



MAY - 2 2002

**Course Outline**

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

Program: Bachelor of Technology in Nursing

**NURS 4000****Applied Nursing Science 4****Start Date:** January 9, 2001**End Date:** May 1, 2001**Course Credits:** 3.5**Term/Level:** 4**Total Hours:** 51**Total Weeks:** 17**Hours/Week:** 3**Lecture:****Lab:****Shop:****Group Work:** 3**Prerequisites**

Course No.	Course Name
NURS 3000	Applied Nursing Science 3

**NURS 4000 is a Prerequisite for:**

Course No.	Course Name
NURS 4530	Nursing Practicum 5
NURS 7630	Nursing Practicum 6

**Course Goals**

Nursing 4000 fosters students' ability to work independently and collaboratively, to explore health problems and issues from a professional nursing perspective.

**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. There will be particular emphasis on the concept of health promotion.

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. Students will individually present their findings in a way that facilitates learning for all group members. Exploration of each situation will culminate in the formulation of an individualized nursing care plan that addresses all relevant patient problems.

Each patient situation is dynamic. Students develop their critical thinking skills by diagnosing and managing new problems that arise as the patient's condition changes.

The teaching/learning strategy used in this course is problem-based learning.

## 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.

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## Evaluation

1. A concept paper that applies the concept of health promotion to the care of a patient in the Level 4 practicum setting — 35% of total marks. Refer to Course Outline Part B for policies and other information related to the concept paper.
  2. 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 using a rating scale. Refer to Course Outline Part B for policies and other information related to assessment of group participation.
  3. A problem-solving exam based on the first health-related situation — 15% of total marks.
  4. A final examination based on all three health-related situations discussed in Level 4 — 35% of total marks.
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## Course Learning Outcomes:

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

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, professional writing or own practice.
4. appraise health problems by monitoring contextual influences, explaining 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. Tony Angelini is a 52-year-old man who was admitted to VGH Emergency with a diagnosis of diabetic ketoacidosis and arteriovascular insufficiency of the left leg. Mr. Angelini moved to Vancouver from High River, Alberta 10 days ago.
2. Helen Hames is an 81-year-old woman who was admitted to the VGH medical ward two days ago with heart failure and dementia NYD. She has a history of angina and had a myocardial infarction three years ago. She lives at home with her 85-year-old husband.
3. Arthur Bell is a 55-year-old man who was struck by a car outside his lodging at the Portland Hotel at 0200 hours two days ago. He was brought in unconscious to VGH Emergency with a diagnosis of craniocerebral trauma, alcohol abuse and liver failure. His last known admission was for treatment of shock secondary to gastric bleeding. He has just been transferred to your medical ward from Neuro ICU.

### B. Concepts:

1. The concept of Health Promotion\* (HP) is a focus for NURS 4000 and will be applied to each of the three situations. In addition, the application of HP will be the topic of the concept paper.
  - \* The concept of HP includes the following content (sub-concepts) learned in earlier levels: determinants (prerequisites) of health; illness/injury prevention, nutrition, patient education and community resources.
2. The following concepts will be considered when discussing each situation:
  - ▶ Growth and Development
  - ▶ Culture
  - ▶ Ethics
  - ▶ Law
  - ▶ Illness\*
  - \* The concept of Illness includes epidemiology, level of acuity (acute/chronic), illness assessment, illness/injury prevention, and illness management (curative, rehabilitative, supportive).
3. Students will apply a concept from a previous level when it is central to understanding a new situation.
4. 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. In the acute care situations that are presented to them, students analyze data in a holistic manner, identify actual problems, anticipate potential problems and prepare nursing care plans. Students discuss health promotion with a focus in an acute care setting. They develop a further understanding of the professional role of the nurse. Students are expected to be accountable and responsible for following through with the work they have agreed to do.

### Process Threads Relevant to this Course (cont'd)

**Communication:** Working effectively in teams is 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. All students monitor group functioning by assessing their own and other student's facilitation skills. Verbal and written feedback/discussion is thoughtful. The academic use of APA is expected in essay writing. This assists students to appreciate the standards for written communication in nursing. Students improve computer literacy by using Internet course material and other data bases.

**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. Students investigate issues in nursing. They raise questions about nursing practices and explore alternatives. Students develop reflective skepticism regarding nursing practice.

