



FEB 26 2004

Course Outline

A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 1040**Professional Practice Seminar 1**

Start Date:	August, 2003	End Date:	December, 2003
Total Hours:	40	Total Weeks:	17
Hours/Week:	2	Lecture:	
		Lab:	6 hrs for course
		Course Credits:	2.5
		Seminar:	to Groups of 24
Prerequisites		NURS 1040 is a Prerequisite for:	
Course No.	Course Name	Course No.	Course Name
None		NURS 2040	Professional Practice Seminar 2
		NURS 2030	Nursing Practicum 2

■ 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.

■ Detailed Course Description

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

■ Evaluation

- An assignment that asks students to analyze assumptions present in a scenario and identify alternate perspectives that could be taken.
- 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.
- 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

Upon successful completion, the student will be able to:

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 an RNABC chapter meeting and/or a VGH Professional Practice 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.

■ Verification

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

Constance Johnston
Authoring Instructor

August 14, 2003
Date

I verify that this course outline has been reviewed.

Sain Kemer
Program Head/Chief Instructor

August 14, 2002
Date

I verify that this course outline complies with BCIT policy.

Freeman
Dean/Associate Dean

AUG 15 2002
Date

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

■ Instructor

Connie Johnston	Office Location: SE12418	Office Phone: 604-451-7189
	Office Hrs.: Posted at desk	E-mail Address: cjohnsto@bcit.ca
		Note: no "n" at end of name

■ Learning Resources

Required:

RNABC Membership — Cost \$53.50 per year for first time student membership, issued between January 1 and August 31. Student membership issued between September 1 and December 31 is \$37.45. A criminal record check is required, costing \$20.00, making the grand total \$57.50 for this fall term (date cheques for September 1, 2003). The following document will be sent with membership:

- Registered Nurses Association of British Columbia. (2000). *Standards of nursing practice in British Columbia*. Vancouver: Author. Included in this booklet on page 30 is Appendix 3: The Canadian Nurses Association *Code of ethics for registered nurses*. Ottawa: 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, 2004.

Recommended:

American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: Author.

■ Information for Students

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

Assignments: Late assignments, lab reports or projects will **not** be accepted for marking. Assignments must be done on an individual basis unless otherwise specified by the instructor.

Ethics: BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating or plagiarism may, therefore, result in a grade of zero for the assignment, quiz, test, exam or project for all parties involved and/or expulsion from the course.

Attendance: The attendance policy as outlined in the current BCIT Calendar will be enforced. Attendance will be taken at the beginning of each session. Students not present at that time will be recorded as absent.

Illness: A doctor's note is required for any illness causing you to miss assignments, or weekly discussion groups. At the discretion of the instructor, you may complete the work missed or have the work prorated.

Attempts: Students must successfully complete a course within a maximum of three attempts at the course. Students with two attempts in a single course will be allowed to repeat the course only upon special written permission from the Associate Dean. Students who have not successfully completed a course within three attempts will not be eligible to graduate from the appropriate program.

Course Outline Changes: The material or schedule specified in this course outline may be changed by the instructor. If changes are required, they will be announced in class.

■ **Information for Students (cont'd.)**

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 or those distributed in class) are on reserve in the library.
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 for an individual to be 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/Attendance: (cont'd.)

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.

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 second 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 25, Set A attends 0930–1030 and Set B attends 1030–1130 in Library Room 301. An orientation to CD ROM and Web-based data bases is scheduled Week 3 for Set A and Week 4 for Set B. Set A attends Thursday, September 11 from 1330 to 1430 hours. Set B attends Thursday, September 18 from 1330 to 1430 hours. 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, an APA class is scheduled Thursday, August 21 from 1530–1630 in SE12-412. For Set B, an APA class is scheduled Thursday, August 21 from 0930–1030 in SE12-412. For both sets an assumption class is scheduled Monday, August 25 from 0930–1030 in SE12-412.
3. **Orientation to word processing using APA template:** An orientation session is scheduled for those students who need more help with word processing and APA. We will provide an APA template for those students who want this help. Set A attends the Computer Lab Friday, September 12 in SE12-322 from 1530 to 1730. Set B attends the Computer Lab Friday, September 19 in SE12-322 from 1530 to 1730. 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 0900 hrs on the due date.** Papers may be submitted in class or put them in the appropriate faculty box in SE 12-418.
3. If an assignment is late, the mark for the assignment will drop 10% 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 16, 2003.

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).

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

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.

■ Assignment Details (cont'd.)

Scenario 2 (cont'd.)

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."

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 shortcuts 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

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 are 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.

■ **Assignment Details (cont'd.)**

Marking Criteria for assumption paper:

The content of the paper (65% of the 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.

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

■ **Assignment Details (cont'd.)**

B. Image Paper — Due November 20, 2003.

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 the total 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 are 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.
- 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 total 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.

■ **Assignment Details (cont'd.)**

The structure of the paper (25% of the total mark) (cont'd.):

- /11 APA format is followed:
- ▶ character spacing, font style and size, paper colour 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 total mark):

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

Schedule

Week of/ Number	Outcome/Material Covered	Reference/Reading
August 21 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 28 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, S. (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, S. (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, S. (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>
September 11 3 Note: Library Orientation Set A 1330–1430	<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. • Mansell, D. (1995). Sources in nursing historical research: A thorny methodological problem. <i>Canadian Journal of Nursing Research</i>, 27(3), 83–86. 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.

