NURS 2040

PROFESSIONAL PRACTICE SEMINAR 2

MONDAY 0830-1020

BRITISH COLUMBIA INSTUTUTE OF TECHNOLOGY
NURSING PROGRAM
NURS 2040 - PROFESSIONAL PRACTICE SEMINAR 2
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BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

Course Outline **Part A**

School of school of health
Program: nursing
Option:

NURS 2040
Professional Practice 2

Hours/Week	2	**Total Hours:**	34	**Term/Level:**	4
Lecture:		**Total Weeks:**	17	**Credits:**	2
Lab:					
Other:	seminar				

Prerequisites

Course No.	Course Name:
NURS 1040	Professional Practice 1

is a Prerequisite for:

Course No.	Course Name:
NURS 4530	Practicum Level 5

Course Goals

Professional Practice Seminar 2 continues to facilitate student understanding of the professional practice of nursing

Course Description

This seminar course extends the concepts of specialization, technology-as-practice, nursing as art, research/evidence based practice, ethics, legality, primary health care, health promotion in acute care settings and role of professional associations and unions so that students will continue to develop a professional role perspective. The concepts of nursing theory, collaborative practice and partnerships will be introduced. Computer work, projects, written assignments, clinical assignments, and discussion with other students, peers, health care team and faculty are part of the course.

Evaluation

- Exploration of an ethical situation
- Clinical application/validation of issues covered in the course
- Exploration of a nursing issue not covered in the course
- Attendance and participation in class activities

Assignment #1 Exploration of an ethical situation	15%
Assignment #2 and #3 Clinical application/validation of two issues covered in the course	30%
Assignment #4 Exploration of a nursing issue not covered in the course	35%
Group/class participation	20%
TOTAL	100%

Course Outcomes and Sub-Outcomes

The student will:

1. Understand the evolution of specialization and impact on nursing.
2. Appreciate the impact of technology on the nursing workplace and patients.
3. Describe and discuss the components of professional practice that constitute the "art" of nursing.
4. Discuss the tools to promote research/evidenced-based practice and their relationship to better patient outcomes.
5. Consider ethical principles when working with ethical dilemmas in nursing.
6. Use an ethical framework to analyze an ethical dilemma.
7. Discuss the legal implications and responsibilities of the professional nursing role.
8. Discuss nursing models as examples of "nursing theory" noting their contribution to the development of the profession.
9. Discuss the nurse's role in a collaborative approach to patient care and appreciate the value of partnerships within this team.
10. Appreciate the goals, mandates and roles of professional associations and unions
11. Describe the role of the nurse and impact on the profession of primary health care.
12. Value the role of the nurse in health promotion in acute care settings.
13. Value reflective skepticism in nursing practice.
14. Identify and explore a variety of resources related to issues in nursing.

Process Threads relevant to this content:

- Leadership- looking at what collaboration and partnerships mean. Discussing risk taking characteristics and planning for self-development of positive characteristics.
- Communication - continuing to use class discussion and evaluation criteria to help the students appreciate the standards for communication in nursing. Interviewing of members of health care team and lay personnel.
- Systematic inquiry - using questioning in class/clinical area and student feedback to help students think critically and reflect on their thinking; looking at evidence-based practice, nursing models/theories, and analyzing ethical and legal issues.
- Professionalism - taught directly in class and emphasized in considering class conduct rules; looking at professional associations and unions, role of the nurse in primary health care, health promotion in acute care settings and nursing as an "art".

Course Record

Developed by: Lucy Flynn, Nursing (signature) Date: December 16/97
Instructor Name and Department

Revised by: _____ (signature) Date: _____
Instructor Name and Department

Approved by: M Bernadette Ratsoy (signature) Start Date: _____
~~Instructor Name~~ and Department
Assoc. Dean, Health

Effective Date

January 1998

Instructor(s)

Ivy O'Flynn	Office No.: SE12 418	Phone: 432-8911
Kathy Quee	Office No.:SE12 439	Phone: 432-8411

Text(s) and Equipment

Required:

Canadian Nurses Association (1997). *Code of Ethics for Registered Nurses.* Ottawa: Author

Kerr, J.R., and MacPhail, J. (1996) *Canadian Nursing Issues and perspectives.* (Third edition). St. Louis: Mosby

Registered Nurses Association of British Columbia (1992) *Standards of Nursing Practice in British Columbia.* Vancouver: Author

RNABC Membership – cost approximately $38 per year.

Recommended:

Craven, R.F., and Hirnle, C.J. (1996). *Fundamentals of Nursing: Human health and functions.* (second edition). Philadelphia: Lippincott

DuGas, B.W., and Knorr, E.R. (1995). *Nursing Foundations: A Canadian perspective.* Scarborough, ON: Appleton and Lange Canada.

Smeltzer, S.C. and Bare, B.C. (1996) *Brunner and Suddarth's Textbook of Medical-Surgical Nursing* (eighth edition). Philadelphia: Lippincott.

American Psychological Association. (1994). *Publication Manual of the American Psychological Association.* (4th ed.). Washington , D.C. Author.

A Medical dictionary

Course Notes (Policies and Procedures)

- 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, evaluation methods will be discussed and the percentage of marks assigned to each will be discussed.

- The reference readings (except those from required or recommended texts, booklets, etc.) are on reserve in the library. The material will be on a 2-day loan.

- All the readings do not have to be read by every student. Reading groups can be formed so that readings are distributed among the members. Reading groups should have a maximum of 4 members to ease working relationships and communication among members.

- Students will participate in a verbal review of the course at midterm and 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 review is aimed at modifying the course for the next class.

- All assignments are group assignments and receive a group mark.

Participation/ Attendance

- Refer to "Student guidelines, policies and procedures in the BCIT nursing program"

- Attendance is required in this course because of the importance of dialogue in thinking and learning. The different viewpoints shared during the seminar will help expand the thinking of all participants.

- It is not enough that people are present in body. People must participate so that all can expand their thinking about the subject being discussed. Participation includes doing the reading and answering the questions prior to attending class and then talking actively within the group. People will be called randomly to share their thoughts.

General Guidelines for Written Assignments

- All written assignments and presentations will be filed in the student's portfolio book that is kept at the instructor's desk. **The written submission is placed in the portfolio within 24 hours of the presentation. If late the mark will drop 15% per day.**

- All written assignments must be word processed

- The purpose of the written part of the assignments is to help students apply their ability to reason and reflect. Students may request assistance with the written assignments as they need it and as faculty are able to assist. There is no penalty for this assistance.

- Marks will be assigned according to three criteria: content of the paper, structure or organization of the paper, and mechanics of the writing.

- All assignments must be completed to achieve credit for the course.

General Guidelines for the **structure** of the written assignments:

- The tone or style of the paper is appropriate to the audience. Professional papers avoid slang language, use specific words and clearly describe ideas. The style clearly indicates that the thoughts are written for professional purposes, not for a casual discussion with friends.
- There is an introduction that presents the idea(s) being discussed and a conclusion that summarizes and extends the ideas.
- A bibliography in appropriate format is included (for group selected issues not covered in course).
- A central idea organizes the paper and paragraph form units of thought.
- Paragraphs include a topic sentence and details that support the topic sentence.
- The links between paragraphs provide smooth transition.
- APA format is followed e.g. spacing, margins, title page, font size

ASSIGNMENT DETAILS:
ASSIGNMENT #1 ETHICS PRESENTATION (15 MARKS)

- Sign up for one of the scenarios. Also indicate your time preference for presentation. **Sign up no later than week 3.**
- Each group will have 20 minutes for their presentation (this also includes question time).
- Marks for this assignment include 40% for presentation and 60% for written submission.

Method

- Assess the issue: identify the major issues in the case, assess the nurse's moral obligations, and clearly state the ethical dilemma.
- Assess the process: gather all important facts, state rationale for seeking specific facts, recognize lack of significant information, recognize sources of missing information, recognize any assumptions made. Look at the decision-makers: are they competent, do they have sufficient information to make decisions?
- Use a framework, not personal bias, for resolution (analysis of the case)
- Gathers 2 other opinions regarding the case---someone that has been in the health field for at least 2 years and a lay person.

Presentation (40% of total mark)

- The presentation is due on the assigned date

/10 the presentation in class is marked on speaking style, quality of presentation and extra effort (handouts, overheads, other).

- The presentation recognizes method, process and outcome

/5 Method—what you did (**see above under method**), what problems did you encounter re using this method/framework, what might you change for next time.

/5 process—how you went about gathering the data, any problems re process

/5 Outcome—what information did you collect, where are the 3 opinions similar/different, how could this information impact on nursing practice

/2 Conclusion summarizes the presentation

/2 The presentation adheres to time parameters

/5 The presentation represents a group effort.

/3 Some discussion is stimulated.

/3 Questions are handled directly and concisely.

