



MAR 31 1999

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

Course Outline **Part A**

School of Health Sciences

Program: Nursing

**NURS 4000**  
**Nursing & Health Issues 4**

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<b>Hours/Week:</b>	3	<b>Total Hours:</b>	51	<b>Term/Level:</b>	4
<b>Group Work:</b>	3	<b>Total Weeks:</b>	17	<b>Credits:</b>	3.5

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**Prerequisites****NURS 4000 is a Prerequisite for:**

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<b>Course No.</b>	<b>Course Name</b>	<b>Course No.</b>	<b>Course Name</b>
NURS 3010	Nursing & Health Issues 3	NURS 4530	Nursing Practicum 5

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**Course Goals**

Nursing 4000 fosters students' ability to work collaboratively, in small groups, to explore health problems and issues from a professional nursing perspective and to develop a nursing plan that addresses specific problems inherent in a given health-related situation.

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**Course Description**

Students will explore three health-related situations that reveal complex health problems. In addition, they will apply selected theoretical concepts from nursing and other disciplines to each situation.

Student learning groups will create a professional context wherein each group member will work collaboratively and effectively. While developing their understanding, students will access information from a variety of sources including appropriate literature, health care professionals and community resources. Situations will be analyzed from the perspective of the involved patient, professional nurse, multidisciplinary team, health care system and society. Exploration of each situation will culminate in the formulation of an individualized nursing care plan that addresses all relevant patient problems.

The teaching/learning strategy used in this course is problem-based learning. A simulated patient may be used for one or more situations.

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**Course Format**

The course is comprised of both formal scheduled small group sessions and self-directed learning activities. The formal groups include a tutor/facilitator and approximately 12 students and meet weekly for three hours.

The duration of the course is 17 weeks. The first session provides an introduction to the course and to the first situation. Each of the three situations takes approximately 5 weeks to complete. However, individual groups may progress at their own pace providing all situations are completed by Week 16. Week 17 is Evaluation Week.

## Evaluation

1. A scholarly paper that applies one of the central curriculum concepts to the care of a patient in the Level 4 practicum setting — 35% of total marks.
  2. A problem-solving exam based on the first health-related situation — 15% of total marks.
  3. A final examination based on all three health-related situations discussed in Level 4 — 35% of total marks.
  4. An assessment of effective group participation — 15% of total marks.
    - The three components of effective group participation include: teaching skills; facilitation skills; and professionalism.
    - The assessment will be by self, peer and tutor. It is the tutor's responsibility to make the final determination that essential criteria are achieved. When an essential criterion is not achieved, the mark assigned to the overall component will be zero (see Appendix A).
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## Course Outcomes and Sub-Outcomes

The student will:

1. develop a theory base related to complex health problems and selected concepts inherent in three health-related situations.
2. effectively utilize a problem-solving process to formulate a plan to address any health-related problem independently or in a group, in a timely manner.
3. critically evaluate literature, research findings and other resources in relation to accuracy, relevance and utility before using in professional forums or own practice.
4. expand understanding of health problems by considering contextual influences, recognizing relationships and identifying patterns.
5. develop creative strategies when addressing problems by considering alternative ways of viewing a problem or situation.
6. promote learning within the group by sharing information in a competent and professional manner.
7. demonstrate commitment to the group process and use initiative to advance the functioning of the group.

## Course Content

Three health-related situations will be analyzed and selected concepts will be applied.

### A. Health-related Situations:

1. Nick De Marco is a 55-year-old man who was admitted to VGH Emergency with a diagnosis of diabetic ketoacidosis and arteriovascular insufficiency to the left leg. Mr. De Marco moved to Vancouver from Flatbush, Alberta 10 days ago.
2. Helen Hames is an 81-year-old woman who was admitted to the Lion's Gate medical unit two days ago with left congestive heart failure and dementia, NYD. She has a history of angina and had a myocardial infarction three years ago. She lives with her husband, age 82, and has daily assistance from Home Care.
3. Guy Legault is a 48-year-old man who was struck by a car outside an East Hastings Street bar at 0200 hours two days ago. He was brought in unconscious to St. Paul's Hospital Emergency with a diagnosis of craniocerebral trauma, alcohol abuse and cirrhosis. He has just been transferred to your unit from Neuro Special Care.

