UNIVERSITY OF ALBERTA
COLLABORATIVE BACCALAUREATE
NURSING PROGRAM

Grande Prairie Regional College
Grant MacEwan College
Keyano College
Red Deer College
University of Alberta

Revised: June 2000; May 2002

NURSING   3940

Winter, 2004

COURSE OUTLINE

Originally developed by Clinical Experience Development Committee of:

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Revision April 2000 by the Clinical Experience Development Committee
Revision May 2002 by the Learning Experience Development Committee

Approved: May 6, 2002

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Tutorial Hours: Tuesday/Thursday 0830-1120
         A3 (Liz's group) A308
         B3 (Fern's group) H223
         C3 (Kelly's group) C316

Fixed Resource Hours: Monday 1300-1550 (E301)

Lab Hours: L1 – Monday 0830-1120 – H225
         L2 – Wednesday 0830-1120 – H225
         L3 – Friday 0830-1120 – H225

CALENDAR STATEMENT:

Nursing 3940 – Nursing in Context C1 *5 (*fi*10) (second term, 0-6s-3 in 7 weeks)
Continuation of NURS 390 with increasing situational complexity. Prerequisites for
Collaborative students: NURS 150, 151, 390, 391, 395). Prerequisites for Post-RPN
students: NURS 390 & pre-or corequisite of NURS 391. Prerequisites for Program-1
Post-RN students: NURS 393, 397. Prerequisites for Program-2 Post-RN students:
NURS 390, NURS 391.

COURSE HOURS: Lecture: 0   Seminar: 6 Lab: 3 in 7 weeks

COURSE DESCRIPTION: The goal of this course is to continue development of
concepts of health, health promotion, professional nursing, and human responses across

the lifespan. The focus remains on care of clients (individuals, families, groups) in institutions and communities experiencing acute and complex variances in health, through the process of CBL.

COURSE OBJECTIVES:

Upon completion of Nursing 3940, the nursing student will be able to:

1. Discuss issues related to the delivery of health care in Canada and their implications for registered nurses:
    *   poverty
    *   elder abuse
    *   respite
    *   nurse abuse
    *   case management
    *   resource allocation
    *   intersectorial collaboration
    *   institutionalization

2. Discuss roles and functions of registered nurses in acute and complex settings:
    *   delegation
    *   decision making

3. Discuss roles of other health professionals.

4. Apply concepts and principles of Primary Health Care (PHC) in acute and complex practice settings.

5. Organize nursing knowledge according to selected models and theories.
    5.1 Analyze selected nursing models and theories
    5.2 Analyze selected models and theories from other disciplines

6. Analyze knowledge related to biological, psychological, sociological, cultural and spiritual dimensions of the human response to acute and complex variances in health.

    6.1 Political Science
        *   role of government
        *   law
        *   rights
        *   power

    6.2 Philosophy
        *   distributive justice
        *   human rights
        *   epistemology

      6.3   Research and Statistics
- inferential statistics
- critiquing

7. Demonstrate competence with self-directed, context-based, small-group learning:
- group leading
- communication
- group process
- critical thinking
- peer support and evaluation
- self-evaluation

8.   Demonstrates competence in using additional information technology to support scholarly activity.

    8.1 Critique selected components of research studies and, at a beginning level, appraise applicability of findings for nursing practice.

    8.2 Analyze the relationship among theory, research, and practice in different nursing contexts.

9.   Demonstrate competence in using additional information technology to support scholarly activity.

Textbooks

Lewis, S. M., Heitkemper, M. M., & Dirksen, S. R. (2004). *Medical-surgical nursing: Assessment and management of clinical problems* (5th ed.). Toronto: Mosby.
Or
Smeltzer, S., & Bare, B. G. (2000). *Brunner and Suddarth's textbook of medical-surgical nursing* (9th ed.). Philadelphia: Lippincott.

Millar, H., & Millar, M. (1999). *Sick buildings and sick schools.* Vancouver, BC: NICO Environmental Health Strategies. (available from Kathy W.)

Pilleterri, A. (1995). *Maternal and child health nursing: Care of the childbearing and childrearing family* (2nd ed.). Philadelphia: Lippincott.

Stewart, M. J. (2000). *Community nursing: Promoting Canadian's health* (2nd ed.). Toronto:
   W. B. Saunders.