**Professional Growth:** 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. Students develop learning partnerships with peers and instructors to explore learning needs and opportunities and act to improve and enhance their performance. Students consult with health professionals in hospitals and in the community to obtain relevant information. Students reflect on own values, beliefs and assumptions about growth and development, ethnicity, health promotion, health/ illness and nursing concepts. Students value updating their own knowledge. Students evaluate sources of knowledge that are used in their practice. Students assume responsibility for learning and becoming self-starters. Students are responsible and accountable for their actions.

**Creative Leadership:** Students will demonstrate credibility, assertiveness, problem solving, judgement, and initiative within the group. Students use facilitation skills within groups to function productively. Students will propose creative ways of solving problems related to health situations. Students appreciate the role of nursing in the health care system.

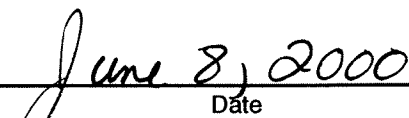
**Technical Skill:** In the health situations they are studying, students discuss relevant technical skills with the emphasis on understanding the rationale and anticipating nursing responsibilities associated with the skills.

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### Course Content Verification

I verify that the content of this course outline is current, accurate, and complies with BCIT Policy.

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

  
\_\_\_\_\_  
Date

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



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

Program: Nursing

**NURS 4000**

**Nursing and Health Issues 4**

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### **Instructor(s)**

Linda Brazier (in charge)	432-8918
Maureen Hornak	432-8917
Anne Houseman	432-8686
Susan Rowe-Sleeman	451-6946
Alison Taylor	432-8913

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### **Learning Resources:**

#### **Required:**

Course specific:

- Carpenito, J. (1999). Nursing care plans and documentation: Nursing diagnosis and collaborative problems (3rd Ed.). Philadelphia: Lippincott.

Generic texts:

Code of ethics  
Standards for nursing practice  
Health assessment  
Nursing-medical dictionary  
Pharmacology handbook  
Laboratory and diagnostic handbook  
Medical-surgical nursing text

Articles and text excerpts: see course outline for additional required readings that are available on reserve in the BCIT Library.

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### **Course Record:**

Developed by: Linda Brazier, RN, MSN  
Instructor(s)

Date: 1998

### SITUATION #1: Tony Angelini

Tony Angelini is a 52-year-old man who was admitted to VGH Emergency with a diagnosis of diabetic ketoacidosis and arteriovascular insufficiency of the left leg. Mr. Angelini moved to Vancouver from High River, 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 day reserve in the library.

#### Diabetes:

#### Required Readings

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

Berdanier, C. (1999). Diabetes mellitus: A genetic disease. *Nutrition Today*, 43(2), 89–98.

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.

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

Diabetic News. (1997). Alcohol and its impact on Type 2 diabetes. *Author*, 5(2), 3–5.

Gray, M. (1997). Historical developments in the drug therapy of diabetes. *Orthopedic Nursing*, 16(2), 81–87.

Halpin-Landry, J., & Goldsmith, S. (1999). Feet-first: Diabetes care. *American Journal of Nursing*, 99(2), 26–34.

Hernandez, D. (1998). Microvascular complications of diabetes: Nursing assessment and intervention. *American Journal of Nursing*, 98(6), 26–32.

Hicks, D. (1999). Diabetes education — Whose responsibility? *Journal of Community Nursing*, 13(2), can be read at: [http://www.jcn.co.uk/2\\_2\\_7.htm](http://www.jcn.co.uk/2_2_7.htm).

Meltzer, S., Leiter, L., Daneman, D., Gerstein, H.C., Lau, D., Ludwig, S., Yale, J.F., Zinman, B., & Lillie, D. (1998). 1998 clinical practice guidelines for the management of diabetes in Canada. *Canadian Medical Association Journal*, Oct. 20, 1998 (159), S1–S24.

- Vallis, T. Michael. (1998). Understanding diabetes non-adherence: Psychosocial factors associated with poor self-care. *Canadian Journal of Diabetes Care*, 22(4), 13–21.
- Ward-Collins, D. (1998). "Noncompliant" ... Isn't there a better way to say it. American Journal of Nursing can be read at: [http://www.nursingcenter.com/continuing/ce/Viewarticle.CFM?ART\\_ID=a0805026&part=1](http://www.nursingcenter.com/continuing/ce/Viewarticle.CFM?ART_ID=a0805026&part=1).
- Wolever, T., et al. (1999). Guidelines for the nutritional management of diabetes mellitus in the new millennium: A position statement by the Canadian Diabetes Association. *Canadian Journal of Diabetes Care*, 23(3), 56–67.

