



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

**NURS 3034****Nursing of Families Practicum**

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<b>Start Date:</b>	August 19, 2008	<b>End Date:</b>	December 3, 2008
<b>Total Hours:</b>	128	<b>Total Weeks:</b>	8
<b>Hours/Week:</b>	16	<b>Lecture:</b>	
		<b>Lab:</b>	
		<b>Other:</b>	Clinical Agency Practicum

**Prerequisites**

Course No.	Course Name
BHSC 2203	Physiology and Pathophysiology
NURS 1050	Interpersonal Communication 1
NURS 2000	Applied Nursing Science 2
NURS 2020	Clinical Techniques 2
NURS 2030	Nursing Practicum 2
Current CPR HCP Certificate	
Current CRNBC Student Registration	

**NURS 3034 is a Corequisite for:**

Course No.	Course Name
NURS 3033	Family Nursing Theory

**■ Course Description**

In this course, students will gain nursing experience in perinatal nursing and nursing of families with a hospitalized child. Emphasis will be placed on nursing care of hospitalized clients within the context of their families. Students will begin to assess and include the family in nursing interventions. Students are expected to provide knowledgeable and safe nursing care to clients/families with predictable and stable health situations. With consultation and assistance, students may provide nursing care to clients/families experiencing rapidly changing health issues. The scope of nursing practice includes consideration of health promotion and illness prevention.

The course builds on the concepts discussed in NURS 3000 Applied Nursing Science 3 and NURS 3033 Family Nursing Theory courses.

**■ Detailed Course Description**

NURS 3034 is a practicum course that introduces students to the nursing care of childbearing families and families with a hospitalized child. In these settings, students will care for individuals and family members who are experiencing predictable\* health issues. Emphasis is placed on developing knowledge, skills, attitudes, and judgments relevant to the provision of holistic care to clients within the context of the family.

**■ Evaluation**

- Satisfactory/Unsatisfactory standing based on student and instructor evaluation of course outcomes.
- Journal — satisfactory/unsatisfactory reflective journal based on instructor evaluation.
- All assignments must be completed satisfactorily to achieve a passing grade.

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\* Predictability and rapidly changing are terms used in describing the variability or the "degree to which a client's condition or situation changes or is likely to change" (CRNBC, 2005). Assignment between nurses. *Practice standard*. Vancouver: Author).

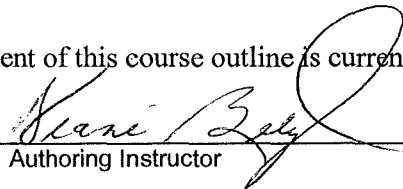
■ **Course Learning Outcomes/Competencies**

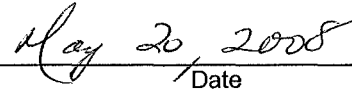
Upon successful completion, the student will be able to:

- provide professional caring based on knowledge and skills.
- pursue shared meaning by communicating effectively with individuals within the context of their family.
- use creative leadership to manage stable individuals within the context of their family.
- implement technical skills competently with increasing confidence.
- develop collaborative partnerships with members of the health care team.
- monitor and reflect on own practice.

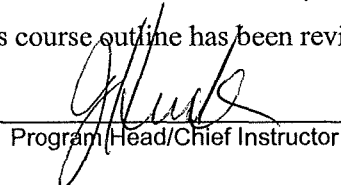
■ **Verification**

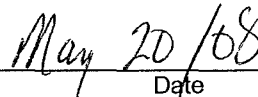
I verify that the content of this course outline is current.

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

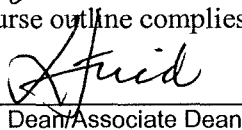
  
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Date

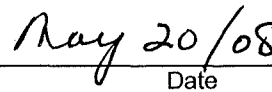
I verify that this course outline has been reviewed.

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

  
\_\_\_\_\_  
Date

I verify that this course outline complies with BCIT policy.

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

  
\_\_\_\_\_  
Date

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

■ **Instructor(s)**

Diane Belyk (course leader)	Office Location: SE12-418	Office Phone: 604-432-8910
Karen Driol	SE12-418	604-451-6946
Lorna Gibney	SE12-418	TBA
Kathy Martin	SE12-418	TBA

E-mail Address: use my.bcit.ca

■ **Learning Resources**

**Required:**

**Course-specific:**

- Wong, D.L., Perry, S.E., Hockenberry, M.J., Lowdermilk, D.L., & Wilson, D. (2006). *Maternal child nursing care* (3rd ed.). St. Louis, MO: Mosby.
- Doane, G.H., & Varcoe, C. (2005). *Family nursing as relational inquiry: Developing health-promoting practice*. Philadelphia: Lippincott Williams & Wilkins.
- BCIT Nursing Program. (2008). *Student guidelines, policies, and procedures*. Download from [http://www.bcit.ca/files/health/nursing/pdf/nursing\\_student\\_policies.pdf](http://www.bcit.ca/files/health/nursing/pdf/nursing_student_policies.pdf)
- Aschenbrenner, D.S., & Venable, S.J. (2009). *Drug therapy in nursing* (3rd ed.). New York: Lippincott Williams & Wilkins.