Week of/ Number	Outcome/Material Covered	Reference/Reading
		<p>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.</p> <p>4. Zilm, G., & Warbink, E. (1995). Early tuberculosis nursing in British Columbia. <i>Canadian Journal of Nursing Research</i>, 27(3), 65–81.</p> <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>
<p>September 18 4</p> <p>Note: Library Orientation Set B 1330–1430</p>	<p><u>Section II — BCIT Nursing Philosophy</u></p> <p>A. Phenomenology, Critical Social Theory and Humanism</p> <ol style="list-style-type: none"> 1. What do the words mean? 2. How do the concepts affect nursing practice? <p>B. Partnership, Specialty Nursing, Technology as Practice</p> <ol style="list-style-type: none"> 1. What do the words mean? 2. How do the concepts affect my nursing practice? 	<ol style="list-style-type: none"> 1. 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. 2. 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. 3. BCIT Nursing Program Overview. 4. 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>
<p>September 25 5</p>	<p>C. Professional Caring</p> <ol style="list-style-type: none"> 1. What is it? 2. 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"> 1. • 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), 48–50. 2. Brookfield, S. (1993). On impostership, cultural suicide, and other dangers: How nurses learn critical thinking. <i>Journal of Continuing Education for Nurses</i>, 24(5), 197–205. 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. 4. Paterson, B. (1998). An answer for Sandra. <i>Canadian Nurse</i>, 98(4), 14–15. <p>To answer questions, all students read:</p> <p>Hall, M.D. (1996). Letting go. <i>Nursing</i> 96, 26(11), 54–56.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
October 2 6	C. Professional Caring 3. Emotive elements: <ul style="list-style-type: none"> • Partnership based on: <ul style="list-style-type: none"> – Dialogue and – Shared meaning 	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: Canadian Hospital Publication. 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. 3. <ul style="list-style-type: none"> • McMaster Nursing Curriculum. • 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: University of Pennsylvania Press. 4. Boon, L. (1998). Caring practices and the financial bottom line. <i>Canadian Nurse</i> , 94(4), 27–32. For class activity, all students complete: Questions on Caring.
October 9 7	<u>Section III — Ways of Knowing</u> <ul style="list-style-type: none"> • empirical, ethical, personal knowing combine in the art of nursing A. Empirical Knowing <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 	1. Polit, D.R., & Hungler, B.P. (1999). Introduction to nursing research. In <i>Nursing research: Principles and methods</i> (6th ed., pp. 3–16). Philadelphia: Lippincott. 2. Polit, D.R., & Hungler, B.P. (1999). Purposes of nursing research. In <i>Nursing research: Principles and methods</i> (6th ed., pp. 16–22). Philadelphia: Lippincott. 3. <ul style="list-style-type: none"> • Registered Nurses Association of British Columbia. (2003). <i>Nursing and research</i>. Vancouver, BC: Author. www.mabc.bc.ca • Canadian Nurses Association. (1998). <i>Policy Statement: Evidence-based decision-making and nursing practice</i>. Ottawa, Canada: Author. www.can-nurses.ca/_frames/policies/policiesmainframe.htm 4. Polit, D.R., & Hungler, B.P. (1999). Literature reviews. In <i>Nursing research: Principles and methods</i> (6th ed., pp. 79–89). Philadelphia: Lippincott. For class activity, all students read: 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.

Week of/ Number	Outcome/Material Covered	Reference/Reading
October 16 8	A. Empirical Knowing 4. Critique of research articles	1. Davies, B., & Logan, J. (1999). Forward introduction. In <i>Reading research</i> (2nd ed. revised, pp. i-ii, 1-3). Canadian Nurses Association. 2. Davies, B., & Logan, J. (1999). Easy steps for reading research. In <i>Reading research</i> (2nd ed. revised, pp. 4-11). Canadian Nurses Association. 3. Davies, B., & Logan, J. (1999). Data analyses and results. In <i>Reading research</i> (2nd ed. revised, pp. 12-20). Canadian Nurses Association. 4. Davies, B., & Logan, J. (1999). References and resources. In <i>Reading research</i> (2nd ed. revised, pp. 21-30). Canadian Nurses Association. For class activity, all students read: 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. Wolfe, Z.R. (1997). Nursing students' experience bathing patients for the first time. <i>Nursing Educator</i> , 22(2), 41-46.
October 23 9	B. Ethical Knowing 1. What does the code say? 2. Ethical principles 3. How do we act ethically in nursing situations? MIDTERM REVIEW OF COURSE	All students read: Canadian Nurses Association. (1997). <i>Code of ethics for registered nurses</i> . Ottawa, ON: Author. Individual students read: 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. 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. 3. • Savage, T.A., & Bosek, M.S. (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. 4. 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.

Week of/ Number	Outcome/Material Covered	Reference/Reading
October 30 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. (1994, April). 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 and emotional health</i>. Vancouver, BC: Author. <p>For class activity, all students read:</p> <p>Kiersey, D., & Bates, M. (1984). Different drums and different drummers. In <i>Please understand me: Character and temperament types</i> (pp. 1–26). Del Mar, CA: Prometheus Nemesis Book Company.</p>
November 6 11	<u>Section IV — The Nursing Profession</u> A. Roles that Nurses have in the Health Care System <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. <ul style="list-style-type: none"> International Conference on Health Promotion. (1986). <i>Ottawa Charter</i> and Sibbald, B.J. (1996). One is too many. <i>Canadian Nurse</i>, 92(10), 22–24. Registered Nurses Association of British Columbia. (1998). <i>The role of the nurse in advocacy</i>. Vancouver, BC: Author. Liaschenko, J. (1995). Ethics in the work of acting for patients. <i>Advances in Nursing Sciences</i>, 18(2), 1–12. <p>For class activity, all students read:</p> <p>Priest, A. (1999, June 24). First call. <i>The Georgia Straight</i>, pp. 15–19.</p>
November 13 12	B. The Legal Boundaries of Nursing Practice <ol style="list-style-type: none"> Obligations of the professional association re public safety Obligations of professional nurses re standards 	<ol style="list-style-type: none"> <ul style="list-style-type: none"> Registered Nurses Association of British Columbia. (2000). <i>The regulation of nursing</i>. Vancouver, BC: Author. Bruce, T. (1996). Regulating the health professions. <i>Nursing BC</i>, 28(3), 21–23.

Week of/ Number	Outcome/Material Covered	Reference/Reading
		<ol style="list-style-type: none"> 2. <ul style="list-style-type: none"> • Registered Nurses Association of British Columbia. (1998). <i>Overview of nurses (registered) act, rules and RNABC constitution and bylaws</i>. Vancouver, BC: Author. www.rnabc.bc.ca • Mass, H. (1998). When can you call yourself a nurse? <i>Nursing BC</i>, 30(2), 27–28. www.rnabc.bc.ca 3. <ul style="list-style-type: none"> • Griffiths, H. 1997. Incorporating standards in everything you do takes work. <i>Nursing BC</i>, 29(3), 11–12. • 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. (2000). <i>Standards of nursing practice in British Columbia</i>. Vancouver, BC: Author. www.rnabc.bc.ca</p>
November 20 13	<p>B. The Legal Boundaries of Nursing Practice (cont'd.)</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. <ul style="list-style-type: none"> • Registered Nurses Association of British Columbia. (2000). <i>Informed consent</i>. Vancouver, BC: Author. www.rnabc.bc.ca • Coltrin, J.B. (1995). Freedom of information. <i>Nursing BC</i>, 27(1), 34–35. 2. <ul style="list-style-type: none"> • Registered Nurses Association of British Columbia. (1999). <i>Overview of legislation relevant to nursing practice</i>. Vancouver, BC: Author. • 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. www.rnabc.bc.ca 3. Registered Nurses Association of British Columbia. (1993). <i>Negligence suits and the nurse</i>. Vancouver, BC: Author. 4. Kerr, J.R., & Sirotnik, M. (Eds.). (1997). Professional nursing concepts and practices: Legal issues. In <i>Canadian fundamentals of nursing</i> (pp. 334–349). St. Louis: C.V. Mosby.