### B. Concepts:

1. The following concepts will be considered when discussing each situation:

- |                        |                      |
|------------------------|----------------------|
| ▶ Growth & Development | ▶ Law                |
| ▶ Culture              | ▶ Illness*           |
| ▶ Ethics               | ▶ Health Promotion** |

\* The concept of Illness includes epidemiology, level of acuity (acute/chronic), illness assessment, illness management (curative, rehabilitative, palliative), and setting (primary, secondary, tertiary).

\*\* The concept of Health Promotion includes, but is not limited to, the determinants of health, nutrition, patient education and community resources.

2. Students will apply a concept from a previous level when it is central to understanding a new situation.
3. Students will consider the context of each situation. The context focus for this level will be physical, social and political.

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## Process Threads Relevant to this Course

**Professionalism** — This course promotes further development of a nursing knowledge base that is required for competent practice. Students are expected to be accountable and responsible for following through with the work they have agreed to do.

**Communication** — Working effectively in teams in a focus of this course. Experience is gained by establishing working relationships with members, sharing ideas and learning materials, clarifying thoughts, and providing feedback. The latter skill is particularly stressed at this level. Group functioning is monitored by all students by assessing their own and other student's facilitation skills.

**Systematic Inquiry** — Students evaluate research findings that they encounter in their review of literature related to a health situation. In addition, when research findings are presented to the group, group members are responsible for questioning findings.

**Learning** — Students are required to take responsibility for their own learning by acquiring knowledge related to specific health related situations and to develop a problem-solving process that they are able to apply to any health situation in a timely manner. There is special emphasis on facilitating group learning by sharing accurate, relevant information in a professional manner.

**Creative Leadership** — Students will demonstrate credibility, assertiveness, problem solving, judgement, and initiative within the group. Students will propose creative ways of solving problems related to health situations.

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**Course Record**

Developed by: Linda Brazier (Nursing)  
Instructor Name and Department (signature)

Date: January, 1998

Revised by: Linda Brazier (Nursing)  
Instructor Name and Department (signature)

Date: January, 1999

Approved by: M. Bernard Ratsay  
Associate Dean / Program Head (signature)

Start Date: January 5, 1999



**Effective Date**

August 18, 1998 (17 weeks)

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**Instructor(s)**

Linda Brazier (in charge)	432-8918
Anne Houseman	432-8686
Diane Belyk	432-8910
Susan McKenzie	432-8914

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**Required Text(s) and Equipment**

1. A medical-surgical text:

LeMone, P., & Burke, L.M. (1996). *Medical-surgical nursing: Critical thinking in client care*. Menlo Park, CA: Addison Wesley.

**Or**

Smeltzer, S.C., & Bare, B.C. (1996). *Brunner & Suddarth's textbook of medical-surgical nursing* (8th ed.). Philadelphia: Lippincott.

2. A Diagnostic Tests Handbook.
3. A Pharmacology Handbook..
4. A Nursing Medical Dictionary.
5. Canadian Nurses Association. (1997). *Code of ethics for nurses*. Ottawa: Author.
6. Registered Nurses Association of British Columbia. (1998). *Standards of nursing practice in British Columbia*. Vancouver: Author.
7. Sims, L.K., D'Amico, D., Stiesmeyer, J.K., Webster, J.A. (1995). *Health assessment in nursing*. Menlo Park, CA: Addison Wesley.

**SITUATION #1: Nick De Marco**

Nick De Marco is a 55-year-old man who was admitted to VGH Emergency with a diagnosis of diabetic ketoacidosis and arteriovascular insufficiency to the left leg. Mr. De Marco moved to Vancouver from Flatbush, Alberta 10 days ago.

**Required Reading and Resources**

**Note:** All readings are required whereas resources are optional. Journal articles have been selected to augment the section in your medical-surgical textbook. There are five copies of each journal article on three hour reserve in the library.

**Diabetes:**

1. Medical-surgical textbook. Section on Diabetes Mellitus and peripheral vascular disease.
2. Pharmacology Handbook. Section on Insulin and Oral Hypoglycemic Agents.
3. Required journal articles:

Bertrand, S., Nahla, A.J., Reddy, S., & Yale, J.F. (1996). Recommendations for the use of self-monitoring of blood glucose in diabetes mellitus. *Canadian Journal of Diabetes Care*, 20(1), 39–41.

