



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 4000**Applied Nursing Science 4****Start Date:** August 17, 2004**End Date:** November 30, 2004**Total Hours:** 51 **Total Weeks:** 17**Term/Level:** 4 **Course Credits:** 3.5**Hours/Week:** 3 **Lecture:** **Lab:****Shop:** **Group Work:** 3**Prerequisites****NURS 4000 is a Prerequisite for:****Course No.** **Course Name****Course No.** **Course Name**

NURS 3000 Applied Nursing Science 3

NURS 7030 Nursing Practicum 5

■ Course Description (required)

The teaching/learning strategy used in this course is problem-based learning. Using this strategy, 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 in an acute care setting.

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.

■ 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 a maximum of 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

Professional Paper	25%
Group Skills	15%
Midterm Exam	20%
Final Exam	40%
TOTAL	100%

Comments: Refer to Assignment Details at the end of this course outline for guidelines, policies and criteria for achieving a passing grade, related to each method of evaluation.

■ Course Learning Outcomes/Competencies

Upon successful completion, 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 and in a group, and to individualize this plan to a patient.
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 Smith 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. Smith 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 George 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 traumatic brain injury (TBI), alcohol abuse and liver failure. His last known admission was for treatment of shock secondary to gastric bleeding. Mr. George has just been transferred to your medical ward from Neuro ICU.

B. Concepts:

1. The following concepts will be considered when discussing each situation: growth and development; ethnicity; law and ethics; illness*; and health promotion**.
 - * The concept of Illness includes epidemiology, level of acuity (acute/chronic), illness assessment, illness/injury prevention and illness management (curative, rehabilitative, supportive).
 - ** 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. 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 is physical and socioeconomic.

■ 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 provided, students analyze data in a holistic manner, identify actual problems, anticipate potential problems and prepare nursing care plans. They discuss health promotion with a focus in an acute care setting. Students develop a further understanding of the professional role of the nurse. They are accountable and responsible for following through with the work they have agreed to do.

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 the Internet and other databases.

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, law and ethics, in relation to their nursing practice. 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. They 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.

■ Verification

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

Linda D. Brayer
Authoring Instructor

June 28, 2004
Date

I verify that this course outline has been reviewed.

Anne Hammer
Program Head/Chief Instructor

July 12, 2004
Date

I verify that this course outline complies with BCIT policy.

Freeman
Dean/Associate Dean

July 15/04
Date

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

■ Tutor(s)

Linda Brazier (in charge)	604-432-8918	Anne Houseman	604-432-8686
Maureen Hornak	604-432-8917	Peggy Wyatt	604-432-8782

Note: Office hours will be announced by each tutor on the first class day.

■ Learning Resources

Required:

Davies, B., & Logan, J. (1999). *Reading research* (2nd ed.). Canadian Nurses Association.

Required (Generic Texts):

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

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

■ Information for Students

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

Assignments: Late assignments receive a 10% per day penalty. Refer to the section related to “professional paper” for further details.

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

Ethics: BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating or plagiarism may, therefore, result in a grade of zero for the assignment, quiz, test, exam or project for all parties involved and/or expulsion from the course.

Attendance: The BCIT Attendance policy (#5002) is enforced in NURS 4000. This states that a student may be “...prohibited from completing their course” when the student is absent “for any cause for more than 10% of the time prescribed by the course” (page 16). Students will be formally advised in writing when they are approaching 10% absenteeism. In NURS 4000, this means that they will receive a letter if they have missed a full three-hour group session. If students miss a further three-hour group session, they will have exceeded 10% absenteeism and will be required to meet with the Year 2 Coordinator.

Illness: An approved doctor’s note is required for any illness causing you to miss assignments, quizzes, tests, projects or exam. At the discretion of the instructor, you may complete the work missed or have the work prorated.

Attempts: If a student fails NURS 4000, he/she must meet with the Course Leader, and providing there is a seat available, the student may then register for a second attempt. Two attempts at NURS 4000 is the maximum allowable according to Nursing Program policy.

Students who have not successfully completed a course within three attempts will not be eligible to graduate from the appropriate program.

■ Information for Students (cont'd.)

Course Outline Changes: The material or schedule specified in this course outline may be changed by the instructor. If changes are required, they will be announced in class.

Student Conduct: The BCIT Student Conduct Policy (#5002) is implemented in this course. For example, students who engage in "disruption of instructional activities or services" will be in violation of this policy.

Required Reading: The journal and book sources listed in the reference section are required reading for all students. Required reading articles are available in four binders at the Circulation desk under the **call number NURS 4000**. In addition, most of the articles will be available electronically. Students can access these by:

1. going to the BCIT Library website (www.lib.bcit.ca)
2. selecting the online catalogue
3. searching by title, type in NURS 4000. Note: all links to full text or scanned articles will be listed in blue.

