



**UNIVERSITY OF ALBERTA
COLLABORATIVE BACCALAUREATE
NURSING PROGRAM**
Grande Prairie Regional College
Grant MacEwan College
Keyano College
Red Deer College
University of Alberta

NURSING 3950

**COURSE OUTLINE
2004-05**

**Originally developed by the Clinical Experience Development Committee
Revised by the Learning Experiences Development Committee, May 2004
Adapted for GPRC by Dr. Elizabeth Hood Oct 2004**

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Approved: May 2004.

NURSING 395

Course Outline

CALENDAR STATEMENT:

Nursing 395 - Nursing Practice VI *7 (fi 14) (either term, 0-3s-28c in 7 weeks). Practice focuses on restoration, rehabilitation and support (including health promotion and disease prevention) of clients across the lifes-pan who are experiencing more acute variances in health. Practice occurs in homes, acute care settings, or in community-based settings.
Prerequisites: NURS 150, 151, 291, 294, 295.

COURSE HOURS: Lecture /Seminar: 21 Lab/Clinical: 196 Field Placement

Front load/Labs:	week 1, Mon Tues.Wed	(24 hrs)	9:00-16:00
Seminar:	Mondays	(21 hrs)	08:30-11:20
Clinical:	a)acute,	(68 hrs)	6:45- 15:00 (19:00)
	b)community,	(80 hrs)	Varies
	c)detox	(24 hrs)	7:45- 20:00

Midterm evaluation: 5S and Community (arranged individually)

Final Evaluation: (make individual appointment with instructor)

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COURSE DESCRIPTION:

This clinical course will provide students with the opportunity to assess community* as client. Nursing practice will include care of clients* experiencing more acute variances in health, including mental health issues. Students will continue to incorporate health promotion, and all levels of prevention in nursing practice with clients, families, groups and/or aggregates. Nursing practice over a continuous block of time will occur in various community based settings and may include some acute care experiences related to clients with mental illness.

COURSE OBJECTIVES:

In addition to maintaining competency with previous course objectives, upon completion of Nursing 395, the nursing student will be able to:

1. Demonstrate professional behaviors in nursing practice:
 - Consistently demonstrates:
 - Commitment to the profession of nursing
 - Competence with communication
 - Interacting with client
 - Interacting with health team members
 - Technology
 - With minimum assistance demonstrates:
 - competency with appropriate documentation
 - Demonstrate professional behaviors in nursing practice
2. With guidance, demonstrate attitudes and skills for learning
 - Competence in information technology
 - Primary responsibility for attaining and maintaining competence in nursing practice
3. Demonstrate an understanding of the role of the nurse in social and political action in the practice setting, at a beginning level
 - Support rights and responsibilities of the client.
 - Identify issues of power that need investigation.
4. Utilize a variety of information technology
5. Demonstrate effective skills in self-directed, context-based, small group learning
6. With guidance, utilize selected knowledge related to biological, psychological, sociological, cultural and spiritual factors in nursing practice with clients in mental health settings.
7. Apply a selected model/theory in nursing practice

8. With minimal assistance apply critical thinking strategies to the care of clients experiencing acute and complex variances in health.
9. With assistance appraise and apply research findings to practice.
10. With assistance, demonstrate competence in the clinical setting in dealing with ambiguity and diversity
 - In assisting in client decision-making
 - In evaluating resource networks
11. Demonstrate beginning competence in leadership and management skills
 - With assistance, demonstrate:
 - Understanding of delegation
 - With minimal assistance, demonstrate:
 - Decision-making
 - Time-management
 - Performance appraisal
12. Analyze concepts and principles of primary health care in more complex practice situations
13. Demonstrate caring behaviour in professional situations:
 - Commitment to the ideal of caring
 - Multiple caring behaviours in interpersonal activities
 - Establishing caring relationships with clients and colleagues
14. With guidance, demonstrate competence in ability to interact with and develop collaborative partnerships with clients, community members, members of other disciplines and registered nurses
15. Demonstrate competence in selected skills required for nursing care of clients experiencing acute and complex variances in health.
 - Consistently demonstrates competence with:
 - Selected skills
 - See lab map
 - Applying nursing process
 - Using appropriate communication skills
 - Using appropriate teaching skills

REQUIRED TEXTBOOK:

Fortinash, K.M. & Holoday Worret, P.A. (2004). *Psychiatric Mental Health Nursing* (3rd ed.). Toronto: Mosby.