## Resources

### 1. *Journal articles*

Savinetti-Rose, B., & Bolmer, L. (1997). Understanding subcutaneous insulin infusion therapy from the American Journal of Nursing can be read on-line at: [http://www.nursingcenter.com/continuing/ce/Viewarticle.CFM?ART\\_ID=a703042&part=1](http://www.nursingcenter.com/continuing/ce/Viewarticle.CFM?ART_ID=a703042&part=1).

### 2. *The Good Health Eating Guide* (on reserve)

### 3. *Videos*

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

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

### 4. *Websites*

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

Join Medscape.com and then visit <http://endocrine.medscape.com/PCI/diabetes/public/diabetes-about.html>.

### 5. *Community Resources*

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

***Acid-base Balance:***

**Required Readings**

Tasota, F.J., & Wesmiller, S.W. (1998). Balancing act: Keeping blood pH in equilibrium. *Nursing 98*, December, 34–40. <http://www.springnet.com>.

**Resources**

1. **Video:** Concept Media: VC2868

Program 1: The ups and downs of pH

Program 2: Respiratory alkalosis and acidosis

Program 3: Metabolic alkalosis and acidosis

***Peripheral artery occlusive disease:***

**Required Readings**

Rice, K. (1998). Navigating a bottleneck. *Nursing 98*, February, 33–38. <http://www.springnet.com>.

Walsh, E. (1998). Bypassing the bottleneck surgically. *Nursing 98*, February, 39–44. <http://www.springnet.com>.

### SITUATION #2: Helen Hames

Helen Hames is an 81-year-old woman who was admitted to the VGH medical unit two days ago with 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 85.

#### Cardiac problems:

#### Required Readings

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

Ashour-Arnold, S. (1999). Acute myocardial infarction: Early recognition and management from the home health nurse's perspective. Lippincott Williams & Wilkins Continuing Education Online.  
[http://www.nursingcenter.com/continuing/ce/Viewarticle.CFM?ART\\_ID=HHN806379&part=1](http://www.nursingcenter.com/continuing/ce/Viewarticle.CFM?ART_ID=HHN806379&part=1).

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

Garrett, A.P. (1997). Assessing cardiovascular status in the older adult with cognitive impairments. *The Journal of Cardiovascular Nursing*, 11(4), 1–11.

Harrison, H. (1999). Troponin I. A new cardiac marker is revolutionizing the diagnosis of MI. *AJN*, 99(5), 24TT.

Hiller, G.A. (1999). Atrial fibrillation. Soothing the savage beat. *Nursing* 99, Feb., 26–31.

Newton, J.L. (1998). Angina pectoris: A cry from the heart. *Nursing* 98, August, 58–60.  
<http://www.springnet.com>.

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

Rockwell, J. (1999). Heart failure. Deciphering the exact cause will determine the success of treatment. *AJN*, Oct 99(10), p. 24BB.

Siomko, A.J. (2000). Demystifying cardiac markers. *AJN* 100(1), 36–40.

## Resources

### 1. Videos

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

### 2. Community 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:

### Required Readings

#### 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.

Phinney, A. (1998). Living with dementia from the patient's perspective. *Journal of Gerontological Nursing*, June, 1998, 8-15.

- 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.

## Resources

### 1. Videos

- Alzheimer's Disease. A Practical Approach to Problem Behavior. VC 4338.
- Mental State Examination of the Demented Adult. VC 5850.
- Problem Behaviors in Geriatrics — Agitation and Restlessness (VC6328. Note: 7 other videos in this series available in the library.)

### 2. Community 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/Elder Abuse:

### Required Readings

#### 1. Journal Articles:

- Beaulieu, M., Gravel, S., & Lithwick, M. (1999). Older adult mistreatment: Dynamics in personal relationships. *The Newsletter of the Gerontology Research Center, Simon Fraser University*, 17(4), 8–10.
- 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.

## Osteoporosis:

### Required Readings

- Galsworthy, T.D., & Wilson, P.C. (1996). Osteoporosis: It steals more than bone. *AJN*, 96(6), 27–34.  
<http://www.ajn.org/ajn>.

### SITUATION #3: Arthur Bell

Arthur Bell is a 55-year-old man who was struck by a car outside his lodging at the Portland Hotel at 0200 hours two days ago. He was brought in unconscious to VGH Emergency with a diagnosis of craniocerebral trauma, alcohol abuse, and liver failure. His last known admission was for treatment of shock secondary to gastric bleeding. He has just been transferred to your medical ward from Neuro ICU.

