



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
School of Health
Program: Bachelor of Technology, Nursing

APR 17 2002

Course Outline

NURS 7130
Nursing Practicum 6
Community Continuing Care

Start Date: January , 2002

End Date: April, 2002

Course Credits: 7.5

Term/Level: 6

Total Hours: 192

Total Weeks: 8

**Hours/Week: 24 Practicum
Experience**

Prerequisites

Course No.	Course Name
NURS 7030	Nursing Practicum 5
NURS 7100	Community Nursing: Partnership in Health
NURS 7050	Communication for Effective Leadership and Management

NURS 7130 is a Prerequisite for:

Course No.	Course Name
NURS 8130	Nursing Practicum 7

Co requisite

NURS 8800	Community Nursing: Partnerships in Action
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Course Calendar Description

In this course, students gain nursing experience in providing continuing care to adults in the community. Students are expected to provide knowledgeable and safe nursing care to promote health, prevent illness and injury, promote rehabilitation and foster self-care. The scope of nursing practice includes collaboration with clients and families to identify health issues, appropriate care, and relevant resources. The impact of hospitalization on the client, family and community is considered.

Context of Practice: Community Continuing Care

Course Goals

NURS 7130 is a practicum course focusing on the nursing care of children, adults and the elderly experiencing health issues requiring continuing care in the community. Emphasis is placed on developing knowledge, skills, and attitudes relevant to the practice of professional nursing so that illness and injury prevention, rehabilitation,

client self-care and health are promoted. Students will focus on the community as the context of care. Personal safety and end-of-life issues will be discussed.

Evaluation

Satisfactory/Unsatisfactory standing based on:

- A satisfactory student and instructor evaluation of course outcomes.
- A satisfactory case presentation during the last week of the experience.
- A satisfactory professional reflective journal analyzing the process of developing partnerships with clients and families in community practice.
- Satisfactory collaboration in the planning of and active participation in seminars and debriefing sessions.

All evaluation components must be completed to achieve a passing grade.

Course Learning Outcomes/Competencies

This practicum experience is with children, adults, and the elderly experiencing health problems and nursing care is given in the home. The family may be involved in the care and they may be the focus of the nursing care given. Preventing illness/injury, promoting rehabilitation and health, and supporting self-care are the priorities of nursing care in this course.

In this context, the student will:

1. implement professional caring (rational, technical & emotive elements) that integrates a depth of nursing knowledge and skill in accordance with the Standards of Nursing Practice in British Columbia.
2. pursue shared meaning by facilitating communication with clients and families to promote self-care and rehabilitation.
3. advocate on behalf of clients and families.
4. integrate the family into care and teaching.
5. modify practice to meet the health needs of clients and families.
6. integrate systematic inquiry into practice by:
 - analyzing client issues and responding with sound clinical judgements.
 - considering the multiple sources of community nursing knowledge.
 - integrating critical thinking and reflection into practice.
 - developing reflective skepticism.
7. commit to learning as a way of developing community practice by:
 - analyzing the knowledge base and skill sets required to nurse effectively in the community setting.
 - monitoring and evaluating own practice and acting to modify it.
 - assuming responsibility for own learning needs and investing time and effort in learning.
8. evaluate partnerships established with members of the health team.
9. implement technical aspects of care with dexterity.

