



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Nursing

Option: Bachelor of Science

**NURS 7134**  
**Nursing Practicum 6**  
**Community Home Health****Start Date:**      **Rotation #1:** August 13, 2007**Rotation #2:** October 8, 2007**End Date:**      **Rotation #1:** October 5, 2007**Rotation #2:** November 30, 2007**Total Hours:** 140    **Total Weeks:** 8**Hours/Week:** 16    Theory (12 hrs) & Practicum  
Experience (128 hrs)**Term/Level:** 6      **Course Credits:** 6**Prerequisites****Course No.**      **Course Name**

NURS 7030      Nursing Practicum 5

NURS 7050      Communication for Effective  
Leadership and ManagementNURS 7100      Community Nursing: Partnership in  
Health**NURS 7134 is a Prerequisite for:****Course No.**      **Course Name**

NURS 8132      Nursing Practicum 7

**Co-requisite****Course No.**      **Course Name**

NURS 8010      Systematic Inquiry

NURS 8100      Community Nursing: Partnerships in  
Action**v Course Description**

In this course, students provide nursing care to people within the context of community Home Health. This expanded scope of nursing practice includes collaboration with clients, families and other health team members to identify health issues, establish appropriate care and facilitate access to relevant resources. Students are expected to provide knowledgeable and safe nursing care to promote health, prevent illness and injury, promote rehabilitation, and foster self-care. The impact of the health care system on the client, family and community is considered.

**v Detailed Course Description**

NURS 7134 is an integrated theory and practicum course emphasizing the development of knowledge, skills, attitudes and judgments relevant to the practice of community nursing so illness and injury prevention, rehabilitation, self-care and health are promoted. This course draws on the standards of community practice and builds the student's experiences with applying theories related to partnership, therapeutic communication, family, relational capacity, and, the stages of change model. Collaboration with all members of the health care team is an integral part of the course. Students work with clients who experience health issues requiring Home Health nursing and in considering such things as the determinants of health, focus on holistic approaches to client care within the context of community practice and a specific client case.

## **Community Home Health**

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### **v Evaluation**

Satisfactory/Unsatisfactory standing based on **two** components:

#### **Practicum:**

- Satisfactory student performance of course outcomes.
- Satisfactory collaboration in the planning of and active participation in seminars and debriefing sessions.

#### **Theory:**

- Satisfactory individual reflective assignment analyzing the process of developing partnerships with clients in community practice.
- Satisfactory group seminar presentation.
- Satisfactory individual case study presentation.

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

### **v Course Learning Outcomes/Competencies**

This integrated theory and practicum experience is with people experiencing health problems and nursing care is given in the home and community agencies. 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. Where time and opportunity allow, the concepts and practice of palliative care within the community context will be explored.

In this context, the student will:

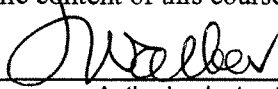
1. implement professional caring (rational, technical and emotive elements) that integrates a depth of nursing knowledge and skill in accordance with the Professional Standards for Registered Nurses and Nurse Practitioners (College of Registered Nurses of British Columbia, 2005)
2. Pursue shared meaning by facilitating communication with clients and families to promote self-care and rehabilitation.
3. Advocate on behalf of clients and with assistance, advocates on behalf of families.
4. Integrate the family into care and teaching with assistance.
5. Modify practice to meet the health needs of clients. Modify practice to meet the health needs of families with assistance in complex situations.
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 initiated with members of the health team.
9. Implement technical aspects of care safely and with dexterity.

**Community Home Health**

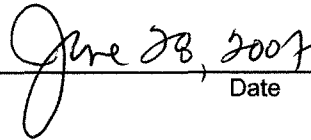
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**v Verification**

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



Authoring Instructor

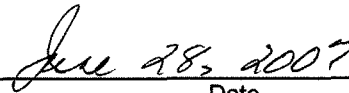


Date

I verify that this course outline has been reviewed.

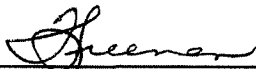


Program Head/Chief Instructor

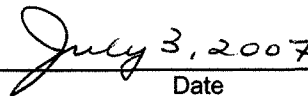


Date

I verify that this course outline complies with BCIT policy.



