A POLYTECHNIC INSTITUTION

Course Outline

School of Health Sciences
Program: Nursing
Option:

NURS 4030
Nursing Practicum 4

Start Date: January 5, 2004 **End Date:** April 30, 2004

Total Hours: ~~288~~ 197.5 **Total Weeks:** ~~16~~ 15 **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 Praticum 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 that 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 that 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 that 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. Uses all sources of data in planning care, e.g., client, family members, client records, etc.
3. Develops a plan of care that addresses patient problems and issues and promotes comfort and safety for each patient.
4. Independently performs initial, focused and thorough ongoing assessments on all patients and relates nursing action to assessment data.
5. Intervenes appropriately with actual and potential problems.
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.

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.**

During weeks 12–16, students must show evidence of consistent outcome achievement for four of the five weeks to obtain a satisfactory standing in the course.

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.

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.

Deborah Yates — Authoring Instructor
9 Dec 03 — Date

I verify that this course outline has been reviewed.

Katherine Doyle — Program Head/Chief Instructor
Dec. 9. 03. — Date

I verify that this course outline complies with BCIT policy.

Freeman — Dean/Associate Dean
Dec. 08/03 — 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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Maureen Morris		" "	Office Phone:

■ 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 is 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.

LEVEL FOUR PRACTICUM:
NURS 4030 – Clinical Practicum

TRANSITION GUIDELINES:
We view practicum learning as a continuum. In order to ease the transition from level 3 to level 4, some of the following strategies have been put into place to assist you in this transition.

1. A lab which focuses on experiences that the level four student will encounter over the next sixteen weeks is scheduled in week one to allow some time to practice with previously learned skills such as insulin administration, IV/minibag administration of medications, IMs, aseptic technique. Come to the lab prepared to identify patient problems and perform skills for this situation.

2. A buddy or " shadowing" morning will be arranged for the first clinical time to enable the student to take an observational role in the clinical area. The student will be assigned an R.N. from the nursing unit who will act to orient the student to the activities of that unit for the R.N.'s patient assignment.

3. Each student will be assigned one patient at the beginning of the practicum so that the instructor and student can work closely in performing assessments and skills together for the first time in the clinical area. Patient assignments will advance each week as experience and confidence grows.

4. Students will be oriented to the clinical area over a two week period.

Transitions cont'd:

5. The student will be expected to identify specific learning needs and share these with the clinical instructor at the beginning of the practicum using a specially designed form. This will enable the instructor to assist the student in meeting these learning needs over the course of the practicum.

6. Specific knowledge that needs to be reviewed by the student includes: head to toe assessment, pre/post-op assessments, potential post-op complications of surgery, aseptic technique, common medications for hypertension, pain, nausea, congestive heart failure, diabetes, glucocorticoids, fluid and electrolyte balance, stress response (GAS).
7. Specific skills that need to be reviewed and mastered in the first three weeks of practicum are:
   - priming and management of IV's
   - administration of IV minibag medications
   - IV rate calculation
   - sterile dressings
   - IM, subcutaneous injections

Be sure to make use of the open lab practice times to upgrade your skills.

8. Preparation for practice, data collection in regard to research expectations for weekly clinical will be discussed by practicum instructors and will detail methods of data collection that are adequate and appropriate for this level. Prep includes data collection, problem identification and an organizational plan.

9. Reflective journals and self-evaluation will be done linking the outcomes to actual practice. This is a requirement for level four and will continue after graduation as seen in the RNABC competencies. Self evaluation journals must be written and submitted weekly.

JOURNAL GUIDELINES

The journal for the Level 4 practicum consists of 2 components:

a. **the self-evaluation portion** and

b. **the reflective portion**.

Please create two separate sections in your journal for these purposes by using two labeled dividers.

A. Self-Evaluation Journal

The purpose of this self-evaluation portion is to promote your assessment of your nursing practice and to serve as a record of progress towards meeting the course outcomes. You are evaluating your nursing practice in relation to the seven course outcomes listed in the NURS 4030 course outline. In order to be successful in this rotation it is necessary that you meet the seven outcomes, and to have done so in a consistent manner during the last three weeks of the practicum experience. Self-evaluation consists of the following:

1. **Professional Learning Plan:** This is to be initiated during Weeks 1 to 3. Based on the seven course outcomes and your experiences thus far in the program, identify your learning needs. Using this self-evaluation write down specific strategies that you will implement in order to meet your learning needs. At this same time, identify your strengths and write them down in your journal.

2. **Self-Evaluation:** Using the seven course outcomes as a framework assess and evaluate your progress in achieving these outcomes. It is unnecessary to address ***each outcome on a weekly basis***, but you will need to write and submit a weekly self-evaluation journal. Focus on outcomes that are most relevant to your practice that particular week. By midterm each outcome should be addressed at least three times. Your examples and analysis will serve as a reference when you and your instructor write your midterm and final summaries. **Provide clarity and meaning by including *specific examples*.** The following questions should be used as guidelines to structure what you write:

   a. What is the specific example?

   b. What went well?

   c. What are your challenges?

   d. How do you plan to overcome these challenges?

3. **A Skills Checklist:** The Skills Checklist is your record and is to be completed weekly by students.

4. **Midterm and Final Summaries:** Your journal self-evaluations will be used to form the basis for the midterm and final summaries.

   When completing the "Evaluation Summary" section identify areas in which you believe significant progress or development has occurred. Next, identify challenges requiring further development. Please allow some space for the instructor to make comments in this section.