Learning Processes Involved in this Course

- **Professionalism** – with increasing independence, students work to integrate the rational, technical and emotive elements of caring in the community setting. They increase their understanding of the health care issues addressed in the community continuing care program so they can participate actively in the experience. Students do complete and focused assessments of clients, families and the environment. They pursue shared meaning with clients and families to establish partnerships where shared goals and required resources are identified and self-care promoted. Empowerment, healing and growth characterize these partnerships. Students plan interventions in discussion with the client, but they may need to validate some decisions with the home care nurse or instructor.
Students modify techniques and practices to meet the health needs of clients and families in their homes. They learn to organize home visits. They understand that they are guests in client's homes. They give culturally sensitive care and recognize their and others' cultural views of health and illness.
Students understand the physiological, family and social/environmental needs of the clients as separate entities. As they try to integrate these needs, they will struggle with which is more important. They are likely to place a primary emphasis on one set of needs.
- **Communication** – with assistance, students work with clients and families to resolve problems or issues in the community setting. They listen carefully to client's issues so that appropriate assessments are made. Students continue to develop positive, pro-client caring attitudes and skills to communicate effectively with them. They implement client teaching to promote health and prevent illness or injury.
- **Systematic Inquiry** – students are increasingly independent with critical thinking and use a variety of sources of knowing to guide care. They use research findings to guide their practice and as the source of discussions with colleagues. Students question unclear decisions made by others. They consider strategies to promote rehabilitation, illness and injury prevention, and self-care to promote health outcomes.
- **Professional Growth** – students are committed to professional growth and remain open to new ways of thinking and doing. They are increasingly independent in structuring learning conferences with colleagues and instructors. Students evaluate and modify their practice.
- **Creative leadership** – students establish collaborative partnerships with colleagues and work to foster collaborative decision making. They use team building, negotiation and conflict resolution skills to collaborate with people. Students clearly describe their role in health care and their particular skills in the community setting and are beginning to advocate for clients and families when they are unable to advocate for themselves.
- **Technical Skills** – students are safe with acute care technical skills and are learning to modify them for the home environment.

Course Record

The content of this course outline is current, accurate, and complies with BCIT Policy.

Developed by

Lynn Field in consultation with

Joan Walker, Community Health Nurse, Vancouver Richmond
Health Board.

March, 2001

Date

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



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
Operating Unit: School of Health
Program: Nursing
Option:

Part B

NURS 7130 Nursing Practicum 6 - Community Continuing Care

Instructor(s)

Joan Walker

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Office Hrs.:

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Learning Resources

Required:

- ◆ RNABC student membership (\$35.00 per year for renewal)

Equipment:

- ◆ A stethoscope
- ◆ A pen-light
- ◆ Bandage Scissors
- ◆ A pen
- ◆ A watch with a second hand
- ◆ A Nursing Bag with equipment available from the Nursing Clinical Techniques lab.
- ◆ A photo ID (BCIT One Card) name badge
- ◆ Appropriate washable street clothes are required. Tops must cover the midriff and be loose fitting. Bottoms must cover the upper thighs and abdomen and be loose fitting. No denim clothing is allowed. Students will be sent home if dress is not appropriately professional.
- ◆ Closed-toe and closed heel walking shoes similar to hospital duty shoes. WCB will not cover injury resulting from inappropriate footwear.

Textbooks:

- ◆ Anderson, E.T., & McFarlane, J.M. (2000). Community as partner: Theory and practice in nursing (3rd ed.). Philadelphia: Lippincott.
- ◆ Canadian Nurses Association. (1997). Code of ethics for registered nurses. Ottawa: Author.
- ◆ De Becker, G. (1997). The gift of fear: And other survival signals that protect us from violence. New York: Dell Publishing.
- ◆ Fisher, R., Ross, M.M., & MacLean, M.J. (Eds) (2000). A guide to end-of-life care for seniors. Ottawa, ON: Age Wise Inc.
- ◆ Registered Nurses Association of British Columbia. (1997). Standards of nursing practice in British Columbia. Vancouver: Author.

- ◆ Romeder, J. (Project Coordinator). (1997). Supporting self-care: The contribution of nurses and physicians, an exploratory study. Ottawa, On: Health Promotion and Programs Branch, Health Canada.
- ◆ Snyder, M. (1992). Independent nursing interventions, (2nd ed.). Albany, NY: Delmar.
- ◆ Stanhope, M., & Knollmueller, R.N. (2000). Handbook of community-based and home health nursing practice: Tools for assessment, intervention and education (3rd ed.). St. Louis, MO: Mosby.
- ◆ An assessment text
- ◆ A fundamentals of nursing or clinical techniques text
- ◆ A medical-surgical nursing text
- ◆ A pharmacology text
- ◆ A laboratory and diagnostic procedures manual
- ◆ A mental health nursing text
- ◆ A family nursing text

On Reserve in the library:

