



AUG 19 2000

Course Outline

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

Operating Unit: Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 1040

Professional Practice Seminar 1

Start Date: August, 2000

End Date: December, 2000

Course Credits: 2.5

Term/Level: 1

Total Hours: 40

Total Weeks: 17

Hours/Week: 2 **Lecture:** **Lab:** 6 hrs for course **Seminar:** **Other:** Seminar to Groups of 24

Prerequisites

NURS 1040 is a Prerequisite for:

Course No. Course Name

Course No. Course Name

NURS 2040 Professional Practice Seminar 2

NURS 2030 Nursing Practicum 2

Course Calendar 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.

Course Goals

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

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.
- Participation in class and activities. Participation means doing the reading and writing preparation for every class and talking actively in the group. **Anyone having trouble participating, please see instructor for assistance.** The Registrar's Office recommends a maximum of 30% for participation.

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

All written assignments must be word processed.

All assignments must be completed to achieve a passing grade.

Course Learning Outcomes/Competencies

The student will:

1. Describe the role of nursing in the current health care system from a historical perspective.
2. Analyze 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 partnerships.
4. Appreciate the role of caring in nursing and its contribution to the health of people.
5. Discuss the personal, empirical and ethical ways of knowing in nursing and their contribution to nursing practice.
6. Explain the concept of research based practice and its relevance for nursing practice and health care.
7. Explain the nurse's role re: advocacy, health promotion, primary health care and referral.
8. Describe the legal boundaries of nursing practice, including obligations of the professional association re: public safety and obligations of professional nurses re: standards.
9. Investigate current professional issues.
10. Discuss concepts of leadership/followership.
11. Identify assumptions and alternate perspectives when discussing course concepts.

Learning Processes Relevant to this Content

- *Professionalism:* Students discuss various aspects of professional practice so that they develop an understanding of the professional nursing role. This includes understanding the purpose and roles of the professional association. They attend a RNABC chapter meeting to identify current professional issues. Ethical principles are discussed and students recognize the various contexts in which people live.
- *Communication:* Students thoughtfully discuss verbally and in writing. They learn to be clear and concise in their arguments and to use relevant research and literature to support their views. An introduction to APA style and academic use of APA is included. They critically read and compose essays, critical analyses and summaries. Students dialogue with colleagues and teachers in the process of learning.
- *Systematic Inquiry:* The ways of knowing including the empirical are discussed. Students start to critically review literature and research. They are encouraged to identify assumptions, suggest alternatives and consequences and be clear on the context of issues. They are encouraged to provide evidence for their views. An introduction to data bases (CD ROM and web based) and computer software is included in the course. Students are expected to access Internet sites for projects.

Learning Processes Relevant to this Content (cont'd.)

- *Professional Growth:* Students take responsibility for their learning and for preparing material that is accurate and relevant. Individual learning styles are discussed. They work in groups so they are responsible for sharing their thoughts clearly in class. They are responsible and accountable for their actions.
- *Creative Leadership:* Students discuss concepts of leadership. Issues in decision making, priority setting, and leadership/followership styles are discussed using case studies. Students are encouraged to identify their strengths and consider ways to develop them. They discuss the concept of power and influence as they relate to nursing situations. They describe the continuum of care and understand the various components of the health care system. Students become oriented to word processing and data bases. They access Internet sites for research.

Course Content Verification

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

Program Head/Chief Instructor

Date

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



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

Operating Unit: Health Sciences

Program: Nursing

Option:

NURS 1040

Professional Practice Seminar 1

Instructor(s)

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Learning Resources

Required:

1. **RNABC Membership** — Cost \$37.45 per year, starting in March/99. The following two documents will be sent with membership:

- Canadian Nurses Association. (1997). *Code of ethics for registered nurses*. Ottawa: Author.
- Registered Nurses Association of British Columbia. (1998). *Standards of nursing practice in British Columbia*. Vancouver: Author.

- * **Note:** It takes 8 weeks to process membership applications so apply early. You will need these documents for week 11 of the term. Be aware that you will be expected to renew your membership in March 2001. You may wish to request that your membership application not be processed until January 1, 2001. You will then have membership until March, 2002. However, you will not get the above documents, you cannot use the RNABC library, you cannot access the consultant services, you cannot attend chapter meetings, and you cannot access CINAHL outside BCIT. Your student membership gives you these privileges.

Recommended:

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

BCIT Policy Information for Students

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.

