PRACTICAL NURSING PROGRAM
PROVINCIAL CURRICULUM

Submitted to the Ministry of Advanced Education by the BC Academic Health Council

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Contents

INTRODUCTION 11
Project Description 11
Background 11
PHILOSOPHICAL APPROACH 12
Process 12
PRACTICAL NURSE CURRICULUM PHILOSOPHY 12
CURRICULUM ORGANISING CONCEPTS 13
Integrative 13
Professional 13
Knowledgeable 13
Competent 13
Client Focused 14
PROGRAM PURPOSE 16
LEARNING OUTCOMES 16
PROGRAM CORE STANDARDS 17
Admission Requirements 17
Notes for Admission 17
English as an Additional Language 17
Faculty Qualifications 18
CURRICULUM FRAMEWORK 19
COMPETENCY MAP 35
PROGRAM MATRIX 39
PROGRAM HOURS 40
DETAILED COURSE INFORMATION 40
PROFESSIONAL PRACTICE I 41
Course Description 41
Learning Outcomes 41
Suggested Learning Activities 42
Suggested Assessments 42
Suggested References/Resources 43

PROFESSIONAL PRACTICE II 44
Course Description 44
Learning Outcomes 44
Suggested Learning Activities 45
Suggested Assessments 45
Suggested References/Resources 45
PROFESSIONAL PRACTICE III 46
Course Description 46
Course Concepts 46
Learning Outcomes 46
Suggested Learning Activities 47
Suggested Assessments 47
Suggested References/Resources 47
PROFESSIONAL PRACTICE IV 48
Course Description 48
Learning Outcomes 48
Suggested Learning Activities 49
Suggested Assessments 49
Suggested References/Resources 49
PROFESSIONAL COMMUNICATION I 50
Course Description 50
Learning Outcomes 51
Suggested Learning Activities 51
Suggested Assessments 52
Suggested References/Resources 52
PROFESSIONAL COMMUNICATION II 53
Course Description 53
Learning Outcomes 53
Suggested Learning Activities 54
Suggested Assessments 55
Suggested References/Resources 55

PROFESSIONAL COMMUNICATION III 56
Course Description 56
Learning Outcomes 56
Suggested Learning Activities 57
Suggested Assessments 57
Suggested References/Resources 57
PROFESSIONAL COMMUNICATION IV 59
Course Description 59
Learning Outcomes 59
Suggested Learning Activities 60
Suggested Assessments 60
Suggested References/Resources 60
PHARMACOLOGY I 61
Course Description 61
Learning Outcomes 62
Suggested Learning Activities 62
Suggested Assessments 62
Suggested References/Resources 63
PHARMACOLOGY II 64
Course Description 64
Learning Outcomes 64
Suggested Learning Activities 65
Suggested Assessments 65
Suggested References/Resources 65
VARIATIONS IN HEALTH I 65
Course Description 66
Learning outcomes 66
Suggested Learning Activities 67
Suggested Assessments 67
Suggested References/Resources 67

VARIATIONS IN HEALTH II 69
Course Description 69
Learning outcomes 69
Suggested Learning Activities 70
Suggested Assessments 70
Suggested References/Resources 70
Variations in Health III 71
Course Description 71
Learning outcomes 71
Suggested Learning Activities 72
Suggested Assessments 72
Suggested References/Resources 73
VARIATIONS IN HEALTH IV 74
Course Description 74
Learning outcomes 75
Suggested Learning Activities 75
Suggested Assessments 75
Suggested References/Resources 76
HEALTH PROMOTION I 77
Course Description 77
Learning outcomes 77
Suggested Learning Activities 78
Suggested Assessments 78
Suggested References/Resources 78
HEALTH PROMOTION II 79
Course Description 79
Learning outcomes 79
Suggested Learning Activities 80
Suggested Assessments 80
Suggested References/Resources 80

HEALTH PROMOTION III 81
Course Description 81
Learning outcomes 81
Suggested Learning Activities 82
Suggested Assessments 82
Suggested References/Resources 82
HEALTH PROMOTION IV 83
Course Description 83
Learning outcomes 83
Suggested Learning Activities 83
Suggested Assessments 84
Suggested References/Resources 84
Background 85
INTEGRATED NURSING PRACTICE 85
Simulation 85
Course Description 87
Learning outcomes 87
Suggested Learning Activities 88
Suggested Assessments 88
Suggested References/Resources 89
INTEGRATED NURSING PRACTICE II 90
Course Description 90
Learning outcomes 91
Suggested Learning Activities 91
Suggested Assessments 92
Suggested References/Resources 92
INTEGRATED NURSING PRACTICE III 93
Course Description 93
Learning outcomes 93
Suggested Learning Activities 94
Suggested Assessments 94
Suggested References/Resources 95

INTEGRATED NURSING PRACTICE IV 96
Course Description 96
Learning outcomes 96
Suggested Learning Activities 97
Suggested Assessments 97
Suggested References/resources 98
TRANSITION TO PRECEPTORSHIP 99
Course Description 99
Learning Outcomes 99
Suggested Learning Activities 99
Suggested Assessments 99
CONSOLIDATED PRACTICE EXPERIENCES 100
CONSOLIDATED PRACTICE EXPERIENCE I 102
Course Description 102
Learning outcomes 102
Suggested Learning Activities 103
Suggested Assessments 103
Suggested References/Resources 103
CONSOLIDATED PRACTICE EXPERIENCE II 104
Course Description 104
Learning outcomes 104
Suggested Learning Activities 105
Suggested Assessments 105
Suggested References/Resources 105
CONSOLIDATED PRACTICE EXPERIENCE III 107
Course Description 107
Learning Outcomes 107
Suggested Learning Activities 108
Suggested Assessments 108
Suggested References/Resources 108

CONSOLIDATED PRACTICE EXPERIENCE IV 109
Course Description 109
Learning outcomes 109
Suggested Learning Activities 110
Suggested Assessments 110
Suggested References/Resources 111
FINAL PRACTICE EXPERIENCE 112
Course Description 112
Suggested Assessments 112
GLOSSARY OF TERMS 113
APPENDIX A 123
Steering Committee Terms of Reference 123
Steering Committee Membership 124
APPENDIX B 125
Curriculum Advisory Group Terms of Reference 125
Curriculum Advisory Group Membership 126
APPENDIX C 127
Topic Advisory Groups Terms of Reference 127
Topic Advisory Membership 127
APPENDIX D 128
Aboriginal Learning Activities 128
Aboriginal Learning Resource List 133
Teaching Learning Resource: Health Trends 139
Teaching Learning Resource: Determinants of Health 141
Teaching Learning Resource: Health Resources 143
Teaching Learning Resource: Considerations of Health Access 145
Teaching Learning Resource: Traditional Medicines 147
Teaching Learning Resource: Bafa Bafa 149
Teaching Learning Resource: Culture and Diversity 151
Teaching Learning Resource: Place in Culture 154
Teaching Learning Resource: What's In a Name? 156
Teaching Learning Resource: Caring Interactions in End-of-Life Care 158

Teaching Learning Resource: Communicating with Aboriginal Older Adults 160
Teaching Learning Resource: Caring Interactions in Acute Care Settings 162
Teaching Learning Resource: Speaking Out for Cultural Safety 164
Teaching Learning Resource: Race 165
Teaching Learning Resource: Learning Rubric I – Learning about Diversity 166
Teaching Learning Resource: Learning Rubric II – Cultivating Understanding 173
Teaching Learning Resource: Learning Rubric III – Fostering Partnerships in Care 179
Teaching Learning Resource: Learning Rubric IV – Supporting Diversity 185
Teaching Learning Resource: Weighty Blankets 191
Teaching Learning Resource: Approaching Traditional Knowledge 193
Teaching Learning Resource: Mental Health 199
Teaching Learning Resource: Supporting Traditional Knowledge to Promote Health and Healing 201
Teaching Learning Resource: Pain Management 203
APPENDIX E 205
Worksafe BC Resources 205
APPENDIX F 206
Suggested Case Study and Problem Based Learning Concepts 206
APPENDIX G 208
Bloom's Taxonomy 208
APPENDIX H 210
Provincial Practical Nurse Program Curriculum Guide Resource List 210
APPENDIX I 225
Acronyms 225
REFERENCES 226

INTRODUCTION

Project Description

The Practical Nursing Education Project is provincial curriculum development activity funded by the Ministry of Advanced Education. The intention is that the new curriculum will be implemented by public and private post secondary institutions offering practical nursing education in British Columbia. Under the stewardship of the BC Academic Health Council (BCAHC), the project was governed by a steering committee comprised of multiple key stakeholders within the context of practical nursing education.

The overall goal of the project is to create sustainable provincial capacity for a relevant and dynamic practical nursing curriculum offered at post-secondary institutions in British Columbia that is consistent with the Canadian Practical Nurse Registration Exam Blueprint (CPNRE, 2011), health services articulated needs and perspectives for entry level licensed Practical Nurses (employers), and the entry to practice competencies as established of the College of Licensed Practical Nurses of British Columbia (CLPNBC).

Background

The curriculum for the Practical Nursing program used at present in the province at public post-secondary institutions was developed in 1992. In its original inception, the program was planned as an 18 month program. However, when implemented, the subsequent curriculum was consolidated to a 12 month program, historically funded on a vocational model. Curriculum changes have occurred over the years in response to changes with the CPNRE competencies in the Exam Blueprint. These changes have not occurred in any organised or clearly coordinated manner, thus accentuating the challenges of effective learning and education in the program, and diminishing what has been viewed as a provincial curriculum. The current program is very "concept dense" and is usually delivered over 49 weeks. Such a format is inconsistent with learner-centred teaching and professional education where application and integration of knowledge and skills requires reflection time and working with concepts in multiple ways.

Over the past five or more years there has been ongoing and persistent change in both the landscape of Practical Nursing in the country and in the province. With the CLPNBC Baseline Competencies for Licensed Practical Nurses' Professional Practice (2009) approved in 2010, and a revised blueprint for competencies assessed on the CPNRE (for implementation in 2012) in combination with sustained issues with the current curriculum(s) there was significant rational for a provincial curriculum development project.

A funding proposal was submitted to the Ministry of Advanced Education by Deans of publicly-funded institutions offering Practical Nursing programs in the early summer of 2010 and funding approval was secured in December, 2010. The BCAHC was given stewardship of the project (consistent with the proposal) and subsequently established a project governance structure comprised of a Project Steering Committee (PSC) made up of multiple stakeholders (Appendix A), and a Curriculum Advisory Group (CAG) populated by experienced Practical Nursing educators and experienced practitioners (Appendix B). A project coordinator was hired

in late January 2011 to lead the curriculum development process and a second coordinator was hired in May 2011 to complete a consultation process with stakeholders.

PHILOSOPHICAL APPROACH

Process

A curriculum philosophy describes the beliefs held by faculty about the purpose of education, learners, learning, and teaching (Iwasiw, Goldenberg, and Andrusyszyn, 2009). Nursing curriculum philosophy has been closely tied to one or more theoretical or philosophical approaches such as Watson's Theory of Human Caring (1979). Iwasiw et al (2009) suggest that contemporary nursing curriculum is a blend of philosophy and learning theory, as well as an "intermingling of beliefs, values and teaching learning applications" (p. 175).

Two main philosophical orientations ground the curriculum: the original philosophy of *caring* [1] (on which the 1992 curriculum was built) and constructivism. Caring, as described by Bevis (1989), is a "unique plan designed to help an individual or collective client systems find meaning in experiences to foster, adapt, and mature" (p. 128). Watson's Theory of Human Caring (1979) suggests that caring is a science "that encompasses a humanitarian, human science orientation, human caring processes, phenomena, and experiences. Caring science includes arts and humanities as well as science. A caring science perspective is grounded in a relational ontology of being-in-relation, and a world view of unity and connectedness of all" (p. 8). Constructivism maintains that knowledge is constructed, and all learning is connected. Constructed knowledge is always open to change as connections are continuously made to previous and new learning experiences. As well, constructivism offers a lens that views culture as being enacted relationally through history, experience, gender, and social position. A curriculum based on constructivism focuses on helping learners interpret and make meaning of knowledge and experiences and encourages self reflection of that interpretation (Haw, 2006).

PRACTICAL NURSE CURRICULUM PHILOSOPHY

With this curriculum, caring is viewed as a core concept. Practical Nurses foster *client empowerment* in care planning and *decision making*, and are cognizant of their unique biological, psychosocial, spiritual, cultural, and environmental complexity. Practical Nurses care for clients across the lifespan, providing safe, knowledgeable, and integrated care through *critical thinking* and *clinical judgement*.

The curriculum supports a deliberate, client focused approach and fosters the development of a conscious relationship with the client and the environment in which the learning takes place. Learning occurs through formal and informal study, mentorship, coaching, role modeling and experience. Learning is lifelong, and is facilitated by a learner-owned approach that promotes *cultural safety, caring, independence, critical inquiry*, and *creativity*. The curriculum uses

[1] All italicized words are included in the Glossary (italicized only with their first usage in the Curriculum Guide).

multiple approaches to encourage learning and embraces concept-based, case-based, skill-based, and integrated learning experiences. The curriculum builds on the learners' prior learning and life experience, and promotes collaborative learning through *interdisciplinary* understanding and effective team functioning.

CURRICULUM ORGANISING CONCEPTS

The curriculum organizing concepts provide a foundation for program learning outcomes. The organizing concepts also guide the development of curriculum concepts and required courses. In developing these concepts, the Curriculum Advisory Group continually reflected on the CLPNBC (2009) competencies, consulted the CPNRE blueprint, and synthesized the available contextual data surrounding Practical Nurse education and practice. In addition, each member contributed their vision of the practical nursing graduate of the future and answered the question: do the proposed organizing concepts encapsulate important ideas that are essential for successful practice now and into the future? Based on this process, curriculum organizing concepts were developed as being: integrative, professional, knowledgeable, competent, and client focused.

Integrative: The Practical Nurse is integral in the assessment, planning, implementation, evaluation and documentation of nursing care. The Practical Nurse promotes, supports, and *advocates* for client *self-determination* to achieve optimum health outcomes. The foundation of practical nursing is defined by relevant law, scope of practice as defined by regulation set out in legislation, standards of practice, code of ethics, and entry-level competencies.

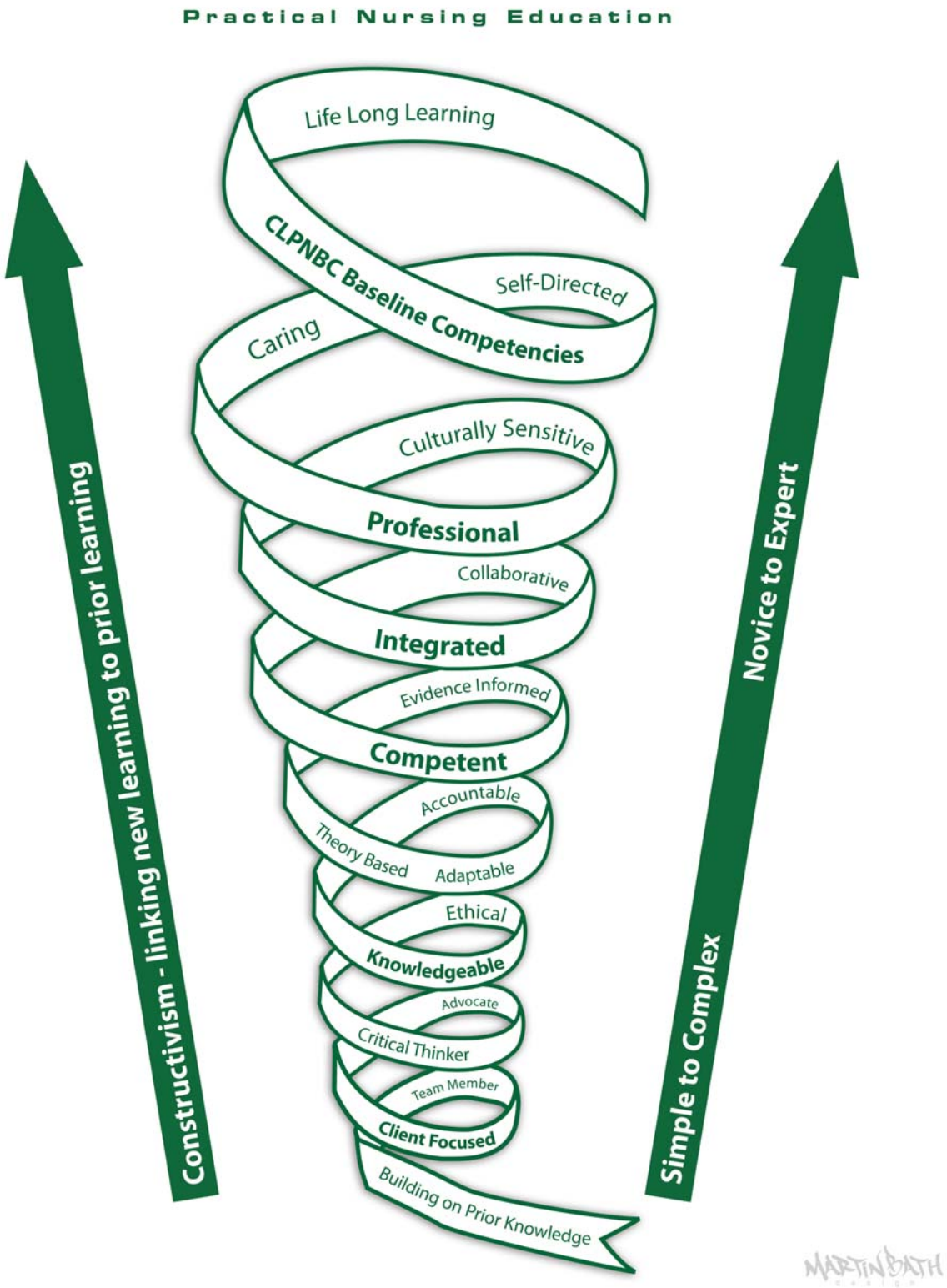
Professional: Practical Nurses practice *collaboratively*, respecting the shared and unique competencies of other members of the health-care team. A code of ethics provides direction for the Practical Nurse to uphold the highest standard of care as defined by the scope of practice. The Practical Nurse maintains autonomy within the legislated scope of practice and is legally accountable to the client, the employer, and the profession. The Practical Nurse demonstrates a self-reflective approach to practice and demonstrates leadership while fostering continued growth of self and others to meet the challenges of the evolving health-care system.

Knowledgeable: The Practical Nurse uses *critical thinking* to guide the formulation of clinical decisions, based on *evidence-informed practice*. Practical Nurses follow a systematic approach when applying the nursing process and deliver care while respecting *diversity*. Practical Nurses are knowledgeable about trends and issues that impact the client, the health-care system and team. Practical Nurses are active participants *in health promotion, illness prevention, reduction of harm*, and *risk management activities.*

Competent: Practical Nurses integrate knowledge, skills, behaviours, attitudes, critical thinking and clinical judgment expected of an entry-level Practical Nurse to provide safe, competent, and ethical care. Practical Nurses care for clients throughout the lifespan and are responsible for providing care while developing and maintaining a therapeutic nurse-client

relationship. Practical Nurses perform *holistic, comprehensive* and specific nursing assessments to achieve mutually agreed upon health outcomes. Using evidence informed practice, Practical Nurses select and implement appropriate nursing interventions.

Client Focused: Practical Nurses assist clients to identify actual and potential health goals and outcomes, support clients to assume responsibility for their health, involve clients in developing and prioritizing their plan of care, and provide information and access to resources. Practical Nurses collaborate with clients and other health team members in discharge planning, planning and implementing strategies to enhance client learning, evaluating client learning and revise strategies as necessary. Practical Nurses provide care that affirms, respects, and fosters cultural expression by others.



Learning Spiral

PROGRAM PURPOSE

The provincial practical nursing education program (PPNP) is designed to provide learners with the knowledge, skills, judgments, and attitudes to perform to the full range of competencies as identified by the College of Licensed Practical Nurses of British Columbia. The curriculum provides a learning experience that is integrated, professional, collaborative, and culturally sensitive with an aim to prepare graduates to care for individuals (and by extension, families of individuals) at multiple life stages and in a variety of practice settings. Consistent with the *CLPNBC Baseline Competencies for Licensed Practical Nurses' Professional Practice* (2009), the focus for beginner's practice is "care of clients with less complex and more predictable outcomes" (p. 5). Additionally, upon successful completion of the program, learners will possess the competencies to successfully complete the Canadian Practical Nurse Registration Exam (CPNRE).

LEARNING OUTCOMES

The following program outcomes describe what learners are expected to achieve by the end of their educational program and describe key professional abilities, incorporate the curricular philosophical approach, and highlight the core concepts.

Upon completion of the Provincial Practical Nursing Program (PPNP), graduates will:

1. Apply the *Baseline Competencies for Licensed Practical Nurses' Professional Practice* (2009) to provide safe, competent, culturally safe and ethical care
2. Practice within relevant legislation, scope of practice, Standards of Practice, and Code of Ethics as set out by the Health Professions Act and the CLPNBC
3. Value and engage in continuous learning to maintain and enhance competence
4. Practice in collaboration with other members of the health care team to meet the collective needs of their clients
5. Participate in interprofessional problem solving and decision making processes
6. *Advocate* for and facilitate change reflecting evidence-informed practice
7. Make practice decisions that are client specific and consider client acuity, complexity, variability, and available resources
8. Use critical thinking, clinical judgment and knowledge of assessment to plan, implement, and evaluate the agreed upon plan of care
9. Develop a collaborative relationship with clients by connecting, sharing, and exploring with them in a caring environment
10. Provide culturally safe, person-centered care across the lifespan that recognizes and respects the uniqueness of each individual and is sensitive to cultural safety and diversity
11. Provide leadership, direction, assignment, and supervision of unregulated care providers as appropriate
12. Identify one's own values, biases, and assumptions and the influence of these on interactions with clients and other members of the health care team

PROGRAM CORE STANDARDS

A component of developing a provincial curriculum for practical nursing education in BC requires integration of core standards to maintain consistency, collaboration, and coherence. There are two areas of core standards: 1) general admission requirements, 2) English as an Additional Language requirements, and 3) faculty qualifications to teach in the program. What is outlined below is reflective of the *minimum* standards and expectations.

Admission Requirements

- Grade 12 graduation or equivalent (ABE, GED)
- English 12 with a grade of C+ OR Technical Communications 12 with a grade of B+
- Math 11 Principles with a grade of C (current BC curriculum) OR Math 11 Foundations with a grade of C (commencing 2012)
- Biology 12 (Human Biology) with a grade of C

Notes for Admission

- Human Anatomy and Physiology for Practical Nurses with a minimum grade of C+ or equivalent must be completed by the start of specified courses.

The following are to be completed prior to the first practice education experience:

- CPR level "C"
- Criminal Record Check
- Immunization as required by sites of *practice education* and recommended by BC Centre for Disease Control (2009): diphtheria and tetanus, polio, hepatitis B, measles, mumps and rubella (MMR), varicella, and influenza
- Negative TB skin test or chest x-ray

Students who do not meet the immunization requirements may be prohibited from attending practice education experiences given particular Health Authority, or practice education site organization/agency policy.

English as an Additional Language

Applicants with English as an additional language must meet the language requirements set by CLPNBC (2011), and be successful in **one** of the following:

- International English Language Testing System (IELTS) - Academic Version with minimum scores of:
    - Overall Band Score: 7.5
    - Speaking: 7.5
    - Listening: 8.0
    - Reading: 7.0
    - Writing: 7.5

- Canadian English Language Benchmarks Assessment for Nurses (CELBAN) with minimum scores of:
    - Speaking: 8.0
    - Listening: 10
    - Reading: 8
    - Writing: 7
- Test d'évaluation de français (TEF) with a minimum overall score of 750, and the following scores:
    - Speaking: 5
    - Listening: 4
    - Reading: 4
    - Vocabulary and grammar: 4

Note: Please view CLPNBC current English requirements at the following site: http://www.clpnbc.org/content_images/documents/Language%20Proficiency%20Requirements%20for%20Registration_July%201.2011.pdf

Faculty Qualifications

The following outlines the minimal standards of qualifications for faculty to teach in the program:

- Current practicing license with one of the nursing regulatory Colleges (CLPNBC, CRNBC, or CRPNBC)
- A credential in adult education/equivalent or in progress from an accredited post secondary institution
- Three to five years of recent and relevant practice experience (equivalent to full time hours per year)
- Other faculty qualifications may be considered for particular courses
    - Pharmacology (e.g., undergraduate degree in pharmacy, two years of hospital pharmacy experience, registered with the College of Pharmacists of BC)
    - Professional communications (e.g., undergraduate degree in a Human Services field or discipline or Counselling Psychology)
    - Anatomy and Physiology (e.g., undergraduate degree in biology, physiology, physician, or equivalent education and experience)

CURRICULUM FRAMEWORK

The curriculum framework of the PPNP is guided by the Health Professions Act, Nurses (Licensed Practical) Regulation, Baseline Competencies for Licensed Practical Nurses' Professional Practice (CLPNBC, 2009), Professional Standards of Practice for Licensed Practical Nurses (CLPNBC, 2010), as well as the Canadian Practical Nurse Registration Exam Blueprint (CPNRE, 2011).

The curriculum framework is based upon two theoretical constructs: Benners' (1984, 2005) five stages from novice to expert and the concept of a spiral curriculum (Bruner, 1960, 1975, 1982). Benner's work supports the notion that proficiency in a particular role is a progressive process and is a function of time, experience, influences, encouragement, and feedback. She describes the progression one makes in a staged manner from novice to advanced beginner, to competent to proficient, and then achieving to the expert stage. Progression through each stage is on a continuum and changes in environment or circumstance may result in a potentially short lived regression. While commonly used in the context of developing clinical expertise, Benners' theory is interpreted by Evans and Donnelly (2006) who argue that knowledge, skill, and judgment acquired by student nurses during their nursing education also passed through the same stages. Skills are not applied context-free , but are always supported by knowledge acquired through education. More recently Benner, Sutphen, Leonard and Day (2010), suggest that improved integration of cognitive learning, skilled know-how, and ethical reflection will result in "instruction more consistent with the complexities of nursing practice (p.39)."

A spiral curriculum is one in which there is iterative revisiting of concepts, subjects, or themes throughout courses that are part of a program of studies. In effect, this means not simply the repetition of a concept, but rather the requirement to expand learning with each successive encounter in a course or program. Spiral curriculum was first explored by Bruner in 1960, with an approach requiring learners to respond to increasing levels of difficulty, linking new learning to previous learning, and increasing competence with each visit. The value of the spiral curriculum lies in reinforcement of topics, the movement from simple to complex, the integration and continuity from one stage to another, the development of a logical sequence for learners, and the application of knowledge and skills (Harden and Stamper, 1999).

The curriculum framework draws a number of horizontal threads through each course: *caring, holism, nursing collaboration, diversity, social justice, evidence -informed practice, client-focused, self- reflection, lifespan, leadership, and safety* (see Glossary of Terms). Threads are developed for different health care environments of care and clients. This curriculum also gives enhanced recognition to clients of Aboriginal heritage.

The spiral curriculum is divided into four levels. Level One provides the foundation for the development of nursing practice and introduces the learner to the healthy adult. Level Two explores the older adult and concepts related to ageing and chronic illness in various settings. Level Three examines a continuum of care in community care and applies concepts from level one, two and three in the management of stable clients across the lifespan. Level Four integrates knowledge from previous levels and examines concepts related to the care of the client with acute presentation or exacerbation of chronic illness. Each level is supported by a

Consolidated Practice Experience (CPE). The program culminates in a final practice experience to prepare the learner as an entry to practice- graduate.
The five curriculum organising concepts (professional, knowledgeable, integrative, client focused and competent) provide scaffolding for the development of the course groupings: (a) Professional Practice, (b) Professional Communication, (c) Variations in Health, (d) Pharmacology, (e) Health Promotion, (f) Integrated Nursing Practice, and (g) Practice courses. In creating the framework there is an assumption that the concepts are continued throughout multiple courses reflecting a spiral curriculum.

Post secondary educational institutions utilizing the PPNP are required to adhere to the core structures of the program. The program matrix, minimum course hours, admission requirements, faculty qualifications, program and course learning outcomes, course descriptions, and concepts must be adhered to.

Professional Practice (85hrs)		
Legislation Governing PN practice	*Level 1*	➢ *Health Profession Act* ➢ *Nurses (Licensed Practical) Regulation*
	Level 2	➢ *Advanced directives* ➢ *Adult Guardianship* ➢ *Informed consent* ➢ *Elder abuse*
	Level 3	➢ *Mental Health Act* ➢ *Community Service Act* ➢ *Reporting related to child abuse* ➢ *Communicable disease reporting*
	Level 4	➢ *Consent for treatment*
PN Professional practice	*Level 1*	➢ *Scope of practice* ➢ *Standards for practice* ➢ *CLPNBC Competencies* ➢ *Professional conduct* ➢ *Professional writing and documentation* ➢ *Self reflection*
	Level 2	➢ *Responsibility* ➢ *Accountability* ➢ *Critical thinking* ➢ *Decision making* ➢ *Safe working environments* ➢ *Professional writing and documentation*
	Level 3	➢ *Recognise and practice to highest level of competency* ➢ *Clients rights to self determination* ➢ *Professional writing and documentation*
	Level 4	➢ *Assess and develop professional competence* ➢ *Participate in evidence informed practice* ➢ *Practice within established policies and procedures* ➢ *Professional writing and documentation*

Professional Practice (85hrs)		
History of Practical Nursing in BC	*Level 1*	*Program Philosophy:* ➢ *Caring* ➢ *Client focused* ➢ *Learner owned* ➢ *Conscious relationship development*
PN ethical practice	*Level 1*	➢ *Code of ethics* ➢ *Confidentiality* ➢ *Lifelong learning*
	Level 2	➢ *Respect, empathy, trust and integrity* ➢ *Duty to provide care*
	Level 3	➢ *Recognizing when to seek assistance* ➢ *Respond to incidents of unsafe practice*
	Level 4	➢ *Unprofessional conduct* ➢ *Quality practice environments* ➢ *Accepting and assigning care assignments*
Leadership in PN practice	*Level 1*	➢ *Leadership styles* ➢ *Role of LPN as leader*
	Level 2	➢ *Managing unregulated health care providers* ➢ *Leadership during an emergency* ➢ *Assign and provide clinical guidance to unregulated health care workers*
	Level 3	➢ *Integrating evidence informed research*
	Level 4	➢ *Identify when collaboration is required* ➢ *Initiate and participate in risk management activities*
Inter-professional practice	*Level 1*	➢ *Client//family/groups* ➢ *Team functioning*
	Level 2	➢ *Role clarification* ➢ *Respect diversity of other health care roles*
	Level 3	➢ *Collaborating with external agencies* ➢ *Collaborative decision making principles*
	Level 4	➢ *Collaborative leadership* ➢ *Facilitation of effective team processes*

Professional Practice (85hrs)		
Diversity across the lifespan	*Level 1*	➢ *Constructivist understanding of culture* ➢ *Culture as a shifting relational process* ➢ *Social Justice*
	Level 2	➢ *Engaging in dialogue and relationship building* ➢ *Respect and Inclusivity of all* ➢ *cultures, including* ➢ *Aboriginal culture*
	Level 3	➢ *Identify health care approaches that places Aboriginal families and groups at risk for cultural harm*
	Level 4	➢ *Respect and inclusivity of diversity, including Aboriginal populations* ➢ *Respect for all traditional knowledge in healing*
Self Care	*Level 1*	
	Level 2	
	Level 3	
	Level 4	
Legislation Governing PN practice	*Level 1*	➢ *Health Profession Act* ➢ *Nurses (Licensed Practical) Regulation*
	Level 2	➢ *Advanced directives* ➢ *Adult Guardianship* ➢ *Informed consent* ➢ *Elder abuse*
	Level 3	➢ *Mental Health Act* ➢ *Community Service Act* ➢ *Reporting related to child abuse* ➢ *Communicable disease reporting*
	Level 4	➢ *Consent for treatment*
PN Professional practice	*Level 1*	➢ *Scope of practice* ➢ *Standards for practice* ➢ *CLPNBC Competencies* ➢ *Professional conduct* ➢ *Professional writing and documentation* ➢ *Self reflection*

Professional Practice (85hrs)		
PN Professional practice	*Level 2*	➢ *Responsibility* ➢ *Accountability* ➢ *Critical thinking* ➢ *Decision making* ➢ *Safe working environments* ➢ *Professional writing and documentation*
	Level 3	➢ *Recognise and practice to highest level of competency* ➢ *Clients rights to self determination* ➢ *Professional writing and documentation*
	Level 4	➢ *Assess and develop professional competence* ➢ *Participate in evidence informed practice* ➢ *Practice within established policies and procedures* ➢ *Professional writing and documentation*
History of Practical Nursing in BC	*Level 1*	*Program Philosophy:* ➢ *Caring* ➢ *Client focused* ➢ *Learner owned* ➢ *Conscious relationship development*
PN ethical practice	*Level 1*	➢ *Code of ethics* ➢ *Confidentiality* ➢ *Lifelong learning*
	Level 2	➢ *Respect, empathy, trust and integrity* ➢ *Duty to provide care*
	Level 3	➢ *Recognizing when to seek assistance* ➢ *Respond to incidents of unsafe practice*
	Level 4	➢ *Unprofessional conduct* ➢ *Quality practice environments* ➢ *Accepting and assigning care assignments*
Leadership in PN practice	*Level 1*	➢ *Leadership styles* ➢ *Role of LPN as leader*
	Level 2	➢ *Managing unregulated health care providers* ➢ *Leadership during an emergency* ➢ *Assign and provide clinical guidance to unregulated health care workers*
	Level 3	➢ *Integrating evidence informed research*
	Level 4	➢ *Identify when collaboration is required* ➢ *Initiate and participate in risk management activities*