Written (60% of total mark)

- See general written guidelines

/ 30 the **content** of the paper refers to the thinking demonstrated (see method, process and outcome under presentation details). You will receive 10% each for method, process and outcome.

/ 20 the **structure** of the paper refers to how it is organized:

- All **mechanics** of writing papers refers to

/4 sentence structure and flow
/3 grammar and verb tense
/3 spelling and punctuation

ASSIGNMENT #2 AND #3
CLINICAL APPLICATION/VALIDATION OF COURSE IDENTIFIED ISSUES (15 MARKS EACH)

- During this course we will be covering a number of issues related to nursing: technology, art of nursing, risk taking, research/evidence based practice, nursing theory, partnerships, professional associations, unions, politics, primary health care and health promotion.

- Each group of 4 will sign up for 2 course topics for clinical application/validation of the issues covered in the course

- Please sign up **by week three (3)** indicating your preference of issue and your time preference for presentation.

- Sign up sheet is at the instructor's desk.

- The mark for each assignment done by the group will be a group mark.

- Marks for this assignment include 30% for method, 30% for presentation and 40% for written submission.

Method (30% of total mark)

/15 Designs a method to clinically validate the issue(s) related to the topic and states rationale for seeking specific data.

/15 the method is not time consuming for the participants (5-10 minutes).

Presentation (30% of total mark)
- The presentation is due on the assigned dates
- Presentations should be no longer than 15 minutes, e.g. 10 minutes for presentation and 5 minutes for discussion/questions

/2 Introduction to topic
/1 Rationale stated for method of validation.
/5 The presentation in class is marked on speaking style, quality of presentation and extra effort handouts, overheads, other).

- The presentation recognizes method, process and outcome

/2 Method—what you did, rationale for what you did (rationale for seeking specific data), what might you change re method if you tried this method again

/2 process—how you went about gathering the data, any problems re process, what might you change for next time.

/2 Outcome—what information did you collect, how could this information impact on nursing practice, generates further relevant questions based on data collected.

/2 Conclusion summarizes the presentation

/2 the presentation adheres to time parameters

/5 The presentation represents a group effort

/4 some discussion is stimulated

/3 Questions are handled directly and concisely

Written (40% of total mark)

See general guidelines for written assignments.

/21 the **content** of the paper refers to the thinking demonstrated—see method process and outcome under presentation details. In his section you will receive 7 marks each for method process and outcome.

/10 the **structure** of the paper refers to how it is organized--see general guidelines for the structure of the paper.

- All **mechanics** of writing papers refers to:

/4 sentence structure and flow
/3 grammar and verb tense
/3 spelling and punctuation

- All assignments must be completed to achieve credit for the course.

ASSIGNMENT #4
EXPLORATION AND PRESENTATION OF A GROUP IDENTIFIED NURSING ISSUES NOT COVERED IN THE COURSE (35 MARKS)

- Group selects an issue to present and hand in. To be **presented in week 13.**
- See the end of this section for potential topics. (These are only suggested topics)
- Issue to be signed up for **by week 8 of the course.** Also **indicate you preferred time** of presentation.
- Sign up sheet at instructor's desk. Please validate issue with instructor.
- Marks for the assignment include 50% for presentation and 50% for written submission

Presentation (50% of total mark)

- The presentation is due on the assigned dates

/7 the presentation in class is marked on speaking style, quality of presentation and extra effort (handouts, overheads, other).

- The content of the presentation clearly states:

/2 the issue under concern

/5 what evidence indicates that it is an issue

/5 what interventions has been implemented to resolve the issue

/5 what are the outcomes of the interventions to resolve the issue

/5 if no interventions have been implemented what could be done to help resolve the issue—own ideas and other literature/input.

/3 the presentation adheres to time parameters

/5 the presentation represents a group effort.

/2 role of each member is identified.

/6 some discussion is stimulated.

/5 questions are handled directly and concisely.

Written (50% of total mark)

See general guidelines for written assignments.

/20 the **content** of the paper refers to the thinking demonstrated. See information about content above.

/20 the **structure** of the paper refers to how it is organized. See general guidelines regarding structure of the paper.

- All **mechanics** of writing papers refers to:

/4 sentence structure and flow
/3 grammar and verb tense
/3 spelling and punctuation

CLASS PARTICIPATION (20 marks)

Potential topics for group selected presentation
Nurse abuse
Patient focused care
Computerization—issues related to
Adapting to change
Future of nursing
Quality Assurance—role of the nurse
Future role of the R.N.

PART C

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
NURSING PROGRAM
NURS 2040
PROFESSIONAL PRACTICE SEMINAR
CLASS SCHEDULE

WEEK	OUTRCOME/MATERIAL COVERED	REFERENCE READING AND RESOURCES
Week 1 January 5, 1998	**Introduction** Course format Format for class assignments and or presentations Evaluation Group norms Portfolios Discussion on how the reference reading will be addressed in this course. How Nursing competencies and skills of the new graduate will be used in this course Discussion of framework for the course Prep for next week	Position statement by RNABC: Education requirements for future nurses
TECHNOLOGY AS PRACTICE		Review curriculum central construct "technology-as-practice"
Week 2 January 12, 1998	**Legal issues** Negligence, malpractice and incompetence Legal duty of care Consent Assault and battery Confidentiality Delegation Withdrawal of nursing care Review cases re legal issues	Kerr and MacPhail Chapter 19 Craven and Hirnler Chapter 3 RNABC publication "Duty to Provide Care" RNABC Publication "Delegating nursing tasks and procedures" RNABC Publication "Negligence, suits and the nurse" Mass, H. (1995). On getting consent: how do recent legislative changes on consent affect you. Nursing B.C, March/April, 9&11 Ellis, J., & Stone, S. (1996). Confidentiality and the police. Nursing B.C. August/September, 13-14. ---Why nurses get into trouble. RNABC NEWS, January/February, 1987, 24-25

Week 3 January 19, 1998	**Ethical issues** Relationship between law and ethics Code of Ethics for nurses Concepts related to ethics Difference between active and passive euthanasia Review case studies re ethical issues	Kerr and MacPhail Chapter 20 Code of Ethics for Registered Nurses (March 1997) Brunner and Suddarth Chapter 5 Craven and Hurnle Chapter 3 Jonsen, A., Siegler, M., & Wiinslade, W. (1992) Clinical Ethics (3rd Ed.). Toronto: McGraw-Hill. (Ethical Decision-making model—in part D)
Week 4 January 26, 1998	**Standards of nursing practice** Purpose Legal and ethical components of standards Review case studies re violation of standards	Griffiths, H. (1995). Standards in action: ensuring safe nursing practice. Nursing B.C. May/June, 16-18 RNABC Publication: Standards for Nursing Practice in B.C. RNABC Monthly publication of Nursing B.C.
Week 5 February 2, 1998	**Class presentation of ethical issues**	
Week 6 February 9, 1998	**Nursing theory/models** Define Purpose it serves for the profession How does it achieve the purpose? Difference between nursing theories and nursing models Basic concepts in nursing	DuGas and Knorr, Chapter 13 Craven and Hirnle Chapter 2 Wesley R.L.(1995) Nursing Theories and Models, 2nd Ed. Chapter 1. Adam E. (1987). Nursing Theory: What it is and what it is not. Nursing Papers 19(1), 5-14. BCIT Curriculum Framework
week 7 February 16, 1998	**Nursing as an "art"** Describe nursing art Risk taking in nursing	Johnson, J.L., (1994), A dialectical examination of nursing art. Advances in Nursing Science, 17(1), 1-14 Dobos, C.L. (1990). Big fish in a big pool: empowerment, assertiveness, and risk taking among nurses. Today's OR Nurse. August, 12-15.