OR

Stuart, G. & Laraia, M. (2001). *Principles and practice of psychiatric nursing* (7th ed.). Toronto: Mosby.

OR another current Psychiatric Mental Health Nursing text

OTHER RECOMMENDED REFERENCE TEXTS:

Arnold, E. & Boggs, K. (1999). *Interpersonal relationships Professional communication skills for nurses* (3rd ed.). Philadelphia: W.B. Saunders Co.

Balzer-Riley, J. (2000). *Communications in nursing* (4th ed.). Toronto: Mosby.

Fortinash, K.M., & Holoday-Worret, P.A. (2003). *Psychiatric nursing care plans* (4rd ed.). Toronto: Mosby.

Taylor, E.J. (2001). *Spiritual care: Nursing theory, research & practice*. Upper Saddle River: Prentice Hall

PLEASE NOTE: the withdrawal date without academic penalty is November 18, 2004/April 1, 2005.

REQUIRED LEARNING EXPERIENCES:

In order to pass NURS 395, students must demonstrate safe ethical nursing practice, professional behavior, and complete the following experiences. Students are expected to implement previously learned nursing skills.

A. Essential

Over the seven weeks students will have a continuous experience in community based settings which will include:

1. **Care for clients and their families with mental illness and mental health issues.**
 - a) Assessing:
 - i) Physical health/illness status
 - ii) Mental health/illness status
 - iii) Individual/family
 - iv) Target aggregate
 - v) Community

- vi) Risk and crisis intervention assessment.
- b) Demonstrating therapeutic use of self in communication with clients (e.g. therapeutic conversation, empathy).

CLINICAL PRACTICE:

Clinical Practice will take place in agencies dealing with mental health issues in the community, an acute care psychiatric setting, and an addictions detoxification setting. Students will develop an individualized Learning Plan in consultation with the instructor. Based on learning needs identified by the group, individual students will participate in a collaborative teaching/learning experience. A project that assesses a community aggregate based on the students' Community Mental Health experience will be required.

Clinical practice is considered to be **compulsory**. Absences will be dealt with according to guidelines for clinical/lab absences, published in the Student Handbook.

In the event of an unavoidable **absence**, students are required to **notify** the clinical **instructor and clinical site** as soon as possible.

In the rare instance that the student will need to "make up" missed clinical time, the student may be responsible for reimbursing the costs of a clinical tutor.

Acute Care Psychiatric Nursing Guidelines

1. As preparation for each clinical day, you are to familiarize yourself with the demographic information concerning the client, previous and present admissions, multidisciplinary assessments, diagnoses and treatment plans, plan of care outlined by the client's primary nurse, and the nurse assigned for your current shift.
2. As part of your preparation, write a flow outline for the day including medications, treatment sessions, etc. Incorporate into your plan at least one or two emerging patterns of health of your client, and activities related to these health patterns which you and the client will implement.
3. Your daily activities are expected to include normal "unit" activities, such as case conference and groups when appropriate.
4. Identification must be worn. Professional staff are identified by their first name only. Dress code is modest casual wear, not including blue jeans, tight pants, shorts, exposed midriffs, or open-toed shoes.
5. Only notebook and care plans are taken onto the units. Coats, overshoes, books are to remain in the designated location.

Detoxification Unit Nursing Guidelines

1. Prior to your A.D.D.A.C. clinical experience you will be scheduled to meet with the Health Services Unit Supervisor to review important aspects of the program including factors related to confidentiality.
2. Each student will work directly with an R.N. as you learn and practice the art of providing nursing care to individuals experiencing various addictions. You will observe, take direction, and carry out nursing care under the supervision of the R.N.
3. You will work two 12-hour shifts and are to arrive at 7:45.
4. Identification and dress code are the same as for the acute care psychiatric setting.

