Association*. (4th ed.). Washington, D.C. Author.

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**Course Notes (Policies and Procedures)**

1. Students are encouraged to identify individual learning needs that may be met in this course. Please talk with the teacher to see how this might be accomplished.
2. During the first class, the evaluation methods will be discussed and the percentage of marks assigned to each will be identified.
3. The reference readings (except those from required booklets) are on reserve in the library. The material will be on two day loan.
4. **All the readings do not have to be read by every student. Reading groups should be formed so that readings are distributed among the members. Reading groups should have a maximum of four members to ease working relationships and communication between members.**

5. Students will participate in a verbal review of the course at midterm and a written review at 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 the next class.

#### Participation / Attendance:

1. Attendance is required in this course because of the importance of dialogue in thinking and learning. The different viewpoints shared during the seminar will help expand the thinking of all participants. **If students are absent for more than 10% of the planned activities for other than medical reasons, they may be prohibited from completing the course.**
2. It is not enough that people are present in body. People must participate so that all can expand their thinking about the subject being discussed. People will be called randomly to share their thoughts.

Your learning is directly related to the effort you put into the reading and class activities. Therefore, class participation in NURS 1040 counts for a percentage of your final grade. **Participation includes doing the reading and writing preparation for class and talking actively in the group.** The teacher will monitor your preparation and participation.

Students in the previous class made some suggestions to improve the course for subsequent learners. They requested that we distribute questions or things to consider about the readings to help them think about the topic to be discussed. They suggested that those people who reviewed the same reading meet to discuss the meaning of it before exchanging information about all the readings. They also suggested that people do the readings early in the week so that the questions could be considered carefully and the reading understood at some depth. So, **come prepared to discuss the readings with your group members.** The questions should not limit your thinking about the topics. Please come to class with other relevant questions to discuss with your group.

Sometimes, the preparation sheet will ask you to write a short summary of the reading or an aspect of it. **Come to class with the writing done and be prepared to share your writing with a group member.** The group member will give you feedback on the clarity of your writing and you will give feedback about the clarity of another group member's writing.

As well as reading and writing preparation for class, **you are expected to talk actively with your group members each session.** Sometimes, you will be called upon to share your group's discussions with the larger class so be prepared to do this. If you have trouble participating in class or are uncomfortable doing so, please get assistance from the instructor and group members.

#### Written Assignments:

1. As the purpose of the written assignments is to help students develop their ability to reason and reflect, students may request assistance with the written assignments as they need it and as faculty are able to give it. There is no penalty for this assistance. **It is strongly advised that students discuss the first assignment with their teacher and get editing assistance from the English tutorial.**
2. Assignments must be submitted by 1600 hrs on the due date. Put them in the appropriate faculty box in SE 12 418.
3. If an assignment is late, the mark for the assignment will drop 15% for each school day it is late.
4. **All assignments must be completed to achieve credit for the course.**

## Assignment Details

### A. ASSUMPTION ANALYSIS — Due October 6, 1997.

Choose one of the following scenarios and identify the assumptions behind the decisions the people are making. Then suggest how these people could check the validity of these assumptions. Once this is done, suggest at least two alternative perspectives that could be taken by the person in the scenario.

Keep length to a maximum of 4 pages.

#### *Scenario 1*

Joan is 30 years old. She is married and has two preschool children. She is in level 1 of the Nursing Program at BCIT. She is trying to handle the demands of the program as well as continue to care for her children, home, and husband as she did prior to coming into the program. She has no course credits so finds it difficult to do all that is needed each day. After school, she picks up the children from daycare, makes dinner, plays with the children until bedtime, settles them, and then starts her school work. She is having trouble keeping up with her courses, is getting more and more tired, and feels more and more like a poor mother and wife. If only things would slow down, she would be able to cope better. To ease the situation, she is negotiating more and more extensions, but there just isn't enough time to do everything. She really wants to be a nurse, but she is considering quitting school and returning to full time parenting until the children are older. She thinks the family will appreciate this sacrifice she will make on their behalf because it will mean that the family has more money and can spend more time together. She will be able to participate more as a partner with her spouse and she will feel more capable as a person and will finally feel refreshed and energetic.