Week of/ Number	Outcome/Material Covered	Reference/Reading
		<p>For class activity, all students read:</p> <ul style="list-style-type: none"> Buresh, B., & Gordon, S. (2000). Tell the world what you do. <i>Canadian Nurse</i>, 96(6), 14–19. Walker, D. (2000). Why do they complain about nurses? <i>Nursing BC</i>, 32(3), 26–28.
November 27 14	<p>C. Nursing Practice Issues</p> <ol style="list-style-type: none"> Feedback from RNABC chapter meeting or Professional Practice Group Feedback from clinical practice Issues from position statements 	<ol style="list-style-type: none"> Registered Nurses Association of British Columbia. (2002). <i>RNABC 2002 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>. www.rnabc.bc.ca (1998) <i>Clinical nurse specialist</i>. (1997) <i>Self employed nurse</i>. www.rnabc.bc.ca <ul style="list-style-type: none"> Clarke, H. (1998). Invisible nursing made visible. <i>Nursing BC</i>, 30(3), 10–12. Stoddard, L. (2002). A reflection on my education experience. <i>Canadian Nurse</i>, 02(01), 6–7. <ul style="list-style-type: none"> 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 or a Professional Practice Group at least once in the term. Identify issues of concern to the membership and bring these concerns to the class for discussion. Consider your nursing practice to date. Identify issues of concern and bring these concerns to the class for discussion.</p>
December 4 15	<p><u>Section V — Leadership and Followership</u></p> <p>A. What is it and what Skills are Needed?</p> <p>B. Leadership and Followership Styles</p> <ol style="list-style-type: none"> What is my style? In what situations would my style be effective? How do I go about improving my skills? 	<ol style="list-style-type: none"> DiRienzo, S.M. (1994). A challenge to nursing: Promoting followers as well as leaders. <i>Holistic Nursing Practice</i>, 91(1), 26–30. Rost, J.C. (1994). Leadership: A new conception. <i>Holistic Nursing Practice</i>, 91(1), 1–8. 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. 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 and 191–196). Albany, NY: Delmar Publishers Inc.

Week of/ Number	Outcome/Material Covered	Reference/Reading
	COURSE EVALUATION	All students read: Registered Nurses Association of British Columbia. (2001). <i>Position: Nursing leadership and quality care</i> . Vancouver, BC: Author. www.rnabc.bc.ca
December 11 16	C. Decision Making and Priority Setting Using Appropriate Leadership and Followership <ul style="list-style-type: none"> The courageous conscience COURSE EVALUATION	<ol style="list-style-type: none"> Werner, J. (1997). An honest mistake, a courageous resolution. <i>In Creative Nursing</i>, 3, 14–15. Sibbald, B. (1998). A passion for justice. <i>Canadian Nurse</i>, 94(3), 60, 59. Kelley, R.E. (1992). The courageous conscience. <i>In The power of followership</i> (pp. 167–183). New York: Currency Doubleday. Kelley, R.E. (1992). Ten steps to a courageous conscience. <i>In The power of followership</i> (pp. 184–198). New York: Currency Doubleday. Wolfe, P.L. (1994). Risk taking: Nursing's comfort zone. <i>Holistic Nursing Practice</i>, 8(2), 43–52.

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
NURSING PROGRAM
NURS 1040 PROFESSIONAL PRACTICE SEMINAR 1
QUESTIONS FOR CLASS DISCUSSION

Some students find the following questions useful in preparing for discussions in their small group. Other students think that summarizing the reading in their words is a more helpful way of preparing for the discussions. Please **choose** the way that works for you. **You must have detailed written information at the beginning of each class** that will serve as a resource for your group discussions.

SECTION I - HEALTH CARE

WEEK 2 - A. THE SYSTEM TODAY

1. Du Gas, Esson, and Ronaldson (1999) describe health care in Canada.
 - What do the terms welfare state, welfare society, healthy public policy and social safety net mean?
 - How does Canada's national health care model differ from those of Great Britain and the United States?
 - What are the five principles on which the Canadian model was founded? How are these principles carried out in practice?
 - Why is each provincial health insurance program different from those of other provinces?
 - What specific hospital, outpatient, extended care and medical services are included in all provincial health care insurance programs? What other services are included in British Columbia's health insurance plans?
 - Describe the need for health care reform in Canada. What health care reforms have taken place in British Columbia?
2. Du Gas, Esson, and Ronaldson (1999) describe the continuum of health services in Canada. What is meant by the continuum of health services?
 - What is primary health care? What principles are included in primary health care? What services are included in essential health services in primary health care?
 - To implement the primary health care philosophy in Canada, we are following the Epp Framework for Health Promotion. How is health promotion described? Describe the three mechanisms intrinsic to health promotion. Describe the three strategies for promoting the health of Canadians.
 - Dus Gas, Esson, and Ronaldson say
the primary support for both health and welfare comes from family and friends, who care for and support you when you are ill. Back up is provided by religious and voluntary organizations and by municipalities through their community services. Over and above these layers protecting

our health and welfare, we have the provincial and federal governments (p. 59).

What roles do friends and family have in your health care? Describe the services available for home care of people who are ill?

- Describe the major responsibilities of federal, provincial and municipal governments in health and welfare in Canada?
 - Describe the role of voluntary and religious agencies in health and welfare in Canada?
 - Describe the types of agencies that provide health service in Canadian communities?
3. Dus Gas, Esson, and Ronaldson (1999) continue to describe the continuum of health care services in Canada.
- Describe the basic purpose of hospitals. Describe the different types of hospitals in Canada.
 - Describe the role of the provincial governments in health care.
 - Describe the role of the Workers' Compensation Boards in health care.
 - Describe the role of the federal government in health care.
 - What role does the private sector play in health care in Canada?
 - Describe the roles of at least 10 health care practitioners. What is alternative/complimentary medicine? Describe the role of at least two of these practitioners.
 - What services do volunteers provide in health care?
4. The special contribution of nurses: A discussion paper (RNABC, 1990) describes the role of nurses in health care.
- Under the Nurses (Registered) Act Rules (1988), what does the practice of nursing mean?
 - What does the Registered Nurses Association of British Columbia (RNABC) identify as the purpose of nursing? How is this purpose achieved?
 - Describe the special contribution nurses make to caring, health promotion, partnership and leadership.
 - How might student nurses make a special contribution to health care?

