

**NURS 4010****Nursing & Health Issues 4**

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<b>Hours/Week:</b>	6	<b>Total Hours:</b>	102	<b>Term/Level:</b>	4
<b>Group Work:</b>	3	<b>Total Weeks:</b>	17	<b>Credits:</b>	7
<b>Independent Work:</b>	3				
<b>Other:</b>					

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**Prerequisites****NURS 4010 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 4010 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 and suggest specific professional practice issues. 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 a 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 self directed learning component allows the student to research topics, make community visits and prepare learning materials individually and in informal groups. While the self-directed learning component is the responsibility of the

## Course Format (cont'd.)

student, effective use of this time will be necessary to meet course requirements. Course credits have been allocated to reflect the amount of self-directed learning that is required which is over and above normal course preparation and evaluation work.

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 scholarly paper that applies one of the central curriculum concepts to the care of a patient in the Level 4 practicum setting — 45% of total marks.
2. An assessment of individual teaching/presenting skills — 10% of total marks.
3. A final examination based on the three health-related situations discussed in Level 4 — 45% of total marks.
4. An assessment of effective group participation — satisfactory/unsatisfactory standing.
  - satisfactory standing must be achieved for successful completion of NURS 4010.
  - the assessment will be by self, peer and tutor. It is the tutor's responsibility to make the final determination that satisfactory standing has been achieved.

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## Course Outcomes and Sub-Outcomes

The student will:

1. develop a theory base related to complex health problems, selected concepts and professional practice issues inherent in three health-related situations.
2. effectively utilize a problem-solving process to formulate a plan to address any health-related problem or professional practice issue, 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 and professional practice issues 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 49-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.

Mr. De Marco's condition has been stabilized and he will be transferred to "your" surgical bed as soon as the endocrinologist has written new orders.

2. Helen Hunt is a 79-year-old woman who was admitted to your medical unit two days ago with left congestive heart failure and dementia, NYD. She has a history of angina and had an anterolateral myocardial infarction three years ago. She lives with her husband, age 82, and has daily assistance from Home Care.

You are dismayed to find that the physician has already discharged Mrs. Hunt because you had planned to discuss your concerns about her condition with the physician this morning.

3. Larry Small is a 34-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 and alcohol abuse. He has just been transferred to your unit from Neuro Special Care.

You have a heavy caseload of 9 other patients which you share with Sally, the LPN. Sally states, "How are we ever going to cope with this on top of everything else?"

### B. Concepts:

The following concepts will be discussed with **one specific** health-related situation:

1. Multidisciplinary/Interdisciplinary Team
2. Advocacy
3. Management

The following concepts will be considered when discussing **each** situation:

- |                         |                       |
|-------------------------|-----------------------|
| 1. Growth & Development | 4. Law                |
| 2. Culture/Spirituality | 5. Illness*           |
| 3. Ethics               | 6. 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.

**Students will apply a concept from a previous Level when it is central to understanding a new situation.**

## 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 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: December 17, 1997.

Revised by: \_\_\_\_\_  
Instructor Name and Department (signature)

Date: \_\_\_\_\_

Approved by: M. Bernaert Ralson  
Associate Dean / Program Head (signature)

Start Date: January 6, 1998



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY  
School of Health Sciences  
Program: Nursing

Course Outline Part B  
NURS 4010  
Nursing and Health Issues 4

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**Effective Date**

January 6, 1998 (17 weeks)

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**Instructors**

Linda Brazier 432-8918 (in charge)  
Anne Houseman 432-8686  
Diane Belyk 432-8910  
Dyan Siegl 432-8917

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**Required Texts 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 Welsley.

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:

Fischbach, F. (1996). *A manual of laboratory & diagnostic tests* (5th ed.). Philadelphia: Lippincott.

Malarkey, L.M., & McMorrow, M.E. (1996). *Nurses manual of laboratory tests & diagnostic procedures*. Philadelphia: Saunders.

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. (1992). *Standards of nursing practice in British Columbia*. Vancouver: Author.