#### *Scenario 2*

Jessica is a medical nurse. One afternoon she is to get a new patient from emergency. The ER nurse phones to report that Mr. Johns was found staggering on the street this morning. He was abusive to local merchants so the police were called. They noted many bruises and some bleeding from head wounds so brought him to the hospital. The wounds have been sutured and dressed, and he is hypothermic and dehydrated. He is not oriented but he does have PERL. He seems to be hallucinating, he has tremors of both hands and feet, he smells of alcohol and his clothing is ripped and dirty. The ER physician has seen him and ordered a number of blood tests, but his personal physician has not seen him yet. Jessica groans aloud when she replaces the phone. She says she hates looking after alcoholics because they are so difficult to deal with. She moans that she will not be able to care for her other patients very well tonight and that she will not get off on time again. She thinks Mr. Johns probably won't appreciate the efforts made on his behalf. She wonders what restraints will be necessary to keep him in line until he dries out. He would be better off back on the streets. When his level of consciousness worsens as the night progresses, she wonders how much alcohol he's had and if drying out is really a useful thing to do.

#### *Scenario 3*

Linda is a Level 1 nursing student in the practicum during Week 10 of the BCIT Nursing Program. It is Tuesday morning before taped report and she sees that Alicia is her RN today. She recalls that another student had a rough time working with one of the staff last week and she thinks that her name was Alicia. After report, Alicia asks Linda all kinds of questions about her preparation, what she is planning to do and why, and how she is going to do some of the skills. It takes so long that Linda is late giving her morning medications. Linda starts to get frazzled and takes short cuts to try to catch up. She does a partial bed bath instead of the shower that she had planned and decides to leave mouth care and hair combing until after lunch. Alicia seems to be watching Linda closely and constantly asks if Linda needs any help. By 1000 hr, the bed is not made nor is the patient up yet, but Linda is so upset that she takes a coffee break. When visitors arrive a short time later, the patient is very unhappy and complains about the nursing care. The visitors find Alicia and complain about the care given.

## Assignment Details (Continued)

Alicia speaks with Linda about this and asks her to talk with her instructor about how to proceed. Linda feels like a total failure. When she finds the instructor, she blames her bad day on the nurse. "She asks too many questions, I start to wonder if I know what I am doing, she pressures me to move faster and she won't leave me alone. How could I possibly perform well under these circumstances! If I was left alone I would have done just fine."

### Scenario 4

Patricia is 26 years old. She has been nursing on this medical unit since graduation almost three years ago. She notices that two nurses, Bob and Marianne, are disruptive influences. Their behavior during report is difficult to listen to. They make sarcastic and derogatory comments about patients and they deride the assessments and recommendations of the nurses reporting. Whenever she is supposed to go on a break, they take much more time than allowed so she is late going. She is very concerned about the care they give to people — they are in and out of rooms so quickly, they couldn't possibly give decent care. Patricia is still one of the youngest nurses on the ward so she does not have the seniority to approach these nurses directly. She decides to share her feelings with two of the oldest nurses on the unit. She thinks that the three of them can make Bob and Marianne stop being so disruptive. The unit would be a great place to work if their behavior changed.

### Marking Criteria:

#### The content of the paper (65% of total mark):

- Assumptions:
  - /10 scenario assumptions are identified.
  - /10 ways of validating the assumptions are reasoned and comprehensive.
  - /10 the context in which the assumptions might be valid is identified.
  - /10 the paper is free of own assumptions or own assumptions are identified.
- There is evidence given to support the assumptions identified:
  - /10 evidence comes from the scenario.
  - /5 ideas from other authors are referenced.
- The complexity of the issue being discussed is clear:
  - /10 at least two alternative perspectives that could be taken about the topic are discussed.

#### The structure of the paper (25% of the total mark)

- /4 The tone or style of the paper is appropriate to an academic audience. This means that slang terms are not used, that the writing is clear and understandable, that the third person is used unless specifically referring to own views.
- /4 There is an introduction that presents the organization of the paper and the ideas being discussed.
- /3 There is a conclusion that summarizes the ideas.
- /4 Paragraphs form units of thought, include a topic sentence and details that support the topic sentence. There are smooth transitions between paragraphs.
- /10 APA format is followed:
  - ▶ character spacing is appropriate
  - ▶ font style and size are appropriate
  - ▶ margins are appropriate
  - ▶ paper color and weight is appropriate

### Assignment Details (Continued)

- ▶ pagination is appropriate
- ▶ the paper is in a cover.
- ▶ pagination includes a header with appropriate spacing
- ▶ the running head is appropriate
- ▶ the necessary information is included in the centered area of the title page.
- ▶ there is a title on the first page of text.