   When completing the "Student Comments" section of the Final Summary, please address each course outcome (outlined on the front page of the Final Summary)

B. Reflective Journal

The purpose of this part of your journal is to provide an opportunity for reflection, critical thinking, and ongoing dialogue with your instructor. This journal is confidential, shared between you and your instructor only, and not used for evaluation. Submit the journal to your clinical instructor at least 6 times during the rotation. Using the course outcomes as a framework, identify at least one event that occurred in your clinical day that was significant to you. Feel free to use a writing style that fits for you and allows optimal self-expression. Some of you may find it useful to describe the event, why it was significant and what you thought, felt, and did in relation to the event (Paterson, 1995). Whatever style you choose, your comments must address the following components:

1. **Provide a clear explanation of the issue or what happened. Why was it significant?**
2. What were your thoughts and feelings?
3. **In analyzing the situation, include your thoughts on other perspectives.**
4. **How would you resolve the situation in future?**

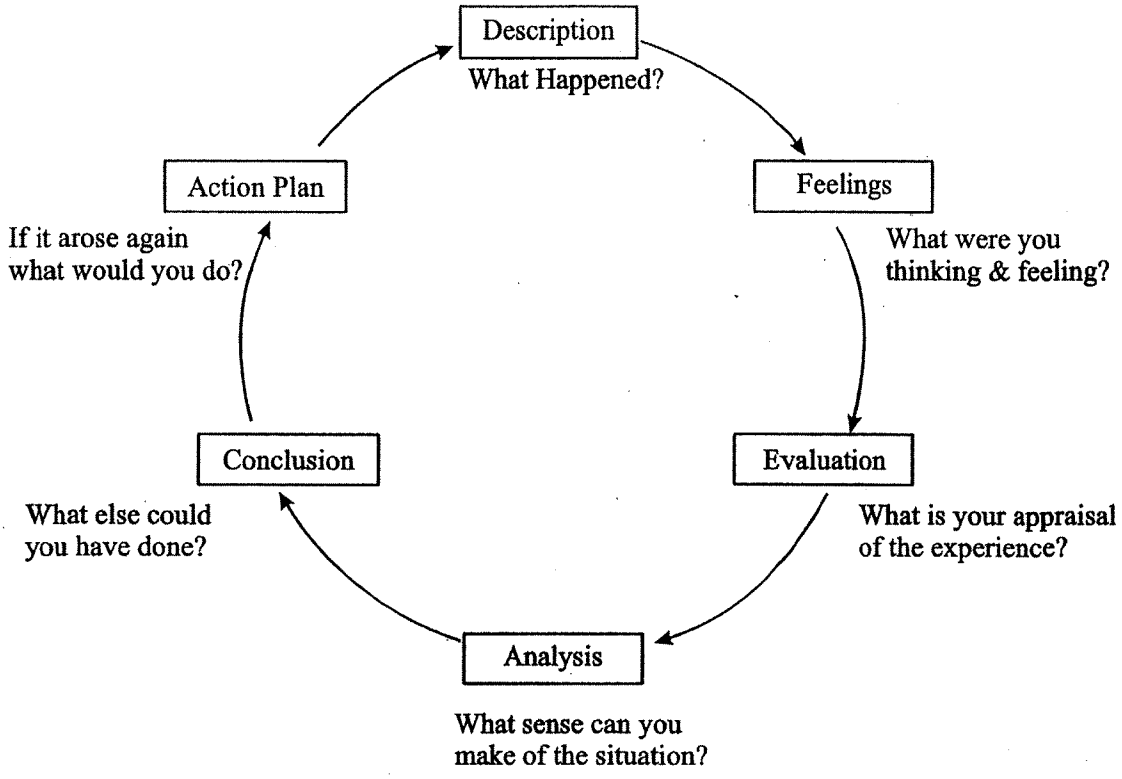
The questions below can be used as guidelines to structure what you write.

- **What is your appraisal of the situation? What sense can you make of the situation?** Consider the impact on self and others. What are the implication (for self and others)? Were you fair minded in considering competing points of view?
- If you acted in this situation, describe your decision making process. Did you consider all the relevant data? What else could you have done? In what areas did you demonstrate progress/development? What areas require further development?
- Identify previously learned knowledge/experience that helped in this situation. Describe the resources you utilized. Connect this to what you have learned from this situation.
- If a similar incident occurred what would you do?
- What questions or issues arise from this situation? What are the implications for your future practice?

(Palmer & Burns, 1994; Paterson, 1995; Patton, Woods, Agarenzo, Brubaker, Metcalf & Sherrer, 1997)

You may find the structured approach used in the following Reflective Cycle helpful.

REFLECTIVE CYCLE



Palmer, A. & Burns,S. Reflective Practice in Nursing (1994)
London: Blackwell Scientific Pub.

**** The Self-Evaluation and the Reflective Journal are two separate documents.***

References

Palmer, A. & Burns, S. (1994). *Reflective practice in nursing*. London: Blackwell Scientific Pub.

Paterson, B. L. (1995). Developing and maintaining reflection in clinical journals. *Nurse educator today*, 15, 211–220.

Patton, J. G., Woods, S. J., Agarenzo, T., Brubaker, C., Metcalf, T. & Sherrer, L. (1997). Enhancing the clinical practicum experience through journal writing. *Journal of nursing education*. 36 (5), 238–240.