**Generic texts: required**

- Canadian Nurses Association. (2002). *Code of ethics for registered nurses*. Ottawa: Author. [www.cna-aic.ca/cna/documents/pdf/publications/CodeofEthics2002\\_e.pdf](http://www.cna-aic.ca/cna/documents/pdf/publications/CodeofEthics2002_e.pdf)
- College of Registered Nurses of British Columbia (CRNBC). (2005). *Professional standards for registered nurses and nurse practitioners*. Vancouver, BC: Author. Download [http://www.crnbc.ca/downloads/128\\_Prof%20Standards%202005.pdf](http://www.crnbc.ca/downloads/128_Prof%20Standards%202005.pdf)
- *Fundamentals of Nursing*
- *Laboratory and Diagnostic Textbook*
- *Pharmacology Handbook*

**Equipment:**

- See Dress Code for uniform and equipment requirements for practicum experiences (refer to *BCIT Nursing Program Guidelines, Policies, and Procedures*). All students are expected to understand and follow the BCIT dress code during their maternity and pediatric practicum experiences.

## ■ Information for Students

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

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

**Attendance/Illness:** In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with his/her instructor or Program Head or Chief Instructor, indicating the reason for the absence. After an illness of three or more consecutive days, students must arrange to have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program.

### **Cheating, Fabrication, Plagiarism, and/or Dishonesty:**

**First Offense:** Any student in the School of Health Sciences involved in an initial act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

**Second Offense:** Any student in the School of Health Sciences involved in a second act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

### **Attempts:**

BCIT Nursing Program Student Guidelines, Policies and Procedures which are located online at [http://www.bcit.ca/files/health/nursing/pdf/nursing\\_student\\_policies.pdf](http://www.bcit.ca/files/health/nursing/pdf/nursing_student_policies.pdf) state: "Applicants who have any combination of two instances of withdrawal or failure in a Nursing Theory course will be readmitted to the program with written permission from the Associate Dean, who will detail any special considerations. Applicants who have any combination of two instances of withdrawal or failure in any Nursing Practicum course(s) for academic or performance reasons, will not be readmitted to the program."

**Accommodation:** Any student who may require accommodation from BCIT because of a physical or mental disability should refer to BCIT's Policy on Accommodation for Students with Disabilities (Policy #4501), and contact BCIT's Disability Resource Centre (SW1-2300, 604-451-6963) at the earliest possible time. Requests for accommodation must be made to the Disability Resource Centre, and should not be made to a course instructor or Program area.

Any student who needs special assistance in the event of a medical emergency or building evacuation (either because of a disability or for any other reason) should also promptly inform their course instructor(s) and the Disability Resource Centre of their personal circumstances.

## ■ Learning Process Threads

**Professionalism:** 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 continuing to develop an understanding of the professional nurses' role. They begin to analyze data and develop care plans. They pursue shared meaning with individuals and families to establish partnerships. They understand healthy development in families and nurse to support and facilitate this process. They begin to consider the impact of health and illness on the family and the influence of family interactions on health and illness. They understand nursing in the context of family. They evaluate their care and incorporate a code of ethics consistent with professional practice.

**Communication:** 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 patients within the context of their families, and developing partnership with members of the health care team including other nursing students. They also word process assignments.

Students dialogue with colleagues and teachers in the process of learning. With increasing independence, students establish relationships with individuals based on shared meaning and incorporate this into their assessments. They utilize effective communication skills and evaluate the impact of these interactions on the family. With assistance, students document and report patient assessments and nursing care. Students teach using the principles of teaching and learning.

**Systematic Inquiry:** involves the processes of critical thinking, decision making, and research. Students access course materials, academic literature, and online resources for research information and course work.

To develop critical thinking, students begin to challenge assumptions, consider the importance of context, imagine alternative perspectives, and begin to be reflectively skeptical (Brookfield, 1987) when considering the health experience.

Students are increasingly independent with critical thinking and use a variety of sources of knowing to guide care. They reflect on their competencies related to nursing knowledge, skills, attitudes, and judgment. Students appreciate alternate perspectives of nursing practice and explore their relevance and relationship to care.