- ◆ Boyd, M.D., Gleit, C.J., Graham, B.A., & Whitman, N.I. (1998). Health teaching in nursing practice: A professional model. Stamford, CT: Appleton & Lange.
- ◆ Gray-Vickrey, P., & Colucci, R. (1999). Taking charge in a geriatric emergency. Nursing99, 29(1), 41-46.
- ◆ Hoeman, S.P. (1996). Rehabilitation nursing: Process and application (2nd ed.). St. Louis: Mosby.
- ◆ Pender, N.J. (1996). Empowerment for self-care. In N.J. Pender (Ed.), Health promotion in nursing practice (3rd ed.). Stamford, CT: Appleton & Lange.
- ◆ Sawyer, L.M. (2000). Community health nurse in home health and hospice. In M. Stanhope and J. Lancaster (Eds.), Community and Public Health Nursing (5th ed., pp.834-861). St. Louis: Mosby.
- ◆ Stewart, M.J. (1999). Social support, coping and self-care as public participation mechanisms. In M.J. Stewart (Ed), Community nursing: Promoting Canadians' health. Toronto, ON: W.B. Saunders Company.

BCIT Policy Information for Students

Expectations:

1. Students are responsible for identifying learning goals and consulting with the instructor to discuss ways to meet these goals.
2. A learning partnership is essential for the successful completion of this course. Both the student and instructor will communicate openly, demonstrate respect in the relationship and work to establish and maintain a collaborative relationship. This can be achieved by:
 - ◆ discussing course outcomes to achieve a shared understanding of them.
 - ◆ discussing progress towards meeting the achievement of course outcomes.
 - ◆ conferring regularly throughout the course. The reflective journal may enhance the dialogue between the instructor and student and the dialogue may enhance the reflective journal.
3. One purpose of this course is to learn about the role of the home care nurse and provide service to clients in their homes. Another purpose of the course is to consider health promotion, illness prevention, self-care and rehabilitation as a focus of nursing care. Students are expected to make safe nursing decisions when giving care in the home. The instructor will carry a cell-phone at all times so will be available for consultation and home visits as required.

Workload

Students will have their community home care experience **three days a week for eight weeks**. In **weeks one and two**, students will orient to the policies and procedures of the agency and expectations of the course. Orientation will include: class time to review documents, discuss community context; 'buddy shifts' with the members of the interdisciplinary health care team; attending in the ambulatory clinic; debriefing sessions; student-led seminars (safety/palliative care); and a windshield survey of the community. Students will select a primary client to follow after having made visits with the Homecare nurses; the client will need to provide consent. The primary client will be presented at a case conference the last week of the experience. During **weeks three to eight**, students will continue with their primary client plus have two to three additional clients they will see each day. Workload is to be based on learning needs.

The cases assigned to students will usually be stable clients that are seen by home care nurses at least biweekly. They will have acute or chronic wounds, routine medication set-ups, and/or chronic problems that require nursing follow-up (COPD, cardiac diseases, MS, etc.). Students may be assigned a stable client who is only seen weekly. They may also be assigned to assist with more complex wound care when two nurses are usually assigned or when the client is seen twice a day.

The purpose of the assignments is to help students develop partnerships with clients and families *and* experience the wide range of issues dealt with in continuing care. Therefore, there will be a balance between seeing clients for the duration of the experience and having new clients each week.

Schedule of practicum days.

The practicum days are from **0830-1700 on Tuesdays, Wednesdays and Thursdays**. Students will start each day at the community home care office. They will meet with the home care nurse assigned to the client to identify relevant issues to consider when visiting the client that day. They will collect needed supplies and charts, organize their visits and confirm the time with the client by phone as required before leaving the office. Students will return to the office at mid-day to review care plans, deal with concerns, and plan for follow-up in collaboration with the instructor and homecare nurse. The student will continue with home visits in the afternoon and at the end of the day, report to the home care nurse and return charts and equipment.

Each week, there will be debriefing sessions where students can discuss their experiences. The sessions will vary from one to two hours depending on the needs of the students and instructor. The process of developing partnerships with clients and families, teaching, liaising with other care givers, advocating for clients and clinical decision-making will be a focus of these debriefing sessions. Issues related to health promotion (principles of primary health care), illness and injury prevention (risk factor reduction, early detection of illness, environmental health and safety), rehabilitation (capacity, counseling, support, retraining, education and environmental modification) and self-care (see required texts and reserve material for resources) will also be discussed.

There are two seminars that must be held during weeks 2 and 3 of the course. The students and instructor will identify a mutually agreeable time to schedule these seminars.