Journal of Advanced Nursing, 1998, 27, 165–170

Reflection and nursing education

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Reflection and nursing education

The notion of reflection has become a significant concept within nursing education. What is it? How is it learned/taught? How is it implemented in practice? This paper explores reflection as both a technique and a purposeful inter-subjective process. Some of the current theoretical underpinnings of reflection, with particular attention to a Heideggerian perspective, are examined. It is suggested that the Heideggerian notion of reflection as the integration of calculative and contemplative thinking is an effective way to consider the concept of reflection.

Keywords: reflection, Heidegger, nursing education, journal writing, clinical debriefing

INTRODUCTION

Within the domain of professional nursing education there is presently intense interest in the phenomenon of reflection. What is it? How is it learned and/or taught? How is it implemented in daily nursing practice? There is, however, both within the published literature, and within the daily register of professional nursing education, diverse understandings of the meaning of reflection. The lives of student nurses have been significantly affected by these multiple and tacit understandings of the concept, as materials and activities have been consciously included in curricula to foster reflective development. There is therefore a need to examine the concept of reflection and construct a working definition of the term which may be used to inform nursing education.

The notion of reflection as a significant concept in nursing education has been influenced by a developing awareness on the part of nurse educators of the need to encourage their students to become thoughtful individuals, capable of critical and innovative thinking. The rapidly changing and developing arenas of biological and medical technology, coupled with a myriad of social concerns and issues affecting individual, family and societal health, necessitates that nursing practitioners engage themselves fully with clients in the pursuit of health and healing. These social, professional and technical factors have served as catalysts in the development of nursing curricula, resulting in a movement away from traditional positivistic and behaviourist educational paradigms to more qualitative approaches, based on emancipatory philosophy and critical social theory. Reflection, in these new curricula, is often considered an appropriate vehicle for the analysis of nursing practice, fostering not only an understanding of nurses' work, but also the development of the critically thoughtful approaches essential for providing nursing care in complex environments. Consequently, reflection as a pedagogical method, has been included in many nursing curricula.

The following paper is a discussion of some current theoretical conceptions regarding reflection with particular attention given to a Heideggarian notion of reflective thinking. This paper also examines some specific clinical teaching strategies used to foster reflective thought.

SOME THEORETICAL UNDERPINNINGS

In order to more fully understand the use of reflection as a pedagogical strategy it is useful to explore some of the philosophical and theoretical notions associated with the concept. Generally, reflection is connected, in some manner, to thinking. Van Manen (1991) suggested, as did Dewey (1933), that reflection is just that — thinking.

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Korthagen suggested that reflection is an inductive approach that rationalizes the non-rational aspects of learning (Wubbels & Korthagen 1993), while Boyd & Fales (1983 p. 101) proposed that reflection is the 'process of creating and clarifying the meaning of experience... in terms of self'. The essence of reflection, however, remains an elusive idea. The German philosopher Heidegger (Krell 1977) offers an interesting perspective on reflection that resonates with notions suggested by Van Manen and Dewey. Reflection is considered the prominent component of thought. 'What is thought is the gift given in thinking back, given because we incline toward it. Only when we are so inclined toward what in itself is to be thought about, only then are we capable of thinking' (Heidegger cited in Krell 1977). Unlike other authors of reflective models who suggested that reflection is triggered by a problem or concern (Dewey 1933, Boyd & Fales 1983, Ditchburn *et al.* 1988), Heidegger's notion is less circumscribed and suggested that reflection is thinking back about something of interest.

Heidegger's many treatises' on thinking do not focus on reflection as a separate entity from other forms of thought. Rather, Heidegger discusses what might be considered reflection as the integration of two distinct modes of thought. These are identified as calculative and contemplative thinking. These modes of thought are not hierarchal in nature; rather each constitutes an important facet in the process of reflective thinking.

CALCULATIVE THINKING

Calculative thinking is an abstract and practical process confined to organizing, managing and controlling. It is a form of thinking which does not consider meaning and yet has the 'power to absorb completely our energy and attention' (Hixon 1978 p. 4). Calculative thinking represents the spirit of positivistic thinking. Thinking within this notion is directed towards the analysis and solution of problems without consideration of human context. Nursing students engage in calculative thinking when learning the facts and instrumental knowledge of nursing practice such as disease aetiology or aseptic technique. Within this perspective, the substance of reflection resides in instrumental problem-solving directed by the strict application of theory and technique, toward the pursuit of correct and desirable ends (Grimmett *et al.* 1990). It is a superficial level of reflection that suggests a looking back at experience that is not unlike looking in a mirror. A mirror deflects a physical and similar image back to an observer just as this calculative level of reflection deflects an image of experience back to an observer. To suggest, however, that reflection is only a representation of experience is to view reflection as an instrumental task that serves to list daily accomplishments. While there may be some value initially, for beginning nursing practitioners, in this superficial level of reflection, the simple statement of actions executed in practice primarily serves to reinforce positivistic and behaviourist educational traditions.

CONTEMPLATIVE THINKING

Contemplative thinking is a natural and spontaneous process fundamental to the exploration of meaning (Hixon 1978). The development of contemplative thinking, according to Heidegger (1966) requires 'nonwilling' and 'releasement'. Non-willing is preparatory to releasement and involves a turning away from calculative thinking. It is perhaps one of the greatest paradoxes of human existence that we see clearly when we do not look; our thinking arises when we do not try to think. Releasement refers to the 'contemplative sense of being let-in' (Hixon 1978 p. 8). Contemplative thinking does not require that we comprehend the essence of a concept in the manner of calculative thinking; rather we are released into our conceptual understanding. The type of reflective thought presented by Heidegger is deep thinking that cannot be commanded. It is a process that requires waiting. Waiting in the Heideggerian sense is expansive, especially in terms of time, and surrenders the mind to the emergence of contemplative thinking (Heidegger 1966, Hixon 1978).

