



MAR 13 2003

Course Outline

A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Nursing

Option:

NURS 4030**Nursing Practicum 4****Start Date:** January 6, 2003**End Date:** May 2, 2003**Total Hours:** 288 **Total Weeks:** 16**Term/Level:** 4 **Course Credits:** 11.5**Hours/Week:** **Lecture:** **Lab:****Shop:** **Seminar:** 1 **Other:** 17**Prerequisites****Course No. Course Name**

NURS 3030 Nursing Practicum
NURS 3000 Nursing and Health Issues 3
BHSC 3329 Immunology for Nursing

NURS 4030 is a Prerequisite for:**Course No. Course Name**

NURS 4530 Nursing Practicum 5
or
NURS 7030 Nursing Practicum in a Specialty Unit
and
NURS 7070 Nursing Practicum in the Community

Corequisites**Course No. Course Name**

NURS 3020 Clinical Techniques 3 — Laboratory

■ Course Description

In this course students will gain nursing experience in acute care units which offer specialized care. Students will be expected to provide knowledgeable and safe nursing care. The scope of nursing practice includes recognition and consideration of patient health needs during hospitalization as well as health needs which will require follow-up on discharge. Context of practice: Adult Medicine and Surgery.

■ Detailed Course Description

NURS 4030 is a practicum course focusing on nursing care of patients experiencing complex health issues which require hospitalization. Emphasis is placed on developing knowledge, skills and attitudes relevant to professional nursing identity.

■ Evaluation

- Satisfactory/Unsatisfactory standing based on student and instructor evaluation of course outcomes.
- Successful completion of a self-evaluation journal.

■ Course Learning Outcomes/Competencies

The student:

A. Provides professional caring based on knowledge and skills

1. Prepares for the clinical experience, by a) raising questions; b) discussing health issues and related pathophysiology; c) identifying priority actual and potential problems; d) identifying related nursing implications.
2. Independently performs initial, focused and thorough ongoing assessments on all patients and relates nursing action to assessment data.
3. Uses all sources of data in planning care, e.g., client, family members, client records, etc.
4. Intervenes appropriately with actual and potential problems.
5. Develops a plan of care that addresses patient problems and issues and promotes comfort and safety for each patient.
6. Individualizes patient care.
7. Organizes care for three to four patients by a) setting priorities; b) completing care in a realistic time frame.
8. Provides safe care.
9. Identifies and implements care in relation to patient and family health learning needs.
10. Evaluates, modifies and implements a plan of care quickly to accommodate changes in health status.
11. Demonstrates confidence when providing patient care.
12. Anticipates the continuum of care required for specific patients in order to identify discharge planning needs.
13. With assistance takes an active role in assessing, planning and implementing the discharge of patients.
14. Adheres to the RNABC Standards of Nursing Practice.

B. Pursues shared meaning by communicating effectively with people

1. Independently establishes professional relationships with patients, family, health care team, instructor and peers based on shared meaning and partnership.
2. Uses effective communication skills to elicit information and understand the other person's perspective and context.
3. Utilizes communication skills to establish, maintain and terminate helping relationships with people.
4. Records in a clear, concise, relevant, legal and timely manner according to agency guidelines.
5. Reports in a clear, organized and timely manner about patient care and progress to the appropriate health team member.

C. Uses systematic inquiry

1. Responds to patient situations with appropriate clinical judgment.
2. Recognizes significant information and explains how different pieces of information form a significant pattern.
3. Uses questioning and feedback to assist self to think critically and reflect on thinking.
4. Demonstrates ability to critically reason using own initiative.
5. Demonstrates ability to articulate and support reasoning process with instructor and health care professionals.
6. Explores a variety of theoretical perspectives to guide patient care.

7. Begins to incorporate research into nursing practice.
8. Reflects on practicum experiences by analyzing situations, identifying problems, exploring alternatives.
9. Reflects on own nursing practice related to knowledge, skills, attitudes and judgement.
10. Acknowledges professional progress and success.

D. Monitors own practice, determines learning needs and independently acts upon identified learning needs

1. Follows BCIT and agency policies and procedures.
2. Consistently arrives on time.
3. Assumes responsibility for self-direction in learning.
4. Demonstrates responsibility for attaining and maintaining a safe level of nursing practice.
5. Demonstrates responsibility and accountability for own actions.
6. Exercises judgement in assuming nursing care.
7. Recognizes limitations and seeks help from appropriate sources.
8. Seeks and accepts feedback in an open manner.
9. Identifies and discusses areas of strength and areas requiring further development.
10. Sets goals and strategies for action in a learning plan.
11. Acts to improve clinical performance.
12. Evaluates and modifies learning plan.
13. Identifies when outcome has been met and provides evidence.
14. Identifies when outcome has not been met and provides evidence.

