



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 1040**Professional Practice Seminar 1**

Start Date:	August, 2006	End Date:	December, 2006
Total Hours:	38	Total Weeks:	17
Hours/Week:	2	Lab:	4 hrs for course
Term/Level:	1	Course Credits:	2.5
		Lecture/Seminar:	to Groups of 28
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, 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. (30%)
- Each student will initiate and compile a personal professional portfolio. (40%)
- Students must achieve a 50% average between the two above assignments for the following participation percentage to be included in their mark.
- Participation in class and activities. (30%)
 1. Participation means doing the reading and writing preparation for every class and talking actively in the group. Students are encouraged to bring professional practice issues from their clinical areas (NURS 1030) to class for discussion. **Anyone having trouble participating, please see instructor for assistance.** Participation mark = 25%.
 2. 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.

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:

1. become a student member of the CRNBC.
2. describe the role of nursing in the current health care system from a historical perspective.
3. analyze the impact of the philosophical basis of the BCIT Nursing program on nursing practice.
4. discuss the interrelationships of the BCIT Nursing model and their impact on the role of the nurse in practice partnerships.
5. appreciate the role of caring in nursing and its contribution to the health of people.
6. discuss the personal, empirical, ethical, sociopolitical, and aesthetic ways of knowing in nursing and their contribution to nursing practice.
7. explain the concept of research-based practice and its relevance for nursing practice and health care.
8. explain the nurse's role re advocacy, health promotion, primary health care, and referral.
9. describe the legal boundaries of nursing practice, including obligations of the professional association re public safety and obligations of professional nurses re standards.
10. investigate current professional issues.
11. discuss concepts of leadership/followership.
12. identify assumptions and alternate perspectives when discussing course concepts.
13. initiate a professional portfolio.

■ Learning Processes Relevant to this Content

- **Professionalism:** Students discuss various aspects of professional practice so that they develop an understanding of the professional nursing role. This includes understanding the purpose and roles of the professional association. They attend a 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 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. They initiate a professional practice portfolio that will evolve over time.
- **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 databases. They access Internet sites for research.

■ Verification

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

Constance Johnston
Authoring Instructor

June 9, 2006
Date

I verify that this course outline has been reviewed.

E. M. Fraser
Program Head/Chief Instructor

June 10, 2006
Date

I verify that this course outline complies with BCIT policy.

Green
Dean/Associate Dean

July 4/05
Date

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

■ Instructor

Connie Johnston

Office Location: SE12-418

Office Phone: 604-451-7189

Office Hrs.: Posted at desk

E-mail Address: Connie_Johnston@bcit.ca

■ Learning Resources

Required:

CRNBC Membership — Cost \$64.20 (\$35 registration fee plus \$25 application fee plus \$4.20 GST) per year for first time student membership, issued between January 1 and August 31. Between September 1 and December 31 the cost is \$37.45. 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:

- College of Registered Nurses of British Columbia. (2005). *Professional standards for registered nurses and nurse practitioners*. 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 eight 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 2007.

Recommended:

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

McIntyre, M., Thomlinson, E., & McDonald, C. (2006). *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. Readings 1–4 are also available in the bookstore.
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 8 (1500–1600) in SE12–412. For both sets, an assumption and professional portfolio class is scheduled Tuesday, August 22 from 1430–1530 in SW1–2030.
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 8 from 1600–1800 in SE12–310. If required (if students requiring help exceeds 24 in number), a 2nd computer lab will be scheduled Friday, September 15 from 1530–1730 in SE12–310. 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, CD, or jump drive 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. Portfolios are to be submitted to my office in SE12–418.
3. Extensions must be negotiated 72 hours in advance of due date.
4. If an assignment is late, the mark for the assignment will drop 10% for each day it is late.
5. **All assignments must be completed to achieve credit for the course.**

■ Assignment Details

A. Assumption Analysis — Due October 13, 2006 (Week 9); 30% of total grade

This is an informal assignment.