Students will organize their transportation to and from client homes. They will have sufficient money to use pay telephones to contact the instructor or home care nurse if the client's phone is unsuitable. They will survey the community to identify safe washrooms and dining areas and community 'hot spots'. If the client's status changes they will call the instructor's cell-phone to discuss appropriate actions. **If the client's status becomes critical, they will call 911 for assistance.**

BCIT Student Nurse Bags

Students will have bags that contain nursing equipment. They will be required to give the Nursing Program a \$200.00 cheque before the bags are issued. When they return the bags with the equipment in reasonable working order at the end of the practicum experience, the cheque will be returned to the student.

Practicum Policies

1. Students are advised to read the BCIT Nursing Program Student Guidelines, Policies and Procedures for information about specific policies for practicum experiences in the Community.
2. Students are required to visit clients in their homes. Therefore, they will need business class (ICBC class 007) insurance for their vehicles. Students are advised to consult with their insurance agent to modify their coverage for the 2 months they take this practicum course.
3. To control the spread of communicable diseases, the agency requires a Hepatitis B series, updated polio, tetanus, and diphtheria immunizations and a TB skin test yearly. Students are advised to consult the BCIT Health Services to see that their protection is updated before the course starts.
4. Students must have current student membership in RNABC at the start of the course. They are encouraged to renew their application at least two months before the course commences.
5. Students are expected to collaborate with the primary home care nurse before visiting a client and they must debrief all visits with the appropriate home care nurse at the end of the day.
6. The instructor will carry a cell-phone at all times. Contact her at that phone number as the need arises.
7. Students must confer with their instructor or home care nurse before referrals to other community agencies are made.
8. Students may carry agency charts and equipment in their cars, but the charts and equipment must be returned at the end of the day. When charts and equipment are carried in students' cars, only the items that relate to the particular visit may be transported on the seat of the car. All other charts and equipment must be transported in the trunk of the car. If the car has no trunk or other secure place to store confidential equipment, the chart must remain with the student at all times. Documentation of the visit must be made before returning the chart to the agency.
9. Physician orders are to be updated as per agency policy. Students *may* obtain these new orders but this must be done only after consultation with the instructor, or, the home care nurse must renew these orders. Students may discuss assessments and care plans with physicians or they may refer physician discussions about assessments and care plans to the home care nurse. Students may not pick up patient medication from pharmacies unless prior consultation with the instructor or home care nurse has occurred.
10. Students are expected to call 911 if emergency care is required in the home. They must keep their CPR certification updated and may initiate CPR as required. Students are expected to use the Venti-masks in their nursing bags to minimize safety risks.
11. The Home Health Care agency has policies for the pouring of medications. Students may pour medications for the client to take at a later date according to the policy of the agency.
12. The Home Health Care Agency has policies for the disposal of sharps and garbage and the disinfection of equipment used in the home. Students are expected to follow these policies. This means that when thermometers from the student bag are used with clients, shields are always applied.
13. The Home Health Care Agency has policies for reporting adult abuse and communicable diseases. As nursing students in this agency, students are expected to report these issues as they arise. Please consult the agency policy manual for specific information.
14. Clients and/or their families are not to be transported in students' cars. When joint visits to agencies or services are planned, either meet them at the agency or go with them on foot or in a taxi.
15. Students are expected to assess the safety of their working environment and remove themselves from unsafe situations. They must document the safety issue and report it immediately to the instructor.
16. Students are responsible for keeping agency equipment in zip-lock bags so that it can be returned to the agency at the end of the practicum.
17. If students are injured during the practicum experience, report to your instructor immediately then call Safety & Security at BCIT: (604) 432-8872. Complete the attached student incident report and return it as soon as possible.

Course Evaluation

Students have the right and the responsibility to evaluate the course. Ongoing feedback will be obtained from students who are currently in the course so that students' needs and course outcomes can be facilitated. At the end of the term, a review will be written that is aimed at modifying the course for subsequent students.

Student Evaluation

The reflective journals, the case presentation, collaboration and participation in seminars and debriefing sessions, and home visits must be completed satisfactorily to achieve a satisfactory standing in the course. At the end of the course, students must show evidence that the course outcomes have been met.

