



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Nursing

Option:

**NURS 1050**  
**Interpersonal Communication**

**Start Date:** January, 2004

**End Date:** May 2004

**Total Hours:** 34    **Total Weeks:** 17

**Term/Level:** 2    **Course Credits:** 2

**Hours/Week:** 2    **Lecture:**            **Lab:**

**Shop:**                    **Seminar:**            **Other:**

**Prerequisites**

**Course No.**    **Course Name**

None

**NURS 1050 is a Prerequisite for:**

**Course No.**    **Course Name**

- NURS 3032    Family Nursing Theory
- NURS 3034    Nursing of Families Practicum
- NURS 3036    Mental Health Issues in Nursing Practice
- NURS 3038    Mental Health Nursing Practicum

■ **Course Description**

In this introductory course students will study how various aspects of interpersonal communication promote shared meaning with patient/clients and others. The course emphasizes attitudes, knowledge and skills necessary for helpful communication. Simulated patients, student demonstrations of their communication abilities, interactive exercises and class activities are part of the course.

Interpersonal Communication helps students develop the ability to establish partnerships with people by developing shared meaning.

■ **Evaluation**

- Participation in class and activities: Participation is demonstrated through the creation of a collage, weekly discussion of course readings and activities, and participation in the patient simulations.
- A paper in which the student describes and analyzes interactions in order to demonstrate her/his understanding of interpersonal communication theory in action and to consider alternate responses.
- A midterm examination that tests the student's understanding of the course textbook, *Everyday Encounters*.

Students will participate in deciding the percentage of marks assigned to the paper and the midterm examination. If the paper is not submitted, the student will not achieve a passing grade.

## ■ Course Learning Outcomes/Competencies

Upon successful completion, the student will be able to:

1. Develop interpersonal awareness in order to identify the:
  - context of an interaction (physical, emotional, social, cultural, economic, political and spiritual).
  - verbal and non-verbal attitudes and skills that facilitate shared meaning.
  - verbal and non-verbal attitudes and behaviours that block shared meaning.
2. Develop interpersonal self-awareness in order to identify her or his own:
  - contextual variables in a given interaction.
  - verbal and non-verbal attitudes and skills that facilitate shared meaning.
  - verbal and non-verbal attitudes and behaviours that block shared meaning.
3. Incorporate professional interpersonal skills with her/his personal way of being.
4. Demonstrate professional, caring communication during course activities.
5. Explain and commit to the essential nature of communication to professional nursing.

## ■ Process Threads Relevant to this Course

**Professionalism:** Students develop an understanding of the professional nurse's role regarding communication. They use assessment knowledge to guide interpersonal communication and use judgment when communicating. They adhere to professional ethical standards.

**Communication:** Students thoughtfully discuss interpersonal communication verbally and in writing. They dialogue with colleagues and teachers in the process of learning. They work with colleagues and simulated patients to develop abilities in interpersonal communication. They commit to the essential nature of communication in professional nursing. Students anticipate interpersonal communication to be performed in class and prepare themselves to perform them. They are independent with some aspects of interpersonal communication learned this term, but may require assistance with others.

**Systematic Inquiry:** Students think and reflect about interpersonal communication by appreciating the research base, recognizing real and potential risks associated with communication and making judgments about communication considering the context. Questioning and feedback are two of the strategies that are used to facilitate reasoning and reflection.

**Professional Growth:** Students take responsibility for their learning and for preparing information for class that is accurate and relevant. Also, they are responsible and accountable for their actions. As students participate in the course experiences, they will grow both personally and professionally.

**Creative Leadership:** Students are able to discriminate situations in which specific skills would be useful. Developing interpersonal awareness of self and others requires creativity and risk taking. Students are expected to make positive assumptions about each other's abilities and value individuality. Self-direction and dialogue are essential to partnership.

■ Verification

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

*A. Kenney-Lee*

\_\_\_\_\_  
Authoring Instructor

*Dec 16/03*

\_\_\_\_\_  
Date

I verify that this course outline has been reviewed.

*Jain Verner*

\_\_\_\_\_  
Program Head/Chief Instructor

*DEC 16, 2003*

\_\_\_\_\_  
Date

I verify that this course outline complies with BCIT policy.