Pathophysiology textbook
Pharmacology textbook

Laboratory values textbook
Care Plan textbook

Course Evaluation

Evaluation of tutorial   15%
Test #1   25%
Test #2   30%
Paper   30%
OSCEs   Pass/fail

Late assignment policy: All assignments are to be passed in at the time and place they are due. Extensions on assignments may be granted and must be negotiated with the instructor prior to the due date and with a date specified for late submissions. A penalty of a letter grade for each working day that an assignment is submitted after the due date will be deducted from the final grade. For example, a paper scored at B+ would receive an adjusted grade of B if handed in one day late. Late assignments are due by 4:00 p.m. and must be verified (stamped with date and time) by nursing office personnel.

1. **Evaluation of tutorial (15%)**

   Attendance at CBL tutorials/labs is expected; absence will jeopardize successful completion of the course. By the end of the course the student must consistently demonstrate the following behaviours in order to pass (see appendix for grading guide for students in tutorial). Students are expected to complete a written self-evaluation at the completion of the course. Peer evaluation will also be a part of the final evaluation.The tutor will complete an evaluation and the grade will be discussed between the student and the instructor.

   Attendance at FRS is highly recommended.

2. **Test #1 (25%) and Test #2 (30%)**

   The tests will consist of multiple choice and short answer questions and will include material from the seminar discussion of scenarios and covered in labs. The content for the exams will be discussed prior to the test date. Any material covered in FRS is testable.

3. **Term Paper (30%)**

   A.   Outline for Paper – 10%

   B.   Paper – 90%

The term paper is intended to offer the opportunity to explore a particular concept seen in nursing practice in more depth. Students will select one of the concepts listed below and review and synthesize literature related to the chosen concept. **Nursing assessments and interventions related to the chosen concept should be included.** Articles related to "concept analysis" and "review of the literature" may be especially helpful with this assignment.

Important: You must pick a particular client population with which to relate the concept. For example, pain in children under 10 or spirituality in the palliative client

Length – 12-15 double spaced pages in APA format

Some of the questions to be answered in the paper:
* What is the definition of the concept?
* Is there agreement among authors of the definition?
* Are there related concepts? What are they?
* How is this concept related to health and/or illness?
* What assessments should the nurse make to determine whether the client is experiencing issues related to this concept? Are there any tools in the literature to assist nurses with this assessment?
* What nursing interventions are indicated for clients experiencing issues related to this concept?
* What does the research say about this concept and client population?

Select **one** of the following concepts or obtain approval of instructor for a concept not listed below:

Loss/grief	control/power	trust
Stress/coping	hope/hopelessness	symptom management
Uncertainty	caring	attachment
Spirituality	chronicity	presence
Stigma	dyspnea	hardiness/resiliency
Empowerment	quality of life	
Pain	self-efficacy/self-esteem	

4. **OSCEs   (pass/fail) The only OSCE tested is Blood Administration**

OSCEs will be graded as either pass or fail. To achieve a passing grade, all identified/critical components of the skill must be demonstrated. Students must pass each OSCE to obtain credit in the course. If unsuccessful on the first test, opportunity for two retests can be given. Students will be given remedial work as identified by the tutor and student, based on learning needs. Before booking a retest, students must show they have completed the remedial assignment.

NS 3940 GRADING GUIDE FOR PAPER OUTLINE

Excellent (A):

The outline for the paper includes a clear introduction of the concept. There is a thorough point form explanation of all main points in the upcoming paper. The reference list is comprehensive, scholarly, and is relevant to the proposal. APA guidelines require no corrections.

Very Good (B):

The outline for the paper includes a fairly clear introduction of the concept. There is a point form explanation of most main points in the upcoming paper. The reference list is comprehensive and is relevant to the proposal. APA requires minimal corrections.

Good (C):

The outline for the paper includes an introduction of the concept but needs more clarity. There is a point form explanation of some of the main points in the upcoming paper but additional points are needed. The reference list is limited but is relevant to the proposal. APA requires moderate corrections.

Marginal (D):

The outline for the paper includes a minimal introduction of the proposal but needs more clarity. There is a point form explanation of some of the main points in the upcoming paper but many additional points are needed.. The reference list is limited. APA requires substantial corrections.

Fail (F):

The outline for the paper does not include an introduction. There is minimal point form explanation of the upcoming paper. The reference list is missing or not credible.

Grading System:

Effective July 1, 2003 Grande Prairie Regional College uses the alpha grading system and the following approved letter codes for all programs and courses offered by the College.

