



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

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

<b>Start Date:</b>	January, 2008	<b>End Date:</b>	May, 2008
<b>Total Hours:</b>	38	<b>Total Weeks:</b>	17
<b>Hours/Week:</b>	2	<b>Lab:</b>	4 hrs for course
		<b>Term/Level:</b>	1
		<b>Course Credits:</b>	2.5
		<b>Lecture/Seminar:</b>	to Groups of 32

**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

**Corequisite**

CRNBC Student Membership

**■ 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****Comments**

Assignment #1	30%	• An assignment that asks students to analyze assumptions present in a scenario and identify alternate perspectives that could be taken.
Assignment #2	40%	• Each student will initiate and compile a personal professional portfolio.
		• Students must achieve a 50% average between the two above assignments for the following participation percentage to be included in their mark.
Participation	30%	• Participation in class and activities:
TOTAL	100%	▶ In discussions plus group activities = 20%
		▶ Current event contribution = 5%
		Each student provides 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, <b>once in the term</b> , but students are encouraged to contribute as often as they wish. The significance of the contribution will be explained to the instructor.
		▶ Peer evaluation (Week 15) = 5%

■ **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 self, 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.

■ **Verification**

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

Constance Johnston  
Authoring Instructor

December 09, 2007  
Date

I verify that this course outline has been reviewed.

Jain Verner  
Program Head/Chief Instructor

August 09, 2007  
Date

I verify that this course outline complies with BCIT policy.

Greena  
Dean/Associate Dean

Aug. 16/07  
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
Merry van der Gracht	Office Hrs.: Posted at desk	Office Phone: 604-454-2214
		E-mail Address: Merry_van_der_Gracht@bcit.ca

## ■ Learning Resources

### Required:

**CRNBC Membership** — Cost \$53.44 (\$51 registration fee plus \$2.55 GST) per year for first time student membership. A criminal record check is required, costing \$20.00. The grand total is \$73.55. 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:**
  - (1) Form 11 must be notarized and the original document must be mailed in to CRNBC (faxes are unacceptable).
  - (2) It takes eight weeks to process membership applications so **apply early** in February. You will need these documents for Week 11 of the term. Be aware that you will be expected to renew your membership in February 2009.
- \* You can acquire application forms online at: [www.crnbc.ca/downloads/FormStudentAppInstructions.pdf](http://www.crnbc.ca/downloads/FormStudentAppInstructions.pdf)

### 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. This text is required for NURS 2040 in Level 4.

## ■ Information for Students

The following statements are in accordance with the BCIT Student Regulations Policy 5002. To review the full policy, please refer to: <http://www.bcit.ca/~presoff/5002.pdf>.

**Attendance/Illness:** In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with his/her instructor or Program Head or Chief Instructor, indicating the reason for the absence. After an illness of three or more consecutive days, students must arrange to have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program. You must call or e-mail the instructor prior to class if, for **any reason**, you are **not** attending class. Absence for any reason for 10% of the prescribed total program time may result in students being prohibited from completing the course.

### **Cheating, Fabrication, Plagiarism, and/or Dishonesty:**

**First Offense:** Any student in the School of Health Sciences involved in an initial act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

**Second Offense:** Any student in the School of Health Sciences involved in a second act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

### **Attempts:**

BCIT Nursing Program Student Guidelines, Policies and Procedures which are located online at <http://www.bcit.ca/health/nursing/> state: "Applicants who have any combination of two instances of withdrawal or failure in a Nursing Theory course will be readmitted to the program with written permission from the Associate Dean, who will detail any special considerations. Applicants who have any combination of two instances of withdrawal or failure in any Nursing Practicum course(s) for academic or performance reasons, will not be readmitted to the program."

**Accommodation:** Any student who may require accommodation from BCIT because of a physical or mental disability should refer to BCIT's Policy on Accommodation for Students with Disabilities (Policy #4501), and contact BCIT's Disability Resource Centre (SW1-2300, 604-451-6963) at the earliest possible time. Requests for accommodation must be made to the Disability Resource Centre, and should not be made to a course instructor or Program area.