Week 8-9 February 23 and March 2, 1998	**Presentations on nursing theories/models** **Research/ evidence based practice** Care Maps Clinical paths clinical pathways Relationship to improvement of nursing care and patient outcomes Goals for nursing research Define research based practice Tools used to measure outcomes of evidence based practice (week 9—midterm evaluation of course)	Kerr and MacPhail chapters 10 and 13 RNABC position statement on Nursing Research RNABC: Integrating evidence-based practice clinical tools with practice Sputa P. L., (1995). Clinical Paths, maximizing patient care coordination. Today's OR Nurse, March/April, 13-20 Simpson, B. (1996). Evidence-based nursing practice: state of the art. Canadian Nurse, November, 22-25. Appleton, L. (1996) Clinical practice unit of orthopedics: educational session on clinical paths. Clinical Path: Fractured Hips (1996) Vancouver General Hospital. Davies, C and Foote, S. (1996) Daily Variance Tracking Record, Vancouver General Hospital Guest speaker on Clinical Paths
week 10 March 16, 1998	**Presentation of nursing art or risk taking** **Technology** Define Develop questions to test part of definition in clinical area Impact on patients and nurses Assumptions re impact of technology on the nurse-patient-family relationship	BCIT Curriculum: definition of "Technology-as-practice" Axford, R.L. & Carter, B.E.L. (1996). Impact of clinical information systems on nursing practice: nurses perspective. Computers in nursing 14(3), 156-163 Berry, T. & Baas, I. (1996). Medical devices and attachment: holistic healing in the age of

		invasive technology. Issues in mental health nursing. Vol 17, 233-243. Jacox, A., Pillar, B. & Redman, B.K. (1990). A classification of nursing technology. Nursing Outlook. 38(2), 81-85. Locin, R.C. (1995). Machine technology and caring in nursing. Image: Journal of nursing scholarship. 27 (3), 201-203 Maloney, R. Technological issues, pp 293-304. In Canadian Nursing Faces the Future, (1992). Eds. Baumgart, A.J. and Larson, J. Pillar, B., Jacox, A. and Redman, B.K. (1990). Technology, its assessment and nursing. Nursing Outlook 38 (1), 16-19 Wichoski, H.C. & Kubsch, S. (1995). How nurses react to and cope with uncertainty of unfamiliar technology: validation for continuing education. Journal of continuing education in nursing. 26(4), 174-178.
PARTNERSHIPS		Review Curriculum core construct "Partnership"
week 11 March 23, 1998	**Presentation of evidence based practice** **Partnerships:** Define. Discuss skills and competencies required by new graduate	Review skills and competencies of new graduate (1997) related to partnerships and provide examples related to partnerships. (see part D—Partnerships)

week 12 March 30, 1998	**Presentation of technology** **Primary Health Care and Health Promotion** Primary health care: define, principles Affect of the profession Role of the nurse Health promotion: define, values, principles Acute care nurses role	Canadian Nurses Association. (1996) Commitment required: making the right changes to improve the health of Canadians. PP 1-5. Ottawa: Author Canadian Nurses Association Policy Statement (1995) Role of the nurse in primary health care. Ottawa:Author Canadian Nurses Association Policy Statement (1995), Cost-effectiveness: the nurses. Role. Ottawa:Author Kerr and MacPhail Chapter 31. Pp 390-399 RNAB C (1993). Role of the hospital nurse in health promotion. Appendix A—Questionnaire pp 24-28 (attached) Canadian Nurses Associaton Position Statement (1992) Health Promotion. Ottawa:Author Canadian Health Association (1996). Action statement for health promotion in Canada. P 2. Ottawa:Author Berland, A., Whyte, N.B. and Maxwell, L. (1995). Hospital nurses and health promotion. Canadian Journal of Nursing Research 27(4), p21 and 25
Week 13 April 6, 1998	**Presentation of issue not covered in course**	Student groups select a topic not covered in the course and explore, present and provide a written submission.
week 15 and 16 April 20 and 27, 1998	**Professional Associations and Unions** Common goals Mandates-similarities and differences and how enacted Politics Political activities	Kerr and MacPhail Chapters 16 and 22 Downe-Wamboldt, B. (1997). Associations or unions. C.N.A. Today, 7(2), 4-5.

	Why is it important for nurses to become politically aware and active? Affect of unionism on the profession Affect of professionalism on the union	Sibbald, B. (1997). A right to be heard. Canadian nurse November, pp 22-30. Video: Politics and Nursing. In BCIT library. #VC4391 Guest speaker from RNABC and BCNU (come with prepared questions for the guest speaker this week so I can forward them to the speakers before next week. A good source for your questions might be Nursing BC and BCNU Update—what issues have been raised in the last few months)
SPECIALTY NURSING		Review Curriculum Central Construct "Specialty Nursing"
week 17 May 4, 1998	**Presentation of clinical application of primary health care or health promotion** **Specialization** History, trends, characteristics of specialties, credentialing, certification programs **Course evaluation**	BCIT Nursing program curriculum overview—definition of specialty nursing Calkin J.D. in Baumgart and Larson's book. Chapter 17: Specialization Issues Kerr and MacPhail Chapter 28 RNABC information on Professional Practice Groups RNABC position statement on the Clinical Nurse Specialist.

PART D

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
NURSING PROGRAM
NURS 2040 - PROFESSINAL PRACTICE SEMINAR 2
PREPARATION FOR CLASS

Class participation in NURS 2040 counts for 20% percent of your final grade. Participation includes doing the reading and writing preparation for class and talking actively in the small and large group.

Attached is a list of questions to consider when you prepare for each session. Form a group of four students and divide the readings amongst yourselves. Consider the questions related to the reading(s) you have chosen. **Come prepared to discuss the readings and prepare for the clinical application with your group members .** So that these questions do not limit your thinking about the topics please come to class with a question of your own to discuss with the group. Time will be set aside during each class session to discuss your questions.

As well a reading and reflecting upon the readings, **you are expected to talk actively with your group members each session.** After selecting and gathering data regarding the clinical application/validation exercises, your group will be responsible for presenting the findings to the larger group.

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
NURSING PROGRAM

NURS 2040 PROFESSIONAL PRACTICE SEMINAR 2
CLASS PREPARATION
PART 1 - TECHNOLOGY - AS - PRACTICE

LEGAL RESPONSIBILITIE

In June 1997 the National Nursing competency project information was distributed for validation. The document identifies the following legal and ethical responsibilities of the nurse. We will be addressing some of these competencies in the readings and situations under legal and ethical responsibilities.

- To fulfill our legal responsibilities in nursing we must promote the client's rights and responsibilities. To do this we act as an **advocate** for clients, especially when the client is unable to advocate for themselves. Nurse perform the role of **advocate** when they assist clients to select choices which will support positive changes in their affect, cognition and behavior. **Advocacy** also involves: challenging and taking action on questionable actions, orders or decisions made by other health team members, protecting clients by using appropriate technology and principles to perform safe, effective and efficient nursing interventions and reporting situations which are potentially unsafe for clients. For clients experiencing difficulty protecting themselves, the nurse provides support and protection.

- Nurses also practice in a manner consistent with: **professional standards** of the regulatory body, **values and obligations** to take action, **scope** of practice within nursing and **provincial and federal legislation**. The nurse shares only appropriate information about clients' care while respecting confidentiality.

- Nurses are responsible for **assessing** on a continuing basis, **own competencies** related to: **knowledge, skill, attitudes and judgment**. Nurses must **recognize limitations** of own limitations and seek assistance when necessary.

- Nurse must keep up to date by recognizing, assessing and implementing **changes in the health care system** that affect own practice and client care.

For class come prepared to discuss the legal situations presented below.
Some of these situations will be revisited when we discuss the "Standards for Nursing Practice"

Negligence, Malpractice and Incompetence
Kerr and MacPhail Chapter 19
RNABC Publication "Duty to Provide Care"
RNABC publication "Negligence, suits and the nurse"
Why nurses get into trouble, RNABC News, January/February, 1987, 24-25
Craven and Hirnle Chapter 3
Dugas and Knorr Chapter 6

A nurse is considered competent if s/he meets the "standard of care". What does "standard of care" mean and how is it determined?

Describe the legal duty of care?

What is the difference between negligence and malpractice?

What is the difference between negligence and incompetence?

What legal protection is there for the R.N.?

Describe situations in which it is acceptable for the RN/SN to withdraw from or refuse to provide treatment.

Situations

1. A 55-year-old diabetic was admitted to the coronary care unit with a myocardial infarction. Soon after admission and for the next 24 hours, his nurses documented that one of his toes was cool, pale and painful. Two days later, the toe had to be amputated due to gangrene. Were the nurses negligent? If so, Why?

2. A nurse is giving out a medication that s/he was not familiar with. S/he talked to two nursing colleagues and then gave the medication after they told her the dose "wasn't out of line". The patient died as a result of the medication. Is the nurse negligent? Of so, Why?

3. Nurse working on the unit routinely turn off the audible patient call system at night and rely on the light to alert the nurse if a patient needs assistance. One of the patients was 4 days post abdominal-perineal resection. He got up and went to the bathroom around 0200 and started to hemorrhage rectally. He pulled the signal cord but no one responded for about 10 minutes. The patient suffered some brain damage due to cerebral anoxia from hemorrhaging. Are the nurse who turned off the alarm liable for the injuries he suffered? If so, Why?

Consent

Mass H., (1995). On getting consent: How do recent legislative changes on consent affect you. Nursing B.C., March/April, 9&11
Kerr and MacPhail Chapter 19
Dugas and Knorr Chapter 6

What does an "informed consent" mean?

In 1993 the *Infant's Act* was modified, and currently in B.C. everyone from birth is presumed competent. How would one determine competency?

What is the role of a substitute decision maker?

Situations

4. If one did not get either verbal or written consent and went ahead with a procedure what could one be charged with? Also give an example of when a nurse might (or did) go ahead without consent and do a procedure for a patient. In your situation could the nurse be charged?

