



Course Outline

School of Health Sciences
Program: Bachelor of Science in Nursing
Option:

NURS 4032 **Nursing Practicum 4**

Start Date: August 18, 2008

End Date: November 28, 2008

Total Hours: 270 **Total Weeks:** 15

Term/Level: 4 **Course Credits:** 11

Prerequisites

Course No.	Course Name
NURS 1060	Pharmacology
NURS 3000	Applied Nursing Science 3
NURS 3033	Family Nursing Theory
NURS 3034	Nursing of Families Practicum
NURS 3036	Mental Health Theory
NURS 3038	Mental Health Practicum
BHSC 3329	Immunology for Nursing

NURS 4032 is a Prerequisite for:

Course No.	Course Name
NURS 7030	Nursing Practicum in a Specialty Unit
NURS 7100	Community Nursing

Corequisites

Course No.	Course Name
NURS 2040	Professional Practice 2
NURS 3020	Clinical Techniques 3 — Laboratory
NURS 4000	Applied Nursing Science 4

■ **Course Description**

From this course students will gain nursing experience in medical and/or surgical acute care units. 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. Emphasis is placed on developing knowledge, skills, and attitudes relevant to professional nursing practice. Context of practice: Adult Medicine and Surgery.

■ **Evaluation**

- Satisfactory/Unsatisfactory standing based on student and instructor evaluation of course outcomes and CRNBC Standards.
- Students must complete a satisfactory self-evaluation of clinical practice after each week of practicum, weeks 2-14 inclusive. Refer to Self-evaluation Guidelines (attached).
- Students must complete four (4) satisfactory Reflective Journal entries. Refer to Reflective Journal Guidelines (attached).
- Students must complete a Mid-term and Final self-evaluation of their performance in practicum which provides examples of their level of achievement of course learning outcomes and CRNBC Standards.
- Students must complete a learning plan at the beginning of practicum and keep it continually updated during the course.

■ Instructor(s)

Pam Turnbull	Office Location: SE12-418	Office Phone: TBA
Julie Novakovic	" "	Office Phone: 604-456-1215
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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
- 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

Textbooks/pamphlets:

Required:

1. A current medical-surgical text purchased in a previous level such as:
 - Black, J.M., & Hawks, J.H. (2005). *Medical-surgical nursing: Clinical management for positive outcomes* (7th ed.). Philadelphia: Saunders.
2. A current skills text purchased in a previous level such as:
 - Perry, A.G., & Potter, P.A. (2002). *Clinical nursing skills and techniques* (5th ed.). St. Louis, MO: Mosby.
3. A nursing medical dictionary such as:
 - Taber, C.W. *Taber's cyclopedic medical dictionary* (20th ed.). Philadelphia, PA: F.A. Davis.
4. A diagnostic tests handbook such as the following:
 - LeFever Kee, J.(2005). *Handbook of laboratory and diagnostic tests: With nursing implications* (5th ed) Prentice Hall
5. A current drug guide.
6. Aschenbrenner, D.S., & Venable, S.J. (2006). *Drug therapy in nursing*. Philadelphia: Lippincott Williams & Wilkins.
7. Evans-Smith, P. (2005). *Lippincott's atlas of medication administration*. Philadelphia: Lippincott Williams & Wilkins.

Accommodation:

Any student who may require accommodation from BCIT because of a physical or mental disability should refer to the BCIT Policy on Accommodation for Students with Disabilities (Policy #4501), and contact the BCIT Disability Resource Centre (SW1-2300, 604-451-6963) at the earliest possible time. Requests for accommodation must be made to the Disability Resource Centre, and should not be made to a course instructor or Program area.

Any student who needs special assistance in the event of a medical emergency or building evacuation (either because of a disability or for any other reason) should also promptly inform their course instructor(s) and the Disability Resource Centre of their personal circumstances.

■ 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 judgment. 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**



INFORMATION PACKAGE

NURS 4032 Level Four Practicum

August 2008–November 2008 Edition

Standard #3: Competent Application of Knowledge

Determines client status and responses to actual/potential health problems, plans interventions, performs planned interventions, and evaluates client outcomes

Course Outcomes:

- Provides professional caring based on knowledge and skills.
- Pursues shared meaning by communicating effectively with people.
- Uses systematic inquiry.
- Uses creative leadership skills to manage changing patient situations.
- Implements technical skills competently with increasing confidence.

Clinical Practice Indicators

1. Independently performs individualized and comprehensive assessments of all assigned patients (initial and ongoing).
2. Interprets assessments based on established nursing theory.
3. Recognizes significant information and explains how data forms a pattern (i.e., actual and potential problems).
4. Articulates and supports own reasoning process in participating in clinical decision making (i.e., critical thinking and nursing judgements).
5. Adjusts plan of care to address patient problems and issues.
6. Intervenes appropriately with actual and potential problems according to priorities.
7. Organizes care for three to four patients by:
 - setting priorities.
 - completing all required care in a realistic time frame.
8. Performs technical skills competently according to policies, procedures and established patient care standards.
9. Utilizes communication skills to establish, maintain and terminate professional relationships with patients and family members.
10. Modifies technical skills as needed according to context following established principles of patient safety.
11. Performs nursing care with increasing confidence.
12. Documents timely and appropriate reports of assessments, decisions about client status, plans, interventions and client responses.
13. Takes responsibility to follow up on patient needs and concerns
14. Evaluates patient response to interventions and takes appropriate action.

