

I. COURSE DESCRIPTION:

The focus of this nursing practice course is health protection. Using a case study approach the learner will explore the concept of health protection and its complexities in relation to health-care delivery in hospitals and communities. Learners have opportunities to develop leadership and acquire proficiency in client care.

II. LEARNING OUTCOMES AND ELEMENTS OF THE PERFORMANCE:

Ends-in view

The learner will be able to:

- demonstrate a developed knowledge and critical understanding of health protection and illness prevention approaches in relation to health care delivery in the context of hospitals and community settings;
- demonstrate the ability to use evidenced-based practice guidelines and literature to inform nursing practice in the context of classroom, hospital and community settings;
- demonstrate integrative thinking that includes relevant pathophysiology, pharmacology, laboratory values, evidenced-based practice guidelines, theoretical concepts, social determinants of health and community resources;
- demonstrate sound judgment in the use of these concepts and content in a variety of learning contexts including nursing clinical settings and
- display confidence and growing competence in their practice

Overview

This course is designed to help the learner develop critical thinking through the analysis of case studies encountered in practice. The case studies will pertain to a variety of nursing areas. Learners will be required to apply nursing knowledge, critical thinking, clinical judgment, and clinical decision-making processes - all of which must be supported by theory/evidence to develop client centered care plans for the case studies. Learners will be expected to draw on their previous learning in order to fully understand the complexities of the cases. For example, learners may need to return to their pathophysiology and pharmacology notes in order to identify the priority health challenge in the given situation.

Process

Active learning is the philosophical approach in this course. Engaging in a variety of learning strategies such as discussion, class presentation, case study analysis, debate, team work, critical reflection and clinical practice learners will develop the ability to apply their knowledge to specific contexts. The emphasis on critical thinking and integration of knowledge prepares learners for competent and safe nursing practice.

III. TOPICS:

1. Health protection/illness prevention: Nursing practice in the community
2. Overview: Psychiatric Mental Health Nursing, Mental Health Assessment
Health protection/illness prevention: Altered Integrity
3. Health protection/illness prevention: Altered Mood
4. Health protection/illness prevention: Altered thought and perception
5. Altered role and relationship
Health protection/illness prevention: Altered cognition
6. Health protection/illness prevention: Altered metabolism
Midterm exam
7. Health protection/illness prevention: Challenges to the immune system
9. Health protection/illness prevention: Altered activity/exercise and Altered nutrition
10. Health protection/illness prevention:
Altered cognition: traumatic neurological Altered exercise/activity
11. Altered cognition/musculoskeletal: degenerative neurological
12. Scenario testing
13. Scenario testing

Topics may be adjusted according to learner/professor needs. Please refer to syllabus

**IV. REQUIRED RESOURCES/TEXTS/MATERIALS:
RESOURCES REQUIRED**

Austin, W., Boyd, M.A., (2010). *Psychiatric Nursing for Canadian Practice* (2nd ed.). Philadelphia PA:Lippincott Williams & Wilkins.

Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dresler, G. (2008). *Community Health Nursing in Canada*. Toronto: Elsevier.

Previously Purchased:

Ackley, B.J., & Ladwig, G.B., (2008) *Nursing diagnosis handbook: An evidence-based guide to planning care* (7th ed.). St. Louis, MO: Mosby.

Heuther, S.E. & McCance, K.I. (2008). *Understanding Pathophysiology*. (4th ed.). St. Louis: Missouri: Mosby.

Karch, A. (2010). 2010 *Lippincott's nursing drug guide Canadian version*. Philadelphia: Lippincott.

Lehne, R.A. (2010). *Pharmacology for nursing care* (7th ed.). St. Louis, Mo: Saunders

Lewis, S. M., Heitkemper, M. M., & Dirksen, S. R. (2010). *Medical-surgical nursing in Canada: Assessment and management of clinical problems* (S. Goldsworthy, & M. A. Barry Canadian Eds. (2nd ed.). Toronto, ON: Elsevier Mosby.