Any student who needs special assistance in the event of a medical emergency or building evacuation (either because of a disability or for any other reason) should also promptly inform their course instructor(s) and the Disability Resource Centre of their personal circumstances.

### ■ Learning Process Threads

- **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, inservice, workshop, or conference 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.
- **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.





# **Bachelor of Science in Nursing**

**NURS 1040**

**Professional Practice Seminar 1**

**Course Syllabus**

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**January, 2008**

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Burnaby, British Columbia

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## General Information

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.

During the first class, the evaluation methods will be discussed and the percentage of marks assigned to each will be identified.

### Readings

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.

**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.**

### Course Evaluation

Students will participate in a verbal review of the course at midterm and a written review at the end of the term. This review will include a discussion of teaching methods, resources, and course structure. The midterm review is aimed at meeting the needs of the students currently taking the course. The end of term review is aimed at modifying the course for the next class.

### Participation/Attendance

Attendance is required and recorded 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.

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. Class participation (20%) and current event contribution (5%) will be given an all-or-nothing mark. The teacher will monitor your preparation and participation.

Participation means doing the readings and writing preparation for every class, giving an account of the assigned reading (whether you agree with the content or not), explaining the meaning of the reading, exploring the importance and significance of the reading to nursing practice, perhaps giving examples of how to incorporate the ideas in nursing practice, and discussing alternate ways of dealing with issues beyond the scope of nursing practice. Students are encouraged to bring professional practice issues from their clinical practice (NURS 1030) to class for discussion.

Sometimes you will be called upon to share your group's discussions with the larger class.

If you have trouble participating in class or are uncomfortable doing so, please get assistance from the instructor and group members.

### **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 the entire class 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. An assumption and professional portfolio class is scheduled Friday, February 1 (1330–1430) in SE12–412. An APA review is scheduled Friday, February 8 (1430–1530) in SE12–412.
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, February 8 (1530–1730) in SE12–320. If required (if students requiring help exceeds 24 in number), a second computer lab will be scheduled Friday, February 15 (1530–1730) in SE12–320. 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 0830 hrs on the due date.** Papers may be submitted in class or put in the appropriate faculty box in SE12–418. Assumption Assignments may be submitted electronically by 0830 hrs by second class students and a hard copy may be handed in when they attend class at 1030 hrs. 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 calendar day it is late.
5. Assignments must be done on an individual basis.
6. All assignments must be completed to achieve credit for the course.
7. All written assignments must be word processed.

## Assignment Details

### A. Assumption Analysis — Due March 7, 2008 (Week 9); 30% of total grade

Choose one of the following scenarios and identify the assumptions behind the decisions the student nurse within the scenario is making. Choose assumptions that are of concern to the *student nurse*. 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 on the situation. THINK: “What **else** could be going on here?” Refer to the reading by Brookfield (1987) to clarify the meaning of words like assumption, validation, context, and perspective. This assignment is meant to prompt you to THINK like a nurse!

Present information in complete sentences and use bullet form. Use succinct paragraph form for the introduction and conclusion.

Your assignment is to be 3–4 pages in length.

#### *Scenario 1*

Jessica is working on a medical ward. One afternoon she is to get a new patient from emergency. The ER nurse phones to report that Mr. Smith 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, he is hypothermic and dehydrated. He is not oriented. He seems to be hallucinating, 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 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. Smith probably will not 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 has had and if drying out is really a useful thing to do.

#### *Scenario 2*

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 Alicia is her nurse today. She recalls another student had a difficult time working with one of the staff last week and she thinks 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 Linda is late giving her morning medications and she blames Alicia. 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 hrs, 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 3*

Bill is working on a medical ward. Before the 0730 report, he learns that he 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 states 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 he 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, Bill decides to assess the patient's pain and abdomen and try again to talk with her about her need to leave.

At 1000 hours, Bill is very frustrated, and he 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 4*

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 thinks she may be a poor mother and wife. If only things would slow down, she would be able to cope better. To ease the situation, she negotiates more and more extensions, but there just isn't enough time to do everything. 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 be more capable as a person and will finally be refreshed and energetic.