Choose one of the following scenarios and identify the assumptions behind the decisions the student nurse within the scenario is making. Then, suggest how the student nurse 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 student nurse in the scenario. Refer to the reading by Brookfield (1987) to clarify the meaning of words like assumption, context, and perspective.

Present information in bullet form. Use paragraph form for the introduction and conclusion.

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 assignment:

In paragraph form provide:

- /1 An introduction that presents the organization of the assignment and the ideas being discussed.
(One brief paragraph)

In bullet form state:

- /10 All scenario assumptions are identified.
/10 Ways of validating each assumption that are reasoned and comprehensive.
/10 The context in which each assumption might be valid is identified.
/10 Own assumptions are identified.
/6 Discussion of two alternative perspectives that could be taken about the scenario.

In paragraph form provide:

- /1 A conclusion that briefly summarizes the ideas of the assignment.

Remaining marks are for mechanics and structure:

- /12 APA format is followed:
- sentence structure
 - grammar and verb tense
 - spelling and punctuation
 - appropriate citations and/or quotations
 - character spacing is appropriate
 - margins, font style, and size are appropriate
 - paper colour and weight are appropriate
 - pagination is appropriate (includes a header with appropriate spacing)
 - the paper is in a cover
 - the necessary information is included in the centered area of the title page
 - there is a title on the first page of text
 - reference page is appropriate.

Note: Paragraphs form units of thought, include a topic sentence, and details that support the topic sentence.

Total of 60 marks.

■ **Assignment Details (cont'd.)**

- B. **Professional Portfolio** — Due Friday, November 3, 2006 (Week 12) [but students are encouraged to complete this assignment in advance of this due date]; 40% of total grade.

This practical assignment will produce a product, but is also meant to initiate a process.

CRNBC Standard 6 is Self-Regulation (CRNBC, 2005). You will initiate the process of self-regulation by assembling a Professional Portfolio. You will recognize, organize, and showcase vital pieces of your personal, academic, and career development. You will hopefully maintain this portfolio over the span of your education and future career. The portfolio will provide you with a place to gather evidence that you have met a wide range of standards for both education and practice. This ability is becoming very important with the widespread need for nurse competency assessment, the continued need for lifelong learning, and the development and maintenance of employability skills.

The Professional Portfolio provides evidence of a professional's capabilities and knowledge to potential employers and professional peers. It will be a record of goals, growth and achievement, and professional attributes developed over time. For nurses, a Professional Portfolio is a thoughtfully organized collection of facts and artifacts that illustrate professional status and expertise, subject matter knowledge, knowledge of learning and health-related processes, and professional and personal attributes that contribute to nursing. Over time, the Professional Portfolio will provide evidence of continued competence to practice.

Students are to purchase a 3-inch, 3-ring binder and a set of at least 12 tabs to keep at home. Assignment is to be submitted in a duo-tang binder. Inside front cover is the list of CRNBC Standards.

1. Responsibility and Accountability
2. Specialized Body of Knowledge
3. Competent Application of Knowledge
4. Code of Ethics
5. Provision of Service to the Public
6. Self-Regulation

Category tabs will be titled (but not limited to):

All questions posed do not have to be answered by students. They are provided to prompt thinking and guide writing. Be selective and choose the questions that most 'speak' to you.

1. Table of contents
Choose **TWO OF THE NEXT THREE** topics listed below and write one, double-spaced page (approximately two to three paragraphs) on each topic.
2. Values and beliefs about nursing
 - What are my top three professional nursing values/beliefs?
 - What is my history with nursing?
 - Why did I decide to become a nurse?
 - Why am I a nursing student right now?
3. Personal definition of nursing
 - What do I enjoy about nursing?
 - What does nursing do for me?
 - What am I able to offer as a nurse?
 - When I have been really satisfied with nursing, what was it that made me feel this way?
 - What inspires me about nursing?
 - What does nursing mean to me?

4. Professional goals

Where do I see myself in 1, 5, and 10 years after graduation?

What kind of nurse do I want to be?

What will be my area of practice?

Where do I want my practice to be in the future?