Community Mental Health (CMH) Nursing Guidelines

1. During the week **before** beginning your community placement, you will call the agency contact person you have been assigned to by the Clinical Placement Coordinator (Jean Burris) and make specific arrangements.
2. You will be oriented to your particular CMH setting and the expectations for you as a student within that setting.
3. You may or may not have direct contact with clients depending on the particular setting - this will not prevent your meeting your objectives, the nature of your clinical experience will have been negotiated by your clinical instructor and the CMH contact person.
4. As a student you will be expected to work somewhat independently in meeting your objectives. However, you do not work independently leading groups nor are you to initiate therapy.
5. The agencies will have a copy of your course outline and the methods by which you have negotiated with your clinical tutor to be evaluated. The clinical tutor is responsible for student evaluation, though the agencies are encouraged to offer input.
6. Identify the role your agency has in contributing to the mental health of a specific community. What are the mental health needs of this aggregate. What primary mental health care initiatives may be relevant and useful within this community.
7. Identify (and when possible use) a theoretical nursing model with clients demonstrating a knowledge of how that model could be relevant to your particular client situation.
8. Describe the CMH resources (you are expected to share your learning in your journal and with your peers in seminar time):
 - a) What are the goals of the resource/agency?

- b) How does it deal with specific psychosocial issues and/or clients at risk (interventions/strategies).
- c) Where and/or how does it obtain funding?
- d) What is the background of the staff/volunteers?
- e) Identify obstacles or barriers for the agency in achieving its goals (financial, political, social).
- f) Identify avenues, future plans, strategies this agency/resource has for meeting its goals.

EVALUATION:

ASSIGNMENTS:

Each assignment will be allotted a percentage portion of the marks for the whole course. The final grade for your course will be given using the alpha scale (A+ --> F).

Assignment policy (GPRC Department of Nursing Education Policy)

It is expected that ALL assignments are completed in order to pass a course. 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 5% for each working day that an assignment is submitted after the due date will be deducted from the final mark. Please refer to Student Handbook.

1. CONTENT RESOURCE ROLE (Community Mental Health Nurse)

Value: 15%

Due: varies, as agreed with group and instructor during orientation

Assignment Description

The purpose of the assignment is to gain an in depth understanding of a common mental health problem, issue and/or treatment modality. The student will act as a content resource for classmates and practice teaching skills.

Format

1. The group will determine learning needs related to Community Mental Health Nursing (Psychiatric Nursing).
2. Each student will select or be assigned a specific psychiatric disorder/problem/issue.
3. Conduct an investigation of your disorder/issue/problem.

4. Create and present a fictitious scenario which illustrates some of the manifestations commonly associated with a person, family, or community experiencing the effects of the problem/issue/disorder.
5. Develop a method or tool to assist your classmates to learn about your issue/disorder/problem. For example, if you have a disorder to investigate, components may include:
 - a) Characteristics that distinguish the disorder from others, according to DSM-IV,
 - b) Differentiation between symptoms of various other disorders that may appear similar to this disorder,
 - c) Common behavioral responses observable in clients with disorder,
 - d) Common Nursing Diagnoses used with Disorder,
 - e) Specific nursing care, therapeutic approaches/interventions/modalities used to assist clients to function.
6. Present findings (teach) to class during predetermined seminar time. Written work may also be presented on BLACKBOARD (blackboard.gprc.ab.ca).
7. Contribute to on-going class/clinical discussion as a "class expert" representing the perspective of your assigned disorder/issue/problem.

Evaluation Guideline

With the assistance of your peers, the instructor will evaluate the Content Resource Role assignment considering the following factors: -Comprehensiveness, conciseness, -Depth and Breadth, - Effectively Communicated, - Relevant, Applicable, - Creativity

Letter	Percent	Description
A+	15 14	Outstanding. Well developed in breadth and depth with a creative element that stands out.
A A-	13 12	Excellent. Work developed in breadth and depth
B+ B	11.5 11	Very Good. Work generally well developed with some areas that might be more fully developed.
B- C+	10.5 10	Good. Work developed in general with a missing area and some areas that need more development.
C C-	9.5 9	Fair. Work developed in general without sufficient depth.
D D-	8 7.5	Marginal. Work overall has been superficially addressed.
F	<6	Fail. Requirements have not been completed

2. LEARNING PLAN (JOURNAL & FIELD NOTES)

Value: 15 %

Due: - **Formulate ongoing learning plan in the form of specific knowledge and practice goals and strategies prior to and throughout each clinical setting.**

- **Correspond at least 1/week with instructor on Blackboard, reflecting on your practice in acute care, community and detox settings (See Appendix B).**
- **Final 1 page summary (due on or before the last day of Clinical)**

Students will develop a learning plan to guide their nursing practice in NURS 3950. Learning plans enable students to combine learning objectives for the course with their own learning objectives and to consider their particular learning style. Along with the course objectives, it is suggested that you refer to the “Basic Expectations Handout” when formulating your learning goals.