#### The mechanics of writing papers (10% of the total mark):

- /3 Sentence structure
- /4 Grammar and verb tense
- /3 Spelling and punctuation

#### B. IMAGE PAPER — Due November 17, 1997.

Review 3–5 pieces of literature to summarize the thoughts about the image of Nursing today. Review an example of the image of nursing portrayed in one type of media (radio, television, books, movies ). Describe your thoughts about the image of nursing. Compare and contrast these two views with your view of the image of nursing today.

Keep length to a maximum of 7 pages.

#### Marking Criteria

##### The content of the paper (65% of mark):

- The literature:
  - /10 3–5 pieces of literature are reviewed. More than one perspective is included.
  - /5 There is clear, relevant evidence given to support the conclusions drawn.
  - /5 Themes identified in the literature are summarized clearly in one paragraph.
  - /3 Own and author's assumptions are identified.
- The media:
  - /5 One example of the image of nursing portrayed in the media is described clearly. Specific detail to support conclusions is included.
  - /5 At least two perspectives about the image of nursing that could be taken from the media are described.
  - /2 Own assumptions about the identified perspectives are clearly explained.
- Own views:
  - /10 Own views of the image of nursing are clearly described.
  - /5 Evidence is sufficient to support the conclusion(s) drawn.
- Similarities and Differences between the literature, media and own views:
  - /10 The similarities and differences are clearly identified.
  - /2 Own assumptions are clearly identified.
  - /3 The context in which the assumptions are valid is noted.



### Assignment Details (Continued)

#### The structure of the paper (25% of the mark):

- /4 The tone or style of the paper is appropriate to an academic audience.
- /4 There is an introduction that presents the organization of the paper and the ideas being discussed.
- /2 There is a conclusion that summarizes the ideas.
- /4 Paragraphs form units of thought, include a topic sentence and details that support the topic sentence. There are smooth transitions between paragraphs.
- /11 APA format is followed:
  - ▶ character spacing, font style and size, paper color and weight, and margins are appropriate.
  - ▶ pagination is appropriate and includes a header with appropriate spacing.
  - ▶ the running head is appropriate.
  - ▶ the necessary information is included in the centered area of the title page.
  - ▶ there is a title on the first page of text and headings are done appropriately.
  - ▶ the reference list is according to APA format.
  - ▶ the media source is referenced appropriately.
  - ▶ citations in the text are appropriate.
  - ▶ quotes in the text are done appropriately.
  - ▶ the language of the paper is neutral.

#### The mechanics of writing papers (10% of the mark)

- /3 Sentence structure
- /4 Grammar and verb tense
- /3 Spelling and punctuation



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

Program: Nursing

Option:

Schedule

**NURS 1040**

**Professional Practice Seminar 1**

Week of/ Number	Outcome/Material Covered	Reference/Reading
August 21      1	<p><b><u>Introduction</u></b></p> <ol style="list-style-type: none"> <li>1. Course requirements — participation, assignments, policies, procedures</li> <li>2. Seminar Process — purpose and guidelines, critical reading, questioning, thinking</li> <li>3. What is professionalism? What do you expect to learn?</li> </ol>	
August 28      2	<p><b><u>Section I — Health Care</u></b></p> <p><b>A. The System Today</b></p> <ol style="list-style-type: none"> <li>1. What is the system?</li> <li>2. Health promotion, disease prevention and illness care — What is the difference? How do they fit in the system?</li> <li>3. Funding, Medicare — Why is cost constraint an issue?</li> <li>4. Places health care is given.</li> <li>5. Health care workers — What are they and what is the difference between them?</li> <li>6. What roles do nurses play?</li> <li>7. What is the special contribution of nurses?</li> </ol>	<ol style="list-style-type: none"> <li>1. Kerr, J.R., &amp; Sirotnik, M. (Eds.). (1997). Canadian health care delivery system. In <i>Canadian fundamentals of nursing</i>, (pp. 21–39). St. Louis: C.V. Mosby.</li> <li>2. Kerr, J.R., &amp; Sirotnik, M. (Eds.). (1997). Nursing roles and responsibilities. In <i>Canadian fundamentals of nursing</i>, (pp. 71–77). St. Louis: Mosby.</li> <li>3. DuGas, B.W., &amp; Knorr, E.R. (1996). The people who provide the services. In <i>Nursing foundations: A Canadian perspective</i>, (pp. 78–82). Scarborough, ON: Appleton &amp; Large Can.</li> <li>4. Registered Nurses Association of British Columbia. (1994). <i>The special contribution of nurses: A discussion paper</i>. Vancouver, BC: Author.</li> </ol>