Assault and Battery

Craven and Hirnle Chapter 3
Dugas and Knorr Chapter 6

What is the difference between assault and battery?

What could you do if you observed assault or battery in the clinical area?

Situations

5. A competent patient refused to get out of bed, so the nurse asked for the physiotherapists assistance. Together, they got the patient up, carefully walked him, then returned him to bed. The patient later sued for assault and battery. What grounds would the patient have to file a lawsuit? What do you think of this?

6. Your patient has dementia and refuses medications. The nurse mixes the medications in with the cereal or jam and gives it to the patient. What would the patient/family's legal position be if they tried to sue for assault and battery?

Confidentiality

Ellis, J., & Stone, S. (1996). Confidentiality and the police. Nursing B.C., August/September, 13-14
Kerr and MacPhail Chapter 19
Dugas and Knorr Chapter 6

What determines the boundaries of client confidentiality?

When working in a hospital/ institution who determines what is told to the media/police?

Situations

7. A patient's boss called to ask about his employee's condition. The nurse mentioned that the patient was being treated for narcotic addiction. What is the nurse liable for if the employee is fired?

Delegation

RNABC Publication "Delegating nursing tasks and procedures"

What is the nurses responsibility when delegating tasks or procedures?

What factors need to be considered when delegating tasks or procedures?

8. You are about to delegate the shortening of a penrose drain to an LPN on your unit. What do you need to consider before delegating the procedure?

9. Your patient Mrs. M. is to be discharged in 3 days. She was admitted with a CVA which has left her with some cognitive (memory) and physical impairment. She is 65 years old and on TPN at home. She has been managing her TPN at home for the past 3 years. She lives in Hazelton (small town) with her son who is schizophrenic. She refuses to live in a nursing home. What direction would "Delegating nursing tasks and procedures" give you regarding Mrs. M's discharge.

ETHICS

In nursing our primary commitment is to the patient. Nurses act as liaisons between clients and other health care team members to ensure that client's rights are honored and that clients know and understand their options. Nurses are also accountable to physicians, other health team members and the institutions for which they work. **What does this mean to you? Can you see any problems with the nurse being accountable to physicians, other health team members and institutions?**

Kerr and MacPhail Chapter 20
Code of Ethics for registered nurses (March 1997)
Brunner and Suddarth Chapter 5
Craven and Hirnle Chapter 3
Dugas and Knorr Chapter 6

What is the relationship between laws and ethics?

Why do we have a code of ethics?

According to Kerr and MacPhail there are 8 concepts related to ethics, describe these concepts.

Give an example, from your observations/practice in the clinical area, related to each of the 8 concepts.

Where are each of the 8 concepts reflected in the "Code of Ethics for Registered Nurses"?

What is the difference between active voluntary, active involuntary, passive voluntary and passive involuntary euthanasia? Give an example of each type of euthanasia? Which one is legal?

The following case studies are **worth 15 marks**. Your group will decide and sign up for one of the case studies you would like to work through. Also indicate the time you would like your presentation. Your group will need to decide of an ethical framework, work through the framework with the case study, take the case study to another health care professional to work it through, then take the case study to a lay person and have them work it through. The group will then present their findings in class.

You will also need to use the library, code of ethics for registered nurses and your textbooks as resources to work through the case study.

SITUATION #1

Mrs. F. is a patient on your ward. She was admitted 2 weeks ago and had her fractured hip repaired. She also has a diagnosis of probable Alzheimer's disease. She is disoriented to time and place. She frequently does not recognize family members who visit regularly. She wanders into other patient's rooms and requires direction for all her ADL's. She seems unhappy in hospital and her mobility has deteriorated due to the hip fracture. She needs a walker for safe ambulation, however, she has poor safety awareness and frequently tries to walk without assistance. She has had 3 falls in the past two weeks. They were not witnessed but she was found on the bathroom floor once and twice on the floor by her bedside. She has recently become incontinent of urine and appears more confused.

She has a past medical history of intermittent atrial fibrillation. Her hypertension is currently stable and she is off medications.

Prior to admission she had filled out an advanced directive in which she requested only intravenous therapy but no major interventions. Her family is aware of this document and had assisted her in completing it. They were satisfied that this was an accurate reflection of her wishes.

She is now experiencing orthostatic hypotension. An ECG shows first degree heart block with a ventricular rate of 36-40. The attending physician recommends that a pace maker be inserted to prevent further syncopy which may have led to her falls.

The family are very involved and are known to be very caring toward the patient. They express concern that this is a life saving procedure and feel that her advanced directives rejects any major procedures. The physician recognizes their concern but explains that while this may or may not be lifesaving it will impact considerably on her quality of life and to not have the procedure places her at great risk of further falls and fractures.

Mrs. F. has a pace maker inserted. The day following the procedure she is found to have had a stroke. She has a dense right sided hemiplegia and is aphasic. She is unable to swallow safely and an intravenous is inserted for hydration. One week later she is still unable to swallow and the physician suggests that for adequate nutrition a naso-gastric will need to be inserted for tube feeds. The family are reluctant and confused. They describe feelings of guilt for consenting to the pace maker which they think has left her worse off than before. They think that it makes no sense to allow a surgical procedure and yet do not want to deny her food and fluids. Their major concern is that she not suffer and they are very worried about her starving to death. They acknowledge that a naso gastric tube does constitute a life preserving intervention.(RNABC presentation on Ethics for Nurses by Janet Erickson: Permission granted December 10, 1997)

SITUATION #2

Paul, RN, has cared for Sarah for several months in a 40-bed medical nursing unit of an acute care community hospital. Sarah is a 48 year-old mother of two teenagers. She has advanced metastases from breast cancer. She is emaciated, requiring hourly turning and skin care. Sarah eats only a few bites of every meal and takes sips of fluid. The family visits briefly every day, but she speaks very little while they are there.

Sarah calls for pain medication often, complaining of pain in her back , hips and legs. Because she is so thin and seldom seems alert, some of the nurses believe she is being overmedicated with the 3-4 hourly prn oral morphine. They think that it is wrong to give her so much morpine, for she could become addicted or it could kill her. Some of the nurses delay giving the medication.

Paul finds that Sarah seems to know how frequently the morpine has been ordered that she asks for it regularly. Paul worries about what the other nurses say and wonders if he is hastening Sarah's death by giving the drug every three hours.

One night about an hour after having last seen his client to give the medication and do skin care, Paul finds that Sarah is breathing stertorously and not responding. After calling the family and physician, Paul sits with Sarah while she is dying and wonders if he has assisted in something that is immoral and maybe illegal. What will the family think? What will his colleagues think? Has he done the right thing? (Canadian Nurses Association, A question of respect: nurses and the end-of-life treatment dilemmas. October 1994: Permission granted by N. LaLonde CNA on December 9, 1997)

SITUATION #3

Christie is a 3-year-old child, mature beyond her years owing to her suffering. She is dying of lymphosarcoma. For three months, she has been in and out of the hospital—and this trip is the last one. Everyone knows that she is dying: her physician, her parents and her nurses. Christy's mom stays with her all day, every day, and her dad usually spends the night with her.

One night about 12:30 a.m., I went into her room. She was resting quietly, but her mother had had about all she could take. Tears of exhaustion, pain and grief were sliding down her cheeks. I sat down next to her and we stayed together for a few minutes until her husband arrived. The floor was fairly quiet that
night, so I suggested that both of them go down for the cup of coffee and a little time together. I promised that I would not leave Christy's room until they returned.

About ten minutes after they left, Christy awoke. She was much worse and appeared to be very frightened. I called the practical nurse and told her to call the doctor, the supervisor, and the chaplain and to send an aide down to the coffee shop stat to get her patents. Christy was struggling to breath and there was fear in her eyes. Suddenly, I remembered what the mother had told her when Christy asked what it would be like to die? Her mother said it would be like when she fell asleep downstairs and daddy would prick you up and carry you upstairs and everything would be all right. When you die, God picks you up and then everything will be fine. So, gently I leaned over and picked her up and held her in my arms. She seemed to relax as she laid her head against my shoulder. She died like that---quietly in my arms. I do not know how long I stood there holding Christy. It seemed like an eternity but it could not have been more than a few minutes.

Her parents rushed into the room, I looked at them—and they knew that Christy had died. As we were tucking her into bed, a young resident physician entered the room. He took one look at Christy and said, "My God, why didn't you call a code?" He started to pound on Christy's chest, but her father stopped him. I turned to Christy's mom and said, "I'm so sorry." She started to cry and so did I. I held her in my arms and she held me. In a few minutes I was able to tell her how Christy died. The chaplain arrived about that time and we all went to the lounge. As he talked to them, I left to get coffee from the nurse's locker room.