Professional Practice (85hrs)		
Inter-professional practice	*Level 1*	➢ *Client//family/groups* ➢ *Team functioning*
	Level 2	➢ *Role clarification* ➢ *Respect diversity of other health care roles*
	Level 3	➢ *Collaborating with external agencies* ➢ *Collaborative decision making principles*
	Level 4	➢ *Collaborative leadership* ➢ *Facilitation of effective team processes*
Diversity across the lifespan **Diversity across the lifespan**	*Level 1*	➢ *Constructivist understanding of culture* ➢ *Culture as a shifting relational process* ➢ *Social Justice*
	Level 2	➢ *Engaging in dialogue and relationship building* ➢ *Respect and Inclusivity of all* ➢ *cultures, including* ➢ *Aboriginal culture*
	Level 3	➢ *Identify health care approaches that places Aboriginal families and groups at risk for cultural harm*
	Level 4	➢ *Respect and inclusivity of diversity, including Aboriginal populations* ➢ *Respect for all traditional knowledge in healing*
Self Care	*Level 1*	
	Level 2	
	Level 3	
	Level 4	

Professional Communication (105 hours)		
Professional communication across the lifespan	*Level 1*	➢ *Communication theory* ➢ *Self awareness* ➢ *Empathy* ➢ *Assertiveness* ➢ *Conflict resolution* ➢ *Terminology* ➢ *Problem solving* ➢ *Barriers to communication*
	Level 2	➢ *Sensory deficits* ➢ *Aggression* ➢ *Non verbal approach* ➢ *Conflict resolution* ➢ *Problem solving and decision making* ➢ *Adaptation of communication skills appropriate to the client*

Professional Communication (105 hours)		
Professional communication across the lifespan	*Level 3*	➢ *Ensuring continuity of care* ➢ *Problem solving and decision making* ➢ *Conflict resolution* ➢ *Age appropriate communications* ➢ *Adaptation of communication skills appropriate to the client* ➢ *Boundary setting*
	Level 4	➢ *Communicating during an emergency* ➢ *Collaborating with other team members* ➢ *Problem solving and decision making* ➢ *Conflict resolution* ➢ *Adaptation of communication skills appropriate to the client*
Relational practice across the lifespan	*Level 1*	➢ *Nurse client relationship* ➢ *Helping relationships* ➢ *Cross cultural communication* ➢ *Caring and respect* ➢ *Family as client* ➢ *Developing trusting relationships with clients*
	Level 2	➢ *Establishing trust* ➢ *Honouring diversity* ➢ *Caring and respect*
	Level 3	➢ *Working with groups* ➢ *Encouraging responsibility for own health* ➢ *Recognition of individuals at risk for self harm* ➢ *Honouring diversity* ➢ *Caring and respect*
	Level 4	➢ *Role of PN in providing family with emotional support* ➢ *Honouring diversity* ➢ *Caring and respect*
Inter-professional communication Inter-professional communication	*Level 1*	➢ *Establishing teamwork communication principles* ➢ *Documentation using information and communication technology* ➢ *Developing trusting relationships with team members*
	Level 2	➢ *Communicating client status to appropriate member* ➢ *Utilizing effective communication tools (S BAR)* ➢ *Sharing information with family in a respectful, understandable manner* ➢ *Sharing knowledge with unregulated providers, novices and learners* ➢ *Listening respectfully to expressed needs of all parties* ➢ *Loss and grieving*

Professional Communication (105 hours)		
	Level 3	➢ *Interprofessional conflict resolution* ➢ *Guidelines for addressing disagreements* ➢ *Establishing a safe environment to express opinions* ➢ *Reaching a consensus* ➢ *Coordinating actions of others during an emergency* ➢ *Using appropriate documentation tools* ➢ *Loss and grieving*
	Level 4	➢ *Supporting colleagues to practice effectively* ➢ *Sharing knowledge with unregulated providers, novices and learners* ➢ *Documentation in written oral and electronic formats* ➢ *Loss and grieving*

Variations in Health (180 hours)		
Foundations of health and illness across the lifespan	*Level 1*	➢ *Pathophysiological approach to disease* ➢ *Cell structure alteration* ➢ *Disease across the lifespan*
Chronic illness a systems approach	*Level 2*	➢ *Neurological* ➢ *Endocrine* ➢ *Cardiovascular* ➢ *Respiratory* ➢ *Gastrointestinal* ➢ *Urinary* ➢ *Musculoskeletal* ➢ *Addictions*
Illness concepts across the lifespan	*Level 3*	➢ *Mental Illness* ➢ *Addictions* ➢ *Physiological changes of pregnancy* ➢ *Common pediatric challenges* ➢ *Developmental and cognitive challenges*
Acute illness a systems approach	*Level 4*	➢ *Presentation of common acute illness across the lifespan* ➢ *Exacerbations of chronic illness*

Variations in Health (180 hours)		
Introduction to evidence informed practice	*Level 1*	➢ *Nursing Process* ➢ *Identifying best practices* ➢ *Incorporating evidence informed literature into practice*
Evidence informed practice: Chronic Illness	*Level 2*	➢ *Nursing Process* ➢ *Incorporating geriatric specific literature into practice* ➢ *Best practices in chronic care*
Evidence informed practice across the lifespan	*Level 3*	➢ *Nursing Process* ➢ *Following policy in delivery of care* ➢ *Incorporating current evidence into care* ➢ *Utilizing best practice in decision making*
Evidence informed practice: Acute Illness	*Level 4*	➢ *Nursing Process* ➢ *Applying best practice in decision making* ➢ *Utilizing facility policy and procedure as appropriate*
Diversity in health and healing	*Level 1*	➢ *Aboriginal health and healing* ➢ *Aboriginal healers* ➢ *Health literacy* ➢ *End of life care*
Diversity in Chronic Illness	*Level 2*	➢ *Aboriginal approach to chronic illness* ➢ *Traditional healing practices* ➢ *Health literacy* ➢ *End of life care*
Diversity across the lifespan	*Level 3*	➢ *Birthing practices* ➢ *Dying practices* ➢ *Stigma, mental illness* ➢ *Health literacy* ➢ *End of life care*
Diversity in Acute Illness	*Level 4*	➢ *Culturally congruent care* ➢ *Recognition of values and beliefs of others* ➢ *Health literacy* ➢ *End of life care*

Health Promotion (120 hours)		
Introduction to Health promotion	*Level 1*	➢ *Canada's health care system* ➢ *Determinants of health* ➢ *Determinants of health for Aboriginal people* ➢ *Understanding diversity of clients* ➢ *Introduction to epidemiology* ➢ *Normal growth and development across the lifespan*
Health promotion in the older adult	*Level 2*	➢ *Normal ageing* ➢ *Care giver burnout* ➢ *Rehabilitation* ➢ *Risk Management* ➢ *Fall prevention* ➢ *Immunization* ➢ *Nutrition* ➢ *Growth and development*
Health promotion across the lifespan	*Level 3*	➢ *Continuum of care for maternal child health* ➢ *Public health services* ➢ *Stress management* ➢ *Fitness* ➢ *Harm reduction* ➢ *Smoking cessation* ➢ *Management of obesity* ➢ *Nutrition* ➢ *Schedule of immunizations* ➢ *Health education* ➢ *Epidemiology* ➢ *Growth and development*
Health promotion during acute illness	*Level 4*	➢ *Nutrition* ➢ *Mental health promotion* ➢ *Access to health care services* ➢ *Growth and development*
Chronic disease management	*Level 1*	➢ *Chronic disease self-management program*
Chronic disease management	*Level 2*	➢ *Living with chronic disease* ➢ *Client self management of chronic disease*
	Level 3	➢ *Introduction to community supports and resources* ➢ *Illness prevention strategies* ➢ *Immunization* ➢ *Communicable disease reporting*
	Level 4	➢ *Acute exacerbations of chronic illness* ➢ *Client self-care*

Health Promotion (120 hours)		
Teaching and Learning in Health Promotion	*Level 1*	➢ *Principles of teaching and learning* ➢ *Health literacy* ➢ *Teaching and learning in health promotion* ➢ *Communicable disease reporting* ➢ *Safe workplace environment*
	Level 2	➢ *Planning strategies to enhance client learning* ➢ *Setting shared goals* ➢ *Facilitate teaching to increase client and family understanding* ➢ *Utilizing community resources to support* ➢ *Promotion of safety* ➢ *Evaluate client learning*
Teaching and Learning in Health Promotion	*Level 3*	➢ *Setting shared goals* ➢ *Promotion of safety* ➢ *Clients with intellectual disabilities* ➢ *Clients experiencing mental illness* ➢ *Evaluate client learning*
	Level 4	➢ *Collaborate with clients in the discharge process* ➢ *Promotion of safety* ➢ *Formulate strategies to improve client health* ➢ *Setting shared goals* ➢ *Evaluate client learning*
Diversity in health promotion	*Level 1*	➢ *Understanding health disparities* ➢ *Cultural competency*
	Level 2	➢ *Ageing perspective* ➢ *Care of the older adult* ➢ *Culture and ageing*
	Level 3	➢ *Health care access* ➢ *Inequities in resource allocation* ➢ *Culture*
	Level 4	➢ *Relevance of information* ➢ *Inclusivity in health promotion activities* ➢ *Cultural competency*

Pharmacology (60 hours)		
Principles of Pharmacology	*Level 1*	➢ *Pharmacodynamics* ➢ *Pharmacokinetics* ➢ *Drug calculations (adult, older adult, Infant, child)* ➢ *Drug classification* ➢ *Routes of administration* ➢ *Substance abuse* ➢ *Physical or psychological dependence* ➢ *Polypharmacy* ➢ *Electronic drug information* ➢ *Legal responsibilities in drug administration* ➢ *Control Drugs and Substance Act 1997*
Pharmacology across the lifespan	*Level 2*	➢ *Polypharmacy* ➢ *Drug classifications* ➢ *Interactions* ➢ *Effect on cognition* ➢ *Chronic disease* ➢ *Drug resistance* ➢ *Alternate routes* ➢ *Specific illness related medications* ➢ *Substance abuse* ➢ *Control Drugs and Substance Act 1997*
Introduction to complementary and Traditional healing modalities	*Level 1*	➢ *Traditional healing modalities* ➢ *Alternate therapies*

Integrated Nursing Practice (615 hours)		
Introduction to Assessment	*Level 1*	➢ *Holistic* ➢ *Comprehensive* ➢ *Quick Priority*
Assessment: older adult	*Level 2*	➢ *Physical assessment* ➢ *Falls assessment* ➢ *Pain assessment* ➢ *Nutritional assessment* ➢ *Mental Health assessment*
Assessment in community care	*Level 3*	➢ *Post partum Assessment* ➢ *Newborn Assessment* ➢ *Pediatric assessment*
Health promotion during acute illness	*Level 4*	➢ *Focused assessment*
Introduction to clinical decision making	*Level 1*	➢ *Nursing Process* ➢ *Decision making tools* ➢ *Diagnostic values* ➢ *Evidence informed practice* ➢ *Critical thinking* ➢ *Clinical practice guideline*
Clinical decision making: Chronic Illness	*Level 2*	➢ *Utilise the nursing process in chronic illness* ➢ *Incorporating decision making tools* ➢ *Diagnostic values* ➢ *Evidence informed care*
Clinical decision making across the lifespan	*Level 3*	➢ *Incorporating evidence informed guidelines* ➢ *Principles of risk management and harm reduction* ➢ *Analyze and interpret data* ➢ *Apply decision making tools to various life stages*
Clinical decision making: Acute Illness	*Level 4*	➢ *Apply the nursing process* ➢ *Incorporation of diagnostic values to care*

Integrated Nursing Practice (615 hours)		
Introduction to nursing interventions **Nursing interventions: Chronic Illness** **Nursing interventions across the lifespan** **Nursing interventions: Acute Illness**	*Level 1*	➢ *Simple Wound management* ➢ *Personal care skills* ➢ *Introduction to pain management- non pharmacological* ➢ *End of life care*
	Level 2	➢ *Individualised nursing care plan* ➢ *Chronic wound management* ➢ *Psychomotor skills* ➢ *Pain management-pharmacological* ➢ *End of life care*
	Level 3	➢ *Principles of IV therapy I* ➢ *Blood administration* ➢ *End of life care*
	Level 4	➢ *Surgical wound management* ➢ *IV therapy 2* ➢ *End of life care*
Introduction to risk management **Risk management across the lifespan**	*Level 1*	➢ *Personal and client safety* ➢ *Universal precautions* ➢ *Principles of Asepsis* ➢ *Overexertion* ➢ *Point of care mobility assessment*
	Level 2	➢ *Infection Control* ➢ *Violence in workplace* ➢ *Safely approaching clients*
	Level 3	➢ *Violence prevention* ➢ *Client privacy and obligation to share information* ➢ *Working alone*
	Level 4	➢ *Personal protective equipment*
Medication administration	*Level 1*	➢ *Principles of medication administration* ➢ *Rectal and topical* ➢ *Medication delivery systems*
	Level 2	➢ *Medication administration-other routes* ➢ *Parenteral, enteral, percutaneous medication* ➢ *Transcribing physicians orders*
	Level 3	➢ *Introduction to IV medication administration*
	Level 4	➢ *IV medication administration*

Integrated Nursing Practice (615 hours)		
Reporting and Documentation	*Level 1*	➢ *Introduction to charting* ➢ *Communication tools* ➢ *Medical terminology*
	Level 2	➢ *Communication tools*
	Level 3	➢ *Communication tools* ➢ *Effectively using information and communication technology to improve interprofessional care*
	Level 4	➢ *Communication tools*

COMPETENCY MAP

The PPNP Competency Map connects the required entry level competencies of Practical Nurse graduates to the courses in which learning occurs as part of the educational process. The Competency Map integrates the *Baseline Competencies for Licensed Practical Nurses' Professional Practice* (CLPNBC, 2009), the *Canadian Practical Nurse Registration Blueprint* (2011) the *National Interprofessional Competency Framework* (CIHC, 2010), competencies required by Worksafe B.C., and the *Cultural Competence and Cultural Safety in Nursing Education* (2009). The Competency Map assumes that particular competencies will be continued throughout multiple courses reflecting a spiral curriculum. Learner knowledge gained through theory courses is expected to be applied in both a simulated setting in the Integrated Nursing Practice courses and then further consolidated in the Consolidated Practice Experience.

In the following figure, the check marks denote where the majority of learning takes place.

KEY: CLPNBC Competencies (2009) - **Black**
CPNRE Competencies (2011) - **Green**
Cultural Competencies (2009) - **Pink**
CIHC Competencies (2010) - **Blue**

COMPETENCY MAP

CLPNBC COMPETENCIES; CIHC COMPETENCIES; CULTURAL COMPETENCIES; CPNRE (knowledge comptencies)	Professional Practice 1	Professional Practice 2	Professional Practice 3	Professional Practice 4	Professional Communication 1	Professional Communication 2	Professional Communication 3	Professional Communication 4	Variations in Health 1	Variations in Health 2	Variations in Health 3	Variations in Health 4	Health Promotion 1	Health Promotion 2	Health Promotion 3	Health Promotion 4	Pharmacology 1	Pharmacology 2	Integrated Nursing Practice 1	Integrated Nursing Practice 2	Integrated Nursing Practice 3	Integrated Nursing Practice 4	CPE 1	CPE 2	CPE 3	CPE 4	Final Practice Experience
PROFESSIONAL 1.1																											
Competent licensed practical nurses entering practice:																											
Are accountable for their own decisions and actions	√	√	√	√															√	√	√	√	√	√	√	√	√
Identify effects of own values, biases, and assumptions on interactions with clients and other members of the health care team	√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
Develop the theraputic nurse clent relationship																			√	√	√	√	√	√	√	√	√
Demonstarte leadership in all aspects of practice																			√	√	√	√	√	√	√	√	√
Inclusivity: The graduating student will demonstrate a committment to engage in dialogue and relationship building with First Nation, Inuit and Metis peoples, cultures and health practices					√	√	√	√									√	√	√	√	√	√	√	√	√	√	√
Post colonial understanding: the graduating student will demonstrate compassionate, culturally safe, relationship-centred care with First Nation, Inuit, and Metis clients, their families and communities					√	√	√	√					√	√	√	√			√	√	√	√	√	√	√	√	√
Evaluate own practice, identify gaps in own competence	√	√	√	√															√	√	√	√	√	√	√	√	√
Demonstrate professional conduct	√	√	√	√															√	√	√	√	√	√	√	√	√
ETHICAL 1.2																											
Understand the ethical framework of the nurse client relationship	√	√	√	√															√	√	√	√	√	√	√	√	√
Apply the ethical framework of the nurse client relationship																			√	√	√	√	√	√	√	√	√
Promote clients' rights and responsibilities	√	√	√	√															√	√	√	√	√	√	√	√	√
Contribute to a quality practice environment	√	√	√	√															√	√	√	√	√	√	√	√	√
Respect: The graduating student will identify health care approaches that places Firts Nation, Inuit nad Metis clients, families and communities at risk for cultural harm ,and describe measures to rectify these approaches	√	√	√	√									√	√	√	√			√	√	√	√	√	√	√	√	√
Post colonial understanding: The graduating student will be able to identify the determinants of health of Aboriginal populations and use the knowledge to promote the health of First Nations, Inuit, and Metis clients, families and communities					√	√	√	√					√	√	√	√			√	√	√	√	√	√	√	√	√
LEGAL 1.3																											
Adhere to the legal requirements of nursing practice	√	√	√	√															√	√	√	√	√	√	√	√	√
Disclose relevant information to the appropriate individual	√	√	√	√	√	√	√	√																			
Adhere to legal requirements regarding documentation	√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
FOUNDATIONS OF PRACTICE 2.0																											
Assess: demonstrate knowledge in the performance of comprehensive health assessments throughout the lifespan									√	√	√	√							√	√	√	√	√	√	√	√	√
Plan: Apply critical thinking and clinical judgement to the planning and delivery of all aspects of nursing					√	√	√	√											√	√	√	√	√	√	√	√	√
Formulate clinical decisions that are consistent with client needs and priorities																			√	√	√	√	√	√	√	√	√
Respect: The graduating student will be able to contribute to the development, critical assessment of knowledge/practices, and their dissemination to improve the health of First Nation, Inuit, and Metis in Canada													√	√	√	√			√	√	√	√	√	√	√	√	√
Implement: Select and implement appropriate nursing interventions according to evidence based practice									√	√	√	√							√	√	√	√	√	√	√	√	√
Implement nursing interventions based on health assessments and desired outcomes																			√	√	√	√	√	√	√	√	√

CLPNBC COMPETENCIES; CIHC COMPETENCIES; CULTURAL COMPETENCIES; CPNRE (knowledge comptencies)		Professional Practice 1	Professional Practice 2	Professional Practice 3	Professional Practice 4	Professional Communication 1	Professional Communication 2	Professional Communication 3	Professional Communication 4	Variations in Health 1	Variations in Health 2	Variations in Health 3	Variations in Health 4	Health Promotion 1	Health Promotion 2	Health Promotion 3	Health Promotion 4	Pharmacology 1	Pharmacology 2	Integrated Nursing Practice 1	Integrated Nursing Practice 2	Integrated Nursing Practice 3	Integrated Nursing Practice 4	CPE 1	CPE 2	CPE 3	CPE 4	Final Practice Experience
Respect: The graduating student will be able to describe approaches to optimize First Nation, Inuit, and Metis health through a just allocation of health care resources, balancing effectiveness, efficiency and access, employing evidence based and Indigenous best practices		√	√	√	√					√	√	√	√	√	√	√	√			√	√	√	√	√	√	√	√	√
Utilize effective time mangement to organise nursing care																				√	√	√	√	√	√	√	√	√
Evaluate: Monitor and evaluate the effectiveness of nursing interventions										√	√	√	√							√	√	√	√	√	√	√	√	√
Perform ongoing evaluation throughout delivery of care																				√	√	√	√	√	√	√	√	√
COLLABORATIVE PRACTICE 3.0																												
Establish and maintain a caring environment to foster partnerships with clients and family		√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
Indigenous knowledge: The graduating student will describe First Nation, Inuit and Metis ontology, epistemology, and explanatory models as they relate to health and healing; and the graduating student will describe First Nation, Inuit, and Metis cosmologies						√	√	√	√	√	√	√	√							√	√	√	√	√	√	√	√	√
Communication: The graduating student will demonstrate effective and culturally safe communications with First Nation, Inuit, and Metis clients, families and peers						√	√	√	√											√	√	√	√	√	√	√	√	√
Collaborate and consult with clients and other health care proviers to ensure continuity of care		√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
Respect: The graduating student will identify health care approaches that places First Nation, Inuit and Metis clients, families and communities at risk for cultural harm ,and describe measures to rectify these approaches						√	√	√	√	√	√	√	√							√	√	√	√	√	√	√	√	√
Respect: The graduate will demonstate the skills of effective collaboration with both Aboriginal and non-Aboriginal health care professionals, traditional/medicine peoples/healers in the provision of effective health care for First Nation, Inuit, and Metis clients, families and communities		√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
Demonstrate leadership skills within the interdisciplinary health care team		√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
Exercise judgement in accepting and/or assigning client care to other appropriate unregulated care providers, within their range of competencies		√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
Learners/practitioners understand their own roles and the roles of those in other professions, and use this knowledge appropriately to establish and achieve client family community goals		√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
Learners/practitioners seek out, integrate and value, as a partner, the input and the engagement of the client/family/community in designing and implementaing care/services		√	√	√	√															√	√	√	√	√	√	√	√	√
Learners/practitioners understand the principles of team work dynamica and group team process to enable effective interprofessional collaboration		√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
Learners/practitioners understand and can apply leadership principles that support a collaboratibe practice model		√	√	√	√	√	√	√	√											√	√	√	√	√	√	√	√	√
Learners/practitioners from different professions communicate with each other in a collaborative, responsive and responsible manner						√	√	√	√											√	√	√	√	√	√	√	√	√
Learners/practioners actively engage self and others, including client/family, in postively and constructively addressing disagreements as they arise						√	√	√	√											√	√	√	√	√	√	√	√	√

CLPNBC COMPETENCIES; CIHC COMPETENCIES; CULTURAL COMPETENCIES; CPNRE (knowledge comptencies)		Professional Practice 1	Professional Practice 2	Professional Practice 3	Professional Practice 4	Professional Communication 1	Professional Communication 2	Professional Communication 3	Professional Communication 4	Variations in Health 1	Variations in Health 2	Variations in Health 3	Variations in Health 4	Health Promotion 1	Health Promotion 2	Health Promotion 3	Health Promotion 4	Pharmacology 1	Pharmacology 2	Integrated Nursing Practice 1	IntegratedNursing Practice 2	Integrated Nursing Practice 3	Integrated Nursing Practice 4	CPE 1	CPE 2	CPE 3	CPE 4	Final Practice Experience
FOCUSED AREAS OF SPECIFIC KNOWLEDGE/ JUDGEMENT/ATTITUDES 4.0																												
Demonstrate principles of safe care																				√	√	√	√	√	√	√	√	√
Perform Comprehensive Health Assessments throughout the lifespan																				√	√	√	√	√	√	√	√	√
Promote client self care and wellness																				√	√	√	√	√	√	√	√	√
Demonstrate knowledge of Oxygenation																				√	√	√	√	√	√	√	√	√
Facilitate health education																				√	√	√	√	√	√	√	√	√
Demonstrate appropriate mobilization and positioning of clients																				√	√	√	√	√	√	√	√	√
Demonstrate knowledge of nutrition/hydration																				√	√	√	√	√	√	√	√	√
Demonstrate knowledge of elimination																				√	√	√	√	√	√	√	√	√
Perform collection of specimens																				√	√	√	√	√	√	√	√	√
Demonstrate knowledge of pharmacology and principles of safe medication administration										√	√	√	√					√	√	√	√	√	√	√	√	√	√	√
Demonstrate/apply the principles of peripheral infusion therapy																				√	√	√	√	√	√	√	√	√
Demonstrate/apply the knowledge of infusion therapy to blood and blood products																				√	√	√	√	√	√	√	√	√
Demonstrate the knowledge of wound care management																				√	√	√	√	√	√	√	√	√
Demonstrate knowledge of care of patients with issues of mental health, addictions, and/or substance abuse						√	√	√	√	√	√	√	√					√	√	√	√	√	√	√	√	√	√	√

PROGRAM MATRIX

	Course Name	Minimum Hours	Total Semester Hours
LEVEL 1	Professional Practice 1	25	**385**
	Professional Communication 1	35	
	Variations in Health 1	40	
	Health Promotion 1	30	
	Pharmacology 1	30	
	Integrated Nursing Practice 1	135	
	Consolidated Practice Experience CPE 1	90	
LEVEL 2	**Course Name**	**Minimum Hours**	**Total Semester Hours**
	Professional Practice 2	20	**455**
	Professional Communications 2	30	
	Variations in Health 2	45	
	Health Promotion 2	30	
	Pharmacology 2	30	
	Integrated Nursing Practice 2	180	
	Consolidated Practice Experience CPE 2	120	
Level 3	**Course Name**	**Minimum Hours**	**Total semester hours**
	Professional Practice 3	20	**306**
	Professional Communications 3	20	
	Variations in Health 3	45	
	Health Promotion 3	36	
	Integrated Nursing Practice 3	120	
	Consolidated Practice Experience CPE 3	65	
Level 4	**Course Name**	**Minimum Hours**	**Total semester hours**
	Professional Practice 4	20	**494**
	Professional Communications 4	20	
	Variations in Health 4	50	
	Health Promotion 4	24	
	Integrated Nursing Practice 4	180	
	Consolidated Practice Experience CPE 4	200	

Transition to Preceptorship	30
Preceptorship	180
MINIMUM PROGRAM HOURS	**1850**

THEORY and APPLICATION	1165
PRACTICE EDUCATION HOURS	685
TOTAL HOURS	**1850**

PROGRAM HOURS

In order to be consistent and ensure quality implementation, it is important that all post-secondary institutions offering the PPNP adhere to the minimum course and program hours. Given the diversity among educational program delivery models, the above program matrix can allow for flexibility in course/program delivery.

DETAILED COURSE INFORMATION

The following section of the Curriculum Guide outlines each of the courses in the Provincial Practical Nursing Program. The course outlines reflect the BC Council on Admissions and Transfers template (see http://www.bccat.ca/articulation/resources/outline/).

For each course the following information is provided:

- Course Description: A brief overview of the course giving information useful to learners and others. The description may be used by educational institution approval bodies, in educational institution calendars, or as part of on line or printed materials
- Course Hours: the suggested *minimum* number of hours required for each course
- Learning Outcomes: These describe what knowledge, skills, and abilities the learner will have gained upon successful course completion
- Course Concepts: These provide an overview of the information to be covered in each course and is identified through expected course concepts integrated into each course
- Suggested Learning Activities: These provide examples of activities to facilitate and foster student learning
- Asterix (*): Denotes *required* Aboriginal learning activities to assist students in meeting cultural competencies. Learning activities can be found in Appendix D.
- Suggested Assessments: This section provides potential assessment and evaluation strategies
- Suggested References/Resources: These are a sampling of potential texts, journals, and websites for faculty and student use.

Additionally,

- Opportunities for interprofessional education and/or practice are indicated for appropriate courses
- Appendix F suggests topics for case study, simulation, and problem based learning development.
- Bloom's taxonomy (Anderson & Krathwohl, 2001) was utilized to provide appropriate descriptors for course levelling and learning outcomes (see Appendix G.) For example, entry to practice Practical Nurse graduates are prepared to explain, describe, differentiate, apply, examine, complete, discuss, list, identify.

COURSE OUTLINE: PROFESSIONAL PRACTICE I (105 HOURS)

Course Description: this theory course provides an introduction to the profession of Practical Nursing. Legislation that informs PN practice within British Columbia will be introduced. The history of nursing and specifically the evolution of Practical Nursing within the Canadian health care system will be discussed. The philosophy and foundational concepts of the Provincial Practical Nursing Program are explored.

Pre-requisites: Admission to the Practical Nursing Program
Co-requisites: Professional Communication I; Health Promotion I; Variations in Health I; Pharmacology I; Integrated Nursing Practice I.
Course Concepts: Course outcomes will be met through an examination and exploration of the following concepts:

- Legislation that governs PN practice
- Introduction to PN professional practice
- History of Practical Nursing
- Philosophy of the PN Curriculum
- Introduction to ethical practice
- Introduction to leadership
- Inter-professional practice
- Diversity
- Academic writing
- Self reflection (reflective writing)
- Self care
- Stress management

Learning Outcomes: Upon successful completion of this course, the learner will be able to:

1. Describe how legislation, professional standards, code of ethics, and practice expectations inform nursing practice.
2. Identify and discuss professional self-regulation and the implication for individual responsibilities and accountabilities of the Practical Nurse.
3. Explain the role and responsibility of the College of Licensed Practical Nurses of British Columbia (CLPNBC).
4. Describe how the philosophy of caring guides nursing practice.
5. Use self-reflection and reflective journal writing to enhance learning and nursing practice.
6. Cite some examples of self care strategies for the nurse.
7. Discuss the partnership of nursing (Registered Nursing, Registered Psychiatric Nursing, Licensed Practical Nursing)
8. Recognise and respect the diversity of other health care roles, responsibilities, and competencies.
9. Identify and explain the influence of collaborative and inter-professional relationships on quality practice environments.

10. Demonstrate the ability to access and assess current and relevant scholarly resources to prepare for nursing practice.
11. Discuss culture and diversity within professional practice.
12. Discuss ethical decision making principles through case studies.
13. Discuss theories of nursing leadership.

Suggested Learning Activities:

- Large group discussion of the PN program philosophy
- Discussion of the history of nursing, and specifically Practical Nursing within the Canadian health care system
- Using case studies and in small groups, discuss the application of the Standards of Practice and Code of Ethics (CLPNBC) to decision-making
- Discussions related to culture and diversity within professional practice as a shifting relational process, including guest speakers
- Use concept maps to identify membership of the health care team and their relationships. Introduce the concepts of collaborative practice and leadership.
- Discuss how research and evidence informed research links to critical thinking
- Using case studies, apply an ethical decision-making model, and the Code of Ethics (CLPNBC) to identify possible solutions or outcomes
- Interview a practicing Licensed Practical Nurse (LPN) to identify their professional role in a specific practice setting (share in a poster presentation)
- Discuss and apply self-reflection and reflective journal writing to enhance learning and nursing practice.
- Professional portfolio development (could include e-portfolio) – discussion
- * Inclusivity mentoring and support (e.g., Learning Rubric 1, learning about diversity. Movie: Recognizing Bias available from BC Campus.
- *Post colonial understanding: definition of terms as it relates to constructivist understanding of cultural awareness, sensitivity, and safety

Suggested Assessments:

- Ethical case study paper, group presentation, or debate
- Poster presentation on the role of the LPN (may relate to an interview of an LPN during an Integrated Nursing Practice course)
- Written exam – application of the CLPNBC Standards of Practice and Code of Ethics
- Professional portfolio submission (begin this in Level 1 – completion by Level 4)

Suggested References/Resources:

- Practical Nursing Program Philosophy
- College of Licensed Practical Nurses of British Columbia (CLPNBC) website: www.clpnbc.org. Documents*: Baseline Competencies for Licensed Practical Nurses* (2009); *Standards of Practice*; *Code of Ethics*
- Canadian Nursing Student Association. (2009). *Self care practices among nursing* learners. http://www.cnsa.ca/english/publications/policies-and-position-statements/position-statements/self-care-practices-among-nursing-students
- Canadian Inter-professional Health Collaborative (2010). *A national inter-professional competency framework*. University of British Columbia.
- Leadership text for LPN's
- www.bclaws.ca
  - *Health Professions Act of British Columbia/PN Regulation*
  - *Freedom of Information and Protection of Privacy Act*
  - *Employment Standards Act of BC*
  - *Labour Relations Code*

COURSE OUTLINE: PROFESSIONAL PRACTICE II (20 HOURS)

Course Description: this course examines the legislation influencing PN practice with clients experiencing chronic illness and those in residential care settings. Specific professional issues such as responsibility, accountability, ethical practice, and leadership relevant to the PN role in residential care will be explored. Critical thinking and decision making specific to the care of clients with the chronically health challenges and inter-professional practice will also be addressed.

Pre-requisites: Successful completion of all Level I courses and Consolidated Practice Experience I.
Co requisites: Professional Communication II; Health Promotion II; Variations in Health II; Pharmacology II; Integrated Nursing Practice II
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Legislation influencing PN practice with chronic illness and residential care
    - Adult Guardianship
    - Control Drugs and Substance Act
    - Health Care (consent) and Care Facility (Admission) Act
- Professional practice
- Ethical practice
- Leadership in PN practice
- Inter-professional practice
- Diversity in PN practice

Learning Outcomes: upon successful completion of this course the learner will be able to:

1. Explain how legislation, professional standards, the code of ethics and practice expectations influences nursing practice in residential care.
2. Discuss professional self-regulation and the implication for individual responsibilities and accountabilities of the Practical Nurse in residential care.
3. Identify leadership responsibilities of the Practical Nurse when working with unregulated health care providers.
4. Describe the influence of collaborative and inter-professional relationships on a quality practice environment in residential care.
5. Describe approaches to access others' skills and knowledge appropriately through consultation.
6. Demonstrate the ability to access and assess current, relevant, scholarly resources.
7. Discuss and explain professional responsibility with respect to the cultural diversity and inclusivity of clients and colleagues in residential care.
8. Apply an ethical decision making process to determine actions for ethical dilemmas in nursing practice with clients experiencing chronic illness.
9. Demonstrate self-reflection and reflective journal writing to enhance learning and nursing practice.