### 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 assumptions of student nurses within scenario are identified.  
 /10 Ways of validating each assumption is reasoned and comprehensive.  
 /10 The context in which each assumption might be valid is identified.  
 /10 Own assumptions are identified.  
 /6 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:

*(0.5 marks will be deducted for each error up to a maximum of 12 marks)*

- /12 APA format is followed:
- academic style (succinct/explicit)
  - sentence structure
  - grammar and verb tense
  - spelling and punctuation
  - appropriate citations and/or quotations
  - margins, font style, and size are appropriate; character spacing is appropriate
  - paper color and weight are appropriate; the paper is in a cover
  - pagination is appropriate (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
  - correct headings
  - 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.*

- B. **Professional Portfolio** — Due Friday, April 11 (Week 12) [but students are encouraged to complete this assignment in advance of this due date]; 40% of total grade. The three required essays are formal; the remainder of your inclusions are informal.

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 are of the most significance 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?
  - How do my personal values and beliefs relate to my professional values and beliefs?
  - What is my history with nursing?
  - Why did I decide to become a nurse?
  - Why am I a nursing student right now?
- (If you choose to answer any of these questions, relate to your professional values and beliefs about nursing.)*

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?
- (If you choose to answer any of these questions, relate to your definition of nursing.)*

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. (See #5 below.)**

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

- 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?
- What were your feelings as you developed your professional portfolio?

6. In-services/workshops/conferences/professional practice meetings attended.

Create a cover sheet under the tab to keep track of topics, speakers, date, and include a few bullets, re salient points, so you can refresh your learning at a glance.

**CHOOSE FROM THE FOLLOWING OPTIONAL CATEGORIES:**

7. Curriculum vitae (Current resume)
8. Certificates/diplomas (University, College, CRNBC student membership, CPR, St. John's First Aid, etc. ...) **PROVIDE COPIES OF — KEEP YOUR ORIGINAL FOR SAFEKEEPING**
9. Reference letters/letters of commendation
10. Awards
11. Instructor evaluations
12. Peer evaluations (Student peer evaluations, working peer evaluations after graduation)
13. 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
  - PPF forms (= Professional practice forms)
  - ???
14. What went well and why/What didn't go well and why
15. Personal journal entries (**EMPTY FOR ME** but a slot to file your clinical journal entries at the end of NURS 1030 [Clinical Nursing])
16. Learning plans/learning contracts
17. Bursary/scholarship applications
18. Thank you cards/letters
19. Papers written (samples of your writing)
20. Volunteerism
21. Immunization records
22. Role models and mentors → preceptorship possibilities?
23. Specialty interests
24. Languages spoken
25. Personal statement/philosophy
26. Care plans
27. Patient log (diagnosis, date, **No Names due to confidentiality**)

28. BCIT course curriculums
29. Mind maps
30. Concepts
31. Added in Level 4 NURS 2040 Professional Practice Seminar 2 will be more tabs
32. My ethical beliefs

***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. (0.5 marks off for each error up to a maximum of 3 marks for each essay)
- /2 Content is appropriate (relates to assignment requests and essay title).
- /7  $7 \times 3 = 21$  marks

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

- /4 In-service/workshop/conference/professional practice meeting write-up
- /4 Professional style
- /4 Organization (orderly and easy to read portrait of competence)
- /4 Completeness (selective of best accomplishments)
- /2 Individuality and creativity
- /1 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](http://www.crnbc.ca)