Standard #4: Code of Ethics

Adheres to the ethical standards of the nursing profession

Course Outcomes:

- Provides professional caring based on knowledge and skills.
- Pursues shared meaning by communicating effectively with people.

Clinical Practice Indicators

1. Upholds the values outlined in the CNA Code of Ethics for Registered Nurses (2002):
 - Safe, competent and ethical care
 - Health and well-being
 - Choice
 - Dignity

2. Identifies clinical examples that indicate improvement is required to achieve standards.
3. Seeks and accepts feedback to foster own professional growth.
4. Assumes responsibility for self-directed learning and continuing competence by:
 - identifying and discussing strengths and areas for further development.
 - writing goals and specific action strategies in a learning plan, using a variety of resources, as appropriate.
 - implementing action strategies in a timely and effective manner.
 - evaluating and modifying the learning plan.
5. Reflects on own nursing practice by reviewing and analyzing situations that have occurred in the clinical setting and proposing alternative actions, as appropriate.
6. Maintains own physical, psychological and emotional fitness to practice.
7. Practices within own level of competence.

■ Information regarding NURS 4032

1. 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.
 - having discussion regularly throughout the course.
2. Students are responsible for identifying their own learning needs and consulting with the instructor to discuss how to meet these needs.
3. 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 #5002 located on the BCIT website.
5. 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.

■ Participation

1. Students will research patient information at the assigned agency the Wednesday prior to the practicum experience. Student preparation is required before the clinical experience in order for students to have an understanding of the reason for hospitalization, type of illness, medical management, related agency policies and the nursing care the patient(s) might require. The practicum experience will occur on Thursdays and Fridays for 16 hours per week. Depending on the agency this will be either day or evening shift.
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 debriefing session.. Students and the instructor have a joint responsibility to see that these sessions are meaningful. Debriefing sessions are one hour per week, following practicum. They will decide when the

two clinical days. If students miss more than three clinical days, they will have exceeded the 10% absenteeism and may be prohibited from a successful standing in this course

■ Journal Guidelines

A complete Journal is a course requirement for NURS 4032. It is comprised of the following three sections within the Journal:

- A. Self-evaluation of weekly progress.
- B. Reflective analysis of an issue, to be submitted four times during the term.
- C. The Skills Checklist.

A. The Self-evaluation Component of the 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 4032 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. **Self-Evaluation:** Using the six course standards 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?
2. **A Skills Checklist:** The Skills Checklist is your record and is to be completed weekly by students.

Specific skills introduced in Level 4 include:

- capillary blood glucose testing
- neurological vital signs assessment
- catheterization
- nasogastric (NG) intubation and NG tube management
- chest drainage systems
- nutritional replacements: enteral and parenteral

References

- Blake, T. K. (2005). Journaling: An active learning technique. *International Journal of Nursing Education Scholarship*, 2(3), 1-13.
- 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.

■ Professional Learning Plan

This is to be initiated during Weeks 1 to 3. Based on the six CRNBC standards and your experiences thus far in the program, identify your learning needs. 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. You will be expected to keep this plan updated for the duration of practicum.

Guide to 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 exception 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!

BCIT
Bachelor of Science in Nursing
Professional Learning Plan

Student Name:
Course:
Date: August 24, 2008

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.	<ol style="list-style-type: none">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 nights.5. Make my lunch the evening before.6. Go to be 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 Science in Nursing
Professional Learning Plan

Student Name:

Course:

Date:

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

■ 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 4 four students will encounter over the next 15 weeks is scheduled in Week 1 to allow some time to practice with previously learned skills such as insulin administration, IV/minibag administration of medications, SC & IM injections, and 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 day of patient care to enable the student to take an observational role in the clinical area. The student will be assigned an RN from the nursing unit who will act to orient the student to the activities of that unit.
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.
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.
7. Specific skills that need to be reviewed and mastered in the first three weeks of practicum are:
 - priming and management of IVs,
 - 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. Preparation 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 4 and will continue after graduation as seen in the CRNBC competencies. Self-evaluation journals must be written and submitted weekly.
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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 patient.

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?

British Columbia Institute of Technology
NURS 3020 – 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.



WEEK 1: CASE STUDY (Bring to class on August 20, 2008)

Welcome to NURS 4032 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 actual and potential problems.
3. Outline a focused assessment.
4. Prepare an organizational plan for her care.

The following is a time-line for this activity:

0900–0945	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 Ms. Madison. Identify any new problems. Alter your plan as required.
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.
1200–1220	Debrief and clean up.

1. Based on the preceding data, list actual & potential problems for Ms. Madison. Note: problems must be specific, relevant and individualized. Therefore, select only those problems which have a high probability of occurring based on the surgery, age of patient, past medical history and other relevant data. Be prepared to justify your selection of a problem with a rationale. Indicate whether the problem is actual or potential and list in order of priority.
2. Plan an individualized (focused) assessment that you will perform as your initial assessment of Ms. Madison. This assessment will be performed “head to toe”, incorporating body systems, and will focus on Ms Madison’s actual and potential problems.
3. Prepare a draft organization plan. You will incorporate patient priorities as well as optimizing time management.