WEEK 3 - B. NURSING AND HEALTH CARE HISTORY

All students answer these questions:

Brookfield (1991) describes his view of critical thinking.

- How does Brookfield suggest you recognize critical thinking?
- Describe his components of critical thinking in your own words.
- Describe his process of developing critical thinking.

- Because critical thinking is an important goal of this course, what activities would you expect to see in this course?

1. Kerr (1996) describes early nursing in Canada from 1600-1760.

- Who was the focus of health care in the French colony? Why?
- Describe the first nurses in the French colony? What did they do to care for their patients?
- Why were women recruited into nursing?
- What training did the first women nurses have?
- The sick were cared for primarily in hospitals. Why were they not cared for in their homes? Who gave the care?
- What was the role of the physician at this time?
- What were the differences between the Canadian nurses and English nurses at this time?
- What evidence does the author provide to support her conclusions?

Mansell (1995) describes a methodological problem with historical research.

- What is it?
- How does this problem affect the validity of the history of nursing in Canada?

2. Kerr (1996) also describes nursing in Canada from 1760 to the present.

- What effect did the change to British rule have on health care in Canada?
- What health problems did immigration cause in Canada at this time? How were the problems dealt with?
- What influence did Florence Nightingale have on nursing in Canada?
- What impact did religious nursing orders have on health care in Western Canada?
- Why did Mrs. Fenwick, a British suffragette leader, work for the organization of nurses?
- What did the Canadian Association of Trained Nurses do for nurses?
- What role did nurses play in the World Wars?
- Why were preventive services implemented in the early twentieth century?
- What evidence does the author give to support her conclusions?

3. Rafferty (1995) describes the sociopolitical climate of early nursing reform.

In England, prior to 1860, nurses worked primarily in homes (the domiciliary nurse). Rafferty asserts that three groups of people wanted to remove the domiciliary nurse from the home environment; physicians, "religious sisterhoods, and nursing leaders keen to expand the opportunities for educated women" (p. 44).

- Why did she think the physicians wanted to remove the domiciliary nurse from the home?
- What care did domiciliary nurses give patients at this time? What care did physicians give?

- What education did the domiciliary nurses have? What education did physicians have?
 - From what social class did the domiciliary nurse come? How did this compare with the social class of physicians?
 - How did the move of nurses into hospitals help physicians?
 - How were the 'nursing sisters' different from the domiciliary nurses?
 - What concerns did the 'nursing sisters' have about the domiciliary nurses?
 - What similarities were there between hospitals and factories?
 - What work could educated middle-class women do at that time? What role could educated women play in the new hospitals?
 - What character traits were required of hospital nurses?
 - What effect did these traits have on the practice of nursing?
 - Why did it require a suffragette leader to introduce a quest for autonomy in nursing?
 - What evidence did the author provide to support her conclusions?
4. Zilm and Warbinek (1995) relate the story of nursing tuberculosis patients in British Columbia.
- Briefly describe the history of tuberculosis.
 - Describe tuberculosis care in hospitals. What role did nurses play in that care?
 - Describe tuberculosis care in sanatoriums. What role did nurses play in that care?
 - Describe tuberculosis care in the community. What role did nurses play in that care?
 - What conclusions did the authors make as a result of their investigation?
 - Did the evidence they provide support the conclusions drawn? What rationale do you have for your conclusions?

SECTION II - BCIT NURSING PHILOSOPHY

WEEK 4 - A. PHENOMENOLOGY, CRITICAL SOCIAL THEORY & HUMANISM

All students answer the following questions:

- a) Phenomenology is a movement in philosophy that looks at the lived experience of people. This movement is interested in individual perceptions and the meaning people give to their experiences. The context of experiences is very important in understanding the meaning associated with it. These individual contextual understandings are central to phenomenology.
 - As phenomenology is part of the philosophy underlying the program, how would you expect to treat classmates and patients in this program?
- b) Humanism is a theory of learning that says that people learn by experiencing meaningful events. This theory suggests that individuals construct their knowledge at

their pace. Also, people are free to choose and are responsible for the choices they make.

- As this is the learning theory used in the program, how would you expect to learn here? What feelings might result from this type of learning?
- How would you expect to treat classmates and patients in this program?

Individual students prepare the following questions:

1. Allen (1987) describes critical social theory.
 - What does critical social theory say about power in relationships?
 - He says “power relations arise ... through the internalization of unequal social relations into one’s self-concept or identity” (p. 64). What does this mean?
 - Define autonomy, responsibility and authority from the critical social theory perspective. Give an example of each.
 - Give an example of how power (in authority) might be abused.
 - What advice does Allen give to make discussion as free from constraint as possible?
 - Are hospital patients and/or nurses free from constraints? What evidence do you have to support your views?

B. PARTNERSHIP, SPECIALTY NURSING, TECHNOLOGY AS PRACTICE

2. McConnell (1998) describes the impact of technology on patients.
 - How does she define technology? How is technology classified? What is the purpose of the different classifications?
 - What is the purpose of health care technology?
 - What is the public’s view of high tech health care? How does this view compare with your view?
 - She thinks “nurses are the patient’s bridge to the personal, human world within an impersonal, technologic world” (p. 26). How does she think nurses achieve this goal?
 - She thinks the requirement for bringing technology comfortably into the patient’s experience has many implications for nurses. What are the implications for educators, clinical nurses, administrators and researchers?
 - How might you cope with increasingly complex technology?
3. BCIT Nursing Program Curriculum Overview describes the concepts that will be discussed in this curriculum.
 - Describe acute care nursing, partnership, and technology-as-practice in your own words.
 - The philosophy defines human beings, context, health, and professional caring. List the important elements in the definition of each.
 - Describe the process threads of professionalism, communication, systematic inquiry, professional growth, creative leadership and technical skills.