E. Develops collaborative partnerships with members of the health care team

1. Develops and participates in professional partnerships with peers, instructor, nurses and other members of health care team to enhance patient care.
2. Clearly explains own role and abilities to health care team members.
3. Uses effective verbal and non-verbal communication skills when relating to members of the health care team.
4. Works cooperatively as part of the health care team.
5. Recognizes when communication problems have occurred with members of the health care team, and with guidance begins to resolve the problem.

F. Uses creative leadership skills to manage patient situations

1. Uses initiative to consult with a variety of health professionals.
2. Demonstrates increasing confidence in decision making.
3. Is assertive with health care team members, instructor, patient and family members.
4. Takes on a leadership role by initiating patient care and participating in resolving patient care issues.
5. In non-crisis situations, independently formulates possible solutions to patient issues and then discusses these possibilities with appropriate members of the health team.
6. Takes responsibility to follow up on patient issues.
7. Recognizes and intervenes independently when the patient's safety is jeopardized.
8. Advocates for the patient and family with members of the health care team.
9. Delegates appropriately.
10. Actively participates in professional forums such as debriefing sessions and ward rounds.
11. Begins to understand nursing leadership within the context of acute care nursing practice.

G. Implements technical skills competently with increasing confidence:

1. Anticipates, prepares and organizes self to perform skills.
2. Reviews agency and BCIT policies regarding the skill.
3. Uses resources to perform skills safely.
4. Prepares a focused assessment of the patient related to the skill.
5. Performs the skill in accordance with policies, procedures and care standards.
6. Maintains patient and own safety and comfort when performing skills.
7. Practices surgical asepsis.
8. Demonstrates manual dexterity.
9. Communicates appropriately with patients and family members during technical skills.
10. Demonstrates increasing confidence in ability to modify skill according to the context of practice.
11. Recognizes and seeks assistance when limitations are exceeded.
12. Reports and records observations assessed before, during and after the skill.
13. Interprets observations based on nursing theory.

■ Process Threads Relevant to This Course

Professionalism: Students anticipate and prepare for possible patient care problems on acute medical and surgical nursing units. Incorporating scientific, humanistic and technical aspects of caring, they provide safe individualized care for three to four acutely ill patients. They independently perform initial, focused and ongoing assessments and relate nursing actions to assessed data. **They develop a plan of care to resolve patient issues or promote comfort with patients in acute units.** They are able to organize and set priorities and coordinate nursing care for a group of patients. They consult with patients, families and members of the health care team to plan nursing care. Students respond to significant changes in health status immediately and evaluate and modify the plan to accommodate these changes. Students incorporate a code of ethics consistent with professional practices. Students examine legal implications of nursing care.

Communication: Students are independent in establishing relationships with patients, family, health care team, instructor and peers based on shared meaning and partnership. **With assistance students utilize communication skills to establish, maintain and terminate a supportive relationship. Students dialogue with colleagues and teachers in the process of learning. Discussion/feedback is thoughtful.** Students use communication skills to elicit and explore patient's issues. **Students record and report pertinent data, actions and responses in a legal manner. Students teach using principles of teaching and learning.**

Systematic Inquiry: Students are independent with critical reasoning. **They use questioning and feedback to help them think critically and reflect on their thinking.** They use evidence-based practice and are able to discuss this with various health care professionals. They explore a variety of theoretical perspectives to guide patient care. **Students reflect on their nursing competencies related to knowledge, skills, attitudes and judgement. Students develop reflective skepticism regarding nursing practice.**

Professional Growth: With increasing confidence students reflect on clinical practice and evaluate their own performance against professional practice standards. *Students develop learning partnerships with peers, instructor and nurses to explore learning needs and opportunities and act to improve and enhance their own performance.* **Students consult/interact with a variety of health professionals in the hospital. Students assume responsibility for learning and becoming self-starters. Students value continually updating knowledge. Students demonstrate responsibility for attaining and maintaining a safe level of skill performance. Students are responsible and accountable for their actions.**

Creative Leadership: With increasing confidence students engage in collaborative decision making with health team members and participate in resolving patient care issues. Independently students intervene when patients' safety is jeopardized. **They anticipate the continuum of care required for specific patients.** In collaboration with nurses students take an active role in assessment of discharge needs and discharge planning. **Students appreciate the role of nursing in the health care system. They are aware of the various components of the health care system in their context of practice. Students begin to understand nursing leadership within the context of acute care nursing practice.**

Technical Skills: Students anticipate skills to be performed and prepare and organize themselves to perform them. **They review agency policy regarding the skill. They prepare a focused assessment of the patient related to the skill. They demonstrate the communication aspects of nursing skills and maintain patient comfort.** They maintain patient and own safety when performing skills. They are independent with the majority of technical skills learned this term but may require minimal supervision with some. They are able to explain skills to patient and family. With assistance students show increasing confidence in their ability to modify skills to fit the context of practice.