REFLECTION

Heidegger suggested that separately, each mode of thought is incomplete. It is the integration of calculative and contemplative thinking that facilitates the interpretation of experience into meaning. Consequently the scientist and artesian each master some aspect of calculative and contemplative thinking so that rather than two distinct modes of thought, there exists only a 'single flow of awareness' (Hixon 1978 p. 5). The musician who understands the technical components necessary for the construction of a symphony and the scientist investigating the structure of viral DNA are both exercising calculative thinking. The employment of contemplative thinking permits the artist and the scientist to step away from traditional thinking patterns and move towards innovative ideas. It is contemplative thought that allows the scientist and the artist to ponder and uncover the essence of human activity and achievement. And it is the integration of calculative and contemplative thinking that allows the scientist and the artist to create theories and forms that transcend present ways of thinking, doing and being.

There are many notions of reflection and many theories and models. In the remainder of this paper reflection is considered as both a technique and a process. Notions of reflective teaching, learning, thinking or listening will not be explicitly discussed. Rather there is a focus on understanding the general notion of reflection that is the result of the integration of contemplative and calculative thought.

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Student nurses often begin their reflective practice d ed by calculative thinking. Distinct and concrete a as are more obviously drawn into awareness. An example from my clinical practice with students occurred with a first-year student who was caring for a dying woman. She noted that the client seemed to be in distress and asked the registered nurse to come in and help her assess the client. The nurse stated that there was nothing more to do for the client and withdrew from the situation. The student reluctant to leave, stayed and held the client's hand until the client drifted off to sleep. The student was dismayed at the action/reaction of the nurse and shared this with me. She did not, however, view her own caring actions as an area for reflection. She had simply done what had seemed natural to do. The student was not uncomfortable with her actions, nor did her actions create a problem or a concern. Upon closer examination of that moment, however, it became clear that the action of holding the woman's hand allowed for a deeper shared reality and understanding of an experience between two people. The student was later able to articulate a belief that people in distress should not be left alone.

Contemplative thinking did not occur quickly or easily for the student. Time was necessary to allow the student to think through the situation deeply and consider the reasons for her thoughts, feelings and actions. There are two important issues to be drawn from this example. First, th s a need for time to reflect and, second, reflection is no only an intra-subjective process it is often an inter-subjective process. Heidegger speaks of the time necessary for contemplative thinking to arise. It is a form of thought that requires a slowing of pace so that thoughtfulness may occur. The issue of time required for reflective thought to occur is clearly documented throughout the literature (Chandler *et al.* 1990, Wedman & Martin 1991, Boud & Walker 1993, Pultorak 1993).

THE PROBLEM OF TIME

It often feels that 'time is of the essence' in nursing; a client alone and in pain, someone stops breathing, a medication due. Each of these situations requires immediate action in order to ensure that discomfort is alleviated, that life continues, or that healing proceeds. Each situation, common in the everyday existence of nurses, is influenced by objective time. Objective time is unyielding, without feeling and is connected to calculative thinking. Objective time and calculative thinking are bound by constant activity. There is no opportunity for the consideration of meaning. The busy work world of student nurses involved in learning the work of nurses is often pressured, intense and constrained by objective time. Students in clinical practice si ons are confronted with a wide spectrum of intense h n emotions and physical conditions. Initial reactions to some of their experiences also encompass a broad range of human emotion. Coupled with this experience of learning to care for others who are vulnerable and dependent is the students' own sense of vulnerability. Many students have not previously had the opportunity to work with individuals who are unwell and needing physical and emotional care. Students are in the process of learning new ways of thinking, being and doing. They are learning a new language and how to function in a complex and rapidly changing environment. This is not a setting that would seem to allow students time for thoughtful consideration of their thoughts and feelings.

JOURNAL WRITING

Finding ways of providing students time to reflect, both *in action* and *on action* is an important consideration for nurse educators. A strategy frequently employed to allow students time to consider their experiences is the written journal (Chandler *et al.* 1990, Cameron & Mitchell 1993, Davies 1995, Baker 1996, Heinrich 1992a, Paterson 1995, Lauterbach & Becker 1996). Journal writing is considered to offer 'writers the opportunity to become participant/observers of their own learning, to describe a significant experience and to then reflect on that experience to see what they can learn from having had it' (Weisberg & Duffin 1995 p. 22). Written journals may be used to support both calculative and reflective thinking. Calculative thinking may be strengthened by encouraging students to document the day's activities as a list of accomplishments, or to write about the effects of medications, or clients' disease aetiology. Reflection occurring in this manner is at best superficial, and usually related to content or instrumental tasks. This type of journal writing may, however, be a necessary first step for some students in learning to become reflective.

Achievement of deeper levels of reflection usually require that journals, in some way, be dialogic. That is, the journals need to take on elements of a conversation. In this venue students write to someone who will assist them to uncover assumptions and usual ways of thinking, being and doing. Dialogic journals utilize an interactive format and extend a conversation for the purpose of developing self-awareness and understanding of situations (Staton 1987).