Course Notes (Policies and Procedures) (cont'd.)

3. The reference readings (except those from required booklets or those distributed in class) are on reserve in the library. The material will be on one-week loan.
4. **All the readings do not have to be read by every student. Reading groups will 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.
6. Unforeseeable circumstances may necessitate the alteration of course content, sequencing, timing or evaluation. As much as is possible, students will be given adequate notice of such changes.

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.** If you are ill, please notify the instructor prior to class.
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 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, **write your answers to the questions and 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.

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.

Participation will be given an all or nothing mark. If the participation criteria are not met for one week of the term, the total mark will remain. If participation criteria are not met for two or more weeks, the participation mark will be zero.

Course Notes (Policies and Procedures) (cont'd.)

Laboratory Experiences:

Attendance in the following experiences is required to achieve course outcomes. Therefore, failure to attend will count as absenteeism.

1. **Orientation to Library and data bases:** During the first week of classes, orientation sessions will be scheduled for each set. Please ensure that you attend these sessions so that you become familiar with the data bases available at BCIT. For both sets, this will occur Monday, August 21. At midterm, an orientation to CD ROM and web based data bases is scheduled. Put it on your calendar now and be sure to attend. Students constantly regret not going when they have difficulty finding material for papers in a number of courses later in the term.
2. **Orientation to academic writing and the use of APA style:** During the first half of the term, there will be time scheduled for each set to review the style and the criteria for written assignments. Please come to the sessions prepared to ask whatever questions you have about writing nursing papers. For Set A, this will occur 12:30–1:30 August 17 and August 31. For Set B, this will occur 9–10:00 a.m. August 21 and 11:30–12:30 September 1.
3. **Orientation to word processing using APA template:** During the first week of classes, an orientation session will be scheduled for each set. We will provide an APA template for you to use to word process your assignments in this program and help you use it. If you are unable to attend these sessions, you will be responsible for acquiring the template yourself. This will occur 3:30–5:30 August 18 for Set A and 3:30–5:30 August 25 for Set B. Be aware that BCIT supports Microsoft Office. We cannot provide templates for all the software programs available today. **Please bring a blank formatted 3.5" disk to the session.**

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 2, 2000.

Choose one of the following scenarios and identify the assumptions behind the decisions the person is making. Then, suggest how the person could check the validity of these assumptions and in what circumstances the assumptions would be valid. Once this is done, suggest at least two alternative perspectives that could be taken by the person in the scenario. Refer to the reading by Brookfield (1987) to clarify the meaning of words like assumption, context and perspective.

Refer to the marking criteria found on the next page to help you write your paper.

Keep length to a maximum of 4 pages of text (exclusive of title page and reference page).

Assignment Details (cont'd.)

Scenario 1

Recently, nineteen-year-old Pamela entered the BCIT Nursing Program. It was very different from what she thought it would be. She was surprised during the first day of class that there were so many men and older students in the class. Some even had spouses and children! She wanted to become a nurse so she would have a skill that would allow her to work before she got married and then again after her children were grown. Obviously, that was not why the men took nursing.

She felt unprepared for the things she would have to do in the program. She knew that groups would be a part of the program, but was surprised to find that she was expected to participate *every* week. After all, she had paid tuition for instruction, and surely that was what the teachers were paid for.

The time in the hospital was very stressful. She was uncomfortable going into patient rooms to interview and touch them during the assessment course, but she expected this would be a part of nursing. However, in the practicum course she was supposed to know about medical conditions, medications, and lab values as well as nursing care. She didn't think nurses knew all this. She was supposed to talk with physicians about patient problems but she thought they would be telling her what to do. The LPN who kept telling her to give peri-care a certain way confused her because she was taught something different during the clinical lab. Clearly, nursing was not what she thought it would be.

Scenario 2

Sarah is a medical nurse. Before the 0730 report, she learns that she is to care for a 20-year-old female patient who has an infection and uncontrolled abdominal pain. There is a note on the Kardex that says she abuses drugs and is probably HIV positive. The morning report says:

- She talks about her need to get out of hospital quickly or "Dan will be really upset."
- Her VS remain unstable, and her pain is still unresolved.
- During the previous evening, the nurse went in to talk with her about her need to leave the hospital, but she found the patient moaning in pain. As the evening progressed, she complained of increasing pain in her abdomen so a strong analgesic was given at 2300, 0330 and again at 0630 hours. She wanted the analgesic more frequently, but this was all that was ordered by the physician.