Dean/Associate Dean



Date

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

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**NURS 7134**  
**Nursing Practicum 6**  
**Community Home Health**

**PART B**

**v Instructors**

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Marg Gorrie	Office Location: SE12-418 Office Hrs.:TBA	Office Phone: 604 456-8115 Cell Phone: 778-928-2314	E-mail Address: <a href="mailto:mgorrie@my.bcit.ca">mgorrie@my.bcit.ca</a>
Lisa Seaberly	Office Location: SE12-418 Office Hrs.:TBA	Office Phone: 604 Cell Phone: 778-928-2362	E-mail Address: <a href="mailto:lseaberly@my.bcit.ca">lseaberly@my.bcit.ca</a>
Joan Walker Course Leader	Office Location: SE12-418 Office Hrs: TBA	Office Phone: 604 453-4083 Cell Phone: 778-928-2363	E-mail Address: <a href="mailto:jwalker14@my.bcit.ca">jwalker14@my.bcit.ca</a>

**v Learning Resources**

**Required:**

- CRNBC student membership
- CPR certification current to end of term
- Immunizations up to date; includes flu vaccination and TB skin test
- Automobile with business class insurance (ICBC class 007)

**Equipment and Dress Code:**

- Stethoscope
- Pen-light
- Watch with a second hand
- BCIT Nursing Bag with BP cuff and one-way valve CPR mask provided (to be distributed)
- Photo ID (BCIT OneCard) name badge
- Black ink pen
- Clean, washable street clothes are required. A professional appearance and the ability to provide active care in the community setting is the objective: tops must cover the midriff at all times and be loose fitting; bottoms must come up to the waist and down to the knee, and be loose fitting. No denim clothing is allowed. Students will be sent home if dress is not appropriately professional.
- All tattoos must be covered
- Closed-toe and closed-heel shoes. Worksafe BC will not cover injury resulting from inappropriate footwear.

**Textbooks:**

- De Becker, G. (1997). *The gift of fear: And other survival signals that protect us from violence*. New York: Dell Publishing.
- Leeseberg Stamler, L, & Yiu, L. (2005). *Community health nursing: A Canadian perspective*. Pearson Education Canada.
- Prochaska, J.O., Norcross, J.C. & DiClemente, C.C. (1994). *Changing for good*. New York: Avon Books.

## Community Home Health

## Part B

### Required References:

- College of Registered Nurses of British Columbia. (2006). *Scope of practice for Registered Nurses; Standards, Limits, Conditions*. Vancouver, BC: Author. Available at <http://www.crnbc.ca/downloads/433-scope.pdf>
- Philosophy Task Group. (2006). *Bachelor of Science Nursing curriculum philosophy*. Burnaby, BC: British Columbia Institute of Technology.

### Recommended:

- 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.
- Canadian Hospice Palliative Care Association. (2002). *Hospice Palliative Care Nursing Standards of Practice*. Available at [http://www.chpca.net/marketplace/nursing\\_norms/Hospice\\_Palliative\\_Care\\_Nursing\\_Standards\\_of\\_Practice.pdf](http://www.chpca.net/marketplace/nursing_norms/Hospice_Palliative_Care_Nursing_Standards_of_Practice.pdf)
- Fisher, R., Ross, M.M., & MacLean, M.J. (Eds). (2000). *A guide to end-of-life care for seniors*. Ottawa, ON: Age Wise Inc. Available at <http://rgp.toronto.on.ca/PDFfiles/eol-english.pdf>
- Community Health Nurses Association of Canada. (2003). *Canadian Community Health Nursing Standards of Practice*. Available at [http://www.chnac.ca/downloads/chn\\_standards\\_of\\_practice\\_jun04\\_english.pdf](http://www.chnac.ca/downloads/chn_standards_of_practice_jun04_english.pdf)
- General texts: Physical Assessment, Fundamentals of Nursing or Clinical Techniques
- Medical-surgical nursing, mental health nursing, family nursing, pharmacology, texts
- Laboratory and diagnostic procedures manual

### v Information for Students

The following statements are in accordance with the BCIT Student Regulations Policy, 5002. To review the full policy, please refer to <http://www.bcit.ca/~presoff/5002.pdf>

**Attempts:** BCIT Nursing Program Student Guidelines, Policies and Procedures which are located online at <http://www.bcit.ca/health/nursing/> state: Applicants, who have any combination of two instances of withdrawal or failure in Nursing Practicum courses for academic or performance reasons, will not be readmitted to the program.

**Ethics:** BCIT assumes that all students attending the Institute will follow a high standard of ethics.

**Academic Misconduct:** Violations of academic integrity, including dishonesty in assignments, examinations or other academic performances are prohibited and will be handled in accordance with the 'Violations of Standards of Conduct' section of Policy 5002.