Specific skills introduced in Level 4 are:

- capillary blood glucose testing
- neurological vital signs assessment
- catheterization
- nasogastric (NG) intubation and NG tube management
- chest drainage systems
- nutritional replacements: enteral and parenteral
- tracheostomy suctioning and care
- intravenous therapy: intermittent infusion devices
- intravenous therapy: central venous catheters
- intravenous therapy: intravenous push medications
- intravenous therapy: blood administration
- complex wound management:
 - ▶ normal saline compresses
 - ▶ hydrocolloid gel application
- complex wound management:
 - ▶ wound irrigations
 - ▶ ribbon gauze packing
- modalities for pain management

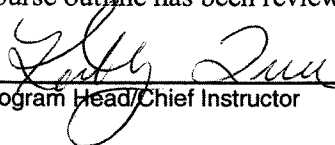
■ **Verification**

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


Authoring Instructor

Jan 2/03
Date

I verify that this course outline has been reviewed.


Program Head/Chief Instructor

Dec. 19/02
Date

I verify that this course outline complies with BCIT policy.


Dean/Associate Dean

Jan 02/03
Date

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

■ Instructor(s)

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■ Learning Resources

Equipment:

- a uniform that complies with program policies (refer to Guidelines for Students in the Nursing Program)
- shoes that comply with program policies
- a stethoscope
- a black ink pen
- a pen light
- bandage scissors
- a watch with a second hand
- a lock may be required if you use a hospital locker to store coats, etc. while at the hospital

Required:

1. A current medical-surgical text purchased in a previous level,
or
Black, J.M., & Matassarin-Jacobs, E. (1997). *Medical-surgical nursing: Clinical management for continuity of care* (5th ed.). Philadelphia: Saunders.
or
Phipps, W.J., Sands, J.K., & Marek, J.F. (1999). *Medical-surgical nursing: Concepts and clinical practice* (6th ed.). St. Louis: Mosby.
2. A current fundamentals text purchased at a previous level,
or
Craven, R.F., & Hirnle, C.J. (1996). *Fundamentals of nursing: Human health and function* (2nd ed.). Philadelphia: Lippincott.
or
DuGas, B.W., & Knor, E.R. (1995). *Nursing foundations: A Canadian perspective*. Scarborough, ON: Appleton & Lange Canada.

3. A current skills text purchased at a previous level,
or
Ellis, J.R., Nowlis, E.A., & Bentz, P.M. (1996). *Modules for basic nursing skills*. Volume II (6th ed.), Philadelphia: Lippincott Co.
or
Elkin, M.K., Perry, A.G., & Potter, P.A. (1996). *Nursing interventions and clinical skills*. Toronto: Mosby.
4. A nursing medical dictionary.
One of the following:
 - Anderson, L.N., Anderson, L.E., & Glanze, W.D. (1994). *Mosby's medical nursing and allied health dictionary* (4th ed.). St. Louis: Mosby.
 - Miller, B.F., & Keane, G.B. (1992). *Encyclopedia and dictionary of medicine, nursing and allied health* (5th ed.). Philadelphia: Saunders.
5. A diagnostic tests handbook.
One of the following:
 - Wilson, D.D. (1999). *Nurses' guide to understanding laboratory and diagnostic tests*. Philadelphia: Lippincott.
 - Malarkey, L.M., & McMorrow, M.E. (1996). *Nurses' manual of laboratory tests and diagnostic procedures*. Philadelphia: Saunders.
6. A pharmacology handbook.
7. Sims, L.K., D'Amico, D., Stiesmeyer, J.K., & Webster, J.A. (1995). *Health assessment in nursing*. Menlo Park, CA: Addison Wesley.
8. Canadian Nurses Association. (1997). *Code of ethics for nurses*. Ottawa: Author.
9. Registered Nurses Association of British Columbia. (1998). *Standards of nursing practice in British Columbia*. Vancouver: Author.

■ Information for Students

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

Assignments: Late assignments, lab reports or projects will **not** be accepted for marking. Assignments must be done on an individual basis unless otherwise specified by the instructor.

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 **immediately**.