Following the morning report, Sarah decides to assess the patient's pain and abdomen and try again to talk with her about her need to leave.

At 1000 hours, Sarah is very frustrated, and she shares the following dialogue with a fellow nurse. "I can't work with that girl again. She's not in pain. She's faking it to get the morphine! She says she has excruciating pain yet literally hops out of bed to the bathroom. She probably shoots up whenever she can so we need to take out the IV so she can't use the port for heroin. She keeps talking about Dan, but won't say what's bothering her. I'm tired of trying to reason with people who don't want to be helped. If she wants to kill herself why should we interfere? I've got to get my assignment changed, but if I talk with the charge nurse she'll just say I'm being unprofessional."

Assignment Details (cont'd.)

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 nurse 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.

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 for assumption paper:

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

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

Assignment Details (cont'd.)

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, the writing is clear and understandable, and the third person is used unless specifically referring to own views. Also, views of others are acknowledged.
- /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 of the paper.
- /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 (2 marks)
 - ▶ font style and size are appropriate
 - ▶ margins are appropriate
 - ▶ paper color and weight is appropriate
 - ▶ pagination is appropriate
 - ▶ the paper is in a cover.
 - ▶ pagination includes a header with appropriate spacing
 - ▶ 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 13, 2000.

Review 3–5 pieces of current professional **nursing** literature to summarize the thoughts that professional nurses have about the image of nursing today. Describe one example of the image of nursing portrayed in one type of media (radio, television, fiction books, movies, etc.). Describe your thoughts about the image of nursing. Compare and contrast these two views with your view of the image of nursing today. See marking criteria for help identifying the content of the paper.

Keep length to a maximum of 7 pages of text (exclusive of title page and reference page) and enclose in a cover.

Marking Criteria for

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

- The literature:
 - /10 3–5 pieces of professional nursing literature are reviewed. More than one perspective is included. Research, opinion and/or anecdotal evidence is described as such.
 - /5 Evidence from the piece of literature is used to support the conclusions you make.
 - /5 Themes identified in the literature are summarized clearly in one paragraph.
 - /3 Own and author's assumptions are identified.

Assignment Details (cont'd.)

- The media:
 - /5 One example of the image of nursing portrayed in one type of 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 example are described.
 - /2 Own assumptions about the two identified perspectives are clearly explained.
- Own views:
 - /10 Own views of the image of nursing are clearly described in some detail.
 - /5 The source of your views is clearly described using specific experiences, conversations, etc.
- 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.

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

- /4 The tone or style of the paper is appropriate to an academic audience. This means that references to other authors are made, academic language is used, and research is related accurately.
- /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 of the paper.
- /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 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. (2 marks)
 - ▶ the media source is referenced appropriately in text and reference list. (2 marks)
 - ▶ 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

Operating Unit: Health Sciences

Program: Nursing

Option:

Schedule

NURS 1040

Professional Practice Seminar 1

Week of/ Number	Outcome/Material Covered	Reference/Reading
August 14 1	<p><u>Introduction</u></p> <ol style="list-style-type: none"> 1. Course requirements — participation, assignments, policies, procedures 2. Seminar Process — purpose and guidelines, critical reading, questioning, thinking 3. What is professionalism? What do you expect to learn? 	
August 21 2	<p><u>Section I — Health Care</u></p> <p>A. The System Today</p> <ol style="list-style-type: none"> 1. The Canadian National Health Insurance Program. 2. Health care reform. 3. The continuum of health care services. <ul style="list-style-type: none"> • Primary health care • The role of family/friends • Community services • Hospital services 4. Health care workers — Who are they and what is the difference between them? 5. What is the special contribution of nurses? 	<ol style="list-style-type: none"> 1. Du Gas, B.W., Esson, L., & Ronaldson. (1999). Health care in Canada. In <i>Nursing foundations: A Canadian perspective</i> (2nd ed.) (pp. 33–52). Scarborough, ON: Prentice Hall Canada Inc. 2. Du Gas, B.W., Esson, L., & Ronaldson. (1999). Health services: The continuum of care. In <i>Nursing foundations: A Canadian perspective</i> (2nd ed.) (pp. 53–63). Scarborough, ON: Prentice Hall Canada Inc. 3. Du Gas, B.W., Esson, L., & Ronaldson. (1999). Inpatient services. In <i>Nursing foundations: A Canadian perspective</i> (2nd ed.) (pp. 65–76). Scarborough, ON: Prentice Hall Canada Inc. 4. Registered Nurses Association of British Columbia. (1990). <i>The special contribution of nurses: A discussion paper</i>. Vancouver, BC: Author. <p>For class activity, all students read:</p> <p>Sibbald, B. (1998). RNs unsung heroes during ice storm '98. <i>Canadian Nurse</i>, 94(4), 18–21.</p>
August 28 3	<p>B. Nursing and Health Care History</p> <ol style="list-style-type: none"> 1. How has health care changed? 2. How have the roles of the workers changed? 3. Why have they changed? 	<ol style="list-style-type: none"> 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. <p>and,</p> <p>Mansell, D. (1995). Sources in nursing historical research: A thorny methodological problem. <i>Canadian Journal of Nursing Research</i>, 27(3), 83–86.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
		<ol style="list-style-type: none"> 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. 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. Zilm, G., & Warbink, E. (1995). Early tuberculosis nursing in British Columbia. <i>Canadian Journal of Nursing Research</i>, 27(3), 65–81. <p>To answer questions, all students read:</p> <p>Brookfield, S.D. (1987). What it means to think critically. In <i>Developing critical thinkers</i> (pp. 3–14). San Francisco: Jossey-Bass</p>
September 4 4	<p><u>Section II — BCIT Nursing Philosophy</u></p> <p>A. Phenomenology, Critical Social Theory and Humanism</p> <ol style="list-style-type: none"> What do the words mean? How do the concepts affect nursing practice? <p>B. Partnership, Specialty Nursing, Technology as Practice</p> <ol style="list-style-type: none"> What do the words mean? How do the concepts affect my nursing practice? 	<ol style="list-style-type: none"> Allen, D.G. (1987). Critical social theory as a model for analyzing ethical issues in family and community health. <i>Family and community health</i>, 10(1), 63–72. McConnell, E.A. (1998). The coalescence of technology and humanism in Nursing practice: It doesn't just happen and it doesn't come easily. <i>Holistic Nursing Practice</i>, 12(4), 23–30. BCIT Nursing Program Overview. Wilson, J.H., & Hobbs, H. (1995). Therapeutic partnership: A model for clinical practice. <i>Journal of Psychosocial Nursing</i>, 33(2), 27–30. <p>For class activity, all students read:</p> <p>Hunter, G. (1996). An unnecessary death. <i>Canadian Nurse</i>, 92(6), 20–22.</p>
September 11 5	<p>C. Professional Caring</p> <ol style="list-style-type: none"> What is it? Rational elements: <ul style="list-style-type: none"> Critical thinking Decision making Research basis for practice (also called evidence-based nursing) 	<ol style="list-style-type: none"> <ul style="list-style-type: none"> Brookfield, S. (1987). What it means to think critically. In <i>Developing critical thinkers</i> (pp. 3–14). San Francisco: Jossey-Bass. Llewellyn, F. (1999). Mr. Meier was a man of few words —. <i>Nursing</i> 99, 29(1), pp. 48–50. Brookfield, S. (1993). On imposter ship, cultural suicide, and other dangers: How nurses learn critical thinking. <i>J. Cont. Ed. Nurs.</i>, 24(5), 197–205.