A learning plan is the agreement between the student and the tutor specifying what the student intends to learn, how this will be accomplished, the time frame for meeting the objectives and the methods by which achievement of the objectives will be measured.

The learning plan is a working document that is to be used by the student and the tutor to select learning opportunities that will assist the student to meet the objectives, and to contribute to both formative and summative evaluation. Use of the learning plan involves ongoing sharing of expectations between the student and the tutor.

The learning plan is intended to:

- provide the student with an opportunity to individualize learning within the framework of the objectives for the course;
- allow students to determine learning objectives in view of their own perception of their strengths and areas for improvement;
- identify strategies for meeting the objectives;
- identify evaluation strategies.

At the end of the practicum, the student will provide evidence to support how the goals outlined in the learning plan have been met.

Reflective Journal

Components of this will include:

1. Reflection on the impact of clinical experience on personal and professional growth.
2. Evidence of integration of practical and theoretical learning by inclusion of relevant peer-review research.
3. Analysis of the extent to which learning experiences have contributed to achievement of course objectives.
4. Personal reflections to assist in the development, revision and support of the learning plan.
5. Identification of an issue that has arisen in the clinical setting or group, and examination of that issue in terms of objective observations, feelings and values clarification.

Also, Please refer to **APPENDIX B (Learning Plan Rubric)**

Evaluation Criteria

Letter	Percent	Description
A+	15 14	Outstanding. Well developed in breadth and depth with a level of quality that exceeds most others. Demonstrates reflection and/or action related to feedback given previously. Submitted regularly, at least 5 times
A A-	13 12	Excellent. Work developed in breadth and depth. Demonstrates reflection and/or action related to feedback given previously. Submitted regularly, at least 5 times.
B+ B	11.5 11	. Very Good. Work generally well developed with some areas that might be more fully developed. Submitted at least 4 times.
B- C+	10.5 10	Good. Work developed in general with a missing area and/or some areas that need more development
C C-	9.5 9	Fair. Work developed in general without sufficient depth.
D D-	8 7.5	Marginal. Work overall has been superficially addressed.
F	<6	Fail. Requirements have not been completed

3. DIRECT CLINICAL OBSERVATION

Value: 50%

Direct Clinical Observation evaluation will be accomplished through observation of the student during nursing practice in the clinical setting. Observations will be made by the instructor and will be supplemented with input from peers, the staff of the clinical setting, and the client. Using Blackboard, students will document their progress towards meeting the clinical objectives on an on-going basis and use this for formative and summative self-evaluation purposes.

A formative and written summative evaluation will be completed by the student and the instructor. See Appendix C for Direct Clinical Observation guide.

Students are expected to implement previously learned nursing skills.

Students will have a continuous experience in a community based setting which will include:

1. Planning and implementing an assessment of a community in order to determine the health care needs of that community.
2. Participating in health promotion and/or prevention programs with clients, families, groups and/or aggregates experiencing more acute variances in health (including mental health issues).
3. Nursing care of clients, and their families, with mental illness.
 - a) assessing:
 - physical health/illness status
 - mental health/illness status
 - individual/family
 - target aggregate
 - community
 - risk and crisis intervention assessment.
 - b) demonstrating therapeutic use of self in communication with clients (e.g. therapeutic conversation, empathy).
 - c) caring for acutely ill clients utilizing a nursing model (short term in institutional settings):
 - i. understanding the experience of mental illness (e.g. stigma)
 - ii. basic needs of client with mental illness
 - iii. safety needs of client with mental illness
 - iv. nurse safety
 - d) participating in community programs
4. Collaborating with clients, families, nurses, community members, and members of other disciplines.

4. COMMUNITY AS CLIENT PROJECT

Value: 10%

Due: Negotiated on 1st day of class

Assignment Description

The purpose of this assignment is to learn about “community as client/partner” through assessing a community within a community.

Format

Using one of the resources listed below as a guide, students will work in small groups to assess the population that a Community Mental Health practicum agency serves. Students will present a summary of their findings in POSTER FORMAT during a designated seminar time.

Resources

Anderson, E, & McFarlane, J. (2000). Community as Partner, Theory and Practice in Nursing, New York: Lippincott.

Falk Rafael, A.R.. (2000). Watson’s philosophy, science, and theory of human caring as a conceptual framework for guiding community health nursing practice. Advances in Nursing Science, 23(2), 34-49.

