



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 1040

Professional Practice Seminar 1

Start Date: August, 2004	End Date: December, 2004
Total Hours: 40 Total Weeks: 17	Term/Level: 1 Course Credits: 2.5
Hours/Week: 2 Lecture:	Lab: 6 hrs for course Seminar: to Groups of 24

Prerequisites

Course No.	Course Name
None	

NURS 1040 is a Prerequisite for:

Course No.	Course Name
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, 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 analyse 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.** Participation mark = 25%.
- Current event contribution = 5%. Each student must bring an original current journal article, newspaper article, write-up from a newscast, or book excerpt to class as a contribution to the current events table.

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

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, ethical and socio-political 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 databases (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 16, 2004
Date

I verify that this course outline has been reviewed.

Sain Verner
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

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 Office Hrs.: Posted at desk E-mail Address: Connie_Johnston@bcit.ca

■ 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 (date cheques September 1/04). A criminal record check is required, costing \$20.00. The grand total is \$57.45 for this fall term. The following document will be sent with membership:

- Registered Nurses Association of British Columbia. (2003). *Standards of nursing practice in British Columbia*. Vancouver: Author. Included in this booklet on page 18 is: 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 February 2005.

Recommended:

1. American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: Author.
2. McIntyre, M., & Thomlinson, E. (2003). *Realities of Canadian nursing: Professional, practice and power issues*. Philadelphia, PA: Lippincott, Williams & Wilkins.

■ Information for Students

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

Assignments: Late assignments will **not** be accepted for marking. Assignments must be done on an individual basis.

Ethics: BCIT assumes 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 assignments 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. Each number (1–4) has a reading package.
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. Some weeks' readings are assigned to the entire class to pre-read in preparation for class discussion or activity.**
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.

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 and current event contribution will be given an all or nothing mark.

Laboratory Experiences:

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

1. **Orientation to academic writing and the use of APA style:** During the first half of the term, there will be time scheduled for both sets 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 both sets, an APA review is scheduled Friday, September 10 from 1330–1430 in SE12–412. For both sets an assumption class is scheduled Monday, August 23 from 0930–1030 in SW3–1710 theatre.
2. **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. A computer lab is scheduled Friday, September 10 from 1530–1730 in SE12–322. If required (if students requiring help exceeds 24 in number), a 2nd computer lab will be scheduled Friday, September 24 from 1530–1730 in SE12–322. 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, if required, 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 SE12–418.
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 7, 2004 (Week 8).

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 schoolwork. 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 is ripped and dirty. The ER physician has seen him and ordered a number of blood tests, but his personal physician has not seen him yet. Jessica groans aloud when she replaces the phone. She says she hates looking after alcoholics because they are so difficult to deal with. She moans that she will not be able to care for her other patients very well tonight and that she will not get off on time again. She thinks Mr. Johns probably won't appreciate the efforts made on his behalf. She wonders what restraints will be necessary to keep him in line until he dries out. He would be better off back on the streets. When his level of consciousness worsens as the night progresses, she wonders how much alcohol he's had and if drying out is really a useful thing to do.

■ **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 colour and weight are 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 18, 2004 (Week 13).

Review 3–5 pieces of current professional **nursing** literature to summarize the thoughts 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 19	<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 26 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? 	<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. McIntyre, M., & McDonald, C. (2003). Issues arising from the nature of nurses work. In M. McIntyre & E. Thomlinson, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 288–294). Philadelphia, PA: Lippincott. <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 2 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. <ul style="list-style-type: none"> • Kerr, J.R. (2003). 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> (4th ed., pp. 4–13). 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.

Week of/ Number	Outcome/Material Covered	Reference/Reading
		2. Kerr, J.R. (2003). 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> (4th ed., pp. 15–28). St. Louis: Mosby. 3. Rafferty, A.M. (1995). The anomaly of autonomy: Space and status in early nursing reform. <i>International History of Nursing Journal</i> , 1(1), 43–56. 4. Mill, J. Leipton, B., & Duncan, S. (2002). A history of public health nursing in Alberta and British Columbia, 1918–1939. <i>Canadian Nurse</i> , 98(1), 18–23. All students read: Brookfield, S.D. (1987). What it means to think critically. In <i>Developing critical thinkers</i> (pp. 3–14). San Francisco: Jossey-Bass.
September 9 4	<u>Section II — BCIT Nursing Philosophy</u> A. Phenomenology, Critical Social Theory and Humanism 1. What do the words mean? 2. How do the concepts affect nursing practice? B. Partnership, Specialty Nursing, Technology, and Nursing Informatics 1. What do the words mean? 2. How do the concepts affect my nursing practice?	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. McKenna, G. (1995). Learning theories made easy: Humanism. <i>Nursing Standards</i> , 9(31), 29–31. 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. For class activity, all students read: 1. Care, D., Gregory, D., Whittaker, C., & Chernomas, W. (2003). Nursing, technology, and informatics: An easy or uneasy alliance? In M. McIntyre & E. Thomlinson, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 246–247). Philadelphia, PA: Lippincott. 2. Hunter, G. (1996). An unnecessary death. <i>Canadian Nurse</i> , 92(6), 20–22.