There is an abundance of literature proposing ideas, suggestions and examples of how to assist students to become reflective through the use of written journals. Journals may have a structured format (Heinrich 1992b, Allen & Farnsworth 1993) which may be used to assist with evaluation by the teacher (Burns 1994), or with self-evaluation (Westberg & Jason 1994, Richardson & Maltby 1995). Other authors have suggested that journal writing may be used as a tool to uncover meaning embedded in action and facilitate the incorporation of ideas, feelings and responses related to clients and their care (Davies

1995, Ray 1994, Paterson 1995, Rittman 1995). It is further suggested that journal writing may foster the relationship between students and teacher (Black 1989, Paterson 1995), as well as capture the stories of nurses and reduce the invisibility of nursing practice (Baker 1991, Heinrich 1992a, Baker & Diekelmann 1994).

TRUST

The practice of writing a reflective journal is frequently a new endeavour to students and the notion of sharing thoughts and feelings with a teacher through writing is often accompanied by a degree of discomfort (Richardson & Maltby 1995). It is critical therefore that the teacher engender a sense of trust in order that students feel safe and able to share their experiences. Trusting relationships tend to develop slowly and within an atmosphere of mutual respect and care.

Journal writing is an opportunity for students to explore ideas and understandings of situations, to share thoughts, feelings and beliefs, and in developing an increasing sense of self-awareness, to discover their own voice (Paterson 1995, Tryssenaar 1995). This is a vulnerable position for students who often fear they will alienate their teachers by expressing their fears, questions and thoughts about nursing (Paterson 1995). It is important therefore for teachers to respond to students' journal entries respectfully, sensitively and compassionately (Paterson 1995). Educators' comments need to reflect an understanding of the students' experience and gently encourage students to examine their assumptions, actions and practice. It becomes important therefore to read journal entries not for evidence of content, but rather for the meaning of the experience (Heinrich 1992b). It is also important for teachers to be as vulnerable as the students and share their thoughts, feelings and experiences as openly as the students. It is the interactive and participatory nature of shared dialogue between students and teacher that facilitates the development of trust. The trust between students and teacher facilitates the process of attempting to understand one another's perspectives and perceptions on a situation and uncover meaning (Heinrich 1992b, Paterson 1995, Tryssenaar 1995).

The need for trust and sharing between individuals suggests that reflective journals may not be an effective assessment, evaluation or grading tool. Using journals for these purposes may hinder the development of trust with the teacher and consequently inhibit students' honest sharing of thoughts, feelings and experiences (Fulwiler 1987, Richardson & Maltby 1995, Cameron & Mitchell 1992). It is therefore important that the purpose of the journal for gaining understanding related to clinical experience be explicitly stated (Cameron & Mitchell 1992, Brown & Sorrell 1993, Heinrich 1992b, Paterson 1995, Richardson & Maltby 1995).

Of further importance is the need to allow each topic raised in the journal to reach a natural conclusion. Often, as new issues arise during clinical practice times, topics are examined cursorily so that each point is considered, in some manner. Covering a variety of topics quickly and without sufficient depth, however, encourages calculative thinking. There may be greater advantage to dealing with one issue thoroughly and completely before moving on to another. In this manner, students have an opportunity to truly reflect on the topic — to consider all facets of the situation and to allow the topic to close naturally.

THE PARADOX OF TIME

One of the most prominent criticisms and concerns about reflective journal writing relates to time. Written journals are often seen as a strategy for providing students time to reflect about experiences, yet the time required to reflect, and the time required to write is frequently identified as a barrier to reflection (Chandler *et al.* 1990, Allen & Farnsworth 1993, Boud & Walker 1993). Upon completion of a clinical week students often have a short period of time in which to complete their reflective journals and hand them in to their teacher for review. Generally, the teacher also has a short period of time to read and comment sensitively and critically before handing the journals back to the students, at the beginning of the next clinical week. It is a quick cycle. Both parties are required to reflect swiftly. Heidegger (1966) suggested, however, that reflective thinking cannot be rushed. It is a type of thinking that requires time to collect itself. The question arises then, are we as nurse educators subtly encouraging and reinforcing some aspect of calculative thinking with this quick cycle of required reflection? It is suggested that one method for dealing with this difficulty is to allot time for reflection within the students' schedule (Cameron & Mitchell 1992). The allocation and use of time designated for reflection may itself become problematic, for this notion also furthers the sense of having to reflect 'on demand'. At the moment, however, reflective clinical journals, reviewed weekly by the clinical teacher, seem to be one strategy for encouraging students to reflect about clinical experiences.

CLINICAL DEBRIEFING

Time for reflection-in-action during the course of a clinical day is another problematic issue. Nursing teachers often feel torn. Students are supernumerary on clinical units so that they may enjoy learning opportunities without being hampered by certain client care responsibilities; yet educators are often hesitant to withdraw students from time with clients on the units. The assumption supporting this decision is based on the notion that students need the clinical experience, and the best clinical experience is at the bedside. It may be, however, that the understanding gained by spending some time reflecting

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on experience may be of equal or greater value than the me spent at the bedside. Talking with students for short eriods during a clinical day may allow them the time they need to gather their thoughts and feelings together and consider their actions or the actions of others in a meaningful way.

These short debriefing periods may, initially cause the educator some distress. It is unusual to not be 'on the floor' at all times supervising students' actions. Time spent in a short conversation between teacher and student directed towards the consideration of some aspect of practice, however, may benefit both individuals. The teacher has an opportunity to develop a stronger rapport and greater intimacy with the student, and consequently gain a deeper understanding of the students' experience both as a student and as a person. It is also an opportunity for students to consider, with the assistance of their teacher, aspects of practice in depth. These short debriefing sessions are not opportunities for questioning students about the aetiology of client conditions or the nursing considerations for medication administration. These are times when students and teacher look back together at an experience with the intent of increasing awareness and understanding of the situation.