7. Snyder, M. (1992). *Independent nursing interventions*. (2nd ed.). Albany, NY: Delmar.

8. Sims, L.K., D'Amico, D. Stiesmeyer, J.K., Webster, J.A. (1995). *Health assessment in nursing*. Menlo Park, CA: Addison Wesley.

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## Course Notes (policies and procedures)

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 resources which have been obtained by the student.
2. Students must attain satisfactory standing in the Assessment of Effective Group Participation in order to pass NURS 4010.
3. Attendance is required 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).
4. Scholarly papers are required to conform to APA guidelines.
5. Students are required to conduct themselves in an ethical manner. Students who plagiarize the work of others may be prohibited from completing the course (see BCIT policy on Plagiarism).
6. Students will participate in a verbal and/or written evaluation of the course at mid-term and at the end of the course.

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### Assignment #1: Scholarly Paper- 45% of total mark

**Purpose:** to apply theory related to a selected concept to the care of a patient in your practicum setting. Concepts relevant to caring for patients in the Level 4 practicum include: *Healing, Coping, Stress, Loss, Pain (acute or chronic), and Dying*. The paper is in two parts. Part A involves defining and understanding the concept and planning how to use the concept in practice. Part B involves applying the concept to the care of a patient in the practicum setting.

#### **Guidelines:**

1. Select one of the above concepts that you have not developed in a previous assignment and which is appropriate to your practicum setting.
2. Conduct a search of the literature and utilize a **minimum** of eight sources that assist you to understand and apply the concept to the care of your patient. Two of these sources must be research based. At least four sources must be from professional nursing or allied health journals. **Submit these sources when you hand in Part One to your tutor.**
- 3 Draft Part One of the Paper and submit it to your tutor's mailbox for marking by **Tuesday, Feb. 24, 1998 at 1600**. Students are advised to have a backup copy in case of loss. Part One will include:
  - a summary of your own view of the concept. It may be helpful to include a diagram that depicts the elements of the concept and their relationships. Identify concepts that are related but outside of your conceptual framework.

- reference to theorists and authors who have contributed to your own view of the concept. Explain why you have utilized or rejected theorists in formulating your own views.
- a brief description of two research studies that have been used to test the utility (useability) of the concept. Briefly explain how these helped or hindered your understanding of the concept.
- a plan or framework for applying selected aspects of the concept to patient care (assessment, planning and implementation of selected strategies and evaluation of patient care outcomes in relation to strategies).

4. When you have received Part One of your marked paper from your tutor, apply your plan or framework to the care of a patient in the practicum setting over one to two shifts. This will include patient assessment (in relation to the concept), planning & implementation of nursing strategies related to the concept and evaluation of patient outcomes in relation to the strategies. It may be necessary to modify your plan based on your tutor's written feedback. You must also notify your practicum instructor of your plan.

5. Resubmit Part One and Submit Part Two of your paper to your tutor's mailbox by **Tuesday, April 14 at 1600 hrs.**

Include:

- a description of your patient's health situation using relevant clinical data.
- a rationale for applying selected aspects of the concept to this particular patient.
- a description of how you applied the concept/strategies to the care of your patient.
- an evaluation of your application of theory to practice. This includes: "what was effective and why and what needed to be improved and why". Include future recommendations.

**Marking Criteria-100 marks**

***Part One- 40 marks***

1. Literature search - 7 marks
  - /4 appropriate and relevant
  - /3 meets minimum criteria (8 total, 2 research, 4 professional journals ).
2. Concept overview -12 marks
  - /4 demonstrates a good understanding of the concept
  - /2 clearly shows relationships "within" the concept
  - /1 identifies relationships "outside" the concept
  - /3 gives logical rationale to support own views
  - /2 references all significant authors and theorists

3. Research-12 marks

- /6 clearly describes two research studies (and their findings) which are related to the concept
- /6 clearly explains (with rationale) how these research studies helped or hindered own understanding of the concept