During week 9, the student and instructor will contribute to the final evaluation summary of outcome achievement. Please see the Evaluation Summary attached to this course outline. The instructor ultimately has the responsibility to recommend a satisfactory or unsatisfactory standing in the course.

To achieve the course outcomes, active participation in the experiences is required. This is achieved by:

1. attending and actively participating in the orientation session. Students are required to review the following before the orientation begins:
 - The course outline and orientation 'homework'
 - Wound care from NURS 2020 and 3020
 - Documentation guidelines from RNABC
2. researching patient information during and/or prior to the practicum experience. Students may be given their client assignment the day before the clinical experience but often will learn of their assignment on the day of practicum. Students are expected to have an in-depth understanding of the nature of the client's problems, the necessary assessments to be conducted and the nursing care required before attending at a home visit.
3. giving safe and comfortable care to clients. Students are expected to document errors according to the policy of the agency. Students whose care is unsafe may be removed from the practicum setting (see the BCIT Nursing Program Student Guidelines, Policies and Procedures).
4. evaluating performance and developing learning plans. It is expected that students will refer to their previous practicum course to identify learning needs and develop learning plans. Instructors are available to discuss learning needs and assist with learning plan development.
5. collaborating in the planning of and actively participating in the debriefing sessions.
6. collaborating in the planning and actively participating in seminar sessions. Students are jointly responsible for the content and process of these sessions. Students and the instructor will jointly identify agendas for the session, timing of the sessions, and group roles for each session. The following seminars will be held within the first three weeks of the course:
 - Nurse safety – Read The Gift of Fear to prepare for this seminar.
 - End-of-life care in the community – Read A Guide to End-of-life Care for Seniors available on reserve in the library for information on this topic. You may also want to review the NURS 2000 content on palliative care. There are a couple of copies of How We Die by Sherwin Nuland in the BCIT library.Other issues such as family, mental health, socioeconomic status, elder abuse, homelessness, poverty, community resources, and ethics may be discussed during the seminar sessions as well.
7. giving a case presentation on their primary client and participating in the case presentation discussions during the final week of the experience.
8. submitting four reflective professional journals according to guidelines.

Students are expected to attend practicum activities in an appropriate state of health. When this does not exist, students must notify the agency and teacher before the experience begins for the day. If students are absent for more than 10% of the course for other than medical reasons, they may not meet course requirements (see the BCIT Nursing Program Student Guidelines, Policies and Procedures).

Assignment Details

1. Case Presentation

Students may meet as often as each clinical day (with mutual agreement of the client) with their primary client to complete an assessment of the client and family with the focus on supporting self-care and family capacity. They will use interviews, observation, physical assessment, other health team members and multidisciplinary health records. Students will pay particular attention to the abilities of the client and family and help them draw on these assets to foster their self-care. Students will collaborate with them to identify the relevant community resources they find useful. Students will consider client access to these resources and assist them to use them. As they work with the client and family, students will collaborate with them to identify health promotion, illness/injury prevention and or rehabilitation issues relevant to them and develop appropriate interventions.

During the last week of the experience, students will have one hour to present the holistic assessment of the client, the community resources the client found useful, and the health promotion, illness/injury prevention and or rehabilitation strategies implemented. They will also discuss the process of developing partnership with the client and family, teaching/behaviour change issues, liaising with other health professionals, advocating for clients as they promote self-care and rehabilitation for this particular client and family. The home care nurses involved with the client may attend if they wish.

Students will choose a framework for thinking about assessment, community resources, health promotion, illness/injury prevention, rehabilitation and self-care. As they debrief their nursing experiences each week, they will consider these concepts as they apply to their clients. The NURS 7100, Community Nursing: Partnerships and Health course describes several perspectives that could be taken about community, health and partnership. The course also describes the Stage Model of behaviour change (Prochaska) that might be useful in developing the interventions appropriate for the family. The home care agency's nursing model might be useful. The NURS 1019, Clinical Techniques: Assessment course describes a format for assessment. Also, the instructor is available for consultation. Students are encouraged to use various resources to understand the concepts and organize the client information for the presentation.

As with any presentation, those who listen to the presentation have a responsibility to clarify material being presented and ask questions. Listeners are expected to challenge assumptions, consider the consequences of conclusions and suggest alternate perspectives that could be taken. The ability of the presenter and the listeners to participate in this kind of thinking activity is part of the evaluation of this assignment.