The priest was talking with the parents, and the other children on the floor needed my attention, so I did not stay long. I made rounds and then helped to prepare Christy's body for the morgue. I thought the incident was ended—although I knew I would never forget Christy or her patents. However, the incident was far from over. The next morning I was called to the nursing office. Why hadn't I called a code on Christy? Hospital policy required that a code be called on all patients unless there is a written no code order. Her pediatrician had not written a no code order; who was I to make such a decision?
(Curtin, L. (1992), Nursing Ethics, Case Study X: Cardiopulmonary resuscitation and the nurse, pp293-294: Copyright via CanCopy)

VI. Ethical Decision-making Model

Making an ethical decision involves weighing facts (assembled information) in the light of the above principles and nursing values. Sometimes this process points to a single course of action; however, other times there are conflicting values and more than one point of view on a suitable course of action. There is no recipe for arriving at the "right" ethical decision.

Health Care Medical Indications		**Patient/Surrogate Preferences**	
Facts	Principles	Facts	Principles
What is the patient's diagnosis/prognosis? What are the risks/benefits of treatment? *Value:* *Health & well-being*	*Beneficence* *Nonmaleficence*	What does the patient/surrogate want? Is the patient competent? Has the patient/surrogate been adequately informed? Is consent fully voluntary? *Values:* *Accountability* *Choice*	*Autonomy* *Veracity* *Fidelity*
Quality of Life		**Contextual Features**	
Facts	Principles	Facts	Principles
What kind of life will the patient have with/without treatment? *Values:* *Fairness* *Dignity*	*Beneficence* *Nonmaleficence*	Whose other interests are affected? What costs are involved? What does the law say? Belief system of the care provider. *Values:* *Fairness* *Accountability* *Practice environments*	*Justice*

How the principles apply to the topics

MEDICAL INDICATIONS

Relevant principles:
Nonmaleficence applied to patients
Beneficence applied to patients

If Tx is $\text{Harmful}_{\text{patient}}$, then withhold Tx
If Tx is $\text{Beneficial}_{\text{patient}}$, then deliver Tx
Tx

PATIENT/SURROGATE PREFERENCES

Relevant principle:
Autonomy

If Pat/Fam/Sur wants Tx, then deliver Tx
If Pat/Fam/Sur does not want Tx, withhold

QUALITY OF LIFE

Same as for Medical Indications

CONTEXTUAL FEATURES

Relevant principles:
Nonmaleficence applied to society
Beneficence applied to society
Justice

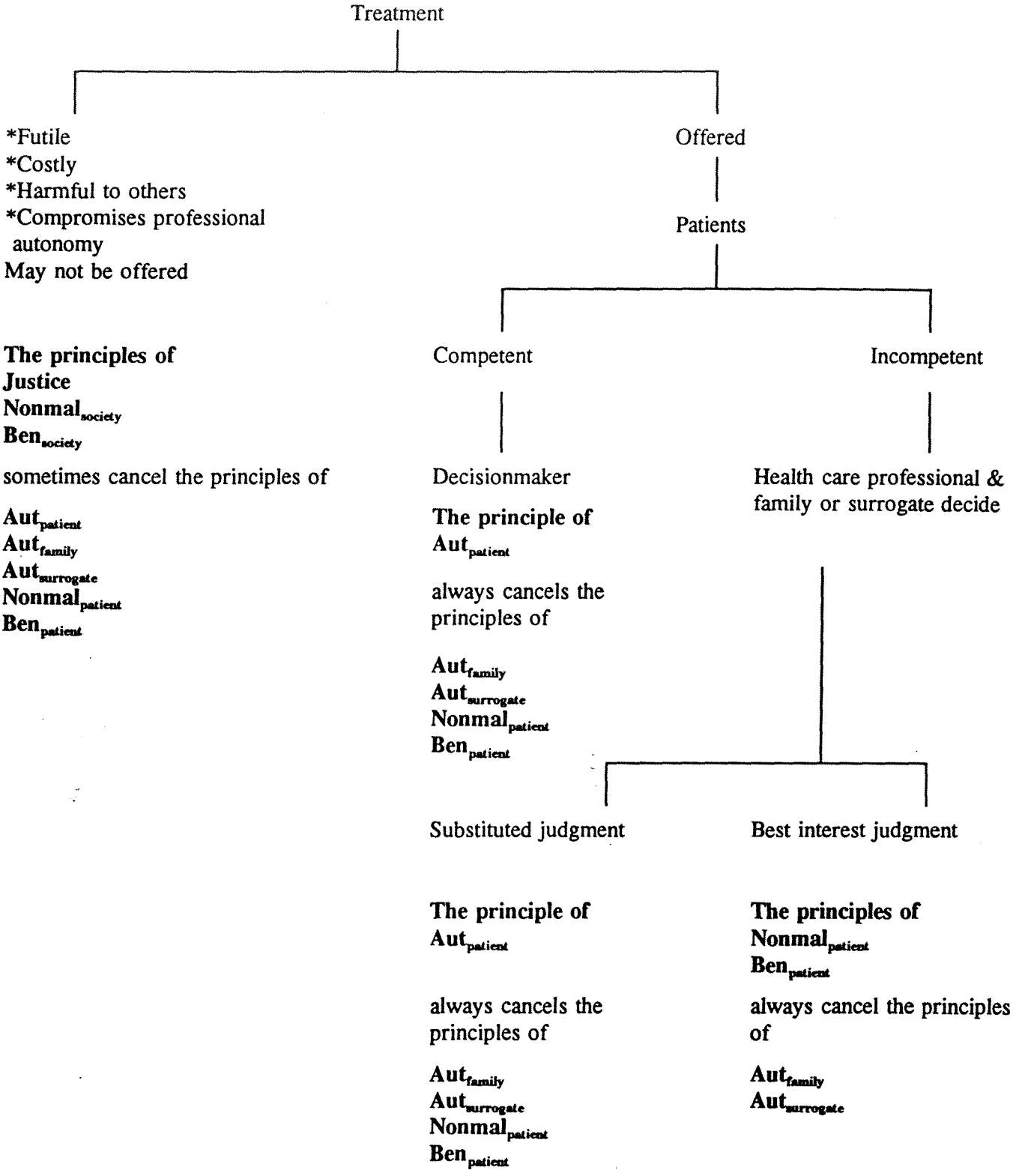
If Tx is $\text{Harmful}_{\text{society}}$, then withhold Tx
If Tx is $\text{Beneficial}_{\text{society}}$, then deliver Tx
If Tx shows partiality, then withhold Tx

Moral problems

Moral problems persist only if the Facts are unclear or the Principles conflict. Principles can conflict in a number of ways. For example:

Ben (patient) vs Nonmal (society)
Aut (patient) vs Aut (family)
Aut (patient) vs Justice
Ben (patient) vs Aut (patient)

Prioritization of principles (preferred decision-making goes from left to right)



STANDARDS OF NURSING PRACTICE

National nursing competency project, June 1997, states that the nurse needs to use the Standards of Practice to highlight own learning needs by: identifying gaps in knowledge and skills, evaluating own nursing practice and taking action to update own competencies.

Standards for Nursing Practice in British Columbia---RNABC
(you can get a copy from RNABC or go on the internet http://www.rnabc.bc.ca)

Griffiths, H. (1995). Standards in action: ensuring safe nursing practice. Nursing BC, May/June, 16-17.

Nursing BC is a good source for information on the standards

Write a brief summary of the purpose of nursing standards.

Both the legal and ethical components of nursing practice are reflected in the RNABC Standards for Nursing Practice. Review the indicators of one of the standards for the clinical practitioner. State whether each indicator reflects an ethical or legal component or neither.

Situations
For class discussion
Review situations 1-9 under legal—if you think the nurse is negligent what standard(s) has s/he violated in the Standards for Registered Nurses? And How could s/he have prevented the negligence?

NURSING THEORY

Nursing is moving away from the medical model and developing its own theory base. In this section we will be looking at conceptual frameworks, concepts and theories as they relate to nursing, There are many conceptual frameworks or nursing models to choose from. Selection of a nursing model is based upon your values and beliefs related to the 4 central concepts of nursing. We will look at the 4 central concepts of nursing theory and how it relates to nursing practice, education and research. You will be developing part of a model and identify some of the potential outcomes of this exercise when done in an organization.

DuGas and Knorr Chapter 13
Craven and Hirnle Chapter 2
Welsley, R.L. (1995). Nursing theory and models, 2nd edition. Springhouse Corporation, Springhouse, Pennsylvania. pp 1-8.

What is the difference between a conceptual framework a concept and a theory?
Describe the concepts central to nursing.
What is the purpose of theories and conceptual frameworks for nursing practice, education and research?

Adam E. (1987). Nursing theory: what it is and what it is not. Nursing Papers/Perspective in nursing. 19(1), 5-14

Describe different authors' definitions of conceptual frameworks and theories.

