



**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, 2005

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

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Tutorial Hours: Tuesday/Thursday 0830-1120
A3 (Sheila's group) A211
B3 (Mary's group) H223
C3 (Teresa's group) G118

Fixed Resource Hours: Monday 1300-1550 (A211)

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 (fi10) (second term, 0-6s-3 in 7 weeks)
Continuation of NURS 3900 with increasing situational complexity. Prerequisites for Collaborative students: NS 3900 and NS 3910 or NS 3950.

COURSE HOURS: Lecture: 0 Seminar: 6 Lab: 3 each week for 7 weeks

COURSE DESCRIPTION: Through the process of Context-Based Learning, 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.

COURSE OBJECTIVES:

In addition to maintaining competency with previous course objectives, and based on the current Core Concept Map, upon completion of Nursing 394, the nursing student will be able to:

1. Apply concepts and principles of primary health care in acute & complex practice settings when analyzing issues related to the delivery of health care in Canada and implications for registered nurses.
2. Demonstrate skills and attitudes for learning.
3. Demonstrate an understanding of the role of the nurse in social and political action at a beginning level.
 - Support rights and responsibilities of the client.
 - Identify issues of power that need investigation.
4. With guidance, demonstrate competence in using information technology to support scholarly activity.
5. With guidance, demonstrate competence with self-directed, context-based, small-group learning.
6. Analyze knowledge related to biological, psychological, sociological, cultural and spiritual dimensions of the human response to acute and complex variances in health.
7. Analyze and apply nursing knowledge according to selected models and theories.
8. With guidance, demonstrate competence with the application of the nursing process / clinical decision-making process with clients experiencing acute and complex variances in health.
9. With minimal assistance, critique and analyze research articles for their applicability to nursing practice.
10. With assistance, demonstrate competence in dealing with ambiguity and diversity.
 - In assisting clients in decision-making
 - In evaluating resource networks
11. Demonstrate beginning competence in leadership and management skills
With guidance:
 - Use effective time management strategies
 - Apply decision making processes
 - Lead small group of peers
 - Evaluate self and others
12. Analyze roles and functions of registered nurses in acute and complex settings.

13. Demonstrate caring in complex situations.
14. With guidance, demonstrate competence in developing and modifying a plan of care, which illustrates collaboration with the client and members of the health care team.
15. Demonstrate competence in selected nursing skills for care of clients experiencing acute and complex variances in health.

Textbooks

- Millar, H., & Millar, M. (1999). *Sick buildings and sick schools*. Vancouver, BC: NICO Environmental Health Strategies. (available from Kathy W.)
- Pilleterri, A. (2003). *Maternal and child health nursing: Care of the childbearing and childrearing family* (4th ed.). Philadelphia: Lippincott.
- Stewart, M. J. (2000). *Community nursing: Promoting Canadian's health* (2nd ed.). Toronto: W. B. Saunders.
- 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.

Pathophysiology textbook
Pharmacology textbook
Laboratory values textbook
Care Plan textbook

Required Resources:

1. Core Concept Map: Nursing 3940 (attached)
2. Working definitions (available on Blackboard)
3. Learning Packages (available on Blackboard)
4. Graduate Competencies and Level Outcomes (available on Blackboard)

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 (excluding references) 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.

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 GPRC College calendar for further details regarding the grading policy and Progression Criteria in the Bachelor of Science in Nursing program.

**Working Definitions for the
Collaborative Baccalaureate Nursing Program**
Revised: May 19, 2004

CONTEXT BASED LEARNING

Context based learning is a strategy which provides the opportunity for students to learn and apply concepts stimulated by a real-life scenario. The scenario provides a vehicle by which students can identify individual and group learning needs and explore/investigate information to meet those identified needs. This information is shared within a group setting while learning effective group process. (Wolff, 1998)

LEVELS OF INDEPENDENCE

In evaluating objectives, the following levels of independence will be used:

With assistance: The student requires *frequent* direction and information.

With minimal assistance: The student requires *occasional* direction, information, and prompting.

With guidance: The student requires clarification, prompting and confirmation.

Independently: The student works mostly on his or her own and seeks information, clarification and consultation as appropriate.

CLINICAL HOURS

The time spent in nursing practice with clients, doing the work that nurses do, including pre- and post-conferences. **Conference (Pre- and Post-)** is tutor-guided time spent as a clinical group in discussion and reflection on the clinical care of assigned clients.

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** is 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).

Population Health is "The health of a population as measured by health status indicators and as influenced by social, economic, and physical factors, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services." (Vollman, Anderson, & McFarlane, 2004).

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.

Complementary health practices, or complementary or alternative medicine, describe healing practices other than Western medicine. Alternative or complementary medicine is an umbrella term for hundreds of therapies drawn from all over the world. Even though they may represent diverse approaches, they do share certain attributes. They are based on a paradigm of whole systems and the belief that people are more than physical bodies with fixable and replaceable parts. Mental, emotional, and spiritual components of well-being are considered to play a crucial and equal role in a person's state of health. (Fontaine, 2000).

Primary Health Care is an approach that addresses illness prevention and health promotion. It encompasses the determinants of health. Five principles underlying this definition are: [WHO (1978), and AARN (2003)]

1. Accessibility of health services
2. Use of appropriate technology
3. Individual and community participation
4. Increased health promotion and disease prevention
5. Intersectoral cooperation

These principles are operationalized in an approach to health care that: [WHO (1978), and AARN (2003)]

- Is evidence based
- Uses appropriate technology
- Promotes community participation in decisions about health services
- Is provided at a cost the community can afford

- Encourages self-care and empowerment of community members
- Is the first level of contact with health care system
- Brings health care as close as possible to where people work, live and play

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.

Palliative care is a multidisciplinary approach in providing compassionate care and support to individuals who are terminally ill, and support of their families and/or significant others. The focus of palliative care is not on death, but on optimizing comfort and quality of life for the living, through symptom management and pain management. Addressing mental and spiritual needs are a part of the holistic approach in palliative care. Palliative care can be delivered in many settings, such as hospitals, hospices, and homes. (*Palliative care. Retrieved December 11, 2003 from Growthhouse.org website:*
<http://www.growthhouse.org/palliat.html>)

Rehabilitation “involves measures to limit the incapacitation caused by health problems, to prevent recurrences of the specific health problem, and to restore the client to normal* for near normal function. Rehabilitation services begin the moment a client enters the health care system. Initially, rehabilitation may focus on the prevention of complications related to the illness or injury. As the

condition stabilizes, rehabilitation is directed at maximizing the client's functioning and level of independence. (*Potter & Perry, 2001*).

**normal* is defined by the client.

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

Client Oriented Roles

Caregiver

Counsellor

Role model

Primary care provider

Educator

Referral resource

Advocate

Case manager

Delivery Oriented Roles

Coordinator

Liaison

Leader

Researcher

Collaborator

Case finder

Change agent

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.

References:

- Alberta Association of Registered Nurses (2003). *Primary health care [position paper]*. Edmonton, AB: Author.
- Anderson, E. T., & McFarlane, J. (2000). *Community as partner: Theory and practice in nursing* (3rd ed.). Philadelphia: Lippincott, Williams & Wilkins.
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- Clark, M. J. (1999). *Nursing in the community: Dimensions of community health nursing* (3rd ed.). Norwalk, CT: Appleton & Lange.
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- George, J. B. (1998). *Nursing theories: The case for professional nursing practice* (4th ed.). Norwalk, CT: Appleton & Lange.
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