**Professional Growth:** is a process of self-inquiry and self-discovery that facilitates learning. Students are committed to professional growth. They evaluate their 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 self-discipline, initiative, commitment to nursing, and passion for nursing practice to engage with nursing students to enhance their professional growth. Students demonstrate increasing independence in thinking about and reflecting on their thinking. Students assume responsibility and accountability for professional growth in this course.

Students take responsibility for their learning. They consult or interact with a variety of health professionals. They reflect on their experiences. They recognize their limitations and seek assistance. They value discussions of their performance and self-evaluate and act on their learning needs. They share knowledge and experiences with colleagues and take responsibility for the debriefing sessions. They demonstrate responsibility for attaining and maintaining a safe level of skill performance. Also, they are responsible and accountable for their actions and are becoming committed to professional growth.

**Creative Leadership:** is a process that evolves through a nurse's professional life. Students continue 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 use self-awareness to transcend self-interest, establish meaningful connections with nursing students and instructors, challenge the status quo, and incorporate nursing ethics into their actions. They recognize the contributions of others while supporting self-direction and risk taking.

Students continue to develop exemplary followership (Kelley, 1992). That is, they develop the independence and initiative to think critically and challenge their student colleagues so the best idea, strategy, or goal is identified, but they remain loyal energetic supporters of the common goal (Chaleff, 1998). Students know their strengths and appreciate their unique contribution to the common goal.

Students appreciate the role of nurses in the health care system and understand the various components in this context of practice. They work to establish collaborative partnerships with colleagues. Self-direction and dialogue are essential to partnerships. With assistance, students develop increased confidence, assertiveness, and initiative in the provision of nursing care. Students manage rapidly changing patient situations with assistance. They gain knowledge of and are actively involved in the continuum of care for specific patients. They participate in and support appropriate referrals for continuing and/or alternate care. Therefore, they are beginning to understand nursing leadership within this context of practice.

**Technology-in-Practice:** "Technology involves organization, procedures, symbols, new words, equations and ... a mindset" (Franklin, 1990, p. 12). Technology-in-practice is the way of knowing, being, and doing in health that enhances patient care. Students develop an understanding of the impact of technology-in-practice on culture, socially accepted practices and values. Students acknowledge the impact of technology-in-practice on patients, families, the community, and health care workers.

Students are safe with procedures (technical skills) and with assistance show increasing confidence in their ability to modify skills to fit the context of practice. They review agency policy regarding skills.

### Pediatric Nursing Schedule

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
1	<p>Orientation: Hospitalization of children Nursing children</p> <ul style="list-style-type: none"> <li>• Administering meds</li> <li>• Respiratory Distress (video) RJ 433 A77 1988</li> <li>• Pediatric safe doses</li> <li>• Pediatric assessment</li> <li>• Bickley, L.S. (2005). Bates' visual guide to physical examination (4th ed.) Lippincott Williams &amp; Wilkins. RC 76 P43 2005. (43 minutes) DVD</li> <li>• Lippincott's pediatric nursing series. Vol. 1: Growth and development. Lippincott Williams &amp; Wilkins. RJ 245 G76 2006</li> </ul>	<p>Hospital and ward tour Student IDs Student orientation activities Focus charting/legalities Talk with family member re hospitalized child</p>	<p>Debriefing Course outcomes Unit practices Discuss children, their family, and the nurse</p>	<p>Play Role of Pediatric Nurse Pediatric Assessment</p>	<p>Readings: Wong, Perry, Hockenberry, Lowdermilk &amp; Wilson (2006) (~ 123 pages)</p> <ul style="list-style-type: none"> <li>• Chapter 29 Contemporary Pediatric Nursing, 873–887</li> <li>• Chapter 35 Physical and Developmental Assessment of the Child, 983–1025</li> <li>• Chapter 45 Pediatric Variations of Nursing Interventions, 1355–1422</li> </ul> <p>Updated individualized learning plan using NURS 3034 course outcomes due 0730 hrs Friday.</p>