ALL STUDENTS WRITE ONE PAGE, DOUBLE SPACED ON: OF THE TWO OF THREE TOPICS CHOSEN ABOVE, DISCUSS HOW YOU WILL UTILIZE THE PORTFOLIO TO ENACT YOUR VALUES AND BELIEFS AND/OR YOUR PERSONAL DEFINITION OF NURSING AND/OR ACHIEVE YOUR PROFESSIONAL GOALS. (= #5 below:)

5. How will I utilize this portfolio to enact 2, 3, and/or 4 above?

What were your feelings as you developed your professional portfolio?

What aspect of the process went well or was most meaningful?

What aspect of the process did not proceed well or was not meaningful?

What did you learn from the experience?

How can you use what you have learned in your professional practice?

What do you need to do next in light of this experience?

THE FOLLOWING ARE OPTIONAL CATEGORIES:

6. Curriculum vitae (Current resume)

7. Certificates/diplomas (University, College, RNABC student membership, CPR, St. John's First Aid, etc ...)

PROVIDE COPIES OF — KEEP YOUR ORIGINAL FOR SAFEKEEPING

8. Reference letters/letters of commendation

9. Workshops/conferences attended

10. Instructor evaluations

11. Peer evaluations (Student peer evaluations, working peer evaluations after graduation)

12. Professional practice issues

- Keep track of these — you will be expected to write a paper for NURS 2040 in Term 4 examining a professional practice issue
- Steps taken to resolve issues
- PDF forms (= Professional development forms)
- ???

13. What went well and why/What didn't go well and why

14. Personal journal entries (**EMPTY FOR ME** but a slot to file your clinical journal entries at the end of NURS 1030 [Clinical Nursing])

15. Learning plans/learning contracts

16. Bursary/scholarship applications

17. Thank you cards/letters

18. Papers written (samples of your writing)

19. Volunteerism

20. Immunization records

21. Role models and mentors → preceptorship possibilities?

22. Specialty interests

23. Languages spoken

24. Personal statement/philosophy

Added in Level 4 NURS 2040 Professional Practice Seminar 2 will be more tabs:

25. My ethical beliefs

26. ???

Marking Criteria:

This assignment requires three “mini,” one-page papers presented according to APA format (each paper will be double spaced and have a title page, headers, headings, appropriate citations and quotations, a reference page, etc.).

For each of the three papers:

7 marks will be allocated as follows:

- /1 The tone or style is appropriate to an academic audience.
- /1 Paragraphs form units of thought; include a topic sentence and detail that support the topic sentence. There are smooth transitions between paragraphs.
- /3 APA format is followed.
- /2 Content is appropriate (relates to assignment requests).

- /7 $7 \times 3 = 21$ marks

The remaining 19 marks for this assignment will be allocated as follows:

- /5 Professional style.
- /5 Organization (orderly and easy to read portrait of competence).
- /5 Completeness (selective of best accomplishments).
- /2 Individuality and creativity.
- /2 Neatness.

- /19 19 marks

Total of 40 marks.

References

College of Registered Nurses of British Columbia. (2005). *Professional standards for registered nurses and nurse practitioners*. Vancouver, BC: Author. www.crnbc.ca

For this assignment refer to:

DeNatale, M.L., & Romeo, R.H. (2000). Portfolio: Documenting learning in a personal way. *Nurse Educator*, 25(2), 69–75.

Salend, S.J. (2001). Creating your own personal portfolio. *Intervention in school and clinic*, 36(4), 195–201.

Schedule

Week of/ Number	Outcome/Material Covered	Reference/Reading
August 18 1	Introduction <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 25 2	Section I — Health Care <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. Geddes, J. (2005, June 20). Breaking the taboo. <i>Macleans</i>, 18–21. 2. 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. 3. 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. 53–64). Scarborough, ON: Prentice Hall Canada Inc. 4. 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. <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>