BCIT Curriculum Framework

Are the 4 central concepts of nursing addressed?

How does the Curriculum framework direct practice, education and research? Identify the concepts related to each of the 4 central concepts. How might the former concepts direct practice, education and research?

Review PP 320-322 in DuGas or Knorr and PP 27-30 in Craven and Hirnle and the BCIT curriculum framework. With the information provided, draft your own nursing model using one of the 4 central concepts of patient, environment, nursing and health. How does this piece of your nursing model direct nursing practice, education and/or research. Come to class prepared to post your draft and the direction it gives you re practice, education and/or research.

SUGGESTED CLINICAL APPLICATION: What nursing model (framework) is being used in your clinical agency? Does it address the 4 central concepts? How does it direct practice and research—what concepts are key to the model (framework)?

If there is not a nursing model used in your clinical facility look at the nursing admission form and identify how it directs practice, education and research.

NURSING AS AN ART

It is claimed that nursing is both a science and an art. Science, it is argued, involves a rational process in which empirical findings are used to determine what is the case. Art, on the other hand, is associated with creative and intuitive activities. In this section we will be looking and applying one author's conception of the art of nursing based on her research of other authors points of view.

Review the curriculum framework definition of Professional Caring and your nursing 1040 ways of knowing literature.

Johnson, J.L. (1994). A dialectical examination of nursing art. Advances in nursing science. 17(1), 1-14

Describe the author's idea of the five distinct conceptualizations of "nursing art".

Come to class prepared to discuss, from your practice/clinical observations, examples of each of these conceptualizations of "nursing art".

RISK TAKING

Although the nursing literature suggests that nursing generally avoid risk, their willingness and ability to take risks are fundamental to their professional advancement and job satisfaction. In this section we will look at the positive characteristics of risk takers in nursing and how to develop these characteristics.

Dobos, C.L. (1990). Big fish in a big pool: empowerment, assertiveness, and risk taking among nurses. Today's O.R. nurse, August, 12-15.

Wolf, P.L. (1994). Risk taking: nurses comfort zone. Holistic Nurse practice, 8(2), 42-53 (Reading from Nurs 1040)

How would you define risk-taking in relation to nursing?

Why do these authors think that nurses are not risk takers?

According to these authors what factors enhance risk taking?

According to these authors what factors do not facilitate risk taking?

What are some of the characteristics needed to be a risk taker?

What characteristics do you need to develop/enhance to become a risk-taker?

What strategies could you use to develop the characteristics you would like to develop/enhance?

Come to class prepared to discuss one characteristic you would like to develop and the accompanying strategies.

Describe how risk taking and nursing art are related?

SUGGESTED CLINICAL APPLICATION/VALIDATION:

Develop a questionnaire on risk taking and interview nurses.

OR

Develop a questionnaire on nursing art and interview nurses.

EVIDENCE-BASED PRACTICE (RESEARCH-BASED PRACTICE)

In this section we will be addressing evidence-based practice. Throughout your readings you will note that it is also called research-based practice. You will have an opportunity to revisit some of your readings from nursing 1040 to address this topic. In addition, we will be looking at evidence-based practice in more detail and exploring how it is integrated into clinical practice through the use of clinical paths. A guest speaker will be invited to describe the research-based multidisciplinary development and use of clinical paths in the clinical area.

RNABC position statement on nursing research

Describe the goals of nursing research?
Identify actual or potential research studies that would fulfill these goals?
What nursing roles are identified?
What role(s) could you assume?

Kerr and MacPhail :Chapter 10

How is research-based practice defined?
Describe the central focus of nursing practice and nursing research? Are they compatible?

Kerr and MacPhail: Chapter 13

Describe the purpose of research-based practice?
Describe the difference between research-based practice and research utilization?
How are evidence-based practice outcomes measured?

Simpson, B. (1996). Evidence-based practice: the state of the art. Canadian Nurse, November, 22-25

The author classifies the barriers to nursing research into 3 categories. Identify, describe and give examples of the 3 categories.
What are some of her suggestions to break down the barriers.
How could you help break down the barriers?

RNABC: Integrating evidence-based clinical tools with practice

Describe some examples of evidence-based clinical practice tools?
Describe the 4 phases of integrating evidence-based clinical tools with practice?

Appleton, L. (1996). Clinical practice unit of orthopedics: educational session on clinical paths
Vancouver General Hospital (1996) Clinical Path: Fractured Hip

Review handouts
Identify 2 questions you have about clinical paths and be ready to post on the board in class.

SUGGESTED CLINICAL APPLICATION/VALIDATION Give 4 examples, from your current affiliation, of evidence-based practice and 2 examples of clinical practice that need to be researched. Ask one of the nurses on the unit about her thoughts about evidence-based practice---barriers, facilitators and how it links to clinical practice. What evidence is there of evidence-based practice in your clinical area.

TECHNOLOGY

In this section we will look at expanding your knowledge of the concept Technology-as-practice. After reading the required readings come to class prepared to discuss your understanding of technology-as-practice and give examples to support your view.

When reading the following articles keep the following tasks in mind:

1. You will need to come to class with a definition of technology-as-practice based on readings. Also include examples to support your definition.
2. The group will develop a common definition
3. The group will develop a questionnaire to ask nurses re the impact on themselves and the care that they give to patients (5-6 questions)
4. The group will develop a questionnaire to ask patients the impact of the technology on themselves (5-6 questions).

Review:

BCIT curriculum definition of Technology-as-practice.

Maloney, R. Technological issues, PP 293-304 In Canadian Nursing Faces the Future, (1992) Eds. Baumgart, A.J. and Larsen, J. (Reading from Nursing 1040)

Axford, R.L. & Carter, B.E.L. (1996). Impact of clinical information systems on nursing practice: nurses perspectives. Computers in nursing. 14(3), 156-163.

On pages 159-161 questions address computerization in the clinical area. Review the questions and think about how you might use them in your clinical area to address technology other than computers.

Berry, T. & Baas, l. (1996). Medical devices and attachment: holistic healing in the age of invasive technology. Issues in mental health nursing. Vol 17. 233-243.

This article addresses some of the responses to invasive technology—what reactions might patients have to some of the technologies in your clinical area?

What interventions might be useful to reduce the negative impact of technology on patients in your clinical area?

Jacox, A., Pillar, B. & Redman, B.K. (1990). A classification of nursing technology. Nursing Outlook 38(2), 81-85. (Review the chart on page 82)

Locsin, R. C. (1995). Machine technologies and caring in nursing. Image: journal of nursing scholarship 27(3), 201-203.

There are some assumptions made about the nurse-patient-family relationships on page 201—What questions might you ask to validate them in the clinical area? And who would you ask to validate the statements?

Pillar, B., Jacox, A. & Redman, B.K. (1990). Technology, its assessment, and nursing. Nursing Outlook 38
(1), 16-19.

Describe the authors' framework for assessing technology?

What questions would address the framework in the clinical area?

Wichowski, H.C. & Kubsch,S. (1995). How nurses react to and cope with the uncertainty of unfamiliar technology: validation for continuing education. The journal of continuing education in nursing. 26(4), 174-178.

On page 176 there are some sample questions for your perusal.

SUGGESTED CLINICAL APPLICATION/VALIDATION: In the clinical area ask the above questions of your patient and nurse and report back to the class next week. Remember to share your definition with the nurse and patient so that they know the basis or background for your questions.

PART 2 PARTNERSHIPS

PARTNERSHIPS

The BCIT Curriculum defines partnerships as being a supportive relationship among students, nurses, clients, teachers, and other members of the health care system that are built upon three essential components: open communication, mutual respect and cooperation. Partnerships are characterized by mutually established goals and reciprocal learning.

In order to accomplish a partnership, the nurse/teacher must understand the **meaning** of the situation/event to another human being. This understanding is referred to as "shared meaning". In this definition, meaning refers to a human being's **interpretation** of an event, including the significance the event holds and what the event may symbolize or represent within the person's context. Such context-specific meaning and interpretation have an impact on how the individual views health and illness.

Refer back to Nursing 1040 for an elaboration on the above definition.

Bonnie Wesorick (1995) elaborates on partnerships when she states that the quality of each person's care rests on the ability of the many people who provide the services they need to come together as partners synchronized on the mission to help them each their ultimate health. Every nurse must be a master of partnership. **Why?** The nurse is the only continuous provider of care for the person needing health care. The nurse is the link between the person/significant others and their physician, occupational therapist, respiratory therapist, dietitian, laboratory technician, social worker, radiologist, and physical therapist. For the person to get the kind of care they need, the nurse must have a partnering relationship with the person and every other provider who care for the person. We must learn to be partners. Once we learn to be partners with other members of the health care team, we can reach cut across disciplines and settings to create partnerships that link us with whomever is necessary to meet the patient's needs. To create this partnership relationship there needs to be a change in the hierarchical structure of the hospital. **How can this hierarchical structure interfere with partnerships across disciplines/departments?** (Wesorick, B. Presentation to Lions Gate Hospital October 31 and November 1, 1995 on Clinical Practice Model.)