*Greene*

\_\_\_\_\_  
Dean/Associate Dean

*Dec. 16/03*

\_\_\_\_\_  
Date

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

### ■ Instructor(s)

Ann Kenney-Lee                      Office Location: SE12-418                      Office Phone: 604-432-8791  
   Office Hrs.:              By appointment                      E-mail Address: Ann\_Kenney-Lee@bcit.ca

### ■ Learning Resources

#### *Required:*

Wood, J. & Henry, A. (2002). *Everyday encounters. An introduction to interpersonal communication* (2nd ed.)  
Scarborough, ON: ITP Nelson.

Other selected readings will be **on reserve** in the library and on the Internet.

#### *Recommended:*

### ■ Information for Students

1. Students are encouraged to identify individual learning needs that may be met in this course. Please talk with the teacher to see how this might be accomplished.
2. During the first class, the evaluation methods will be discussed and the students will assign the percentage of marks to each.
3. The reference readings are on reserve in the library. The loan period (1 day; 2 days, etc.) will be discussed and determined during the first class. Currently it is 2 days.
4. Students will participate in a verbal review of the course at midterm and the end of the term. Students may also raise concerns about the course during any class. 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.
5. Harassment and Discrimination, Conduct and Attendance: It is the student's responsibility to read the Institute's guidelines and commitment to an environment free from harassment and discrimination in the current BCIT Calendar and to behave accordingly.
6. **Assignments:** Late papers will be marked. They will lose 10% for each working day they are late. An extension of the due date for a reasonable cause may be negotiated with the course instructor before 1430 hours the day before the paper is due. Extensions will not be given after this time.
7. **Makeup Tests, Exams or Quizzes:** There will be **no** makeup tests, exams or quizzes. If you miss an exam or quiz, you will receive a zero mark. Exceptions may be made for **documented** medical reasons or extenuating circumstances. In such a case, it is the responsibility of the student to inform the instructor **immediately**.
8. **Ethics:** BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating or plagiarism may, therefore, result in a grade of zero for the assignment, exam or project for all parties involved and/or expulsion from the course.

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

9. **Illness:** A doctor's note is required for any illness causing you to miss class, assignments or exam. At the discretion of the instructor, you may complete the work missed or have the work prorated.
10. **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 program.
11. **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.

### ■ Participation/Attendance

Participation is required in this course because of the importance of dialogue to thinking, self-awareness and learning. The different viewpoints shared during the class will help expand the thinking of all participants. Everyone's comments deserve and will receive respectful hearings.

The instructor will assign you randomly to a small group for in-class discussion. You may want to meet with your group outside of class to share readings. Each student needs to be very familiar with the course readings in order to be successful in the examinations and the paper.

Your learning is directly related to the effort you put into the reading and class activities. Therefore, class participation in NURS 1050 counts for a percentage of the final grade. **Participation includes doing the reading and writing preparation for class and talking actively in the group.** 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. The instructor will monitor your preparation and participation.

Another focus for discussion is the informal debriefing and analyzing of interpersonal interactions that occur in practicum from week to week. Sharing these experiences will help the student to understand the course material. It is also good preparation for writing the course paper.

There will be three simulated patients this term. Students are expected to interact with the simulated patients in this safe environment.

Take responsibility for your own learning by asking the instructor, during office hours, to:

- clarify and expand on ideas from class.
- suggest additional readings.
- discuss upcoming assignments.
- provide detailed feedback on assignments or progress.

If students are absent for more than 10% (i.e., 3.4 hours) of the planned activities without a medical certificate they may be prohibited from completing the course.

The instructor will discuss with you how the participation marks will be allocated.

## ■ Course Content

- Theoretical perspectives: Contemporary interpersonal communication research and theory will be examined. The relationship of communication and social trends is also included in the course.
- Specific behavioural ways of relating: This will include some micro communication skills, for example, reflecting feelings, identifying themes and some more general macro skills, for example, engaging in dual perspectives and self-monitoring.
- Ways to analyze our interactions with others in order to increase our awareness and set goals to improve our communication.
- Common experiences of people in hospital:
  - the person who is anxious
  - the person who is sad, bereaved or depressed
  - the person who is confused
  - the person who is angry and hostile.