Week of/ Number	Outcome/Material Covered	Reference/Reading
		<p>3. 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.</p> <p>4. MacPhail, J. (1996). Research-mindedness in the profession. In J.R. Kerr & J. MacPhail (Eds.), <i>Canadian nursing: Issues and perspectives (3rd ed.)</i>, (pp. 118–134). St. Louis: Mosby.</p> <p>To answer questions, all students read:</p> <p>Hall, M.D. (1996). Letting go. <i>Nursing</i> 96, 26(11), 54–56.</p>
September 18 6	<p>C. Professional Caring</p> <p>3. Emotive elements:</p> <ul style="list-style-type: none"> • Partnership based on: <ul style="list-style-type: none"> ▸ Dialogue & ▸ Shared meaning 	<p>1. 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.</p> <p>2. Radwin, L.E. (1996). Knowing the Patient: A review of research on an emerging concept. <i>Journal of Advanced Nursing</i>, 23, 1142–1146.</p> <p>3. • McMaster Nursing Curriculum.</p> <ul style="list-style-type: none"> • Chaison, J. (1996). Hearing the whole story. In S. Gordon, P. Benner & N. Noddings. <i>Caregiving: Readings in knowledge, practice, ethics and politics</i>. Philadelphia: U. of Pennsylvania Press. <p>4. Boon, L. (1998). Caring practices and the financial bottom line. <i>Canadian Nurse</i>, 94(4), 27–32.</p>
September 25 7	<p>Section III — Ways of Knowing</p> <ul style="list-style-type: none"> • empirical, ethical, personal knowing combine in the art of nursing <p>A. Empirical knowing</p> <ol style="list-style-type: none"> 1. Research based practice – relevance to nursing and health care 2. Fundamentals of nursing research 3. Preparing literature reviews 	<p>1. Polit, D.R., & Hungler, B.P. (1997). Introduction to nursing research. In <i>Essentials of nursing research: Methods, appraisal, and utilization, 4th ed.</i> (pp. 5–18). Philadelphia: Lippincott.</p> <p>2. Polit, D.F., & Hungler, B.P. (1997). Purposes of nursing research. In <i>Essentials of nursing research: Methods, appraisal, and utilization, 4th ed.</i> (pp. 18–27). Philadelphia: Lippincott.</p> <p>3. • Registered Nurses Association of British Columbia. (1997). <i>Nursing and Research</i>. Vancouver, BC: Author.</p> <ul style="list-style-type: none"> • Canadian Nurses Association (1998). <i>Policy Statement: Evidence-based decision-making and nursing practice</i>. Ottawa, Canada: author.

Week of/ Number	Outcome/Material Covered	Reference/Reading
		<p>4. Polit, D.F., & Hungler, B.P. (1997). Literature reviews. In <i>Essentials of nursing research: Methods, appraisal, and utilization</i>, 4th ed. (pp. 91–106). Philadelphia: Lippincott.</p> <p>For class activity, all students read:</p> <p>Foster-Fitzpatrick, L., Ortiz, A., Sibilano, H., Marcantonio, R., & Braun, L.T. (1999). The effects of crossed leg on blood pressure measurement. <i>Nursing Research</i>, 48(2), 105–108.</p>
October 2	<p>8</p> <p>A. Empirical knowing</p> <p>4. Critique of research articles</p>	<p>1. Polit, D.F., & Hungler, B.P. (1997). Overview of the research process. In <i>Essentials of nursing research: Methods, appraisal, and utilization</i>, 4th ed. (pp. 31–41). Philadelphia: Lippincott.</p> <p>2. Polit, D.F., & Hungler, B.P. (1997). Major steps in quantitative and qualitative studies. In <i>Essentials of nursing research: Methods, appraisal, and utilization</i>, 4th ed. (pp. 41–49). Philadelphia: Lippincott.</p> <p>3. Polit, D.F., & Hungler, B.P. (1997). Reading research reports. In <i>Essentials of nursing research: Methods, appraisal, and utilization</i>, 4th ed. (pp. 49–57). Philadelphia: Lippincott.</p> <p>4. Clarke, H. (1996). Critically evaluating research reports. In J.R. Kerr & J. MacPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i>, (3rd ed.) (pp.114–116). St. Louis: Mosby.</p> <p>For class activity, all students read:</p> <p>Grielo-Peck, A.M., & Risner, P.B. (1995). The effect of a partnership model on quality and length of stay. <i>Nursing Economics</i>, 13(6), 367–374.</p> <p>Wolfe, Z.R. (1997). Nursing students' experience bathing patients for the first time. <i>Nursing Educator</i>, 22(2), 41–46.</p>
October 9	<p>9</p> <p>B. Ethical knowing</p> <p>1. What does the code say?</p> <p>2. Ethical principles.</p> <p>3. How do we act ethically in nursing situations?</p>	<p>All students read:</p> <p>Canadian Nurses Association. (1997). Code of ethics for registered nurses. Ottawa, ON: Author.</p> <p>Individual students read:</p> <p>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.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
	MIDTERM REVIEW OF COURSE	<ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> Savage, T.A., & Bosek, M.S.D. (1998). Moments of courage: reconciling the real and ideal in the clinical practicum. <i>Imprint</i> 45(3), 31–34. Government of Canada. (). <i>Charter of rights and freedoms</i>. Ottawa, ON: Author. MacPhail, J. (1996). Ethical issues and dilemmas in nursing practice. In J.R. Kerr & J. McPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i>, (3rd ed.) (pp. 256–266). St. Louis: Mosby.
October 16 10	C. Personal knowing <ol style="list-style-type: none"> What is it? How do we get it? 	<ol style="list-style-type: none"> Lauterbach, S.S., & Becker, P.H. (1996). Caring for self: Becoming a self-reflective nurse. <i>Holistic Nursing Practice</i>, 10(2), 57–68. Hover-Kramer, D., Mabbett, P., & Shames, K.H. (1996). Vitality for caregivers. <i>Holistic Nursing Practice</i>, 10(2), 38–48. MacDonald, G. (1998). Patterns of renewal in mothers who are nurses. <i>Canadian Nurse</i>, 94(1), 24–28. <ul style="list-style-type: none"> Dossey, B. (April, 1994). Mrs. Hill needed more than caring ... <i>Nursing</i> 94, (4), 68–70. Registered Nurses Association of British Columbia. (1998). <i>Fitness to practice: The challenge to maintain physical, mental & emotional health</i>. Vancouver, BC: Author. <p>For class activity, all students read: Kiersey, D., & Bates, M. (1984). Different drums and different drummers. In <i>Please understand me: Character & temperament types</i>, (pp. 1–26). Del Mar, CA: Prometheus Nemesis Book Company.</p>
October 23 11	Section IV — The Nursing Profession <p>A. Roles that nurses have in the health care system</p> <ul style="list-style-type: none"> guidelines for nurse-client relationships advocacy health promotion referral 	<ol style="list-style-type: none"> 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. International Conference on Health Promotion. (1986). <i>Ottawa Charter</i>. & <ul style="list-style-type: none"> Sibbald, B.J. (1996). One is too many. <i>Canadian Nurse</i>, 92(10), 22–24.