- The program outcomes describe the behaviour of graduates. List the important parts of each outcome.
 - How might the framework of self-directed learning, small-group learning, and problem-based learning help students achieve these outcomes?
4. Wilson & Hobbs (1995) describe a therapeutic partnership model used in psychiatric nursing practice.
- What beliefs or values underlie this partnership model?
 - What are the rights and responsibilities of each person in the partnership?
 - Briefly describe the partnership building process of alliance, accompaniment, agreement, action and accessibility.
 - How might you apply this model in your nursing practice?

WEEK 5 -C. PROFESSIONAL CARING - RATIONAL ELEMENTS

All students please review the curriculum overview and write the definition of professional caring in your words.

Individual students answer the following questions:

1. Revisit Brookfield's (1987) views on critical thinking that you read earlier in the term.
 - What should you consider when making decisions?
 - How would you know you were being reflectively skeptical?
 - How can you apply Brookfield's model to nursing situations?
 - Llewellyn (1999) describes an anecdote in which critical thinking was used. Analyze the decision making of Llewellyn using Brookfield's model. What was the context, what assumptions were made, were they validated, and what alternate perspectives were considered.
2. Brookfield (1993) describes the dangers of using critical thinking in the health care system.
 - Describe the dangers in your words. What context has he identified for these dangers?
 - What assumptions does he make when he describes these dangers?
 - What alternate perspectives can you suggest for the consequences of critical thinking in health care?
 - What actions can you take to maximize the gains of critical thinking and minimize the losses?
 - Describe a critical thinking situation you have experienced in the practicum area. What consequences of critical thinking did you notice or experience?
3. Perry (1992) describes the types of decisions made in clinical nursing.
 - What is the cause of the uncertainty in clinical decision-making?

- How can you learn to deal with this uncertainty in nursing practice?
- What assumptions is she making when she comes to these conclusions?
- She notes that analytic decision making is different depending on the number of alternatives to be considered. What evidence does she provide to support her views? Does your experience in practicum support this assertion?
- Analyze Hall's (1996) decision-making using an analytical decision making strategy Perry suggests. Is this a strategy you intend to implement clinically? Why?

4. Patterson (1998) describes research-mindedness in nursing.

- Why is research based evidence not accessed or used routinely by nurses?
- Prior to the nurses investigations, why and how were treatment decisions made in the treatment of fever?
- What did the nurses discover from their research on fever treatment?
- How did the nurses prepare for their conference presentation?
- What was the outcome?
- What is research-based practice?
- How could nurses go about promoting research-based practice?
- What is the danger of providing nursing care based on tradition and doctors' orders, rather than on empirical evidence?

WEEK 6 - PROFESSIONAL CARING - EMOTIVE ELEMENTS

For class activity, all students complete: Questions on Caring.

1. Sister Roach (1987) describes caring with five 'c' words.
 - What are the five 'c' words? Define each in your words.
 - How do the five 'c' words relate to the concept of professional caring in this curriculum?
 - What other 'c' words does she suggest to make her discussion of caring more complete?
 - Consider the practicum experiences you have had to date. Do the words she suggests completely describe your caring? What would you change? Why?
 - What evidence does Sister Roach provide to support her views?
 - What is the context in which Sister Roach writes?
 - What impact might this context have on her views?
2. Radwin (1996) reviews the research on the concept of knowing the patient.
 - What does Radwin mean when she uses the term 'knowing the patient'?
 - What results of knowing the patient did she find in the research?
 - What factors associated with knowing the patient did she find in the research?
 - From her perspective, how is knowing the patient important for nursing practice? Does your practicum experience to date support her perspective?
 - What is the context in which Radwin writes?
 - How might this context influence her analysis of the research?

3. The McMaster Nursing Curriculum describes professional caring.
 - Describe professional caring in your words.
 - What activities are included in the emotive elements of professional caring?
 - Partnership, dialogue, and shared meaning are described when talking about caring. What do they mean, and how do they connect with each other.
 - They use Gaut's analysis of caring to describe the conditions or characteristics of the nurse that are essential to caring. What are they?
 - Consider the practicum experience you have had to date. Does the McMaster view of nurse-patient relationships completely describe your experiences of caring? What would you change? Why?
 - What evidence do the authors provide to support their views?
 - What is the context of the authors of this document?
 - ♦ What impact might this context have on their views?

Chaisson (1996) describes a nursing experience she had.

- How did Ms. Chaisson go about understanding Mrs. A's situation?
 - Why was Ms. Chaisson able to see Mrs. A. differently than her doctors?
 - What does this situation tell you about the difference between medicine and nursing?
4. Boon (1998) reports on a study of nurses' ability to care during times of economic constraint.
 - What economic constraints does she describe in the article?
 - What themes did she think the participants identified?
 - What conclusions did she draw from the themes?
 - Are the conclusions reasonable given the data?
 - What is the context in which Boon writes?
 - How might this context influence her analysis of the research data?

SECTION III - WAYS OF KNOWING

WEEK 7 - EMPIRICAL KNOWING INTRODUCTION

All students, answer the following questions:

- a) The BCIT Curriculum says that the empirical, ethical, and personal ways of knowing combine in the art of nursing. Write a maximum of three sentences to explain the meaning of this sentence in your words.
- b) When we talk about research as a basis for practice, there is an assumption that ritual and authority (usual practice) are not a reliable basis for practice. Is this a valid assumption? What is the basis for your view?

Individual students prepare the following questions:

1. Polit and Hungler (1999, pp. 3-16) describe nursing research.

- What is the importance of research in nursing?
- Describe the roles of nurses in nursing research?
- Describe the current topics of interest to nurse researchers. Speculate on the reasons for this interest. What topics would be relevant for your practice in level 1?
- List the sources of knowledge described in the reading.
- Describe the difference between the positivist and naturalistic paradigms for research.
- How do these paradigms relate to quantitative and qualitative methods?
- Describe the limitations of scientific research.

2. Polit and Hungler (1999, pp. 16-22) continue to describe nursing research.

- Describe the purposes of scientific research.
- What is the purpose of description in scientific research? How might this be done?
- What is the purpose of exploration in research? How might this be done?
- What is the purpose of explanation in research? How might this be done?
- What is the purpose of prediction and control in research? How might this be done?
- What is the difference between basic and applied research?
- What can you expect in the research literature?
- What questions might you have for a preliminary overview of a research report?
- What is a researchable question? What is not researchable?

3. The RNABC (1997) defines research.

- What is their definition of research?
- What rationale do they give for the nurses' role in research?
- They describe the roles that clinical nurses have in using research in practice. What are they?
- What do they expect nurse employers to do regarding research?
- What is your hospital's policy regarding nursing research?

