



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

**NURS 8010**  
**Systematic Inquiry**

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<b>Start Date:</b>	January 2007	<b>End Date:</b>	May 2007
<b>Total Hours:</b>	80	<b>Total Weeks:</b>	16
<b>Hours/Week:</b>	5	<b>Lecture:</b>	
		<b>Lab:</b>	
		<b>Shop:</b>	
		<b>Seminar:</b>	5
		<b>Other:</b>	

**Prerequisites**

Course No.	Course Name
LIBS 7001	Critical Reading and Writing

**NURS 8000 is a Prerequisite for:**

Course No.	Course Name
NURS 8330	Nursing Practicum 8 – Leadership
NURS 8132	Practicum 7

**Co-requisite**

Course No.	Course Name
NURS 7134	Community Home Health

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**■ Course Description**

NURS 8010 is a nursing research and clinical decision making theory course with two foci: developing an understanding of the research process including the ability to read and critique research studies; and, understanding clinical decision making including the development of a personal decision-making model. Knowledge from rehabilitation, illness and injury prevention, client self-care, research and clinical decision making is analyzed and integrated into decision making for chosen clinical case studies.

**■ Detailed Course Description**

The purpose of this course is to assist the learner to engage in a process of systematic inquiry to enhance the learner's ability to create and use knowledge from a variety of sources. Case studies and related decision-making and research exercises give learners opportunities to apply their critical thinking skills in the systematic evaluation of various sources of knowledge for nursing practice including acute care nursing, rehabilitation, illness and injury prevention, client self-care and formal research. Research critiques and application exercises give learners the opportunity to apply research content. A decision making project provides the opportunity for the learner to reflect on their thinking skills in the systematic inquiry process. The purpose of the project is to develop a decision-making model that may be used in practice. This course uses the case study teaching-learning strategy in a seminar format.

**■ Evaluation**

Seminar Participation	10%	Comments: All assignments must be completed to achieve a satisfactory standing in the course.
Research Critiques	35%	
Research quizzes	15%	
Decision Making Project	40%	
<b>TOTAL</b>	<b>100%</b>	

**■ Course Learning Outcomes/Competencies**

At the end of this course the student will be able to:

1. develop skill in systematic inquiry by:
  - critically analyzing various types and sources of knowledge related to rehabilitation, illness and injury prevention, acute care nursing, client self-care and research.
  - critically evaluating knowledge from a variety of sources related to rehabilitation, illness and injury prevention, acute care nursing, client self-care and research.
  - synthesizing knowledge from rehabilitation, illness and injury prevention, client self-care and research into a decision-making process.
  - considering and analyzing multiple perspectives as part of a decision-making process.
  - using systematic inquiry to explore alternative ways of thinking about practice.
2. evaluate knowledge generated from the use of various research methods.
3. critically read research articles.
4. analyze and evaluate qualitative and quantitative research studies through the use of group discussion and a formal written critique and presentation.
5. make reasoned decisions regarding the way in which research could influence nursing practice.
6. make reasoned decisions regarding application of specific research studies to case studies.
7. critically listen to and evaluate formal and/or informal presentations of knowledge and nursing research.
8. develop reflective skepticism.
9. challenge assumptions arising from self, peers, research and the literature as sources of knowledge.
10. collaborate with peers, instructors and practice professionals to develop own systematic approach to inquiry.

#### ■ Process Threads Relevant to this Course

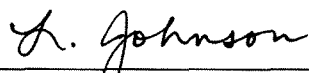
- **Professionalism** — Students build on their existing nursing knowledge base. This includes identifying related rehabilitation issues, actual or potential health problems and risk factors, developing risk prevention strategies, and incorporating research findings about health risks, risk reduction and rehabilitation into decisions related to care of clients from selected case studies. Students are accountable and responsible for the work they have agreed to do.
- **Communication** — Students interact effectively as a group member. They independently establish working relationships with group members, give and receive constructive feedback, monitor group function, and share their ideas, thinking and learning materials. They promote self-esteem, comfort, growth and partnership with clients and families.
- **Systematic Inquiry** — Students are increasingly independent with critical thinking. They critically analyze and evaluate various types and sources of knowledge related to rehabilitation, illness and injury prevention, acute care nursing, client self-care and research. They use research findings as a source of discussions with colleagues. They analyze multiple perspectives as part of a decision-making process. They use systematic inquiry to synthesize alternative ways of thinking about practice. They are reflectively skeptical.
- **Professional Growth** — Students take responsibility for their learning by acquiring knowledge that facilitates critical thinking and problem solving related to selected case studies. They facilitate learning of group members by effectively sharing their knowledge and articulating their thinking processes. Students demonstrate increasing independence in thinking about and reflecting on their thinking. They are committed to professional growth. They invest time and effort in their learning. They accept responsibility for their learning needs by