In the "Skills and Competencies for the new graduate—1997" the following competencies related to partnerships are identified as essential for the new graduate. For each of the following competencies identified give an example of how you have/will achieve that competency:

1. Demonstrates attitudes which contribute to effective partnerships with clients:
   - respect
   - empathy
   - honesty
2. Supports clients while coming to decisions about their health, then supports their decisions
3. Understands the overall organization of health care at the: (look at organizational charts)
   - Unit level
   - Agency level
4. Collaborates with clients to perform a holistic assessment of needs
5. Collaborates with clients to identify their health problems
6. Collaborates with clients to develop a plan of care by:
   - identifying expected outcomes
   - questioning and offering suggestions regarding approaches to care
   - reducing complex health problems into systematically manageable components
   - developing a range of possible alternatives and approaches to care

establishing priorities of nursing care
seeking information from relevant nursing research, experts and literature.

7. Negotiates with clients to determine when consultation is required with other health team members or other health related sectors
8. Makes formal referrals to other health team members and other health related sectors for clients who require consultation
9. Includes the family in clients care delivery (with client's consent)
10. Forms partnerships with clients to achieve mutually agreed-upon health outcomes
11. Coordinates health team members to ensure continuity of health services for clients
12. Participates in quality assurance and improvement activities to enhance client care and nursing practice
13. Collaborates as a member of the interdisciplinary health team
14. Develops partnerships with nursing and health team members based on respect for the unique competencies of each team member.
15. Uses established communication protocols within agencies and across agencies

PRIMARY HEALTH CARE AND HEALTH PROMOTION

PRIMARY HEALTH CARE

Canadian Nurses Association Policy Statement (1995) The role of the nurse in primary health care.
Canadian Nurses Association Policy Statement (1995) Cost-effectiveness: the nurses role.
Canadian Nurses Association (1996) Commitment required: making the right changes to improve the health of Canadians pp 1-4.
Kerr and MacPhail Chapter 31, Primary health care: the means of teach nursing's potential in achieving health for all. PP 390-399.

Define "Primary Health Care"?
What is the WHO's goal for "Primary Health Care?
Describe the principles upon which Primary Health Care is Based.
Describe the role of the nurse in relation to the principles of Primary Health Care.
How would Primary Health Care affect the profession of nursing?

HEALTH PROMOTION

RNABC (1993).Role of hospital nurses in health promotion. Pp 24-33

Complete the questionnaire before going on to do the rest of the readings on health promotion. Then review the questionnaire again after reading the prescribed readings. Were there any changes in your answers?

In class you will be discussing your answers with your group.

Canadian Nurses Association Position Statement (1992) Health promotion
Canadian Public Health Association (1996) Action statement for health promotion in Canada. P.2

Describe health promotion.
Describe the values related to health promotion
Describe the principles related to health promotion
What health promotion activities do you do for your patient's?

Berland, A., Whyte, N.B. and Maxwell L. (1995). Hospital nurses and health promotion. Canadian journal of nursing research, 27(4) p 25

Describe the enabling factors related to health promotion.

SUGGESTED CLINCIAL APPLICATION/VALIDATION: Validate the information on either health promotion or primary health care in the clinical area.

PROFESSIONAL ASSOCIATIONS, UNIONS AND POLITICS

The professional association and the union are integral parts of the nurses work life. Each have different mandates to guide and protect the nurse in the daily care of patients and self. One of the avenues that the professional association, union and nurses use to protect the patient is political action. After reading the articles in the bibliography come prepared to discuss the questions in the outline and have prepared questions for the guest speakers.

Kerr and MacPhail Chapter 22

Downe-Wamboldt, B (1997) Associations and unions. CAN Today, 7(2), 4-5.

What are the goals/mandates of unions and professional associations?

What are the similarities and differences between union and professional association goals/mandates?

What is the affect of unionism on the profession?

What is the affect of professionalism on the union?

Kerr and MacPhail Chapter 16

Video: Politics and Nursing in BCIT Library. #VC4391

Why is it important for nurses to be politically aware?

In what situations might nurses become politically active?

What are some of the strategies for political action?

Sibbald, B. (1997). A right to be heard. Canadian Nurse November, 22-30

What were the issues?

How did the nurses deal with the issue?

What was the outcome for the hospital?

What was the outcome for the nurses?

Why do you think the nurses were not listened to?

Could the nurse have done anything differently?

SUGESTED CLINCIAL APPLICATION/VALIDATION:

You may also want to develop your own clinical application/validation tool related to professional associations or unions or politics.

PART 3 - SPECIALTY NURSING

SPECIALIZATION

In this section we will be addressing the history, trends, characteristics of specialties, credentialing and certification programs.

Review content, especially definitions, from level 3.

Review the definition of **specialty nursing** from the BCIT curriculum

Canadian Association of University Schools of Nursing (CAUSN), (1989), Specialization in nursing and nursing education, a discussion paper. pp 5-14.

Why do we need specialization in nursing?

Give example of why we need specialization in nursing?

Calkin J.D. in Baumgart and Larson's book. Chapter 17: Specialization Issues.

What perspective do the authors have regarding specialization?
What forces influences specialization in nursing?
What is the difference between a generalist and a specialist?
Describe some ways that a nurse may become a specialist?
Describe some of the issues around credentialing/certification?
Describe some of the issues related to specialty practice in organizations?
Describe some of the future scenarios related to specialization in nursing? And describe the evidence they provide for their views?

Kerr and MacPhail Chapter 28 Credentialing in nursing

Describe the author's views of the characteristics of knowledge as it relates to specialization and credentialing?

Describe the issues related to credentialing?
Give examples of the two main credentialing mechanisms?
Describe how a nurse might maintain her/his credentials?
Describe the factors influenced specialization in nursing?
How and why is the C.N.A. involved in credentialing?

Mass H. & McKay R. (1995) Expanding the role of nursing. Nursing B.C., August/September pp 7-9

Describe what the author means by expanded practice?
What is a nurse practitioner?
Describe what a nurse practitioners role?
What are the educational requirements for nurse practitioners?

RNABC information on Professional Practice Groups

What is the role of the RNABC professional practice groups?

RNABC position statement on the Clinical Nurse Specialist. (level 3)

Describe the role of the CNS?
Describe how the role of the CNS might differ from other nurse specialists such as the nurse clinician, nurse educator, nurse administrator etc.?

After reading and discussing specialization, what do you think are the pros and cons of specialization in nursing?

The Role of Hospital Nurses in Health Promotion

A Co[illegible] Survey of
British Colu[illegible] Hospital Nurses

R[illegible] ASSOCIATION
OF BRITISH COLUMBIA

[illegible] General Hospital
[illegible] Health Sciences Centre

THE ROLE OF THE HOSPITAL NURSE IN HEALTH PROMOTION

DIRECTIONS:

The statements provided below apply to the role of the hospital nurse in health promotion. Health promotion is defined by the World Health Organization as "the process of enabling people to increase control over and to improve their health."

Read each statement and **circle** the letter to the right of the statement that best indicates your role in health promotion as a hospital nurse. Try to answer every question. Although some questions may ask about situations that are not commonplace for you, answer the question as if you were called upon to respond to that situation. Please respond to the questions from your experience as a hospital nurse. The key for the responses is:

SA - STRONGLY AGREE
A - AGREE
N - NEITHER AGREE NOR DISAGREE
D - DISAGREE
SD - STRONGLY DISAGREE

1.	Healthful lifestyles is an important topic for patient teaching.	SA	A	N	D	SD
2.	There are potential health benefits for patients when I teach them about their medications.	SA	A	N	D	SD
3.	Teaching patients how to care for themselves is an important part of a nurse's role.	SA	A	N	D	SD
4.	Teaching patients about disease processes is an important part of a nurse's role in health promotion.	SA	A	N	D	SD
5.	Feedback about the effectiveness of health teaching is lacking.	SA	A	N	D	SD
6.	Patients expect nurses to encourage them to adopt healthy lifestyles.	SA	A	N	D	SD
7.	I encourage patients facing discharge to carry on with healthful behaviours learned in the hospital.	SA	A	N	D	SD
8.	There is easy access to up-dated resources on health-related topics that help me in my health promotion efforts.	SA	A	N	D	SD
9.	There are adequate resources for teaching chronically ill patients coping skills.	SA	A	N	D	SD