Week of/ Number	Outcome/Material Covered	Reference/Reading
September 1 3	B. Nursing and Health Care History <ol style="list-style-type: none"> How has health care changed? How have the roles of the workers changed? Why have they changed? 	<ol style="list-style-type: none"> <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 & M.J. Wood (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. Kerr, J.R. (2003). Nursing in Canada from 1760 to the present: The transition to modern nursing. In J.R. Kerr & M.J. Wood (Eds.), <i>Canadian nursing: Issues and perspectives</i> (4th ed., pp. 15–28). St. Louis: Mosby. Rafferty, A.M. (1995). The anomaly of autonomy: Space and status in early nursing reform. <i>International History of Nursing Journal</i>, 1(1), 43–56. Mill, J., Leiport, 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. <p>All students read:</p> <p>Brookfield, S.D. (1987). What it means to think critically. In <i>Developing critical thinkers</i> (pp. 3–14). San Francisco: Jossey-Bass.</p>
September 8 4	Section II — BCIT Nursing Philosophy <p>A. Phenomenology, Critical Social Theory, and Humanism</p> <ol style="list-style-type: none"> What do the words mean? How do the concepts affect nursing practice? <p>B. Partnership, Specialty Nursing, Technology, and Nursing Informatics</p> <ol style="list-style-type: none"> What do the words mean? How do the concepts affect my nursing practice? 	<ol style="list-style-type: none"> Allen, D.G. (1987). Critical social theory as a model for analyzing ethical issues in family and community health. <i>Family and Community Health</i>, 10(1), 63–72. McKenna, G. (1995). Learning theories made easy: Humanism. <i>Nursing Standards</i>, 9(31), 29–31. BCIT Nursing Program Curriculum Philosophy. 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> <ol style="list-style-type: none"> Care, D., Gregory, D., Whittaker, C., & Chernomas, W. (2006). Nursing, technology, and informatics: An easy or uneasy alliance? In M. McIntyre, E. Thomlinson & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 247–248). Philadelphia, PA: Lippincott. Hunter, G. (1996). An unnecessary death. <i>Canadian Nurse</i>, 92(6), 20–22.

Week of/ Number	Outcome/Material Covered	Reference/Reading
September 15 5	C. Professional Caring 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) 	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 in Nursing</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, & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 363–365). Philadelphia, PA: Lippincott. All students read: Davis-Sills, L. (1998). One for all. <i>Nursing</i> 98, 32(6).
September 22 6	C. Professional Caring (cont'd.) 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. 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. • 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. For class activity, all students read: 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.