Bielamowicz, M., Miller, W., Elkins, E., & Ladewig, H. (1995). Monitoring behavioral change in diabetes care with the diabetes self-management record. *The Diabetes Educator*, 21(5), 426–431. (Health Promotion).

Canadian Diabetes Association. (1996). 6 tips for your sick day blues. *Equilibrium: Issue 1*, 39–41.

Canadian Diabetes Association. (1993, Oct.). The Canadian Diabetes Association position statement on the diabetes control and complications trial (DCCT). *Diabetes Information Handbook. The College of Family Physicians of Canada Conference, 1996*, 11–18.

Chalmers, J., Zweig, J., & Miller, A. (1994). Sugar myths and facts. *Canadian Diabetes*, 7(3), 56.

Diabetes Control and Complications Research Group. (1993). The effect of intensive treatment of diabetes on the development and long-term complications in insulin-dependent diabetes mellitus. *The New England Journal of Medicine*, 329(4), 977–986.

Drass, J., & Peterson, A. (1996). Type 1 diabetes. Exploring the treatment options. *American Journal of Nursing*, 96(11), 45–50.

Fantus, I., & Dupre. (1995). Prevention of diabetes: goal for the twenty-first century: Part one. *Canadian Journal of Diabetes Care*, 19(3), 9–17. (Health Promotion, Epidemiology).

Fishman, T., Freedline, A., & Kahn, D. (1996). Putting the best foot forward. *Nursing* 96, (1), 58–60.

Hanlon-Nichols, T. (1996). Hyperglycemic hyperosmolar nonketotic syndrome. *American Journal of Nursing* 96, (3), 38–39.

Macheca, M.K. (1993). Diabetic hypoglycemia: How to keep the threat at bay. *American Journal of Nursing*, April, 1993, 26–30

Saltiel-Berzin, R. (1992). Managing a surgical patient who has diabetes. *Nursing* 92, April, 34–42.

Sclater, A.L. (1995). Diabetes in the elderly — special considerations. *Canadian Diabetes*, 8(1), 30–33.

4. Resources:

The Canadian Diabetic Association. British Columbia/Yukon Division. (604) 732-1331.

Video (BCIT Library). Control and Complications. Learning About Diabetes Series.

Video (BCIT Library). Diabetic Emergencies (strongly recommended) VC 3365C.2.

Good Health Eating Guide. Reserve, BCIT Library.

Website: <http://www.diabetes.ca>.

**SITUATION #2: Helen Hames**

Helen Hames is an 81-year-old woman who was admitted to the Lion's Gate Hospital medical unit two days ago with congestive heart failure and dementia, NYD. She has a history of angina and had a myocardial infarction three years ago. She lives with her husband, age 82, and has daily assistance from Home Care.

**Required Reading and Resources**

**Note:** All readings are required whereas resources are optional.

**Cardiac problems:**

1. Medical-surgical textbook. Sections on angina, myocardial infarction, congestive heart failure, atrial fibrillation, hypertension.
2. Pharmacology Handbook. Sections on related cardiac medications.
3. Required Journal articles:

Ahrens, S.G., (1995). Managing heart failure. A blueprint for success. *Nursing* 95, December, 26–32.

Bosely, C. (1995). Assessing cardiac output. Don't stop at the heart. *Nursing* 95, September, 43–45.

English, M. & Mastrean, M.B. (1995). Congestive heart failure: Public and private burden. *Critical Care Nursing Quarterly*, 18(1), 1-6.

Owen, A. (1995). Tracking the rise and fall of cardiac enzymes. *Nursing* 95, May, 35-38.

Redecker, N. & Sadowski, A. (1995). Update on cardiovascular drugs and elders. *American Journal of Nursing*, September, 35-41.

Sims, J. & Miracle, V. (1997). Atrial fibrillation. *Nursing* 97, April, 55.

4. Videos:

- Assessment and Care of patients with Angina. VC 5871.
- Heart. (First 5 minutes demonstrates assessment of jugular vein pressure). VC 5185.

5. Resources:

Heart and Stroke Foundation of BC and Yukon 1212 West Broadway Vancouver, B.C. 736-4404
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Note: Regional offices for Greater Vancouver are in the phone book.  
National Website: [www.HSF.Ca](http://www.HSF.Ca)  
Professional Education Site (Ontario) Website: [www.HSFOPE.ORG/](http://www.HSFOPE.ORG/)

**Dementia:**

1. Medical-surgical text on Dementia/Alzheimer's Disease.

2. Journal Articles:

Burney-Puckett, M. (1996). Sundown syndrome: Etiology and management. *Journal of Psychosocial Nursing*, 34(5), 40-43.