**Marking Criteria (All students who work together will receive the same grade)
See Appendix D**

A+	10	Outstanding. Well developed in breadth and depth with a level of quality that exceeds most others. Information presented in a way that is exciting, easy to understand and relevant.
A, A-	9	Excellent. Work developed in breadth and depth. Information presented that is easy to understand and relevant.
B+, B	8	Very Good. Work generally well developed with some areas that might be more fully developed. Information is understandable.
B-, C+	7	Good. Work developed in general with a missing area and/or some areas that need more development.
C, C-	6	Fair. Work developed in general without sufficient depth.
D, D-	5	Marginal. Work overall has been superficially addressed.
F	1-4	Fail. Requirements have not been completed.

Students can choose either 5 A or 5 B

5 (A) PROCESS RECORDING

Value: 10%

Due: on or before the last Friday of your 5S experience

Assignment Description

The purpose of the process recording is to systematically analyze a therapeutic interaction.

Process:

The student will negotiate consent to record a therapeutic interaction during the acute mental health component of NS 3950 (see Appendix F). The process recording will include four (4) interchanges between the client/patient and the nursing student. The conversation will be audiotaped. Tape recorders are available from media services in the college. Please ensure that the client/patient's anonymity is maintained by using initials in the written assignment and erasing the tape after transcription is complete.

Written Components of the Process Recording:

1. Provide a brief history of the client/patient including major diagnosis and reason for admission to health care facility
2. Describe the setting in which the conversation occurred
3. Identify the goal (s) for the interaction (eg. Counselling, development of therapeutic relationship, nursing intervention)
4. Chronologically document and analyze **each** interaction including the following information:
 - i) what the client/patient said and did (verbal/non-verbal)
 - ii) what the student said and did (verbal/non-verbal)
 - iii) the student's thoughts and feelings about each interchange
 - iv) the communication technique used (therapeutic or non-therapeutic)

- v) the analysis of the interaction (effectiveness of the communication technique with rationale, critical evaluation of the client's response, appropriate alternatives to improve the therapeutic quality of the communication)

Grading Descriptors (See APPENDIX E)

Students can choose *either 5 A or 5B*

5 (B) MENTAL HEALTH & THE RESEARCH EXPERIENCE

Value 10%

Due: Nov 15, 2004 (including students that take 3950 in winter 2005)

Format

Attend a nursing research conference (Margaret Scott Wright Research Day).
 Select 2 or more presentations (at least one must be related to mental health).
 Reflect upon, compare and contrast these sessions/posters for factors including:
 substantive content (topic), research question, research methodology, Population/sample,
 rigour (internal/external validity), applicability/usefulness, and overall
 impression/effectiveness.
 Discuss findings on up to 3 typed pages. Reference presentations using APA style

Marking Criteria

A+	10	Outstanding. Well developed in breadth and depth with a level of quality that exceeds most others. Demonstrates knowledge, application and critique of selected research concepts. Compares and contrasts research.
A, A-	9	Excellent. Work developed in breadth and depth. Demonstrates knowledge, application and critique of selected research concepts. Compares and contrasts research.
B+, B	8	Very Good. Work generally well developed with some areas that might be more fully developed. Demonstrates basic knowledge, application and critique of selected research concepts. Compares and contrasts research. Information is understandable.
B-, C+	7	Good. Work developed in general with a missing area and/or some areas that need more development.
C, C-	6	Fair. Work developed in general without sufficient depth.
D, D-	5	Marginal. Work overall has been superficially addressed.
F	1-4	Fail. Requirements have not been completed.

6(A) Recommended Optional Assignment: COMMUNICATION CERTIFICATE

Assignment Description:

The purpose of this assignment is to explore the principles of therapeutic communication and barriers to therapeutic communication.

Format

Using two interactive CD ROM's, available on reserve in the GPRC library, students will complete interactive learning programs related to therapeutic communication. At the conclusion of each program students will complete the quiz and obtain a printed personalized Certificate of Completion. A score of at least 80% is required to finish. Present the personalized certificate to the instructor.