Week of/ Number	Outcome/Material Covered	Reference/Reading
September 29 7	<p>Section III — Ways of Knowing</p> <ul style="list-style-type: none"> empirical, ethical, personal, esthetical, and sociopolitical knowing combine in the art of nursing <p>A. Empirical Knowing</p> <ol style="list-style-type: none"> Research based practice — relevance to nursing and health care Fundamentals of nursing research 	<ol style="list-style-type: none"> Ross-Kerr, J., & Wood, M. (2006). <i>Canadian fundamentals of nursing</i> (pp. 81–85). Toronto, ON: Elsevier Canada. Ross-Kerr, J., & Wood, M. (2006). <i>Canadian fundamentals of nursing</i> (pp. 85–89). Toronto, ON: Elsevier Canada. <ul style="list-style-type: none"> College of Registered Nurses of British Columbia. (2005). <i>Nursing and research</i>. Vancouver, BC: Author. www.crnbc.ca Canadian Nurses Association. (2002). <i>Position Statement: Evidence-based decision-making and nursing practice</i>. Ottawa, Canada: Author. www.cna.auc.ca/CNA/documents/pdf/publications Ross-Kerr, J., & Wood, M. (2006). <i>Canadian fundamentals of nursing</i> (pp. 89–92). Toronto, ON: Elsevier Canada. <p>For class activity, all students read:</p> <ol style="list-style-type: none"> 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. Pringle, D. (2006). The realities of Canadian nursing research. In M. McIntyre, E. Thomlinson, & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 275–277). Philadelphia, PA: Lippincott.
October 6 8	<p>B. Ethical Knowing</p> <ol style="list-style-type: none"> What does the code say? Ethical principles How do we act ethically in nursing situations? <p>MIDTERM REVIEW OF COURSE</p>	<ol style="list-style-type: none"> <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"> Catalino, J.T. (1997). Professional ethics. In R.K. Nunnery (Ed.), <i>Advancing your career: Concepts of professional nursing</i> (pp. 371–380). Philadelphia: F.A. Davis. <ul style="list-style-type: none"> Savage, T.A., & Bosek, M.S. (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. 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. 210–221). St. Louis: Mosby. <p>For class activity, all students read:</p> <ol style="list-style-type: none"> Risk, S.C., & Storch, J. (2005). A moment of reflection and commentary. <i>Canadian Nurse</i>, 101(5), 14–15. Canadian Nurses Association. (2005). <i>Code of ethics for registered nurses</i>. Ottawa, ON: Author. www.crnbc.ca
October 13 9	C. Personal Knowing <ol style="list-style-type: none"> What is it? How do we get it? What is my learning style? MIDTERM EVALUATION	<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. (2004). <i>Fitness to practice: The challenge to maintain physical, mental and emotional health</i>. Vancouver, BC: Author. <p>For class activity, all students go to:</p> <p>www.vark-learn.com and complete questionnaire. Bring results to class.</p> <p>Copyright Version 4.1 (2004) held by Neil D. Fleming, Christchurch, New Zealand, and Charles C. Bonwell, Green Mountain Falls, Colorado. 80819. USA.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
October 20 10	<p>Section IV — The Nursing Profession</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.crnbc.ca 2. • International Conference on Health Promotion. (1986). <i>Ottawa Charter</i> and <ul style="list-style-type: none"> • Sibbald, B.J. (1996). One is too many. <i>Canadian Nurse</i>, 92(10), 22–24. 3. College of Registered Nurses of British Columbia. (2005). <i>Advocacy</i>. Vancouver, BC: Author. www.crnbc.ca 4. 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>, 15–19.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
October 27 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. • College of Registered Nurses of British Columbia. (2005). <i>Self regulation</i> . Vancouver, BC: Author. • Registered Nurses Association of British Columbia. (2003). <i>Health professions amendment act</i> . Vancouver, BC: Author. www.crnbc.ca 2. • College of Registered Nurses of British Columbia. (2005). <i>Use of title</i> . Vancouver, BC: Author. • Mass, H. (1998). When can you call yourself a nurse? <i>Nursing BC</i> , 30(2), 27–28. www.crnbc.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. • College of Registered Nurses of British Columbia. (2005). <i>CRNBC: How it works</i> . Vancouver, BC: Author. www.crnbc.ca • College of Registered Nurses of British Columbia. (2005). <i>CRNBC Board</i> . Vancouver, BC: Author. www.crnbc.ca For class activity, all students read: College of Registered Nurses of British Columbia. (2005). <i>Professional standards for registered nurses and nurse practitioners</i> . Vancouver, BC: Author. pp. 1–5. www.crnbc.ca
November 3 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. College of Registered Nurses of British Columbia. (2005). <i>Documentation (Practice standard)</i> . Vancouver, BC: Author. www.crnbc.ca

Week of/ Number	Outcome/Material Covered	Reference/Reading
November 10 13	<p>C. Nursing Practice Issues</p> <ol style="list-style-type: none"> 1. Feedback from a Professional Practice Group 2. Feedback from clinical practice 3. Issues from position statements 	<ol style="list-style-type: none"> 1. Brunke, L. (2006). Canadian provincial and territorial professional associations and colleges. In M. McIntyre, E. Thomlinson, & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 152–163). Philadelphia, PA: Lippincott. 2. College of Registered Nurses of British Columbia: <ul style="list-style-type: none"> • (2005) <i>Self-employed nurse</i>. www.crnbc.ca • (2005) <i>Advanced nursing practice</i>. www.crnbc.ca 3. • College of Registered Nurses of British Columbia. (2005). <i>Continuing competence for renewal of practicing registration</i>. www.crnbc.ca <ul style="list-style-type: none"> • Stoddard, L. (2002). A reflection on my education experience. <i>Canadian Nurse</i>, 02(01), 6–7. 4. Ottem, P., & Overton, C. (2004, February). RN and LPN accountabilities and responsibilities. In <i>Nursing BC</i> (pp. 19–21). Vancouver, BC: RNABC. www.crnbc.ca <p>And all students attend 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.</p> <p>For class activity, all students read:</p> <ol style="list-style-type: none"> 1. McIntyre, M., & MacDonald, C. (2006). Issues arising from the nature of nurses work. In M. McIntyre, E. Thomlinson, & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 285–291). Philadelphia, PA: Lippincott.