Week of/ Number	Outcome/Material Covered	Reference/Reading
September 16 5	<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. <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), 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. Lamond, D., & Thompson, C. (2000). Intuition and analysis in decision making and choice. <i>Journal of Nursing Scholarship</i>, 32(4), 411–414. 4. McDonald, C. (2003). Issues of gender and power: The significance attributed to nurses work. In M. McIntyre & E. Thomlinson, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 363–365). Philadelphia, PA: Lippincott. <p>All students read:</p> <p>Davis-Sills, L. (1998). One for all. <i>Nursing</i> 98, 32(6), ?.</p>
September 23 6	<p>C. Professional Caring (cont'd.)</p> <ol style="list-style-type: none"> 3. Emotive elements: <ul style="list-style-type: none"> • Partnership based on: <ul style="list-style-type: none"> – Dialogue and – Shared meaning 	<ol style="list-style-type: none"> 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. Liaschenko, J. (1997). Knowing the patient? In S. Thorne & V. Hayes, <i>Nursing praxis, knowledge and action</i> (pp. 23–37). Thousand Oaks, CA: SAGE Publications, Inc. 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. Kines, M. (1999). The risks of caring too much. <i>Canadian Nurse</i>, 95(8), 27–30. <p>For class activity, all students read:</p> <ol style="list-style-type: none"> 1. Maxfield, M., & Pennington, B. (1999). The pitfalls of the golden rule of caregiving. <i>Journal of Psychosocial Nursing</i>, 37(5), 46–47. 2. Nazarko, L. (1998). Savage culture. <i>Nursing Standard</i>, 13(11), 18.

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September 30 7	<p>Section III — Ways of Knowing</p> <ul style="list-style-type: none"> • empirical, ethical, personal and socio-political 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 	<ol style="list-style-type: none"> 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.rnabc.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. <p>For class activity, all students read:</p> <ol style="list-style-type: none"> 1. 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. 2. Pringle, D. (2003). The realities of Canadian nursing research. In M. McIntyre & E. Thomlinson, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 277-279). Philadelphia, PA: Lippincott.
October 7 8	<p>B. Ethical Knowing</p> <ol style="list-style-type: none"> 1. What does the code say? 2. Ethical principles 3. How do we act ethically in nursing situations? <p>MIDTERM REVIEW OF COURSE</p>	<p>All students read:</p> <p>Canadian Nurses Association. (2002). <i>Code of ethics for registered nurses</i>. Ottawa, ON: Author. www.rnabc.bc.ca</p> <p>Individual students read:</p> <ol style="list-style-type: none"> 1. <ul style="list-style-type: none"> • Koenig-Blais, K., Hayes, J., Kozier, B., & Erb, G. (2002). Making ethical decisions (Chapter 4), in <i>Professional nursing practice</i> (pp. 54–55). Upper Saddle River, NJ: Pearson Education. • McPhail, J. (2003). Ethical issues and dilemmas in nursing practice. (In J.R. Kerr & J. McPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i> (4th ed., pp. 221–227). St. Louis: Mosby.

Week of/ Number	Outcome/Material Covered	Reference/Reading
	B. Ethical Knowing (cont'd.)	<ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> • 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. (2003). Ethical issues and dilemmas in nursing practice. In J.R. Kerr & J. McPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i> (4th ed., pp. 210–221). St. Louis: Mosby.
October 14 9	C. Personal Knowing <ol style="list-style-type: none"> 1. What is it? 2. How do we get it? 	<ol style="list-style-type: none"> 1. Lauterbach, S.S., & Becker, P.H. (1996). Caring for self: Becoming a self-reflective nurse. <i>Holistic Nursing Practice</i>, 10(2), 57–68. 2. Hover-Kramer, D., Mabbett, P., & Shames, K.H. (1996). Vitality for caregivers. <i>Holistic Nursing Practice</i>, 10(2), 38–48. 3. MacDonald, G. (1998). Patterns of renewal in mothers who are nurses. <i>Canadian Nurse</i>, 94(1), 24–28. 4. <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>
October 21 10	<p><u>Section IV — The Nursing Profession</u></p> <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"> 1. RNABC. (2000). <i>Nurse-client relationships: Establishing professional relationships and maintaining appropriate boundaries</i>. Vancouver, BC: Author. www.rnabc.bc.ca 2. <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 3. Registered Nurses Association of British Columbia. (2003). <i>Advocacy and the registered nurse</i>. Vancouver, BC: Author. www/rnabc.bc.ca