## ■ Assignment Details

### 1. Collage Activity

The collage is used to stimulate discussion among the class participants (students and faculty). It will help us as individuals to make meaning from the course concepts and it will help us to share those meanings with each other.

**How to create the collage:** Each week, some students will bring something to class (a photo, an article, a poem, a cartoon, an object) and add it to the collage. Students need to “own” and document their contributions by including their name, a brief description of the contribution, and how it relates to the day’s session, on the collage. You are to bring no more than one photo from a magazine or the Internet.

**How we will use the collage:** During each class session time will be spent discussing how the collage reflects the ideas being studied in the class.

### Grading

This activity is part of the marks allotted to participation (15%). A minimum of six contributions must be made to the collage throughout the course in order to receive the marks. At least one collage contribution must be shared in the large group. It is the student’s responsibility to keep track of collage contributions and participation on the form provided by the faculty. Submit this record of your participation Tuesday, March 9, 2004.

### 2. Paper on Observation/Analysis of Interactions

The purpose of this paper is to demonstrate awareness and understanding of:

- the multiple contexts in which interpersonal communication occurs;
- the verbal and non-verbal attitudes and skills in yourself and others that facilitate shared meaning;
- the verbal and non-verbal attitudes and behaviours in yourself and others that block shared meaning.
- to increase your awareness of your patient interactions.
- to develop a plan for improving your future professional practice.

## ■ Assignment Details (cont'd.)

Do this by describing and analyzing give (5) nurse-patient interactions that you participated in or observed during your clinical experience. If you have had interactive experience outside of your clinical experience that has had a significant impact on your understanding of interpersonal communication you may include it (only one) in the paper. If you observed an interaction in your clinical experience that had a significant impact on your understanding of interpersonal communication you may include one in the paper. Four interactions are of you interacting with patients/their family members. There can be **only one** interaction from outside clinical or that you observed in clinical.

### Description

Elements or dimensions of interpersonal communication (sometimes called interpersonal dynamics) that must be included:

- the context of the interaction.
- the goal(s) of the interaction.
- label the verbal and non-verbal skills or blocks evident in the interaction. Give short examples of the words you actually used to demonstrate the skills used, what verbal skills could have been used, and give examples.
- the effect of the interaction on all those involved in the interaction.
- references from the readings.

It is not necessary or desirable to provide detailed clinical descriptions or extensive dialogues from the interactions. Strive to condense descriptions to the essential interpersonal elements.

### Analysis

Analyzing interactions may include:

- applying theories, principles or guidelines of interpersonal communication from the communication and/or nursing literature to the situations described;
- describing different ways the participants could have behaved or interacted to improve the interaction or its outcome;
- determining if the responses demonstrated an understanding of the patient's behaviour (both verbal and non-verbal), perspective and/or situation;
- noting the effects of the participants' values or beliefs on the course of the interaction.
- analyses of how you will integrate theory to practice (praxis).

It is not realistic to write about all of these factors for each interaction. Therefore, choices will need to be made about how the paper is developed.

In order to do this assignment you will need to attend to your own interactions with patients. It is suggested that you keep a journal of suitable interactions and relevant literature from week to week. (You may want to include this in your NURS 2030 clinical journal.) This will ensure having sufficient interactions from which to choose for the paper. It will also enable an early start in writing the paper.

Due date: Tuesday, March 30 by 1730 hours.

### ■ Assignment Details (cont'd.)

An extension of the due date for reasonable cause may be negotiated with the course instructor before 1430 hours on Monday, March 29. The consequence of submitting a paper after the due date (or a negotiated due date) is 10% per school day deduction for the paper. Students are advised to retain a copy (hard or soft copy) of their paper until one week after the end of exam week.

**Note:** Students who are not taking a practicum course concurrently with this course must make an appointment by the third week of the term with the course instructor to discuss plans for how these interactions will be obtained.

### Requirements for the Written Assignment

This paper is an 8–10 page academic paper. Please use APA style guidelines.\* An abstract, visuals, running head and header are not necessary. Use first-level headings (section titles) only, that is, for the body of the paper and the references.

The paper must include an introduction that states the thesis and also orients the reader to the points to be made in the body of the paper. The paper must include a conclusion that summarizes the points presented in the body of the paper to support the thesis.