## Schedule

Week of/ Number	Outcome/Material Covered	Reference/Reading
Jan 11      1	<b>Introduction</b> <ol style="list-style-type: none"> <li>1. Course requirements — participation, assignments, policies, procedures</li> <li>2. Seminar process — purpose and guidelines, critical reading, questioning, thinking</li> <li>3. What is professionalism? What do you expect to learn?</li> </ol>	
Jan 18      2	<b>Section I — Health Care</b> <p><b>A. The System Today</b></p> <ol style="list-style-type: none"> <li>1. The Canadian National Health Insurance Program</li> <li>2. Health care reform</li> <li>3. The continuum of health care services <ul style="list-style-type: none"> <li>• Primary health care</li> <li>• The role of family/friends</li> <li>• Community services</li> <li>• Hospital services</li> </ul> </li> <li>4. Health care workers — Who are they and what is the difference between them?</li> </ol>	<ol style="list-style-type: none"> <li>1. Geddes, J. (2005, June 20). Breaking the taboo. <i>Macleans</i>, 18–21.</li> <li>2. Du Gas, B.W., Esson, L., &amp; 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.</li> <li>3. Du Gas, B.W., Esson, L., &amp; 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.</li> <li>4. Du Gas, B.W., Esson, L., &amp; Ronaldson, S. (1999). Inpatient services. In <i>Nursing foundations: A Canadian perspective</i> (2nd ed., pp. 65–76). Scarborough, ON: Prentice Hall Canada Inc.</li> </ol> <p><b>For class activity, all students read:</b></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
Jan 25      3	<b>B. Nursing and Health Care History</b> <ol style="list-style-type: none"> <li>How has health care changed?</li> <li>How have the roles of the workers changed?</li> <li>Why have they changed?</li> </ol>	<ol style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Kerr, J.R. (2003). Early nursing in Canada, 1600 to 1760: A legacy for the future. In J.R. Kerr &amp; M.J. Wood (Eds.), <i>Canadian nursing: Issues and perspectives</i> (4th ed., pp. 4–13). St. Louis: Mosby.</li> <li>Mansell, D. (1995). Sources in nursing historical research: A thorny methodological problem. <i>Canadian Journal of Nursing Research</i>, 27(3), 83–86.</li> </ul> </li> <li>Kerr, J.R. (2003). Nursing in Canada from 1760 to the present: The transition to modern nursing. In J.R. Kerr &amp; M.J. Wood, <i>Canadian nursing: Issues and perspectives</i> (4th ed., pp. 15–28). St. Louis: Mosby.</li> <li>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.</li> <li>Mill, J., Leiport, B., &amp; Duncan, S. (2002). A history of public health nursing in Alberta and British Columbia, 1918–1939. <i>Canadian Nurse</i>, 98(1), 18–23.</li> </ol> <p><b>All students read:</b></p> <p>Brookfield, S.D. (1991). What it means to think critically. In <i>Developing critical thinkers</i> (pp. 3–14). San Francisco: Jossey-Bass.</p>
Feb 1      4	<b>Section II — BCIT Nursing Philosophy</b> <p><b>A. Phenomenology, Critical Social Theory, and Humanism</b></p> <ol style="list-style-type: none"> <li>What do the words mean?</li> <li>How do the concepts affect nursing practice?</li> </ol> <p><b>B. Partnership, Specialty Nursing, Technology, and Nursing Informatics</b></p> <ol style="list-style-type: none"> <li>What do the words mean?</li> <li>How do the concepts affect my nursing practice?</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>McKenna, G. (1995). Learning theories made easy: Humanism. <i>Nursing Standards</i>, 9(31), 29–31.</li> <li>BCIT Nursing Program Curriculum Philosophy.</li> <li>Wilson, J.H., &amp; Hobbs, H. (1995). Therapeutic partnership: A model for clinical practice. <i>Journal of Psychosocial Nursing</i>, 33(2), 27–30.</li> </ol> <p><b>For class activity, all students read:</b></p> <ol style="list-style-type: none"> <li>Care, D., Gregory, D., Whittaker, C., &amp; Chernomas, W. (2006). Nursing, technology, and informatics: An easy or uneasy alliance? In M. McIntyre, E. Thomlinson &amp; C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 247–248). Philadelphia, PA: Lippincott.</li> <li>Hunter, G. (1996). An unnecessary death. <i>Canadian Nurse</i>, 92(6), 20–22.</li> </ol>



Week of/ Number	Outcome/Material Covered	Reference/Reading
Feb 8      5	<b>C. Professional Caring</b> 1. What is it? 2. Rational elements: <ul style="list-style-type: none"> <li>• Critical thinking</li> <li>• Decision making</li> <li>• Research basis for practice (also called evidence-based nursing)</li> </ul>	1. • Brookfield, S. (1991). 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. (2006). Issues of gender and power: The significance attributed to nurses work. In M. McIntyre, E. Thomlinson & C. McDonald (Eds.), <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 340–342). Philadelphia, PA: Lippincott. <b>All students read:</b> Davis-Sills, L. (1998). One for all. <i>Nursing</i> 98, 32(6).