Crigger, N. & Forbes, W. (1997). Assessing neurological function in older patients. *American Journal of Nursing*, 97(3), 37-40.

Danner, C., Beck, C., Heacock, P., & Modlin, T. (1993). Cognitively impaired elders. Using research findings to improve nursing care. *Journal of Gerontological Nursing*, April, 5-11.

Hall, G. (1994). Chronic dementia. Challenges in feeding a patient. *Journal of Gerontological Nursing*, April, 21-30.

Laue, I. (1995). In sickness and in health. The wife of an Alzheimer's victim shares thoughts from her personal diary. *Canadian Living*, March, 59-63.



Maxfield, M., Lewis, R., & Cannon, S. (1996). Training staff to prevent aggressive behavior of cognitively impaired elderly patients during bathing and grooming. *Journal of Gerontological Nursing*, January, 37-43.

Rentz, C. (1995). Reminiscence. A supportive intervention for the person with Alzheimer's disease. *Journal of Psychosocial Nursing*, 33(11), 15-20.

Shapira, J. (1994). Research trends in Alzheimer's disease. *Journal of Gerontological Nursing*, April, 4-9.

Souder, E., Saykin, A., & Alavi, A. (1995). Multi-modal assessment in Alzheimer's disease. ADL in relation to PET, MRI and neuropsychology. *Journal of Gerontological Nursing*, September, 7-13.

3. Videos:

- Mental State Examination of the Demented Adult. VC 5850.
- Alzheimer's Disease. A Practical Approach to Problem Behaviour. VC 4338.

4. Resources:

Alzheimer's Society of BC 20 - 601 West Cordova Street Vancouver, B.C. Phone no. 681-6350
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Note: Regional offices for Greater Vancouver in phone book.  
Web Site: [www.Alzheimer.Ca](http://www.Alzheimer.Ca)

**Ethical Issues: Ageism:**

1. Journal Articles:

Rice, L. (1988). Do we discriminate against the elderly? *Nursing* 88, March, 44-45.

Lynch, S. (1997). Elder abuse. What to look for, how to intervene. *American Journal of Nursing* 1997, 97(1), January, 27-33.

2. Books:

Daniel, E. (1993). Should health care for the elderly be limited? In *Taking Sides. Clashing Views on Controversial Issues in Health and Society, Issue 3*. The Dushkin Publishing Group, Inc.: Guildford Connecticut, pp. 40-55.

**SITUATION #3: Guy Legault**

Guy Legault is a 48-year-old man who was struck by a car outside an East Hastings street bar at 0200 hours two days ago. He was brought in unconscious to St. Paul's Hospital Emergency with a diagnosis of craniocerebral trauma, alcohol abuse, and cirrhosis. He has just been transferred to your unit from Neuro Special Care.

**Required Readings and Resources**

**Neurological Problems**

1. Medical-surgical textbook. Sections on **craniocerebral trauma, intracranial bleeding (not CVA), increased intracranial pressure (ICP), and care of the unconscious patient.**

2. Pharmacology Handbook. Section on medications used to treat increased ICP.

3. Required Journal Articles:

Fowler, S., Hertzog, J., & Wagner, B. (1995). Pharmacological interventions for agitation in head-injured patients in the acute care setting. *Journal of Neuroscience Nursing*, 27(2), 119–124.

Parobek, V. & Alaimo, I. (1996). fluid and electrolyte management in the neurologically-impaired patient. *Journal of Neuroscience Nursing*, 28(5), 322–328.

Ponsford, J. (1987). Practical issues in working with the head injured. *B.C. Head Injury Association*, 1–4.

Specht, D. (1995). Cerebral edema. Bringing the brain back down to size. *Nursing 95*, November, 34–48.

4. Community Resources:

Lower Mainland Brain Injury Association:	431-0803
B.C. Brain Injury Association:	520-3221

**Substance Abuse Problems: Alcoholism:**

1. Required Journal Articles:

Belcaster, A. (1994). Caring for the alcohol abuser. *Nursing 94*, February, 56–59.