Please support ideas in the body of the paper using the professional literature. The required readings from the course must be used, citing from at least one source. The marking scheme and guidelines will be discussed in class.

### Grading

- **The content of the paper (55 marks)**

**Body Analysis** of five (5) interactions.

Each interaction is to include (11 marks per interaction):

- /1 Context of the interaction.
- /1 Goal(s) of the interaction.
- /6 Cite the actual words, in quotation marks, used by the other person and yourself. For each of your responses, identify the specific skills and/or blocks which you used; and analyze the interaction. State alternate responses that you could have used to improve this conversation. Label these new responses with the actual skills used.
- /2 Effect of the interaction on **all** the involved people.
- /1 References from readings for the blocks and/or skills used.

### Praxis (Theory in Action)

Discuss how you have learned to integrate communication theory into your professional practice. Elaborate on specific strategies that you have developed and will use to continue to improve your therapeutic communication.

- **The structure of the paper 24%**

- /5 The tone of the paper is appropriate to an academic audience. There are no slang terms, the writing is clear and understandable, and views of others are acknowledged.
- /5 Paragraphs form units of thought, with a topic sentence and details that support it.
- /5 The introduction presents the organization of the paper and the ideas being discussed.
- /3 The conclusion summarizes the ideas of the paper.



■ **Assignment Details (cont'd.)**

/6 APA format is followed:

- ▶ the necessary information is included in the centred area of the title page.
- ▶ the reference list and citations in the text are according to APA (3 marks).
- ▶ pagination is appropriate and includes a header with appropriate spacing.
- ▶ character spacing, font size and style, margins are appropriate and in a folder.

• **Format and mechanics (10 marks)**

- /2 Spelling
- /2 Punctuation
- /3 Sentence structure
- /3 Grammar

\* *APA style guidelines (5th edition) for reference citations. Also refer to the APA Style Guidelines distributed in Level 1.*

3. **Midterm Exam**

The midterm exam will be on Monday, February 23

Location: SE12-412

Time: Both sets together  
0930-1030

### Schedule

Date	Week	Outcome/Material Covered	References
Jan. 6	1	<p><b>Introduction and review of course outline</b></p> <p>Learning needs and goal setting            Lab process, participation, readings, simulations, course requirements and evaluation</p>	<p><i>Please Note</i></p> <p><b>R = Required O = Optional</b></p>
Jan. 13	2	<p><b>Interpersonal communication — definition and principles</b></p> <p><b>*Collage</b></p> <ol style="list-style-type: none"> <li>1. pp. 13–15 — Which of Buber’s levels of communication is appropriate to your nursing role with patients, families and colleagues?</li> <li>2. pp. 23–24 — “We can’t automatically communicate with others as full unique individuals because we don’t know them personally when we first meet.” Is getting to know your patient personally congruent with the professional role of a RN?</li> <li>3. pp. 27–28 — Who is responsible for how others interpret our non-verbal behaviour — the other or myself?</li> <li>4. p. 33 — What do you mean to your patients? What do you want to mean to them?</li> <li>5. p. 34 — The requirement to be able to adapt your communication could be interpreted as being dishonest or manipulative. What are your ideas about this?</li> <li>6. pp. 37–38 — What does ‘dual perspective’ mean? How might you use it in your nursing practice?</li> <li>7. p. 38 — Does the requirement for self-monitoring promote self-consciousness or self-awareness? What is the difference between these processes?</li> </ol>	<p><b>R</b> Wood &amp; Henry. Chapter 1.</p> <p><b>O</b> Beck, C.T. (1993). Caring relationships between nursing students and their patients. <i>Nurse Educator</i>, 18(5), 28–32.</p>