Week of/ Number	Outcome/Material Covered	Reference/Reading
		4. Liaschenko, J. (1995). Ethics in the work of acting for patients. <i>Advances in Nursing Sciences</i> , 18(2), 1-12. For class activity, all students read: Priest, A. (1999, June 24). First call. <i>The Georgia Straight</i> , pp. 15-19.
October 28 11	B. The Legal Boundaries of Nursing Practice 1. Obligations of the professional association re public safety 2. Obligations of professional nurses re standards	1. • Registered Nurses Association of British Columbia. (2000). <i>The regulation of nursing</i> . Vancouver, BC: Author. • Registered Nurses Association of British Columbia. (2003). <i>Health professions amendment act</i> . Vancouver, BC: Author. www.rnabc.bc.ca 2. • Registered Nurses Association of British Columbia. (2003). <i>Nurses (Reg) Act Rules. Part 2: Practice of nursing</i> (pp. 1-6). 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. • Griffiths, H. (1997). Incorporating standards in everything you do takes work. <i>Nursing BC</i> , 29(3), 11-12. • Steele, M. (1998, May/June). Nursing and the law: Who's liable, who pays? <i>Nursing BC</i> , 29-30. 4. • Registered Nurses Association of British Columbia. (2004). <i>RNABC: How it works</i> . Vancouver, BC: Author. www.rnabc.bc.ca • Registered Nurses Association of British Columbia. (2004). <i>Staff organization</i> . Vancouver, BC: Author. www.rnabc.bc.ca For class activity, all students read : Registered Nurses Association of British Columbia. (2003). <i>Standards of nursing practice in British Columbia</i> . Vancouver, BC: Author. www.rnabc.bc.ca
November 4 12	B. The Legal Boundaries of Nursing Practice (cont'd.) 3. Obligations of the individual nurse re criminal and civil law Video: A coroner's inquest	All students read: A. Steele, M., & Hicks, D. (2004). What to expect from a coroner's inquest. [In <i>Nursing BC</i> , 2003]. Vancouver, BC: RNABC. www.rnabc.bc.ca B. Registered Nurses Association of British Columbia. (2002). <i>Documentation (Nursing Practice guideline)</i> . Vancouver, BC: Author. www.rnabc.bc.ca

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		<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 11	Remembrance Day	
November 18 13	<p>C. Nursing Practice Issues</p> <ol style="list-style-type: none"> 1. Feedback from RNABC chapter meeting or Professional Practice Group 2. Feedback from clinical practice 3. Issues from position statements 	<ol style="list-style-type: none"> 1. Brunke, L. (2003). Canadian provincial and territorial professional associations and colleges. In M. McIntyre & E. Thomlinson, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 143–159). Philadelphia, PA: Lippincott. 2. Registered Nurses Association of British Columbia Statements: <ul style="list-style-type: none"> • (2003) <i>Self employed nurse</i>. www.rnabc.bc.ca • (2003) <i>Advanced nursing practice</i>. www.rnabc.bc.ca • (2004) <i>Dispelling the myths about continuing competence</i>. www.rnabc.bc.ca 3. <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. 4. Ottem, P., & Overton, C. (2004). RN and LPN accountabilities and responsibilities. [From <i>Nursing BC</i>, Feb. 2004, pp. 19–21.] Vancouver, BC: RNABC. www.rnabc.bc.ca <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>

Week of/ Number	Outcome/Material Covered	Reference/Reading
November 25 14	<p>Section V — Leadership and Followership</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"> 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"> 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. Winslow, W. (2004). First do no harm: The impact of the practice environment on patient safety. <i>Nursing BC</i>, 36(3), 26–28. 4. Sampson, E.E., & Marthas, M. (1990). Leadership issues, types, and approaches. <i>In group process for the health professions</i> (3rd ed., pp. 182–191 and 191–196). Albany, NY: Delmar Publishers Inc. <p>All students read:</p> <p>Registered Nurses Association of British Columbia. (2001). <i>Position: Nursing leadership and quality care</i>. Vancouver, BC: Author. www.rnabc.bc.ca</p>
December 2 15	<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>In Creative Nursing</i>, 3, 14–15. • Sibbald, B. (1998). A passion for justice. <i>Canadian Nurse</i>, 94(3), 59–60. 2. Kelley, R.E. (1992). The courageous conscience. <i>In The power of followership</i> (pp. 167–183). New York: Currency Doubleday. 3. Kelley, R.E. (1992). Ten steps to a courageous conscience. <i>In The power of followership</i> (pp. 184–198). New York: Currency Doubleday. 4. Storch, J. (2003). Nurses leading to influence change. In M. McIntyre & E. Thomlinson, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 54–57). Philadelphia, PA: Lippincott.