Suggested Learning Activities:

- Case studies on professional and legal issues specific to care of the older adult (e.g., discussions related to elder abuse, chronic illness – in the home and in facilities- duty to report; end of life care – debate of the legal issues;
- Shadow a practicing LPN caring for older adults (variety of settings)
- Using case studies discuss the application of ethical principles and decision-making – group work (e.g., duty to provide care)
- Interview a practicing LPN to identify their professional role in a specific residential care practice settings and share in a poster presentation
- Inter-professional activity (case studies)– with health care assistants, registered nurses, and registered psychiatric nurse learners regarding respective roles and responsibilities in residential setting
- Using case studies identify leadership responsibilities of the LPN when working with unregulated health care workers in residential care settings
- Professional portfolio development (continued from Level 1)
- Use self-reflection and reflective journal writing to enhance learning and nursing practice
- *Inclusivity, post colonial understanding, mentoring and support. Learning Rubric II. Cultivating understanding
- *Weighty blankets: a hands on activity to make visible the historical impact of colonization

Suggested Assessments:

- Group presentation on the shadowing experience
- Group presentation of ethical case study
- Paper on leadership or inter-professional practice
- Written exam application of the CLPNBC Standards of Practice and Code of Ethics related to nursing practice in long term care settings
- Professional portfolio submission

Suggested References/Resources:

- College of Licensed Practical Nurses of British Columbia (CLPNBC) website: www.clpnbc.org Documents: Baseline Competencies for Licensed Practical Nurses (2009); Standards of Practice; Code of Ethics
- Canadian Inter-professional Health Collaborative (2010). *A national inter-professional competency framework*. University of British Columbia.
- Nursing Textbooks with the following concepts:
- Canadian gerontology nursing text or medical/surgical text with gerontology concepts
- Advanced directives legislation: http://www.ag.gov.bc.ca/legislation/links.htm
- Fraser Health Authority. (nd.). *Advanced Health Care Planning*. Vancouver: Author. http://www.fraserhealth.ca/index.php?section_id=5393andsection_type=template
- Leadership for practical nursing text – Canadian concepts

COURSE OUTLINE: PROFESSIONAL PRACTICE III (20 HOURS)

Course Description: this course integrates the concepts from previous professional practice courses and introduces learners to practice in the community. The role of the Practical Nurse as leader is emphasized in interactions with clients and their families, and other health care providers.

Pre-requisites: Successful completion of all Level II courses and Consolidated Practice Experience II.
Co-requisites: Professional Practice III; Health Promotion III; Variations in Health III; Integrated Nursing Practice III.

Course Concepts: course Outcomes will be met through examination and exploration of the following:

- Legislation influencing PN practice in the context of community care
- PN Professional Practice
- PN Ethical Practice
- Leadership in PN Practice
- Inter-professional practice
- Diversity in PN practice
- Self care

Learning Outcomes: upon successful completion of this course the learner will be able to:

1. Compare and contrast how legislation, professional standards, code of ethics and practice expectations influences the continuum of care in community mental health care services.
2. Identify and explain professional self-regulation and the implication for individual responsibilities and accountability of the Practical Nurse in the continuum of care.
3. Explain and evaluate the influence of collaborative and inter-professional relationships on a quality practice environment.
4. Consider the roles of other health care providers in determining one's own professional and interprofessional roles.
5. Demonstrate the ability to access and assess current, relevant professional practice resources to prepare for nursing practice in community settings.
6. Explain the professional and legal responsibility of respecting cultural safety, diversity, and inclusivity in the community setting.
7. Apply and evaluate an ethical decision making process to ethical dilemmas in nursing practice of clients from across the lifespan in community settings.
8. Demonstrate self-reflection and reflective journal writing to enhance learning and nursing practice.
9. Explain the importance of self care strategies for nurses.

Suggested Learning Activities:

- Small and large class discussions based on case studies of professional practice responsibility and accountability issues for LPN's practicing in community settings Interview a LPN practicing in a community setting to discuss practice issues specific to that setting or a panel discussion with practicing LPN's from community settings
- Discussions regarding professional practice issues in community nursing
- Shadow a LPN in various community settings and discuss role and responsibilities. Compare and contrast to other practice areas
- Evidence-informed practice –resources to guide decision making related to practice issues
- Self-reflection and reflective journal writing to enhance learning and nursing practice
- Inter-professional learning activities on roles and responsibilities of various health care team members in community context
- Professional portfolio completion
- *Inclusitiviy, communication, post colonial understanding, mentoring and support. Learning Rubric III: Fostering Partnerships in Care. University of Victoria cultural safety module 3 (online) – Aboriginal peoples' experiences in relation to health, health care and healing. Learners work through module as homework and come to class for dialogue in small groups, facilitated by faculty
- Learners identify ways to partner with Aboriginal clients, families and communities to create culturally safe, person centred care plans

Suggested Assessments:

- Group presentation on the shadowing experience
- Group presentation of an ethical case study
- Paper on Leadership or Inter-professional practice – APA format
- Professional portfolio submission
- Written exam application of the CLPNBC *Standards of Practice* and *Code of Ethics* to nursing practice in the community setting.

Suggested References/Resources:

- College of Licensed Practical Nurses of British Columbia (CLPNBC) website: www.clpnbc.org Documents: Baseline Competencies for Licensed Practical Nurses (2009); Standards of Practice; Code of Ethics
- Canadian Inter-professional Health Collaborative (2010). *A national inter-professional competency framework.* University of British Columbia.
- Medical/surgical; mental health; maternal child health; community nursing texts – Canadian concepts
- Leadership for practical nursing text – Canadian concepts
- www.bclaws.ca
  - *Mental Health Act*
  - *Health Professions Act of British Columbia*
  - *Infants Act/Age of Majority*
  - *Community Services Act*
  - *Child, Family and Community Services Act*

▪ COURSE OUTLINE: PROFESSIONAL PRACTICE IV (20 HOURS)

Course Description: this course prepares learners for the role of the Practical Nurse in caring for clients with acute presentation of illness. Legislation influencing PN practice, specific professional practice issues and ethical practice pertinent to PN practice in acute care environments will be explored. Practice issues that occur across the lifespan will be considered. Collaborative practice with other health care team members and specifically the working partnership with RN's in the acute care setting will be examined.

Pre-requisites: Successful completion of all Level III courses and Consolidated Practice Experience III.
Co requisites: Professional Communication IV; Health Promotion IV; Variations in Health IV; Integrated Nursing Practice IV.

Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Legislation influencing PN practice in acute care environments
- PN professional practice
- PN ethical practice
- Leadership in PN practice
- Inter-professional practice
- Diversity in PN practice

Learning Outcomes: upon successful completion of this course the learner will be able to:

1. Discuss professional self-regulation and the implication for individual responsibilities and accountabilities of the Practical Nurse in the acute care practice settings.
2. Demonstrate knowledge of the legislation – including scope of practice, professional standards and practice expectations – as they relate to practice in acute care practice settings.
3. Identify and justify the influence of collaborative and inter-professional relationships on a quality practice environment in the acute care setting especially as it relates to the clients in this environment.
4. Demonstrate the ability to access and assess current, relevant, scholarly resources to prepare for caring for clients with acute illness.
5. Discuss the importance of respecting cultural diversity and inclusivity.
6. Apply and analyze an ethical decision making process to determine strategies for solutions for ethical dilemmas in nursing practice in acute care practice settings.
7. Demonstrate self-reflection and reflective journal writing to enhance learning and nursing practice.

Suggested Learning Activities:

- Small and large class discussions based on case studies of professional practice responsibility and accountability issues for LPN's in acute care
- LPN's practicing in the acute care setting to discuss professional practice issues – panel discussion with guest speakers
- Shadow a LPN in various acute care settings
- Evidence-informed practice – what resources can be accessed to guide decision making related to practice issues –problem based learning activities
- Inter-professional learning activities regarding roles and responsibilities of members of the health care team in the acute care setting – each group of learners could present their scope of practice; discuss similarities, overlaps, and disparities
- Have BSN and/or RPN and PN learners work together with case studies where client status is changing. Identify what part of that client's care they would each be responsible for; or how they could divide up their client assignments equitably to cover the changing need of this client
- Professional portfolio development
- *Inclusivity, communication, post colonial understanding, respect, mentoring and support. Learning Rubric IV: Supporting diversity. Cultural Safety Module 3: Learners examine and develop leadership skills for honouring diversity in professional practice
- Learner self assessment of progress in cultural competencies

Suggested Assessments:

- Group presentations based on interview/s with practicing LPN's
- Reflective journal the shadowing experience
- Group presentation of an ethical case study
- Paper on Leadership or Inter-professional practice in acute care– APA format
- Written exam application of the CLPNBC Standards of Practice and Code of Ethics to nursing practice in acute care settings
- Professional portfolio submission
- *Case story: students working in small groups to co-create a culturally congruent care plan for characters.

Suggested References/Resources:

- College of Licensed Practical Nurses of British Columbia (CLPNBC) website: www.clpnbc.org. Documents: *Baseline Competencies for Licensed Practical Nurses* (2009); *Standards of Practice*; *Code of Ethics*
- Canadian Inter-professional Health Collaborative (2010). *A national inter-professional competency framework*. University of British Columbia.
- Medical /surgical text – Canadian concepts
- Leadership for practical nursing text – Canadian concepts
- www.bclaws.ca: Pharmacy Act; Schedule II Drugs

COURSE OUTLINE: PROFESSIONAL COMMUNICATION I (35 HOURS)

Course Description: this course provides learners with the foundational knowledge for caring and professional communication in nursing. An experiential and self-reflective approach is used to develop self-awareness and interpersonal communication skills in the context of safe, competent, and collaborative nursing practice. Topics include communication theory, the nurse-client relationship, therapeutic communication, cross-cultural communication, and effective teamwork.

Note: This course may be taught as an interprofessional course and/or by faculty other than those with a professional nursing qualification (see Faculty Qualifications section).

Pre-requisites: Admission to the Practical Nurse Program
Co requisites: Professional Practice I; Integrated Nursing Practice I; Variations in Health I; Health Promotion I; Pharmacology I.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Foundations of Professional Communication in Health Care
    - Communication theory
    - Self awareness
    - Attending and Listening
    - Caring
    - Clarifying by questioning and summarizing
    - Empathy
    - Assertiveness: seeking help and support; refusing a request
    - Giving and receiving feedback
    - Barriers to communication
    - Conflict resolution
    - Problem solving
- Foundations of Relational Practice
    - Nurse client relationship
    - Helping relationships
    - Cross cultural communication
    - Caring and respect
    - Family as client
    - Developing trusting relationships with clients
    - Interviewing techniques
- Interprofessional Communication
    - Establishing teamwork communication principles
    - Effective group participation
    - Group growth and development
    - Developing trusting relationships with team members

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Describe fundamental elements involved in the communication process.
2. Demonstrate beginning awareness of self and understanding of self-concept.
3. Identify concepts and nursing actions that promote the development of therapeutic relationships.
4. Describe communication barriers to the development of therapeutic relationships.
5. Identify differences in multi-cultural communication as they relate to the nurse-client relationship.
6. Identify effective and culturally safe communication strategies for First Nation, Inuit and Métis clients, their families and peers.
7. Describe how information and communication technology is used to support effective client care in collaboration with other members of the healthcare team.
8. Communicate roles, knowledge, skills, and attitudes using appropriate language.
9. Demonstrate giving and receiving feedback effectively.
10. Identify effective group behaviours and development.

Suggested Learning Activities:

- Provide case scenarios and have learners engage in role plays to practice therapeutic nursing communication skills. In pairs, role-play a nurse-client relationship demonstrating the various communication skills. For example, clarifying and summarizing, demonstrating empathy and caring, and attending and listening. After providing practice time in using these skills, summarize on the board or flip-chart.
- Faculty demonstrates communication skills in role-playing with a learner or another faculty. Encourage learners to provide feedback on the role-playing.
- Videos and You-Tube clips on specific communication skills such as failing to listen and attend.
- Use “trust” activities in class (e.g., Have Learner A lead blindfolded Learner B around the room during break time. Discuss feelings. What makes one person trust another? What problems prevent trust?
- Self- reflections through journal writing to identify communication style and techniques used.
- *Respect, communication, mentoring and support. Culture and diversity. Place in culture: students develop an awareness of how their “place in culture” shapes their place in culture
- Bafa Bafa simulation activity: gain self awareness of own biases and experience what it is like to be different
- What is in a name? Introduction of the importance of Spirit names and colours in identity formation, healing and balance

Suggested Assessments:

- Written analysis of a therapeutic communication scenario(s)
- Assignment: record interactions between two learners; analyze the "helper" responses illustrating effective and ineffective communication skills including identify the barriers to effective communication displayed in the scenario and suggest alternative approaches that might have been more effective.
- Mid-term exam
- Comprehensive exam

Suggested References/Resources:

- College of Registered Nurses of British Columbia (CRNBC). (2005). *Nurse-client relationships*. Practice Standard for Registered Nurses and Nurse Practitioners. Retrieved from https://www.crnbc.ca/Standards/Lists/StandardResources/432NurseClientRelationshipsPracStd.pdf
- Lippincott's Nursing Center. (2005). Understanding transcultural nursing. *Nursing 2005, 35*(1), 14-23. Retrieved from http://www.nursingcenter.com/prodev/ce_article.asp?tid=541704
- http://www.firstnationspedagogy.ca/learning/login/index.php
- http://cahr.uvic.ca/nearbc/documents/2010/Indigenous-Cultural-Competency-(ICC)-On-Line-Training.pdf
- Professional communication skills for nurses - text

COURSE OUTLINE: PROFESSIONAL COMMUNICATION II (30 HOURS)

Course Description: this course provides learners with an opportunity to develop professional communication skills with the older adult, and clients requiring end of life care. Interprofessional communication knowledge and skills are further developed.

Pre-requisites: Successful completion of Level I Courses and Consolidated Practice Experience I.
Co requisites: Professional Practice II, Integrated Nursing Practice II; Variations in Health II; Health Promotion II; Pharmacology II.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Professional Communication with the Older Adult
    - Sensory deficits
    - Language deficits
    - Cognitive deficits
    - Aggression
    - Non verbal approaches
    - Conflict resolution
    - Coordinating actions of others during an emergency
    - Problem solving and decision making
    - Adaptation of communication skills appropriate to the client
- Relational Practice with the Older Adult
    - Establishing trust
    - Honouring diversity
    - Caring and respect
    - Environmental adaptations for the older adult with cognitive challenges
    - Dealing with agitation and aggressive behaviours effectively with cognitively intact individuals and those with cognitive challenges.
    - Sharing information with family in a respectful, understandable manner
- Interprofessional communication
    - Communicating client information appropriately to health care team members
    - Utilizing effective communication tools (e.g., SBAR)
    - Directing unregulated care providers with client care
    - Sharing knowledge with unregulated providers and learners
    - Conflict management
    - Change management

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Demonstrate communication strategies to use with clients demonstrating sensory, language, and/or cognitive changes.
2. Describe and practice effective communication skills during critical incidents in a simulated environment.

3. Describe how to effectively communicate with clients and team members in end-of-life care.
4. Describe approaches to sharing information with clients and families in a respectful manner that is understandable, encourages discussion, and enhances participation in decision making.
5. Demonstrate use of various communication tools (e.g., SBAR)
6. Explore strategies to give and receive feedback effectively with other health team members.
7. Identify your own leadership style and how that may impact relationships with other health team members and clients.
8. Explore communication approaches that are compassionate, culturally safe, relationship centred care for all cultures with consideration for First Nation, Inuit and Métis clients, their families or communities.

Suggested Learning Activities:

- Observe a live or videotaped role-play situation to identify challenges with clients that have sensory, language and/or cognitive changes. Then have the learners identify communication strategies that were used or could have been used to facilitate effective communication.
- Loss of Sensory/language or cognitive function: conduct an activity to help sensitize learners to the feelings experienced by older adults If the learner is able to "walk in the older person's shoes," they will more likely be sensitive to the losses and needs created by these deficits in the older adult. Class discussion after this activity.
- Reflect on their personal experiences with loss and grieving. Focus on how these experiences have prepared them in supporting others who are experiencing loss and grieving. Have a large group debrief on what gives loss meaning, successful strategies for coping with loss and how the learners can apply these coping strategies in clinical practice.
- In small groups, have learners identify the characteristics and elements of end of life nursing practice. Share in large groups, and explore common themes.
- Use simulation to demonstrate communication skills that impact client care (e.g., use the SBAR as a standardized format in a simulated conversation with a physician in person and by telephone)
- Use simulations to have learners practice giving and receiving constructive criticism
- Self- reflections through journal writing to identify communication style and techniques used.
- In small groups, compare and contrast leadership styles. Share in large group
- *Respect, post colonial understanding, communication, mentoring and support. Communicating with Aboriginal older adults. Caring interactions in End of Life Care: use media clips to decipher between helpful and unhelpful interactions
- *Communicating with Aboriginal older adults: recognizing the impact of colonisation and historical transmission. Learners examine verbal and non-verbal approaches to convey respect and inclusivity.

Suggested Assessments:

- Written analysis of a case scenario(s) involving conflict between: nurse-client; nurse- family member; nurse-doctor.
- Assignment: record interactions between learner and client with dementia, analyze the responses identify the effectiveness of their responses, and provide an alternative response if appropriate.
- Interview a "well" older adult – to provide an opportunity to apply communications skills while interviewing an older adult and to give learner first hand information about the effects of aging. Learner to document findings and summarize the results in a report.
- Mid-term exam
- Comprehensive final exam

Suggested References/Resources:

- D'Wynter, L. C. (2006). Keeping the conversation going: Strategies for reducing the impact of sensory, motor, and cognitive changes that affect the quality of communication in older adult clients in long-term care. *Topics in Geriatric Rehabilitation, 22*(3), 256-267.
- Lieu, CC., Sadler, GR., Stohlmann, PD. (2007). Communication strategies for nurses: Interacting with clients who are deaf. *Dermatological Nursing, 19*(6), 541-544, 549-551.
- Professional communication skills for nurses - text
- Gerontological nursing textbook, communication chapters
- Medical/surgical nursing text

COURSE OUTLINE: PROFESSIONAL COMMUNICATION III (20 HOURS)

Course Description: this course focuses on specific professional communication skills used with clients and care providers across the lifespan requiring care in the community.

Pre-requisites: Successful completion of Level II courses and Consolidated Practice Experience II.
Co-requisites: Professional Practice III; Integrated Nursing Practice III; Variations in Health III; Health Promotion III.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- *Integration of communication skills*
    - Ensuring continuity of care
    - Problem solving and decision making
    - Conflict resolution
    - Age appropriate communications
    - Adaptation of communication skills appropriate to the client
- *Integration of Relational Practice*
    - Working with groups
    - Encouraging responsibility for own health
    - Communicating effectively with children
    - Communicating effectively with clients experiencing mental illness
    - Communicating effectively with clients with developmental disabilities
    - Honouring diversity
    - Caring and respect
- *Integration of Interprofessional Communication*
    - Interprofessional conflict resolution
    - Guidelines for addressing disagreements
    - Establishing a safe environment to express opinions
    - Reaching a consensus
    - Coordinating actions of others during an emergency

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Explain approaches to communicate with the interprofessional team to ensure the continuity of care.
2. Effectively facilitate discussion and interactions among team members in a simulated environment.
3. Facilitate a collaborative problem-solving and decision-making process.
4. Participate and be respectful of all members' participation in collaborative decision making.
5. Describe strategies for managing interprofessional conflict.

6. Discuss specific communication strategies and approaches relative to clients with mental illnesses.
7. Identify communication indicators that may indicate when an individual may be at risk for self harm or harm to others.
8. Identify communication strategies to de-escalate a volatile situation.
9. Discuss the communication skills required for effective collaboration with both Aboriginal and non-Aboriginal health care professionals, traditional medicine peoples/healers in the provision of effective health care for First Nation, Inuit, and Métis clients, families, and communities.
10. Describe specific communication strategies and approaches relative to clients with developmental disabilities.
11. Describe communication strategies to build positive relationships with children.

Suggested Learning Activities:

- Have learners discuss the similarities and differences in communicating with a client with a disability (e.g., cerebral palsy or muscular dystrophy).
- Learners utilize the SBAR format to practice safe, effective and complete care transition reporting.
- Learners interview a family caregiver and identify the caregiver's perspective of the challenges and rewards with communication. How has this changed the life of the care-giver? To include a summary of the interview and reflection on how the learner will incorporate what has been learned into own clinical practice.
- Activity where learners reformulate medical terminology into language young clients can better understand. Practice communication through play and stories.
- Role play situation in which the client is at risk for self-harm.
- Simulation activities with children; clients with mental illness; or clients with disabilities.
- * Speaking out for Cultural Safety: learners practice using voice to advocate for cultural safety in practice setting

Suggested Assessments:

- Communication assignments: Have learners role-play or interview a client with mental illness/ developmental disability or a child and analyze the responses, and identify alternative responses.
- Demonstrate knowledge of effective communication strategies through quizzes and exams

Suggested References/Resources:

- Bransletter JE, Domain EW, Williams PD. (2008). Communication themes in families of children with chronic conditions. *Issues in Comprehensive Pediatric Nursing, 31*(4) 171-184.

- McDonald, HL. (2008). Clients with cerebral palsy and complex communication needs identified in barriers to communicating. *Evidence Based Nursing, 11*(1) 30.
- Zenggerle-Levy K. (2006). Nursing the child who is alone in the hospital. *Pediatric Nursing, 32*(2) 226-231.
- Professional communication skills for nurses - text
- Therapeutic communication skills with children - text

COURSE OUTLINE: PROFESSIONAL COMMUNICATION IV (20 HOURS)

Course Description: the focus of this course is on the advancement of professional communication within the acute care setting caring for clients across the lifespan. The practice of collaboration with health care team members and clients will be further developed.

Pre-requisites: Successful completion of Level III courses and Consolidated Practice Experience III.
Co requisites: Professional Practice IV; Integrated Nursing Practice IV; Variations in Health IV; Health Promotion IV.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- *Professional Communication in Acute Care Settings*
    - Communicating within the role of the PN during an emergency
    - Collaborating with other team members in providing nursing care to implement and evaluate care
    - Problem solving and decision making
    - Conflict resolution
    - Adaptation of communication skills appropriate to the client

- *Relational Practice with Clients Experiencing an Acute Illness*
    - Role of PN in providing family members with emotional support
    - Honouring diversity
    - Caring and respect

- *Interprofessional Communication in Acute Care Settings*
    - Supporting colleagues to practice effectively
    - Sharing knowledge with unregulated providers, novices and learners

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Identify and articulate when collaboration is required in a changing client situation.
2. Describe approaches to co-create a climate for shared leadership and collaborative practice.
3. Identify elements of respect team ethics, including confidentiality, resource allocation, and professionalism.
4. Explain how to promote and facilitate group cohesiveness by contributing to the purposes and goals of the team.
5. Describe how to reinforce information given to clients by other health-care professionals.
6. Describe how to establish therapeutic relationships within the acute care setting.
7. Identify components that demonstrate a commitment to engage in dialogue and relationship building with First Nation, Inuit and Métis peoples, cultures and health practices.

8. Identify how to effectively provide client and family with emotional support in acute care setting.
9. Identify and use appropriate conflict resolution / mediation strategies through simulation.
10. Identify opportunities and strategies for teaching and learning / sharing knowledge and providing constructive feedback to unregulated care providers, novices, and other learners.

Suggested Learning Activities:

- Interprofessional conflict resolution scenarios and role play exercises
- Interprofessional collaboration with changing client status- problem based learning activity
- Team building exercises and group refection on the processes and principles involved
- Small group activities to plan, implement and evaluate client care within acute care setting
- Scenarios and role plays to practice effective communication skills with families members
- *Caring interactions in acute care settings: utilize scenarios and role play to gain understanding of elements necessary for culturally safe therapeutic communication while developing awareness of risk of unintended cultural harm to clients using commonly used assessment tools

Suggested Assessments:

- An assignment in which learners analyze one or more scenarios where communication was ineffective. They will be asked to identify the barriers to effective communication displayed in the scenario and suggest alternative approaches that might have been more effective.
- Written analysis of a communication scenario(s) with families
- Application of course concepts and principles through quizzes and exams

Suggested References/Resources:

- Bacal, R. *Organizational conflict: the good, the bad and the ugly* [online article], n.d. Available online: http://work911.com/articles/orgconflict.htm.
- Communication textbook.
- D'Wynter, L. C. (2006). Keeping the conversation going: Strategies for reducing the impact of sensory, motor, and cognitive changes that affect the quality of communication in older adult clients in long-term care. *Topics in Geriatric Rehabilitation, 22*(3), 256-267.
- Lieu, C. C., Sadler, G. R., Stohlmann, P. D. (2007). Communication strategies for nurses interacting with clients who are deaf. *Dermatological Nursing*,19(6), 541-544, 549-551.
- Professional communication skills for nurses - text
- Gerontological nursing textbook, communication chapters
- Medical/surgical nursing textbook

COURSE OUTLINE: PHARMACOLOGY I (30 HOURS)

Course Description: this introductory course examines the principles of pharmacology required to administer medications in a safe and professional manner. Medication administration requires the application of the nursing process for clinical decision-making. Various routes of medication administration are introduced and complementary, Indigenous, alternative remedies, and polypharmacy across the lifespan are also explored.

Note: This course may offer opportunity for an interprofessional education experience.

Pre-requisites: Admission to the Practical Nurse Program. Human Anatomy and Physiology for Practical Nurses with a minimum grade of C+ or equivalent.
Co-requisites: Professional Communication I; Integrated Nursing Practice I; Variations in Health I; Health Promotion I; Professional Practice I.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Introduction to pharmacology
    - The LPN role and legal responsibilities of medication administration
    - Pharmacodynamics
    - Pharmacokinetics
    - Drug actions and interactions
    - Drug classifications according to body systems
    - Principles of medication administration
    - Drug distribution systems
    - Basic terminology used in pharmacology
- Nursing process and pharmacology
- Routes of medication administration
    - Oral
    - Rectal
    - Topical
    - Parenteral
    - Percutaneous
- Introduction to complementary, Indigenous and traditional healing alternatives
    - Vitamin Supplements
    - Herbal Preparations
    - Homeopathy
- Interactions of complementary and alternative healing remedies with prescription medications
- Basic medication dosage calculations
- Polypharmacy across the lifespan

Learning Outcomes: upon successful completion of the course the learner will be able to:

1. Describe the responsibility of the LPN in administration of medication.
2. Explain how drug standards and the drug legislation affect drug regulation in Canada.
3. Explain the purpose of the Canadian Drug Acts and their application to nursing practice.
4. Describe the concepts of pharmacodynamics and pharmacokinetics.
5. Identify basic terminology used in pharmacology.
6. Describe the principles of pharmacology as related to common drug actions and interactions.
7. Demonstrate competency with basic mathematical drug calculations.
8. Identify commonly used drug classification systems in Canada.
9. Explain the principles of medication administration.
10. Describe the routes of medication administration.
11. Apply the nursing process as it relates to medication administration.
12. Identify various classes of medications used to treat specific disorders/illness.
13. Identify complementary, Indigenous, and alternative therapies.

Suggested Learning Activities:

- In groups, research specific medications relative to classifications, actions, interactions, dosages and nursing implications and present to class.
- Working in pairs, provide worksheets for learners to complete (e.g., table of medications used for constipation and share in class)
- Compare and contrast complementary, Indigenous, and alternative healing remedies.
- Invite a traditional healer to speak on Indigenous medicine
- Video clips on pharmacokinetics and pharmacodynamics
- In small groups, learn how to utilize the CPS and drug guide for clinical practice.
- Interactive mini lecture using clickers, video clips, think-pair-share.
- Individually or in pairs, complete the following activities: crossword puzzles, word searches, matching, true and false, fill in the blanks.
- Guest speakers such as a pharmacist or naturopath.
- Interdisciplinary activity with pharmacology technician learners.
- In small groups, work on case scenarios with a focus on medication administration, legalities of medication administration, role of the LPN and present to class.
- *Traditional medicines: Invite traditional healer(s) to speak on the topic of indigenous medicines and practices

Suggested Assessments:

- Math written Exam
- Pharmacology quizzes
- Pharmacology comprehensive final exam

Suggested References/Resources:

- Basic math for nurses textbook
- Pharmacology for nurses textbook
- Fundamentals of nursing text- Canadian concepts
- CLPNBC Professional *Standards of Practice* for LPNs (2010) – www.clpnbc.org
- CLPNBC Baseline Competencies for LPNs Professional Practice (2009)
- CLPNBC *Code of Ethics For LPNs* (2004)
- CLPNBC Practice Guideline: *Documentation*
- CLPNBC Practice Guideline: *Medication Administration*

COURSE OUTLINE: PHARMACOLOGY II (30 HOURS)

Course Description: this course builds on Pharmacology I to increase learners' understanding of pharmacotherapeutics prescribed for illnesses clients experience across the lifespan. Topics include drug classifications and links with common diseases/illness based on a body system approach and drug resistance.

This course may offer opportunity for an interprofessional education experience.

Pre-requisites: Successful completion of Level I courses and Consolidated Practice Experience I.
Co requisites: Professional Practice II; Professional Communications II; Integrated Nursing PracticeII; Variations in Health II; Health Promotion II.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Drug Classifications according to body systems:
    - Endocrine System
    - Nervous System (includes effect on cognition and mental health)
    - Cardiovascular System
    - Respiratory System
    - Gastrointestinal System (not including medications used to treat constipation)
    - Genitourinary System
    - Musculoskeletal System
    - Sensory System
    - Miscellaneous Drug Classifications (antineoplastics)
    - Antimicrobial Agents
- Drug Resistance

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Describe medication classifications, actions, interactions and nursing implications relative to body systems including: endocrine, neurological, cardiovascular, respiratory, gastrointestinal, genitourinary, musculoskeletal systems, and miscellaneous drug classification.
2. Relate drug interactions, polypharmacy, and food/drug effects to medication used by clients across the lifespan, particularly the older adult.
3. Describe the effects, uses, and indications for antimicrobials, as well as the relationship with drug resistance.
4. Relate theoretical understanding of narcotic side effects, indications for use, and legal responsibilities.
5. Describe the potential interaction of complementary, Indigenous and herbal preparations with prescription medications.
6. Demonstrate competency with mathematical drug calculations.

Suggested Learning Activities:

- In small groups, research specific medications relative to classifications, actions, interactions, dosages and nursing implications and present to class.
- Working in pairs, provide worksheets for learners to complete. For example, Table of antimicrobial medications identifying the major classifications, actions, uses, nursing responsibilities and an example of each drug.
- In pairs, compare the differences between sedative and hypnotic medications and share in class.
- Video clips on the physiological actions of specific psychotropic medications and also the side-effects.
- In small groups, apply the nursing process in case scenarios related to clients with specific diseases and medications. Consider legalities of medication administration and role of the LPN. Present to class.
- Interactive mini lectures using clickers, video clips think-pair-share.
- Individually or in pairs, complete the following activities: crossword puzzles, word searches, matching, true and false, fill in the blanks.
- Guest speakers such as a pharmacist, clinical nurse specialist or practitioner, or drug representative.
- Interdisciplinary activity with BSN nursing students or Pharmacology Technician students.

Suggested Assessments:

- Math Exam
- Pharmacology quizzes
- Comprehensive final exam
- Choose one of the following presentations:
  - Group Presentation on specific medication classifications relative to body systems (e.g., poster presentation format).
  - Group Presentation – based on case studies on common medications (e.g., across the life span , drugs used in emergency situations , substance use/abuse, anti-psychotic drugs)

Suggested References/Resources:

- Basic math for nurses textbook
- Compendium of Pharmaceuticals and Specialties (CPS)
- Nursing drug reference text
- Nursing pharmacology textbook
- Fundamentals of nursing textbook - Canadian concepts
- Gerontology nursing textbook – Canadian concepts
- Medical/surgical textbook – Canadian concepts
- Mental health nursing textbook
- CLPNBC *Professional Standards of Practice for LPNs* (2010) www.clpnbc.org
- CLPNBC *Baseline Competencies for LPNs Professional Practice* (2009)
- CLPNBC *Code of Ethics For LPNs* (2004); CLPNBC Practice Guideline: *Documentation*

COURSE OUTLINE: VARIATIONS IN HEALTH I (40 HOURS)

Course Description: this introductory course provides learners with the foundations of disease and illness across the lifespan. Learners will gain an understanding of pathophysiological alterations of body systems. Nursing management of disease and illness across the lifespan with an emphasis on interventions and treatment is also discussed. Cultural diversity in healing practices will be explored as well as the incorporation of evidenced informed practice.

Pre-requisites: Admission to the Practical Nurse Program. Human Anatomy and Physiology for Practical Nurses with a minimum grade of C+ or equivalent.
Co-requisites: Professional Communication I; Integrated Nursing Practice I; Professional Practice I, Health Promotion I, Pharmacology I.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Introduction to pathophysiology
- Maintaining homeostasis
- Compensatory and decompensatory mechanisms
- Cell alteration – types of cell injury and repair, cell aging/degeneration, irregular cell growth
- Alterations to all body systems (e.g., inflammation, infection, obstruction/occlusion, genetics, familial, cancer, trauma)
- Physical and psychosocial stressors
- Chronic versus acute disease (health continuum); illness versus disease
- Nursing management of disease and illness across the lifespan
    - *Nursing management includes: assessment (holistic assessment, data collection including lab values and diagnostics); pharmacology; identification of real/potential problems –nursing diagnoses; planning of specific nursing interventions; implementing culturally safe care; evaluation of care; collaborating with other members of the Health Care Team; health promotion; client teaching.*
- Therapeutic interventions and treatments including pharmacology
- Traditional healing practices
- Introduction to diagnostics
- Cultural diversity in health and healing
- Introduction to evidenced informed research and practice

Learning Outcomes: upon successful completion of this course the learner will be able to:

1. Describe pathophysiology as it relates to common presentations of illness.
2. Give examples of cellular alterations.
3. Describe the inflammatory and reparative processes.
4. Explain physical and psychosocial stressors .
5. Explain the following terms contributing to alterations in body function: inflammation, infection, obstruction/occlusion, genetics, congenital, cancer, traumatic injury, degeneration.

6. Explain compensatory and decompensatory mechanisms.
7. Describe chronic versus acute illness in the context of disease (health continuum and disease versus illness).
8. Identify the nursing management of disease and illness for body systems across the lifespan.
9. Identify traditional healing practices associated with common illness.
10. Describe the influence of cultural diversity in health and healing.
11. Identify appropriate evidence informed research and practice resources.