The Canadian Nurses Association (1998) has developed a policy statement regarding nurses and research.

- How do they define evidence?
- Describe the responsibility of nurses regarding evidence-based practice.

4. Polit and Hungler (1999, pp. 79-89) describe a process for preparing literature reviews. They emphasize research reviews because it is the focus of their text. The information could apply more generally to any literature review.

- What are the two ways that the term 'literature review' is used?
- What are the purposes of a literature review?
- Describe some ways of locating relevant literature for a review?

- What is the difference between primary and secondary sources?
- The authors say that review articles on a topic are good places to start a literature review. What is their rationale for this view? Where could you find review articles?
- The authors make a distinction between opinion articles, research articles and anecdotal articles. What is/are the difference(s) between them? Why do they make a distinction?
- How do they suggest you organize the gathered information?
- The literature review requires a critique of the information. How could you critique literature on a topic rather than research? How could you use this information to help you write the image paper that is due at the end of the term?
- The authors provide suggestions about the content and written style of the review. Summarize 5 of them for your group.
- What can you expect re: literature reviews in the research literature?

WEEK 8 - EMPIRICAL KNOWING – CRITIQUE OF RESEARCH

1. Davies & Logan (1999, pp. i-ii, 1-3) review the research process.
 - Why is the CNA committed to research?
 - What other bodies request health care be based on research?
 - Who is in the best position to assist researchers in evaluating practice?
 - Who does CNA collaborate with?
 - How do the authors define research? What is an alternative way?
 - How does incorporating research help to continuously improve health care?
 - Why read research articles?
 - What advice can you give to make reading research more desirable?
 - What is meant by the phrase “a healthy dose of skepticism is needed” when reading research?
2. Davies & Logan (1999, pp. 4-11) continue to review the research process.
 - What are the steps for reading research?
 - What are the three basic types of quantitative variables?
 - What is quantitative design?
 - What is qualitative design?
 - What is design bias?
 - Define the term “sample”.
 - Describe the term “data collection”.
 - What does “reliability” mean.
 - When is a tool considered valid?
 - How do “sensitivity” and “specificity” differ?
 - How are ethical issues considered in research?
3. Davies & Logan (1999, pp. 12-20) continue to review the research process.

- What methods of data analysis are used?
 - What are the main research results in a quantitative study?
 - What are the main research results in a qualitative study?
 - What are some sources of bias?
 - What does the “Discussion” accomplish?
 - What are some questions to ask about using research results?
 - What must you consider when deciding whether to use research results?
 - Where would one find interesting research results?
 - What would you investigate further if you wanted to learn more?
4. Davies & Logan (1999, pp. 21-30) continue to review the research process.
- Is the reference page comprehensive?
 - Discuss the resources for research articles listed on page 22.
 - Discuss the Web sites suggested to launch a search for research information.
 - Outline “The Reader’s Companion Worksheet”.
 - Use this guide to critique the research reports distributed in the first research class.

Some students have taken statistics courses and others have some experience with reading research reports. What does it mean when quantitative results are significant at a ‘p’ value?

WEEK 9 – WAYS OF KNOWING - ETHICAL

All students consider the following questions:

The Canadian Nurses Association (1997) developed a Code of Ethics for Registered Nurses that describes the values and obligations of professional nurses.

- In your words, describe the fundamental values of the code.
- What obligations do they entail?
- What happens when the values and obligations are not upheld?
- What happens when personal values conflict with professional values?

Individual students prepare the following questions:

1. Schlessinger (1996) describes character, courage, and conscience.
 - Summarize her view of character and conscience.
 - What is the difference between these two ideas?
 - How does courage relate to character and conscience?
 - Is courage to act on professional values required in nursing? What values of the Code of Ethics for Registered Nurses (CNA, 1997) might take courage to act on?
 - Her experience in talk-radio is that the majority of people try to avoid the consequences of their actions. What is your perspective on this issue? What evidence do you have to support your perspective?

2. Catalano (1997) describes some basic information about ethics.
 - Describe six ethical principles. How are they used in ethical dilemmas?
 - What obligations do professionals have in our society?
 - What rights do citizens of our society have?
 - Describe the differences between the utilitarian and deontology systems of ethical decision making. Using each system, decide who should get home care nursing on hospital discharge when that service is in very short supply.
 - How is the Code of Ethics for Registered Nurses (CNA, 1997) used in ethical decision making?
3. Savage and Bosek (1998) describe a number of student practicum experiences.
 - What ethical issues are identified?
 - How do they suggest you go about resolving ethical dilemmas in the practicum situation?
 - They describe resolutions to the ethical issues identified. Does the Code of Ethics for Registered Nurses (Canadian Nurses Association, 1997) agree with the position they take on all the issues?

The Canadian Charter of Rights and Freedoms describes the rights of all Canadians.

- How do these legislated rights compare with the professional values identified in the Code of Ethics for Registered Nurses (CNA, 1997)?
4. MacPhail (1996) describes some ethical issues in the Canadian health care system.
 - Summarize the issues so that your group members understand the complexities of them.
 - What values of the Code of Ethics for Registered Nurses (CNA, 1997) do they relate to?

WEEK 10 – WAYS OF KNOWING - PERSONAL

All students:

- a) In your words, describe personal knowing. What sorts of things have you learned in your experiences with people?
- b) Complete the questionnaire developed by Kiersey and Bates (1984) and identify the basic character type you have.
 - How could you validate their assumption that people tend to act in four basic ways?
 - If you could validate their assumption, what use could knowing the four basic ways people tend to behave have for you as a nurse?
 - Kiersey and Bates developed their questionnaire from Myers and Briggs work in the 1950's. What impact does this context have on the questionnaire?

Individual students do the following:

1. Lauterbach and Becker (1996) describe ways to get a better understanding of oneself. They assume that knowing oneself helps understand others.
 - How could you validate this assumption?
 - Their experiences tell them that writing about personal experiences increases self-understanding. What experiences do you have with personal journals that would support or oppose this hypothesis?
 2. Hover-Kramer, Mabbett, & Shames (1996) describe ways to maintain energy for caring work.
 - List the ways.
 - What suggestions have you used in this program? How effective were they?
 3. MacDonald (1998) describes ways that mothers who are nurses renew their energy.
 - List the ways.
 - How might this research help you understand the nurses and/or patients with whom you work?
 - What suggestions have you used? How effective were they?
 4. Dossey (1994) describes a patient situation.
 - List what she has learned about nursing and patient care from this situation.
 - List at least 2 things you have learned about nursing and/or patients from your experiences in the hospital.
- RNABC (1998) describes fitness to practice.
- List the stressors in the work environment that you have experienced in the practicum setting.
 - What effects have these stressors had on you? How might they affect an employer?
 - Summarize the responses to stressors described in the booklet.
 - Summarize how nurses become exhausted. What effects does this exhaustion have on their practice?
 - From your perspective, list the 5 most important self-assessment signs of chronic stress. What are some of the maladaptive coping strategies people use to cope with stress?
 - Summarize the suggestions for healing from chronic stress? Could people experiencing an acute episode of stress use them?

