



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

**NURS 2030**  
**Nursing Practicum 2****Start Date:** January, 2006**End Date:** May, 2006**Total Hours:** 224 **Total Weeks:** 16**Term/Level:** 2 **Course Credits:** 9**Hours/Week:** **Lecture:****Clinical Experience:** 14 **Seminar:** **Other:****Prerequisites****Course No. Course Name**

NURS 1000 Nursing and Health Issues 1  
NURS 1020 Clinical Techniques 1  
NURS 1030 Nursing Practicum 1  
NURS 1040 Professional Practice 1

**NURS 2030 is a Prerequisite for:****Course No. Course Name**

NURS 3034 Nursing of Families Practicum  
NURS 3038 Mental Health Nursing Practicum  
NURS 1060 Pharmacology  
NURS 3000 Applied Nursing Science 3  
NURS 3032 Family Nursing Theory  
Current CPR  
Current CRNBC Membership

**Corequisites**

NURS 2020 Clinical Techniques 2 — Laboratory

**■ Course Description**

In this course students will be expected to provide knowledgeable and safe nursing care to patients in hospitals. The scope of nursing practice includes recognition and consideration of patient health needs entering the hospital as well as health needs requiring follow-up on discharge. Context of practice: Adult Surgery.

**■ Detailed Course Description**

NURS 2030 is a practicum course that focuses on providing nursing care for people experiencing health problems that require hospitalization and surgery. Emphasis is placed on developing knowledge, skills and attitudes relevant to acquiring a professional nursing identity.

**■ Evaluation**

- Satisfactory/Unsatisfactory standing based on student and instructor evaluation and on successful completion of a journal.
- Course outcomes must be met consistently for the last three (3) weeks to pass this course.
- Comments: All assignments must be completed to achieve a satisfactory standing.

## ■ Course Learning Outcomes

(based on CRNBC Professional Standards – 2005)

Upon successful completion, the student will:

1. provide professional caring which is based on knowledge and skills.
2. pursue shared meaning by communicating effectively with people.
3. use systematic inquiry to:
  - a. recognize the uniqueness of each patient and/or patient situation and respond with appropriate clinical judgment.
  - b. raise questions about nursing practices to explore alternatives.
  - c. reflect on own nursing practice.
4. monitor own practice, determine learning needs and independently act upon identified learning needs.
5. develop collaborative partnerships with members of the health care team.
6. use creative leadership skills to manage changing patient situations.
7. implement technical skills competently with increasing confidence.

**Note:** The above learning outcomes are further defined by suboutcomes that are organized according to CRNBC indicator statements. See student practicum workbook.

## ■ Process Learning Threads

**Professionalism:** Students develop an understanding of the professional nurse's role within the surgical context of practice. They develop an understanding of nursing care that is required for safe practice. Students are accountable and responsible to follow through with work they have been assigned. They recognize the various contexts in which people live. Students use assessment knowledge to guide care with patients in acute surgical units. They analyze data and develop care plans to resolve patient issues and promote comfort. With assistance, students incorporate health promotion, illness/injury prevention and rehabilitation into nursing care and begin to consider planning for discharge. Students implement sterile techniques associated with basic surgical nursing care. They make clinical judgments and act on those judgments. They evaluate their care according to standards and incorporate a code of ethics consistent with professional practice.

**Communication:** Students thoughtfully discuss practicum experiences verbally and in writing. They dialogue with colleagues and teachers in the process of learning. Students develop interpersonal awareness to identify the context of interactions and verbal and non-verbal attitudes and skills that facilitate or block shared meaning for self and others. They commit to the essential nature of communication in professional nursing. Students establish relationships with clients based on shared meaning and partnership. They anticipate concerns regarding surgery and apply knowledge to teach patients about the surgical experience, technical skills and the plans for discharge. Students validate health issues with patients and discuss care with the health care team. They are independent with documentation and reporting of patient assessment and nursing care.

**Systematic Inquiry:** Students reason critically about data, patient concerns and care. They clarify direction and practices to advocate for the patient and investigate alternate approaches to patient care. Students appreciate multiple perspectives that can be taken about patient issues. They think and reflect about technical skills by appreciating the research base, recognizing real and potential risks associated with the skills, and making judgments about the skill considering the context.