10.	Hospital activities on health promotion topics support a nurse's ability to carry out health promotion activities.	SA	A	N	D	SD
11.	If the family/caregiver supports a patient's lifestyle change, a nurse's health promotion efforts are more effective.	SA	A	N	D	SD
12.	Family members/caregivers who expect a nurse to give the patient total care hinder health promotion efforts.	SA	A	N	D	SD
13.	The team approach to patient care strengthens a nurse's health promotion efforts.	SA	A	N	D	SD
14.	My hospital is supportive of health promotion activities.	SA	A	N	D	SD
15.	Societal values that are in opposition to the values of health promotion are a barrier to health promotion efforts.	SA	A	N	D	SD
16.	There are health benefits for depressed patients that result from a nurse's counselling efforts.	SA	A	N	D	SD
17.	Nursing practice includes comforting patients and their families/caregivers.	SA	A	N	D	SD
18.	Counselling patients following physical abuse is part of a nurse's role.	SA	A	N	D	SD
19.	Health promotion activities include enhancing patient's coping skills.	SA	A	N	D	SD
20.	Sometimes nurses plan activities that 'normalize' the hospital environment.	SA	A	N	D	SD
21.	Health promotion group work with patients is sometimes part of a hospital nurse's practice.	SA	A	N	D	SD
22.	I generally model healthful lifestyles for my patients.	SA	A	N	D	SD
23.	Encouraging patients to advocate for themselves is part of a nurse's role in health promotion.	SA	A	N	D	SD
24.	Encouraging patients to share experiences about procedures is part of my role in health promotion.	SA	A	N	D	SD

25.	Health promotion in the community is part of a nurse's role as a member of the community.	SA	A	N	D	SD
26.	A nurse must assume the role of patient advocate.	SA	A	N	D	SD
27.	Ensuring a healthful work environment is important to me.	SA	A	N	D	SD
28.	Health promotion is an important part of my role.	SA	A	N	D	SD
29.	A hospital nurse's health promotion activities are incidental rather than planned.	SA	A	N	D	SD
30.	Lack of continuity of care between different hospital departments interferes with a nurse's health promotion efforts.	SA	A	N	D	SD
31.	Time constraints are a barrier to nurses undertaking health promotion activities.	SA	A	N	D	SD
32.	Health promotion efforts would improve if there were more time for patient conferences, inservices and bedside teaching.	SA	A	N	D	SD
3.	Hospital nurses' health promotion efforts would be strengthened by consistent patient teaching.	SA	A	N	D	SD
34.	Incomplete written records hinder a nurse's health promotion efforts.	SA	A	N	D	SD
35.	I change hospital rules or routines to accommodate patients' control.	SA	A	N	D	SD
36.	It is important that hospital nurses are involved in discharge planning.	SA	A	N	D	SD
37.	I can refer patients to to community agencies.	SA	A	N	D	SD
38.	I involve patients' families/caregivers in health promotion when appropriate.	SA	A	N	D	SD
39.	Family members/caregivers are included in a hospital nurse's health promotion efforts.	SA	A	N	D	SD
40.	Health promotion principles apply in caring for terminally ill patients.	SA	A	N	D	SD
41.	I direct my health promotion activities to my nursing colleagues.	SA	A	N	D	SD

42.	Knowing about cultural values helps nurses in their health promotion efforts.	SA	A	N	D	SD
43.	Learning more about health promotion will help me provide better patient care.	SA	A	N	D	SD
44.	My experience as a nurse has taught me about health promotion.	SA	A	N	D	SD
45.	In my basic nursing program, health promotion was included in the course work.	SA	A	N	D	SD
46.	Since graduation I have taken courses on health promotion.	SA	A	N	D	SD
47.	I am satisfied with my skills in health promotion.	SA	A	N	D	SD
48.	My knowledge on self-care is adequate.	SA	A	N	D	SD
49.	I am comfortable teaching patients about self-care.	SA	A	N	D	SD
50.	Health promotion is an "everyday thing" for nurses.	SA	A	N	D	SD
51.	I have the ability to advocate for a healthy hospital.	SA	A	N	D	SD
52.	I have the ability to advocate for a healthy community.	SA	A	N	D	SD
53.	I am involved in health promotion activities in my community.	SA	A	N	D	SD

54. How often do you carry out health promotion activities, including health teaching?

Once a day [ ] Once a week [ ] Once a month [ ] Never [ ]

55. How strongly do you believe that health promotion is part of a nurse's role? Place a mark on the line indicating your opinion on a scale of 0 - 10. A mark of 0 indicates that you believe that a nurse has no role in health promotion. A mark at 10 indicates that you believe that health promotion is an extremely important role for nurses.

0 (No role) 10 (Extremely important role)

56. What do you think are the most important factors (facilitators/barriers) influencing the hospital nurses' role in health promotion?

57. Additional Comments:

Appendix B - Subscales used in analysis

Predisposing Factors

Healthful lifestyles is an important topic for patient teaching.

There are potential health benefits for patients when I teach them about their medications.

Teaching patients how to care for themselves is an important part of a nurse's role

Teaching patients about disease processes is an important part of a nurse's role in health promotion.

Patients expect nurses to encourage them to adopt health lifestyles.

I encourage patients facing discharge to carry on with healthful behaviors learned in the hospital.

There are health benefits for depressed patients that result from a nurse's counselling efforts.

Nursing practice includes comforting patients and their families/caregivers.

Counselling patients following physical abuse is part of a nurse's role.

Health promotion activities include enhancing patients coping skills.

Sometimes nurses plan activities that 'normalize' the hospital environment.

Health promotion group work with patients is sometimes part of a hospital nurse's practice.

I generally model healthful lifestyles for my patients.

Encouraging patients to advocate for themselves is part of a nurse's role in health promotion.

Encouraging patients to share experiences about procedures is part of my role in health promotion.

Health promotion in the community is part or a nurse's role as a member of the community.

A nurse must assume the role of patient advocate.

Ensuring a healthful work environment is important to me.

Health promotion is an important part of my role.

A hospital nurse's health promotion activities are incidental rather than planned.

I changed hospital rules or routines to accommodate patients' control.

It is important that hospital nurses are involved in discharge planning.

I involve patients' families/caregivers in health promotion when appropriate.

Family members/caregivers are included in a hospital nurse's health promotion efforts.

Health promotion principles apply in caring for terminally ill patients.

I direct my health promotion activities to my nursing colleagues.

I am satisfied with my skills in health promotion.

My knowledge on self-care is adequate.

I am comfortable teaching patients about self-care.

Health promotion is an "everyday thing" for nurses.

I have the ability to advocate for a healthy hospital.
I have the ability to advocate for a healthy community.
I am involved in health promotion activities in my community.

Enabling Factors

There is easy access to up-dated resources on health-related topics that help me in my health promotion efforts.
There are adequate resources for teaching chronically ill patients coping skills.
Hospital activities on health promotion topics support a nurse's ability to carry out health promotion activities.
The team approach to patient care strengthens a nurse's health promotion efforts.
My hospital is supportive of health promotion activities.
Lack of continuing of care between different hospital departments interferes with a nurse's health promotion efforts.
Time constraints are a barrier to nurses undertaking health promotion activities.
Health promotion efforts would improve if there were more time for patient conferences, in-services and bedside teaching.
Hospital nurses' health promotion efforts would be strengthened by consistent patient teaching.
Incomplete written records hinder a nurse's health promotion efforts.
I can refer patients to community agencies.
Knowing about cultural values helps nurses in their health promotion efforts.
Learning more about health promotion will help me provide better patient care.
My experience as a nurse has taught me about health promotion.
In my basic nursing program, health promotion was included in the course work.
Since graduation I have taken courses on health promotion.

Reinforcing Factors

Feedback about the effectiveness of health teaching is lacking.
If the family/caregiver supports a patient's lifestyle change, a nurse's health promotion efforts are more effective.
Family members/caregivers who expect a nurse to give the patient total care hinder health promotion efforts.
Societal values that are in opposition to the values of health promotion are a barrier to health promotion efforts.

Actual Knowledge

Knowing about cultural values helps nurses in their health promotion efforts.

My experience has a nurse has taught me about health promotion.
In my basic nursing program, health promotion was included in the course work.
Since graduation, I have taken courses on health promotion.

Perceived Knowledge

I am satisfied with my skills in health promotion.
My knowledge on self-care is adequate.
I am comfortable teaching patients about self-care.
Health promotion is an "everyday thing" for nurses.
I have the ability to advocate for a healthy hospital.
I have the ability to advocate for a healthy community.

Promotion Activities

I encourage patients facing discharge to carry on with healthful behaviors learned in the hospital.
I generally model healthful lifestyles for my patients.
Encouraging patients to share experiences about procedures is part of my role in health promotion.
Ensuring a healthful work environment is important to me.
I change hospital rules or routines to accommodate patients' control.
I can refer patients to community agencies.
I involve patients' families/caregiver in health promotion when appropriate.
Family members/caregivers are included in a hospital nurse's health promotion efforts.
I direct my health promotion activities to my nursing colleagues.
I am involved in health promotion activities in my community.