Date	Week	Outcome/Material Covered	References
Jan. 27	4	<p><b>Perception and communication</b>  <b>*Collage</b></p> <ol style="list-style-type: none"> <li>1. What is perception? Explain this in your own words. Give examples to illustrate this.        pp. 96–107 discusses some of the influences on perception. How does the following influence your perception as a student nurse?       <ol style="list-style-type: none"> <li>a. <b>Culture</b> <ul style="list-style-type: none"> <li>– the culture of hospitals and health care givers</li> <li>– the culture of student nurses</li> </ul> </li> <li>b. <b>Social roles</b> — What is your role as a student nurse and as a guest (non-employee) in the hospital? How does your role affect what you notice and how you interpret and evaluate it?</li> <li>c. <b>Cognitive abilities</b> — Assess your own cognitive complexity and person perception. How do they influence how you perceive your patients, their family members, your clinical instructor, the nursing staff, etc.?</li> </ol> </li> <li>2. Some guidelines are given for improving perception and communication (begins p. 107). The guideline “all perceptions are subjective” means there is no clear right or wrong and there is no truth. What are your views about the above statement?</li> </ol> <p><b>Emotions and communication</b></p> <ol style="list-style-type: none"> <li>1. p. 123 — Complete and mark the EQ quiz. How does your EQ score relate to your perception of your own emotional intelligence?</li> <li>2. pp. 148–152 — What are some of the reasons for ineffective expression of emotions?</li> <li>3. pp. 152–159 — These pages outline some guidelines to communicate emotions effectively. Which of these guidelines do you think you can or do currently use?</li> </ol>	<p><b>R</b> Wood &amp; Henry. Chapter 3 and Chapter 4.</p>

Date	Week	Outcome/Material Covered	References
Feb. 3	5	<p><b>Relational Capacity</b>  <b>*Collage</b></p> <p>Parts of the assigned readings for this week promote the use of behavioural communication skills. The attached article, however, challenges that idea saying that the behavioural approach to learning communication skills is contrary to achieving shared meaning and partnership.</p> <p>Please read the attached article and be prepared to discuss your ideas about it. The following questions may guide your reading:</p> <ol style="list-style-type: none"> <li>1. What evidence from your own practice do you have that using behavioural skills (such as asking open-ended questions, clarifying or summarizing) either help or hinder you from connecting with your patients? Think of interpersonal experiences that you had with patients in Level 1 and 2 Practicums.</li> <li>2. What ideas do you have about balancing your “natural tendency and capacity for relational connection” (p. 524 right column) with the self-consciousness required to learn to use some behavioural skills? In other words can you “abandon self” and be spontaneous and also use some of the helping skills described in the Haber reading?</li> <li>3. The nurse’s experience with the parents of the dying baby (p. 527) is certainly more relational than behavioural; however, the nurse did use a “technique” or “skill” to connect with the parents. What was it and why do you think it worked so well?          The nurse in the narrative felt scared when asked to work with the above family. How did she handle this fear? Have you used these strategies? Did they help? If you have not used them, do you think they might work for you?</li> <li>4. pp. 191–198 — Woods discusses guidelines for improving verbal communication. What is your opinion of these guidelines?</li> </ol>	<p><b>R</b> Wood &amp; Henry. Chapter 5.</p> <p><b>R</b> Haber, J. (1997). Therapeutic communication. In J. Haber, B. Krainovich-Miller, A.L. McMahon &amp; P. Price-Hoskins, <i>Comprehensive psychiatric nursing</i> (5th ed., pp. 121-142). St. Louis: Mosby.</p> <p><b>R</b> Hartrick, G. (1997). Relational capacity: The foundation for interpersonal nursing practice. <i>Journal of Advanced Nursing</i>, 26, 523–528. (<b>Handout</b>)</p>

Date	Week	Outcome/Material Covered	References
Feb. 10	6	<p><b>Non-verbal communication</b>  <b>*Collage</b></p> <ol style="list-style-type: none"> <li>1. One of the rational-level meanings established by non-verbal behaviours is <b>power</b>. Think of the hospital context and discuss how power is reflected. Who do you think has the most power? The least? What cues support your assessment?            What power do you as a student have on the ward?            How do the non-verbal cues re your power/lack of power in the hospital setting influence the non-verbal behaviours <b>you</b> manifest during your practicum experience?</li> <li>2. One type of non-verbal behaviour mentioned in your text is <b>kinesics</b>. Think for a moment about your kinesic messages. Are these the same for you when you are with friends as when you are in your hospital practicum? What changes, if any, do you display? What does this tell others about you? Are these the messages you want to give? If not, what do you need to change to communicate the desired messages?</li> <li>3. p. 220 of you text states that “touching also communicates power and status. People with high status touch others and invade others’ space more than people with less status do.” Discuss your thoughts on this statement. How is this relevant in nursing?</li> <li>4. Silence is an elegant form of non-communication. Discuss both the positive as well as the negative messages that a nurse conveys when using silence.</li> </ol>	<p><b>R</b> Wood &amp; Henry. Chapter 6.</p> <p><b>O</b> Arnold, E., &amp; Boggs, K.U. (1999). <i>Interpersonal relationships. Professional communication skills for nurses</i> (3rd ed.). Philadelphia: Saunders, pp. 544–549.</p> <p>This reading will help to analyze your situations in your paper, if you need some help.</p>