4. Plan or framework-9 marks

Develops a plan or framework (or adapts an existing framework) to apply selected aspects of the concept to patient care. Considers:

- /3 assessment
- /3 planning & implementation of strategies
- /3 evaluation patient outcomes in relation to strategies

***Part Two-40 marks***

1. Health Situation-12 marks

- /6 describes health situation using relevant data
- /6 defends rationale for applying aspects of the concept to this particular patient

2. Application of Concept-12 marks

Describes how plan was implemented in relation to all aspects of patient care:

- /4 assessment
- /4 planning & implementation of strategies
- /4 evaluation of patient outcomes in relation to strategies

3. Evaluates Implementation of Plan in relation to all aspects of patient care-12 marks

- /4 assessment
- /4 planning & implementation of strategies
- /4 evaluation of patient care outcomes in relation to strategies

4. Makes future recommendations for implementing the concept-4 marks

***Structure of the Paper- 12 marks***

- /2 includes an introduction which presents the intent of the paper
- /2 the elements within the body of the paper flow in an organized manner
- /2 includes a conclusion which summarizes the paper
- /2 includes a reference list which is in accordance with APA format
- /2 uses correct format (APA) for citing references within the paper
- /2 the overall format is in accordance with guidelines eg title page, spacing etc.

***Mechanics of Writing-8 marks***

The paper is written according to English conventions:

- /2 sentence structure
  - /2 grammar
  - /2 spelling
  - /2 punctuation
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## Assignment # 2: Assessment of Individual Teaching/Presenting Skills-10% of course marks

*Purpose:* to develop effective teaching and presenting skills in order to:

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

### *Guidelines:*

1. All students will attend a two hour workshop on presenting skills in week one of the course.
2. Students will select when they wish to be evaluated by their group by giving one week's notice.
3. All group members (self, peer, & tutor) will evaluate the presentation using the criteria (see below). The marked forms will be submitted to the tutor at the end of the session. The marks will be allocated in the following manner:

- 50%- the average of the marks assigned by the student group (including presenter).
- 50%- the mark assigned by the tutor.

### *Marking Criteria-50 marks*

#### Planning

/5 prepares a lesson plan that covers the topic assigned by the group

/5 accurately assesses the learning needs of the group

/5 uses relevant, accurate, and original sources

#### Implementing

/5 presents in a clear confident manner

/5 demonstrates credibility and a good grasp of the subject

/5 uses strategies that promote learning within the group

/5 uses teaching aides that are clear, organized and enhance learning

/5 deals effectively with questions or issues raised by the group by such strategies as clarifying, restating or redirecting.

/5 completes presentation within the designated time frame

#### Evaluation

/5 verifies that learning is occurring by "reading" body language, "checking" and posing questions

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### **Final Examination- 45% of Course mark**

1. This examination involves solving problems related to health situations discussed in NURS 4010. These situations will include issues related to diabetes, complications of diabetes, heart failure, craniocerebral trauma, dementia, and substance abuse. The situations may be different to those presented in NURS 4010. For example, the health situation related to diabetes may involve a patient with Non Insulin Dependent Diabetes Mellitus. In addition, there will be issues related to the concepts of Health Care Team, Advocacy and Management.

2. The examination will be held in Examination Week.

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## Group Participation- Satisfactory/Unsatisfactory Standing

### *Purpose:*

To continue to develop own group skills in order to:

- facilitate learning within the group
- develop skills that enhance leadership ability within own nursing practice

### *Guidelines:*

1. Each PBL group will establish group norms in their first group session. These will include such issues as tardiness, missed work, assignment of topics, role and selection of a chairperson, role of facilitator, establishing a group binder, coffee breaks, "energizers" and other issues.
2. The last 15-20 minutes of the scheduled group session will be devoted to evaluating group process (debriefing).
3. All group members are responsible for contributing to effective group dynamics. If serious problems arise, the group will schedule additional meeting times in order to resolve issues that impede the work of the group.