Suggested Learning Activities:

- Preparation for class: review of pertinent Anatomy and Physiology.
- In groups, research examples of the pathophysiology of disease and illness and present to class
- Develop a concept map describing the steps in inflammatory process
- Have learners generate a list of common diagnostic tests associated with each body system
- In groups, develop basic nursing care plans for clients across the lifespan and present to class. (include evidenced informed research and interventions)
- In groups identify the diverse population groups living in your community – share with class. What disease concepts are prominent in this group? Use these for class presentations
- Invite speakers to discuss cultural diversity in beliefs in relation to health, healing and including approaches to death and dying and dying (include an Aboriginal speaker).
- *Meaning of health – Explore health for First Nations, Inuit and Métis families using a case study
- *Approaching traditional knowledge: Learn about the Healer, Elder, and Medicine person
- Invite Elder to speak on importance of the four corners
- *Explore tensions and augmentations of biomedical and holistic health belief models: Film, ``Spirit Doctors``

Suggested Assessments:

- Quizzes
- Midterm examination
- Final comprehensive examination
- Class presentation on one of the above topics

Suggested References/Resources:

- Anatomy and Physiology textbook-online resources
- Medical/surgical nursing textbook
- Mental health nursing textbook
- Pharmacology text

- Drug guide
- Diagnostic reference guide
- Maternal/pediatric textbook
- Nursing journals
- Pathophysiology text (faculty resource)
- Vaughn, L., Jacquez, F., Baker, R. (2009). Cultural health attributions, beliefs and practices: Effects on health care and medical education. *The Open Medical Education Journal,* (2), 64-67.

COURSE OUTLINE: VARIATIONS IN HEALTH II (45 HOURS)

Course Description: this course focuses on pathophysiology as it relates to the ageing process and selected chronic illnesses. The main focus is on the care of older adults experiencing a health challenge. Cultural diversity in healing practices will be explored as well as evidence informed research and practice.

Pre-requisites: Successful completion of Level I courses and Consolidated Practice Experience I.
Co-requisites: Professional Communication II; Integrated Nursing Practice II; Professional Practice II; Health Promotion II; Pharmacology II.

Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Physiological changes in the older adult contributing to disease and illness
- Recognition and presentation of common disease and illness in older adults
- Nursing management of disease and illness for the older adult according to body systems
  - *Nursing management includes: assessment (holistic assessment, data collection including lab values and diagnostics); pharmacology; identification of real/potential problems –nursing diagnoses; planning of specific nursing interventions; implementing culturally safe care; evaluation of care; collaborating with other members of the Health Care Team; health promotion; client teaching.*
    - Integumentary
    - Cardiovascular
    - Respiratory
    - Musculoskeletal
    - Endocrine
    - Gastrointestinal
    - Genitourinary
    - Neurological
    - Sensory
    - Haematological
    - Immune
- Therapeutic interventions and treatments
- Traditional healing practices
- Introduction to diagnostics
- Evidence informed research and practice

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Explain the pathophysiology of common chronic illness related to the ageing process.
2. Describe the nursing management of illness associated with ageing
3. Identify altered presentations of illnesses in older adult clients.
4. Identify common mental health challenges and mental illness experienced by older adults (e.g., differences between normal aging and symptoms of a mental illness in older adults).
5. Give examples of diversity in traditional healing practices in management of chronic illness.
6. Describe how evidence informed practice impacts nursing care of older adults.

Suggested Learning Activities:

- Preparation for class: review of pertinent human anatomy and physiology
- In groups, research examples of the pathophysiology and nursing management of common chronic disease and illness of the older adult and present to class
- Develop a concept map describing the steps of chronic wound healing
- Draw a concept map of right versus left sided heart failure
- Have learners generate a list of common diagnostic tests associated with each body system of common chronic disease and illness of the older adult
- In groups, develop nursing care plans for common chronic disease and illnesses experienced by older adults (include end of life care) and present to class. Include evidence informed research and interventions. Include case studies relating to end of life
- Invite speakers to discuss cultural diversity in relation to illness, healing and end of life care
- *Respect and indigenous knowledge: End of life care: through role play, learners learn about culturally sensitive approaches for end of life care
- Elder visit – spirituality, age and wisdom: Invite an Elder to be part of the learning community and to build relationship for collaboration.

Suggested Assessments:

- Case studies on chronic illness: pathophysiology, nursing management, treatment, pharmacology
- Class presentation on selected topics
- Midterm Examination
- Comprehensive final examination

Suggested References/Resources:

- Anatomy and physiology textbook
- Medical/surgical nursing textbook – on line resources
- Mental health nursing textbook
- Pharmacology text and drug guide
- Diagnostic reference guide
- Gerontology text
- Pathophysiology text – faculty resource
- Vaughn, L., Jacquez, F., Baker, R. (2009). Cultural health attributions, beliefs and practices: Effects on health care and medical education. *The Open Medical Education Journal,* (2), 64-67.
- Various nursing journals

COURSE OUTLINE: VARIATIONS IN HEALTH III (45 hours)

Course Description: this course focuses on the continuum of care and the development of knowledge related to health challenges managed in the community setting. Pathophysiology and nursing care of clients requiring home health care, rehabilitation, and supportive services ion the community will be explored. Cultural diversity in healing approaches will be explored as well as the incorporation of evidence informed research and practice.

Pre-requisites: Successful completion of Level II coursework and Consolidated Practice Experience II.
Co requisites: Professional Communication III; Integrated Nursing Practice III; Professional Practice III; Health Promotion III.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Physiologic alterations associated with mental illness
- Recognition and presentation of common acute/chronic behaviours associated with mental illness
- Nursing management of common acute/chronic Mental Illness
  - *Nursing management includes: assessment (holistic assessment, data collection including lab values and diagnostics); pharmacology; identification of real/potential problems –nursing diagnoses; planning of specific nursing interventions; implementing care; evaluation of care; interprofessional collaboration; health promotion; client teaching.*
- Cycle of addiction
- Psychosocial rehabilitation
- Physiologic alterations of pregnancy
- Recognition and presentation of common conditions associated with pregnancy
- Disabilities in the pediatric population
- Traditional healing practices associated with mental illness and maternal and child health
- Cultural diversity in health and healing
- Evidence informed research and practice-best practice guidelines

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Describe the use of the DSM IV in classification of mental Illness.
2. Explain several models of psychosocial rehabilitation and recovery.
3. Describe physiologic alterations expected in the post partum client.
4. Describe the pathophysiology and nursing management of selected childhood illnesses and disabilities.
5. Describe the pathophysiology and nursing management of clients with selected mental Illness across the lifespan.
6. Explain how cultural diversity impacts health and healing.

7. Describe resources for evidence informed research and practice in delivering care in the context of clients accessing care in community settings.
8. Discuss the stigma associated with living with mental illness or physical and/or developmental disability.
9. Describe the continuity of care for clients experiencing addiction/s and or concurrent disorders.

Suggested Learning Activities:

- In groups, research examples of the pathophysiology and the nursing management (care plans) of common Mental illnesses for clients across the lifespan and present to class. Include evidence informed research and interventions. Refer to Health Authority policies and clinical practice guidelines for best practice.
- In groups, research examples of the pathophysiology and the nursing management (care plans)of common maternal/child illness and disease
- In groups, research examples of the pathophysiology and the nursing management (care plans) of common developmental and physical disabilities
- Develop a concept map focusing on common psychotropic drugs – specifically focusing on the signs and symptoms they target
- Invite speakers to discuss cultural diversity in beliefs in mental health, and maternal/ child health and healing approaches
- Invite a panel of individuals living with a mental illness to discuss how they manage self care
- Interview child and/or parents of a child with developmental/physical disabilities; learners can present poster of this topic to class
- *Respect, inclusivity and indigenous knowledge. Supporting traditional knowledge in health and healing. Learners conduct enquiry into traditional practices through community visits and engagement of Elders
- Mental Health approaches

Suggested Assessments:

- Poster presentation of a mental illness topic encountered in the clinical setting
- Poster presentation of a paediatric physical/developmental disability
- Quizzes
- Midterm exam
- Final exam
- Present lessons in poster presentation

Suggested References/Resources:

- Human anatomy and physiology textbook
- Medical/surgical nursing textbook
- Mental health nursing textbook
- Drug guide
- Pharmacology Text
- Diagnostic reference guide
- Evans, R. J. and Orshan, S. A. (2010). *Canadian maternity: Newborn and women's health nursing: Comprehensive care across the life span* (1st Cdn. Ed.). Philadelphia, Pa.
- Pathophysiology text – faculty resource
- Vaughn, L., Jacquez, F., Baker, R. (2009). Cultural health attributions, beliefs and practices: Effects on health care and medical education. *The Open Medical Education Journal.* (2). P64-67.
- Cystic Fibrosis http://www.cysticfibrosis.ca/en/index.php
- FAS http://www.faslink.org/
- Eating disorders http://www.nedic.ca/knowthefacts/statistics.shtml
- http://www.bcwomens.ca/Services/PregnancyBirthNewborns/default.htm
- Film - *Anorexia Bulemias* (NFB Canada). http://www.onf-nfb.gc.ca/eng/collection/film/?id=54797
- Complications of pregnancy: http://www.womenshealth.gov/pregnancy/you-are-pregnant/pregnancy-complications.cfm
- Centre for Addictions and Mental Health http://www.camh.net/
- CIWA Assessment tool: http://www.reseaufranco.com/en/assessment_and_treatment_information/assessment_tools/clinical_institute_withdrawal_assessment_for_alcohol_ciwa.pdf
- http://heretohelp.bc.ca/publications/aboriginal-people/bck/3
- *Bipolar Disorder*: Percy Paul. NFB of Canada. http://www.onf-nfb.gc.ca/eng/collection/film/?id=53697
- Harm Reduction Training Manual (2011) http://www.bccdc.ca/NR/rdonlyres/C8829750-9DEC-4AE9-8D00-84DCD0DF0716/0/CompleteHRTRAININGMANUALJanuary282011.pdf
- Psychotropic drug use in pregnancy. http://www.camh.net/Publications/Resources_for_Professionals/Pregnancy_Lactation/psychmed_preg_lact.pdf
- Manitoba Coalition on Alcohol and Pregnancy. http://www.capmanitoba.ca/_resources/index.htm
- Physiology of pregnancy: http://www.merckmanuals.com/professional/sec18/ch260/ch260b.html

COURSE OUTLINE: VARIATIONS IN HEALTH IV (50 HOURS)

Course Description: this course focuses on pathophysiology as it relates to acute disease and illness of clients across the lifespan, specifically the care of the client experiencing acute illness including nursing interventions and treatment options. Implications of the acute exacerbation of chronic illness will be addressed. Cultural diversity in healing practices will be explored as well as evidenced informed research and practice.

Pre-requisites: Successful completion of Level III courses and Consolidate Practice Experience III.

Co requisites: Professional Communication IV; Integrated Nursing Practice IV; Professional Practice IV; Health Promotion IV.

Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Physiological changes contributing to acute disease and illness across the lifespan
- Recognition and presentation of common acute disease and illness across the lifespan
- Nursing management of acute disease and illness according to body system
  - *Nursing management includes: assessment (holistic assessment, data collection including lab values and diagnostics); pharmacology; identification of real/potential problems –nursing diagnoses; planning of specific nursing interventions; implementing culturally safe care; evaluation of care; collaborating with other members of the Health Care Team; health promotion; client teaching.*
    - Integumentary
    - Cardiovascular
    - Respiratory
    - Musculoskeletal
    - Endocrine
    - Gastrointestinal
    - Genitourinary
    - Neurological
    - Sensory
    - Haematological
    - Immune
- Therapeutic interventions and treatments including pharmacology
- Emergency pharmacology
- Traditional healing practices

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Explain pathophysiology as it relates to selected common acute illness of clients across the lifespan.
2. Explain the pathophysiology and nursing management of shock (cardiogenic, hypovolemic, neurogenic, anaphylactic, septic).
3. Recognise and explain the pathophysiology and nursing management of fluid and electrolyte imbalances.
4. Explain nursing management of common acute disease and acute exacerbations of acute illness of clients across the lifespan.
5. Identify traditional healing practices related to the acute illness experience.
6. Describe the impact of cultural diversity in health and healing.
7. Access relevant best practice information to support learning.

Suggested Learning Activities:

- In groups, research examples of the pathophysiology and nursing management of common acute disease and illness of clients across the lifespan and present to class
- Develop a concept map describing the phases of shock
- Create a poster or concept map presenting fluid and electrolyte imbalance
- Have learners generate a list of common diagnostic tests associated with each body system of common acute disease and illness of clients across the lifespan. Embed in each class
- In groups, develop nursing care plans for common acute disease and illnesses experienced by clients across the lifespan (include end of life) and present to class. Include evidence informed research and interventions. Refer to Health Authority policies and clinical practice guidelines for best practice
- Invite individuals from diverse cultures including Aboriginal, to speak about their hospital/illness experience
- *Indigenous knowledge. Elder visit – rituals and traditional practices (Healing prayers, smudging, drums, songs, etc.)
- Approaches to pain management: examine the effects of culture on pain management

Suggested Assessments:

- Two quizzes or one quiz and one presentation
- Midterm exam
- Comprehensive final examination

Suggested References/Resources:

- Anatomy and physiology textbook
- Medical/surgical nursing textbook
- Pharmacology text
- Diagnostic reference text
- Drug guide
- Mental health nursing textbook
- Maternal/pediatric textbook
- Pathophysiology text – faculty resource
- Vaughn, L., Jacquez, F., Baker, R. (2009). Cultural health attributions, beliefs and practices: Effects on health care and medical education. *The Open Medical Education Journal.* (2). P64-67.
- Nursing journals
- http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php
- http://www.hc-sc.gc.ca/fniah-spnia/diseases-maladies/tuberculos/index-eng.php

COURSE OUTLINE: HEALTH PROMOTION I (30 HOURS)

Course Description: this course introduces the concepts of health promotion, the determinants of health, health inequities, and develops a beginning knowledge of normal growth and development. Topics include health enhancement, health protection, disease prevention, health restoration/recovery, care, and support.

Pre-requisites: Admission to the Practical Nurse Program. Human Anatomy and Physiology for Practical Nurses with a minimum grade of C+ or equivalent.
Co requisites: Professional Communication I; Integrated Nursing Practice I; Professional Practice I, Health Promotion I, Pharmacology I.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Canada's health care system
- Holistic health
- Wellness and health
- Determinants of health
- Maslow's hierarchy of needs
- Health promotion in Canada
- Normal growth and development across the lifespan
- Chronic disease management
- Understanding health disparities
- Diversity in health beliefs: inclusive of Aboriginal and increasing multicultural populations
- Introduction to health statistics and epidemiology
- Teaching and learning in health promotion
- Communicable diseases and epidemiology
- Harm reduction
- Health literacy

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Explain definitions and concepts related to health promotion.
2. Identify and explain epidemiology related to health promotion.
3. Explain the difference between primary, secondary, and tertiary prevention.
4. Provide examples that explain the difference between health promotion and disease prevention.
5. Discuss the major components of Canada's health care system.
6. Explain how the determinants of health impact individual health and wellness.
7. Identify health disparities between Aboriginal people and non-Aboriginal people in Canada.
8. Identify the determinants of health of Aboriginal populations.
9. Define cultural competence in health promotion.
10. Explain the principles of chronic disease management.

11. Describe teaching and learning principles for health promotion across the lifespan.
12. Describe the steps of communicable disease reporting.
13. Describe common normal growth and development theories across the lifespan.
14. Explain the concept of harm reduction.

Suggested Learning Activities:

- Complete an environmental scan (e.g., windshield survey) of a local community, using a determinants of health approach to identify areas at risk for illness
- Develop a fact sheet with a health promoting topic
- Critically examine a current health promotion activity in your community, who is it serving, who is excluded?
- Group work: develop a series of growth and development charts based on theories, have each group present to class
- Panel of clients experiencing chronic illness. What resources are available to them in the community and how do they maintain their health within the context of illness?
- *Post colonial understanding. Health Trends: Conduct a search of at least 5 local media clips (printed or digital) over the term to illuminate patterns of health issues identified in their local region.

Suggested Assessments:

- Develop and implement a simple health promotion activity for your class.
- Poster presentation on a determinant of health and its importance to health and illness
- Midterm exam
- Final comprehensive exam

Suggested References/Resources:

- Aboriginal Determinants of Health. http://www.healthnexus.ca/events/CTD/pdf/Aboriginal_Health_Determinants_PART2.pdf
- Calendar of Health Promotion Days. http://www.hc-sc.gc.ca/ahc-asc/calend/index-eng.php
- Canada Health Promotion Centre's. http://www.prhprc.usask.ca/links/canadian-health-promotion-research-centres
- Determinants of Health. http://www.cna-nurses.ca/CNA/documents/pdf/publications/BG8_Social_Determinants_e.pdf
- Growth and development: Concept Map http://wps.prenhall.com/wps/media/objects/3918/4012970/NursingTools/ch20_CM_GroDevTheo_358.pdf
- Growth and development: Theories: http://www.scribd.com/doc/13135339/Human-Growth-and-Development-Theories
- Public Health Agency of Canada. http://www.phac-aspc.gc.ca/hp-ps/index-eng.php
- Reading, C., and Wien, F. (2009). *Health inequalities and social determinants of Aboriginal people's health*. National Collaborating Centre for Aboriginal health.
- World Health Organization. http://www.who.int/topics/health_promotion/en/
- Workplace Health Promotion: http://www.who.int/occupational_health/topics/workplace/en/

COURSE OUTLINE: HEALTH PROMOTION II (30 HOURS)

Course Description: this course focuses on health promotion as it relates to the aging process including exploration of health promotion activities aimed at supporting clients to maintain their health. The concepts of health promotion, physical and mental wellness, normal ageing changes and continued independence are examined.

Pre-requisites: Successful completion of all Level 1 courses and Consolidated Practice Experience 1.
Co requisites: Professional Communication 2; Integrated Nursing Practice 2; Professional Practice 2; Variations in Health 2; Pharmacology 2.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Theories of ageing
- Normal process of aging
- Demographics of aging
- Family care giving
- Risk management/promoting safety with the older adult
- Rehabilitation
- Immunization (in the older adult)
- Living with chronic disease: self management
- Regular health screening
- Community resources
- Elder abuse
- Teaching and learning in health promotion: older adult
- End of life planning
- Harm reduction
- Cultural diversity in health and healing, including end of life practices

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Describe various theories of ageing and the demographics of aging.
2. Discuss the role of culture in the aging process.
3. Discuss family care giving, caregiver burnout, caregiver benefits, and self care.
4. Explain the connection between the determinants of health and healthy living for older adults.
5. State the importance of social supports in the health of older adults.
6. Discuss risk management for care in the older adult.
7. Identify local community resources that support and promote health in older adults.
8. Discuss appropriate teaching and learning strategies for health promotion activities with older adults.
9. Describe risk factors for and examples of abuse with older adults.

10. Discuss health promotion strategies for older adults living with chronic illness.
11. Discuss end of life issues for older adults.
12. Explain differences in cultural approaches to dying.

Suggested Learning Activities:

- Critique of popular media depicting the older adult and ageing (e.g., stereotyping)
- Community seniors groups: analysis of the value of the resource
- Guest speaker: family care giver
- Learner presentation: support groups for care givers
- Panel of healthy older adults describing their lifestyles
- Panel discussion with diverse cultures on death and dying and dying
- *Post colonial understanding. Determinants of Health: apply determinants of health to identified health trend (HP 1) for Aboriginal Peoples.

Suggested Assessments:

- Using a case study approach develop health promotion strategies to support social inclusion and connectedness for an individual or family
- Work with local seniors centre to develop a portfolio of community resources that promote health for the older adult (could be group project)
- Complete an assignment based on an assessment an older adult within the context of their community
- Midterm exam
- Final comprehensive exam

Suggested References/Resources:

- Ageing and culture: http://www.niichro.com/Elders/Elders7.html
- Bastable, S. (2008). *Nurse as Educator: Principles of teaching and learning for nursing practice*. Jones and Bartlett
- Immunization for seniors http://www.phac-aspc.gc.ca/im/is-cv/#b
- Zoster Vaccination http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2807254/
- Larsen, P., & Lubkin, I. (2009). *Chronic Illness: Impact and intervention*. (7th ed) Jones and Barlett.
- Centre on Aging: Chronic disease self management: http://www.coag.uvic.ca/cdsmp/
- Guidelines for mental health promotion in adults 55 and over http://knowledgex.camh.net/policy_health/mhpromotion/mhp_older_adults/Pages/guidelines.aspx
- Public Guardian and Trustee, BC: http://www.trustee.bc.ca/pdfs/STA/abuseneglect.htm
- Miller, C. (2008). *Nursing for wellness in the older adult*. Lippincott, Williams and Wilkins.
- Elder Abuse: http://site.bcceas.ca/publications-resources/faqs/what-is-elder-abuse/
- Nursing text with gerontology concepts
- Worksafe BC

COURSE OUTLINE: HEALTH PROMOTION III (36 HOURS)

Course Description: this course is focused on health promotion as it relates to the continuum of care across the lifespan. Health promotion in the context of mental illness, physical and developmental disabilities and maternal /child health is highlighted. Normal growth and development from conception to middle adulthood is addressed.

Pre-requisites: Successful completion of all Level II courses and Consolidated Practice Experience II.
Co requisites: Professional Communication III; Integrated Nursing Practice III; Professional Practice III; Variations in Health III.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Normal growth and development - conception to middle adulthood
- Continuum of care for maternal/child health client
- Teaching and learning
- Continuum of care for clients experiencing mental illness
- Substance Abuse
- Health promotion strategies for clients with mental illness and physical or developmental disabilities
- Promotion of safety for clients experiencing mental illness
- Families experiencing violence
- Public health services
- Resource allocation/inequities
- Illness prevention: Immunization
- Harm reduction
- Normal physiological changes related to pregnancy

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Identify normal patterns of growth and development from conception to middle adulthood.
2. Provide examples of public health services available to pregnant women in the community.
3. Describe health promoting strategies for the postpartum client and newborn.
4. Provide examples of mental health/illness services available to clients in the community.
5. Describe how culture may impact utilization of mental health resources.
6. Compare the level of mental health services from urban to rural areas.
7. Explore examples of harm reduction activities.
8. Discuss disparities in the delivery of community health services in BC.
9. Identify and describe health promotion activities for clients living with mental illness and those living with disabilities.
10. Give examples of teaching and learning strategies for care in the community.
11. Discuss the impact of immunization in health promotion.

Suggested Learning Activities:

- Learners develop health promotion strategy in collaboration with public health or pre-natal group
- Hold a discussion panel of several cultural groups to explore their beliefs on mental illness (invite guest speakers)
- Hold a discussion panel of several groups to discuss birthing practices from a variety of communities and cultures
- Visit pregnancy outreach programs to assess the health promotion activities
- Visit child and youth programs: what health promotion activities do they offer
- Have learners complete a self stress test and develop strategies to maintain personal and workplace wellness
- Develop a teaching plan for clients in the community context
- *Inclusivity, mentoring, respect and support. Health Resources: Research a website/resource database of Aboriginal services to address the health issues identified in Health Trends (HP 1).

Suggested Assessments:

- Scholarly paper: How does culture impacts approaches to managing mental illness; effects of workplace stress on caregivers, etc.
- Have learners complete a scan of their community. Compile a list of available resources for clients experiencing mental health or addiction challenges (present to class)
- Develop a health promotion presentation/information session for youth at a local youth community centre
- Promote a harm reduction activity to high risk population within the post-secondary education setting
- Comprehensive exam

Suggested References/Resources:

- Advocating for maternal, newborn and child health in Canada: Canada's nurses speak up (2010). http://www.nursesunions.ca/news/advocating-maternal-newborn-and-child-health-canada-s-nurses-speak
- Center for Addictions and Mental Health http://www.camh.net/About_CAMH/Health_Promotion/Health_Promotion_Resources/index.html
- Workplace health and safety and the well being of the nurse (2008) http://www.rnao.org/Storage/36/3089_RNAO_BPG_Health_Safety.pdf
- Newborn Screening in BC. http://www.bcwomens.ca/NR/rdonlyres/CD0E67F3-9D7F-48F1-BC4F-9124E748D227/48239/NewbornDisordersScreened.pdf
- BC's Aboriginal Maternal Health Project. http://www.perinatalservicesbc.ca/sites/bcrcp/files/committees/aboriginal/AboriginalMaternalHealthToolbox.pdf

COURSE OUTLINE: HEALTH PROMOTION IV (24 HOURS)

Course Description: this course focuses on health promotion in the context of caring for clients experiencing an acute exacerbation of chronic illness or an acute episode of illness. Examination of health promoting strategies during hospitalization to improve or help maintain clients' health status after discharge occur. Topics also include how to preparing clients for discharge from care through teaching and learning of health promoting strategies.

Pre-requisites: Successful completion of all Level III courses and Consolidated Practice Experience III.
Co requisites: Professional Communication IV; Integrated Nursing Practice IV; Professional Practice IV; Variations in Health IV.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Risk management strategies
- Early detection of illness through screening
- Client teaching and learning
- Culturally appropriate and relevant learning strategies
- Continuum of care (pre-admission and discharge planning)
- Harm reduction

Learning Outcomes: upon successful completion of this course, the learner will be able to:

1. Formulate teaching strategies to manage or improve client health.
2. Discuss health promotion approaches in acute care settings and in relation to discharge planning.
3. Explain utilization of screening tools for early detection of illness.
4. Identify and explain which immunizations are important for clients experiencing acute illness.
5. Identify culturally sensitive and appropriate health promotion materials.
6. Explain the continuum of care.
7. Explain the discharge planning process.
8. Examine and explore appropriate teaching and learning strategies to prepare clients for discharge.
9. Explain harm reduction strategies for acute care clients at risk.

Suggested Learning Activities:

- Utilizing clients drawn from previous clinical encounters, develop a culturally sensitive discharge teaching plan for selected ages and illness. Learners present to class
- Case study depicting client with learning or sensory deficits, learners will develop appropriate learning strategies
- In groups examine harm reduction strategies for applicable situations

- Using case studies, develop appropriate teaching and learning strategies to prepare clients for discharge
- *Respect, indigenous knowledge. Health access: use evidence informed research to inform practice regarding health access for Aboriginal women

Suggested Assessments:

- Scholarly paper: utilizing learning theories for discharge planning
- Develop poster presentation for tips in designing effective low literacy materials
- Use a technology: web based tool or animation as part of a teaching session, evaluate client response
- Using a case study, develop a client discharge plan including health promotion activities
- Peer review: Have learners critique each other in a client teaching session.
- Develop culturally sensitive and appropriate health promotion materials
- Final comprehensive exam

Suggested References/Resources:

- Bastable, S. (2008). *Nurse as Educator: Principles of teaching and learning for nursing practice*. Toronto, ON: Jones and Bartlett
- Edelman, C., Mandle, C. (2006). *Health promotion through the lifespan*. Mosby.
- Vancouver Coastal Health: An integrated approach to population health. http://www.vch.ca/media/Toward_A_Population_Health_Approach.pdf
- World Health Organization (2010). http://www.who.int/mediacentre/factsheets/fs172/en/index.html
- Nursing text with health promotion concepts
- HealthLInk BC: Immunization Schedule http://www.healthlinkbc.ca/Routine_Immunization_Schedule.pdf

PRACTICE EDUCATION EXPERIENCE

Background

Practice education occurs when "students learn and practice in a community, clinical or simulated setting. It is the hands-on experience that helps students learn the necessary skills, attitudes and knowledge required to practice effectively in their field" (BCAHC, 2010). And clinical learning experiences continue as the backbone of nursing education where students bring theory and practice together (e.g., praxis) in a transition to professional practice (Cloutier, 2004; Tanner, 2006).

Health care restructuring and shifts/reductions with community health programs along with increased enrolments in nursing schools have made the allocation of clinical placements for all nursing students extremely challenging. Schools of nursing find themselves competing with other nursing and allied health care programs for limited clinical placements (Reimer-Kirkham et. al, 2005).

Given the above perspectives, practice experiences reflect the realities of the current practice education environment, and provide adequate opportunities for learners to integrate theory and practice in order to be successful in meeting the Baseline Competencies for Licensed Practical Nurses' Professional Practice (CLPNBC, 2009). Practice education in this curriculum occurs primarily in the Integrated Nursing Practice Course(s) (see course outlines) and through the Consolidated Practice Experience(s).

INTEGRATED NURSING PRACTICE

The Integrated Nursing Practice Course(s) are intended to allow integration of all theory courses expressed through such strategies as simulation[2], the use of case study, role play, self directed learning , practical application of psychomotor skills in simulated environments, and interprofessional learning opportunities. The intent is to better prepare the learner for success in the Consolidated Practice Experience (CPE).

Simulation

The use and perceived benefits of simulated practice has been well documented by Sanford (2010), Andrusyszyn et al. (2005), Benner et al. (2010), Ironsides (2010), and Jeffries (2008), however, Schiavenato (2009), cautions that there is a paucity of evidence validating the application of simulation in nursing education and little is known about the effect of simulation replacing clinical experience versus simulation augmenting clinical experiences. While the

[2] Simulation is often equated with low, moderate or high fidelity patient simulators, yet in this context is used as a broader concept inclusive of such activities as patient simulators, screen-based simulations, virtual reality, models, live actors, web-based tools, and various forms of skills training (Schiavenato, 2009).

literature indicates that more research is required on the limits and opportunities offered by simulation in nursing education, a study by the BC Practice Initiative (2007) suggests that simulation can reduce the overall time requirements for clinical staff who are supporting and supervising students.

Benner, Sutphen, Leonard and Day (2010), wonder however, whether simulation may be less valuable for learning skills of an interpersonal nature as simulation does not consider the human encounter with "non-verbal cues or psychological withdrawal" (p. 163). They contest that simulation is less ambiguous than real situations and the learner does not experience "risk threats and opportunities" that test their situated thinking and communication (p. 163). Additionally, the inclusion of Aboriginal cultural competencies in the curriculum speaks to the need to highlight Aboriginal epistemology and to decolonize educational practices. Thoughtful consultation and preparation should be given to the introduction of high fidelity simulation and web based learning tools that may create unnecessary barriers to learning for Aboriginal learners.

In this curriculum, simulated learning opportunities are primarily linked with the Integrated Nursing Practice courses and take place in a simulated environment. Direct client contact experience takes place in the Consolidated Practice Experience (CPE).

COURSE OUTLINE: INTEGRATED PRACTICE I (135 hours)

Course Description: this course emphasizes the art and science of nursing, focusing on the development of basic nursing care and assessment. Learners will apply nursing knowledge through the practice of clinical decision making, nursing assessment skills, and nursing interventions aimed at the promotion of health, independence, and comfort. A variety of approaches (e.g., simulation) will be used to assist learners to integrate theory from other Level I courses.

Pre-requisites: Admission to the Practical Nurse Program. Human Anatomy and Physiology for Practical Nurses with a minimum grade of C+ or equivalent.
Co requisites: Professional Communication I; Professional Practice I; Variations in Health I, Health Promotion I; Pharmacology I.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Comprehensive health assessment of healthy adults
- Clinical decision making
- Basic nursing interventions
    - Safety
    - Principles of asepsis
    - Universal precautions
    - Musculosketal Injury Prevention (MSIP)
    - Personal care
    - Mobility assistance
    - Prevention of complications of immobility
    - Urinary elimination
    - Fecal elimination
    - Feeding
    - Simple wound management (clean technique)
    - Introduction to pain management (non- pharmaceutical)
- Medication administration
    - Principles of medication administration
    - Rectal and topical medication
- Introduction to reporting and documentation

Learning Outcomes: upon successful completion of this course, in the simulated learning environment, the learner will be able to:

1. Demonstrate understanding of the Scope of Practice for LPNs, *Baseline Competencies for LPNs Professional Practice (2009)*, *Professional Standards of Practice for LPNs* (2010), *Code of Ethics for LPNs* (2004).
2. Perform basic nursing assessment and interventions for predictable situations.

3. Demonstrate critical thinking, clinical judgment and knowledge of assessment to plan, implement, and evaluate care of clients in simulated predictable situations.
4. Practice in collaboration with clients, the interprofessional healthcare team, peers and faculty.
5. Provide a caring environment for clients by connecting, sharing, and exploring with them in a collaborative relationship.
6. Provide person-centered care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.
7. Identify own values, biases, and assumptions as a self-reflective, responsible and accountable practitioner.
8. Identify own learning needs to enhance competence.
9. Practice safe medication administration.

Suggested Learning Activities:

- Have learners practice nursing assessment and interventions in a simulated practice setting.
- Use case studies that reflect current clinical practice guidelines to direct lab practice of assessment, communication and personal care skills
- Set up the lab with potentially unsafe situations and have learners identify the risks
- Have learners observe body mechanics in the community and discuss their observations
- Use a case study to explore ways to do a nursing assessment
- Provide opportunities for interprofessional experiences
- Provide opportunities for simulated practice
- Provide opportunities for up to 35 hours of community-based learning activities
- *Engage in collaborative activities to gain appreciation of traditional knowledge in health and healing

Suggested Assessments:

- Quizzes
- Comprehensive final exam
- Self Reflection Assignment – have learners complete an assessment of their own performance in this course addressing each learning outcome
- Formative skill assessment
- Integrated Lab Assessment – have learners perform a randomly selected case study in the lab. This strategy allows the learner to integrate the theory into practice and to demonstrate understanding and application of professional communication skills, nursing assessment and nursing interventions

Suggested References/Resources:

- Nursing fundamentals textbook
- Pharmacology textbook
- Diagnostic reference guide
- Drug guide
- CLPNBC Professional Standards of Practice for LPNs (2010)
- CLPNBC Baseline Competencies for LPNs Professional Practice (2009)
- CLPNBC Code of Ethics For LPNs (2004)
- CLPNBC Practice Guideline: Documentation (http://www.clpnbc.org/content_images/documents/Documentation%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Medication Administration (http://www.clpnbc.org/content_images/documents/Medication%20Administration%20PG_rev.%20092310.pdf)
- Hall, R. (nd.). *Employee Wellness e-Learning Course* – Patient Handing. Available atPHSA on-line learning modules (Rick Hall, PHSA rhall@phsa.ca)
  http://learn.phsa.ca/phsa/patienthandling/
  Interior Health. (nd.). *Safe Patient Handling*. Available at
  http://www.interiorhealth.ca/information.aspx?id=12726
- WorkSafeBC publications/bulletins/videos (contact: Chloe.Eaton@WorkSafeBC.com)
  http://www2.worksafebc.com/Portals/HealthCare/PatientHandling.asp
- Clinical Practice Guidelines of local health authority

COURSE OUTLINE: INTEGRATED NURSING PRACTICE II (180 HOURS)

Course Description: this course builds on the foundation of Level I and emphasizes the development of clinical decision making, nursing assessments, and interventions to promote the health of older adults. A variety of approaches (e.g., simulation) will help learners to integrate theory from Level I and II courses to provide safe, competent, and ethical nursing care with older adults.

