**B**CIT,

A POLYTECHNIC INSTITUTION

School of Health Sciences Program: Bachelor of Science in Nursing Option: Course Outline

NURS 1000 Applied Nursing Science 1

Start Date:	January 2008		End Date: May 2008		
Total Hours: Hours/Week:		Lab:	Term/Level: Shop:		3.5 Other:
Prerequisites			NURS 1000 is	s a Prerequisite for:	
Course No.	Course Name		Course No.	Course Name	
Corequisite			NURS 2000 NURS 2030	Applied Nursing Science 2 Nursing Practicum 2	2
<b>Course No.</b> NURS 1030	Course Name Nursing Practicum 1			5	

## ν Course Description

Students develop nursing knowledge, skills, attitudes and judgements while exploring health situations in problembased groups. Each health situation requires the development of a plan for nursing care. Nursing, growth and development, ethnicity, health promotion, health, illness, sexuality, stress and anxiety, coping, diversity, spirituality, physical context, critical thinking and group process are the concepts emphasized in this course.

In their problem-based groups, students develop the processes crucial to nursing practice: professionalism, communication, systematic inquiry, professional growth, creative leadership and technology-in-practice.

### v Evaluation

Group Skills Group Problem Solving Situation A paper related to a research article A written problem-solving exam that tests problem-solving ability and application of course content A multiple choice final exam that tests course content	15% 15% 20% 25% 25%	<ul> <li>Comments:</li> <li>All assignments must be completed to achieve a passing grade.</li> <li>All students must achieve a 50% average between the problem-solving exam and the final exam in order to achieve credit for the course.</li> <li>Satisfactory ability to function effectively in the problem based aroun is storighted for settinfactory.</li> </ul>
TOTAL	100%	problem-based group is required for satisfactory course completion.

## v Course Learning Outcomes/Competencies

At the end of this course the student will be able to:

- 1. Develop nursing knowledge related to human beings (individuals, families, groups and populations) with selected common health experiences by:
  - Recognizing the influence of concepts and context.
  - Sharing academic research that is current and accurate.

2.

Applying research.

Develop partnerships with human beings by:

- Recognizing own and others perspectives in learning experiences
- Monitoring the group's ability to develop the partnership process. •
- Developing facilitation skills to ensure optimal group functioning. •
- Giving feedback to group members to facilitate achievement of mutually defined group goals. •
- Reflecting on own ability to partner with human beings and implementing learning plans to develop own ability
- 3. Recognize contextual influences as relevant to the situation.
- 4. Actively work in the group to develop a planned approach towards understanding the situation.
- 5. Apply independent study material to the situation as planned and share information in the group that is clear, focused on the situation and defensible.
- 6. Participate actively in the group so that the group functions productively.
- 7. Develop ability to give feedback to other members of the group in a manner that facilitates the group goal.
- 8. Establish relationships with group members that achieve the tasks of the group.
- 9. Develop ability to monitor group process.
- 10. Reflect on own growth in developing effective group skills.

# v Verification

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

Authoring Instructor

I verify that this course outline has been reviewed.

n Verner Program Head/Chief Instructor

I verify that this course outline complies with BCIT policy.

Dean/Associate Dean

December 18,2007

VEREMBER 18,2007

Date

December 18/07 Date

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

## v Instructor(s):

	Phone	E-mail	Phone	E-mail
Jeff Dyck (Course Leader)	604-432-841	l Jeff_Dyck@ bcit.ca Tammy L	ail TBA	Tammy_Lail@ bcit.ca
Catherine Hine	604-432-890	7Catherine_Hine@b Jain Vern cit.ca	er 604-451-6954	Jain_Verner@bcit.ca
Corrine Schneider	604-454-221	7Corrine_Schneider Mina Am @bcit.ca	iraslany 604-451-6596	Mina_Amiraslany@ bcit.ca

Office hours : As posted at desk of each tutor.

### v Learning Resources

## Required:

- American Psychological Association. (2001). Publication manual of the American Psychological Association (5th ed.). Washington, DC: Author.
- Black, J.M. & Hawks, J.H. (2005). Medical-surgical nursing: Clinical management for positive outcomes (7th ed.). Philadelphia: Saunders.
- 3. Davis, B. & Logan, J. (2008). *Reading research. A user-friendly guide for nurses and other health professionals.* (4th. ed). Ottawa, ON: Canadian Nurses Association.
- 4. Jarvis, C. (2008). Physical examination and health assessment. (5<sup>th</sup> ed.). Philadelphia: W.B. Saunders.
- Ross-Kerr & Woods, A.L. (Eds.). (2006). Canadian fundamentals of nursing. (3<sup>rd</sup> ed.). Toronto, ON: Elsevier Mosby.
- Spratto, G.R. & Woods, A..L.(2008). PDR nurses's drug handbook. New York: Thomson Delmar Learning.
- 7. Venes, D. (ed.). (2001). Taber's cyclopedic medical dictionary (20th ed.). Philadelphia: F.A. Davis.
- Pagana, K., & Pagana, T.J. (2006). Mosby's manual of diagnostic and laboratory tests (3<sup>rd</sup> ed.).
   Philadelphia: Elsevier.
- Philosophy Task Group. (2006). Bachelor of Science in Nursing curriculum philosophy. Burnaby, BC: British Columbia Institute of Technology. (\*\*handout to be distributed)