Hokenson, P. (1994). Assessment of the patient at risk for acute alcohol withdrawal. *Med-Surg Nursing*, 3(3), June, 211–216,

Single, E., Robson, L., Xie, X., & Rehm, J. (1996). The costs of substance abuse in Canada. *Canadian Center on Substance Abuse*, 4–15.

2. Assessment tool:

Vancouver Hospital and Health Sciences Center. Addiction Research Foundation Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar). One page.

3. Community Resources:

Alcoholics Anonymous:	434-0803
Rational Recovery (non-religious):	324-9629 or 703-0754
Information Services, Vancouver	
(re referral drug & alcohol counseling services):	875-6381

### **Cirrhosis**

1. Medical-surgical textbook. Section on Liver Failure and Cirrhosis Complications.
2. Pharmacology text: Medications to Treat Hepatic Encephalopathy.
3. Journal Articles:

Wills Butler, R. (1994). Managing the complications of Cirrhosis. *American Journal of Nursing* March, 1994, 46-49.

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## **Review of the Problem-Based Learning Process**

### **A. Preliminary Activities**

1. Initial introductions, (Week 1).
2. Setting group norms and objectives, (Week 1).

### **B. Group Work**

1. Reviewing health situations.
2. Identifying learning issues.
3. Grouping and ordering learning issues to ensure that no overlap occurs.
4. Presenting/teaching learning issues to group.
5. Analyzing the data sheet (what is known, what is not known).
6. Deciding on what additional material needs to be researched and presented.
7. Discussing issues such as clinical judgement questions.
8. Formulating an individualized nursing care plan.

### **C. Group Process**

1. Setting agendas and assigning next week's chairperson at the end of each session.
2. Debriefing at the end of each session.
3. Facilitating the functioning of the group (see Group Skills Evaluation Tool, Appendix A).

## Course Notes (Policies and Procedures)

### General Course Notes

1. The journal articles and book sources listed in the reference section are required reading for all students. Students who are researching and presenting material to their group are required to utilize additional sources which are to be obtained by the student.
2. Attendance is a requirement in this course. If a student is absent for more than 10% of the planned course activities, without a medical reason, he/she may be prohibited from completing the course (see BCIT Attendance Policy).
3. Group participation is marked by group members (50%) and the tutor (50%) for 15% of the total mark. Refer to Appendix A for details.
4. The scholarly paper must conform to APA Guidelines and conventions for professional writing. A 10% penalty will be invoked if this paper is of an unacceptable standard.
5. The scholarly paper takes the form of a proposal to implement a competency to the care of two patients in the practicum setting. This proposal is worth 35% of the course marks. Separate guidelines and marking criteria will be distributed on the first day of class.
6. Students will be responsible for teaching their group members in a way that facilitates learning within the group. Students will be assigned a mark for one of these teaching episodes.
7. Students will write a problem solving exam during Week 7 and a final comprehensive problem solving exam in Week 17 (Examination Week).
8. Specific policies related to each method of evaluation are detailed under the descriptions of each evaluation method in course outline Part B.
9. Students will participate in a verbal and/or written evaluation of the course at mid-term and at the end of the course.

**Please note:** The course outline is a statement of educational intent and direction. It is not to be construed as a contract to deliver instruction or to guarantee learning. BCIT reserves the right to amend this outline in cases where unforeseen circumstances necessitate the alteration of course content, sequencing, timing or evaluation. In such cases, students will be given as much notice as possible.

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### Course Evaluation:

#### A. Group Process Skills — 15% of total mark

##### Purpose

1. To promote learning within the group.
2. To develop skills which are integral to teaching patients and professional groups.

3. To continue to improve ability to facilitate group process within own NURS 4000 group.
4. To develop skills that enhance leadership ability within own nursing practice.
5. To demonstrate a high level of professionalism by being accountable and responsible for maintaining group norms.

### **Guidelines**

1. Each group will establish group norms in their first group session. These will include such issues as ways to deal with lateness, missed work, assignment of topics, role and selection of chairperson, use of agendas and other issues.
2. The last 15–20 minutes of each scheduled group session will be devoted to evaluating group process (debriefing).
3. All group members are responsible for contributing to effective group dynamics. If problems arise, then the group must decide how to resolve difficulties in order that the work of the group is not impaired.

