



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

NURS 2030
Nursing Clinical 2

Start Date: August, 2008	End Date: December, 2008
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 Clinical 1
NURS 1040	Professional Practice 1

NURS 2030 is a Prerequisite for:

Course No.	Course Name
NURS 3034	Nursing of Families Clinical
NURS 3038	Mental Health Nursing Clinical
NURS 1060	Pharmacology
NURS 3000	Applied Nursing Science 3
NURS 3032	Family Nursing Theory

Corequisite

NURS 2020	Clinical Techniques 2 — Laboratory
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Current CPR

Current CRNBC Membership

■ **Course Description**

In this course students will 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 clinical course that focuses on providing nursing care for human beings 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 instructor evaluation and on successful completion of a journal.

Comments:

- All assignments must be completed to achieve a satisfactory standing.
- Course outcomes must be met consistently for the last three (3) weeks to pass this course.
- Unforeseeable circumstances may necessitate the alteration of course.

■ **Course Learning Outcomes/Competencies**

(based on CRNBC Professional Standards – 2007)

Upon successful completion, the student will be able to:

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.

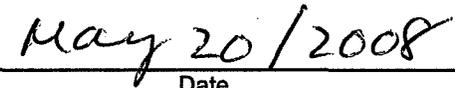
Note: The above learning outcomes are further defined by sub-outcomes that are organized according to CRNBC indicator statements. See student clinical workbook.

■ **Verification**

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

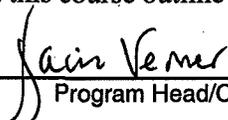


Authoring Instructor

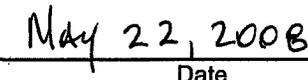


Date

I verify that this course outline has been reviewed.

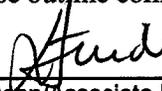


Program Head/Chief Instructor

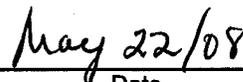


Date

I verify that this course outline complies with BCIT policy.



Dean/Associate Dean



Date

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

■ **Instructor(s)**

Toni-Marie Ferrone	Office Location: SE12-418	Office Phone: TBA
Angela Lam (in charge of NURS 2030)	Office Hrs.: Please see	604-451-6948
Bev Lawes	individual	604-432-8788
Janet MacDonald	instructors	604-456-1140
Jodie McCutcheon		604-432-8791
Valerie Murray		604-456-8073
Claudia Mynott		604-431-4975
Jeff Dyck		604-432-8411

■ **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:

College of Registered Nurses of British Columbia. (2008). *Scope of practice for registered nurses: Standards, limits, conditions*. Vancouver, BC, Canada: Author. Retrieved on May 17, 2008 from <http://www.crnbc.ca/downloads/433-scope.pdf>

College of Registered Nurses of British Columbia. (2008). *The practice standards*. Vancouver, BC, Canada. Retrieved on May 15, 2008 from <http://www.crnbc.ca/NursingPractice/Requirements/PracticeStandards.aspx>

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

Nursing Program. *Guidelines for students in the nursing program*. (2008). Burnaby, BC, Canada: BCIT. http://www.bcit.ca/files/health/nursing/pdf/nursing_student_policies.pdf

Ross-Kerr, J.R., & Wood, M. (Eds.) (2006). *Canadian fundamentals of nursing* (3rd ed.). Toronto, ON: Elsevier Canada.

Recommended:

- Black, J.M., & Hawks, J.H. (2009). *Medical-surgical nursing: Clinical management for positive outcomes* (8th ed.). Philadelphia: W.B. Saunders.

Dictionary:

- Venes, D. (2005). *Taber's cyclopedic medical dictionary* (20th ed.). Philadelphia: F.A. Davis.

Diagnostic textbook:

- Pagana, K.D., & Pagana, T.J. (2006). *Mosby's manual of diagnostic and laboratory tests* (3rd ed.). St. Louis, MO: Mosby-Yearbook.

Drug handbooks:

- Spratto, G.R., & Woods, A.L. (2008). *PDR nurse's drug handbook*. New York: Thomson Delmar Learning.
- College of Registered Nurses of British Columbia. (2007). *Administration of medications*. Vancouver, BC: CRNBC. Retrieved on May 15, 2008 from <http://www.crnbc.ca/downloads/408.pdf>

Math for meds textbook:

- Boyer, M.J. (2006). *Math for nurses: A pocket guide dosage calculation and drug preparation* (6th ed.). Philadelphia: Lippincott Williams & Wilkins.

Clinical skills textbook:

Required:

- Perry, A.G., & Potter, P.A. (2005). *Clinical nursing skills and techniques* (6th ed.). St. Louis, MO: Mosby-Yearbook Inc.

Online Modules (strongly recommended) for students in Vancouver Coastal Health, VCH):

- Musculoskeletal Injury Basic e-Learning Module (prerequisite to the Ceiling Mounted Lift Modules) (<http://www.vch.ca/placements/index.cfm?content=musculo.htm>).
- Ceiling Mounted Lifts: Liko e-Learning Module (<http://www.vch.ca/placements/index.cfm?content=musculo.htm>) for Placements at VGH.
- Ceiling Mounted Lifts: Waverly Glen e-Learning Module (<http://www.vch.ca/placements/index.cfm?content=musculo.htm>) for Placements other than VGH.

Recommended:

Care planning textbook:

- Gulanick, M., et al. (2006). *Nursing care plans: Nursing diagnosis and intervention* (6th ed.). St. Louis, MO: Mosby.

■ 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.

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 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 clinical 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.

Professional Growth: Students take responsibility for their learning and for preparing information for clinical 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.

■ Learning Process Threads (cont'd.)

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.

■ Assignment Details

1. Students will be given patient information the day prior to the clinical experience. 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 clinical.
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 clinical setting. (See Guidelines for Students in the Nursing Program.)
3. Students can expect to attend a weekly clinical 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.
4. Students will complete a written midterm and final evaluation that shows evidence that course outcomes are being met.

■ Reflective Thinking Activity

1. Students will keep a journal during this course. The reflective journal must demonstrate sufficient thoroughness and thought in order to be accepted.
2. 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.

■ **Course Notes**

1. 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.
2. 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.
3. 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.