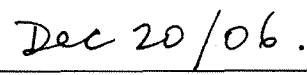
independently talking with colleagues and instructors about their practice, articulating their perspective and accepting and using feedback to develop expertise.

- **Creative Leadership** — Students establish collaborative partnerships with group members and work to foster collaborative decision-making. They use team building, negotiation and conflict resolution skills to collaborate with group members. They interact assertively and demonstrate initiative within the group.

■ **Verification**

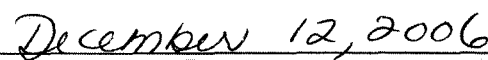
I verify that the content of this course outline is current.

  
\_\_\_\_\_  
Authoring Instructor

  
\_\_\_\_\_  
Date

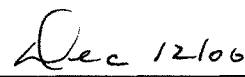
I verify that this course outline has been reviewed.

  
\_\_\_\_\_  
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.

### ■ Instructor(s)

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Lynn Johnson Instructor	Office Location: Office Hrs:	SE12 418	Office Phone: 604-451-6951 E-mail Address: <a href="mailto:ljohnson32@my.bcit.ca">ljohnson32@my.bcit.ca</a>

### ■ Learning Resources

#### Required:

- Stamler, L.L., Yiu, L. (2005). *Community Health Nursing: a Canadian Perspective*. Toronto: Pearson Prentice Hall.
- Burns, N., Grove, S.K. (2003). *Understanding Nursing Research (3rd ed.)*. Philadelphia: W.B. Saunders.
- Canadian Nurses Association. (1997). *Code of ethics for registered nurses*. Ottawa: Author.
- Health Canada. (1997) *Supporting self-care: The contribution of nurses and physicians*. Ottawa: Author. Available free at [www.hc-sc.gc.ca/hppb/healthcare/pubs/selfcare](http://www.hc-sc.gc.ca/hppb/healthcare/pubs/selfcare)
- College of Registered Nurses of British Columbia. (2005). *Professional Standards*. Vancouver: Author.
- Prochaska, J.O., Norcross, J.C., & DiClemente, C.C. (1994). *Changing for Good*. New York: Avon Books.
- A medical-surgical nursing text
- A pediatric nursing text

#### On Reserve in the library:

- ◆ Hoeman, S.P. (1996). *Rehabilitation nursing: Process and application* (2<sup>nd</sup> ed.). St. Louis: Mosby.
- ◆ Pender, N.J. (1996). Empowerment for self-care. In Pender (Ed.), *Health Promotion in Nursing Practice* (3<sup>rd</sup> ed.). Stamford, CT: Appleton & Lange.

See course schedule for additional required readings that may be accessed in the library, on reserve.

### ■ Information for Students

1. Assignments are due by the beginning of class on the dates specified. If an assignment is late, the mark for the assignment will drop 10% for each day it is late.
2. Students may be required to submit a medical certificate if a student's ability to complete the course is affected for medical reasons. Please see the BCIT Nursing Program Medical Certificate Definition attached to this course outline.

### Attendance

We believe that dialogue contributes to both thinking and learning. Therefore:

1. Attendance is required in this course. The different perspectives, thinking and experiences shared during the sessions will expand the thinking of all participants. Also, students will be doing independent work to share with the group. This work is required for the group to accomplish its task and move on to other tasks.

Therefore, if students are absent for more than 10% of the planned activities without a medical reason, they may be prohibited from completing the course (see BCIT Policy re: attendance).