#### ***Social and Political Contexts:***

#### **Resources**

1. **Video:** Liz Evans Profile (call # TBA. This describes a nurse advocate's work with residents of the Portland Hotel.)

#### ***Neurological Problems:***

#### **Required Readings**

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. 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.

#### **Resources**

1. **Community Resources**

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

## **Substance Abuse Problems: Alcoholism:**

### **Required Readings**

#### 1. 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.

Smith, B.A. (1998). The problem drinker's lived experience of suffering: an exploration using hermeneutic phenomenology. *Journal of Advanced Nursing*, 27, 213–222.

Willer, T.W., & Geraci, E.B. (1997). Head injury in the presence of alcohol intoxication. *International Journal of Trauma Nursing*, 3(2), 50–55.

#### 2. Assessment tool:

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

### **Resources**

#### 1. **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:**

### **Required Reading**

1. Medical-surgical textbook. Section on Liver Failure and Cirrhosis Complications.

2. Pharmacology text: Medications to Treat Hepatic Encephalopathy (Lactulose & Neomycin).

#### 3. Journal Articles:

Carr, L. (1997). The last visit. *Gastroenterology Nursing*, 20(5), 184–185.

Huston, C.J. (April, 1996). Ruptured esophageal varices. *AJN*, 96(4), 43.

Kelso, L.A. (August, 1992). Fluid and electrolyte disturbances in hepatic failure. *AACN*, 3(3), 681–685.

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

Wright, I.O. (1998). Esophageal varices: Treatment and implications. *Gastroenterology Nursing*, 21(1), 2–5.

**Shock:**

**Required Readings**

Philip, C. (1998). Streptococcal necrotizing fasciitis: Recognizing and treating a hidden killer. *Nursing BC*, March–April, 14–15.

Sandrock, J. (1998). Treating traumatic hypovolemia: Which fluid to choose? *Nursing 98*, January, 32–46.  
<http://www.springnet.com>.

Tangreti, M. (1998). Septic shock. *AJN*, 98(3), 46.

**Resources**

1. **Video:** Shock VC3367 (critical care focus — good patient simulation).

**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).

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**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. Five criteria are solely marked by the tutor. Refer to Appendix A for details. Students will submit a written evaluation of self and other group members at mid-term (formative evaluation) and in week 16 (summative evaluation).
4. The concept paper must conform to APA Guidelines and conventions for professional writing. The paper will be returned prior to marking and the late penalty will be invoked if this paper is of an unacceptable standard.
5. Students will be responsible for teaching their group members in a way that facilitates learning within the group.
6. Students will write a problem solving exam during Week 8 and a final comprehensive problem solving exam in Week 17 (Examination Week). **Students must achieve an average of 50% of the weighted average on these two exams in order to pass the course.** For example,  $8/15$  (mid-term) +  $17/35$  (final) =  $25/50$  and therefore is a passing grade.
7. Specific policies related to each method of evaluation are detailed under the descriptions of each evaluation method in course outline Part B.
8. Students will participate in a written evaluation of the course in week 16.

**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 group feedback will be given at mid-term (formative evaluation) using the Group Skills Evaluation Tool. The format for giving and receiving feedback will be decided by the group. It is important that group members receive accurate feedback at this time so that they are able to formulate a plan to improve problem areas.
3. The final mark will be determined by averaging the tutor's mark (50%) and the students mark (50%) for a total of 15% of the course mark. Criteria related to attendance and evaluation will be solely marked by the tutor. The tutor reserves the right to remove any evaluation form that is inappropriate.

### **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 **Week 8**. (See class schedule.)

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 mid-term problem solving exam and is subject to the same policies. It is a comprehensive exam which uses 3–4 patient situations. The exam is written in Examination Week (17), the time and date TBA.

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

***“Health Promotion: Bridging the Gap Between Theory and Practice”***

Health promotion is an important part of the nurse’s role. Although you have been introduced to the concept of health promotion in earlier levels, this concept has a special focus in NURS 4000.

**Purpose**

1. To describe and analyze the concept of health promotion (HP) in order to acquire a breadth of knowledge of the concept.
2. To assess the health promotion needs of an individual patient who is experiencing a health problem prevalent in your practicum setting.
3. To prepare a plan to address a specific health problem or issue with your patient, for the purpose of health promotion.