### **Policies**

1. Students will evaluate their own group process skills and that of their group members on a weekly basis using the Group Skills Evaluation Tool (see Appendix A).
2. Formal feedback will be given at mid-term and during week 16. The format for giving and receiving feedback will be decided by the group.
3. Students will be marked in each of the following components of effective group participation for a total of 15% of the final mark:
  - Teaching skills — 5%
  - Facilitation skills — 5%
  - Professionalism — 5%

The mark will be determined by averaging the tutor's mark (50%) and the students mark (50%). Each component has essential criteria. If the tutor OR a majority of group members determine that an essential criterion is not met, then the student will obtain zero for that component. Refer to Appendix A.

4. Students will be given advanced warning if any of their group process skills are unsatisfactory. A remedial plan may be developed by the group as a whole.

### **B. Problem Solving Exam — 15% of total**

The problem solving exam will be based on the first health situation discussed. Situations in the exam will not be limited to the specific situation provided in the data sheet. For example, you are expected to learn about diabetes which includes both Type 1 and Type 2, so either type may be tested.

The exam will be completed in class time on **Tuesday, February 16, 0830–0930 hrs.**

Situations will be given and the student will mainly be required to:

- determine assessments that are required.
- diagnose problems based on the data provided.
- identify independent and collaborative nursing interventions.
- provide theoretical rationale for nursing actions.
- anticipate the requirements of the health care team.
- initiate health promotion in given situations.

### **Policies**

1. When students provide more information than is required, the tutor will select the answers in the order that they are provided.
2. Answers will be deemed correct only if they are based on the data actually provided in the situation.

### **C. Final Examination — 35% of total grade (100 marks)**

The final exam uses the same format as the problem solving exam (Week 7) and is subject to the same policies. It is a comprehensive exam which uses four patient situations. The exam is written in Examination Week (17), the time and date TBA.

### **D. Scholarly Paper — 35% of total marks (100 marks)**

#### **Purpose**

The purpose of this paper is to critically evaluate the application of theoretical knowledge to the care of two patients in a practicum setting. Theory will be derived from one of the following concepts:

- Healing
- Coping
- Stress
- Loss/Grief
- Dying
- Pain (acute or chronic)

This paper serves to assist in meeting the following RNABC Standard for Nursing Practice:

- Competent Application of Knowledge (*Standard #3, RNABC, 1998*).

#### **Implementation**

Students will apply theoretical knowledge by addressing one of the following competencies required of the new graduate (RNABC, 1998):

- *Performs and refines client assessments (Competency #4)*
- *Intervenes: puts theory into action (Competency #5)*
- *Intervenes: teaches clients, verifies learning (Competency #7)*

For relevant indicators to be considered under each competency see Appendix B.

### Limitations

This paper is not a research study as it does not involve generating new theory or testing new interventions. Application of each competency (patient assessment, nursing intervention or teaching plan) must be appropriate to the practicum setting and the selected patients.

**Policies related to writing the paper:** The paper must conform to APA Guidelines and conventions for professional writing.

The following policies are related to this paper:

1. The paper must be submitted to the tutor's mailbox by 1600 hrs on the due date.
2. Late papers will have a deduction of 5% of the total mark deducted for each day late (Monday to Friday) unless an extension is negotiated in advance of the due date. The only acceptable grounds for an extension is illness and such a request must be accompanied by a physician's note.
3. Papers must generally conform to APA Guidelines and conventions for professional writing in order to be accepted by the tutor for marking. If a paper is found to significantly deviate from the acceptable standard, then the paper will be returned to the student to be rewritten before marking and the paper will be penalized by 10% of the total possible mark (10 marks). This is over and above subsequent deductions under the marking criteria for "conventions for professional writing." If a paper has been returned to the student, then he/she must not make any changes to the content of the paper except to make corrections to writing structure, mechanics and/or APA format as required by the tutor. The paper will be resubmitted within 7 calendar days. The late penalty will be applied after 7 days. If the resubmitted paper continues to be of an unacceptable standard, then the paper will be given a 0 grade.
4. Students who behave unethically in the course, for example plagiarizing the work of others, may be prohibited from completing the course (see BCIT Plagiarism Policy).