Required Resources:

1. Nurse Patient Interaction -Techniques of Therapeutic Communication (on Reserve)
2. Nurse Patient Interaction -Blocks to Therapeutic Communication (on Reserve)

Summary of Evaluation:

1.	Content Resource Role	15%
2.	Learning Plan & Journal	15%
3.	Direct Clinical Observation	50%
4.	Community as Client Project	10%
5.	Process Recording/ Research Assignment	10%

LABS FOR NURS 395

Utilizing previously learned knowledge, the student will make appropriate assessments for each psychomotor skill.

Lab I - Assessment of Community as Client

At the completion of this lab the student will be able to:

1. Define and relate the purpose of community assessment.
2. Discuss approaches to community assessment
3. Select tools suitable to collect data for community assessment.
Direct (qualitative)
 - informant interview
 - participant observation
 - questionnaires
 - windshield surveys
4. Analyze examples of reported data (quantitative) about a community
 - statistics
 - surveys
 - newspaper reports
5. Determine the kind of data that would be collected for each of the following approaches to community assessment:
 - demographic
 - descriptive
 - epidemiological
 - primary health care
6. Organize data and do a beginning analysis of the findings
 6. Discuss how you would use these assessment findings in planning for health care needs of a community (e.g., as part of community development).

Instructions:

Client Community: Current 3rd year Nursing Class

1. Break into 4 groups.
2. Each group is assigned a portion of the Community Assessment to complete.
3. Present findings to Large group.
4. Identify a community health need.
5. Identify strategies to address community need.

Lab II- Mental Status Assessment & Nursing Care Planning for an Individual experiencing Mental Illness

At the completion of this lab the student will be able to:

1. Demonstrate a full mental status assessment for a client with a mental illness (e.g., endogenous depression, or borderline personality disorder).
2. Utilize the collected assessment data to develop a nursing care plan.
3. Demonstrate a crisis assessment (e.g., aggressive behavior toward others, suicidal), and outline immediate nursing interventions.
4. Describe how to maintain personal and co-worker safety when intervening with clients with mental illness.
5. Develop an awareness of the challenges that clients with mental illness and their families face when living with a mental illness.

Review: **Mental Status Assessment and Nursing Care Planning.**
Therapeutic Communication Techniques (Stuart & Laraia, 2001, p.34-35)
Barriers to Therapeutic Communication (Haber et al., 1997, p. 136-140)
Phases of Helping Relationship (Gazda et al., 1982 (2nd year lab handout);
Haber et al., 1997, p.147-159; Staurt & Laraia, 2001, Chapter 2).

PART A

Instructions:

The instructors of the course will role-play a situation in acute care mental health. As observers students will record examples of one of the following tasks:

1. To interview the client (with and instructor as coach)
2. To play the role of the client (with an instructor as coach)
3. To observe examples of non-therapeutic communication
4. To observe examples of therapeutic communication
5. To observe the nurse's non-verbal behaviours (helpful and barriers)
6. To observe the patient's non-verbal behaviours (signs and symptoms)

Discuss the situation and the observations you have made about the participants.

1. To evaluate the assessment phase of the nurse-client relationship
 - In what way was the intervention effective or nor effective?
 - What was missing from the interaction?

- What alternative approaches could have been tried?
2. To document the interaction according to the mental health assessment guidelines.

Scenario

You are a new nurse on 5 South. You just graduated last month. You are trying hard to learn all the routines and fit into the nursing team. You have just moved into your own apartment and you are earning money to furnish it.

Today is your first day back on days after 3 days off. You are getting report from the night shift. There was a new admission during the night and the admission history was not done because of the hour of admission.

Situation:

Mary Donahue is a 23 year old unmarried woman with a history of bipolar illness. She has a poor relationship with her parents since early childhood. Her father physically abused her and told her that she would never amount to anything. Mary had two younger siblings that she used to protect from her father's rages. Her father left the family when Mary was 8. Although Mary is of average intelligence, she dropped out of school in grade 11. She suffered her first bout of depression around age 15. She feels worthless and insecure.

When Mary was 20, she had an affair with a man, in a search for acceptance and love. The affair resulted in a pregnancy. Mary tries to look after her child, but more often than not, her mother looks after the child.

Mary has a poor relationship with her mother. She feels that her mother is very controlling. Mary resents the fact that her mother is taking care of her child but she feels unable to think of alternative arrangements. Mary is living with her mother in a single family house in Grande Prairie. The mother is a bank manager at one of the local branches.

Mary has had a number of jobs, but between her poor education and her illness, she does not keep her jobs. She has worked at Tim Hortons, Zellers and one of the hotels as a cleaning lady.