A minority of articles are not available electronically. These articles will be available in the NURS 4000 Reserve binders.

Students who are researching and presenting material to their group are required to utilize additional sources which are to be obtained by the student.

■ Assignment Details

A. Group Skills Evaluation — 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. 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. If a group member is not adhering to the Group Norms then this will be discussed within the group so that the problem can be resolved.
3. The last 15 minutes of each scheduled group session will be devoted to evaluating group process (debriefing).

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. Students will include a review of at least one research article in at least one teaching session, according to criteria.
4. If an individual student is disrupting the learning environment, violating BCIT policy #5002 (attendance, conduct), or is in jeopardy of failing the course, then the tutor will meet with this student in accordance with policy #5002.
5. The final mark will be determined by averaging the tutor's mark (50%) and the student's 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 or incomplete.
Students must achieve a minimum of 50% in their Group Skills mark in order to pass the course.

B. Exams — 60% of total

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.
3. **Students must achieve an average of 50% of the weighted average on these two exams in order to pass the course.** For example, 11/20 (midterm) + 19/40 (final) = 30/60 and therefore a passing grade.

Midterm Problem-Solving Exam — 20% of total

The midterm 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 format will be multiple choice and/or short answer responses. The exam will be completed in class time on **Week 8**.

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.

Final Examination — 40% of total grade (100 marks)

The final exam uses the same format as the midterm problem-solving exam. It is based on the **second** and **third** health situations. The exam is written in Examination Week (17), TBA.

C. Professional Paper: *Bridging the Gap Between Theory and Practice* — 25% of total

Purpose

This paper involves an assessment of a specific patient in an acute care setting and the subsequent identification of a significant patient problem. The student will then perform a literature review of the problem and related nursing interventions. The literature review will include one research study. Based on the relevant patient data collected and the review of the literature, the student will identify patient outcomes (goals), and propose a specific, individualized nursing care plan designed to address the identified problem, from the time of assessment until the anticipated discharge. In addition, the plan will indicate how the nursing interventions will be implemented and evaluated. Finally, the student will reflect on and briefly discuss insights gained by planning to implement theory based and evidence based practice.

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 body of the paper will be 14–16 typed pages (using APA guidelines). The title page, Reference List and Appendices are not included in the calculation of the 15 pages. Papers that exceed 16 pages may have marks deducted (refer to marking criteria related to english conventions).
2. A completed paper must be submitted in order to pass NURS 4000 (**course requirement**).
3. Papers must be submitted by 0830 hours directly to the tutor by the due date (**week 11**). Late papers will have a deduction of 10% 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 an approved 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.

4. An actual patient is assessed in the acute care setting. For the purpose of this paper, the following is **not** acceptable: a patient you have cared for in a previous level, a patient in a community setting; a family member; a friend; or a patient you are caring for while being employed by an agency.
5. Patient confidentiality must be maintained. The patient's name is not used in the paper.
6. The planned interventions are **not** actually implemented with the patient.
7. The paper must conform to APA guidelines (2005) 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 the 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 10% of the total mark.
8. Failure to acknowledge a source once will result in a complete loss of four marks related to APA format. This occurs when another author's ideas are "passed off" as the writer's own ideas. A repeated instance of this will constitute a violation of the plagiarism policy.
9. The BCIT policy in relation to cheating and plagiarism is in effect (#5002). 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.
10. A copy of the research study will be submitted with the paper.

Note: Detailed guidelines and marking criteria will be distributed in the first class.

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 and identifying learning issues (brainstorming).
2. Grouping learning issues to ensure that no overlap occurs.
3. Prioritizing learning issues so that the order of presentation is logical.
4. Presenting/teaching learning issues to group.
5. Analyzing the data sheet (what is known, what is not known) after the teaching sessions are completed.
6. Deciding on what additional material needs to be researched and presented.
7. Formulating an individualized nursing care plan.
8. Discussing issues such as clinical judgment questions.

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).

SITUATION #1: Tony Smith

Tony Smith 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. Smith 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:

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.

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

Hjelm, K., Mufunda, E., Nambozi, G., & Kemp, J. (2003). Preparing nurses to face the pandemic of diabetes mellitus: A literature review. *Journal of Advanced Nursing*, 41(5), 424–434.

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.

James, J. (2001). Hypoglycemia — The down side to the treatment of hyperglycemia. *Canadian Journal of Diabetes Care*, 25(1), 10–11.

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

Tkacs, N. (2002). Hypoglycemia unawareness. *American Journal of Nursing*, 102(2), 34–39.

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.