Alpha	4-point equivalence	Descriptor
A+	4.0	
A	4.0	Excellent
A-	3.7	First Class
B	3.3	Standing
B	3.0	
B-	2.7	Good
C+	2.3	
C	2.0	
C-	1.7	Satisfactory

These are considered passing grades in Nursing courses

D+	1.3	Poor
D	1.0	Minimal Pass
F	0.0	Failure

These are NOT considered passing grades in Nursing courses.

Students *may* receive a grade of D or D+ in an assignment or component of a course, but must have an overall grade of C- to achieve a passing grade in a nursing course.

**Note: Refer to the 2003-04 College calendar p. 32 for further details regarding the grading policy and p. 146 and 147 regarding Progression Criteria in the Bachelor of Science in Nursing program.

Working Definitions for Core Concept Map
May 1, 1998   (Revised: May 1, 2003)

CLIENT

The client who is the focus of nursing actions may be an individual, family, a small group, a larger aggregate, or a community. There is a dynamic interrelationship of biological-psychological-social-cultural-spiritual dimensions of the **person,** who evolves and develops over the lifespan. A **family** is defined as "who they say they are" (Wright & Leahey, 1994).   A **group** us defined as two or more persons engaged in interdependent, purposeful relationships in which repeated face-to-face communication occurs. An **aggregate** is a set of persons with common characteristics who may not experience face-to-face communication.   A **community** is an open social system characterized by people in a place over time that has common goals (Smith & Maurer, 1995). Care of any client takes place within a political environment.

HEALTH

Health is an individual's or group's state of being at any point in time. It is characterized by stability, balance and integrity of functioning and is viewed "as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities." (World Health Organization [WHO], 1986, p. 1).

Health Determinants are those factors interacting to influence health. *Strategies for Population Health: Investing in the Health of Canadians* (1994) lists the 9 health determinants: income and social status, social support networks, education, employment and working conditions, physical environment, biology and genetic endowment, personal health practices and coping skills, healthy child development, and health services. In addition, gender and culture have now been added.

Health Promotion "is a process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment... Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being" (WHO, 1986, p.1).

Epidemiology is the study of the distribution or patterns of health events in populations and the factors, exposures, characteristics, behaviours, and contexts that determine these patterns. Epidemiology can be either descriptive or analytic.

Descriptive Epidemiology seeks to describe a disease entity according to person, place, and time and includes incidence, prevalence, morbidity, and mortality rates and proportions.

Analytic epidemiology is directed towards the causal factors of disease etiology well enough to develop interventions to prevent the occurrence of the adverse events before they start. Theories related to causality are emphasized. The three **levels of prevention** are linked directly to the natural history of the disease and focus on these interventions.

Primary prevention: interventions that promote health and prevent disease processes from developing.

Secondary prevention: interventions that will detect disease in the early stages before clinical signs and symptoms manifest with a goal to reverse or reduce the severity of the disease or provide a cure. **Screening** is a secondary intervention strategy that involves the application of a non-diagnostic test to people who are asymptomatic for the purpose of identifying their likelihood of having a particular disease. The aim is for early diagnosis and treatment of individuals and to efficiently and effectively begin early health prevention and control programs.

Tertiary prevention: interventions that are directed toward persons with clinically apparent disease with the aim to ameliorate the course of the disease, reduce disability, or rehabilitate. (after Stanhope & Lancaster, 1996).

Common Life Experiences are those events that shape the meaning of human experience. Some of these are: joy/loss, grief; birth/death; stress, crisis/coping; hope/hopelessness; autonomy/dependency; loneliness/belonging; security/ambivalence, transition, change; health/illness – chronic/acute; pain.

Alterations in Health of the client/patient are normal variations such as pregnancy and aging. There may also be disease conditions and/or processes. Study of these processes/conditions may include the definitions, etiology, contributing risk factors, clinical manifestations (signs and symptoms), diagnostics, medical management (including surgery, pharmacotherapeutics, complementary health practices), complications and prognosis.

Primary Health Care is defined as essential health care based on the practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (WHO, 1978). Five principles underlie this definition: equitable distribution, community participation, focus on prevention, appropriate technology, multi-sectoral approach.

"PHC shifts the emphasis of health care to the people themselves and their needs, reinforcing and strengthening their capacity to shape their own lives" (Anderson & McFarlane, 2000, p. 13). PHC integrates the promotion, preservation, and restoration of health into a program of social policy.