**First Offense:** Any student in the School of Health Sciences involved in an initial act of academic misconduct — **cheating, fabrication, plagiarism** and/or **dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

**Second Offense:** Any student in the School of Health Sciences involved in a second act of academic misconduct — **cheating, fabrication, plagiarism** and/or **dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

**Attendance:** In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with the instructor for that practicum site, indicating the reason for the absence. Attendance will be taken each day of practicum. Any absence of 10% or more from practicum will necessitate consideration of whether or not the course outcomes can be achieved. What is considered in the end is: "Did the student achieve the course outcomes?"

## Community Home Health

## Part B

**Illness:** Students are expected to attend practicum activities in an appropriate state of health. When this does not exist, students must notify the agency and instructor before the experience begins for the day. After an illness of three or more days, students must arrange to have a BCIT medical certificate sent to the department.

**Makeup Assignments/Practicum Hours:** There will be **no** makeup assignments for practicum time.

**Assignments:** Assignments must be done on an individual basis unless otherwise specified by the instructor.

**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 practicum.

### Expectations:

- Students are responsible for identifying their areas of strength and areas for growth within **the first two weeks** of the practicum rotation. In **Week 3**, students are to **establish a learning plan** to promote meeting course outcomes. This may require consultation with the instructor to discuss strategies.
- A **learning partnership**, essential for successful completion of the course, is established when both the student and instructor communicate openly, demonstrate mutual respect and work to maintain a collaborative relationship. This can be achieved by:
  - discussing course outcomes to achieve a shared understanding of them.
  - discussing progress towards meeting the course outcomes through self-assessment/soliciting feedback.
  - conferring regularly throughout the course.
- One purpose of this course is to learn about the role of the professional nurse when providing care 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 carries a cell-phone and pager at all times so will be available for consultation and home visits as required.**
- **In the event of an unusual incident, the student must notify the Instructor immediately.** The student will then be required to complete an agency and BCIT Nursing Program incident report. Any accidents or injuries experienced by the student (eg. needlestick injury) require immediate attention and completion of the agency and BCIT First Aid, as well as WCB, forms.

### v 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 as needed, for subsequent students.

### v Learning Processes Involved in this Course

**Professionalism** – with increasing independence, students work to integrate the rational, technology-in-practice and emotive elements of professional caring in the community practice context. Through reasoning and reflection, students develop a depth of nursing knowledge regarding the health care issues addressed when giving health care in the home. Students plan interventions in discussion with home health nurses and instructors prior to and after each visit. They implement independent and interdependent nursing care in consultation with clients and work to foster contexts that promote, maintain and restore health.

Students organize and prioritize care for clients based on humanism. They make sound nursing judgments, evaluate nursing care, commit to the Canadian Nursing Association values and ethics, and commit to providing a public service and to changing practice as society requires.

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 they are guests in client's homes. They give culturally safe care. Students understand the physical, emotional, environmental, social, economic, political and spiritual needs of the clients as separate entities. As they try to integrate these needs, they will consider clients from a holistic perspective.

## **Community Home Health**

## **Part B**

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**Communication** – students recognize and respond appropriately to critical messages (embodied, verbal, written, emotional and spiritual) or cues from clients, colleagues, instructors and the health care team. They engage in a rhythm of attachment and separation so a sense of wholeness is created. Through therapeutic communication they establish shared meaning and partnership to develop client's capacities for healing and/or growth. When health deteriorates or death is expected, they establish shared meaning to promote personal meaning, integrity and hope. They implement client teaching to promote health and prevent illness or injury.

**Systematic Inquiry** – students are increasingly independent with critical thinking as they challenge assumptions, search for alternate perspectives and reason about the connections and judgments associated with nursing care. In additions to applying knowledge from previous courses to understand client issues, they use research findings to guide their practice and as the source of discussions with colleagues. They use a cyclic process of reflection, questioning, consideration and evidence searches to reconcile dilemmas in practice.

**Professional Growth** – students use self-evaluation, reflection, information management, critical thinking and critical appraisal to achieve a level of self-inquiry and self-direction that builds the knowledge, skills, attitudes and judgments of professional nursing in the community context. They actively seek learning partnerships to facilitate their professional growth so they are responsible for this process. They modify their practice to meet the standards of registered nursing practice in BC.

**Creative Leadership** – as students engage with clients they become creative leaders by working to establish meaningful and genuine connections with clients, encouraging a common vision for their health partnership and focusing activity towards their common goal. As exemplary followers, students use their initiative to think critically and challenge ideas and strategies. Students use team building, negotiation and conflict resolution skills to collaborate with people. Students are beginning to advocate for clients and families when clients and families are unable to do so for themselves.

**Technology-in-practice** – students are safe with technical skills and are learning to modify them for the home environment; this includes translating skills for use by family and other care providers.