## ■ Process Learning Threads (cont'd.)

**Professional Growth:** Students take responsibility for their learning and for preparing information for practicum that is accurate and relevant. They take responsibility for attaining and maintaining a safe level of skill performance. Students are responsible and accountable for their actions. They begin to consider individual learning styles when preparing teaching materials for patients. They assess a variety of health professionals in hospitals. Students reflect on their values, beliefs and assumptions about growth and development, ethnicity, health promotion, health/illness and nursing concepts. They incorporate professional interpersonal skills into their ways of being. Students reflect on their experiences, recognizing their limitations and seeking assistance. They value discussions of own performance and self-evaluate and act on learning needs. Students share knowledge and experience with the group and take responsibility of debriefing sessions.

**Creative Leadership:** Students identify agency policies prior to acting. They describe the continuum of care as it relates to specific patients. Students begin to establish relationships with members of the health care team. They are generally assertive with colleagues as they work with health situations. Students explain their role and abilities and discuss patient care issues and concerns with health professionals. They are organized to care for two acute surgical patients including setting appropriate priorities for care. They are becoming confident at the bedside and are able to set limits on some inappropriate requests. Students intervene when patient safety is jeopardized. They are beginning to understand where their context of practice fits in the health care system; therefore, they are beginning to understand nursing leadership within this context of practice.

**Technical Skills:** Students continue to demonstrate correct assessment techniques during physical and psychosocial assessments and recognize normal findings and significant patterns of illness. They describe the purpose of skills and review agency policy regarding the skill. Students prepare a focused assessment of the patient related to the skills. Students anticipate skills to be performed and prepare and organize themselves to perform them. They maintain patient and own safety when performing skills and maintain patient comfort while performing selected skills. They are independent with the majority of technical skills learned this term, but may require minimal supervision with some. Students teach skills to patients and family. Specific skills include:

- surgical asepsis
- preoperative teaching and postoperative assessment
- injections — IM, SC, ID
- urinary catheter care and irrigation
- ostomy care
- intravenous therapy — maintaining, discontinuing, priming and tubing change, managing complications, IV pumps, introduction of medication to main bag and mini bag
- wound management — dressings, drains, sutures, staples.

■ **Verification**

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

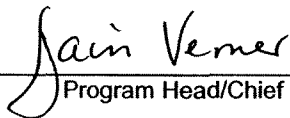


Authoring Instructor

Dec 09/05

Date

I verify that this course outline has been reviewed.

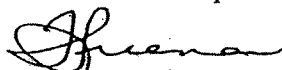


Program Head/Chief Instructor

DECEMBER 09, 2005

Date

I verify that this course outline complies with BCIT policy.



Dean/Associate Dean

Dec. 12/05

Date

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

## ■ Instructor(s)

Bev Lawes	Office Location: SE12-418	Office Phone:	604-432-8788
Angela Lam (in charge of NURS 2030)	Office Hrs.: Please see		604-451-6948
Laurie Speakman	individual		604-453-4096
Lisa Davidson	instructors.		604-454-2209
Lisa McKendrick Calder			604-454-2207
Kerri Searle			TBA
Glynda Doyle			604-454-2208
Susan Rowe-Sleeman			604-454-2216

## ■ Learning Resources

### Equipment:

- a uniform that complies with program policies (refer to Guidelines for Students in the Nursing Program)
- shoes that comply with program policies
- a stethoscope
- a pen and notebook
- a penlight
- bandage scissors
- a watch with a second hand
- a lock may be required if you use a hospital locker to store coats, etc. while at the hospital

### Textbooks/pamphlets:

#### Required:

Nursing Program. *Guidelines for students in the nursing program*. Burnaby, BC, Canada: BCIT.  
<http://www.health.bcit.ca/nursing/> BCIT nursing program student policies.

Registered Nurses Association of British Columbia. (2005). *Standards for nursing practice in British Columbia*.  
Vancouver: Author. [www.crnbc.bc.ca](http://www.crnbc.bc.ca) pp. 1–40.

Jarvis, C. (2004). *Physical examination and health assessment* (4th ed.). (Textbook and User's Guide Package for Health Assessment Online.) Philadelphia: W.B. Saunders.

#### Required:

- Black, J.M., & Hawks, H. (2005). *Medical-surgical nursing: Clinical management for positive outcomes* (7th ed.). Philadelphia: W.B. Saunders.