Date	Week	Outcome/Material Covered	References
Feb. 17	7	<p><b>Mindful listening</b>  <b>*Collage</b></p> <ol style="list-style-type: none"> <li>Some forms of ineffective listening are described in your textbook. In this exercise you will write clinical examples of some of them.            Example:  <b>Patient:</b> Nurse, I am very uncomfortable. My sheets are all bunched up under me and I don't think that pill you gave me is doing much for my leg pain.  <b>Nurse:</b> I've given you as much as you are allowed for now and I fixed your sheets just 15 minutes ago. Maybe if you didn't move around so much you would feel better.            This is an example of defensive listening. Write a better response to the patient.            Now, write examples of at least 3 forms of ineffective listening that might occur between a patient or family member and a nurse. If you cannot think of any, write examples from your own personal experience of not being listened to or not listening. Share your examples in your small group.</li> <li>Wood and Henry describe mindfulness as the first step to listening effectively and this requires a conscious commitment. What makes effective listening such hard work? Do your emotional reactions get in the way of listening effectively? Think of some examples of situations in which you have not been able to hear what was being said because of your emotional reactions. Are there particular topics that trigger these reactions? How could you control your reactions?</li> <li>Responding is the fifth step in the listening process. It is the active part of "active listening." List the responding skills that you think constitute active listening. Use the list of techniques distributed in class.</li> </ol>	<p><b>R</b> Wood &amp; Henry. Chapter 7.</p>
Feb. 23	8	<p><b>Midterm Exam</b>  <b>Monday 0830-1030 SE12-412</b>  <b>Sets A and B</b></p> <p><b>No Class on Tuesday</b></p>	

Date	Week	Outcome/Material Covered	References
Mar. 2	9	<p><b>Interacting with a person who is anxious</b>            *Collage</p> <ol style="list-style-type: none"> <li>Write an example that demonstrates the model of stress as a transaction. Your example needs to clearly demonstrate the relationship between the situation or circumstance (stressor) in the environment and the individual experiencing the stressor. Be sure to include evidence of the primary and secondary appraisal. You will share your example with one person in your group. When you receive an example your role will be to analyze the example.</li> <li>List factors in your life that influence your interpretation of stressors. Compare and contrast how you respond to stress with someone else you know well.            You may share your ideas with your group, <i>as you feel comfortable</i>.</li> </ol>	<p>Reread course outline.</p> <p>R Keltner, N.L., Schwecke, L.H., &amp; Bostrom, C.E. (1991). <i>Psychiatric nursing: A psychotherapeutic management approach</i>. St. Louis: Mosby, pp. 351–359.</p> <p>R Arnold, E., &amp; Boggs, K.U. (1999). <i>Interpersonal relationships. Professional communication skills for nurses</i> (2nd ed.). Philadelphia: Saunders, pp. 451–454.</p>
Mar. 9	10	<p><b>Simulation #1 — Eleanor Dunbois – Patient Simulation</b></p> <p>Collage activity is finished. Please submit record of your participation.</p>	
Mar. 15–19		<b>SPRING BREAK</b>	
Mar. 23	11	<p><b>Interacting with a person who is confused</b></p> <ol style="list-style-type: none"> <li>What are some similarities between delirium and dementia?</li> <li>What are the difference between delirium and dementia?</li> <li>What is reality orientation? What cognitive processes must a patient have to benefit from reality orientation?</li> <li>What is the purpose of validation therapy?</li> </ol>	<p>R Feil, N. (1992). Validation therapy. <i>Geriatric Nursing</i>, 13(3), 129–133.</p> <p>R Evans, C.A., Kenny, P.J., &amp; Rizzuto, C. (1993). Caring for the confused geriatric surgical patient. <i>Geriatric Nursing</i>, 14(5), 237–241.</p> <p>R Henry, M. (2002). Descending into delirium. <i>AJN</i>, 102(3), 49–55.</p>
Mar. 30	12	<p><b>Simulation #2 — Jana Olynuk – Patient Simulation</b></p> <p><b>Paper Due</b></p>	