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 attendance policy as outlined in the current BCIT Calendar will be enforced. Attendance will be taken at the beginning of each session. Students not present at that time will be recorded as absent.

Illness: A 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: Students must successfully complete a course within a maximum of three attempts at the course. Students with two attempts in a single course will be allowed to repeat the course only upon special written permission from the Associate Dean. Students who have not successfully completed a course within three attempts will not be eligible to graduate from the appropriate program.

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.

1. Students are responsible for identifying their own learning needs and consulting with the instructor to discuss how to meet these needs.
2. A learning partnership is essential for successful completion of this course. Both student and instructor will communicate openly, will demonstrate respect in the relationship and will work to establish and maintain a collaborative relationship. This can be achieved by:
 - discussing the course outcomes to achieve shared understanding of them.
 - identifying the evidence required to demonstrate achievement of the outcomes.
 - dialoging regularly throughout the course.
3. Unforeseeable circumstances may necessitate the alteration of course content, sequencing, timing or evaluation. As much as possible, students will be given adequate notice of such changes.
4. Students are expected to conduct themselves appropriately at all times. This applies to any institutional-related activity on or off campus. Please refer to Misconduct policy #5251 located on the BCIT website.

■ Journals

1. The journal will consist of two parts: A self-evaluation portion and a reflective portion.
2. Students will keep a journal during this course.
3. The instructor will discuss journal writing requirements for this course during orientation week. The student's reflective journal will be confidential between the student and the teacher. Sharing of any part of the student's writing will only occur when written permission has been given to do so.

■ Participation

1. Students will research patient information at the assigned agency the Wednesday prior to the practicum experience. Research is required before the clinical experience so that students have an understanding of the reason for hospitalization, type of illness and the nursing care the patient(s) might require. The practicum experience will occur on Thursdays and Fridays for 14 hours per week. Depending on the agency this will be either day or evening shift. Practicum may also include an alternate experience.
2. Safe nursing care is required. The instructor has the responsibility to assist students to provide safe and comfortable care for the patients. Students are expected to take responsibility for errors and to document them according to agency and BCIT policy. Students whose care is unsafe may be removed from the practicum setting. (See Guidelines for Students in the Nursing Program.)

3. Students can expect to attend a weekly practicum conference. Students and the instructor have a joint responsibility to see that these conferences are meaningful. They will decide when the conferences will be scheduled each week and how the conference will be structured. A one hour a week conference is suggested.
4. A copy of "Student Medical Certificate" must be submitted for illness/absence of over 10% from practicum. This approximately 3 days.

■ Student Evaluation

Regular dialogue between instructor and student serves to promote learning and achievement of the course outcomes. Student-instructor meetings, writing self-evaluations and reflective journals facilitate regular dialogue throughout the course. *All self-evaluation and reflective journals must be completed to achieve a satisfactory standing in this course. Both journals must show sufficient thoroughness and thought in order to be accepted.* Towards the end of this practicum the student must show evidence that the course outcomes are being met. The student and instructor will contribute to the final summary of outcome achievement. *The instructor ultimately has the responsibility to recommend a Satisfactory or Unsatisfactory standing in this course.*

■ **Alternate Clinical Experience:** Every attempt will be made to include this in the Level 4 practicum. However, opportunities may not be available in all agencies.

1. The goals for alternate clinical experiences are to:
 - A. provide an opportunity for the student to observe the continuum of care in patients who require specialized nursing care other than that which would be seen on regular nursing units.
 - B. provide an opportunity for the student to assist the RN in assessing and performing some of the nursing care required for these specialized patients.
 - C. enhance clinical skills, judgements and assessments by exposure to a variety of clinical situations and nursing personnel.
 - D. enhance theoretical knowledge with adjunct clinical exposure.
2. The outcomes for this experience are:
 - A. pursues shared meaning by communicating effectively with people.
 - B. uses systemic inquiry to recognize the uniqueness of each patient; incorporates research into practice.
 - C. monitors own practice; determines learning needs and acts upon these.

■ Attendance

Attendance is required in this course as this practical experience is essential to meet program outcomes and to learn how to nurse. BCIT Attendance Policy applies (see Guidelines for Students in the Nursing Program).

It is expected that the student's own state of health is satisfactory when providing nursing care for people. If students are not able to attend a clinical experience the instructor and agency must be informed before the experience begins for the day.

■ Evaluation of the Course

Students have the right and the responsibility to evaluate the course. A midterm review of the course aims to help the students who are currently in the course so that student needs and course outcomes can be facilitated in a reasonable manner. An end of term review is aimed at modifying the course for subsequent students.