Week of/ Number	Outcome/Material Covered	Reference/Reading
		<p>3. • Registered Nurses Association of British Columbia. (1998). <i>The role of the nurse in advocacy</i>. Vancouver, BC: Author.</p> <p>4. Liaschenko, J. (1995). Ethics in the work of acting for patients. <i>Advances in Nursing Sciences</i>, 18(2), 1–12.</p> <p>For class activity, all students read: Priest, A. (1999, June 24). First Call. <i>The Georgia Straight</i>, p. 15–19.</p>
October 30 12	<p>B. The legal boundaries of nursing practice</p> <ol style="list-style-type: none"> 1. Obligations of the professional association re: public safety 2. Obligations of professional nurses re: standards 	<ol style="list-style-type: none"> 1. • Registered Nurses Association of British Columbia. (1994). <i>The regulation of nursing</i>. Vancouver, BC: Author. <ul style="list-style-type: none"> • Bruce, T. (1996). Regulating the health professions. <i>Nursing BC</i>, 28(3), 21–23. 2. • Registered Nurses Association of British Columbia. (1998). <i>Overview of Nurses (Registered) Act, rules and RNABC constitution and bylaws</i>. Vancouver, BC: Author. <ul style="list-style-type: none"> • Mass, H. (1998). When can you call yourself a nurse? <i>Nursing BC</i>, 30(2), 27–28. 3. • Griffiths, H. 1997. Incorporating standards in everything you do takes work, <i>Nursing BC</i>, 29(3), 11–12. <ul style="list-style-type: none"> • Griffiths, H. (1995). Professionalism in private practice. <i>Nursing BC</i>, 27(2), 33–34. 4. Registered Nurses Association of British Columbia. (1997). <i>RNABC corporate file</i>. Vancouver, BC: author. <p>For class activity, all students read and answer questions:</p> <p>Registered Nurses Association of British Columbia. (1992). <i>Standards of nursing practice in British Columbia</i>. Vancouver, BC: Author.</p>
November 6 13	<p>B. The legal boundaries of nursing practice (continued)</p> <ol style="list-style-type: none"> 3. Obligations of the individual nurse re: criminal and civil law. 	<ol style="list-style-type: none"> 1. • Registered Nurses Association of British Columbia. (1999). <i>Informed consent</i>. Vancouver, BC: Author. <ul style="list-style-type: none"> • Coltrin, J.B. (1995). Freedom of information. <i>Nursing BC</i>, 27(1), 34–35. 2. • Registered Nurses Association of British Columbia. (1998). <i>Overview of legislation relevant to nursing practice</i>. Vancouver, BC: Author.