Week of/ Number	Outcome/Material Covered	Reference/Reading
Feb 15      6	<b>C. Professional Caring (cont'd.)</b>  3. Emotive elements: <ul style="list-style-type: none"> <li>• Partnership based on:               <ul style="list-style-type: none"> <li>– Dialogue and</li> <li>– Shared meaning</li> </ul> </li> </ul>	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.  <b>For class activity, all students read:</b>  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
Feb 22      7	<p><b>Section III — Ways of Knowing</b></p> <ul style="list-style-type: none"> <li>empirical, ethical, personal, esthetical, and sociopolitical knowing combine in the art of nursing</li> </ul> <p><b>A. Empirical Knowing</b></p> <ol style="list-style-type: none"> <li>Research based practice — relevance to nursing and health care</li> <li>Fundamentals of nursing research</li> </ol>	<ol style="list-style-type: none"> <li>Ross-Kerr, J., &amp; Wood, M. (2006). <i>Canadian fundamentals of nursing</i> (pp. 81–85). Toronto, ON: Elsevier Canada.</li> <li>Ross-Kerr, J., &amp; Wood, M. (2006). <i>Canadian fundamentals of nursing</i> (pp. 85–89). Toronto, ON: Elsevier Canada.</li> <li> <ul style="list-style-type: none"> <li>College of Registered Nurses of British Columbia. (2005). <i>Nursing and research</i>. Vancouver, BC: Author. <a href="http://www.crnbc.ca">www.crnbc.ca</a></li> <li>Canadian Nurses Association. (2002). <i>Position Statement: Evidence-based decision-making and nursing practice</i>. Ottawa, Canada: Author. <a href="http://www.cna.auc.ca/CNA/documents/pdf/publications">www.cna.auc.ca/CNA/documents/pdf/publications</a></li> </ul> </li> <li>Ross-Kerr, J., &amp; Wood, M. (2006). <i>Canadian fundamentals of nursing</i> (pp. 89–92). Toronto, ON: Elsevier Canada.</li> </ol> <p><b>For class activity, all students read:</b></p> <ol style="list-style-type: none"> <li>Foster-Fitzpatrick, L., Ortiz, A., Sibilano, H., Marcantonio, R., &amp; Braun, L.T. (1999). The effects of crossed leg on blood pressure measurement. <i>Nursing Research</i>, 48(2), 105–108.</li> <li>Pringle, D. (2006). The realities of Canadian nursing research. In M. McIntyre, E. Thomlinson &amp; C. McDonald, <i>Realities of Canadian nursing: Professional, practice and power issues</i> (pp. 275–277). Philadelphia, PA: Lippincott.</li> </ol>

Week of/ Number	Outcome/Material Covered	Reference/Reading
Feb 29      8	<p><b>B. Ethical Knowing</b></p> <ol style="list-style-type: none"> <li>1. What does the code say?</li> <li>2. Ethical principles</li> <li>3. How do we act ethically in nursing situations?</li> </ol> <p><b>MIDTERM REVIEW OF COURSE</b></p> <p><b>B. Ethical Knowing (cont'd.)</b></p>	<ol style="list-style-type: none"> <li>1. • Koenig-Blais, K., Hayes, J., Kozier, B., &amp; Erb, G. (2002). Making ethical decisions (Chapter 4) in <i>Professional nursing practice</i> (pp. 54–55). Upper Saddle River, NJ: Pearson Education.</li> <li>• McPhail, J. (2003). Ethical issues and dilemmas in nursing practice. In J.R. Kerr &amp; J. McPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i> (4th ed., pp. 221–227). St. Louis: Mosby.</li> <li>2. Catalano, J.T. (1997). Professional ethics. In R.K. Nunnery (Ed.), <i>Advancing your career: Concepts of professional nursing</i> (pp. 371–380). Philadelphia: F.A. Davis.</li> <li>3. • Savage, T.A., &amp; Bosek, M.S. (1998). Moments of courage: Reconciling the real and ideal in the clinical practicum. <i>Imprint</i>, 45(3), 31–34.</li> <li>• Government of Canada. ( ). <i>Charter of rights and freedoms</i>. Ottawa, ON: Author.</li> <li>4. McPhail, J. (2003). Ethical issues and dilemmas in nursing practice. In J.R. Kerr &amp; J. McPhail (Eds.), <i>Canadian nursing: Issues and perspectives</i> (4th ed., pp. 210–221). St. Louis: Mosby.</li> </ol> <p><b>For class activity, all students read:</b></p> <ol style="list-style-type: none"> <li>1. Risk, S.C., &amp; Storch, J. (2005). A moment of reflection and commentary. <i>Canadian Nurse</i>, 101(5), 14–15.</li> <li>2. Canadian Nurses Association. (2005). <i>Code of ethics for registered nurses</i>. Ottawa, ON: Author. www.crnbc.ca</li> </ol>