10. College of Registered Nurses of British Columbia. (2006). Scope of practice for Registered Nurses;

Standards, Limits, Conditions. Vancouver, BC: CRNBC. Retrieved May 17, 2007 from

http://www.crnbc.ca/downloads/433-scope.pdf

### Recommended:

Gulanick, M., Myers, J.L., Klopp, A., Gradishar, D., Galanes, S., & Knoll Puzas, M. (2003). Nursing care

plans: Nursing diagnosis and interventions (5th ed.). St. Louis, MO: Mosby..

## v Course Format

Problem-based, small group learning is the format used in this course. Instructor facilitators/tutors meet with a maximum of 11 students weekly for the duration of the course. The groups work at their pace as they identify learning issues to investigate then apply this learning to the health situation. All health situations must be completed by the end of the course.

### v Information for Students

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

Assignments: Assignments must be done on an individual basis unless otherwise specified by the instructor.

Makeup Tests, Exams or Quizzes: There will be no makeup tests, exams or quizzes. If you miss a test, exam or quiz, you will receive zero marks. Exceptions may be made for **documented** medical reasons or extenuating circumstances. In such a case, it is the responsibility of the student to inform the instructor **immediately**.

## 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, a Zero (0) or Unsatisfactory (U) in that course and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, expulsion from the program.

Attendance/Illness: In case of illness or 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. Attendance is required in this course

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 accommodations 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

to the goal. Students develop the ability to move between exemplary followership and creative leadership roles as the situation requires.

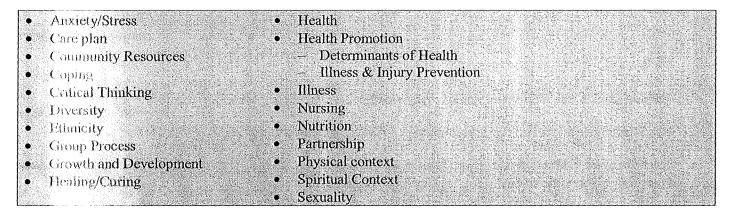
<u>Technology-in-practice</u> – "Technology involves organization, procedures, symbols, new words, equations and . . . a mindset" (Franklin, 1990, p. 12). Technology-in-practice is the ways of knowing, being and doing in health that enhances patient care. Students begin to understand the impact of technology-in-practice on culture, socially accepted practices and values. They also begin to appreciate the impact of technology-in-practice on patients and health care workers.

### v Course Content

Students will work in learning partnerships to explore the following situations:

- Sexually Transmitted Diseases (STD) and HIV
- Cerebrovascular Accident

When exploring the above situations, students will consider the following concepts:



In analyzing a situation the students may identify many other relevant content areas. These will be discussed within the context of the situation as time permits.

Assignment Details (\*\* for specific details on each assignment and the marking criteria, see the handout N1000 Assignment Information)

#### v Group Skills - 15% of Final Mark

The course outcomes describe the group skills that students will develop in the course. The Group Process Evaluation Tool describes specific behaviors and criteria against which students will be evaluated. This tool will be distributed during the first week of classes. All students must achieve a passing grade in group skills to pass the course.

#### v Group Problem-Solving Situation – 15% of Final Mark

The group problem-solving situation is completed as group, and each member receives the same mark. It is open book. You will be given a health situation and your group will hypothesize ten patient problems, link each problem to course concepts and think of at least four validations for each problem.

# v Written Assignment – Research and Nursing Practice Paper – 20% of Final Mark

### This is a two-stage process:

### Stage 1 – Endorsement – (5 marks)

You will submit a copy of your selected research study article accompanied by an explanation illustrating how this study meets the criteria listed in the *N1000 Assignment Instructions* 

#### Stage 2 – Final Research Paper (15 marks)

You will submit a formal research paper explaining how the findings of your chosen research article are, or are not, being implemented into nursing practice.

#### v Final Problem Solving Exam – 25% of Final Mark.

You will be presented with a health situation and will identify 10 potential patient problems, the concepts related to each, and validations for each problem. You will then be given a detailed data sheet on the health situation and identify 5 problems from it, and identify interventions for three of these problems. This exam is individual and it is not open book

### v Final Multiple Choice Exam – 25% of Final Mark

This one hour multiple choice exam will test course content during week 17.

Students must achieve a 50% average between the problem-solving exam and the final exam in order to achieve credit for the course.

accommodation must be made to the Disability Resource Centre, and should not be made to a course leader 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 the their personal circumstances.