Murray, R.B., Zentner, P., Pangman, V., & Pangman, C. (2009). *Health promotion strategies through the lifespan*. Toronto: Prentice Hall

Pagnana, K., & Pagana, T. (2010). *Mosby's manual of diagnostic and laboratory tests*. (4th ed.). St. Louis, MO: Mosby

Wilkinson, J.M. (2007). *Nursing process and critical thinking*. (3rd ed.). Upper Saddle River, NJ: Prentice Hall.

On reserve

Schultz, J., Videbeck, S.L., (2005). *Lippincott's Manual of Psychiatric Nursing Care Plans*. (7th ed.) Philadelphia PA: Lippincott Williams & Wilkins.

V. EVALUATION PROCESS/GRADING SYSTEM:

Midterm Exam	20%
Community Agency Presentation	20%
Community Clinical	Satisfactory
Acute Clinical	Satisfactory
Scenario Testing	15%
Group Case Study Presentation	10%
Mandatory Lab Hours	Satisfactory
Final Exam	35%

The following semester grades will be assigned to students:

<u>Grade</u>	<u>Definition</u>	<u>Grade Point Equivalent</u>
A+	90 – 100%	4.00
A	80 – 89%	3.00
B	70 - 79%	2.00
C	60 - 69%	1.00
D	50 – 59%	0.00
F (Fail)	49% and below	
CR (Credit)	Credit for diploma requirements has been awarded.	
S	Satisfactory achievement in field /clinical placement or non-graded subject area.	
U	Unsatisfactory achievement in field/clinical placement or non-graded subject area.	
X	A temporary grade limited to situations with extenuating circumstances giving a student additional time to complete the requirements for a course.	
NR	Grade not reported to Registrar's office.	
W	Student has withdrawn from the course without academic penalty.	

NOTE: Mid Term grades are provided in theory classes and clinical/field placement experiences. Students are notified that the midterm grade is an interim grade and is subject to change.

VI. SPECIAL NOTES:

A. Classes

As active participants in NURS 3084, learners are expected to attend all weekly classes and come prepared. Punctual and regular attendance at each class is critical to successfully meeting the knowledge and clinical skills expectations required for Year III. If there are circumstances bearing upon a learner's absence, the course professor should be notified by any means such as in person, voice mail, email, or written note. Class content will include material to facilitate your understanding and application of health protection in relation to the delivery of nursing care in hospitals and communities. Class discussions and case study presentations are designed to facilitate and enhance critical thinking and decision-making skills. The role of the course professor is to guide and advance learning through the facilitation of class discussion and learning activities, the presentation of course material and the provision of feedback on oral and written assignments.

As active participants in the learning process, it is expected that all students will attend classes. Absence in excess of 20% may jeopardize receipt of credit for the course (refer to NEOCNP handbook).

B. Practice Experiences

Clinical Practice:

Failure to achieve a Satisfactory in either clinical component of NURS 3084 will require the student to repeat the full course. Ensure that you review the following found in the student manual. The Course Professor is expecting these to be followed:

- Requirements for clinical learning experiences
- Attendance in clinical
- Clinical and community dress policies
- Report of Injury for WSIB
- Clinical Incident Policy

Acute Care Clinical Settings

In this course, a total of 96 hours has been designated for clinical practice experience in acute care hospital settings. This is a 6-week experience. This experience will occur every Tuesday and Wednesday and shifts will be scheduled. However, this schedule may be altered to accommodate unique requirements of the clinical setting.

In the acute care setting, students will be assigned to a clinical group. Schedule for acute care and community placement will be posted. The group will have a clinical teacher who will facilitate learning and provide support for learners in gaining confidence with newly acquired clinical skills and patient experiences.

Expectations:

Clinical evaluation is pass/fail. Success in clinical performance will be determined by

- a) regular attendance;
- b) regular submission of a satisfactory completed clinical portfolio; and
- c) satisfactory demonstration of the ability to develop caring relationships and provide safe and supportive care to clients and families as outlined in the five domains of the clinical evaluation form for NURS 3084.