### Dictionary:

- Taber, C.W. (2001). *Taber's cyclopedic medical dictionary* (19th ed.). Philadelphia: F.A. Davis.

## ■ Learning Resources (cont'd.)

### Diagnostic textbook:

- LeFever, Kee, J. (2005). *Handbook of laboratory and diagnostic tests: With nursing implications* (5th ed.). Prentice Hall.

### Drug handbooks:

- Deglin, J., & Vallerand, A. (2004). *Davis' drug guide for nurses* (9th ed.). Philadelphia: F.A. Davis.
- College of Registered Nurses of BC (June 2003). *Administration of medications*.

### Math for meds textbook:

- Buchholz, S., & Henke, G. (2003). *Henke's math for meds: Dosage calculation, preparation and administration* (4th ed.). Philadelphia: J.B. Lippincott.

### Clinical skills textbook:

#### *Required:*

- Perry, A.G., & Potter, P.A. (2002). *Clinical nursing skills and techniques* (5th ed.). St. Louis, MO: Mosby-Yearbook Inc.

#### *Recommended:*

### Care planning textbook:

- Gulanick, M., et al. (2003). *Nursing care plans: Nursing diagnosis and intervention* (5th ed.). St. Louis, MO: Mosby.

## ■ Information for Students

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

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

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

**Illness:** A doctor's note is required for any illness causing you to miss assignments, quizzes, tests, projects or exam. 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.

## ■ Course Notes

1. Students are responsible to identify their own learning needs and to consult with the instructor about how they might meet these needs. Students will meet with their instructors at the beginning of the term to discuss their learning needs and to prepare a learning plan. The students will update their learning plans as the term progresses.
2. A learning partnership is essential for successful completion of this course. Both student and instructor will communicate openly, will demonstrate respect in the relationship, and will work to maintain a reasonable balance of power in the relationship. This can be achieved by:
  - discussing the course outcomes to achieve shared understanding of them.
  - identifying the evidence required to demonstrate achievement of the outcomes.
  - dialoging regularly throughout the course.
3. Unforeseen circumstances may necessitate the alteration of course content, sequencing and timing of evaluation. As much as possible, students will be given adequate notice of such changes.

## ■ Course Evaluation

Regular dialogue between instructor and student serves to promote learning and achievement of the course outcomes. ***All reflective learning activities must be completed to achieve a satisfactory standing in this course. The reflective journal must show sufficient thoroughness and thought in order to be accepted.*** Towards the end of the course the student must show evidence that the course outcomes are being met. The student and teacher will meet to draft the final summary of outcome achievement. ***The instructor ultimately has the responsibility to recommend a Satisfactory or Unsatisfactory standing in this course.***

Students have the right and the responsibility to evaluate the course. An end-of-year review is aimed at modifying the course for subsequent students.

### ■ Attendance

Attendance is required in this course as this practical experience is essential to meet program outcomes and to learn how to nurse. Refer to BCIT Student Regulation Policy #5002.

It is expected that the student's own state of health is satisfactory when providing nursing care for people. If students are not able to attend a clinical experience the instructor and agency must be informed before the experience begins for the day.

### ■ Participation

1. Students will be given patient information the day prior to the practicum experience. Some research is required before the clinical experience so that students have a reasonable understanding of the reason for hospitalization, type of surgery and the nursing care the patient(s) might require. Students will complete written nursing care plan(s) prior to arriving at practicum.
2. Safe nursing care is required. The instructor has the responsibility to assist students to provide safe and comfortable care for the patients. Students are expected to take responsibility for errors and to document them according to agency and BCIT policy. Students whose care is unsafe may be removed from the practicum setting. (See Guidelines for Students in the Nursing Program.)
3. Students can expect to attend a weekly practicum conference. Students and the instructor have a joint responsibility to see that these conferences are meaningful. They will decide when the conferences will be scheduled each week and how the conference will be structured. A one hour a week conference is suggested.

### ■ Reflective Thinking Activity

1. Students will keep a journal during this course.
2. The instructor will discuss journal writing requirements for this course during orientation week. The student's journal will be confidential between the student and the teacher. Sharing of any part of the student's writing will only occur when both student and teacher have given written permission.