Date	Week	Outcome/Material Covered	References
Apr. 6	13	<p><b>Interacting with a person who is bereaved or dying</b></p> <p>These questions are related to the reading from the book <i>Final Gifts</i>.</p> <ol style="list-style-type: none"> <li>1. What are the final gifts a dying person and her/his significant other offer each other?</li> <li>2. What can the special communication of a dying person reveal to those who listen and understand it?</li> <li>3. In Chapter 1, It's Time to Get in Line, one of the authors recounts an interaction she had with Joe. It begins "I know this is hard for you, Joe ...". Analyze this interaction, identifying the specific interactive skills the author uses when she is talking with Joe. Describe what you think her rationale was for saying what she said. What could she have said? Set up 4 columns; at the top of each column write Statement/Question, Skill/Technique, Rationale, Alternative.</li> </ol>	<p><b>R</b> Callanan, M., &amp; Kelley, P. (1992). <i>Final gifts</i>. New York: Bantam Books, pp. 1-20.</p> <p><b>R</b> Ufema, J. (1991, February). Meeting the challenge of a dying patient. <i>Nursing 91</i>, 42-47.</p>
Apr. 13	14	<p><b>Simulation #3 — Margaret Logan – Patient Simulation</b></p>	<p><b>Class Time</b>  <b>Set B: 0900–1030 Hours</b>  <b>Set A: 1130–1300 Hours</b></p>

Date	Week	Outcome/Material Covered	References
Apr. 20	15	<p><b>Interacting with a person who is angry and predicting aggressive behaviour</b>  <b>*Collage</b></p> <p>Knowing how to assess a patient's potential for aggressive behaviour is a very important nursing skill — both for your patient's safety and your own. Following the assessment you can make some adjustments to your behaviour and to the environment that will increase security and safety for the potentially violent patient and yourself.</p> <p>The following exercise is on assessing the risk of violence. After doing the in-class activity we will have a discussion of useful nursing interventions (Hamolia, 1995, pp. 729–731) for aggressive patients.</p> <p>Read Hamolia's description of how to predict aggressive behaviour (pp. 725–729). Study the assessment form on p. 728.</p> <p>From your experience think about an angry patient who you have dealt with or with whom you have seen staff members deal with. What information is needed to assess the patient and determine her/his risk for being or becoming violent? Make a few rough notes to help you remember for the class discussion. If you have had no experience with angry patients think of an angry person from your personal life. What would it be like if a patient in your clinical area demonstrated these behaviours?</p> <p><b>In-class activity</b></p> <p>In your group you will briefly share one of the patient situations. The group task is to:</p> <ol style="list-style-type: none"> <li>1. assess the described patient using the assessment form.</li> <li>2. determine the patient's risk for violence.</li> <li>3. report to the large group on how you assessed the patient, including what score the patient got on the variables.</li> <li>4. comment on the presentations of the other groups.</li> </ol>	<p><b>R</b> Hamolia, C.C. (1995). Managing aggressive behavior. In G.W. Stuart &amp; S.J. Sundeen, <i>Principles and practice of psychiatric nursing</i> (5th ed., pp. 719-731). St. Louis: Mosby.</p> <p><i>Please note that the above was written primarily for nurses working with people with psychiatric/mental health problems. However, much of it is relevant for all nurses.</i></p> <p><b>R</b> One of the following:</p> <p>Staples, P. Baruth, P., Jeffries, M., &amp; Warder, L. (1994, April). Empowering the angry patient. <i>The Canadian Nurse</i>, 28–30.</p> <p>Disatsio, C. (2002). Protecting yourself from violence in the workplace. <i>Nursing 2002</i>, 32(6), 58–63.</p>
Apr. 27	16	<b>No Class</b>	