Week of/ Number	Outcome/Material Covered	Reference/Reading
Mar 7 9	<b>C. Self Knowing</b> <ol style="list-style-type: none"> <li>1. What is it?</li> <li>2. How do we get it?</li> <li>3. What is my learning style?</li> </ol> <b>MIDTERM EVALUATION</b>	<ol style="list-style-type: none"> <li>1. Lauterbach, S.S., &amp; Becker, P.H. (1996). Caring for self: Becoming a self-reflective nurse. <i>Holistic Nursing Practice</i>, 10(2), 57–68.</li> <li>2. Hover-Kramer, D., Mabbett, P., &amp; Shames, K.H. (1996). Vitality for caregivers. <i>Holistic Nursing Practice</i>, 10(2), 38–48.</li> <li>3. MacDonald, G. (1998). Patterns of renewal in mothers who are nurses. <i>Canadian Nurse</i>, 94(1), 24–28.</li> <li>4. • 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.</li> </ol> <p><b>For class activity, all students go to:</b> 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>
Mar 10–14	<b>SPRING BREAK</b>	<b>NO CLASSES SCHEDULED</b>
Mar 21 10	<b>GOOD FRIDAY</b>	<b>NO CLASSES SCHEDULED</b>
Mar 28 11	<b>Section IV — The Nursing Profession</b> <b>A. Roles That Nurses Have in the Health Care System</b> <ul style="list-style-type: none"> <li>• guidelines for nurse-client relationships</li> <li>• advocacy</li> <li>• health promotion</li> <li>• referral</li> <li>• leadership</li> </ul>	<ol style="list-style-type: none"> <li>1. CRNBC. (2006). <i>Nurse-client relationships</i>. Vancouver, BC: Author. www.crnbc.ca</li> <li>2. • 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.</li> <li>3. CRNBC. (2005). <i>Advocacy</i>. Vancouver, BC: Author. www.crnbc.ca</li> <li>4. CRNBC. (2005). <i>Nursing leadership and quality care</i>. Vancouver, BC: Author.</li> </ol> <p><b>For class activity, all students read:</b> Priest, A. (1999, June 24). First call. <i>The Georgia Straight</i>, 15–19.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
Apr 4 12	<b>B. The Legal Boundaries of Nursing Practice</b> <ol style="list-style-type: none"> <li>Obligations of the professional association re public safety</li> <li>Obligations of professional nurses re standards</li> </ol>	<ol style="list-style-type: none"> <li>College of Registered Nurses of British Columbia. (2006). Overview of: <ul style="list-style-type: none"> <li>Health Professions Act</li> <li>Nurses (Registered) and Nurse Practitioners Regulation</li> <li>CRNBC Bylaws</li> </ul> Vancouver, BC: Author. <a href="http://www.crnbc.ca">www.crnbc.ca</a> </li> <li> <ul style="list-style-type: none"> <li>College of Registered Nurses of British Columbia. (2007). <i>Self regulation</i>. Vancouver, BC: Author. <a href="http://www.crnbc.ca">www.crnbc.ca</a></li> <li>College of Registered Nurses of British Columbia. (2006). <i>Appropriate use of titles by nurses</i>. Vancouver, BC: Author. <a href="http://www.crnbc.ca">www.crnbc.ca</a></li> </ul> </li> <li> <ul style="list-style-type: none"> <li>Griffiths, H. (1997). Incorporating standards in everything you do takes work. <i>Nursing BC</i>, 29(3), 11–12.</li> <li>Steele, M. (1998, May/June). Nursing and the law: Who's liable, who pays? <i>Nursing BC</i>, 29–30.</li> </ul> </li> <li> <ul style="list-style-type: none"> <li>College of Registered Nurses of British Columbia. (2007). <i>CRNBC: How it works</i>. Vancouver, BC: Author. <a href="http://www.crnbc.ca">www.crnbc.ca</a></li> <li>College of Registered Nurses of British Columbia. (2007). <i>Board and committees</i>. Vancouver, BC: Author. <a href="http://www.crnbc.ca">www.crnbc.ca</a></li> <li>College of Registered Nurses of British Columbia. (2007). <i>CRNBC staff organization chart</i>. Vancouver, BC: Author. <a href="http://www.crnbc.ca/downloads/staff.pdf">www.crnbc.ca/downloads/staff.pdf</a></li> </ul> <p><b>For class activity, all students read:</b></p> <p>College of Registered Nurses of British Columbia. (2005). <i>Professional standards for registered nurses and nurse practitioners</i>. Vancouver, BC: Author. pp. 1–5. <a href="http://www.crnbc.ca">www.crnbc.ca</a></p> </li> </ol>
Apr 11–12 13	<b>BCIT OPEN HOUSE</b>	<b>NO CLASSES SCHEDULED</b>