**Course Outcomes**

The concept paper will assist the student to meet the following course outcomes:

1. Develop a theory base related to complex health problems and selected concepts.
2. Effectively utilize a problem-solving process to formulate a plan to address any health related problem independently.
3. Critically evaluate literature, research findings and other resources in relation to accuracy, relevance and utility before using in professional forums, professional writing 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.

**Policies**

1. The BCIT policy in relation to cheating and plagiarism is in effect (#5250). Students will submit **two** copies of the HP paper to their tutor. One copy will be retained by the course leader for the sole purpose of monitoring for plagiarism.

2. Failure to reference a source once will result in a loss of four marks related to APA format. Repeated instances of this will constitute a violation of the plagiarism policy.
3. Papers must be submitted by 1600 hours directly to the tutor by the due date. Late papers will have a deduction of 5% of the total mark for each day late (Monday to Friday) unless an extension has been negotiated in advance of the due date. The only acceptable grounds for an extension is illness and this must be supported by a physician's note. If a late paper is handed in on a day when the tutor is not available, then the student must personally submit the paper to the Year 2 coordinator and notify the tutor. It is the student's responsibility to ensure that the paper is safely transferred to the tutor or co-ordinator.
4. The paper must conform to APA guidelines and conventions for professional writing. If a paper is found to *significantly* deviate from this standard, then the paper must be rewritten before it is marked and will be subjected to a late penalty (Monday to Friday) which will commence on the day it is returned to the student by the tutor. Therefore, the *minimum* penalty is 5% of the total mark.
5. An actual patient must be interviewed using the interview tool. Tutors may consult with the practicum instructor about the submitted paper. Patient confidentiality is maintained.
6. **The paper will be a maximum of 20 typed pages. This does not include the Reference List and Appendices.**

**Note:** An Outline and Marking Criteria will be distributed in the first class.

## NURS 4000 Group Skill Evaluation Tool

**Purpose:** This tool is designed to provide accurate information to self and other group members so that this information can be utilized to improve group process skills. The form is also used to assign a final mark.

**Instructions:** Rate yourself and each group member on each criterion using the following scale. Please provide comments on the back of this page.

A	B	C	D
<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>Exceeds criteria</b>	<b>Meets criteria</b>	<b>Needs improvement to meet criteria</b>	<b>Fails to meet criteria</b>

### THE GROUP MEMBER DEMONSTRATES EFFECTIVE TEACHING SKILLS BY:

1. Covering the assigned topic thoroughly and at an appropriate depth.
2. Using current literature and relevant resources for all teaching sessions.
3. Demonstrating a good knowledge of the subject that is being taught.
4. Conveying credibility by being clear, confident and articulate.
5. Promoting learning by using effective teaching methods and aides.
6. Promoting active learning through discussion, questioning techniques and other participatory strategies.
7. Evaluating that learning is taking place by "reading" body language, clarifying, etc.
8. Supporting ongoing learning by providing good handouts.
9. Completing teaching sessions within an appropriate time frame.

### THE GROUP MEMBER DEMONSTRATES EFFECTIVE GROUP FACILITATION SKILLS BY:

10. Actively participating in analyzing learning issues and assigning topics.
11. Sharing knowledge and experience of own initiative.
12. Stimulating discussion by asking relevant questions.
13. Articulating ideas clearly and logically.
14. Participating actively in an appropriate manner.
15. Encouraging other group members to participate.
16. Offering constructive feedback to individuals and the group as a whole.
17. Helping to keep group members focused and "on target."
18. Maintaining a positive, goal directed attitude and conveying interest and enthusiasm.
19. Recognizing and raising awareness of problems within group.
20. Using advanced skills such as clarifying, redirecting and summarizing.
21. Chairing meetings effectively.

### THE GROUP MEMBER DEMONSTRATES PROFESSIONALISM BY:

22. Being accountable and responsible, e.g., carrying full share of workload and "delivering" what has been promised.
23. Accepting feedback from the group in an open manner.
24. Changing own behavior as needed.
25. Being courteous & respectful of others (includes notifying appropriate person re lateness etc).

### The following criteria will be marked by your tutor (Agree or Disagree):

26. Discusses and references at least one relevant research article per term.
27. Attends all group sessions. Note: BCIT attendance policy is in effect.
28. Is consistently punctual.
29. Completes the Group Skills Evaluation for self appropriately.
30. Completes the Group Skills Evaluation for group members appropriately.

**Note:** The tutor reserves the right to delete any evaluation that is deemed inappropriate.