Mary has no friends. She loses her friends because they do not understand her illness. This admission is due to depression. Mary felt so depressed over her situation that she attempted to slash her wrists yesterday. Her mother found her, and took her to the hospital where they sutured her cuts and admitted her to 5 South. Mary has had about 20 admissions to 5 South in the past 5 years.

PART B**Instructions:**

Divide into groups of 3.

Using the provided scenarios, take turns practising interview skills in each of the roles of client, nurse and observer/recorder.

Use therapeutic communication techniques in the context of a helping relationship

Interview for at least 5 minutes

Break for discussion and feedback

Based on discussion, continue to assess for another few minutes

Organize data and formulate findings

Develop at least one nursing diagnosis and preliminary nursing care plan

Negotiate nursing actions/care plan with client and terminate interview appropriately.

Debrief

Repeat process, switching roles, with the next two scenarios.

SCENARIO #1

SCENARIO #2

SCENARIO #3

APPENDIX A

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** 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).

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.

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Appendix D

COMMUNITY AS CLIENT PROJECT: Grading Guide Value: 10%
POPULATION/AGGREGATE: _____

Presenters: _____

Assignment Description

The purpose of this assignment is to learn about “community as client/partner” through assessing a community within a community.

All presentation should address the following components:

Population/Community/Aggregate defined and described. Significant relevant factors related to the health (especially the mental health) of the community described. Factors that may impede mental well-being of this community discussed. A formulation of community problem/need presented with suggestion for mental health promoting strategy.

Marking Criteria

A+	10	Outstanding. Well developed in breadth and depth with a level of quality that exceeds most others. Information presented in a way that is exciting, easy to understand and relevant
A, A-	9	Excellent. Work developed in breadth and depth. Information presented that is easy to understand and relevant.
B+, B	8	Very Good. Work generally well developed with some areas that might be more fully developed. Information is understandable.
B-, C+	7	Good. Work developed in general with a missing area and/or some areas that need more development.
C, C-	6	Fair. Work developed in general without sufficient depth.
D, D-	5	Marginal. Work overall has been superficially addressed.
F	1-4	Fail. Requirements have not been completed.

FEEDBACK:

Population/Community/Aggregate defined and described.

Significant relevant factors related to the health (especially the mental health) of the community described.

Factors that may impede mental well-being of this community discussed.

Formulation of community problem/need presented with suggestion for mental health promoting strategy.

Evaluator _____

APPENDIX E

Nursing 3950 Process Recording Grading Descriptions

Excellent (A+/A)

The process recording contains pertinent information about the client/patient history. The setting is described in enough detail for the reader to understand all external environmental influences that may affect the quality of the interaction. The goal (s) for the interchange is/are clearly identified with good rationale. The interaction is chronologically documented in a clear manner. All four interchanges are identifiable. For each of the interchanges all verbal and non-verbal communication is identified for both the client/patient and the nurse. Thoughts and feelings that the student is having during the conversation are articulated well for all interchanges. The therapeutic/non-therapeutic communication technique is identified correctly and is specific rather than general in nature. An accurate analysis of each interchange is completed. Evaluation of the effectiveness/ineffectiveness of the interchange is identified for every interchange. Critical thinking is evident in the rationale for the effectiveness/ineffectiveness of all interchanges. Appropriate alternatives to improve the therapeutic quality of the conversation are identified each time a non-therapeutic communication technique is used.

Very Good (A-/B+)

The process recording contains most information about the client/patient history. The setting is described in enough detail for the reader to understand most external environmental influences that may affect the quality of the interaction. The goal (s) for the interchange is/are clearly identified with rationale. The interaction is chronologically documented. One portion of an interchange is missing. For each of the interchanges most verbal and non-verbal communication is identified for both the client/patient and the nurse. Thoughts and feelings that the student is having during the conversation are articulated well in most interchanges. The therapeutic/non-therapeutic communication technique is identified correctly but is general rather than specific in nature. An accurate analysis of each interchange is completed for most interchanges. Evaluation of the effectiveness/ineffectiveness of the interchange is identified in most interchanges. Critical thinking is evident in the rationale for the effectiveness/ineffectiveness of the most interchanges. When a non-therapeutic communication technique is identified, an appropriate alternative to improve the therapeutic quality of the conversation is identified most of the time.