Week of/ Number	Outcome/Material Covered	Reference/Reading
September 4      3	<b>B. Nursing and Health Care History</b>  1. How has health care changed?  2. How have the roles of the workers changed?  3. Why have they changed?	1. Kerr, J.R. (1996). Early nursing in Canada, 1600 to 1760: A legacy for the future. In J.R. Kerr & J. MacPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i> (3rd ed.) (pp. 3–10). St. Louis: Mosby.  2. Kerr, J.R. (1996). Nursing in Canada from 1760 to the present: The transition to modern nursing. In J.R. Kerr & J. MacPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i> (3rd ed.) (pp. 11–22). St. Louis: Mosby.  3. Rafferty, A.M. (1995). The anomaly of autonomy: Space and status in early nursing reform. <i>International History of Nursing Journal</i> , 1(1), 43–56.  4. Brookfield, S.D. (1987). What it means to think critically. In <i>Developing critical thinkers</i> (pp. 3–14). San Francisco: Jossey-Bass
September 11      4	<b><u>Section II — BCIT Nursing Philosophy</u></b>  <b>A. Phenomenology, Critical Social Theory and Humanism</b>  1. What do the words mean?  2. How do the concepts affect nursing practice?  <b>B. Partnership, Specialty Nursing, Technology as Practice</b>  1. What do the words mean?  2. How do the concepts affect my nursing practice?	1. Stevens, P.E. (1989). A critical social reconceptualization of environment in nursing: Implications for methodology. <i>Adv. Nurs. Sci.</i> , 11(4), pp. 56–68.  2. BCIT Nursing Program Overview.  3. Maloney, R. (1992). Technological issues. In A.J. Baumgart & J. Larson (Eds.), <i>Canadian nursing faces the future</i> (2nd ed.) (pp. 293–305). St. Louis: Mosby.  4. Wilson, J.H., & Hobbs, H. (1995). Therapeutic partnership: A model for clinical practice. <i>Journal of Psychosocial Nursing</i> , 33(2), 27–30.

Week of/ Number	Outcome/Material Covered	Reference/Reading
September 18 5	<b>C. Professional Caring</b> <ol style="list-style-type: none"> <li>What is it?</li> <li>Rational elements: <ul style="list-style-type: none"> <li>Critical thinking</li> <li>Decision making</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>Brookfield, S. (1987). What it means to think critically. In <i>Developing critical thinkers</i> (pp. 3–14). San Francisco: Jossey-Bass.</li> <li>Brookfield, S. (1993). On impostership, cultural suicide, and other dangers: How nurses learn critical thinking. <i>J. Cont. Ed. Nurs.</i>, 24(5), 197–205.</li> <li>Perry, S.C. (1992). Analytical decision-making strategies for choosing nursing interventions. In M. Snyder, <i>Independent nursing interventions</i> (pp. 33–38). Albany, NY: Delmar.</li> <li>Hall, M.D. (1996). Letting go. <i>Nursing</i> 96, 54–56.</li> </ol>
September 25 6	<b>C. Professional Caring</b> <ol style="list-style-type: none"> <li>Emotive elements: <ul style="list-style-type: none"> <li>Partnership</li> <li>Dialogue</li> <li>Shared meaning</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>Roach, M.S. (1987). Attributes of professional caring. In <i>The Human Act of Caring: A blueprint for the health professions</i> (pp. 57–68). Ottawa: Can. Hosp. Pub.</li> <li>McMaster Nursing Curriculum.</li> <li>Radwin, L.E. (1995). Knowing the Patient: A process model for individualized intervention. <i>NR</i>, 44(6), 364–370.</li> <li>Bäck-Pettersson, S.R., &amp; Jensen, K.P. (1993). “She dares”: Essential characteristic of the excellent Swedish nurse. In D.A. Gaut (Ed.), <i>A global agenda for caring</i> (pp. 257–265). New York: National League for Nursing Press.</li> </ol>
October 2 7	<b>Section III — Ways of Knowing</b> <ul style="list-style-type: none"> <li>empirical, ethical, personal knowing combine in the art of nursing</li> </ul> <b>A. Empirical knowing</b> <ol style="list-style-type: none"> <li>Research based practice – relevance to nursing and health care</li> <li>Fundamentals of nursing research</li> <li>Preparing literature reviews</li> </ol>	<ol style="list-style-type: none"> <li>Polit, D.R., &amp; Hungler, B.P. (1993). Fundamentals of nursing research. In <i>Essentials of nursing research: Methods, appraisal, and utilization</i> (pp. 4–12 &amp; 13–20). Philadelphia: Lippincott.</li> <li>Registered Nurses Association of British Columbia. (1992). <i>Nursing and Research</i>. Vancouver, BC: Author.</li> <li>Polit, D.F., &amp; Hungler, B.P. (1993). Preparing written literature reviews. In <i>Essentials of nursing research: Methods, appraisal, and utilization</i> (pp. 67–72). Philadelphia: Lippincott.</li> </ol>