Pre-requisites: Successful completion of all Level I courses and Consolidated Practice Experience I.
Co requisites: Professional Communication II; Professional Practice II; Variations in Health II, Health Promotion II; Pharmacology II.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- *Comprehensive health assessment of older adults with chronic illness*
- *Clinical decision making*
- *Nursing interventions with older adults*
    - Safety specific to the care of older adults
    - Infection control
    - Sterile technique
    - Chronic wound management
    - Pain management
    - End of life care
    - Oral and nasal suctioning
    - Oxygen therapy
    - Care of established ostomies
    - Specimen collection (sputum, urine and stool)
    - Blood glucose monitoring
    - Quality practice environments
    - Individualizing nursing care plans
- *Medication administration*
    - Medication routes: oral, topical, subcutaneous, intramuscular and intradermal, inhalers
    - Inserting a percutaneous infusion device
    - Narcotic administration
    - Enteral feedings and medications via nasogastric, jejunostomy and gastrostomy tubes
    - Decision making regarding medication administration (e.g., medications 'as needed')
    - Taking and transcribing physicians orders
    - Documentation of response to medication
- *Reporting and documentation in residential care settings*

Learning Outcomes: upon successful completion of this course, within the simulated learning environment, the learner will be able to:

1. Demonstrate an understanding of the Scope of Practice for LPNs, *Baseline Competencies for LPNs Professional Practice (2009)*, *Professional Standards of Practice for LPNs* (2010), *Code of Ethics for LPNs* (2004) and how these guide the practice of LPNs in residential care settings.
2. Safely and competently perform comprehensive nursing assessment and interventions with older adults.
3. Demonstrate safe disposal of sharps (e.g. needles, scalpels, intravenous starters, etc.)
4. Demonstrate critical thinking, clinical judgment and knowledge of assessment to plan, implement and evaluate care of older adults.
5. Practice in collaboration with older adult clients, the interprofessional healthcare team, peers and faculty.
6. Provide a caring environment for older adult clients by connecting, sharing and exploring with them in a collaborative relationship.
7. Identify potential sources of violence in residential, and home and community care.
8. Provide person-centered care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.
9. Identify own values, biases, and assumptions as a self-reflective, responsible and accountable practitioner.
10. Identify own learning needs to enhance competence.

Suggested Learning Activities:

- Have learners practice nursing assessment and interventions in the lab setting.
- Use case studies to guide lab practice of assessment, communication and personal care skills of older adults.
- Use case studies to explore ways to do a nursing assessment of an older adult in a residential care setting.
- Have learners reflect on their learning after each class to continue to develop a self-reflective approach to practice.
- Giving and receiving report
- Provide opportunities for interprofessional practice
- Community blood pressure clinics
- Provide opportunities for simulation: scenarios requiring clinical judgment
- *Engage in collaborative activities to gain appreciation of traditional knowledge in health and healing

Suggested Assessments:

- Quizzes
- Comprehensive final
- Formative skill assessment
- Self Reflection Assignment – have learners complete an assessment of their own performance in this course addressing each learning outcome. This could include a goal setting assignment early in the course and a final self-evaluation at the end.
- Integrated Lab Assessment – have learners perform a randomly selected case study in the lab. This strategy allows the learner to integrate the theory into practice and to demonstrate understanding and application of professional communication skills, nursing assessment and nursing interventions.

Suggested References/Resources:

- Fundamentals of nursing textbook
- Medical/surgical text
- Diagnostic Reference guide
- Pharmacology textbook
- Drug guide
- Gerontological nursing textbook
- CLPNBC Professional Standards of Practice for LPNs (2010)
- CLPNBC Baseline Competencies for LPNs Professional Practice (2009)
- CLPNBC Code of Ethics (2004)
- CLPNBC Practice Guideline: Documentation (http://www.clpnbc.org/content_images/documents/Documentation%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: *Medication Administration* (http://www.clpnbc.org/content_images/documents/Medication%20Administration%20PG_rev.%20092310.pdf)
- Worksafe BC: Violence http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/bk125.pdf http://www2.worksafebc.com/Publications/Multimedia/Videos.asp?ReportID=35664
- Appropriate Clinical Practice Guidelines from local health authority

COURSE OUTLINE: INTEGRATED NURSING PRACTICE III (120 HOURS)

Course Description: this course builds on the theory and practice from Level I and II. Through a variety of approaches (e.g., simulation), learners will continue to develop knowledge and practice comprehensive nursing assessment, planning for, and interventions with for clients experiencing multiple health challenges.

Pre-requisites: Successful completion of Level II courses and Consolidated Practice Experience II.
Co requisites: Professional Communication III; Professional Practice III; Variations in Health III, Health Promotion III; Pharmacology III.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Comprehensive health assessment
- Clinical decision making
- Nursing interventions
    - Risk management
    - Surgical wound management (assessment, cleansing, and irrigation)
    - Infusion therapy I (assessment of insertion sites including PIC and CVC lines, changing IV tubing and solutions, regulating rate of flow, setting up and priming infusion line, converting IV to an intermittent infusion device, flushing an intermittent infusion device, discontinuing a peripheral infusion device)
    - Blood and blood products (checking client identification, monitoring infusion, responding to blood reactions)
    - Catheterization
    - Assessment and care of the mental health client
    - Assessment and care of the post partum client
    - Assessment and care of the newborn
    - Individualizing nursing care plans across the lifespan
- Medication administration
    - Pain management
    - Immunization (theory/knowledge only)
- Context specific reporting and documentation

Learning Outcomes: upon successful completion of this course, within the simulated learning environment, the learner will be able to:

1. Demonstrate understanding of the Scope of Practice for LPNs, *Baseline Competencies for LPNs Professional Practice (2009)*, *Professional Standards of Practice for LPNs* (2010), *Code of Ethics for LPNs* (2004) to guide practice.
2. Safely and competently perform comprehensive nursing assessment and interventions with clients experiencing mental illness.

3. Safely and competently perform comprehensive nursing assessment and interventions with maternal/child clients.
4. Safely and competently complete a point of care risk assessment related to infectious diseases.
5. Incorporate practice guidelines into decision making.
6. Demonstrate critical thinking, clinical judgment and knowledge of assessment to plan, implement and evaluate care of clients across the lifespan.
7. Practice in collaboration with clients, the interprofessional healthcare team, peers and faculty.
8. Provide a caring environment for clients by connecting, sharing and exploring with them in a collaborative relationship.
9. Provide person-centered care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.
10. Identify own values, biases, and assumptions as a self-reflective, responsible and accountable practitioner.
11. Identify own learning needs to enhance competence

Suggested Learning Activities:

- Have learners practice nursing assessments and interventions in the lab setting
- Use a variety of case studies to guide lab practice of assessment, communication and nursing skills, particularly with pediatric clients and post partum clients
- Use a complex case study to explore ways to do a comprehensive nursing assessment of a client experiencing mental illness
- Have learners reflect on their learning after each class to integrate a self-reflective approach to their practice.
- *Engage in collaborative activities to gain appreciation of traditional knowledge in health and healing

Suggested Assessments:

- Exam – multiple choice and short answer questions to assess understanding of theory
- Self Reflection Assignment – have learners complete an assessment of their own performance in this course addressing each learning outcome as well as how they are meeting the CLPNBC Professional Standards of Practice for LPNs
- Integrated Lab Assessment – have learners perform a randomly selected case study in the lab. This strategy allows the learner to integrate the theory into practice and to demonstrate understanding and application of professional communication skills, nursing assessment and nursing interventions appropriate to the mental health, maternity or pediatric setting

Suggested References/Resources:

- Fundamentals of nursing textbook
- Pharmacology textbook
- Drug Guide
- Diagnostic reference guide
- Medical/surgical nursing textbook
- Mental health nursing textbook
- Pediatric textbook
- Maternal-child health textbook
- CLPNBC Professional Standards of Practice for LPNs (2010)
- CLPNBC Baseline Competencies for LPNs Professional Practice (2009)
- CLPNBC Code of Ethics for LPNs (2004)
- Violence www.phsa.ca
- Clinical Practice Guidelines from appropriate health authority

COURSE OUTLINE: INTEGRATED NURSING PRACTICE IV (180 HOURS)

Course Description: this course emphasizes the development of nursing skills aimed at promoting health and healing with individuals experiencing acute health challenges across the lifespan. A variety of approaches (e.g., simulation) will help learners build on theory and practice from Levels I, II, and III to integrate new knowledge and skills relevant to the acute care setting.

Pre-requisites: Successful Completion of Level III courses and Consolidated Practice Experience III.
Co requisites: Professional Communication IV; Professional Practice IV; Variations in Health IV, Health Promotion IV.
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Comprehensive holistic health assessment
- Clinical decision making
- Nursing interventions with clients experiencing acute illness
    - Continuous bladder irrigation
    - Risk management
    - Principles of infection control
    - Remove sutures, staples and drains, insert and remove packing
    - IV therapy II (converting IV to an intermittent infusion device, flushing an intermittent infusion device, discontinuing a peripheral infusion device)
        - IV insertion – theory/knowledge only
    - Blood and blood products (checking client identification, monitoring infusion, responding to blood reactions)
        - Initiation of blood and blood products – theory/knowledge only
    - Maintaining, and removing nasogastric tubes
        - Inserting nasogastric tubes – theory/knowledge only
    - Management of chest tubes, epidural catheter, drainage tubes, suprapubic catheter, tracheostomy, ostomy
    - Care of the medical/surgical client
    - Individualizing nursing care plans in acute care setting
- Medication Administration
    - Acute pain management
    - IV medication administration – theory/knowledge only
- Reporting and documentation in the acute care setting

Learning Outcomes: upon successful completion of this course, within the simulated learning environment, the learner will be able to:

1. Apply the Scope of Practice for LPNs, *Baseline Competencies for LPNs Professional Practice (2009)*, *Professional Standards of Practice for LPNs* (2010)*, Code of Ethics for LPNs* (2004) and how these guide the practice of LPNs in acute care settings.
2. Perform comprehensive nursing assessment and interventions with clients experiencing acute illness.
3. Apply critical thinking, clinical judgment and knowledge of assessment to plan, implement and evaluate care of clients experiencing acute illness.
4. Practice in collaboration with clients, the interprofessional healthcare team, peers and faculty.
5. Provide a caring environment for clients by connecting, sharing and exploring with them in a collaborative relationship.
6. Provide person-centered care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.
7. Identify own values, biases, and assumptions as a self-reflective, responsible and accountable practitioner.
8. Identify own learning needs to enhance competence.

Suggested Learning Activities:

- Have learners practice nursing assessments and interventions in the lab setting.
- Use case studies to guide lab practice of assessment, communication and nursing skills of clients experiencing acute illness.
- Use case studies to explore ways to do comprehensive nursing assessments of a client experiencing acute illness.
- Have learners reflect on their learning after each class to continue to develop a self-reflective approach to practice
- Provide opportunities for interprofessional learning and practice
- Provide simulation opportunities in preparation for acute care experience
- *Engage in collaborative activities to gain appreciation of traditional knowledge in health and healing

Suggested Assessments:

- Quizzes
- Formative skill assessment
- Comprehensive final exam
- Integrated Lab Assessment – have learners perform a randomly selected case study in the lab. This strategy allows the learner to integrate the theory into practice and to demonstrate understanding and application of professional communication skills, nursing assessment and nursing interventions appropriate to the acute care setting.
- Self Reflection Assignment – have learners complete an assessment of their own performance in this course addressing each learning outcome. This could include a goal setting assignment early in the course and a final self-evaluation at the end.

Suggested References/resources:

- Fundamentals of nursing textbook
- Pharmacology textbook
- Drug Guide
- Diagnostic reference guide
- Medical/surgical nursing textbook
- CLPNBC Professional Standards of Practice for LPNs (2010)
- CLPNBC Baseline Competencies for LPNs Professional Practice (2009)
- CLPNBC Code of Ethics (2004)
- CLPNBC Practice Guideline: Documentation (http://www.clpnbc.org/content_images/documents/Documentation%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Medication Administration (http://www.clpnbc.org/content_images/documents/Medication%20Administration%20PG_rev.%20092310.pdf)
- CLPNBC Practice Guideline: Blood and Blood Product Transfusion Therapy (http://www.clpnbc.org/content_images/documents/Blood%20%20Blood%20Product%20Transfusion%20Therapy%20PG_rev.092310.pdf)
- CLPNBC Practice Guideline: Peripheral Infusion Therapy (http://www.clpnbc.org/content_images/documents/Peripheral%20Infusion%20Therapy%20PG_rev.%20092310.pdf

COURSE OUTLINE: TRANSITION TO PRECEPTORSHIP (30 HOURS)

Course Description: Transition to Preceptorship will prepare the learner for the final practice experience. simulation experiences and self directed learning will provide the learner with increased competence and confidence in their final practice experience.

Pre-requisites: Completion of all coursework and successful completion of Consolidated Practice Experience IV.
Co-requisites: none
Course Concepts:

- Student self evaluation of learning needs
- Preparation of learning plan appropriate to placement
- Review and practice of relevant knowledge, skills, and abilities
- Self reflective practice and leadership
- Review of interprofessional competencies
- Review of appropriate clinical practice guidelines
- Agency orientation and introduction to practice education model
- Simulated scenarios appropriate to selected area of practice

Learning Outcomes: upon successful completion of this course, within the simulated learning environment, the learner will be able to:

- Develop a learning plan to be shared with mentorsAgency policies

1. /preceptor in final practice experience.
2. Competently apply knowledge and skills relevant to the final practice experience.
3. Initiate, support, and develop respectful, supportive collaborative relationships in the practice environment
4. Be familiar with the established policies and procedures of agency where culminating practice education experience(s) will occur.
5. Describe the leadership role within role and responsibility of Practical Nurses.

Suggested Learning Activities:

- Simulation and lab-web based learning tools
- Self directed student learning

Suggested Assessments:

Self/peer assessment of knowledge and skills specific to learner

CONSOLIDATED PRACTICE EXPERIENCES

Background

Learners may proceed to the Consolidated Practice Experience (CPE) after successful completion of the Integrated Nursing Practice course and all other theory courses at each level.

The Consolidated Practice Experience (CPE) refers to the essential, hands on, or direct patient care experiences required for learners to meet the baseline competencies for nursing practice. These courses are levelled to support the progressive development of nursing practice. The learner will bring forward previously gained experiences and be introduced to new client foci and context at each level. The CPE experiences will be evaluated based on a laddering of the Baseline Competencies throughout all four levels and reflected in the evaluation tools. The CPE I, II and IV experiences are to be faculty supervised (direct). CPE III will be optimally faculty supervised (direct) and could be faculty supervised (monitored) if students are paired with a qualified practitioner in a community practice experience.

While recognizing there may be various approaches to how CPEs are implemented, the recommended approach is that of block experiences. A block practice experience gives learners an opportunity to consolidate their learning. During a block practice experience, learners can immerse themselves in the work world without being distracted by the demands of other course requirements. Block practice experiences allow students to begin to make the transition from the learner to the Practical Nurse role.

Focus of Consolidated Practice Experiences

In **CPE 1**, the focus is on the "healthy client" and becoming comfortable with the relational aspects of nursing, learning the role of the Practical Nurse and becoming more confident with assessments, personal care and beginning medication administration skills. This faculty led experience is 90 hours in a variety of areas including Residential Care.

In **CPE 2**, the focus is on the ageing adult and clients experiencing chronic illness. The learner will encounter clients with more complex health challenges requiring comprehensive health assessment, medication administration and chronic wound management. This faculty supervised experience is 120 hours in Residential or multilevel care.

In **CPE 3,** the focus is on the role of the Practical Nurse within a continuum of care in a variety of community settings. The continuum of care will provide the learner with an opportunity to integrate and apply previous knowledge in community based settings including home health care, rehabilitation agencies, and supportive services such as community living and disabilities. These hours may be offered as CPE 3 or integrated into the Integrated Nursing Practice 3 course as practice hours. This faculty supervised or monitored experience is 65 hours.

In **CPE 4,** the role of the Practical Nurse in acute care is emphasized. Learners will focus on exacerbations of chronic illness and/or presentations of acute illness, and will consolidate skills such as post operative care, surgical wound management, IV therapy and focused assessment. This faculty supervised experience is 200 hours

Final Practice Experience

The final practice experience (FPE) is an individualized, faculty monitored practice experience that offers an opportunity for the learner to consolidate knowledge and skills in preparation for entry to practice and to be *practice ready*. Historically, schools of nursing have used a preceptorship model for this final experience, but more recently a collaborative learning unit model has been made available in some regions. Other models of practice experience could also be considered.

In a preceptorship model, the learner is under the immediate supervision of a single, fully qualified individual, and monitored by the faculty. This may be an experienced LPN or in some cases, a Registered Nurse (RN) or Registered Psychiatric Nurse (RPN) with knowledge of the LPN scope of practice. The RN/RPN must be familiar with the LPN role expectations set by the employer, and understand the LPN role description so that they can reference that to the learner's actual performance, and provide feedback to the educational institute. The RN/RPN must also understand the educational preparation of the learner and the baseline competencies and standards of practice set by CLPNBC. It is particularly helpful if the RN/RPN has actually worked with LPNs in their own practice (CLPNBC, 2011).

A collaborative learning unit (CLU) is a practice education alternative to preceptorship. In the CLU model, learners practice and learn on a nursing unit, each following an individual set rotation and choosing their learning assignment (and therefore the Licensed Practical Nurse with whom they partner), according to their learning plans. Unlike the traditional one-to-one preceptorship, an emphasis is placed on learner responsibility for self-guiding, and for communicating their learning plan with faculty and clinical nurses (e.g., the approaches to learning and the responsibility they are seeking to assume). All nursing staff members on the Collaborative Learning Unit are involved in this model and, therefore, not only do the learners gain a wide variety of knowledge, but the unit also has the ability to provide practice experiences for a larger number of students (Lougheed & Galloway, 2005).

COURSE OUTLINE: CONSOLIDATED PRACTICE EXPERIENCE I (90 HOURS)

Course Description: this first practice experience provides learners with an opportunity to integrate theory from Level I coursework into practice. Learners will gain experience in various settings with a focus on the healthy client. Learning the role of the Practical Nurse, personal care skills, organization of care, focused assessment, beginning medication administration and professional communication are emphasized in this course.

Pre-requisites: Professional Communication I; Professional Practice I; Variations in Health I, Health Promotion I; Pharmacology I; Integrated Nursing Practice I.
Co requisites: None
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Professional communication
- Nurse-client relationship
- Comprehensive assessments
- Inter-professional approach to care
- Ethical practice
- Wellness and health promotion
- Nursing care including assessment, personal care, basic wound care, topical and rectal medication administration, documentation
- Self-reflective approach to practice

Learning Outcomes: upon completion of this course, with faculty guidance and input from the interprofessional health team, learners will be able to:

1. Practice within relevant legislation, Baseline Competencies 2009, Scope of Practice, Standards of Practice and Code of Ethics as set out by the CLPNBC, the Health Professions Act, and facility specific policy and procedures.
2. Demonstrate safe, competent, ethical care and transfer of skills.
3. Practice with integrity and accountability in a patient care context
4. Begin to look critically at clinical decision making and knowledge of assessment to plan, implement, and evaluate care in predictable situations with faculty guidance.
5. With faculty guidance, make practice decisions that are client specific and consider client acuity, complexity, variability, and available resources.
6. Demonstrate a collaborative approach with other members of the interprofessional health care team to meet the collective needs of their clients.
7. Provide a caring environment for clients by connecting, sharing and exploring with them in a collaborative relationship.
8. Provide person-centered care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.
9. Describe the PN role in providing leadership, direction, assignment, and supervision of unregulated care providers.
10. With faculty guidance, apply professional communication to advocate for clients in their care.

11. Apply evidence-informed practice in the client nurse relationship at a beginning level.
12. Identify own values, biases, and assumptions on interactions with clients and other members of the health care team at a beginning level.
13. Explain the need for continuous learning to maintain and enhance competence.
14. Demonstrate beginning competence in assessment of healthy adults.
15. Apply knowledge of growth and development in assessment of healthy adults

Suggested Learning Activities:

- Prepare a time plan for each shift in order to work on organization and time-management skills.
- Assign a variety of clients to each student, allowing them to work with clients with various backgrounds, medical diagnoses, etc.
- Create mind maps to learn diagnoses, signs and symptoms and nursing interventions
- Research pertinent diagnoses, write up and verbalize to faculty

Suggested Assessments:

- Learner Journal – reflect on their learning about their client by preparing a journal.
- Nursing Care Plan Assignment – prepare a written nursing care plan for each client.
- Self-Evaluation Assignment – reflect on their progress in meeting each of the learning outcomes.
- Faculty evaluation/feedback based on each learning outcome

Suggested References/Resources:

- Basic nursing textbook
- Pharmacology textbook
- Drug handbook
- CLPNBC Professional Standards of Practice for LPNs (2010)
- CLPNBC Baseline Competencies for LPNs Professional Practice (2009)
- CLPNBC Practice Guideline: Documentation (http://www.clpnbc.org/content_images/documents/Documentation%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Medication Administration (http://www.clpnbc.org/content_images/documents/Medication%20Administration%20PG_rev.%20092310.pdf)
- CLPNBC Practice Guideline: Duty to Provide Care (http://www.clpnbc.org/content_images/documents/Duty%20to%20Provide%20Care%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Duty to Report (http://www.clpnbc.org/content_images/documents/Duty%20to%20Report%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Working with UCPs (http://www.clpnbc.org/content_images/documents/Working%20with%20UCPs%20PG-%20092310.pdf)

COURSE OUTLINE: CONSOLIDATED PRACTICE EXPERIENCE II (120 HOURS)

Course Description: this practice experience provides learners with the opportunity to integrate theory from Level I and II courses into practice. Learners will practice with ageing clients and/or those with chronic illness in residential care settings. Medication administration, nursing care, organization, comprehensive health assessment, wound care and introduction to leadership are emphasized in this course.

Pre-requisites: Professional Communication II; Professional Practice II; Variations in Health II; Health Promotion II; Pharmacology II; Integrated Nursing Practice II.
Co requisites: None
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Legislation specific to the older adult
- Leadership
- Professional communication
- Communication with the older adult with cognitive challenges
- Inter-professional approach to practice
- Comprehensive assessment of the older adult
- Medication administration
- Chronic wound care
- Self-reflective approach to practice

Learning Outcomes: upon completion of this course, with faculty guidance and input from the interprofessional health team, learners will be able to:

1. Practice within relevant legislation, Baseline Competencies, Scope of Practice, Standards of Practice and Code of Ethics as set out by the CLPNBC, the Health Professions Act, and facility specific policy and procedures.
2. Apply the definition of consent in providing safe, competent, culturally safe and ethical care.
3. Demonstrate critical thinking, clinical judgment and knowledge of assessment to plan, implement, and evaluate care of older adults with assistance as required
4. Apply the nursing process to a variety of health challenges in the residential care setting
5. Demonstrate consistent client specific decision making that considers client acuity, complexity, variability, and available resources.
6. Demonstrate a collaborative approach with other members of the health care team to meet the collective needs of older adult clients.
7. Provide a caring environment for patients by connecting, sharing and exploring with them in a collaborative relationship.

8. Deliver person-centered care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.
9. Demonstrate various communication strategies in communicating with clients with cognitive, sensory and/or mental health disorders.
10. Collaborate with faculty to provide leadership, direction, assignment, and supervision of unregulated care providers in the residential care setting.
11. Advocate for change reflecting evidence-informed practice.
12. Identify own values, biases, and assumptions on interactions with clients and other members of the health care team.
13. Participate in continuous learning to maintain and enhance competence.

Suggested Learning Activities:

- Assign a variety of clients with diverse backgrounds, medical diagnoses etc. to each student
- Written research on pertinent diagnoses and verbalize to faculty
- Assign learners to take turns being the student team leader. This provides them with an opportunity to practice leading their group of peers.
- Medication administration: administering medications to one, two, and then six clients (on at least two occasions)

Suggested Assessments:

- Journal – reflect on their learning about their client by preparing a journal.
- Self-Evaluation Assignment –reflect on their progress in meeting each of the learning outcomes.
- Faculty evaluation/feedback based on each learning outcome
- Nursing Care Plan Assignment –prepare a written nursing care plan for each client.
- Leadership Assignment –develop a teaching plan about a care issue. Deliver this teaching plan with their peers and lead post-conference.
  Learners to demonstrate theory of teaching and learning

Suggested References/Resources:

- Basic nursing textbook
- Pharmacology textbook
- Drug handbook
- CLPNBC Professional Standards of Practice for LPNs (2010)
- CLPNBC Baseline Competencies for LPNs Professional Practice (2009)
- CLPNBC Practice Guideline: Documentation (http://www.clpnbc.org/content_images/documents/Documentation%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Medication Administration -- (http://www.clpnbc.org/content_images/documents/Medication%20Administration%20PG_rev.%20092310.pdf)

- CLPNBC Practice Guideline: Duty to Provide Care (http://www.clpnbc.org/content_images/documents/Duty%20to%20Provide%20Care%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Duty to Report (http://www.clpnbc.org/content_images/documents/Duty%20to%20Report%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Working with UCPs (http://www.clpnbc.org/content_images/documents/Working%20with%20UCPs%20PG-%20092310.pdf)

COURSE OUTLINE: CONSOLIDATED PRACTICE EXPERIENCE III (65 HRS)

Course Description: this practice experience will introduce learners to community care settings and an opportunity to apply and adapt knowledge gained in Levels I, II, and II within a continuum of care for clients across the lifespan. Learners may gain experience through simulation and in a variety of community and residential care agencies and settings.

Note: These hours may be offered as CPE III or integrated into the Integrated Nursing Practice III course as practice hours.

Pre-requisites: Professional Communication III; Professional Practice III; Variations in Health III; Health Promotion III; Integrated Nursing Practice III.
Co-requisites: None
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Professional communication
- Nurse-client relationship
- Comprehensive assessments across the lifespan
- Inter-professional approach to care
- Ethical practice
- Wellness and health promotion
- Nursing care and documentation
- Self-reflective approach to practice

Learning Outcomes: upon successful completion of this course, and with input from the interprofessional health team and faculty guidance, the learner will be able to:

1. Practice within relevant legislation, Baseline Competencies, Scope of Practice, Standards of Practice and Code of Ethics as set out by the CLPNBC, the Health Professions Act and facility specific policy and procedures.
2. Incorporate health promoting strategies to provide safe, competent, and ethical care to clients in community
3. Apply critical thinking, clinical judgment and knowledge of assessment to plan, implement, and evaluate care in providing a continuum of care for predictable situations.
4. Participate in collaborative practice decisions that are client specific and consider client acuity, complexity, variability, and available resources in a supervised practice setting.
5. Facilitate and participate in interprofessional problem solving and decision making.
6. Describe an interprofessional approach to supporting a client in community.
7. Participate with the health care team to meet the collective needs of clients.
8. Connect, share and explore in collaborative relationships with clients in a caring community environment.
9. Provide client-centered care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity as appropriate.

10. Provide leadership, direction, assignment, and supervision of unregulated care providers within the context of community care with direction as appropriate
11. Identify how evidence informed decision making can advocate change in the community setting
12. Identify how interactions with clients and other members of the health care team in community are influenced by own biases, values and assumptions.
13. Participate in continuous learning opportunities to maintain and enhance competence.
14. Recognize and respect the roles and ability of other members of the health care team in the community setting.
15. Recognize changes in client status and collaborate with other members of the health care team to develop a plan of care.
16. Identify own values, biases, and assumptions on interactions with clients and other members of the health care team.

Suggested Learning Activities:

- Assign a variety of client scenarios to each learner, to work with clients with various backgrounds, diagnoses, etc.
- Research into pertinent diagnosis in writing and verbalize findings to faculty
- Prepare a time plan for each to work on organization and time-management skills (if in community setting).
- Simulated lab practice using case scenarios, including ethical dilemmas and clients with behavioural changes and manipulative behaviour

Suggested Assessments:

- Journal – learners reflect on their learning about their client by preparing a journal.
- Simulated lab assessment based on a number of scenarios
- Self-Evaluation Assignment – have learners reflect on their progress in meeting each of the learning outcomes.
- Faculty-Evaluation/feedback based on learning outcomes
- Nursing Care Plan Assignment – have learners prepare a written nursing care plan for each client (either simulated or in the clinical setting)

Suggested References/Resources:

- Basic nursing textbook
- Pharmacology textbook
- Drug handbook
- Maternal child text
- Mental health text
- DSM IV-access to a copy

COURSE OUTLINE: CONSOLIDATED PRACTICE EXPERIENCE IV (200 HOURS)

Course Description: this practice experience provides learners with the opportunity to integrate theory from all courses into the role of the Practical Nurse in the acute care setting and other practice areas as appropriate. Learners will focus on clients with exacerbations of chronic illness and/or acute illness across the lifespan and will consolidate knowledge and skills such as: post operative care, surgical wound management, intravenous therapy, focused assessment, and clinical decision-making in acute care settings.

Pre-requisites: Professional Communication IV; Professional Practice IV; Variations in Health IV, Health Promotion IV; Integrated Nursing Practice IV.
Co requisites: None
Course Concepts: Course outcomes will be met through examination and exploration of the following:

- Leadership
- Professional communication
- Clinical decision making
- Inter-professional approach to practice
- Comprehensive and focussed assessments
- Medication administration
- Surgical wound care
- Discharge planning
- Self-reflective approach to practice

Learning Outcomes: upon completion of this course and with input from the health care team and faculty guidance, learners will be able to:

1. Practice within relevant legislation, Baseline Competencies, Scope of Practice, Standards of Practice and Code of Ethics as set out by the CLPNBC, the Health Professions Act and facility specific policy and procedures.
2. Provide safe, competent, and ethical care to clients experiencing medical or surgical challenges
3. Independently apply critical thinking, clinical judgment and knowledge of assessment to plan, implement, and evaluate the agreed upon plan of care for stable post operative or medical clients across the lifespan
4. Independently implement nursing interventions and make practice decisions that are client specific and consider client acuity, complexity, variability, and available resources.
5. Recognize and respect the roles and ability of other members of the health care team in the acute care setting.
6. Recognize changes in client status and collaborate with other members of the health care team to develop a plan of care
7. Provide a caring environment for clients and families by connecting, sharing and exploring with them in a collaborative relationship.

8. Deliver person-centered care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.
9. Demonstrate teaching and learning through a continuum of care and discharge planning
10. Provide leadership, direction, assignment, and supervision of unregulated care providers in the acute care setting.
11. Advocate for and lead change reflective of evidence-informed practice.
12. Identify own values, biases, and assumptions on interactions with clients and other members of the health care team
13. Seek out and engage in continuous learning to maintain and enhance competence.

Suggested Learning Activities:

- Assign a variety of clients to each learner, allowing them to work with clients with various backgrounds, medical/surgical diagnoses, etc.
- Prepare a time plan for each shift in order to work on organization and time-management skills.
- Provide written research on pertinent diagnoses and verbalize to faculty
- Take turns being the student team leader. This provides them with an opportunity to practice leading their group of peers, including post-conference.
- Identify opportunities for interprofessional practice

Suggested Assessments:

- Journal – reflect on learning about the client by preparing a journal.
- Self-Evaluation Assignment – reflect on learner progress in meeting each of the learning outcomes.
- Faculty evaluation/feedback related to each learning outcome
- Nursing Care Plan Assignment – prepare a written nursing care plan for each client.
- Leadership Assignment – have learners develop a teaching plan in collaboration with other health care team members. Learner to deliver this teaching plan with their peers while using principles of teaching and learning

Suggested References/Resources:

- Basic nursing textbook
- Pharmacology textbook
- Drug handbook
- CLPNBC Professional Standards of Practice for LPNs (2010)
- CLPNBC Baseline Competencies for LPNs Professional Practice (2009)
- CLPNBC Practice Guideline: Documentation (http://www.clpnbc.org/content_images/documents/Documentation%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Medication Administration (http://www.clpnbc.org/content_images/documents/Medication%20Administration%20PG_rev.%20092310.pdf)
- CLPNBC Practice Guideline: Duty to Provide Care (http://www.clpnbc.org/content_images/documents/Duty%20to%20Provide%20Care%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Duty to Report (http://www.clpnbc.org/content_images/documents/Duty%20to%20Report%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Working with UCPs (http://www.clpnbc.org/content_images/documents/Working%20with%20UCPs%20PG-%20092310.pdf)
- CLPNBC Practice Guideline: Blood and Blood Product Transfusion Therapy (http://www.clpnbc.org/content_images/documents/Blood%20%20Blood%20Product%20Transfusion%20Therapy%20PG_rev.092310.pdf)
- CLPNBC Practice Guideline: Peripheral Infusion Therapy (http://www.clpnbc.org/content_images/documents/Peripheral%20Infusion%20Therapy%20PG_rev.%20092310.pdf)

COURSE OUTLINE: FINAL PRACTICE EXPERIENCE (180 HOURS)

Course Description: this final practice experience provides an opportunity for learners to demonstrate integration and consolidation of knowledge, skills, and abilities within the realities of the workplace, and become practice ready.