### 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 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 research critiques and the decision making project **must be completed to achieve a satisfactory** standing in the course.

### 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 a Nursing Theory course will be readmitted to the program "with written permission from the Associate Dean, who will detail any special considerations.

### Cheating, Fabrication, Plagiarism and/or Dishonesty:

**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, a Zero (0) or Unsatisfactory (U) in that course and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, expulsion from the program.**

## ■ Research Component: Format and Content

The research component is comprised of 3 hours a week delivered in a combination of lecture and seminar format. During the seminar portion of the class learners will be given the opportunity to apply research content from the first hour of lecture in the form of research critiques and application exercises. Emphasis is on developing the critical inquiry skills necessary to read and critique research studies and make reasonable decisions and judgements as to how research results might be used in practice.

### 1. Quizzes – 15% of final mark.

Three multiple choice quizzes worth 5% each will test for knowledge and comprehension of research components presented in lecture and from the text.

Quiz #1: Written in week 6. Please refer to your course schedule (separate handout) for quiz content.

Quiz #2: Written in week 8. Refer to course schedule for content to be covered.

Quiz #3: Written in week 13. Refer to course schedule for content to be covered.

### 2. Research Critiques – 35% of final mark

Two research critiques will be completed. The first critique is worth 15%, the second 20%.

The format for the two critiques will be individual in-class written critiques occurring in weeks 12 and 16.

The purpose of the research critiques is to provide the opportunity to learn about, read and critique research reports for the purpose of determining the usefulness of the research for practice. Critique of research studies may enable learners to make decisions about the applicability of the research.

#### **Research Critique #1 (15% of final mark): Monday week 12.**

The format for this assignment is an individual in-class written critique. The purpose of the critique is for students to demonstrate comprehension of *qualitative* research concepts by critiquing one research study. Students will be provided with the research article to be critiqued and a study guide to assist with preparation for the critique questions to be answered two weeks prior to week 12. You will have two hours to complete the in-class critique.

#### **Research Critique #2 (20% of final grade). Monday, Week 16**

The format for this assignment is an individual in-class written critique. The purpose of the critique is for students to demonstrate comprehension of *quantitative* research concepts by critiquing one research study. Students will be provided with the research article to be critiqued and a study guide to assist with preparation for the critique questions two weeks prior to week 16. You will have two hours to complete the in-class critique.

**Students must achieve an average of 50% between Research Critique #1 and #2 in order to achieve credit for the course.**

## ■ Clinical Decision Making Component: Format and Content

The Clinical Decision Making (CDM) Component of the course is 2 hours a week in seminar format. Class time will be devoted to addressing content specifically related to clinical decision making through dialogue, anecdotes from practice, critique of decision making models and related concepts, and the exploration of case studies. Students will apply knowledge from multiple sources and a variety of decision making models to the case studies. Small group work will be employed as a teaching-learning strategy. Therefore, some emphasis will be on developing skill in the systematic inquiry process for the purpose of decision making.

Students will work in learning partnerships within assigned small groups to explore a number of case studies. These case studies take place in the context of the hospital as well as the community. When exploring the above situations, students will consider theory and knowledge from the following concepts:

- Health Promotion
- Illness and Injury Prevention
- Epidemiology
- Self-Care
- Rehabilitation
- Research
- Decision Making

### 1. Seminar Participation: Group Work Summaries – 10%

The purpose of the group work summaries is to provide students with guidelines for evaluation, analysis and synthesis of decision making processes and related concepts. The instructor will provide students with group work summary handouts made up of a series of questions designed to facilitate thinking for evaluation, analysis and synthesis of clinical decision making content in relation to each case study. These group work summary handouts will be distributed at the beginning of each case.

Each small group is expected to present a summary of their group work at the completion of each case study. The group work summary will be graded out of 10 marks by the instructor. In addition, each group will present their summary to the larger group. Groups will be given a time limit in class that will include time for questions and facilitation of discussion. This is an informal presentation that should facilitate thinking and dialogue.