Week of/ Number	Outcome/Material Covered	Reference/Reading
October 9	8 <b>A. Empirical knowing</b>  4. Critique of research articles  <b>MIDTERM REVIEW OF COURSE</b>	<ol style="list-style-type: none"> <li>1. Polit, D.F., &amp; Hungler, B.P. (1993). Overview of the research process. In <i>Essentials of nursing research: Methods, appraisal, and utilization</i> (pp. 27–36, 37–41). Philadelphia: Lippincott.</li> <li>2. Polit, D.F., &amp; Hungler, B.P. (1993). Reading research reports. In <i>Essentials of nursing research</i> (pp.51–59). Philadelphia: Lippincott.</li> <li>3. Clarke, H. (1996). Critically evaluating research reports. In J.R. Kerr &amp; J. MacPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i>, (3rd ed.) (pp.114–116). St. Louis: Mosby.</li> </ol>
October 16	9 <b>B. Ethical knowing</b>  1. What does the code say?  2. Ethical principles.  3. How do we act ethically in nursing situations?	<ol style="list-style-type: none"> <li>1. Schlessinger, L. (1996). Yeah, I know...but...(where's your character). In <i>How could you do that?! The abdication of character, courage, and conscience</i> (pp. 7–19). New York: Harper Collins.</li> <li>2. Catalino, J.T. (1997). Professional ethics. In R.K. Nunnery (Ed.), <i>Advancing your career: Concepts of professional nursing</i> (pp. 371–380). Philadelphia: F.A. Davis.</li> <li>3. <ul style="list-style-type: none"> <li>• Canadian Nurses Association. (1997). <i>Code of ethics for registered nurses</i>. Ottawa, ON: Author.</li> <li>• Government of Canada. ( ). <i>Charter of rights and freedoms</i>. Ottawa, ON: Author.</li> </ul> </li> <li>4. MacPhail, J. (1996). Ethical issues and dilemmas in nursing practice. In J.R. Kerr &amp; J. McPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i>, (3rd ed.) (pp. 256–266). St. Louis: Mosby.</li> </ol>
October 23	10 <b>C. Personal knowing</b>  1. What is it?  2. How do we get it?	<ol style="list-style-type: none"> <li>1. Lauterbach, S.S. (1996). Caring for self: Becoming a self-reflective nurse. <i>Holistic Nursing Practice</i>, 10(2), 57–68.</li> <li>2. Hover-Kramer, D., Mabbett, P., &amp; Shames, K.H. (1996). Vitality for caregivers. <i>Holistic Nursing Practice</i>, 10(2), 38–48.</li> </ol>