Note: This experience may occur through a variety of practice experience models, including the preceptorship model, under the immediate supervision of a single, fully qualified and experienced LPN or RN or RPN and/or within the context of a collaborative learning environment as a participating team member.

Pre-requisites: Completion of all course work and CPE 1, 2, 3, and 4. Transition to final practice course.

Learning Outcomes: upon successful completion of this course, with input from the interprofessional health team and faculty guidance, the learner will be able to:

1. Apply the *Baseline Competencies for Licensed Practical Nurses' Professional Practice (2009)* to provide safe, competent, culturally safe and ethical care.
2. Practice within relevant legislation, Scope of Practice, Standards of Practice and Code of Ethics as set out by the CLPNBC and the Health Professions Act.
3. Value and engage in continuous learning to maintain and enhance competence.
4. Practice in collaboration with other members of the health care team to meet the collective needs of their clients.
5. Participate in interprofessional problem solving and decision making processes.
6. Advocate for and facilitate change reflecting evidence-informed practice.
7. Make practice decisions that are client specific and consider client acuity, complexity, variability, and available resources.
8. Use critical thinking, clinical judgement and knowledge of assessment to plan, implement, and evaluate the agreed upon plan of care.
9. Develop a collaborative relationships with clients by connecting, sharing and exploring with them in a caring environment.
10. Provide person-centred care across the lifespan that recognizes and respects the uniqueness of each individual and is sensitive to cultural safety and diversity.
11. Provide leadership, direction, assignment, and supervision of unregulated care providers as appropriate.
12. Identify one's own values, biases, and assumptions on interactions with clients and other members of the health care team.

Suggested Assessments:

- Complete a journal to track their progress in final practice experience
- Regular and ongoing faculty communication with learner and mentor(s)
- Midterm and final written evaluations
- Learner self evaluation

GLOSSARY OF TERMS

Aboriginal people(s): "Aboriginal people" is a collective name for the original peoples of North America and their descendants. The Canadian Constitution (*the Constitution Act, 1982*) recognizes three groups of Aboriginal peoples — Indians, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs. When one refers to "Aboriginal people," reference is to all the Aboriginal people in Canada collectively, without regard to their separate origins and identities. Or, one is referring to more than one Aboriginal person. By adding the 's' to people, and referring to "aboriginal peoples", there is emphasis to the diversity of people within the group known as Aboriginal people (Aboriginal Affairs and Northern Development, Canada, 2011).

Accountability: The obligation to answer for the professional, ethical and legal responsibilities of one's activities and actions (CPNRE, 2010). The LPN must be able to account for, and explain, his/her actions with regard to nursing interventions (CLPNBC, 2009).

Acuity: One of the parameters considered in patient classification systems that are designed to serve as guidelines for allocation of nursing staff, to justify staffing decisions, and to aid in long-range projection of staffing and budget (Farlex, nd).

Assignment: The act of assigning or being assigned a specific task (CLPNBC, 2009).

Advocate: To speak or act on behalf of self or others by respecting decisions and enhancing autonomy (CLPNNS, 2011).

Autonomy: The freedom to act in accordance with self-chosen and informed goals. It includes making independent decisions about client care within one's role and scope of practice (CPNRE, 2010).

Caring: A unique plan designed to help the individual or collective client systems find meaning in experiences to foster, adapt, and mature. A state, attitude, strategy, enabling factor and tool (Bevis, 1989).

Client: Refers to individuals (or their designated representative), families and groups.
The person or persons with whom the nurse engages in a professional therapeutic relationship. The client can include a group of family members and/or friends. In some clinical settings, the client may also be referred to as a client or a resident (CPNRE, 2010).

Clinical data: All assessment and diagnostic results that apply to a client's health status. Includes data collected in a variety of ways to provide client information (CPNRE, 2010).

Clinical decisions: Decisions derived from reasoning processes based on clinical judgment (CPNRE, 2010).

Clinical judgment: Processes that rely on critical thinking to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions. The forming of conclusions is based on the assessment and analysis of client data (CPNRE, 2010)

Collaborate: To work in partnership with members of the health-care team while maintaining autonomy (CPNRE, 2010).

Collaboration: To work together with one or more members of the health-care team, each of whom makes a unique contribution to achieving a common goal. Each individual contributes from within the limits of her/his Legislated Scope of Practice (CLPNBC, 2009).

Competencies: The integrated knowledge, skills, behaviours, attitudes, critical thinking and clinical judgment expected of an entry level practical nurse to provide safe, competent and ethical care (CPNRE, 2010).

Competencies: The knowledge, skills, attitude, and judgment required to perform safely, competently, and ethically within an individual's nursing practice, or in a designated role or setting. An individual nurse's competencies are influenced by a number of variables, such as basic nursing education, experience, and ongoing formal and informal learning (CLPNBC, 2009).

Competence: The ability of a nurse to integrate the professional attributes required to perform in a given role, situation, or practice setting. Professional attributes include, but are not limited to: knowledge, skill, judgment, attitude, values, and beliefs (CLPNBC, 2009).

Complex Care: Often referred to as extended care, intermediate care, long-term care or residential care. Complex care is provided in a community care facility. It provides a higher level of personal assistance than assisted living. Complex care is for people who require 24-hour supervision, personal nursing care and/or treatment by skilled nursing staff. In assisted living, residents must be able to direct their own care (Ministry of Health, nd).

Communication: This concept entails effective and culturally safe communication among learners and faculty within the teaching/learning contexts; it also applies to nursing interactions with the First Nation, Inuit, and Métis peoples (Aboriginal Nurses Association of Canada, 2009)

Consultation: Seeking advice/information from a more experienced and knowledgeable member of the nursing profession (LPN, RPN, or RN), or a member of another profession when a nursing activity is outside the Entry-Level LPN's individual range of competencies or the Legislated Scope of Practice for LPNs. The Entry-Level LPN may also seek advice from other sources, as appropriate (CLPNBC, 2009).

Conflict resolution: The process of resolving a dispute or conflict by adequately addressing the interests of all parties (CPNRE, 2010).

Continuum of care: The Continuum of Care is a community-based, long-range strategic plan that addresses the needs of persons in order to help them reach maximum self-sufficiency. The

Continuum of Care is developed through collaboration with a broad cross section of the community and based on a thorough assessment of needs and resources (US Department of Housing and Urban Development, 2009).

Creativity: a process that may be developed and influenced by environment. A unique plan designed to help collective client systems find meaning in experiences to foster adaptation and maturity (Bevis, 1989).

Critical inquiry: process of inquiry in order to better understand the world, examining existing assumptions knowledge and questions; gaining and creating new information (critical Thinking in Nursing (Kozier & Erb, 2008).

Critical thinking: An active and purposeful problem-solving process. It requires the practical nurse to advance beyond the performance of skills and interventions to provide the best possible care, based on evidence-informed practice. It involves identifying and prioritizing risks and problems, clarifying and challenging assumptions, using an organized approach to assessment, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking (CPNRE, 2010).

Critical Thinking: Reasoning in which we analyze the use of language, formulate problems, clarify and explain assumptions, weigh evidence, evaluate conclusions, discriminate between good and bad arguments, and seek to justify those facts and values that result in credible beliefs and actions. Critical thinking is performed by the Entry-Level LPN at a level that is consistent with her/his educational preparation and individual range of competencies (CLPNBC, 2009).

Cultural safety: Cultural safety takes us beyond the following: cultural awareness, the acknowledgement of difference; cultural sensitivity, the recognition of the importance of respecting difference; and cultural competence, the focus on skills, knowledge, and attitudes of practitioners. Cultural safety is predicted on understanding the power differentials inherent in health service delivery and redressing these inequities through educational processes (Aboriginal Nurses Association of Canada, 2009)

Culturally sensitive care: Care that affirms, respects and fosters cultural expression by others. Practical nurses must reflect on their personal cultural identity and practise in a manner that affirms the cultural beliefs and practices of others (CPNRE, 2010).

Delegation of Task: The delegation of a restricted activity by a registrant, or the authorization by a registrant to perform a restricted activity under her or his supervision, must be in accordance with the bylaws of the College of which the registrant is a member (CLPNBC, 2009).

Designated representative: An individual designated by provincial or territorial laws who makes decisions about health care and/or treatment on behalf of the client (CPNRE, 2010).

Determinants of health: the range of personal, social, economic and environmental factors that determine the health status of individuals or populations. The determinants of health can be grouped into seven broad categories: socio-economic environment; physical environments; early childhood development; personal health practices; individual capacity and coping skills; biology and genetic endowment; and health services (WHO, 1998).

Disadvantaged populations: populations that share a characteristic associated with high risk of adverse health outcomes (e.g. Aboriginal peoples, single mothers in poverty, women, homeless people, and refugees). An approach to disadvantaged populations is the use of specific strategies targeted at that particular population. This is distinct from and over and above that of strategies aimed at reducing the gradient or range of underlying determinants of health that affect health on a gradient (e.g. income, education) (Public Health Agency of Canada, 2007).

Diversity: Based on the understanding that each individual is unique, the concept of diversity encompasses acceptance and respect. These differences include culture, race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs or ideologies (CPNRE, 2010).

Duty to provide care: The professional obligation to provide care to clients and maintain the therapeutic nurse-client relationship (CPNRE, 2010).

Elder: Elder is a term of respect or unofficial leader, and is not age specific. In the Aboriginal cultures, Elder means wisdom and knowledge (personal communication through Aboriginal consultations).

Empowerment: Individual becomes active in their healthcare by directing their own resources, processes, personal tools within their environment so they may achieve optimal health, wellness and wellbeing (Bevis, 1989).

Entry-level practitioner: The practical nurse at the point of registration/licensure, following graduation from an approved practical nurse program or equivalent (CPNRE, 2010).

Evidence-informed practice: The identification, evaluation and application of nursing experience and current research to guide practice decisions (CPNRE, 2010).

Family: Two or more individuals who may or may not be related by blood, marriage or adoption. Members are bound by strong emotional ties, a sense of belonging and a commitment to live with or care for one another over time (CPNRE, 2010).

Harm: An occurrence that negatively affects a person's health and/or quality of life, which may impact any dimension of health (CPNRE, 2010).

Harm Reduction: A public health approach which attempts to reduce the harm and improve the health of clients exposed to high risk activities. This approach is based on a belief that

complete abstinence from a harmful substance or situation may not be realistic for every client (Health Officers Council of BC, 2005). A term also used in reduction of harm through fall prevention programs for ageing seniors or mitigation of medication errors (Dennison, 2007; Public Health Agency of Canada, 2007).

Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It includes physical, mental, spiritual, emotional, psychological and social health. (WHO, 1998).

Health assessment: A process by which the practical nurse obtains data on the client that includes a complete history of the client's health status as well as a comprehensive physical assessment. The practical nurse is prepared to complete health assessments on neonates, children and adults (CPNRE, 2010).

Health care: The programs, services, procedures, therapies and interventions that treat and care for individuals with diseases, injuries and disabilities. Health care is the largest subset of the health sector (Public Health Agency of Canada, 2007).

Health-care team: Clients, families, health-care professionals, unregulated health workers, learners, volunteers, educators, police, spiritual leaders and others who may be involved in providing care (CPNRE, 2010).

Health disparities: Differences in health status that occur among population groups defined by specific characteristics. For policy purposes, the most useful characteristics are those consistently associated with the largest variations in health status. The most prominent factors in Canada are socio-economic status, Aboriginal identity, gender, and geographic location (Public Health Agency of Canada, 2007).

Health inequality: Is the generic term used to designate differences, variations, and disparities in the health achievements and risk factors of individuals and group that need not imply moral judgment [and may result from] a personal choice that would not necessarily evoke moral concern. Some inequalities reflect random variations (e.g., unexplained causes), while others result from individual biological endowment, the consequences of personal choices, social organization, economic opportunity or access to health care. Public policy is concerned with health inequalities attributable to modifiable factors, especially those that are perceived as inequitable (Public Health Agency of Canada, 2007).

Health inequity: Refers to those inequalities in health that are deemed to be unfair or stemming from some form of injustice. The crux of the distinction between equality and equity is that the identification of health inequities entails normative judgment premised upon (a) one's theories of justice; (b) one's theories of society; and (c) one's reasoning underlying the genesis of health inequalities. Because identifying health inequities involves normative judgment, science alone cannot determine which inequalities are also inequitable, nor what proportion of an observed inequality is unjust or unfair (Public Health Agency of Canada, 2007).

Health literacy: An individual's ability to read, understand and use healthcare information to make decisions and follow instructions for treatment (Canadian Public Health Association, 2008).

Health promotion: The process of enabling people to increase control over and improve their health based on an understanding of the determinants of health. Health promotion is particularly concerned with values and vision of a preferred future (WHO, 1989).

Health sector: The policies, laws, resources, programs and services that fall under the jurisdiction of Health Ministries. The sector spans health promotion and preventive health, public health, community health services such as home care, drugs and devices, mental health, long-term residential care, hospitals, and the services generally provided by health care professionals (doctors, nurses, therapists, pharmacists, etc.) (Public Health Agency of Canada, 2005).

Holistic health assessment: The collection, organization, and analysis of client information as an integrated whole. A holistic approach considers the client's biopsychosocial, cognitive, cultural, developmental, emotional, and spiritual dimensions and as well, takes into account the client's health, determinants of health, values, beliefs, and goals (Ontario, Ministry of Training, Colleges and Universities, 2001).

Hypodermoclysis (HDC): The infusion of fluids into subcutaneous tissue (CPNRE, 2010).

Illness prevention: The collection of practices that are designed to circumvent illness and/or disease (WHO, 1989).

Immunizing agent: An active or passive substance or organism that provokes an immune response (produces immunity) by the body (CPNRE, 2010).

Implied consent: An inferred agreement for care based on a client's presence, actions and the context of the situation (CPNRE, 2010).

Inclusivity: This concept evokes action where increased awareness and insights are required as part of the engagement process and relationship building with First Nation, Inuit and Métis peoples (Aboriginal Nurses Association of Canada, 2009).

Indigenous knowledge: This concept is the acknowledgement of traditional knowledge, oral knowledge, and Indigenous knowledge as having a place in higher learning along with literate knowledge. It also includes understanding First Nations, Inuit and Métis ontology, epistemology, and explanatory models related to health and healing; and, First Nations, Inuit and Métis cosmologies (spirituality, range of religious beliefs, etc) (Aboriginal Nurses Association of Canada, 2009).

Infection prevention control: The collection of practices that are designed to minimize

the risk of spread of infections (CPNRE, 2010).

Informed consent: A legal condition whereby a person gives permission for interventions based upon a clear understanding of the facts, implications and future consequences of an action (CPNRE, 2010).

Interdisciplinary: A group of individuals with diverse training and backgrounds who work together as an identified unit or system. Team members consistently collaborate to solve patient problems that are too complex to be solved by one discipline or many disciplines in sequence (Drinka & Clark 2000).

Intravenous (IV) medication administration: The direct injection of a medication into the vein (CPNRE, 2010).

Leadership: The shared and independent responsibility to model the profession's values, beliefs and attributes, promoting and advocating for innovation and best practices (CPNRE, 2010).

Nursing diagnosis: A nursing statement about the client's actual or potential health concerns that can be managed through independent nursing interventions (CPNRE, 2010).

Practice Education: Educational experiences that occur in clinical, community, or simulated environments; it is the hands-on experience that helps students learn the necessary skills, attitudes and knowledge required to practice effectively in their field (BCAHC, nd).

Practice Ready: able to work as a new entry level nurse in general nursing areas and has met the competencies required by licensing organisation (CLPNBC, 2009).

Predictable Outcomes: Client health outcomes that can reasonably be expected to follow an anticipated path. Predictable clients are those whose health status can be anticipated and whose care needs are within known levels and ranges of negative outcomes (CLPNBC, 2009).

Professional misconduct: Behaviour outside the boundaries of what is considered acceptable or worthy of its membership by the governing body of a profession (CPNRE, 2010).

Population health: both a description and a concept that underlies the discussion of health disparities. "Population health strategy focuses on factors that enhance the health and well-being of the overall population. It is concerned with the living and working environments that affect people's health, the conditions that enable and support people in making healthy choices, and the services that promote and maintain health." It is concerned with aggregate rather than individual health status and risk factors, and policies and strategies that address non-medical determinants affecting health throughout the life course (Public Health Agency of Canada, 2007).

Postcolonial understanding

Postcolonial theory accounts for health disparities and health inequities among First Nations,

Inuit and Métis. It is the examination of colonization and its affect on the lives of Aboriginal peoples, and includes examining the relationship between residential schools and historic trauma transmission (Aboriginal Nurses Association of Canada, 2009).

Primary health care: The World Health Organization (1978) defines primary health care as "the principal vehicle for the delivery of health care at the most local level of a country's health system. It is essential health care made accessible at a cost the country and community can afford with methods that are practical, scientifically sound and socially acceptable. Everyone in the community should have access to it, and everyone should be involved in it. Beside an appropriate treatment of common diseases and injuries, provision of essential drugs, material and child provision of essential drugs, maternal and child health, and prevention and control of locally endemic diseases and immunization, it should also include at least education of the community on prevalent health problems and methods of preventing them, promotion of proper nutrition, safe water and sanitation." (WHO, 1978).

Public health: "Public health is the combination of science, practical skills, and values directed to the maintenance and improvement of the health of all the people. It is a set of efforts organised by society to protect, promote, and restore the people's health through collective and social action. …Public health activities change with changing technology and values, but the goal remains the same - to reduce the amount of disease, premature death, and disease-produced discomfort and disability in the populations."[6] This broad definition aligns more closely to "population health" and should be distinguished from the definition of the five core "public health" programs and services that are aimed at primary prevention and are provided by health departments, regional health authorities and local units: population health assessment, surveillance, disease prevention, health protection and health promotion (Public Health Agency of Canada, 2007).

Quality improvement: An organizational philosophy that seeks to meet clients' needs and expectations by using a structured process that selectively identifies and improves all aspects of service (Canadian Council on Health Services Accreditation, 2009).

Research: Systematic inquiry that uses orderly scientific methods and/or the nursing process to answer questions or solve problems (CPNRE, 2010).

Respect

Respect is the show of consideration for all peoples, their family and communities. Respect is also the act of esteeming another. Demonstrated by word and deed, it is fostered by attending to the whole person by involving the patient and family in decision making, providing family-centered care, bearing witness, and adopting a broader perspective marked by cultural humility (Rushton, 2007). Respect for First Nation, Inuit and Métis cultural integrity is one of the guiding principles originating from the perspectives of Aboriginal communities. Respect is the show of consideration for First Nation, Inuit and Métis learners, their families, and communities for who they are, their uniqueness, and diversity. This concept entails effective communication and collaboration with both Aboriginal and non-Aboriginal health care professionals,

traditional / medicine peoples / healers in providing effective health care for First Nation, Inuit, and Métis clients, families and communities. It also includes working with First Nation, Inuit and Métis groups and communities when conducting research to improve the health of the Aboriginal population (Aboriginal Nurses Association of Canada, 2009).

Responsibility: Ability to respond and answer for one's conduct and obligations, to be trustworthy, reliable and dependable (CPNRE, 2010).

Risk management: The ability to utilize a system of identifying potential risks, recognizing implications and responding appropriately (CPNRE, 2010).

Routine practices: Activities to help reduce the risk of being exposed to blood, body fluids and non-intact (broken) skin of other people, to reduce the spread of organisms (CPNRE, 2010).

Safety: The reduction or mitigation of unsafe acts within the health-care team and health-care system (CPNRE, 2010).

Scope of practice: The parameters that outline the roles and responsibilities of the practical nurse as defined by legislation and the regulatory authorities (CPNRE, 2010).

Self-determination: A system of care delivery that promotes independence for clients to participate in decision-making to improve the quality of care (CPNRE, 2010).

Simulated learning: An event or situation made to resemble clinical practice as closely as possible. Simulation can provide a safe environment for both patient and student during training in high risk procedures, unlimited exposure to rare but complicated clinical events, the ability to manipulate training opportunities rather than wait for a suitable situation to arise, the ability to provide immediate feedback, the opportunity to standardize and evaluate performance, the opportunity to repeat performance, and the ability to efficiently organize interprofessional training (Waldner & Olson, 2007).

Social determinants of health: Social determinants of health can be understood as the social conditions in which people live and work. Dennis Raphael defines, "the social determinants of health are the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole". They determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. The resources include but are not limited to conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and income distribution; social exclusion; the social safety net; and unemployment and job security (Raphael, 2010).

Socio-economic status (SES): a term that describes the position of an individual group in a population or society, reflecting the overall hierarchy. The most frequently used indicators of SES are income, education and occupational categories. Its conceptual cousin is class, which originated in social theories that explain rather than simply describe the structure and

functioning of society. To be consistent with previous national documents on health status and their determinants, SES is used and is intended to be interpreted in the broader sense of the term (Public Health Agency of Canada, 2007).

Standards of practice: Minimum expected levels of practitioner behaviour, against which actual practitioner behaviour is measured (CPNRE, 2010).

Therapeutic environment: A setting where the therapeutic nurse-client relationship can be developed and maintained (CPNRE, 2010).

Therapeutic nurse- client relationship: A relationship based on trust, respect and intimacy with the client that requires the appropriate use of power (CPNRE, 2010).

Unpredictable Outcomes: Client health outcomes that cannot reasonably be expected to follow an anticipated path. Unpredictable clients are those whose health status cannot be anticipated and whose care needs are not within known levels and ranges of negative outcomes (CLPNBC, 2009),

Unregulated health worker: A health-care worker, who is not part of a regulated health profession, who provides care to clients under the guidance of a regulated health professional (CPNRE, 2010).

Unregulated Care Provider (UCP): An **i**ndividual who assists with or provides personal care, and may deliver some basic elements of nursing care such as personal hygiene, dressing, feeding, and assisting with medications. UCPs observe and report their findings to the appropriate regulated health professional. UCPs are **not** regulated health professionals under the *Health Professions Act (HPA)* and they are **not** accountable to a regulatory body that sets standards or monitors the quality of care. They are also known as Personal Support Workers (PSWs), Resident Care Aides/Attendants (RCAs), Personal Care Aides (PCAs), Long-Term Care Aides (LTCAs), or Home Support Workers (HSWs) (CLPNBC, 2010).

Work environment: Any setting where health care is delivered (CLPNBC, 2009).

APPENDIX A

Steering Committee Terms of Reference

Purpose

The Steering Committee serves the purpose of overall stewardship, direction, and guidance to ensure that key project milestones are being met through the activities of the PN Project Working Group and BC Academic Health Council (contractor).

Membership and Decision Making
The Steering Committee is comprised of various identified stakeholders in Practical Nursing education in the province including private and public post-secondary programs, practice leadership, practitioners, and others involved with overall recognition, accreditation, or standards. At minimum, membership includes the following:

- Representation from the BCCCA (private educational providers) (2)
- Representation from Deans and Directors (public education providers)(2)
- Representation from the Practical Nursing Articulation Committee (2)
- Representation from the Chief Nursing Officers (1)
- Representation from private or not-for-profit employers (1)
- Representation from practice (licensed practical nurses and managers) (2)
- Representation from First Nations Education Steering Committee (1)
- Representation from the Ministry of Regional Economic and Skills Development (non-voting) (1)
- Representation from CLPNBC (non-voting) (1)
- BCAHC Executive Director (non-voting) (1)
- Representation from PCTIA (non-voting) (1)

Meetings will normally occur via teleconference hosted by the BCAHC and will be organized in a timely way to meet the timelines of the project outcomes, anticipating this to monthly between the period of February - July. Additional meetings may be called at the request of the chair.

Decision making will be by consensus (agreement of the members and when not all in agreement, that all can 'live with' decisions or recommendations). In the event that there is not consensus, a vote can be called at the discretion of the chair with a simple majority to determine the motion.

The committee will be chaired by the Executive Director, BCAHC (non-voting).

Key Responsibilities

- to ensure Approve the work plan as set out by the BCAHC
- Share information regularly with Health Sciences Deans and Directors, Nursing Education Council of BC, and the PN Articulation Committee (normally through the BCAHC ED), and other identified key stakeholders
- Approve any revisions to the work plan
- Provide consultation, direction, and ultimately approve the following:
    - Memorandum framework for collaboration on a provincial curriculum
    - Intellectual Property guidelines (as appropriate or required)
    - Access regulations/guidelines for accessing curricular materials

- Share resources (advice, expertise, documents) to facilitate achievement of the work plan
- Approval of the final curriculum guide including matrix, and other materials as determined necessary project outcomes are achieved

Reporting and Accountability

While the BCAHC holds fiscal responsibility for the contract, the Steering Committee has shared responsibility for overall oversight of the project as evidenced by project proposal outcomes being met.

Information will be shared through the Steering Committee (through the chair) with various constituents including Health Sciences Deans and Directors, Chief Nursing Officers, regulatory bodies, Nursing Education Council of BC, and the PN Articulation Committee with regards to key milestones.

Steering Committee Membership

Karen Bailey-Romanko - First Nations Education Steering Committee (February - May)
Pat Bawtinheimer – Vancouver Community College
Jan Carruthers - Vancouver Island Health Authority
Sarina Corsi - Stenberg College
Kathleen Haggith - Vancouver Island University
Marilyn Heaps - Vancouver Community College
Gillian Harwood – Chief Nursing Office, Fraser Health Authority
Melanie Kowal - Sprott-Shaw Community College
Baljit Lail – Vancouver Coastal Health
Monica Lust - Private Career Training Institutions Agency (of BC)
Susan McNeill - Good Samaritan Society
Jennifer Matheson-Parkhill - Vancouver Island Health Authority
(Non-voting)
Laureen Styles - BC Academic Health Council
Shona Johansen - BC Academic Health Council
Elaine Baxter - College of Licensed Practical Nurses of BC
Lori Mackenzie - Ministry of Advanced Education

APPENDIX B

Curriculum Advisory Group (CAG) Terms of Reference

Purpose
The Curriculum Advisory Group is to provide content and pedagogical advice on and expertise into the curriculum framework and curriculum guide for Practical Nursing education in the province of BC.

Membership
Membership is intended to be reflective of both education and practice in order to facilitate curriculum development in an informed and future-oriented manner incorporating best practices, provincial context, pedagogical theory and future trends. Membership includes:

- Minimum of 2-3 post secondary PN educators (from both public and private educational institutions offering PN education) with a minimum of three years recent teaching and preferably graduate education in education or curriculum
- 1 Licensed Practical Nurse with a minimum of three years recent direct practice in different care contexts
- 1 nurse manager
- 1 Steering Committee member
- Project Coordinator
- Additional participation on an ad hoc basis as required from Topic Advisory Group(s)

Responsibilities

- Provide input and constructive critique for a new PN provincial curriculum framework using the *Baseline Competencies for Licensed Practical Nurse' Professional Practice* (2009)
- Make educational decisions that maintain the integrity and evolution of the curriculum while responding to the CPNRE blueprint
- Ensure foundational constructs and concepts are evident and threaded throughout the learning experiences
- Ensure essential learning experiences and clinical practice is defined and levelled throughout the curriculum
- Guide a curriculum framework that is legislated by the Health Professions Act 2003, (Nurses, Licensed Practical Regulation) and the scope of practice, limits and conditions set out within the act
- Guide a curriculum that reflects cultural diversity/cultural safety, including that of Aboriginal peoples
- Make decisions regarding core course concepts, learning outcomes and course descriptions, and give recommendations for learning activities, texts and other resource materials to meet program outcomes
- Suggest existing provincial, national and institutional resources, best practice documents, and culturally appropriate materials
- Assist with curriculum levelling and evaluation process

- Support Project Coordinator to analyse program practice education requirements to determine appropriate practice experiences/placement; minimum number of practice hours; appropriate use of simulation, on-line integration, etc.
- Respond to Project Coordinator need for feedback at each step of the curriculum revisioning
- Collaborate with Project Coordinator on developing and consolidating suitable materials, resources and activities to maintain a pedagogically sound and consistent standard of educational excellence

Meeting Schedule

The CAG will meet face to face initially for one or two days to determine processes, foundations for the curriculum framework, and map out key curricular areas for development. Regular teleconference meetings will occur, anticipating these to be every two weeks with additional web-based mediums utilized as need to facilitate work.

Reporting and Accountability

Primarily accountable to the Project Coordinator, who is accountable to the project Steering Committee, and the BCAHC.

Curriculum Advisory Group Membership

Sarina Corsi, Stenberg College
Fe Forteza, Eminata Group
Carly Hall, Camosun College
Marilyn Heaps, Vancouver Community College
Shona Johansen- B.C. Academic Health Council
Susan MacCormac, Vancouver Island Health Authority
Tracy Patenaude, College of Licensed Practical Nurses of BC
Steven Roth, Providence Health
Jacquie Scobie, College of New Caledonia

APPENDIX C

Topic Advisory Groups Terms of Reference

Purpose:

The Project Coordinator will make use of topic advisory groups (TAG) to provide expert advice, input, verification, and consultation on particular areas with the curriculum development. These groups will meet for a short duration and membership will be normally be determined through recommendations from the project Working Group, Project Coordinator, or Curriculum Advisory Group.

Membership:

- 3-5 members
- Recognised area of expertise (theory or practice)

Responsibilities:

- Provide expert content knowledge, critique, best practice, evidence based resources or approaches to a topic in a timely manner.
- Share information and expertise
- Respond to Project Coordinator or Curriculum Advisory Group requests for verification of content information and/or key curriculum resources

Topic Advisory Membership

Mental Health
Anna Helewka - Douglas College
Maureen Mackey - Douglas College
Sherri Hevenor - Northern Health Authority
Tracy McCauley- Northern Health Authority

Aboriginal Education
Marty Harder - Nicola Valley Institute of Technology
Camilla Williams - Nicola Valley Institute of Technology
Wanda Pierson - Langara College
Karen Bailey-Romanko - First Nations Education Steering Committee
Hilistis Pauline Waterfall - Elder, Bella Bella

Worksafe BC
Michael Sagar
V. Persi

APPENDIX D

Aboriginal Learning Activities

Background

Inclusion of cultural competencies with regards to working with and caring for Aboriginal clients and families is a key deliverable for this project. It is well documented that the health status of Aboriginal people in Canada is significantly lower than the average Canadian (CIHI, 2009). One strategy to address this state is the inclusion of Aboriginal history, epistemology and cultural safety into the education of health professionals. The 2009 document *Cultural Competence and Cultural Safety in Nursing Education,* jointly authored by the Aboriginal Nurses Association of Canada, the Canadian Association of Schools of Nursing, and the Canadian Nurses Association has provided a foundation for the development of appropriate learning activities to be included in this curriculum

Definitions

Definitions are taken from Glossary, Practical Nurse Curriculum Guide (2011).

1. Aboriginal people(s): "Aboriginal people" is a collective name for the original peoples of North America and their descendants. The Canadian Constitution (*the Constitution Act, 1982*) recognizes three groups of Aboriginal peoples — Indians, Métis and Inuit.
2. Postcolonial understanding: Postcolonial theory accounts for health disparities and health inequities among First Nations, Inuit and Métis. It is the examination of colonization and its affect on the lives of Aboriginal peoples, and includes examining the relationship between residential schools and historic trauma transmission.
3. Communication: This concept entails effective and culturally safe communication among learners and faculty within the teaching/learning contexts; it also applies to nursing interactions with the First Nation, Inuit, and Métis peoples.
4. Inclusivity: This concept evokes action where increased awareness and insights are required as part of the engagement process and relationship building with First Nation, Inuit and Métis peoples.
5. Indigenous knowledge: This concept is the acknowledgement of traditional knowledge, oral knowledge, and Indigenous knowledge as having a place in higher learning along with literate knowledge. It also includes understanding First Nations, Inuit and Métis ontology, epistemology, and explanatory models related to health and healing; and, First Nations, Inuit and Métis cosmologies (spirituality, range of religious beliefs, etc).
6. Respect: Consideration of qualities of one respected, respect for diversity. Respect for First Nation, Inuit and Métis cultural integrity is one of the guiding principles originating from the perspectives of Aboriginal communities. Respect is the show of consideration for First Nation, Inuit and Métis students, their families, and communities for who they are, their uniqueness, and diversity. This concept entails effective communication and collaboration with both Aboriginal and non-Aboriginal health care professionals, traditional / medicine peoples / healers in providing effective health care for First Nation, Inuit, and Métis clients, families and communities. It also includes working with First Nation, Inuit and Métis groups

and communities when conducting research to improve the health of the Aboriginal population.

Overview

Nurse theorist Madeline Leininger asserts that "peoples of each culture can not only know and define the ways in which they experience and perceive their nursing care world but also relate these experiences and perceptions to their general health beliefs and practices" (George, 2011, p. 406). Cultural competency is recognized as an essential learning outcome for health care practitioners as students may encounter clients and families whose beliefs and assumptions differ than their disciplinary training (Barkley, 2010). In addition to acquiring cultural knowledge, PN students must learn to recognize and appropriately address cultural bias in themselves and others, and in the process of health care delivery. Learning activities such as movie review, story lessons, dialogue circles, inquiry and learning rubrics help students to make visible their attitudes, stereotypes, and power dynamics that they may not have been aware of in the past. Jane Vella's principles of effective adult learning such as needs assessment, safety, sound relationships, sequencing, praxis and teamwork are used to frame students' learning (Vella, 2002, p. 4). Scaffolding and inquiry-based learning are integrated to promote critical thinking to ready PN students to work with complex situations (Brenner, Sutphen, Leonard and Day, 2010).

OVERVIEW OF LEARNING RESOURCES REQUIRED RESOURCES IN BOLD					
Levels	Professional practice	Professional communication	Variations in Health	Health Promotion	Pharmacology
I	Race **Learning Rubric 1: Learning about Diversity**	What is in a name? Bafa Bafa Culture and Diversity **Place in Culture**	Meaning of Health **Approaching Traditional Knowledge**	**Health Trends**	Traditional Medicines
II	**Learning Rubric 2: Cultivating Understanding** Weighty Blankets	Communicating with Older Adults **Caring Interactions in End-of-Life Care**	Approaches for End-of-Life Care	**Determinants of Health**	
III	**Learning Rubric 3: Fostering Partnerships**	**Caring Interactions**	**Supporting Traditional Knowledge in Health and Healing**	Health Resources	
IV	**Learning Rubric 4: Supporting Diversity**	**Speaking out for Cultural Safety**	Approaches in Pain Management	Considerations of Health Access	

Learning Resources

The following chart reveals the learning resources that are associated with each course with corresponding levels. The competencies of which the learning activities address are from the Cultural Competency Framework for Nursing Education. Within each course, required learning resources are denoted in **bold**.