Good (B/B-)

The process recording contains some information about the client/patient history. The setting is described in detail but environmental influences that may affect the quality of the interaction are not identified. The goal (s) for the interchange is/are clearly identified with some rationale. The interaction is not always chronologically documented. A critical portion of an interchange is missing. For some of the interchanges verbal and non-verbal communication for both the client/patient and/or the nurse is missing. Thoughts and feelings that the student is having during the conversation are identified in most interchanges. The therapeutic/non-therapeutic communication technique is not always identified correctly. The therapeutic/non-therapeutic communication technique is general rather than specific in nature. An analysis of each interchange is completed for most interchanges. Evaluation of the effectiveness/ineffectiveness of the interchange is identified in some interchanges. Critical thinking is evident in the rationale for the effectiveness/ineffectiveness of the some interchanges. When a non-therapeutic communication technique is used, an appropriate alternative to improve the therapeutic quality of the conversation is identified some of the time.

Satisfactory (C+/C/C-)

The process recording contains some information about the client/patient history but is missing pertinent details. The setting is described briefly. The goal (s) for the interchange is/are clearly identified but contains no rationale. The interaction is not always chronologically documented. A complete interchange is missing. For some of the interchanges, verbal and non-verbal communication for both the client/patient and/or the nurse is missing. Thoughts and feelings that the student are having during the conversation are identified in some interchanges. The therapeutic/non-therapeutic communication technique is not always identified correctly. The therapeutic/non-therapeutic communication technique is general rather than specific in nature or may be missing in some interchanges. An analysis of each interchange is not accurate

for some interchanges. Evaluation of the effectiveness/ineffectiveness of the interchange is identified in some interchanges but not clearly. Critical thinking is evident in the rationale for the effectiveness/ineffectiveness in some interchanges but not well articulated. When a non-therapeutic communication technique is used, a suggested alternative to improve the therapeutic quality of the conversation is identified some of the time but is not always appropriate.

Poor (D+/D)

The process recording contains little information about the client/patient history. The setting is described briefly. The goal (s) for the interchange is/are not clearly identified and contains no rationale. The interaction is not chronologically documented. A complete interchange or more is missing. For most of the interchanges, verbal and non-verbal communication for both the client/patient and/or the nurse is missing. Thoughts and feelings that the student is having during the conversation are not identified in most interchanges. The therapeutic/non-therapeutic communication technique is not identified correctly in most interchanges. The therapeutic/non-therapeutic communication technique is general rather than specific in nature. An analysis of each interchange is not accurate for most interchanges. Evaluation of the effectiveness/ineffectiveness of the interchange is not identified in most interchanges. Critical thinking is not evident in the rationale for the effectiveness/ineffectiveness of the interchanges. When a non-therapeutic communication technique is used, a suggested alternative to improve the therapeutic quality of the conversation is not identified or is not appropriate.

Fail (F)

The process recording is missing information about the client/patient history. The setting is not described. The goal (s) for the interchange is/are not identified. The interaction is not chronologically documented. A complete interchange or more is missing. For most of the interchanges, verbal and non-verbal communication for both the client/patient and/or the nurse is missing. Thoughts and feelings that the student is having during the conversation are missing. The therapeutic/non-therapeutic communication technique is not identified correctly in most interchanges or is missing. The therapeutic/non-therapeutic communication technique is general rather than specific in nature. An analysis of each interchange is not accurate for most interchanges. Evaluation of the effectiveness/ineffectiveness of the interchange is not identified in most interchanges. Rationale for the effectiveness/ineffectiveness of the interchanges is missing. When a non-therapeutic communication technique is used, a suggested alternative to improve the therapeutic quality of the conversation is not identified.

APPENDIX F
NS 3950- CONSENT FORM -Process Recording

Nursing students at Grande Prairie Regional College are learning about therapeutic communication. In order to complete a written assignment that helps them analyse their skills, they need to record an interaction between themselves and someone to whom they are providing care. You are requested to consent to having one of your sessions tape-recorded for the benefit of the student's learning. Your actual name will not be used in the assignment. Only the instructor will read the assignment. The recording will be erased when the assignment is completed. If you agree to participating in this project, please sign the following agreement.

I _____ consent to having an interview
with _____ tape-recorded and used in
her/his written assignment.

I understand that confidentiality will be maintained at all times.
I understand that I am free to withdraw my consent to participate at anytime.

Client

Student