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.

Community Resources:

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

Resources:

1. *The Good Health Eating Guide* (on reserve)

2. *Videos*

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

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

3. *Websites*

<http://www.diabetes.ca>

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

Acid-base Balance:

Required Readings

Shoulders-Odom, B. (2000). Using an algorithm to interpret arterial blood gasses. *Dimensions of Critical Care Nursing*, 19(1), 36-41.

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

Resources

1. *Video*: Concept Media: VC 2868

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

Walsh, E. (1998, February). Bypassing the bottleneck surgically. *Nursing 98*, 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:

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

Cheek, D. (2003). What's different about heart disease. *Nursing* 2003, 33(8), 36–43.

Davis, S. (2002). How the heart failure picture has changed. *Nursing* 2002, 32(11), 36–44.

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

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

McConnell, E. (1998, February). Assessing jugular venous pressure. *Nursing* 98, 28.

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

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

Szekendi, M. (2003). Compliance with acute MI guidelines lowers inpatient mortality. *Journal of Cardiovascular Nursing*, 18(5), 356–359.

Wyatt, P., & Ratner, P. (2004). Evaluating treatment-seeking for acute myocardial infarction in women. *Canadian Journal of Cardiovascular Nursing*, 14(1), 39–45.

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, BC Phone No. 604-736-4404
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Note: Regional offices for Greater Vancouver are in the phone book.
National Website: www.HSF.Ca
Professional Education Site (Ontario) Website: www.HSFOPE.ORG/

Dementia:

Required Readings

1. Medical-surgical text on dementia/Alzheimer's disease.
2. Journal Articles:

Davis, L. (2001). Assessing functional ability in persons with dementia: Using family caregivers as informants. *Journal of Neuroscience Nursing*, 33(4), 194–202.

DeYoung, S., Just, G., & Harrison, R. (2002, June). Decreasing aggressive, agitated or disruptive behavior. Participation in a behavior management unit. *Journal of Gerontological Nursing*, 23–31.

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

Kurlowicz, L., & Wallace, M. (2002). The mini mental state examination (MMSE). *MEDSURG Nursing*, 11(3), 153–154.

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

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

Maier-Lorentz, M. (2000). Effective nursing interventions for the management of Alzheimer's disease. *Journal of Neuroscience Nursing*, 32(3), 153–157.

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

Souder, E., Chastain, J., & Williams, R. (2002). Dementia in the new millennium. *MEDSURG Nursing*, 11(2), 61–69.

Delirium:

Foreman, M., Wakefield, B., Culp, K., & Milisen, K. (2001, April). Delirium in elderly patients: An overview of the state of the science. *Journal of Gerontological Nursing*, 12-20.

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. VC 6328. (Note: Seven other videos in this series available in the library.)

2. Health Promotion/Community Resources:

Alzheimer's Society of BC
20 – 601 West Cordova Street
Vancouver, BC.
Phone No. 604-681-6350

Note: Regional offices for Greater Vancouver are in the phone book.
Website: www.Alzheimer.Ca

Ethical Issues: 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.

Fulmer, T. (2003). Elder abuse and neglect assessment. *Journal of Gerontological Nursing*, 29(1), 8-9.

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

The Older Adult:

Required Readings:

1. Journal Articles:

Brown, A. & Draper, P. (2003). Accommodative speech and terms of endearment: Elements of a language mode often experienced by older adults. *Journal of Advanced Nursing*, 41(1), 15-21.

Ennis, B. Saffel-Shrier, R. & Verson, H. (2001). Malnutrition in the elderly: What nurses need to know. *Dimensions of Critical Care Nursing*, 20(6), 28-34.

Hamilton, S. (2001, December). Detecting dehydration and malnutrition in the elderly. *Nursing 2001*, 31(12), 56-57.

Office of the Provincial Health Officer (2004). *Prevention of falls and injuries among the elderly*. Victoria, BC: Ministry of Health Planning, 8-13. www.healthservices.gov.bc.ca/pho.

Note: the full report is 95 pages.

Resources

1. Videos

"Step by Step" (2004). A video related to falls prevention in the elderly. **Strongly recommended.**

Osteoporosis:

Required Readings

Curry, L., & Hogstel, M. (2002). Osteoporosis. *American Journal of Nursing*, 102(1), 26-33.