Attendance at clinical is **mandatory**.

Evaluation in the clinical settings will be ongoing with your clinical teacher. However, clinical evaluation forms will be completed by the learner and the clinical teacher at midterm and at the end of the experience. A student must achieve a rating of two (2) on all of the indicators of clinical performance by the end of the clinical rotation for a passing clinical grade (see NURS 3084 Clinical Evaluation Form).

Acute Clinical Portfolio:

Learners are required to maintain an ongoing clinical portfolio as a method of preparing for client assignments in the acute care setting. The clinical portfolio should include patient information with respect to: pathophysiology including lab diagnostics, medications, nursing diagnosis, nursing care plan, and reflective practice. On a weekly basis the working care plan, pathophysiology, labs, and medications are to be submitted. Two nursing care plans and two reflective practice are to be handed in to the clinical instructor. If submissions are unacceptable, a third one is required. No mark will be assigned for this written work however it provides evidence of your level of background preparation for patient assignments. During the time in the clinical setting, the emphasis is on translating your written knowledge into practice. That is, at the Year III level you need to demonstrate safe practice (nursing process, clinical skills & procedures, critical thinking, etc.). Over the course of the placement you are expected to coordinate the care of 2 to 3 patients depending on patient acuity.

Mandatory Practice Labs

You are required to attend practice labs in order to maintain your competency. A minimum of four labs is **mandatory**. You are also encouraged to practice any skill you reflect requires practice. It is highly recommended that you do not leave these labs to the last minute as it may be difficult to schedule a time. Failure to complete the practice labs will result in failure of NURS 3084. (Refer to NEOCP Student Manual and Course Syllabus). Ensure that you practice your skills as required to maintain your competence.

Community Placement

Learners will complete a 72-hour community clinical agency placement experience. In collaboration with the assigned agency, learners will identify a health protection or health promotion project in which they will become involved. The projects will vary widely depending on the needs and goals of the agency and may require the learner to use a variety of strategies. The projects could include working as a resource person, organizing and carrying out health fairs or educational sessions, performing literature searches and reviews for developing projects or research proposals, creating project plans, developing resource material (i.e. creating a brochure) or developing and implementing a survey to collect health data. Projects undertaken will need to be managed within the time frame of the community placement of 6 weeks. The learner and the agency contact person will complete an evaluation of the learner's performance. Final grade (satisfactory/unsatisfactory) to be determined by faculty advisor. Students will complete a community presentation and post on NURS 3084 LMS. Please refer to community marking scheme and due dates in syllabus. Students must notify faculty advisor and community agency preceptor of any absence. All missed community clinical times must be made up. **Refer to course syllabus for requirements of community portfolio, community presentation and further expectations.**

Community Clinical Portfolio

Each student must maintain a community clinical portfolio. As a demonstration of reflective practice the portfolio will include the following components:

- Learning Contract The learning contract outlines your specific learning objectives, learning strategies and resources, evaluation criteria and evidence of meeting objectives. A template for the learning contract is posted on NURS 3084 LMS. The contract is to be submitted to your faculty advisor for feedback prior to your **second** week of community placement. It can be expected that the learning contract will evolve as you progress through your community placement. Satisfactory completion of community clinical requires achievement of the learning objectives identified in the learning contract in addition to satisfactory agency preceptor evaluation.
Reflective Summary Report A reflective summary report is to be submitted to the faculty advisor for review and feedback. The report will include a reflection on the experience relative to the learning contract. A minimum of 3 summary reports are to be included in the portfolio. The reflective summary report is posted on LMS.
- Community Placement Evaluation Form Students are responsible for bringing a preceptor copy to the agency on the first day of placement. Formal community clinical evaluations should occur in the presence of the agency preceptor and faculty advisor (if required) at midterm (3rd week of community placement or 36 hours) and at the end of the term (6th week of community placement). A satisfactory rating on each item on the Community Placement Evaluation form is required.

VII. COURSE OUTLINE ADDENDUM:

The provisions contained in the addendum located on the portal form part of this course outline.