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
2	<p>Patient assessment (1 patient) Growth and development Review admission, immunization Provide basic nursing care and treatments Administer oral/topical/IV meds with instructor supervision Charting</p>	<p>Patient assignment (1 patient) Assessment Identify problems Organize priorities Nursing care and rationales Evaluation of care Look at individual within context of family Family assessment Administer oral/topical IV meds with direct supervision Charting</p>	<p>1 hour debriefing Pediatric assessment Hospitalization</p>	<p>Growth and development Assigned illness Family context</p>	<p>Readings: Wong, Perry, Hockenberry, Lowdermilk &amp; Wilson (2006) (~ 105 pages)</p> <ul style="list-style-type: none"> <li>• Chapter 34 Communication and Health Assessment of the Child and Family, 958–982</li> <li>• Chapter 44 Reaction to Illness and Hospitalization, 1297–1351</li> <li>• Chapter 46 Respiratory Dysfunction, 1425–1472</li> </ul> <p>Each week read the text chapter(s) related to the illness of assigned child.</p> <p><b>Also,</b> each week read the chapter related to the specific growth and developmental stage of your assigned child.</p> <p>Continue to do this for each patient assigned during the following weeks.</p> <p>Develop an NCP (1 patient) on Tuesday and review with instructor in practicum. Do this each week of Peds experience.</p> <p>Reflective journal and revised care plan due 0730 hrs Friday.</p>



Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
3	Patient care Communicate with different family members Include patient teaching of treatment, tests, etc. Charting Administer oral/topical/IV meds with direct supervision	Patient care Monitor IVs NCP as per previous weeks Charting	Specific illness	Family diversity Health team	Readings: Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) (~ 68 pages). <ul style="list-style-type: none"> <li>• Chapter 47 Gastrointestinal Dysfunction, 1489–1509; 1512–1513</li> <li>• Chapter 51 Cerebral Dysfunction, 1670–1676; 1697–1712</li> <li>• Chapter 27 Infants with Gestational Age Related Problems, 795–819</li> </ul> Reflective journal and revised care plan due 0730 hrs Friday.

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
4	<p>Patient care (1–2 patients total care) Discharge teaching (situational — include community resources if applicable) (During all patient assignments include referrals required — e.g., social services, home IV, school referrals, talk with community health nurse)</p>	<p>Assign 2 patients (total care) if possible Could buddy with RN to care for a potentially unstable patient Communicate with family about lifestyle, health promotion</p>	<p>How to encourage healthy lifestyles within context of the family Patient/parent teaching Community resources Parenting Health promotion</p>	<p>Total family assessment and care Discharge teaching Promoting healthy lifestyles in the family Community resources utilized</p>	<p>Readings: Wong, Perry, Hockenberry, Lowdermilk &amp; Wilson (2006) (~ 48 pages).</p> <ul style="list-style-type: none"> <li>• Chapter 50 Genitourinary Dysfunction, 1643–1650</li> <li>• Chapter 53 Integumentary Dysfunction, 1749–1760</li> <li>• Chapter 54 Musculoskeletal or Articular Dysfunction, 1800–1821; 1829–1830</li> <li>• Chapter 55 Neuromuscular or Muscular Dysfunction, 1841–1848</li> </ul> <p>Midterm/final evaluation.</p> <p>Updated learning plan based on your evaluation.</p> <p>Reflective journal and revised care plan as required by instructor.</p>

### Maternity Nursing Practicum Schedule

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
<p>1</p> <p>Focus:</p> <ul style="list-style-type: none"> <li>• orientation childbirth experience</li> <li>• family/culture</li> </ul>	<p><i>Orientation</i></p> <p>Course outline and course syllabus review</p> <p>Postpartum Assessment: (video) RG 951 N87 no. 1 1991</p> <p>Breast Feeding: Glover, R. (2005). Follow me mum: The key to successful breastfeeding. Burswood, Western Australia (video).</p> <p>Charting:</p> <ul style="list-style-type: none"> <li>• review chart forms</li> <li>• create patient data</li> <li>• charting — small group activity</li> </ul> <p>Period of Purple Crying Program</p>	<p>Hospital orientation and postpartum assessment: seek and find activities</p> <p>Patient/family interview re birth experience</p> <p>Postpartum maternal assessment with instructor and charting</p> <p>No newborn care except Demo (instructor) — newborn bath</p> <p>Newborn bath with peer/instructor supervision</p>	<p><i>Debrief/Seminar</i></p> <p>Family/cultural assessment/issues</p> <p>Discuss issues re postpartum assessments, thermoregulation, nutrition</p>	<ul style="list-style-type: none"> <li>• Birth experience — preparation, plans, expectations, reality, problems/issues</li> <li>• Cultural context</li> <li>• Childbearing beliefs and practices</li> <li>• Family adjustment and coping</li> </ul> <p><i>Skills: Communication</i></p>	<p>Updated learning plan using NURS 3034 course outcomes due 0730 hrs Friday.</p> <p>Online training: Period of Purple Crying Program.</p> <p>Readings:</p> <p>Wong, Perry, Hockenberry, Lowdermilk &amp; Wilson (2006) (~ 129 pages)</p> <ul style="list-style-type: none"> <li>• Chapter 1 Contemporary Maternity Nursing, 3–20</li> <li>• Chapter 8 Genetics, Conception, and Fetal Development, 193–210</li> <li>• Chapter 10 Anatomy and Physiology of Pregnancy, 235–253</li> <li>• Chapter 20 Maternal Physiologic Changes, 590–598</li> <li>• Chapter 21 Nursing Care during the Fourth Trimester, 599–627</li> <li>• Chapter 22 Transition to Parenthood, 629–656</li> <li>• Chapter 24 Physiologic Adaptations of the Newborn (thermogenic system), 693–695</li> </ul>