Course	Core Cultural Competencies	Learning Resources
Professional Practice I	Inclusivity	*Race* The power of an illusion – The difference between us. Movie review to help students become aware of own perception. Accompanying website (online) with questions for faculty
Professional Practice I	Inclusivity Mentoring/Support	**Learning Rubric 1: *Learning about Diversity*** **Students are invited to examine their own assumptions, values, beliefs and biases.** **Students' self-assessment.**
Professional Practice II	Post Colonial Understanding, Mentoring /Support	**Learning Rubric 2: *Cultivating Understanding*** **Cultural Safety Module 1: Peoples' experiences of colonization.** **Students make connections between culturally safe practice and CLPNBC Values.** **Students' self-assessment of progress in cultural competencies.**
Professional Practice II	Respect Postcolonial Understanding Mentoring/Support	Weighty Blankets A hands-on activity to make visible effects of historical impact of colonization on individuals.
Professional Practice III	Inclusivity Postcolonial Understanding Mentoring/Support	**Learning Rubric 3: *Fostering Partnerships in Care*** **Cultural Safety Module 3: Peoples' experiences of colonization in health care.** **Students identify ways to partner with Aboriginal clients, families and communities to create culturally safe, person-centered care plans.** **Students' self-assessment of progress in cultural competencies.**
Professional Practice IV	Inclusivity Respect Postcolonial Understanding Indigenous Knowledge Mentoring/Support	**Learning Rubric 4: *Support Diversity*** **Students conduct a literature search and create posts in forum on ethics and transcultural nursing. Students' self-assessment of progress in cultural competencies.**
Professional Communication 1	Respect Communication Mentoring/Support	***Place in Culture*** **Students develop awareness of how their "place in culture" shapes their communication.**
Professional Communication	Inclusivity Communication	Bafa Bafa Simulation Activity A guided exercise for students to gain self-awareness of own

I	Mentoring and support	cultural bias and experience what it feels like to be the one person in a group who is different. They understand how easily stereotypes can be developed and what must be done to overcome them.
Professional Communication I	Indigenous Knowledge Communication Mentoring/Support	What is in a Name? Introduction of the importance of Spirit names and colors in identity formation, healing and balance. Students practice the art of listening and narration.
Professional Communication I	Respect Communication Mentoring/Support	*Culture and Diversity* Students discuss the article "Nursing, Indigenous peoples and cultural safety: So what? Now what?" using a dialogue circle format.
Professional Communication II	Respect Communication Mentoring/Support	***Caring Interactions in End-of-Life Care*** **Use of media clips to help students to decipher between helpful and unhelpful interactions when working with First Nations, Inuit and Métis clients and families**
Professional Communication II	Respect Postcolonial Understanding Communication Mentoring/Support	*Communicating with Aboriginal Older Adults* Recognizing the impact of colonization and its historical transmission, students examine verbal and non-verbal approaches to convey respect and inclusivity in practice.
Professional Communication III	Respect Communication Mentoring/Support	***Speaking Out for Cultural Safety*** Students practice using voice to advocate for cultural safety in practice setting.
Professional Communication IV	Respect Communication Mentoring/Support	***Caring Interactions in Acute Care Settings*** **Students utilize scenarios and role play to gain understanding of elements necessary for culturally safe therapeutic communication while developing awareness of risk of unintended cultural harm to clients and families in commonly used assessment tools**.
Variations in Health I	Respect Indigenous Knowledge	***Approaching Traditional Knowledge*** **Students learn about role of Traditional Healer, Elder and Medicine Person.** **Exploring the tensions and augmentations of biomedical and holistic health beliefs models through film review "Spirit Doctors".**
Variations in Health I	Respect Indigenous Knowledge	*Meaning of Health* Using case study, students explore the diverse meaning of Health for First Nations, Inuit and Metis clients, families and communities. Invite Elder to speak about the importance of 4 corners.
Variations in Health II	Respect Inclusivity Indigenous Knowledge	*End-of-Life Care* Through role play, students learn about culturally sensitive approaches for end-of-life care of clients and families.
Variations in	Respect	**Supporting Traditional Knowledge to Promote Health and**

Health III	Inclusivity Indigenous Knowledge	**Healing** **Students conduct inquiry into traditional practices through community visits and engagement of Elders, present lessons learned in poster session.**
Variations in Health III	Respect Inclusivity Indigenous Knowledge	*Mental Health* Students learn of what Aboriginal Elders consider as essential guidelines for mental health workers. Application of learning through concept map linking etiology, health beliefs models, determinants of health, cultural safety and nursing implications.
Variations in Health IV	Respect Indigenous Knowledge	*Approaches to Pain Management* Through readings and discussions (think-pair-share), students examine the effect of culture on pain and pain management.
Health Promotion I	Postcolonial Understanding	**Health Trends** **Students to conduct a search of 5 local media clips (printed or digital) over the term to illuminate patterns of health issues identified for their local region.**
Health Promotion II	Postcolonial Understanding	***Determinants of Health*** **Building on information gathered in Health Trends, students apply determinants of health to identified health issue for Aboriginal Peoples.**
Health Promotion II	Inclusivity Respect	*Health Resources* Research websites/resources and database of Aboriginal services related to health issues identified in Health Trends.
Health Promotion IV	Inclusivity Respect Postcolonial Understanding	*Considerations of Health Access* Using evidence (research article) to inform practice regarding health access of Aboriginal women.
Pharmacology I	Respect Indigenous Knowledge	*Traditional Medicines* Invite Traditional Healer(s) to speak on the topic of indigenous medicines and practices.

Aboriginal Learning Resource List

Professional Practice

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Teaching Learning Resource: Health Trends	Recommended Activity Cognitive Domain: Understanding/Applying/Analyzing

Course: Health Promotion I	Duration: Spiral set 1 of 4 Preparation: Moderate

Aboriginal Competencies: Post-Colonial Understanding

Purpose:
To help learners prepare for and engage in awareness development of health issues of Aboriginal populations across the lifespan.

Process:

In Preparation,

1) Teacher prepares learning by introducing health issues of Canadian Aboriginal populations – (metabolic, cardiac, socioeconomic)
2) Learners to watch the film "The Gift of Diabetes" (58 minutes) available online from National Film Board of Canada. http://www.nfb.ca/film/gift_of_diabetes/
3) Learners to collect 3 - 5 current media clips (newspaper articles, websites, etc.) that are related to Aboriginal health in their local community.
4) Learners prepare a small report of each clip by responding to the questions below.

In Class,

1) Learners bring media clips and summaries to class.
2) In groups of 6's, learners share and pool their media clips and note trends emerging from within group members (nutrition, oral health, diabetes, immunization, etc.).
3) Each learner to select ONE trend for further investigation. (To take place in Health Promotion II, III and IV).

Summary for each media clip to include the following:

What is the issue?

Why is this issue in the media?

How is this issue related to Aboriginal health? Explain.

Why did you pick this issue over others?

Identify two questions that you would like to ask about this clip or issue. (No answer necessary).

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Teaching Learning Resource: Determinants of Health	Recommended Activity Cognitive Domain: Understanding/Applying/Analyzing

Course: Health Promotion II	Duration: Spiral set 2 of 4 Preparation: Moderate

Aboriginal Competencies: Post-Colonial Understanding

Purpose: To help learners understand the effects of determinants of health on Aboriginal populations.

Process:

In Preparation,

1) Learners access and read the following site
   Canada's response to WHO commission on social determinants of health.
   http://www.phac-aspc.gc.ca/sdh-dss/bg-eng.php

In Class,

1) Have learners identify the top 5 Aboriginal determinants of health that most influenced their selected health trend (from Health Promotion I). See determinants of health diagram below.
2) Provide each learner with 5 sticky dots.
3) Write the Aboriginal determinants of health on the flip chart.
4) Invite learners to place dots on the determinants that influenced their particular health trend. (Learners may place all 5 dots on one determinant or spread them out to 5 different determinants).
5) When all learners are finished, look for patterns of determinants with the most dots.
6) In small groups, discuss the cause and effects of those health determinants on Aboriginal health trends. Examine the role of social determinants of health on the health of First Nations, Inuit and Métis clients, families and communities.

Aboriginal Determinants of Health

Diagram adapted from Morley & Schwenger, (2009), Aboriginal Health Determinants and Chronic Disease.

References:

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Teaching Learning Resource: Health Resources	Recommended Activity Cognitive Domain: Applying/ Analyzing/Evaluating

Course: Health Promotion III	Duration: Spiral set 3 of 4 Preparation: Moderate

Aboriginal Competencies: Inclusivity, Respect, Mentoring and Support

Purpose:
To make visible the range of health resources available to support the health of Aboriginal populations.

To assist learners in review of Aboriginal health resources from perspectives of cultural competence and accessibility.

Process:

In Preparation,

1) Learners conduct inquiry into Aboriginal health resources (from local community and/or government) that address the health trend/issue identified in Health Promotion 1 & 2.

In Class,

1) Learners in groups of 6's share information on their inquiry into Aboriginal health resources.
2) Once all group members have shared, learners will collaboratively create a list of 5 criteria to determine the accessibility and cultural competence of the various resources. Prioritize the criteria with the most important one on top. Consider factors such as cultural relevancy, literacy competency, Aboriginal preferred learning styles, Aboriginal determinants of health, technology competency, time perception, etc.
3) Using the criteria established select the three resources that best meet the criteria.
4) Discuss questions below.
5) Each group to report out significant findings.

Sample Worksheet for Learners

Criteria	Title of Resource 1	Title of Resource 2	Title of Resource 3	Title of Resource 4	Title of Resource 5	Title of Resource 6

Consider the following questions:

What rationale or evidence did you use to select your criteria?

How did you prioritize your criteria? Did all group members agree? Where there any differences?

From whose perspective were these criteria being based on?

In what ways are these health resources culturally inclusive, culturally respectful and culturally congruent?

How is accessibility and mobilization of health resources connected to health promotion?

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Teaching Learning Resource: Considerations of Health Access	Optional Activity Cognitive Domain: Understanding/Applying/Analyzing

Course: Health Promotion IV	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Indigenous Knowledge

Purpose:
To assist learners in using evidence to inform their practice of working with Aboriginal women.

Process:

In Preparation,

1) Learners to read the following:
   Van Herk, K., Smith, D. & Andrew, C. (2011). Identity matters: Aboriginal mothers' experiences of accessing health care. *Contemporary Nurse,37*(1), 57-68. doi:10.5172/conu.2011.37.1.057

In Class,

1) Learners in groups of 5's.
2) Each learner will be assigned a section of the article in which they will be the "expert" of that section.
3) Learners to summarize their section into salient points and respond to the questions in the Sample Reading Circle Responsibility (see below).
4) Learners share their responses with other members of the circle.
5) Working as a group, learners to discuss the article as a whole and apply findings of the article to their potential practice.
6) Teachers to pull through concept of evidence-informed practice and cultural influence of Aboriginal women's use of pregnancy and parenting resources.

Sample Reading Circle Responsibility

Learner A : Read page 57-59 (up to end of background) and answer the following questions,

Why is this study being done?

What is the purpose of the study?

Learner B: Read page 59 -61 (up to end of limitations) and answer the following questions,

Who were the participants of the study?

What methods of data gathering were used? How are the methods culturally congruent?

Learner C: Read page 61-63 (up to end of Western models of mothering) and answer the following questions,

What were the main findings? Do you agree/disagree?

In what ways do the findings support your knowledge of cultural safety?

Learner D: Read page 63-65 (up to end of Aboriginal women leading and transforming care) and answer the following questions,

What were the main findings? Do you agree/disagree?

In what ways do the findings support your knowledge of cultural safety?

Learner E: Read page 65-67 (starting with implications for nursing) and answer the following questions,

What new ideas or validation of ideas came out of this study?

How does this study contribute to your evidence-informed practice of promoting health for First Nations, Inuit and Métis peoples?

References:

Davis, B. & Logan, J. (2008). *Reading research: A user-friendly guide for nurses and other health professionals.* Toronto, ON: Elsevier Canada.

Van Herk, K., Smith, D. & Andrew, C. (2011). Identity matters: Aboriginal mothers' experiences of accessing health care. *Contemporary Nurse,37*(1), 57-68. doi:10.5172/conu.2011.37.1.057

Teaching Learning Resource: Traditional Medicines	Optional Activity Cognitive Domain: Understanding/Applying

Course: Pharmacology I	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Indigenous Knowledge

Purpose:
To assist learners in appreciating the meaning and values of traditional modalities and medicines in health and healing of First Nations, Inuit and Métis clients, families and communities.

Process:
In Preparation,

1) Learners to read the following,
   Wieman, C. (2006). Western medicine meets traditional healing. *CrossCurrents, 10*(1), 10-11.
2) Invite learners to reflect on the following quote from Cook (2005),
   A Royal Commission on Aboriginal Peoples widely consulted Aboriginals in Canada. The Commission's 1996 Report advocated 4 cornerstones of Aboriginal health reform, one of which was "the appropriate use of traditional medicine and healing techniques [that] will assist in improving outcomes . . ." It reported that many expressed the sentiment that ". . . the integration of traditional healing practices and spirituality into medical and social services is the missing ingredient needed to make those services work for Aboriginal people."
3) Learners to visit the World Health Organization to review fact sheet #134 on “traditional medicine” http://www.who.int/mediacentre/factsheets/fs134/en/

In Class,

1) Watch the video “Indigenous Plant Diva” (9 minutes). “Wyss reveals the remarkable healing powers of plants growing among the sprawling urban streets of downtown Vancouver”. http://www.cultureunplugged.com/play/2819/Indigenous-Plant-Diva
2) Create two posters (or on white board) – one with heading “what I know about indigenous medicines and practices” and the other with “what I would like to know more of”
3) Provide learners with post-it notes and invite them to indicate their current knowledge base and curiosity about traditional modalities and medicines. Read some of them out to indicate common interests.
4) Invite traditional healer(s)/Elders to speak on the topic of indigenous medicines and practices.
5) Break learners into small discussion groups. Invite guest(s) to circulate or join in on discussions.

Sample Questions

What did you learn?

How will you apply this knowledge in practice?

What practice issues do you have regarding use of traditional modalities and medicines?

CRNBC has a practice standard for complementary and alternative health care (currently CLPNBC does not have one), what relevant information are applicable to your practice?

To support your clients' decision of traditional medicines, what implications will it have in your care plan?

In the event of differing value systems of Aboriginal client(s) and health care workers, who/what/where can you get further clarification?

References:

College of Registered Nurses of British Columbia, (n.d.). *Practice standards for nurses and nurse practitioners: Complementary and alternative health care*. Retrieved from https://www.crnbc.ca/Standards/Lists/StandardResources/437CompandAlternativeHealthCarePracStd.pdf

Cook S. (2005). Use of traditional Mi'kmaq medicine among patients at a First Nations community health center. *Canadian Journal of Rural Medicine, 10*(2), 95-9. Accessed July 5, 2011 from http://www.cma.ca/index.php/ci_id/43592/la_id/1/print/true.htm

First Nations Health Council. (2008-2011). *Community Health: Traditional Medicine*. Retrieved from http://www.fnhc.ca/index.php/initiatives/community_health/traditional_medicine/

Selywn, J. (Director), & Kamala, T. (Producer). (2009). *Indigenous plant diva* [DVD]. National Film Board of Canada. Retrieved from http://www.cultureunplugged.com/play/2819/Indigenous-Plant-Diva

World Health Organization. (2008). *Media Center: Traditional Medicine* (Fact Sheet N 134). Retrieved from http://www.who.int/mediacentre/factsheets/fs134/en/

Wieman, C. (2006). Western medicine meets traditional healing. *CrossCurrents, 10*(1), 10-11.

Teaching Learning Resource: Bafa Bafa	Optional Activity Affective Domain: Respond/Value

Course: Professional Communication I	Duration: Single session Best done in 3-4 hr block Preparation: High

Aboriginal Competencies: Inclusivity, Mentoring and Supporting

Purpose:
A guided simulation exercise for students to gain self-awareness of their own cultural biases and experience what it feels like to be the one person in a group who is different.

To assist learners to gain awareness of how easily stereotypes develop and what learners can do to overcome them.

Process:
In Preparation,
(This activity utilizes the concept of experiential learning – please refer to references on experiential learning)

1) Review product information, facilitation notes and detailed lesson plan (see reference section below)
2) Required: two large classrooms, preferably not connected to each other. In each room, chairs arranged in circle leaving large space in center of circle.
3) Will require a minimum two facilitators who have experienced the game personally, assign roles as outlined in facilitation notes.

In Class,

1) Inform learners of the purpose of the exercise and the need to adhere to rules of simulation to achieve maximum benefits.
2) Ensure adequate time for debriefing - debriefing notes included in simulation kit (minimum one hour, use of white board).
3) Learners to reflect on experience in journal.

Sample Journal Prompts

What happened? Why was this simulation part of your learning?

What did you experience? What were you most surprised at?

What did you notice about yourself and others during the simulation?

What is the relevance of this learning in serving First Nations, Inuit and Métis peoples?

How will you maximize the value of this learning experience in your practice?

References:

First Nations Pedagogy Online. (2009). *Experiential knowledge Overview*. Retrieved from http://firstnationspedagogy.ca/experiential.html

Fowler, S. & Pusch, M. (2010). Intercultural simulation games: A review (of the United States and beyond). *Simulation & Gaming, 41*(1), 94-115. doi: 10.1177/1046878109352204

Persell, C. & Gerdes, J. (2008). *Introsocsite: Introduction to Sociology: Resources for teachers: Detailed lesson plan for Bafa Bafa* . New York University. Retrieved from http://www.nyu.edu/classes/persell/aIntroNSF/LessonPlans/BAFABAFALesson%20Plan.htm

Simulation Training Systems. (n.d.). *Product information for BaFa BaFa simulation game*. Retrieved from http://www.simulationtrainingsystems.com/business/bafa.html

Teaching Learning Resource: Culture and Diversity	Optional Activity Affective Domain: Receive/Respond/Value

Course: Professional Communication I	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Communication, Mentoring and Support

Purpose:
To create an environment (dialogue circle) where there is shared learning, exchange and co-creation of knowledge.

To assist learners in appreciating the importance of trust, respect and reciprocity in relationship building.

To explore ways to facilitate culturally safe communication with First Nations, Inuit and Métis clients, families, and communities.

Process:
In Preparation,

1) Learners to read Stout & Downey (2006) article and choose quote(s) or a portion of the article that they would like to have further dialogue/inquiry on and prepare a list of 3 - 5 open-ended questions related to the quote(s) or section they have chosen

In Class,
Option A: Dialogue groups

1) In small dialogue groups (ideally, 4 learners), learners will each take turn being the group dialogue facilitator (15 - 20 minutes, dependent on time availability) using their selected quote(s) and questions. Allow approximately 5 minute transition time between learner facilitations. Within each group, assign a timekeeper, recorder, skeptic and bumper guard (see below for role description).

Option B: Talking Circles

Please see General Process in Circle Talks http://firstnationspedagogy.ca/circletalks.html (activity could be adapted to online application).

1) Upon completion of dialogue circles or Circle Talks, teacher to pull out main points from each dialogue group and note emerging patterns of culture and diversity themes.
2) Review with learners the concept of developing trust, respect and reciprocity as essential steps of engagement in dialogue (see reflection questions below).
3) Explore with learners ways to facilitate trusting relationships in working with First Nations, Inuit and Métis clients, families and communities.
4) Variations – ask learners to turn in quotes, question preparations (if used), and responses/reflections as assignment.

Roles of Dialogue Circle (Option A):

Bumper Guard – keeping the discussion on track, focused and encouraging balance in members' voices; not having one member talk too much or too little.

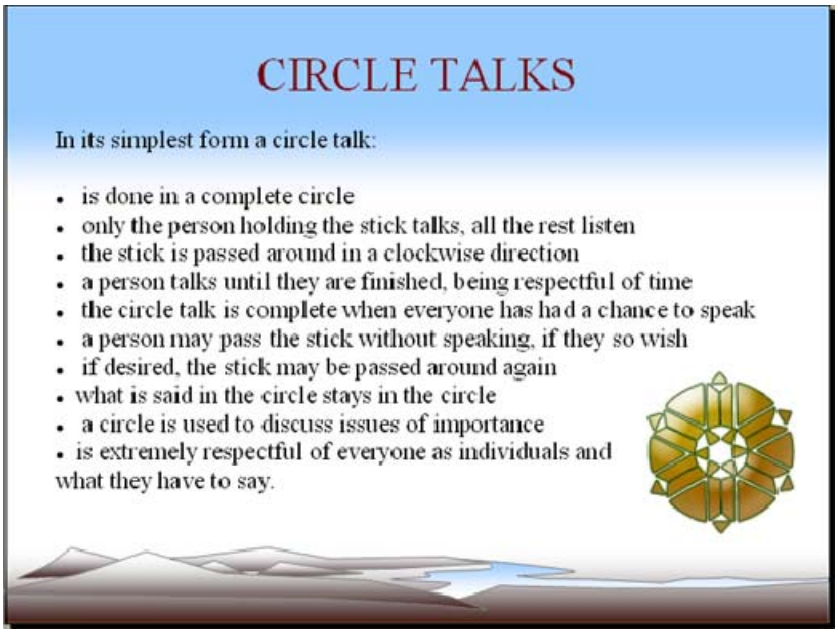
Timekeeper – maintain and monitor time so that the group moves along without one person monopolizing the time. Each person will have 15 -20 minutes to share their quotes and questions.

Skeptic – plays the role of devil's advocate by posing challenges to different points of view.

Recorder– keep notes of the salient points of dialogue.

Facilitator – all learners in group will take turn being the facilitator of the dialogue circle, presenting their chosen quote and questions.

Circle Talk (Option B) – resource from First Nations Pedagogy Online
http://firstnationspedagogy.ca/circletalks.html



Reflection Questions (Option A & B)

In what ways did your group members support you? How did that made you feel? What behaviours did that enable you to do when you were in your group?

How did you support your group members? What does the term reciprocity mean? Why is that important in relationship building?

What factors contributed to your sense of safety when you were with your group members? Discuss the connections between safety and voice. How did the dialogue circle or Circle Talk enable balance in voice?

The concept of dialogue circle or Circle Talk is sometimes used in Aboriginal family meetings. What are the benefits and challenges of this method of communication in practice?

What foundations of relational practice and cultural awareness will assist in the development of trusting relationships when working with First Nations, Inuit and Métis clients, families and communities?

References:

Brookfield, S. & Preskill, S. (2005). *Discussion as a way of teaching: Tools and techniques for democratic classrooms* (2nd ed.). San Francisco: Jossey-Bass.

Canadian Nurses Association. (2011). *Position statement: Promoting cultural competence in nursing.* Ottawa: Author. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS114_Cultural_Competence_2010_e.pdf

First Nations Pedagogy Online (2009). *Circle Talk*. Retrieved from http://firstnationspedagogy.ca/circletalks.html

Stout, M. & Downey, B. (2006). Nursing, Indigenous peoples and cultural safety: So what? Now what? *Contemporary Nurse, 22*(2), 327-332.

Weimer, M. (2002). *Learner-centered teaching: Five key changes to practice*. San Francisco: Jossey-Bass.

Teaching Learning Resource: Place in Culture	Recommended Activity Affective Domain: Receive/Respond/Value

Course: Professional Communication I	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Communication, Mentoring and Support

Purpose:
To assist learners in gaining awareness of how their place in culture shapes their communication and decisions.

Process:

In Preparation,

1) Invite learners to participate in the activity: What is this thing called culture? Activity from Dick, S., Duncan, S., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). Cultural Safety: Module 2: Peoples' experiences of oppression. Retrieved from http://web2.uvcs.uvic.ca/courses/csafety/mod2/las.htm. Learners to record their responses in journal entries.
2) Learners to visit the following sites: Language and Culture: Hidden aspects of communication http://anthro.palomar.edu/language/language_6.htm
3) Learners to consider cultural practices overview of Aboriginal peoples. http://firstnationspedagogy.ca/culture.html

In Class,

1) Have learners break into small groups and discuss questions associated with "What is this thing called culture" activity.
2) Discuss with learners the connections between place in culture and communication.

Sample Questions to Connect Culture and Communication

Many forms of communication are connected with culture, for example, greeting gestures such as handshakes, eye contact, storytelling, etc. How relevant and appropriate are these forms of non-verbal communication with First Nations, Inuit and Métis peoples?

How does your place in the culture continuum shape how you see "culture"? To what extent do you assume others share the same cultural practices as you?

Take a moment to identify communication processes (verbal and non-verbal) that are associated with your place in culture (example: choice of vocabulary, speech volume, tone of voice, use of space, use of time, use of stories to share perspectives, layers of clothing, knocking on doors,

etc.).

What modifications might be necessary for you to create a culturally safe nursing environment when interacting with Aboriginal clients, families and communities?

References:

Canadian Nurses Association. (2011). *Position statement: Promoting cultural competence in nursing.* Ottawa: Author. Retrieved June 20, 2011, from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS114_Cultural_Competence_2010_e.pdf

Dick, S., Duncan, S., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). *Cultural safety: Module 2: Peoples' experiences of oppression*. Retrieved from http://web2.uvcs.uvic.ca/courses/csafety/mod2/las.htm

First Nations Pedagogy Online. (2009). Cultural practices overview. Retrieved from http://firstnationspedagogy.ca/culture.html

O'Neil, D. (2009). *Language and culture: Hidden aspects of communication*. Retrieved from http://anthro.palomar.edu/language/language_6.htm

Stout, M. & Downey, B. (2006). Nursing, Indigenous peoples and cultural safety: So what? Now what? *Contemporary Nurse, 22(*2), 327-332.

Teaching Learning Resource: What's In a Name?	Optional Activity Affective Domain: Respond/Value

Course: Professional Communication I	Duration: Single session (preferably the first week of class) Preparation: Low

Aboriginal Competencies: Indigenous Knowledge, Inclusivity, Mentoring and support

Purpose:
To begin building safety in class to facilitate future exploration of values, beliefs and attitudes.

To provide example for learners that they are the ones to set own level of self-disclosure.

To practice skill of "noticing" as non-judgmental and non-evaluative observations.

To practice the art of listening and narration.

To establish common ground experience.

To introduce concept of cultural safety.

Process:
In Preparation,

1) Learners to access the following site, *Your name and colours*. Retrieved from http://aht.ca/your-name-and-colours
2) Would be ideal to have an Elder be a guest in the classroom.

In Class,

1) This could be used as a welcome activity for learners to get to know each other better, explain the purpose of the activity emphasizing relationship building and cultural safety.
2) Bridge-In: across centuries and cultures, people have taken much thought and consideration when naming their babies. Ask learners to provide examples of their experience.
3) The ritual and honor of naming babies have significant meaning in many cultures.
4) Invite learners to spend 5-10 minutes each to think about the following questions (see below).
5) Learners will introduce themselves using the information provided.
6) When all introductions are completed, discuss with learners the following:
   - Importance of a person's name to his/her individuality, self-concept and empowerment.

- Invite Elder to provide perspectives of the importance of Spirit names and colours to promote healing, balance, and protection against sickness and diseases
- Power of storytelling in conveying information and promote understanding
- Importance of getting to "know" in establishing relationship and trust building
- Concept of culture – in the classroom, in the profession, in First Nations, Inuit and Métis communities.
- Concept of safety – in development of trust, empowerment and health.

Sample Questions

What is your name?

Who named you? What is the story behind the name?

To your understanding, what is the meaning of your name?

What are the implications of your name and family history?

How does your name reflect your identity, individuality and culture?

References:

Anishnawbe Health Toronto, (n.d.). *Your name and colours*. Retrieved from http://aht.ca/your-name-and-colours

Jacob, S. R. (2008). Cultural competency and social issues in nursing and health care. In B. Cherry & S. R. Jacob (Eds.), *Contemporary nursing: Issues, trends and management* (pp. 207-233). St. Louis, MO: Mosby.

Pharris, M. D. (2009). Inclusivity: Attending to who is in the center. In S. D. Bosher & M. D. Pharris (Eds.), *Transforming nursing education: The culturally inclusive environment* (pp. 3-26). New York: Springer.

Teaching Learning Resource: Caring Interactions in End-of-Life Care	Optional Activity Cognitive Domain: Understanding/Applying

Course: Professional Communications II	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Communication, Mentoring and Support

Purpose:
To assist learners in development of culturally safe communication in end-of-life care for Aboriginal peoples.

Process:
In Preparation,

1) Learners watch the following you-tube clip: Communication Within the Family (8 minutes) http://www.youtube.com/watch?v=1LAkV-ofnL4

In class:

1) Select from the following series of Aboriginal (Canada) Palliative Care videos from Canadian Virtual Hospice. These series portray the do's and don'ts of communication. Pause clips as necessary to facilitate discussions (discussion questions embedded in video clips). Variations: learners may choose to reflect on own prior to discussion in class.

Responding to Aboriginal diversity (6 minutes)
http://www.youtube.com/watch?v=vIO0kQknEpU&feature=related

- Assist learners to compare and contrast the communication approaches between the first and second scenarios.
- Assist learners to clarify "teaching points" embedded within the video.

Appropriate family support (5 minutes) http://www.youtube.com/watch?v=jlvjOzhVb-M&feature=related

- Assist learners to identify verbal and non-verbal communication the family member (mother) used to convey her message/concerns.
- Assist learners to identify the following behaviors of the practitioner in the video clip:

❖ use of open ended questions, not making assumptions based on cultural background
❖ working with the family member as partner in seeking health care solutions
❖ use of exploratory questions to determine priority in care

2) Upon completion of class discussion, ask learners to fill in the following one minute paper (found below) and hand in. Follow up with clarification for next class if necessary.

One Minute Paper

What was the most important point made in class today?

What unanswered question(s) do you still have?

References:

Angelo, T., and Cross, K. (1993). *Classroom assessment techniques: A handbook for college teachers* (2nd ed.). San Francisco: Jossey-Bass.

Canadian Hospice Palliative Care Association. (2008). *Aboriginal Resource Commons*. Retrieved from http://www.peolc-sp.ca/aboriginal/english/

Canadian Virtual Hospice (2008-2010). *Appropriate family support*. [YouTube video]. Retrieved from http://www.youtube.com/watch?v=jlvjOzhVb-M&feature=related

Canadian Virtual Hospice. (2003-2010). *Communication within the family*. [YouTube video]. Retrieved from http://www.youtube.com/watch?v=1LAkV-ofnL4

Canadian Virtual Hospice (2003-2010). *Responding to Aboriginal diversity*. [YouTube video]. Retrieved from http://www.youtube.com/watch?v=vIO0kQknEpU&feature=related

Canadian Virtual Hospice. (2003-2010). *Tools for practice – Aboriginal*. Retrieved from http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/For+Professionals/For+Professionals/Tools+for+Practice/Aboriginal.aspx#id_f42be229a54a25eb5725c552d22fbb91

Longboat, D. (2002). *Ian Anderson Program in End-of-Life Care: Module 10: Indigenous perspectives on death and dying and dying*. University of Toronto. Retrieved from http://www.cme.utoronto.ca/endoflife/Modules/Indigenous%20Perspectives%20on%20Death and dying%20and%20Dying.pdf

Teaching Learning Resource: Communicating with Aboriginal Older Adults	Optional Activity Affective Domain: Receive/Respond/Value

Course: Professional Communication II	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Postcolonial Understanding, Communication, Mentoring and Support

Purpose:
To create an environment where there is shared learning, exchange and co-creation of knowledge.

To assist learners in the development of a culturally safe therapeutic relationship with First Nations, Inuit and Métis clients, families, and communities through awareness of colonization and its historical impact.

Process:

In Preparation,

1) Learners to access the following website. Reaching Out: A guide to communicating with Aboriginal seniors. http://www.phac-aspc.gc.ca/seniors-aines/publications/public/various-varies/communicating_aboriginal/index-eng.php
2) Learners to access the following online interactive module. Cultural Safety: Module 1: Peoples' experiences of colonization. http://web2.uvcs.uvic.ca/courses/csafety/mod1/index.htm. Provide at least one week notice to enable ample time to work through module.

In Class,

1) In small groups, learners work through the "what does this mean in practice" questions within the module 1 website, focusing on professional communication.
2) Invite Elder to provide teachings, insights and perspectives on culturally safe, caring interactions.

Reflection Questions

- Recognizing the impact of colonization and its historical transmission on First Nations, Inuit and Métis older adults, what might be some barriers to communication with older adults?
- What non-verbal approaches might be appropriate for a nurse to convey respect and

inclusivity in practice?

- What verbal approaches might be appropriate for a nurse to convey respect and inclusivity in practice?
- What multiple thinking must a nurse utilize in order to practice culturally safe, caring interactions?
- What might be some challenges within the practice setting that prevent culturally safe, caring interactions? What are some alternatives?
- What resources or services are available in your local community to assist in providing culturally safe communication with First Nations, Inuit and Métis clients and families?

References:

Brookfield, S. & Preskill, S. (2005). *Discussion as a way of teaching: Tools and techniques for democratic classrooms* (2nd ed.). San Francisco: Jossey-Bass.

Canadian Nurses Association. (2011). *Position statement: Promoting cultural competence in nursing.* Ottawa: Author. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS114_Cultural_Competence_2010_e.pdf

Dick, S., Duncan, S., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). *Cultural safety: Module 1: Peoples' experiences of colonization*. Retrieved from http://web2.uvcs.uvic.ca/courses/csafety/mod1/index.htm

Public Health Agency of Canada, Division of Aging and Seniors. (2009). *Reaching out: A guide to communicating with Aboriginal seniors.* Retrieved from http://www.phac-aspc.gc.ca/seniors-aines/publications/public/various-varies/communicating_aboriginal/index-eng.php

Teaching Learning Resource: Caring Interactions in Acute Care Settings	Recommended Activity Cognitive Domain: Understanding/Applying

Course: Professional Communication IV	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Communication, Mentoring and Support

Purpose:
To create an environment where there is a culture of shared learning, exchange and co-creation of knowledge for learners.