Week of/ Number	Outcome/Material Covered	Reference/Reading
November 17 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? 	<ol style="list-style-type: none"> 1. Grossman, S., & Valiga, T. (2000). The new leadership challenge. Creating the future of nursing (pp. 70–75). Philadelphia, PA: F.A. Davis Company. 2. Grossman, S., & Valiga, T. (2000). The new leadership challenge. Creating the future of nursing (pp. 75–80). Philadelphia, PA: F.A. Davis Company. 3. Grossman, S., & Valiga, T. (2000). The new leadership challenge. Creating the future of nursing (pp. 44–52). Philadelphia, PA: F.A. Davis Company. 4. Grossman, S., & Valiga, T. (2000). The new leadership challenge. Creating the future of nursing (pp. 52–60). Philadelphia, PA: F.A. Davis Company. <p>All students read:</p> <p>College of Registered Nurses of British Columbia. (2005). <i>Nursing leadership and quality care</i>. Vancouver, BC: Author. www.crnbc.ca</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
November 24 15	Leadership and Followership (cont'd.) B. Political Action	<ol style="list-style-type: none"> <li data-bbox="915 321 1500 510">1. Tamlyn, D., & Reilly, S. (2006). Innovation and contemporary nursing leadership. In M. McIntyre, E. Thomlinson, & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 60–62). Philadelphia, PA: Lippincott. <li data-bbox="915 527 1500 716">2. Clarke, H. (2006). Health and nursing policy: A matter of politics, power and professionalism. In M. McIntyre, E. Thomlinson, & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 72–76). Philadelphia, PA: Lippincott. <li data-bbox="915 732 1500 921">3. Clarke, H. (2006). Health and nursing policy: A matter of politics, power and professionalism. In M. McIntyre, E. Thomlinson, & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 80–84). Philadelphia, PA: Lippincott. <li data-bbox="915 938 1500 1127">4. Clarke, H. (2006). Health and nursing policy: A matter of politics, power and professionalism. In M. McIntyre, E. Thomlinson, & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 88–90). Philadelphia, PA: Lippincott. <p data-bbox="915 1136 1118 1163">All students read:</p> <p data-bbox="915 1180 1500 1394">McDonald, C., McIntyre, M., & Thomlinson, E. (2006). <i>Professional practice and power issues: Looking back, looking ahead</i>. In M. McIntyre, E. Thomlinson, & C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 454–455). Philadelphia, PA: Lippincott.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
December 1 16	<p>Section VI</p> <ul style="list-style-type: none"> • putting professionalism into practice • the importance of image • excellence <p>COURSE EVALUATION</p>	<ol style="list-style-type: none"> 1. Tamlyn, D. (2005). The importance of image. <i>Canadian Nurse</i>, 101(4), 26. 2. Buresh, B., & Gordon, S. (2000). Tell the world what you do. <i>Canadian Nurse</i>, 96(6), 14–19. 3. Grossman, S., & Valiga, T. (2000). <i>The concept of excellence. In the new leadership challenge</i> (pp. 214–219). Philadelphia, PA: F.A. Davis Company. 4. Chopra, D. (2004, July/August). Shapers of destiny. <i>Resurgence</i>, 225, 1–5. www.resurgence.org/resurgence/issues/chopra225.htm <p>All students read:</p> <p>Bookey-Bassett, S. (2006). The job interview. <i>Canadian Nurse</i>, 102(3), 16–17.</p> <p>All students bring your Professional Portfolio to class to share with your discussion group.</p>