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
2  Focus: Stable patient within the context of family	Patient Assignment: 1 stable postpartum client Return demo — postpartum assessment Demo (instructor) — newborn assessment	Patient Assignment: Complete patient care for 1 stable postpartum client Newborn assessment with instructor	<i>Debrief/Seminar</i>  Breastfeeding — “getting started” How to be helpful Newborn assessment	Complete postpartum assessment and care including potential problems/complications, e.g., hemorrhage and infection Breastfeeding support Newborn assessment Drug therapy and breastfeeding  <i>Skills:</i> Technical, communication, patient/family teaching	Reflective journal due 0730 hrs Friday.  (~ 133 pages) Readings: Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) <ul style="list-style-type: none"> <li>• Chapter 12 Maternal and Fetal Nutrition, 305–327</li> <li>• Chapter 23 Postpartum Complications, 659–688</li> <li>• Chapter 24 Physiologic Adaptations of the Newborn, 691–726</li> <li>• Chapter 25 Nursing Care of the Newborn, 727–765</li> <li>• Chapter 26 Newborn Nutrition and Feeding, 768–792</li> </ul> Aschenbrenner & Venable. (2009). Drug therapy in nursing. Chapter 7: Life Span: Pregnant or Breast-Feeding Women, pp. 78–89.

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
3  Focus: Stable neonate within the context of family	<p>Patient Assignment: 1 stable family Complete care mom and baby</p> <p>Observation: Labor and delivery — 2 students (if available)</p>	<p>Patient Assignment: 1 stable family Complete care mom and baby</p> <p>Observation: Labor and delivery — 2 students (if available)</p>	<p>Debrief</p> <p>Seminar: Assessing priority teaching/learning needs of the patient/family Discharge planning/teaching and anticipatory guidance</p>	<p>Complete (stable) newborn assessment and basic care</p> <p>Skills: Technical, communication, patient/family teaching, organization</p>	<p>Reflective journal due 0730 hrs Friday.</p> <p>Wong, Perry, Hockenberry, Lowdermilk &amp; Wilson (2006) (~ 118 pages).</p> <ul style="list-style-type: none"> <li>• Chapter 15 Labor and Birth Processes, 418–436</li> <li>• Chapter 16 Management of Discomfort, 437–464</li> <li>• Chapter 17 Fetal Assessment during Labor, 467–487</li> <li>• Chapter 18 Nursing Care during Labor and Birth, 489–542</li> </ul>
4  Focus: <ul style="list-style-type: none"> <li>• family total care</li> <li>• discharge planning and implementation</li> </ul>	<p>Patient Assignment: 1–2 stable families</p> <p>Observation: Labor and delivery — 2 students (if available)</p>	<p>Patient Assignment: 1–2 stable families</p> <p>Observation: Labor and delivery — 2 students (if available)</p>	<p>Debrief</p> <p>Seminar: Nursing care management of labor and delivery complications/risks in childbirth and postpartum — “When things don’t go as planned” Newborns at risk</p>	<p>Total family assessment and care Implementation of discharge teaching Integrate community services in planning (with assistance) Assessment and care of the high risk patient/family postpartum, e.g., C/S</p> <p>Skills: Technical, communication, patient/family teaching, organization, collaboration</p>	<p><b>Midterm/final evaluation</b></p> <p>Updated learning plan based on your evaluation.</p> <p>Reflective journal as required by instructor.</p> <p>Readings: Wong, Perry, Hockenberry, Lowdermilk &amp; Wilson (2006) (~ 126 pages).</p> <ul style="list-style-type: none"> <li>• Chapter 14 Pregnancy at Risk: Gestational Conditions, 370–416</li> <li>• Chapter 19 Labor and Birth at Risk, 544–587</li> <li>• Chapter 28 The Newborn at Risk: Acquired and Congenital Problems, 829–866</li> </ul>

*Note: This is a practicum guide and is subject to change.*