## v Course Information

Note:

- 1. Students are encouraged to identify individual learning needs that may be met in this course. Please talk with the tutor to see how this might be accomplished.
- 2. During the first class, the evaluation methods will be discussed.
- 3. Students will participate in a verbal review of the course at midterm and a written review at the end of the term. This review will include a discussion of teaching methods, resources and course structure. The midterm review is aimed at meeting the needs of the students currently taking the course. The end of term review is aimed at modifying the course for subsequent students.

## v Participation/Attendance

We believe that dialogue contributes to both thinking and learning. Therefore:

Attendance is **required** in this course.

The different viewpoints and experiences shared during the session will expand the thinking of all participants. Also, students will be doing independent work to share with the group. This work is required for the group to accomplish its task and move on to other tasks. Therefore, a penalty of 10% per day (Monday - Sunday) will be assessed if an assignment is handed in late, and they may be prohibited from completing the course (see BCIT Policy re: attendance).

At BCIT, for each course credit 2 to 3 hours of homework is required. This is a 3.5 credit course and to be successful in this course at least 7 hours of homework per week is required.

## v Process Threads Relevant to this Course

<u>Professionalism</u> is a process that evolves throughout professional life as nurses make the client the primary focus of nursing and commit to providing nursing service in the public interest (*Bachelor of Science in Nursing Curriculum Philosophy*, 2006).

Students develop professionalism by actively engaging in learning partnership with nursing students and nursing instructors and they commit to using reasoning and reflection to develop professional nursing attitudes, judgments, knowledge and skills.

Students commit to honesty, integrity, responsibility, accountability and moral commitment consistent with the Canadian Nurses Association *Code of Ethics for Registered Nurses* (2002) as they develop optimism, comfort with uncertainty, and passion for nursing in this theory course.

Students develop their ability to practice professionally by developing a depth of nursing knowledge, considering humanistic care, making defensible nursing judgments, evaluating planned care, reading and using nursing research, and considering contexts that promote, maintain and restore health.

<u>Communication</u> – is a dynamic process by which embodied, verbal, written, emotional and spiritual messages are exchanged (McMaster University, 1993). Students develop professional communication by establishing shared meaning and partnership with nursing students and nursing instructors in their work groups. They also critically read, write and word process essays using APA style.

Students develop partnership by believing all human beings have worth and potential and are unique. They value cooperation and commit to share the responsibility, risk, and power inherent in partnerships. They value partnership, open communication and the contributions participants bring, and they believe in the capacity of others to engage in partnership and empowerment.

Nursing partnership is developed in this course:

- Students agree to partner and negotiate roles, responsibilities and actions. They use critical listening to explore group concerns, assist with self-reflection, identify capacities and build trust in the partnership.
- Students share knowledge about health and the management of health concerns. Students use their personal power and work to pool abilities and learn from each other. Students begin to develop the role of educator to reinforce capacity, support decision-making, teach new knowledge and skills and monitor progress in achieving goals. They engage actively in decision-making to gain control of their learning and increase competence, confidence and self-reliance.

<u>Systematic Inquiry</u> – involves the processes of critical thinking, decision making and research. They access texts, databases and internet sites for information.

- To develop critical thinking, students begin to challenge assumptions, consider the importance of context, imagine alternate perspectives and begin to be reflectively skeptical (Brookfield, 1987) when considering the health experience. They engage in self-reflection and dialogue with nursing students and instructors. This reflective questioning, thinking and evidence search is used continually to develop approaches to health concerns.
- To develop decision making, students use reasoning to make connections and judge information. They use critical thinking and academic research to consider the best possible decisions.
- To develop research ability, students initiate a diligent, systematic investigation of concepts and data relevant to the health experience presented. They investigate appropriate and relevant literature to expand their body of knowledge and begin to consider research studies to assess evidence.

<u>Professional Growth</u> – is a process of self-inquiry and self-direction that facilitates learning. Students begin to evaluate theirs and others' performance, assess learning gaps, reflect on these gaps and why they might exist, manage information to search for learning opportunities, think critically about learning options, and then critically appraise the consequences of the learning options implemented. Students have the self-discipline, initiative, commitment to nursing and passion for nursing practice to engage with nursing students and instructors to enhance their professional growth. They assume responsibility and accountability for their professional growth in this course. They begin to reflect on their personal values, beliefs and assumptions about nursing concepts, health situations and group process.

<u>Creative Leadership</u> – is a process that evolves throughout a nurse's professional life. Students begin to develop creative leadership that enhances and supports the creative potential within followers by nourishing a common vision and focusing activity towards the common goal. Students also begin to develop self-understanding so they can transcend self-interest, establish meaningful connections with nursing students and instructors, challenge the status quo, and incorporate nursing ethics into their actions. They also begin to support self-direction and risk-taking in nursing students and instructors and recognize the contributions of others.

At all levels, students develop exemplary followership (Kelley, 1992). That is, they develop the independence and initiative to think critically and challenge the leader so the best idea, strategy or goal is identified, but they are also loyal energetic supporters of the goal (Chaleff, 1998). Students know their strengths thus their unique contribution

(cont'd.)