### *Evaluation:*

1. Students will be evaluated using the Group Skills Evaluation Tool (see Appendix A) by self, peers and tutor at mid-term and end of term.
2. The purpose of the mid-term evaluation is to identify areas of strength and areas to improve so that the student can work toward achieving satisfactory standing by the end of the course. The Group Skills Evaluation Tool will be completed by each group member and submitted to the tutor by **Tuesday, March 3rd at 1600 hrs.** The tutor will arrange to provide written feedback to each student the following "business" week.
3. The final evaluation will be completed and submitted to the tutor during the last week of the course. A "mark" of 0-3 will be assigned to each criterion under the four major headings:
  - Group Effectiveness
  - Presentations
  - Knowledge
  - Professionalism

In order to achieve satisfactory standing, the student must receive an overall minimum mark of 50% by peers (average of all peer evaluations) and 50% by the tutor. It is the tutor's responsibility to make the final determination that satisfactory standing has been achieved.

4. Students must achieve satisfactory standing in Group Participation in order to successfully complete NURS 4010.
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## 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
2. Pharmacology Handbook. Section on Insulins and Oral Hypoglycemic Agents
3. Required journal articles:

Arnold, M., Butler, P., Anderson, R., Funnell, M., & Feste, C. (1995). Guidelines for facilitating a patient empowerment program. *The Diabetes Educator*, 21(14), 308-312. (Health Promotion)

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

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.

Drass, J., & Peterson, A. (1996). Type 1 diabetes. Exploring the treatment options. *AJN*, 96(11), 45-50.

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.

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.

### 4. Resources:

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

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

Video (BCIT Lib). Managing the Acute Complications of Diabetes Mellitus

Good Health Eating Guide. Reserve, BCIT Library

Website-

*Arterio-vascular Insufficiency(Peripheral vascular disease):*

1. Medical-surgical textbook. Section on Arteriovascular Insufficiency
2. Pharmacology Handbook. Section on Anticoagulants.
3. Journal Articles

Butler, L., & Fahey, V., (1993). Acute arterial occlusion of the lower extremity. *Journal of Vascular Nursing*, 11(1), 19-22.

Fellows, E. & Jocz, A-M. (1991). Getting the upper hand on lower extremity arterial disease. *Nursing 91*, 8, 34-42.

*Health Care Team :*

Davidhizar, R. (1993). Self-confidence: a requirement for collaborative practice. *Dimensions in Critical Care Nursing*, 12(4), 218-222.

Editors of Nursing 91.(1991). The nurse-doctor game. *Nursing 91*, 6, 60-64.

McGinley, S., Baus, E., Gyza, K., Johnson, K., Lipton, S., MaGee, M., Moore, F., & Wojtyak, D. (1996). Multidisciplinary discharge planning. Developing a process. *Nursing Management*, 27(10), 55-60.

McHugh, M., West, P., Assatly, C., Duprat, L., Howard, L., Niloff, J., Waldo, K., Wandel, J., & Clifford, J., (1996). Establishing an interdisciplinary patient care team. Collaboration at the bedside and beyond. *JONA*, 26(4), 21-27.

Nelson, B. (1995). Dealing with inappropriate behaviour on a multidisciplinary level. A policy is formed. *JONA*, 25(6), 58-61.

Rowe, H., (1996). Multidisciplinary teamwork -myth or reality? *Journal of Nursing Management*, 4, 93-101.

Sanchez-Sweatman, L. (1996). Communicating with physicians. *The Canadian Nurse*, 9, 49.

Wylie, D. (1994). Interdisciplinary teams and group process. In J.M. Hibbard & M.E. Kyle (Eds.), *Nursing Management in Canada* (pp.501-515).Toronto: Harcourt Brace & Company Canada.  
note: first section is a review of group process; page 507-514 deals with health care teams.

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**NOTE: REFERENCE & RESOURCE LISTS FOR SITUATIONS #2&3 WILL BE  
DISTRIBUTED 2 WEEKS BEFORE DISCUSSION OF THOSE SITUATIONS.**