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### Implementation Guidelines/Timeline

1. It is recommended that you discuss the proposal with your tutor prior to submitting it for marks.
2. Due date: **Tuesday, March 2, 1600 hours** in the tutor's box.
3. The tutor must "sign off" the Explanatory Letter prior to implementing the Proposal.

### Weeks 1-2

1. Select a concept (Healing, Coping, Stress, Loss/Grief, Dying, or Pain) which you have not developed in a previous assignment and which is relevant to your practicum.

2. Conduct a search of the literature and decide on which of the three options you would like to use as a means of applying theory to practice. You will use a minimum of 8–10 sources that assist you to apply the concept to your practice. At least 3 of these references should relate to your selected competency (assessment tool, nursing intervention or teaching plan) and at least one of these articles will be a research study that provides direction in relation to implementing the competency.

### **Weeks 3–9**

Draft a proposal outlining your plan for implementing the selected concept/competency and submit this to your tutor in Week 9. Specific directions and marking criteria will be provided in a separate document.





## APPENDIX A – GROUP SKILLS EVALUATION TOOL

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**EFFECTIVE TEACHING SKILLS**

- ☐ Covers assigned topic thoroughly and at an appropriate depth
- ☐ Credible and demonstrates a good knowledge of subject
- ☐ Presenting style is clear, confident and articulate
- ☐ Teaching methods and teaching aides promote learning
- ☐ Promotes active learning by discussion, effective use of questioning and other “active” strategies.
- ☐ Evaluates that learning is taking place (eg by “reading” body language, clarifying, etc.)
- ☐ Completes teaching session within an appropriate time frame.
- ☐ Uses original sources consistently and at least one research article ( essential criterion)

*Comments:*

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**2.FACILITATION SKILLS**

- ☐ Actively participates in analyzing learning issues and assigning topics for presenting
- ☐ Shares knowledge and experience of own initiative
- ☐ Clarifies and asks relevant questions thereby stimulating discussion
- ☐ Articulates ideas clearly and logically
- ☐ Uses facilitation skills such as clarifying and summarizing effectively
- ☐ **Participates actively and appropriately eg (essential criterion)**
- ☐ Encourages other group members to participate
- ☐ Offers constructive feedback to individuals and the group as a whole
- ☐ Helps to keep group members “on target”
- ☐ Maintains a positive, goal directed attitude and conveys interest and enthusiasm
- ☐ Recognizes and raises awareness of problems within group
- ☐ **Facilitation skills are utilized consistently eg the group member is present, punctual and attentive to the group in a consistent manner (essential criterion)**
- ☐ **Chairs meetings effectively (essential criterion)**

*Comments:*

/10

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**5. PROFESSIONALISM**

- ☐ Attendance is >90% (essential criterion)
- ☐ Consistently punctual (essential criterion)
- ☐ Participates actively and appropriately (essential criterion)
- ☐ **Accountable & Responsible eg carries full share of workload & “delivers” what is promised (essential criterion)**
- ☐ Accepts feedback from group in an open manner
- ☐ Able to change own behaviour as needed
- ☐ **Courteous and respectful of others ( essential criterion)**

*Comments:*

/10

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**Note: failure to meet essential criteria results in a loss of 10-30 marks (5-15%). This occurs when the tutor or a majority of the group members find that an essential criterion (or criteria) is unmet.**

Group Member: \_\_\_\_\_ Evaluator: \_\_\_\_\_



### Entry Level Competencies

Note: Highlighted indicators (in bold) indicate the level that should be addressed in this paper.

#### 3. **Performs and Refines Client Assessments**

- 3.1 Uses the unit's usual assessment tools to guide data collection of assessing clients (practicing independently).
- 3.2 Customizes standardized assessment tools to individualize them to the client's particular needs (practicing independently).
- 3.3 **Employs additional assessment tools and techniques for finer detail and discrimination (with peer consultation).**
- 3.4 **Consults with the literature, colleagues and other sources in selecting appropriate assessment tools and techniques (with peer consultation).**
- 3.5 **Performs comprehensive and holistic nursing assessments for:**
  - a. stable neonates, infants, children, adolescents, adults, elderly adults and families (practicing independently).
  - b. **unstable adolescents, adults, elderly adults (with peer consultation).**
- 3.6 **Uses various techniques of data collection with clients: observation, interviewing, inspection, auscultation, and palpation.**
- 3.7 Refines and extends client assessment information (practicing independently) by:
  - a. **collecting data from a variety of sources (client, family, other health team members and documentation).**
  - b. **using initial assessment findings to focus on additional and more detailed assessments.**
  - c. **incorporating the determinants of health (income, social status, education, employment, work conditions).**
  - d. **analyzing and interpreting data from client assessments.**
- 3.8 Collaborates with clients to perform a holistic assessment (practicing independently) of the following needs: physical, emotional, psychological, cognitive, social, spiritual, developmental, cultural, information and education.
- 3.9 Collaborates with stable clients (practicing independently) **and unstable clients (with peer consultation) to identify their health problems and issues.**
- 3.10 Anticipates for stable clients (practicing independently) and for **unstable clients (with peer consultation) potential health problems or issues and their resultant consequences.**