One student and I considered the issue and practice of restraining clients. The student had restrained an older woman with the intent that the physical restraint would otect her. I asked the student to consider the client's ehaviour once restrained. She talked about the differences she had noted and then we talked about whether the increase in what was termed confusion might be due to the fact that the client was tied. I asked the student how she would feel if a nurse tied up her mother. The student was surprised by the depth of feeling and her reaction when asked that question. The interaction between us lasted about 15 minutes, yet for the student it focused her thinking about older adults and the notion of respect in a way she had not previously considered.

Finding ways for students to reflect while in clinical settings will always be a challenge for nurse educators — a challenge to find the time and then to take the time. The use of journals and debriefing sessions during clinical placements are only two of many tangible strategies that may encourage reflection about practice. The outcome of reflection for students has not been substantively researched. In a grounded theory study by Davies (1995), however, there was evidence that students' reflective activities contributed to their sense of a collaborative and supportive learning environment.

SOME FINAL THOUGHTS

There are a multiplicity of notions regarding the concept reflection. Conclusive answers to the questions of what is reflection, how is it learned/taught and how is it implemented in daily nursing practice are not apparent. Reflection, in this paper, has been considered as a purposeful inter-subjective process that requires the employment of both calculative and contemplative thinking. The technique of reflection may be taught as a discrete skill. Students may be encouraged to examine their thoughts, feelings and understanding of situations via written and verbal reflective processes. As educators, however, we must be aware that some of the techniques and strategies implemented to facilitate reflection, may actually strengthen calculative thinking. Nurse educators committed to assisting students to develop as reflective practitioners therefore need to clearly indicate the purpose of reflection and the aims of reflective strategies. It is also important that a safe environment be created to encourage the process of reflection.

The reflective process involves more than a concrete and rational looking back on experience. It is in itself an experience and therefore requires participation, involvement and commitment. All individuals engaged in sincere efforts to reflect are vulnerable. It is the sense of shared vulnerability that facilitates the development of trust and leads to the honest sharing of thoughts, feelings and experiences. There is a suggestion in the literature that reflection leads to an increased sense of self-awareness which has the potential to affect interactions with others. There is, however, no documentation within the reviewed literature related to actual outcomes of reflection. There is also no suggestion that those who reflect function differently as practitioners. These continue to be important questions for nurse educators to consider.

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BCIT NURSING
GUIDE TO THE USE OF THE LEARNING PLAN
FOR STUDENTS AND INSTRUCTORS

Students must start each practicum experience (with the exception of Level 1) with a professional learning plan completed. The expectation is that students will identify specific sub-outcomes that need work and then act on the strategies identified. Students are recommended to keep their learning plans in a portfolio that they can take from term to term. (Curriculum Review Committee, May 14, 2001)

Students and instructors will adopt the "3R" approach **(review, revise, roll over)** to learning plans.

Every student is responsible to complete and update (review and revise) a learning plan. Students need to take ownership of their learning plans.

Each student's learning plan should be reviewed by the instructor at the beginning (with the exception of Level 1), midterm, and at the completion of the semester as well as on a prn basis (review). The final learning plan for the semester should be brought forward (rolled over) by the student to the next level.

It is important for students to "carry through" or "roll over" their learning plans into each and all levels and in Level 3 students should "roll over" their learning plans into each specialty.

Learning plans **will not** be placed in students files. Students should keep **all** their learning plans throughout the program. Keeping all learning plans together in a file folder, duo tang, portfolio is a good thing!

The learning plan contains three sections:

1. Learning needs. This section should contain identified sub-outcomes that students and/or instructors determine that the student needs to work on. Use your outcomes and sub-outcomes for each level as a guide to identifying these areas to work on or learning needs.
2. Strategies. Identify strategies or specific ways that you can meet your identified sub-outcomes. You should have several strategies identified for each learning need that you have identified. Reflect on your strengths and incorporate your strengths (where possible) in creating workable strategies.
3. Progress. In this section you will comment on your progress toward meeting your identified sub-outcomes. You may find that some learning needs are ongoing throughout the semesters of the program. Date each of your comments in order to be able to look back and reflect upon your progress.

Note: The "3R's" were created by L. Barratt. May 2002

B(

Bachelor of Technology in Nursing

Professional Learning Plan

Student Name:
Course:
Date: January 24, 2002

Learning Needs (Sub outcomes)	Strategies	Progress (Date of Comments)
4.1 Follows BCIT and agency policies and procedures. Late for practicum two times on a Thursday.	1. Leave a note on bathroom mirror to set alarm on Wednesday night. 2. Have one of my classmates phone me at 0530 hours for the next two clinical weeks. 3. Have my uniform, shoes, etc. ready. 4. Make sure that I have enough gas in my car on Wednesday and Thursday night. 5. Make my lunch the evening before. 6. Go to bed by 2200 hours!	February 20, 2002 I have been on time for the last three weeks of clinical. Now I do not have a classmate phoning me and I have regularly set my alarm. The note on the mirror works! I'm also getting a good sleep before clinical.