Week of/ Number	Outcome/Material Covered	Reference/Reading
Apr 18 14	<b>B. The Legal Boundaries of Nursing Practice (cont'd.)</b>  3. Obligations of the individual nurse re criminal and civil law  Video: A coroner's inquest	<b>All students read:</b>  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). Documentation ( <i>Practice standard</i> ). Vancouver, BC: Author. www.crnbc.ca
Apr 25 15	<b>C. Nursing Practice Issues</b>  1. Feedback from a Professional Practice Group  2. Feedback from clinical practice  3. Issues from policy and position statements	1. College of Registered Nurses of British Columbia: • (2007) Scope of practice for registered nurses. (pp. 2–7). www.crnbc.ca  2. College of Registered Nurses of British Columbia: • (2007) Employed student nurses. www.crnbc.ca • (2005) <i>Self-employed nurse</i> . www.crnbc.ca  3. • College of Registered Nurses of British Columbia. (2006). <i>Continuing competence requirements for renewal of practicing registration</i> . www.crnbc.ca • 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  <b>And all students attend a Professional Practice Group at least once in the term.</b> Identify issues of concern to the membership and bring these concerns to the class for discussion. Consider your nursing practice to date.  <b>For class activity, all students read:</b>  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
May 2      16	<p><b>Section V — Leadership and Followership</b></p> <ul style="list-style-type: none"> <li>• putting professionalism into practice</li> <li>• the importance of image</li> <li>• excellence</li> </ul> <p><b>COURSE EVALUATION</b></p>	<ol style="list-style-type: none"> <li>1. Tamlyn, D. (2005). The importance of image. <i>Canadian Nurse</i>, 101(4), 26.</li> <li>2. Buresh, B., &amp; Gordon, S. (2000). Tell the world what you do. <i>Canadian Nurse</i>, 96(6), 14–19.</li> <li>3. Grossman, S., &amp; Valiga, T. (2000). <i>The concept of excellence. In the new leadership challenge</i> (pp. 214–219). Philadelphia, PA: F.A. Davis Company.</li> <li>4. Chopra, D. (2004, July/August). Shapers of destiny. <i>Resurgence</i>, 225, 1–5. <a href="http://www.resurgence.org/resurgence/issues/chopra225.htm">www.resurgence.org/resurgence/issues/chopra225.htm</a></li> </ol> <p><b>All students read:</b></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>