## **5. Intervenes: Puts Theory Into Action**

- 5.1 Uses evidence-based knowledge from nursing, health sciences and related disciplines to select and individualize nursing interventions (practicing independently).
- 5.2 Selects and implements nursing interventions which reflect a variety of theories (family theories, communication theories, system theories) with individuals and families (practicing independently).
- 5.3 Performs nursing interventions as directed by care plan established for the client for:
  - a. stable neonates, infants, children, adolescents, adults, elderly adults and families (practicing independently).
  - b. stable groups and populations (with peer consultation).
  - c. unstable children, adolescents, adults, elderly adults (with peer consultation).
- 5.4 **Performs a range of nursing interventions:**
  - a. simple (assisting ambulation or hygiene, basic dressing changes, teaching relaxation) (practicing independently).
  - b. complex (facilitating group processes, initiating IV infusions, debriefing critical incidents) (with peer consultation).
  - c. specialized (pre and post ECT care, establishing client-controlled analgesics, managing arterial lines) (under direction).
  - d. **developing creative, innovative interventions that go beyond the established plan of care (under direction).**
- 5.5 Manages multiple nursing interventions simultaneously for stable clients (practicing independently) and for unstable clients (with peer consultation).
- 5.6 **Negotiates with the client to determine when consultation is required with other health team members or other health-related sectors (practicing independently).**
- 5.7 **Makes formal referrals to other health team members and other health-related sectors for clients who require consultation (practicing independently).**
- 5.8 **Includes the family in client's care delivery (with the client's consent) (practicing independently).**
- 5.9 Assists stable clients (practicing independently) to establish and maintain satisfying and healthy relationships within the family and community.
- 5.10 Assists stable clients (practicing independently) and **unstable clients (with peer consultation) to select choices which will support positive changes in their affect, cognition and behavior.**
- 5.11 **Supports clients to draw on own assets and resources for self-care and health promotion (practicing independently).**

- 5.12 Encourages clients to seek out support groups for mutual aid and support (practicing independently).
- 5.13 Practices independently to perform nursing interventions (actions, treatments, techniques) which:
  - a. promote health
  - b. prevent disease and injury
  - c. maintain and restore health
  - d. promote habilitation
  - e. foster habilitation
  - f. provide palliation.
- 5.14 Uses appropriate technology to perform safe, effective and efficient nursing interventions (practicing independently).
- 5.15 Applies safety principles and protective devices consistently in client interactions (practicing independently).
- 5.16 Reports situations which are potentially unsafe for clients (practicing independently).
- 5.17 Responds appropriately to rapidly changing situations which affect client health or safety (practicing independently).
- 5.18 For clients experiencing difficulty protecting self, provides support and protection.

## **7. Intervenes: Teaches Clients, Verifies Learning**

- 7.1 Provides general health-related information to individuals, families and populations (practicing independently) and to groups (under direction).
- 7.2 Individualizes health-related information to meet client's specialized needs for:
  - a. children, adolescents, adults, elderly adults and families (practicing independently).
  - b. neonates, infants, groups and populations (with peer consultation).
- 7.3 Selects appropriate media and learning strategies to meet client learning needs for individuals, families, and groups (practicing independently).
- 7.4 Addresses clients' learning needs (practicing independently):
  - a. assesses the learning needs of clients.
  - b. develops learning plans for clients.
  - c. implements simple learning plans for clients.
  - d. verifies whether clients have grasped essential information and skills.

**Taken from:** *Registered Nurses Association of British Columbia (1998). Competencies required of a new graduate. Pub. No. 181, Rev. 02/98. Author.*