SECTION IV - THE NURSING PROFESSION

WEEK 11 - ROLES THAT NURSES HAVE IN THE HEALTH CARE SYSTEM

All students answer the following question:

The Code of ethics for Registered Nurses (1997) describes some ethical obligations.

- What are the obligations regarding advocacy and health promotion?

Individual students do the following:

1. A discussion paper jointly prepared by the three nursing associations in the province (1995) describes the obligation of nurses to patients.
 - What is the purpose of the document?
 - How do the joint organizations define abuse?
 - Summarize their philosophy about the nurse-client relationship.
 - Briefly summarize the differences between professional and non-professional relationships.
 - The paper describes some situations in which the nurse-client relationship may become problematic. What are these situations? What is problematic about them?
 - If the nurse cannot clarify the client relationship as professional, the nurse must make alternative care arrangements and withdraw from the nurse-client relationship. What is the rationale for this position?
 - What is the position on dating clients or their significant others? What is the rationale for the position?
 - Briefly define verbal abuse, physical abuse, emotional abuse, financial abuse and neglect. What sorts of activities are included in each category? What is the difference between humor and teasing as verbal abuse, restraints for safety and restraints as physical abuse, and withholding food for safety reasons and withholding food as neglect? What evidence do you have for your views?
 - How do these guidelines for professional behaviour relate to advocacy and health promotion?
2. The International Conference on Health Promotion (1986) developed guidelines for health promotion:
 - How does this Charter define health promotion?
 - What does the Charter say the fundamental conditions for health are? How do these conditions relate to the determinants of health discussed in NURS 1000?
 - How does advocacy relate to health promotion?
 - How could you take a leadership role in health promotion without taking power from patients?
 - Describe the meaning of health promotion action.

- The Charter describes some commitments to health promotion. What ones might you implement in your nursing practice?

Sibbald (1996) describes the actions of two Toronto nurses.

- What actions promoted the health of the homeless people?
- What political action can you see yourself taking?

3. and 4. Both Liaschenko (1995) and the Registered Nurses Association of British Columbia (1998) describe advocacy.

- How do they define advocacy?
- In what situations is advocacy required in health care?
- Who is best suited to advocate for patients?
- Describe some relationships between ethics and advocacy.
- Critical social theory helps us look more objectively at power relationships. Is advocacy a power relationship? What evidence do you have for this view?
- In what advocacy situations could nurses abuse their power? Is it possible for patients to abuse their power?
- Are the personal and professional risks for those who advocate worth the personal and/or professional satisfaction gained? What is the rationale for your view?
- What is the nature of the obligation that nurses have to be advocates?

WEEK 12 - THE NURSING PROFESSION - LEGAL BOUNDARIES OF PRACTICE

All students read and answer the questions about the Standards of Nursing Practice in British Columbia (2000):

- a) What is a standard for nursing practice?
- b) What is the purpose of the standards?
- c) What assumptions underlie the Standards?
- d) What are the Standards of Nursing Practice? What direction do they give to nursing students?
- e) When there is a professional practice problem, what actions should be taken?
- f) How are the Standards related to the legal definition of nursing?

THE PROFESSIONAL ASSOCIATION

Individual students do the following readings:

1. The Registered Nurses Association of British Columbia regulates the practice of nursing in B.C. (RNABC, 1994).
 - What does self-regulation mean? How does it relate to the principles of self-determination and autonomy?
 - What mechanisms are in place to see that nurses are accountable to society?

- How does RNABC promote good practice, prevent poor practice, and intervene with unacceptable practice?
- What actions could members take to ensure continuing competency?
- What is the role of the nurses union? How does it differ from the role of RNABC?

Bruce (1996) describes the process the provincial government is taking to regulate the health professions.

- What does he see as the purpose of the review?
- What is the role of the Health Professions Council?
- What are the obligations of a 'college' operating under the Health Professions Act?
- What is the impact of freestanding professional legislation on professions?
- How did the provincial government expand the Health Professions Council in 1993/94?
- What process was used to review the health professions?
- What is RNABC's position on the review?

2. RNABC (1998) summarizes the Nurses (Registered) Act.

- What is the duty of the organization under the Act.
- How does the Act define the practice of nursing. What is the legal significance of this definition?
- Summarize title protection, registration, and approval of nursing schools and professional conduct as described in the Act.
- Describe the constitution and bylaws of the organization described by the act.

Mass (1998) describes when you can call yourself a nurse

- Summarize when you can and cannot call yourself a nurse.
- What is the rationale for this position?

3. Griffiths (1997) describes how to incorporate Standards in everything you do.

- Summarize her views.
- What is the context from which she writes?

Griffiths (1995) also describes professionalism in private practice.

- How might the private practitioner strive for quality improvement?
- Summarize the quality improvement process used by Greenlaw as summarized by Griffiths.

4. RNABC (1998) describes how the organization works.

- Summarize how the RNABC works. You might want to use the organizational chart to illustrate your summary when you present the information to your group.

- Summarize the function of the six organizational areas; the executive office, administrative services, policy and communications, member development, professional services, and regulatory services.
- Describe the structure and function of the Chapters.

WEEK 13 – OBLIGATIONS OF NURSES RE: CRIMINAL AND CIVIL LAW

1. RNABC (2000) takes a position on informed consent.
 - What rights do people have in the process?
 - What assumption does RNABC make about peoples' capacity to consent in health care? If you have a concern about capacity, how might you proceed?
 - What is the association's rationale for this position?
 - What is the role of substitute decision-makers? How could you verify their capacity to consent?
 - What obligation do nurses have to get consent for their care? How may people indicate consent? How could you verify their decision?
 - What obligation do nurses have to get consent for the care given by others?
 - What does witnessing a consent for treatment mean?