BCIT
Bachelor of Technology in Nursing
Professional Learning Plan

Student Name:
Course:
Date:

Learning Needs (Sub outcomes)	Strategies	Progress (Date of Comments)

B(

Bachelor of Technology in Nursing
Professional Learning Plan

Student Name:
Course:
Date:

Learning Needs (Sub outcomes)	Strategies	Progress (Date of Comments)

BCIT
Bachelor of Technology in Nursing
Professional Learning Plan

Student Name:
Course:
Date:

Learning Needs (Sub outcomes)	Strategies	Progress (Date of Comments)

/24/02

B(

Bachelor of Technology in Nursing
Professional Learning Plan

Student Name:
Course:
Date:

Learning Needs (Sub outcomes)	Strategies	Progress (Date of Comments)

Certification: Blood Glucose Monitoring (Glucometer Elite)

A. Practice: Demonstration and at least two supervised attempts on patients.

B. Theory:

1. According to VGH policies, hypoglycemia is defined by the following blood glucose value _____ mmol/L.

2. Name five symptoms indicating possible hypoglycemia in a conscious pt.

_____

_____

_____

_____

_____

3. What five essential actions will you take (in sequence/priority)?

_____

_____

_____

_____

_____

4. Give two circumstances where it is appropriate to call the physical when your patient is having a hypoglycemic reaction.

_____

_____

5. If a patient is unconscious due to a hypoglycemic reaction, how should this patient be treated by the nurse and physician?

6. Name at least three indications for sliding scale insulin.

_____

_____

_____

7. What type of insulin is always used for SS insulin and why?

8. If your type 1 diabetic patient is fasting, should you withhold the inulin? Explain your answer.

9. When should you have your RN check your blood sugar result?

10. What is the normal range for blood sugar?

11. Will your type 1 diabetic be maintained at a normal range of blood sugar immediately post-op? Explain your answer.

12. What will you do if you detect a pattern of significantly higher or lower blood sugar at particular times of the day and why will you do this?

British Columbia Institute of Technology
Nursing 4030 – Clinical Techniques 3

Capillary Blood Glucose Monitoring Quiz

1. There is usually a gradual onset of symptoms in hyperglycemia and a rapid onset of symptoms in hypoglycemia.

   True False

2. Patients often refer to hypoglycemia as a "reaction." All patients who become hypoglycemic get symptoms or warning signs when their blood sugar is below the normal value.

   True False

3. List five common symptoms of **hypoglycemia**.

   a.
   b.
   c.
   d.
   e.

4. Name four potential causes of hypoglycemia in a hospitalized patient.

   a.
   b.
   c.
   d.

5. List five common symptoms of **hyperglycemia**.

   a.
   b.
   c.
   d.
   e.

6. Name four potential causes of hyperglycemia in a hospitalized patient.

   a.
   b.
   c.
   d.

7. Capillary blood glucose monitoring of patients in hospital is performed to assist nurses with the evaluation and management of their care. Name two types of situations where this assessment is indicated.

   a.
   b.

8. When is the best time to perform capillary blood glucose monitoring?

9. Describe two methods for increasing blood flow to a patient's finger prior to lancing the finger.

   a.
   b.

10. How often do you check the accuracy of a meter with a check strip or test strip?

11. Diabetes is considered well controlled when the a.c. blood sugar is between:

    a. 2 and 4 mmol/L
    b. 4 and 7 mmol/L
    c. 5 and 9 mmol/L
    d. 8 and 11 mmol/L

12. At what blood glucose value should you administer food to your patient? What kind and amount of food is given?

13. When should you have an RN check your blood glucose result?

    a.
    b.

14. At what blood glucose value should the physician be notified and a stat blood glucose level from the lab be ordered?

    a.
    b.

15. At 0930 hours, your diabetic patient complains of feeling faint. Because you are an astute student nurse, you check his blood sugar and get a reading of 2.8 mmol/L. What actions will you take?

16. Should insulin be withheld from fasting patients who are insulin dependent? Explain your rationale.

BCIT

Nursing 4030
Weekly Nursing Skills Checklist

Name: _____

Indicate frequency by numbers:

	Week							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1. IM Injections (Type)								
2. Subcutaneous Injections (Type)								
3. Capillary Blood Glucose Monitoring								
4. IV Medications — Bag (Main/Mini)								
5. IV Medications — Push								
6. Saline Lock (Maintenance or Auxiliary Unit)								
7. Central Venous Catheters								
8. TPN								
9. Infusion Pumps								
10. Blood Administration								
11. Dressings: Simple								
12. Dressings: Complex								
13. Wound Irrigation								
14. Drain Shortening or Removal								
15. Suture or Staple Removal								
16. N/G Maintenance								
17. N/G Insertion								
18. Enteral Tube Feeding								
19. Chest-Tubes								
20. Ostomy Care								
21. Neurovital Signs								
22. Doppler								
23. Catheterization (M or F)								
24. Bladder Irrigation/CBI								
25. Suctioning								
26. Trach Care								
27. Pre-op Checklist								
28. Pre-op Care								
29. Post-op Admission								
30. Admission								
31. PCA (P) / Epidural (E)								
32. Neurovascular Checks								
33. Other								

BCIT

Nursing 4030
Weekly Nursing Skills Checklist

Name: _____

Indicate frequency by numbers:

	Week							
	9	**10**	**11**	**12**	**13**	**14**	**15**	**16**
1. IM Injections (Type)								
2. Subcutaneous Injections (Type)								
3. Capillary Blood Glucose Monitoring								
4. IV Medications — Bag (Main/Mini)								
5. IV Medications — Push								
6. Saline Lock (Maintenance or Auxiliary Unit)								
7. Central Venous Catheters								
8. TPN								
9. Infusion Pumps								
10. Blood Administration								
11. Dressings: Simple								
12. Dressings: Complex								
13. Wound Irrigation								
14. Drain Shortening or Removal								
15. Suture or Staple Removal								
16. N/G Maintenance								
17. N/G Insertion								
18. Enteral Tube Feeding								
19. Chest-Tubes								
20. Ostomy Care								
21. Neurovital Signs								
22. Doppler								
23. Catheterization (M or F)								
24. Bladder Irrigation/CBI								
25. Suctioning								
26. Trach Care								
27. Pre-op Checklist								
28. Pre-op Care								
29. Post-op Admission								
30. Admission								
31. PCA (P) / Epidural (E)								
32. Neurovascular Checks								
33. Other								

WEEK 1: CASE STUDY (Bring to class on January 07, 2004.)

Welcome to NURS 4030 nursing practicum. In order to help you to review skills from Level 2 and be prepared for more complex skills in Level 4, this introductory lab will give you a chance to brush up on some of the basics. We have used an example of the type of patient situation you may encounter in this level's practicum setting.

To get the most out of this lab activity, the following preparation is required in advance of the lab:

1. Read the case study for Terry Madison.
2. List anticipated potential problems.
3. Outline a focused assessment.
4. Prepare an organizational plan for her care.

The following is a time-line for this activity:

0930–0945	Practicum group discussion of case study. Anticipate problems, do assessment, formulate plan.
0945–1000	Divide into two groups of four. Complete the baseline assessment of Mrs. Madison. Identify skills to be done. Revisit your problem list and plan, alter if necessary.
1000–1030	Implement care plan, start skills: one person performs the skill while the other three observe and provide constructive, supportive feedback.
1030–1045	Coffee
1045–1200	Continue with implementation. Each student should do one skill at least.
1200–1220	Debrief and clean up.

Case Study:

Terry Madison, age 57, was admitted to your ward following a small bowel resection surgery for a small bowel obstruction. She is post-op day two, has an abdominal dressing with either: a closed wound, drainage system (hemovac, Davol, Jackson-Pratt), or a Penrose drain. Her history includes Type I diabetes for 45 years.

Post-Op Orders:

IV 5% dextrose in ½ normal saline with 20 meq. KCL @ 125cc/hr. May D /C IV when drinking well.
Clear fluids to DAT.
Glucometer QID V/S per routine.
Situation
1. Remove HMV today if drainage less than 25ccs,
   or
2. Remove Penrose drain

Dressing change daily and PRN.

Insulin: Humulin N 15u sc & Humulin R 5u sc QAM @ 0800 before breakfast
Humulin N 10u sc daily @ 1700 before supper

Sliding scale insulin QID before meals:
0–10 give 0 units
10.1–15 give 4 units
15.1–20 give 6 units
>20 call doctor

Ampicillin 500mg. IV Q 6 H (0600–1200–1800–2400).
Gravol 25–50 mg. IM/IV Q6H prn
Morphine 5–10 mg. IM/sc Q3–4H prn

Morning Report: Day Two

Terry Madison has had a reasonably good post-op night. She was given Morphine and Gravol IM at 0500 for abdominal pain and nausea. The IV is infusing well with 700 TBA. The abdominal dressing shows a small amount of sero-sanguinous drainage. The hemovac drainage is 20cc. The Glucometer reading ac breakfast was 14.9. At 0715, she stated that she was very nauseated and her pain was rated at 7/10.

It is now 0740, you have just listened to report.

1. What are Ms. Madison's potential and actual problems? (Try to keep your problem list ***relevant and practical.***)

2. Outlined a focused assessment.

3. ***Briefly*** outline an organizational plan. What are the priorities? Recognize the priorities will probably change after you assess Ms. Madison.

FEB 2 6 2004

AMENDMENTS TO THE INFORMATION PACKAGE
NURS 4030
LEVEL FOUR PRACTICUM

COURSE OUTLINE

- Total Hours: 197.5
- Total Weeks: 15
- Pages 3 and 4 are in reverse order
- At the bottom of page 4 there is a statement regarding clinical consistency during weeks 12-16. The sentence should read as follows:

  During weeks 12-15, students must show evidence of consistent outcome achievement for three out of the four weeks to obtain a satisfactory standing in the course.

- The instructors of the course are:

Deborah Yates (in charge)	Office Phone: (604) 432-8911
Linda Brazier	(604) 432-8918
Cathy Hine	(604) 432-8907
Lisa McKendrick-Calder	(604) 453-4083
Diane Abu-Salim	(604) 456-8073
Maureen Morris	(604) 453-4096
Peggy Wyatt	(604) 432-8782

- Attendance:
  The BCIT attendance policy (#5002) is enforced in NURS 4030. 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 of the prescribed course" (p. 16). Students will be formally advised when they are approaching the 10% absenteeism. In NURS 4030, this means that they will receive a letter if they have missed two clinical days. If students miss more than two clinical days, they will have exceeded the 10% absenteeism and will be required to meet with the Year 2 Coordinator.
- Alternative Clinical Experiences:
  These are no longer offered in the level four practicum experience.

INFORMATION PACKAGE

NURS 4030
Level Four Practicum

January 2004–May 2004 Edition

WPC #22334 12/03

Nursing 4030
Level Four Practicum

Information Package
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