Eight essential elements of Primary Health Care (Anderson & McFarlane, 2000, p.14):

1. Education for the identification and prevention/control of prevailing health problems.
2. Proper food supplies and nutrition.
3. Adequate supply of safe water and basic sanitation.
4. Maternal and child care, including family planning.
5. Immunizations against the major infectious diseases, prevention and control of locally endemic diseases.
6. Appropriate treatment of common diseases using appropriate technology.
7. Promotion of mental health.
8. Provision of essential drugs.

NURSING

Nursing is a discipline, profession, and an area of practice.

Discipline: As a discipline, nursing is centred on knowledge development for professional nursing practice. The discipline of nursing integrates and applies knowledge from nursing practice, theory and research, and other related disciplines into practice. Evidence based nursing allows the nurse to make professional decisions about the efficacy, efficiency and cost-effectiveness of nursing interventions. Use of models and theories focuses on phenomena of the discipline through a particular worldview to guide practice, research and education.

Profession: As a profession, nursing has a social mandate to be responsible and accountable to the public it serves. Nurses accomplish the goals of the profession through caring relationships within the context of legal and ethical standards. Nursing as a self-governing profession is highly organized at local, provincial, national and international levels.

Practice: The practice of nursing incorporates direct care of the client, management of care, and education about the care given based on research. The scope of nursing practice includes promotion, restoration, rehabilitation, palliation, and supporting health through referral and resource allocation. Nurses assess health of the client in a holistic way and apply appropriate therapeutic interventions. The values of caring are expressed

to positively effect the health of the client. Nurses use effective communication skills and a systematic process to facilitate client health.

Roles: The roles of the nurse include (Clark, 1999):

Client Oriented Roles

Caregiver	Educator
Counsellor	Referral resource
Role model	Advocate
Primary care provider	Case manager

Delivery Oriented Roles

Coordinator	Collaborator
Liaison	Case finder
Leader	Change agent
Researcher	

The roles will vary according to the setting, level of education and expertise, and client needs.

Settings: are the places where nurses work. For example: Medical unit, public health, ICU, CCU, occupational health, college student health services, palliative care, and home care.

The practice of nursing incorporates direct care of the client, management of care, and education about the care given based on research. The scope of nursing practice includes promotion, restoration, rehabilitation, palliation, and supporting health through referral and resource allocation. Nurses assess health of the client in a holistic way and apply appropriate therapeutic interventions. The values of caring are expressed to positively affect the health of the client. Nurses use effective communication skills and a systematic process to facilitate client health.

Trends and Issues:

"A **trend** is a direction of events or social attitudes; a change to be noted, described and observed. It has a neutral connotation and exists over a period of time. Trends arise from society and are constantly changing. Examples of trends include: the aging of the Canadian population, reduced government spending, increasing technology, globalization, and primary health care reform.

An **issue** can be described as a point in question and involves an important subject for debate. An issue implies that there is a dilemma or challenge arising from the change. Issues arise out of trends and the challenges they create require a response from individuals, groups or changes to the system. Examples of issues include: reduced health care spending which has created issues for individual nurses and the profession as a whole." (CNA, 2001).

ENVIRONMENT

The environment provides a context for client, health, and nursing.

"Environment may represent the immediate surroundings, the community or the universe and all it contains" (George, 1995, p. 2). The influence of physical, social, political, economic, and cultural factors is significant aspects of the environment that affect health (Lindberg, Hunter, & Kruszewski, 1998).

PHARMACOLOGY

Pharmacology "is the scientific body of drug knowledge" (Aschenbrenner, Venable, & Wilder Cleveland, 2002, p.2). Core drug knowledge includes **Pharmacotherapeutics** – the desired therapeutic effect of the drug; Pharmacokinetics – the effects of the body on the drug; Pharmacodynamics – the effect of the drug on the body; Contraindications **and precautions** – indicates when a drug should not be used or must be monitored; Adverse **effects** – unintended and/or undesired effects of drugs; Drug **interactions** – effects that may occur when drugs are given with another substance. It also includes considerations of **core patient variables** such as health status, life span and gender, lifestyle, diet, habits, environment of administration, and culture. **Nursing management** in drug therapy includes planning and implementing actions to maximize therapeutic effects and minimize the adverse effects, patient and family education, and evaluation of effectiveness of drug and nursing therapy.

Note: For this curriculum, the overriding framework is **therapeutic effect** as defined by the Canadian Pharmacists Association.