Week of/ Number	Outcome/Material Covered	Reference/Reading
		<ul style="list-style-type: none"> Ellis, J. (1997). The client's right to know versus the nurse's right to be protected from harm. <i>Nursing BC</i>, 29(5), 11-12. <ol style="list-style-type: none"> Registered Nurses Association of British Columbia. (1993). <i>Negligence suits and the nurse</i>. Vancouver, BC: Author. Kerr, J.R., & Sirotnik, M. (Eds.). (1997). Professional Nursing Concepts & Practices; Legal Issues. In <i>Canadian fundamentals of nursing</i> (pp. 334-349). St. Louis: C.V. Mosby. <p>For class activity, all students read: Walker, D. (2000). Why do they complain about nurses? <i>Nursing BC</i>, 32(3), 26-28.</p>
November 13 14	<p>C. Nursing Practice Issues</p> <ol style="list-style-type: none"> Feedback from RNABC chapter meeting Feedback from clinical practice Issues from position statements 	<ol style="list-style-type: none"> Registered Nurses Association of British Columbia. (2000). <i>RNABC 1999 Annual Report</i>. Vancouver, BC: Author. Registered Nurses Association of British Columbia Position Statements: <ul style="list-style-type: none"> (1997) <i>The new health care</i>. (1998) <i>Clinical nurse specialist</i>. (1997) <i>Self employed nurse</i>. <ul style="list-style-type: none"> Clarke, H. (1998). Invisible nursing made visible. <i>Nursing BC</i>, 30(3), 10-12. Registered Nurses Association of British Columbia (1999). <i>Position: Education requirements for future nurses</i>. Vancouver, BC: Author. Wells, B. (1998). Taking charge of your practice. <i>Nursing BC</i>, 30(1), 16-17. Registered Nurses Association of British Columbia (1995). <i>Position Statement: Appropriate utilization of registered nurses</i>. Vancouver, BC: Author. <p>Attend a RNABC Chapter meeting at least once in the term. Identify issues of concern to the membership and bring these concerns to the class for discussion.</p> <p>Consider your nursing practice to date. Identify issues of concern and bring these concerns to the class for discussion.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
November 20 15	<p><u>Section V — Leadership & Followership</u></p> <p>A. What is it and what skills are needed?</p>	<ol style="list-style-type: none"> 1. DiRienzo, S.M. (1994). A challenge to nursing: Promoting followers as well as leaders. <i>Holistic Nursing Practice</i>, 91(1), 26–30. 2. Rost, J.C. (1994). Leadership: A new conception. <i>Holistic Nursing Practice</i>, 91(1), 1–8. 3. Chinn, P.L., (1995). Chapters 1, 2, 3. In <i>Peace and power: Building Communities for the future</i> (4th ed., pp. 1–22). New York: National League for Nursing Press.
	<p>B. Leadership and followership styles</p> <ol style="list-style-type: none"> 1. What is my style? 2. In what situations would my style be effective? 3. How do I go about improving my skills? <p>COURSE EVALUATION</p>	<ol style="list-style-type: none"> 4. Sampson, E.E., & Marthas, M. (1990). Leadership issues, types, and approaches. In <i>Group process for the health professions</i> (3rd ed.) (pp. 182–191 & 191–196). Albany, NY: Delmar Publishers Inc. <p>All students read:</p> <p>Registered Nurses Association of British Columbia. (1999). <i>Position: nursing leadership and quality care</i>. Vancouver, BC: Author.</p>
November 27 16	<p>C. Decision making and priority setting using appropriate leadership and followership</p> <ul style="list-style-type: none"> • The courageous conscience <p>COURSE EVALUATION</p>	<ol style="list-style-type: none"> 1. • Werner, J. (1997). An honest mistake, a courageous resolution. <i>Creative Nursing</i>, 3, 14–15. <div style="text-align: center;">&</div> <ul style="list-style-type: none"> • Sibbald, B. (1998). A passion for justice. <i>Canadian Nurse</i>, 94(3), 60, 59. 2. Kelley, R.E. (1992). The courageous conscience. In <i>The power of followership</i> (pp. 167–183). New York: Currency Doubleday. 3. Kelley, R.E. (1992). Ten steps to a courageous conscience. In <i>The power of followership</i> (pp. 184–198). New York: Currency Doubleday. 4. Wolfe, P.L. (1994). Risk taking: Nursing's comfort zone. <i>Holistic Nursing Practice</i>, 8(2), 43–52.