Coltrin (1995) describes what nurses need to know about the Freedom of Information Act.

- Summarize the provisions of the Act.
- How does she suggest nurses go about complying with the Act?

2. RNABC (1999) presents an overview of legislation relevant to nursing practice.
 - Summarize each act listed in the pamphlet.

Ellis (1997) describes the obligation of nurses to inform patients of their identities.

- What right does a client have in the process?
- What right does a nurse have in the process?
- Summarize the process Ellis describes to decide what to tell patients.

3. RNABC (1993) describes the law regarding negligence,
 - What is the definition of negligence? Give an example of a situation in which the nurse is negligent.
 - Describe the recommended steps if you are involved in a negligence suit.
 - Describe the process of a negligence suit.
 - Describe the relationship between negligence and incompetence.
 - Describe the legal protection available to nurses.

4. Understanding legal issues (Kerr & Sirotnik, 1997) help nurses practice safely.
 - Describe the rights clients have in health care.

- Describe the purpose of licensing nurses? What obligations do student nurses have to act as a reasonable prudent nurse? Is the obligation less than that for registered nurses?
- What criteria must be established in a negligence lawsuit?
- What actions minimize legal liability?
- What is a Good Samaritan law? Do we have one in BC?
- Describe the confidentiality obligation of nurses.
- What factors must be verified for consent to be valid?
- What does informed consent mean?
- How does assault and battery relate to nursing care?
- What obligations do the nurse have regarding physicians' orders?
- What obligations do the nurse have to patients during nursing shortages?

WEEK 14 - THE NURSING PROFESSION - NURSING PRACTICE ISSUES

All students:

List the nursing issues or concerns that you identified when you participated in discussions with nurses at the RNABC Chapter meeting and in the practicum area.

Individual students deal with the following:

1. Consider the RNABC 2002 Annual Report.
 - Summarize the 2002 activities of the association.
 - Compare the 2001 and 2002 statistical data on regulation. What seems important to you? Why?
2. The RNABC position statement: The Self-employed nurse (1997), Clinical nurse specialist (1998), and The new health care (1999) describe issues for nurses.
 - What professional services do self-employed nurses offer the public?
 - What are the professional requirements for self-employed nurses?
 - How does the statement describe the accountability of self-employed nurses?
 - How may they use the title 'nurse'?
 - What are clinical nurse specialists and what is their role in health care?
 - What is the health care system that RNABC considers the most effective? Why do they believe this? What role do nurses play in this new system?
3. Clarke (1998) describes the impact of the lack of nursing care data in health information systems.
 - In Clarke's view, what essential nursing care data should be available from health information systems? Why should it be available?
 - In Clarke's view, what is preventing the incorporation of nursing care data into health information systems?
 - What is happening to facilitate the incorporation of nursing care data into health information systems?

Stoddard (2002) supports degree status nurses.

- What are her reasons for this support?
- What are some of the strengths the author came to appreciate about herself?
- What qualities did the author try to balance in herself?
- What did the author consider in her attempt to become more comfortable and competent in her new role as a staff nurse?

4. Wells (1998) describes the actions a group of nurses took to maintain the Standards for Nursing Practice (1998).

- What concerns did they have?
- How did the Standards help them deal with the concern?
- What conclusions might you draw from this anecdote? How could you validate them? What alternate perspective might be taken about the effect of the Standards?

The RNABC Position statement: Appropriate utilization of registered nurses (1995) describes issues for nurses.

- What does the RNABC think is the appropriate utilization of registered nurses?
- What does the RNABC say about interdisciplinary care delivery systems, multi-skilling, and staff mix?

SECTION V - LEADERSHIP/FOLLOWERSHIP

WEEK 15 - LEADERSHIP/FOLLOWERSHIP

All students answer the following questions:

The RNABC (2001) takes a position on nursing leadership and quality care.

- What is their position on the relationship between leadership and quality care?
- How do they think clinical nurses demonstrate leadership?
- What is their definition of leadership?
- How do they describe quality care?
- What is your perspective on leadership? What is the source of your views?

DEFINITIONS AND SKILLS

1. and 2. Rost (1994) and DiRienzo (1994) describe two perspectives on leadership/followership. Identify the differences between the traditional and new view of leadership/followership by describing:

- the characteristics of the leader in each view,
- the assumptions made about followers in each view, and
- the skills that would be required by leaders/followers in each view.

Come to class prepared to develop a chart of the characteristics, assumptions and skills for each leadership/followership perspective.

LEADERSHIP/FOLLOWERSHIP STYLES

3. Chinn (1995) contrast two styles of leadership/followership.
 - In a short paragraph, describe the differences between the two styles.
 - What assumptions does the author make when she identifies these two styles of leadership?
 - What alternate perspectives could be taken about the two styles?
 - How does the author suggest you develop your leadership/followership style?
4. Sampson and Marthas (1990) describe leadership.
 - List the leadership functions they identify. Can you think of others?
 - One of the leadership functions they identify is the facilitation of assets over liabilities. What does this mean? Give an example.
 - Describe the leadership styles they identify. Give examples.
 - When they describe these leadership styles, are they using the traditional or new view of leadership?
 - Describe the membership styles that relate to the leadership styles identified.
 - Describe the consequences of each style.
 - When they describes these styles, are they using the traditional or new view of leadership/followership?
 - How might you use these ideas in the problem-based group?

WEEK 16 - THE COURAGEOUS CONSCIENCE

1. Werner (1997) and Sibbald (1998) describe situations in which nurses are courageous.
 - Describe the situations.
 - What motivates these nurses to be courageous?
 - What are some positive and negative consequences of being courageous in these situations?
 - What situations might motivate you to be courageous?
2. Kelley (1992, pp. 167-183) believes that a courageous conscience is an obligation of all followers and leaders. He believes we all have an obligation to disobey and take positive action.
 - What does he mean by disobey and positive action? Why is this ability important in nursing?
 - What risks have you taken in this program? What made the situation risky for you?
 - What criteria does he suggest we use when choosing battles of conscience?

3. Kelley (1992, pp. 184-198) describes steps you can take to become courageous.
 - What are the ten steps to a courageous conscience?
 - List 2 steps you plan to take to be courageous in practicum experiences next term.
4. Wolfe (1994) describes factors that affect risk taking by nurses in organizations.
 - Does she think that nurses have an obligation to take leadership/followership risks? What evidence does she give for her view?
 - How could nurses go about minimizing these risks?
 - What risks have you taken in this program? What made the situation risky for you?