**Students must achieve a satisfactory mark in group work summaries to achieve credit for the course.**

### 2. Decision Making Project: Poster Presentation & Written Literature Review – 40%

**Literature Review (20%) due in class Friday, Week 14**

**Poster Presentation (20%) due Friday, Weeks 14, 15 & 16**

The purpose of this assignment is to develop a systematic approach to decision making by developing a decision making model. You will articulate and demonstrate the processes of your own decision-making model through the use of an example derived from one of the course health situations, practicum or a work setting.

The submission for the Decision-Making Project consists of 2 parts:

- A. A written literature review of a minimum of 6 articles on 2 key concepts or elements related to decision-making (see Decision Making References). This should be a **maximum of 5 pages of text** using APA format. Your discussion should clearly demonstrate you have engaged in critical analysis and synthesis of the literature on decision-making as well as how and why you chose the key concepts that you did. (20% of final mark)
- B. A poster presentation depicting your personal decision-making model. The poster (or other visual representation) should include identification of the concepts included in your model, definitions, rationale for inclusion of the elements and a description of the relationships between the elements. In displaying your poster to peers, the use of a clinical example is recommended to help illustrate the application of your CDM to practice. You are expected to respond to questions about your decision-making model demonstrating its usefulness. This includes describing its strengths, weaknesses, missing pieces or gaps, and possible changes that you might make. Be prepared to provide examples and/ or rationale to support your conclusions. (20% of final mark).

Please see assignment details below for further detail on each component of the Decision-making Project.

### ■ Assignment Details

To develop and demonstrate your personal decision-making model:

1. Review the literature on decision making (minimum 6 articles), identifying key elements of the decision making process based on several decision-making models.
2. Analyze and evaluate two key concepts or elements of the decision-making process. Consider the similarities and differences between different decision-making models and the key elements/concepts you have selected. Identify missing pieces or gaps in the decision-making models. Describe how the elements are related to each other. Then, summarize what the theorists say and why you do or do not accept their perspectives.
3. Based on your review and analysis of the literature, synthesize what you have learned to create your own decision making model. Identify the key elements that make up your model and describe the relationships between the elements. Develop a pictorial, mind map, chart or some other visual representation for display to the class.
4. Critically analyze and evaluate your decision making model noting strengths, weaknesses, missing pieces or gaps, and any changes you might make. Based on evidence, draw conclusions as to the usefulness of your decision-making model.

### Assignment Criteria

#### A. Written literature review (total 40 marks)

##### Content: (30 marks)

1. Introduction of the paper and identification of 2 key elements (concepts) from the decision making literature are discussed. (4 marks)
2. Analysis of the 2 key elements (concepts) from the literature on decision-making, noting relationships, similarities and differences. (12 marks)
3. Identification of missing pieces or gaps related to the elements (concepts) in the decision making literature. (6 marks)



4. Your evaluation of the elements (concepts) as discussed in the decision making literature is included and why you do or do not accept the perspectives of the theorists. (4 marks)
5. Conclusion summarizes analysis of the concepts and makes a concluding statement. (4 marks)

**Format: (10 marks)**

1. Reference list follows APA format. (2 marks)
2. References, citations and quotations in body of paper follow APA format. (2 marks)
3. Title page, margins, headings and spacing follow APA format. (2 marks)
4. Organization, clarity, logic, and flow are appropriate for an academic paper. (2 marks)
5. Grammar, spelling, and punctuation are appropriate. (2 marks)

**B. Poster Presentation ( total 25 marks)**

1. Key elements (concepts) are defined and described demonstrating synthesis of knowledge on decision making. (discussed and written on poster: 5 marks).
2. Rationale for inclusion of the chosen elements is articulated for each element (5 marks).
3. A brief written description (may be point form) of the relationships between the elements/concepts of the decision making model is included. A brief description of how the model cues or provides prompts analysis, evaluation and synthesis of information/data. (5 marks)
4. A clinical example (scenario/case study) is described to help illustrate the application of your CDM model in practice. (5 marks)
5. A clear, visual image of your decision-making model. Poster is visually appealing & interesting. (3 marks)
6. Questions and/or discussion of issues are encouraged and dealt with professionally and effectively. (2 marks)