SITUATION #3: Arthur George

Arthur George 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 VH Emergency with a diagnosis of traumatic brain injury (TBI), alcohol abuse and liver failure. His last known admission was for treatment of shock secondary to gastric bleeding. Mr. George has 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 **traumatic brain injury (TBI), 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:
 - Bond, M., Viera, A. and Yates, S. (1999). The "minor" head injury — which patients need CT? *Emergency Medicine*, 31(4), 48–64.
 - Brewer, T., & Therrien, B. (2000). Minor brain injury: New insights for early nursing care. *Journal of Neuroscience Nursing*, 32(6), 311–317.
 - Jastremski, C. (1998). Head injuries. *RN*. December, 1998, 40–44.
 - Lower, J. (2002). Facing neuroassessment fearlessly. *Nursing 2002*, 32(2), 58–64.
 - Maus-Clum, N. (1982, August). Bringing the unconscious patient back safely. Nursing makes the critical difference. *Nursing*, 82, 34–42.
 - Parobek, V., & Alaimo, I. (1996). Fluid and electrolyte management in the neurologically-impaired patient. *Journal of Neuroscience Nursing*, 28(5), 322–328.

Substance Abuse Problems: Alcoholism:

Required Readings

1. Journal Articles

Compton, P. (2002). Caring for an alcohol-dependent patient. *Nursing 2002*, 32(12), 58-63.

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

Smith, B.A. (1998). The problem drinker's lived experience of suffering: An exploration using hermeneutic phenomenology. *Journal of Advanced Nursing*, 27, 50-55.

Sommers, M., Wray, J., Savage, C., & Dyehouse, J. (2003). Assessing acute and critically ill patients for problem drinking. *Dimensions of Critical Care Nursing*, 22(2), 76-83.

2. Assessment tool:

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

Cirrhosis:

Required Reading

1. Medical-surgical textbook. Section on liver failure (cirrhosis) and its complications.

2. Pharmacology text: Medications to treat hepatic encephalopathy (lactulose and neomycin).

3. Journal Articles:

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

McEwen, D. (1998). End-stage alcoholism. *AORNJ*, 68(4), 674-677.

Tasota, F. & Tate, J. (2000). Reading liver function values. *Nursing 2000*, 30(6), 73-75.

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

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

Shock:

Required Readings

1. Medical-surgical textbook. Section on all types of shock: hypovolemic, cardiogenic and distributive (includes septic, neurogenic, anaphylactic).

2. Journal Articles:

Chavez, J. & Brewer, C. (2002). Stopping the shock slide. *RN*, 65(9), 30-35.

Mower-Wade, D., Bartley, M., & Chiari-Allwein, J. (2001). How to respond to shock. *Dimensions of Critical Care Nursing*, 20(2), 22-27.

Resources

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

Group Skills Evaluation Tool for NURS 4000

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: Assign a mark to yourself and each group member for **each criterion #1–20** using the following scale.

3 Marks	2 Marks	1 Mark	0 Marks
Strongly Agree	Agree	Disagree	Strongly Disagree
Exceeds criteria consistently	Meets criteria fairly consistently	Needs improvement to meet criteria or meets criteria inconsistently	Fails to meet criteria or rarely meets criteria

The group member demonstrates effective knowledge and teaching skills by:

1. using current and relevant literature and resources for all teaching sessions.
2. demonstrating a knowledge of the subject that is being taught at an appropriate depth and breadth.
3. conveying credibility by being clear, confident and articulate.
4. promoting learning by using effective teaching methods, aids and handouts.
5. promoting active learning through discussion, questioning techniques and other participatory strategies.
6. completing teaching sessions within an appropriate time frame.
7. using current and previously acquired knowledge in group discussion.

MARKS /21

The group member demonstrates effective group facilitation skills by:

8. actively participating in analyzing learning issues and assigning topics.
9. using specific group facilitation skills such as clarifying and summarizing.
10. actively participating in discussion by asking questions, giving opinions and sharing experiences.
11. encouraging others to participate.
12. giving constructive as well as positive feedback to self and group members in a professional manner.
13. helping to keep group members focused and raising awareness of problems and/or conflict.
14. suggesting appropriate strategies for problem solving and/or managing conflict.
15. maintaining a positive, goal directed attitude and conveying interest and enthusiasm.
16. chairing meetings effectively.

MARKS /27

The group member demonstrates professionalism by:

17. being accountable and responsible, e.g., carrying full share of workload and “delivering” what has been promised.
18. accepting feedback from the group in an open manner.
19. changing own behaviour as needed.
20. being courteous and respectful of others (includes notifying appropriate person re lateness, etc.).

MARKS /12

/60

The following criteria will be marked by your tutor (Yes=3 marks; No=0 marks):

21. Discusses and references at least one relevant research article per term.
22. Attends at least 90% of all group sessions. Note: BCIT attendance policy is in effect.
23. Is always punctual.
24. Completes the Group Skills Evaluation for self completely and appropriately.
25. Completes the Group Skills Evaluation for group members completely and appropriately.

MARKS /15

TOTAL /75