The sophistication of the case presentations and the participation of students in the group may vary with the placement of the rotation in the term. As the students progress through the community, systematic inquiry, and applied ethics courses, they will bring additional knowledge and skills to this assignment.

Students will sign up for one of the case presentation times. They are expected to consider the volume of information that needs to be presented and use appropriate handouts, graphics and teaching methods to maximize group understanding and discussion. The presentation is marked satisfactory or unsatisfactory.

Criteria for Satisfactory Case Presentations:

Content:

- ◆ Includes a holistic assessment of the client and family that includes interviews, physical assessment, and data from the health team and multidisciplinary records.
- ◆ Clearly includes client abilities and notes how they foster self-care, health promotion, illness prevention, and rehabilitation.
- ◆ Discusses the care plan developed with the client.

- ◆ Discusses the nursing actions taken paying particular attention to health promotion, illness/injury prevention, rehabilitation and self-care.
- ◆ Evaluates the effectiveness of nursing actions taken.
- ◆ Identifies the relevant community resources appropriate for the client and family and notes how the student assisted them to use the resources.
- ◆ Analyzes the process used to develop partnerships with the client and family.
- ◆ Analyzes the home care nurse's role with the family.

Presentation Process:

- ◆ Sets up an environment conducive to listening and discussion.
- ◆ Presents information in an organized, confident manner. Speaks clearly.
- ◆ Asks questions or makes comments that stimulates discussion (energizes the group).
- ◆ Verifies that the group understands the information presented.
- ◆ Deals effectively with questions or issues (including alternate perspectives) raised by the group.
- ◆ Gives constructive feedback to the group about their participation.
- ◆ Summarizes the presentation and discussion at the close of the presentation.
- ◆ Completes the presentation within the hour time frame.

Evaluation:

- ◆ Obtains feedback from the people present.
- ◆ Incorporates the feedback into the self-evaluation of the presentation.
- ◆ Discusses the presentation self-evaluation with the instructor at the final evaluation summary of course achievement.

2. Reflective Journal

This assignment helps students reflect on their thinking and learning about home nursing practice. Reflective journals must be submitted weeks two, three, four and six. As students prepare for the final evaluation summary with the instructor during week eight, they may want to review their journals for evidence of their growth in learning and thinking.

The purpose of the journal is to help students reflect on their practice before, during and after it happens. The goal is to consider alternate strategies to achieve goals and the appropriateness of the chosen goals. To help students do this, they must think critically about incidents in their practice. Each week, choose an incident related to developing partnerships with home care clients and follow the following model.

Record an incident:

- ◆ Describe the incident including what you saw, heard, smelled, and touched.
- ◆ Record conversations verbatim.

Reflect on the incident:

- ◆ Describe what were you were trying to achieve. (Why did you do what you did? What assumptions were you making?)
- ◆ Describe the consequences for the patient, yourself, and others. (What were the thoughts, feelings, reactions and behaviour of you and your client? Were your assumptions validated? How did you know this?)
- ◆ Describe the knowledge that guided your actions. What knowledge was missing?
- ◆ Describe how your actions matched your beliefs. (What personal and professional values fit with your actions?)
- ◆ Describe how your actions were incongruent with your personal and professional beliefs. What made you act in this way?

- ◆ Identify the interests that seem to be served by your actions. What social norms are maintained by your actions?
- ◆ Describe an alternate perspective that you could take so that other interests would be served.

* These questions have been modified from Greenwood, J. (1998). The role of reflection in single and double loop learning. Journal of Advanced Nursing, 27, 1048-1053.

Students are expected to submit professional journals as they are due and the instructor will make comments on the contents to stimulate thinking and reflection. Four journals must be submitted before week seven of the rotation. The content of the incident recorded will not be evaluated, but the reflection must show critical analysis. The journals will be marked satisfactory or unsatisfactory.

3. Collaboration in the planning of and active participation in debriefing session.

Students are expected to actively participate in the practicum group. Group norms for participation, feedback, brainstorming and decision making will be identified by the group. Students will be evaluated by the group and instructor as satisfactory or unsatisfactory in group process at the end of the practicum experience.