Week of/ Number	Outcome/Material Covered	Reference/Reading
October 30 11	<p><b><u>Section IV — The Nursing Profession</u></b></p> <p><b>A. Roles that nurses have in the health care system</b></p> <ul style="list-style-type: none"> <li>• guidelines for nurse-client relationships</li> <li>• advocacy</li> <li>• health promotion</li> <li>• referral</li> </ul>	<ol style="list-style-type: none"> <li>1. Canadian Nurses Association. (1997). <i>Code of ethics for registered nurses</i>. Ottawa, ON: Author.</li> <li>2. RNABC, BCCLPN, RPNABC. (1995). <i>Nurse-client relationships: A discussion paper on preventing abuse of clients and expectations for professional behavior</i>. Vancouver, BC: author.</li> <li>3. Registered Nurses Association of British Columbia. (1993). <i>Advocacy</i>. Vancouver, BC: Author.</li> <li>4. International Conference on Health Promotion. (1986). <i>Ottawa Charter</i>.</li> <li>5. Liaschenko, J. (1995). Ethics in the work of acting for patients. <i>Advances in Nursing Sciences</i>, 18(2), 1–12.</li> </ol>
November 6 12	<p><b>B. The legal boundaries of Nursing Practice</b></p> <ol style="list-style-type: none"> <li>1. Obligations of the professional association re: public safety</li> <li>2. Obligations of the individual nurse re: criminal and civil law, standards of practice</li> </ol>	<ol style="list-style-type: none"> <li>1. Registered Nurses Association of British Columbia. (1994). <i>The regulation of Nursing</i>. Vancouver, BC: Author.</li> <li>2. Registered Nurses Association of British Columbia. (1992). <i>Standards of nursing practice in British Columbia</i>. Vancouver, BC: Author.</li> <li>3. Kerr, J.R., &amp; Sirotnik, M. (Eds.). (1997). Legal issues. In <i>Canadian fundamentals of nursing</i> (pp. 334–349). St. Louis: C.V. Mosby.</li> <li>4. Registered Nurses Association of British Columbia. (1994). <i>Informed consent</i>. Vancouver, BC: Author.</li> </ol>

Week of/ Number	Outcome/Material Covered	Reference/Reading
November 13 13	<b>C. Nursing Practice Issues</b> <ol style="list-style-type: none"> <li>Feedback from RNABC chapter meeting</li> <li>Feedback from clinical practice</li> </ol>	<ol style="list-style-type: none"> <li>Registered Nurses Association of British Columbia. (1997, March/April). 1996 Annual Report. <i>Nursing BC</i>.</li> <li>Registered Nurses Association of British Columbia. (1992). <i>Standards of nursing practice in British Columbia</i>. Vancouver, BC: Author.</li> <li><b>Attend a RNABC Chapter meeting at least once in the term.</b> Identify issues of concern to the membership and bring these concerns to the class for discussion.</li> <li>Consider your nursing practice to date. Identify issues of concern and bring these concerns to the class for discussion.</li> </ol>
November 20 14	<b><u>Section V — Leadership &amp; Followership</u></b>  <b>A. What is it and what skills are needed for each?</b>	<ol style="list-style-type: none"> <li>DiRienzo, S.M. (1994). A challenge to nursing: Promoting followers as well as leaders. <i>Holistic Nursing Practice</i>, 91(1), 26–30.</li> <li>Rost, J.C. (1994). Leadership: A new conception. <i>Holistic Nursing Practice</i>, 91(1), 1–8.</li> </ol>
November 27 15	<b>B. Leadership and followership styles</b> <ol style="list-style-type: none"> <li>What is my style?</li> <li>In what situations would my style be effective?</li> <li>How do I go about improving my skills?</li> </ol>	<ol style="list-style-type: none"> <li>Chinn, P.L., &amp; Wheeler, C.E. (1991). What it's all about. In <i>Peace and power: A handbook of feminist process</i> (3rd ed.) (pp. 1–17). New York: National League for Nursing Press.</li> <li>Johnson, D.W., &amp; Johnson, F.P. (1987). <i>Joining together: Group theory and group skills</i> (3rd ed.) (pp. 54–62). Englewood Cliffs, NJ: Prentice-Hall.</li> </ol>
December 4 16	<b>C. Decision making and priority setting using appropriate leadership and followership</b> <ul style="list-style-type: none"> <li>The courageous conscience</li> </ul> <b>COURSE EVALUATION</b>	<ol style="list-style-type: none"> <li>Wolfe, P.L. (1994). Risk taking: Nursing's comfort zone. <i>Holistic Nursing Practice</i>, 8(2), 43–52.</li> <li>Kelley, R.E. (1992). The courageous conscience, &amp; Ten steps to a courageous conscience. In <i>The power of followership</i> (pp. 167–198). New York: Currency Doubleday.</li> </ol>