To provide opportunities for learners to build communication approaches that are culturally sensitive and respectful when working with First Nations, Inuit and Métis clients and families.

Process:
In Preparation,

1) Learners to read the following articles: Caron, N. (2006). Caring for Aboriginal patients: The culturally competent physician. *Royal College Outlook, 3*(2), 19-23. Retrieved from http://www.med.uottawa.ca/sim/data/Images/Aboriginal_care_Caron_e.pdf. Pullen, R. (2007). Tips for communicating with a patient from another culture. *Nursing, 37*(10), 48-49.

In Class,

1) Working in small groups, learners to discuss and/or role play the following scenarios (sample scenarios below).
2) Debrief in large group

Sample Scenarios

Discuss how a nurse may obtain vital clinical information from a First Nations, Inuit and Métis patient when the patient does not understand the intent of the question because of cultural or language barriers. Consider various assessment tools that are often used in acute care settings which are based on the biomedical model. Consider the cultural congruency of such tools and how a nurse might utilize effective communication skills to navigate through such assessments.

"True wellness includes not only the physical, but also the mental, emotional and spiritual elements" (Caron, 2006, p. 21). Culturally safe assessment questions take time to formulate. Prepare a list of culturally safe questions that will address these elements as part of your nursing assessment. What verbal and non-verbal communication will you utilize? What verbal and non-verbal communication will be your data?

You are on a surgical unit. Illustrate enabling and disruptive nursing interactions/behaviours when responding to a family member's requests for analgesic to your client prior to a dressing change. Describe your rationale for interactions/behaviors with your client. Describe your rationale for interactions/behaviors with the client's family members. What framework or communication principles guided your practice? Why?

You are working with an older adult on a medical floor. Your client mentions the use of traditional medicine for his previous aliments. Prepare a dialogue where a nurse explores traditional healing modalities and medicines with a patient during his stay in the acute-care setting. He is sharing a room with another male who is not of First Nations, Inuit or Métis decent.

You are the team leader and working with two unregulated providers who are not familiar with culturally safe care for First Nations peoples. One of your patients is a First Nations teenager from a rural setting who has not been in a hospital before. What communication strategies will you share with your team members?

References:

Canadian Nurses Association. (2011). *Position statement: Promoting cultural competence in nursing.* Ottawa: Author. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS114_Cultural_Competence_2010_e.pdf

Caron, N. (2006). Caring for Aboriginal patients: The culturally competent physician. *Royal College Outlook, 3*(2), 19-23. Retrieved from http://www.med.uottawa.ca/sim/data/Images/Aboriginal_care_Caron_e.pdf

Cass, A., Lowell, A., Christie, M., Snelling, P., Flack, M., Marrnganyin, B. & Brown, I. (2002). Sharing the true stories: Improving communication between Aboriginal patients and healthcare workers. *The Medical Journal of Australia, 176*(10), 466 – 70.

Pullen, R. (2007). Tips for communicating with a patient from another culture. *Nursing, 37*(10), 48-49.

Teaching Learning Resource: Speaking Out for Cultural Safety	Recommended Activity Affective Domain: Receive/Respond/Value

Course: Professional Communication IV	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Communication, Mentoring and Support

Purpose:
To create an environment where there is shared learning, exchange and co-creation of knowledge.
To provide opportunities for learners to formulate respectful communication approaches in advocating for culturally safe care of First Nations, Inuit and Métis clients and families.

Process:
In Preparation,

1) Learners to access and work through the section of "Concepts – Experiences of Health and Health Care: Using Power Constructively". Cultural Safety: Module 3: Peoples' experiences of colonization in relation to healthcare.
   http://web2.uvcs.uvic.ca/courses/csafety/mod3/index.htm

In Class,

1) Working in small groups of 3's, provide time for learners to work through the "Standing Your Ground" activity, found under *Activities* section of the module.
2) Provide time for learners to work on the "Cultural safety: A way forward?" exercise in the *Activities* section of the module.
3) Address the "*What does this mean in practice?"* section of the module.

Sample Reflection Questions

- What part of this exercise surprised you most? Why?
- What part of this exercise was most challenging for you?
- What part of this exercise was most rewarding for you?
- What have you learned about yourself? About professional communication?

References:

Canadian Nurses Association. (2011). *Position statement: Promoting cultural competence in nursing.* Ottawa: Author. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS114_Cultural_Competence_2010_e.pdf

Dick, S., Duncan, S., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). *Cultural safety: Module 3: Peoples' experiences of colonization in relation to healthcare.* Retrieved from http://web2.uvcs.uvic.ca/courses/csafety/mod3/index.htm

Teaching Learning Resource Title: Race	Optional Activity Affective Domain: Respond/Value/Organize

Course: Professional Practice I	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Inclusivity

Purpose:
To develop learners' awareness of own attitudes, biases and assumptions of race.

Process:
In Preparation,

1) Invite learners to individually reflect and answer the following sample pre-activity reflection before coming to class.

In Class,

1) "Race is not based on biology, but race is rather *an idea* that we ascribe to biology" – have learners discuss the meaning of this statement.
2) Watch Race: The power of an illusion - Episode 1 of the video – The difference between us.
3) Please refer to California Newsreel website (below) for discussion guides and online facilitator guides.
4) Invite learners to answer the post-activity questions. Discuss learners' responses in relations to First Nations, Inuit and Métis people.
5) Invite learners to journal about class discussions.

Sample Pre-Activity Reflections

- What does the term "race" mean to you?
- How does it affect you? How does it affect your place in the world?
- How does your background (gender, ethnicity, education, etc.) shape the lens that you see through?
- Sample Post-Activity Reflections:
- What surprised you?
- What did you discover about yourself, your views and values?
- What does the term "race" mean to you now?

References:

Adelman, L. (Executive Producer). (2003). Race: The power of an illusion – The difference between us (Episode 1). California Newsreel. Retrieved from http://newsreel.org/video/RACE-THE-POWER-OF-AN-ILLUSION

Teaching Learning Resource: Learning Rubric I – Learning about Diversity	Recommended Activity Cognitive: Understanding/Applying

Course: Professional Practice I	Timeframe: Spiral set 1 of 4 Preparation: Moderate

Aboriginal Competencies: Inclusivity, Mentoring and Support

Purpose:
To assist learners with gaining awareness of their own learning needs in context of culturally safe care with First Nation, Inuit and Métis clients, families and communities.

To assist learners with self-assessment and reflection in making *visible* their own assumptions, values, beliefs and biases.

Process:
In Class,

1) Watch video – Recognizing Bias (6 minutes), available from BC Campus. Discuss how biases influence our worldviews, decisions and communication.
2) As a class, discuss the Aboriginal competencies (Inclusivity, Post-Colonial Understanding, Respect, Indigenous Knowledge, and Communication). See examples of cultural safety of health care practices on page 9-11 of Cultural competency and safety: A guide for health care administrators, providers and educators. http://www.naho.ca/documents/naho/publications/culturalCompetency.pdf
3) Learners working in small groups can be assigned one of the five competencies. Learners to provide examples of behaviours of a culturally unaware nurse, developing nurse and a culturally safe nurse of the assigned competency. Using creativity to share examples.
4) Invite learners to journal using the following stems. Learners are requested to re-visit/revise entries each term of the PN program.
   I believe the ultimate purpose of cultural competence and cultural safety in nursing education is…
   I believe this purpose can be achieved by…
   I believe my role is…
   I believe the factors that inhibit or enable this purpose to be achieved include…
   Other values/beliefs that I hold about providing culturally safe care with First Nations, Inuit and Métis clients, families and communities are…

Take home,

1) Have learners individually review the rubric and conduct an authentic self-assessment. There are no wrong answers. Learners to date their entries so they can recognize their progression within the term.
2) Variations:
   a) Learners hand in rubric upon completion, or
   b) Learners place evidence and artefacts of competencies in professional portfolio.

Rubric

Not Yet (areas that need work)	Culturally Safe	Evidence (how you have met the competencies)	Advanced (areas that go beyond basics)
	Inclusivity **a)** Identify, acknowledge and analyze one's considered emotional response to the many histories and contemporary environment of First Nations, Inuit and Métis peoples and offer opinions respectfully. **b)** Acknowledge and analyze the limitations of one's knowledge and perspectives, and incorporate new ways of seeing, valuing, and understanding the health and health practices of First Nations, Inuit and Métis peoples. **c)** Describe examples of ways to respectfully engage with, and contribute to First Nations, Inuit and Métis communities as a prospective care provider. **d)** Demonstrate authentic, supportive and inclusive behavior in all exchanges with First Nations, Inuit and Métis individuals, health care workers, and communities. **e)** Additional entries (as needed)		
	Post colonial understanding		

	a) Describe the connection between historical and current government practices towards First Nations, Inuit and Métis peoples. **b)** Describe the resultant intergenerational health outcomes, and determinants of health that impact First Nations, Inuit and Métis clients, families, and communities. **c)** Outline the concept of inequity of access to health care/health information for First Nations, Inuit and Métis peoples and the factors that contribute to it. **d)** Identify ways of readdressing inequity of access to health care/health information with First Nations, Inuit and Métis clients, families, and communities. **e)** Articulate how the emotional, physical, social and spiritual determinants of health and well being for First Nations, Inuit and Métis peoples impact their health. **f)** Additional entries (as needed)		
	Respect **a)** Understand that unique histories, cultures, languages, and social circumstances are manifested in the diversity of First Nations, Inuit and Métis peoples. **b)** Understand that First Nations, Inuit and Métis peoples will not access a health care system when they do not feel safe doing so		

	and where encountering the health care system places them at risk for cultural harm. **c)** Identify key principles in developing collaborative and ethical relationships. **d)** Describe types of Aboriginal healers/traditional medicine people and health professionals working in local First Nations, Inuit and/or Métis communities. **e)** Demonstrate how to appropriately enquire whether First Nations, Inuit or Métis clients are taking traditional herbs or medicines to treat their ailment and how to integrate that knowledge into their care. **f)** Additional entries (as needed)		
	Indigenous Knowledge **a)** Demonstrate ways to acknowledge and value Indigenous knowledge with respect to the health and wellness of First Nations, Inuit and Métis clients, families and communities. **b)** Recognize the diversity, as a care provider, of Indigenous health knowledge and practices among First Nations, Inuit and/or Métis clients, families or communities. **c)** Identify and describe the range of healing and wellness practices, traditional and non-traditional, present in local First Nations, Inuit and Métis communities.		

	d) Additional entries (as needed)		
	Communication **a)** Identify the centrality of communication in the provision of culturally safe care, and engage in culturally safe communication with First Nations, Inuit and Métis clients, families and communities. **b)** Demonstrate the ability to establish a positive therapeutic relationship with First Nations, Inuit and Métis clients and their families, characterized by understanding, trust, respect, honesty and empathy. **c)** Identify specific populations that will likely require the support of trained interpreters; and demonstrate the ability to utilize these services when providing care to individuals, families and communities. **d)** Additional entries (as needed)		

References:

Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing & Canadian Nurses Association. (2009). *Cultural competence and cultural safety in nursing education: A framework for First Nation, Inuit and Metis nursing*. Retrieved from http://www.cna-nurses.ca/cna/documents/pdf/publications/First_Nations_Framework_e.pdf

Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing Philosophy 10*(3), 167-179. doi: 10.1111/j.1466-769X.2009.00406.x

Canadian Nurses Association. (2011). *Position statement: Promoting cultural competence in nursing.* Ottawa: Author. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS114_Cultural_Competence_2010_e.pdf

Fluckiger, J. (2010). Single point rubric: A tool for responsible student self-assessment. *Delta Kappa Gamma Bulletin, 76*(4), 18-25.

Jamison, J., & Balcaen, P. *Recognizing bias* [Video]. Accessed from BCcampus, Sharable Online Learning Resources Repository. Resource under the BC Commons License.

McCormack, B., Manley, K., & Robert, G. (2004). *Practice Development in Nursing*. United Kingdom: Blackwell Publishing.

National Aboriginal Health Organization. (2008). *Cultural competency and safety: A guide for health care administrators, providers and educators.* Retrieved from http://www.naho.ca/documents/naho/publications/culturalCompetency.pdf

Teaching Learning Resource: Learning Rubric II – Cultivating Understanding	Recommended Activity Cognitive: Understanding/Applying

Course: Professional Practice II	Timeframe: Spiral set 2 of 4 Preparation: Moderate

Aboriginal Competencies: Inclusivity, Post-Colonial Understanding, Mentoring and Support

Purpose:
To assist learners with progress of own learning needs for Aboriginal competencies.

To assist learners with ongoing self-assessment and reflection to enhance Aboriginal learning and culturally safe nursing practice.

To assist learners with awareness of historical colonization and its impact on health of First Nations, Inuit and Métis peoples.

Process:
In preparation,

1) Learners to visit the following online interactive module on "cultural safety" – Module 1: Peoples' experiences of colonization, http://web2.uvcs.uvic.ca/courses/csafety/mod1/index.htm. Please provide ample time for students to work through the module.
   a) Read the *Introduction*, including purposes of modules
   b) Visit the colonial history section in *Concepts* section.
   c) Participate in private reflection in *Activities*.
   d) Attend to *Self-Care Suggestions* as needed.

In class,

1) Learners (in small groups) create a visual presentation linking culturally safe practice with one of the CLPNBC professional standards of practice.

   Standard 1: professional, legal and ethical practice.
   Standard 2: foundations of practice.
   Standard 3: collaborative practice.
2) Invite learners to journal using the following stems. Learners are requested to re-visit/revise entries each term of the PN program.
   I believe the ultimate purpose of cultural competence and cultural safety in nursing education is…
   I believe this purpose can be achieved by…
   I believe my role is…

I believe the factors that inhibit or enable this purpose to be achieved include…
Other values/beliefs that I hold about providing culturally safe care with First Nations, Inuit and Métis clients, families and communities are…

Take home,

1) making visible their evidence of learning. There are no wrong answers.
2) Variations:
    a) Learners hand in rubric upon completion, or
    b) Learners place evidence and artefacts of competencies in professional portfolio.

Rubric

How I will revise to better meet competency	Culturally Safe	How I know I have met the competency	How I went beyond the competency
	Inclusivity a) Identify, acknowledge and analyze one's considered emotional response to the many histories and contemporary environment of First Nations, Inuit and Métis peoples and offer opinions respectfully. b) Acknowledge and analyze the limitations of one's knowledge and perspectives, and incorporate new ways of seeing, valuing, and understanding the health and health practices of First Nations, Inuit and Métis peoples. c) Describe examples of ways to respectfully engage with, and contribute to First Nations, Inuit and Métis communities as a prospective care provider. d) Demonstrate authentic, supportive and inclusive behaviour in all exchanges with First Nations, Inuit and Métis individuals, health care workers, and communities. e) Additional entries (as needed)		
	Post colonial understanding a) Describe the connection between historical and current government practices towards First Nations, Inuit and Métis peoples. b) Describe the resultant intergenerational health outcomes, and determinants of health that impact First Nations, Inuit and Métis		

	clients, families, and communities. c) Outline the concept of inequity of access to health care/health information for First Nations, Inuit and Métis peoples and the factors that contribute to it. d) Identify ways of readdressing inequity of access to health care/health information with First Nations, Inuit and Métis clients, families, and communities. e) Articulate how the emotional, physical, social and spiritual determinants of health and well being for First Nations, Inuit and Métis peoples impact their health. f) Additional entries (as needed)		
	Respect a) Understand that unique histories, cultures, languages, and social circumstances are manifested in the diversity of First Nations, Inuit and Métis peoples. b) Understand that First Nations, Inuit and Métis peoples will not access a health care system when they do not feel safe doing so and where encountering the health care system places them at risk for cultural harm. c) Identify key principles in developing collaborative and ethical relationships. d) Describe types of Aboriginal healers/traditional medicine people and health professionals working in local First Nations, Inuit and/or Métis communities. e) Demonstrate how to appropriately enquire whether First Nations, Inuit or Métis clients are taking traditional herbs or medicines to treat their ailment and how to integrate that knowledge into their care.		

	f) Additional entries (as needed)		
	Indigenous Knowledge a) Demonstrate ways to acknowledge and value Indigenous knowledge with respect to the health and wellness of First Nations, Inuit and Métis clients, families and communities. b) Recognize the diversity, as a care provider, of Indigenous health knowledge and practices among First Nations, Inuit and/or Métis clients, families or communities. c) Identify and describe the range of healing and wellness practices, traditional and non-traditional, present in local First Nations, Inuit and Métis communities. d) Additional entries (as needed)		
	Communication a) Identify the centrality of communication in the provision of culturally safe care, and engage in culturally safe communication with First Nations, Inuit and Métis clients, families and communities. b) Demonstrate the ability to establish a positive therapeutic relationship with First Nations, Inuit and Métis clients and their families, characterized by understanding, trust, respect, honesty and empathy. c) Identify specific populations that will likely require the support of trained interpreters; and demonstrate the ability to utilize these services when providing care to individuals, families and communities. d) Additional entries (as needed)		

References:

Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing & Canadian Nurses Association (2010). *Cultural Competency and Cultural Safety Curriculum for Aboriginal Peoples*. Retrieved from http://www.anac.on.ca/Documents/Cultural%20Competency%20and%20Cultural%20Safety.pdf

Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing Philosophy 10*(3), 167-179. doi: 10.1111/j.1466-769X.2009.00406.x

Canadian Nurses Association. (2011). *Position statement: Promoting cultural competence in nursing.* Ottawa: Author. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS114_Cultural_Competence_2010_e.pdf

College of Licensed Practical Nurses of British Columbia (2010). *Professional Standards of Practice for Licensed Practical Nurses*. Retrieved from http://www.clpnbc.org/Concepts_images/documents/2010%20Professional%20Standards%20of%20Practice_Dec.10.10.pdf

Dick, S., Duncan, s., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). *Cultural Safety: Module 1: Peoples' experiences of colonization*. Retrieved from http://web2.uvcs.uvic.ca/courses/csafety/mod1/index.htm

Fluckiger, J. (2010). Single point rubric: A tool for responsible student self-assessment. *Delta Kappa Gamma Bulletin, 76*(4), 18-25.

McCormack, B., Manley, K., & Robert, G. (2004). *Practice Development in Nursing*. United Kingdom: Blackwell Publishing.

Teaching Learning Resource: Learning Rubric III – Fostering Partnerships in Care	Recommended Activity Cognitive: Understanding/Applying

Course: Professional Practice IV	Timeframe: Spiral set 3 of 4 Preparation: Moderate

Aboriginal Competencies: Inclusivity, Communication, Post-Colonial Understanding, Mentoring and Support

Purpose:
To assist learners with progress of own learning needs for Aboriginal competencies.

To assist learners with ongoing self-assessment and reflection to enhance Aboriginal learning and culturally safe nursing practice.

To assist learners in understanding their own professional responsibility in creating effective health care partnerships with Aboriginal peoples through recognition of Aboriginal epistemology and respect for traditional knowledge in healing.

Process:
In preparation,

1) Learners to visit the following online interactive module on "cultural safety" – Module 3: Peoples' experiences of colonization in health care, http://web2.uvcs.uvic.ca/courses/csafety/mod3/index.htm. Please provide ample time for learners to work through the module.
   a) Read the *Introduction*, including purposes of modules
   b) Visit the *Concepts - Supporting Inclusive Healing Process* section.
   c) Attend to *Self-Care Suggestions* as needed.

In Class,

1) Listen to the "Father in Hospital" clip as Roger John described how flexibility in the hospital helped his family – found in *Concepts-Supporting Inclusive Healing Process* section.
2) Discuss ways that learners can incorporate Aboriginal ways of knowing and being into care plans.
3) Identify how partnering with Aboriginal and traditional knowledge will create culturally safe, person-centered care plans. Have learners consider the following questions in their decision making process (questions adapted from Cultural Competency and

Cultural Safety curriculum for Aboriginal peoples, p. 21).

- Did I involve the client in planning his/her care?
- Did the plan address my client's needs and expectations? How would I know this?
- What ways of knowing did I use in planning the care with my client?
- Was my nursing care effective for the client?
- What evidence-informed practice did I use? How did I know it was relevant to the care needed by the client?

4) Invite learners to journal using the following stems. Learners are requested to re-visit/revise entries each term of the PN program.

I believe the ultimate purpose of cultural competence and cultural safety in nursing education is…
I believe this purpose can be achieved by…
I believe my role is…
I believe the factors that inhibit or enable this purpose to be achieved include…
Other values/beliefs that I hold about providing culturally safe care with First Nations, Inuit and Métis clients, families and communities are…

Take home,

1) Have learners individually review the rubric and conduct an authentic self-assessment, making visible their evidence of learning. There are no wrong answers.
2) Variations:
   a) Learners hand in rubric upon completion, or
   b) Learners place evidence and artifacts of competencies in professional portfolio.

Rubric

How I will revise to better meet competency	Culturally Safe	How I know I have met the competency	How I went beyond the competency
	Inclusivity **a)** Identify, acknowledge and analyze one's considered emotional response to the many histories and contemporary environment of First Nations, Inuit and Métis peoples and offer opinions respectfully. **b)** Acknowledge and analyze the limitations of one's knowledge and perspectives, and incorporate new ways of seeing, valuing, and understanding the health and health practices of First Nations, Inuit and Métis peoples. **c)** Describe examples of ways to respectfully engage with, and contribute to First Nations, Inuit and Métis communities as a prospective care provider. **d)** Demonstrate authentic, supportive and inclusive behavior in all exchanges with First Nations, Inuit and Métis individuals, health care workers, and communities. **e)** Additional entries (as needed)		
	Post colonial understanding **a)** Describe the connection between historical and current government practices towards First Nations, Inuit and Métis peoples. **b)** Describe the resultant intergenerational health outcomes, and determinants of health that impact First Nations, Inuit and Métis clients,		

	families, and communities. **c)** Outline the concept of inequity of access to health care/health information for First Nations, Inuit and Métis peoples and the factors that contribute to it. **d)** Identify ways of readdressing inequity of access to health care/health information with First Nations, Inuit and Métis clients, families, and communities. **e)** Articulate how the emotional, physical, social and spiritual determinants of health and well being for First Nations, Inuit and Métis peoples impact their health. **f)** Additional entries (as needed)		
	Respect **a)** Understand that unique histories, cultures, languages, and social circumstances are manifested in the diversity of First Nations, Inuit and Métis peoples. **b)** Understand that First Nations, Inuit and Métis peoples will not access a health care system when they do not feel safe doing so and where encountering the health care system places them at risk for cultural harm. **c)** Identify key principles in developing collaborative and ethical relationships. **d)** Describe types of Aboriginal healers/traditional medicine people and health professionals working in local First Nations, Inuit and/or Métis communities. **e)** Demonstrate how to appropriately enquire whether First Nations, Inuit or Métis clients are taking traditional herbs or medicines to treat their ailment and how to integrate that knowledge into their care. **f)** Additional entries (as needed)		

	Indigenous Knowledge **a)** Demonstrate ways to acknowledge and value Indigenous knowledge with respect to the health and wellness of First Nations, Inuit and Métis clients, families and communities. **b)** Recognize the diversity, as a care provider, of Indigenous health knowledge and practices among First Nations, Inuit and/or Métis clients, families or communities. **c)** Identify and describe the range of healing and wellness practices, traditional and non-traditional, present in local First Nations, Inuit and Métis communities. **d)** Additional entries (as needed)		
	Communication **a)** Identify the centrality of communication in the provision of culturally safe care, and engage in culturally safe communication with First Nations, Inuit and Métis clients, families and communities. **b)** Demonstrate the ability to establish a positive therapeutic relationship with First Nations, Inuit and Métis clients and their families, characterized by understanding, trust, respect, honesty and empathy. **c)** Identify specific populations that will likely require the support of trained interpreters; and demonstrate the ability to utilize these services when providing care to individuals, families and communities. **d)** Additional entries (as needed)		

References:

Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing & Canadian Nurses Association (2010). *Cultural Competency and Cultural Safety Curriculum for Aboriginal Peoples*. Retrieved from http://www.anac.on.ca/Documents/Cultural%20Competency%20and%20Cultural%20Safety.pdf

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College of Licensed Practical Nurses of British Columbia. (2010). *Professional Standards of Practice for Licensed Practical Nurses*. Retrieved from http://www.clpnbc.org/Concepts_images/documents/2010%20Professional%20Standards%20of%20Practice_Dec.10.10.pdf

Dick, S., Duncan, s., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). *Cultural Safety: Module 3: Peoples' experiences of colonization in relation to health care*. Retrieved from http://web2.uvcs.uvic.ca/courses/csafety/mod3/notes3.htm

Fluckiger, J. (2010). Single point rubric: A tool for responsible student self-assessment. *Delta Kappa Gamma Bulletin, 76*(4), 18-25.

McCormack, B., Manley, K., & Robert, G. (2004). *Practice Development in Nursing*. United Kingdom: Blackwell Publishing.

Teaching Learning Resource: Learning Rubric IV – Supporting Diversity	Recommended Activity Cognitive: Understanding/Applying/Analyzing

Course: Professional Practice IV	Timeframe: Spiral set 4 of 4 Preparation: Moderate

Aboriginal Competencies: Inclusivity, Communication, Respect, Mentoring and Support

Purpose:
To assist learners in development of inquiry as a process for learning.

To assist learners with ongoing self-assessment and reflection to enhance Aboriginal learning and culturally safe nursing practice.

To assist learners in examination of ethical considerations in honoring diversity in their professional practice.

Process:
In preparation,

1) Learners to access and read through the section of "Concepts – Professional and Personal Responsibility to Build Strength and Capacity. Small is Beautiful: What you can do". Cultural Safety: Module 3: Peoples' experiences of colonization in relation to healthcare. http://web2.uvcs.uvic.ca/courses/csafety/mod3/index.htm. (Activity 4 – Cultural Safety: A way forward? Will be done in Professional Communication IV class.)
2) Learners to conduct a literature search of at least two journal articles using the search terms: Trans-cultural nursing and ethics or social justice.
3) Prepare a post using the information from the two articles and module. The posts may be done through online medium (if available or alternatively, done as an in class activity).

Online or in class,

1) At a minimum, learners are to:
    - Post ONE entry online or in class.
    - Respond to at least THREE posts online or in class.
2) Discuss potential misalignment of culturally safe nursing care and institutional policies, procedures and practices. What are some alternatives?
3) Invite learners to journal using the following stems. Learners are requested to re-visit/revise entries each term of the PN program.

I believe the ultimate purpose of cultural competence and cultural safety in nursing education is…
I believe this purpose can be achieved by…
I believe my role is…
I believe the factors that inhibit or enable this purpose to be achieved include…
Other values/beliefs that I hold about providing culturally safe care with First Nations, Inuit and Métis clients, families and communities are…

Take home,

1) Have learners individually review the rubric and conduct an authentic self-assessment, making visible their evidence of learning. There are no wrong answers.
2) Variations:
   a) Learners hand in rubric upon completion, or
   b) Learners place evidence and artefacts of competencies in professional portfolio.

Rubric

How I will revise to better meet competency	Culturally Safe	How I know I have met the competency	How I went beyond the competency
	Inclusivity **a)** Identify, acknowledge and analyze one's considered emotional response to the many histories and contemporary environment of First Nations, Inuit and Métis peoples and offer opinions respectfully. **b)** Acknowledge and analyze the limitations of one's knowledge and perspectives, and incorporate new ways of seeing, valuing, and understanding the health and health practices of First Nations, Inuit and Métis peoples. **c)** Describe examples of ways to respectfully engage with, and contribute to First Nations, Inuit and Métis communities as a prospective care provider. **d)** Demonstrate authentic, supportive and inclusive behaviour in all exchanges with First Nations, Inuit and Métis individuals, health care workers, and communities. **e)** Additional entries (as needed)		
	Post colonial understanding **a)** Describe the connection between historical and current government practices towards First Nations, Inuit and Métis peoples. **b)** Describe the resultant intergenerational health outcomes, and determinants of health that impact First Nations, Inuit and Métis clients, families, and communities.		

	c) Outline the concept of inequity of access to health care/health information for First Nations, Inuit and Métis peoples and the factors that contribute to it. **d)** Identify ways of redressing inequity of access to health care/health information with First Nations, Inuit and Métis clients, families, and communities. **e)** Articulate how the emotional, physical, social and spiritual determinants of health and well being for First Nations, Inuit and Métis peoples impact their health. **f)** Additional entries (as needed).		
	Respect **a)** Understand that unique histories, cultures, languages, and social circumstances are manifested in the diversity of First Nations, Inuit and Métis peoples. **b)** Understand that First Nations, Inuit and Métis peoples will not access a health care system when they do not feel safe doing so and where encountering the health care system places them at risk for cultural harm. **c)** Identify key principles in developing collaborative and ethical relationships. **d)** Describe types of Aboriginal healers/traditional medicine people and health professionals working in local First Nations, Inuit and/or Métis communities. **e)** Demonstrate how to appropriately enquire whether First Nations, Inuit or Métis clients are taking traditional herbs or medicines to treat their ailment and how to integrate that knowledge into their care. **f)** Additional entries (as needed). **g)**		

	Indigenous Knowledge **a)** Demonstrate ways to acknowledge and value Indigenous knowledge with respect to the health and wellness of First Nations, Inuit and Métis clients, families and communities. **b)** Recognize the diversity, as a care provider, of Indigenous health knowledge and practices among First Nations, Inuit and/or Métis clients, families or communities. **c)** Identify and describe the range of healing and wellness practices, traditional and non-traditional, present in local First Nations, Inuit and Métis communities. **d)** Additional entries (as needed).		
	Communication **a)** Identify the centrality of communication in the provision of culturally safe care, and engage in culturally safe communication with First Nations, Inuit and Métis clients, families and communities. **b)** Demonstrate the ability to establish a positive therapeutic relationship with First Nations, Inuit and Métis clients and their families, characterized by understanding, trust, respect, honesty and empathy. **c)** Identify specific populations that will likely require the support of trained interpreters; and demonstrate the ability to utilize these services when providing care to individuals, families and communities. **d)** Additional entries (as needed).		

References:

Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing & Canadian Nurses Association (2010). *Cultural Competency and Cultural Safety Curriculum for Aboriginal Peoples*. Retrieved from http://www.anac.on.ca/Documents/Cultural%20Competency%20and%20Cultural%20Safety.pdf

Bishop, A. (2003). *Becoming an ally: Breaking the cycle of oppression in people* (2nd ed.). Halifax: Fernwood Publishing. Accessed June 23, 2011 from http://www.becominganally.ca/index.htm

Canadian Nurses Association. (2011). *Position statement: Promoting cultural competence in nursing.* Ottawa: Author. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS114_Cultural_Competence_2010_e.pdf

Dick, S., Duncan, s., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). *Cultural Safety: Module 3: Peoples' experiences of colonization in relation to health care*. Retrieved from http://web2.uvcs.uvic.ca/courses/csafety/mod3/notes3.htm

Fluckiger, J. (2010). Single point rubric: A tool for responsible student self-assessment. *Delta Kappa Gamma Bulletin, 76*(4), 18-25.

McCormack, B., Manley, K., & Robert, G. (2004). *Practice Development in Nursing*. United Kingdom: Blackwell Publishing.

Teaching Learning Resource: Weighty Blankets	Optional Activity Affective Domain: Receive/Respond/Value

Course: Professional Practice II	Duration: Single session Preparation: High

Aboriginal Competencies: Respect, Communication, Mentoring and Support

Purpose: To make visible the effects of residential schools on First Nations, Inuit and Métis peoples.

Process:

In Preparation,

1) Learners to visit the Where are the children? Healing the legacy of residential schools website. In particular, listen to the shared stories of peoples who were in residential schools http://www.wherearethechildren.ca/en/exhibit/stories.html. Provide at least two or three days notice to ensure ample time for students to work through exhibits and stories.
2) Teachers to bring in beach towels or blankets (5-10) and a plant or small tree in pot.
3) Arrange room so that there is a large open space for learners to form a circle.

In Class,

1) Learners to individually write down on post-it notes the feelings that were associated with people of residential schools. One post-it note per feeling.
2) Invite learners to place their post-it notes on the white board and place in similar groupings.
3) Taking the groupings with the largest numbers of notes, label towel or blanket with associated feelings (e.g. shame, anger, etc.)
4) Bring in a plant or small tree in pot (plant or tree maybe damaged in process). The plant or small tree will represent individuals who were in residential schools.
5) Have learners talk about feelings that they put on post-it notes and place associated towel or blanket on top of the plant or tree.
6) Keep on layering the towels and blankets on the plant or tree until all finished.
7) One minute of silent reflection time.
8) Now, invite learners to remove one layer of blanket or towel at a time – stating the gifts that the learners/future health providers have to offer (e.g. listening, partnerships, etc.), until all have been removed.
9) Debrief the exercise (Be sure to leave plenty of time for discussion).

Sample Debrief Questions

What just happened?

What happened to the plant or tree?

If the plant or tree were to signify life, what did the blankets or towels do?

What did you take away from this activity?

How will you make a difference?

References:

Brookfield, S. & Preskill, S. (2005). *Discussion as a way of teaching: Tools and techniques for democratic classrooms* (2nd ed.). San Francisco: Jossey-Bass.

Stout, M. & Downey, B. (2006). Nursing, Indigenous peoples and cultural safety: So what? Now what? *Contemporary Nurse, 22*(2), 327-332.

Where are the children? Healing the legacy of residential schools. (2009). Retrieved from http://www.wherearethechildren.ca/en/

Teaching Learning Resource: Approaching Traditional Knowledge	Recommended Activity Cognitive Domain: Understanding

Course: Variations in Health I	Duration: Single session Preparation: Low

Aboriginal Competencies: Respect, Indigenous Knowledge

Purpose:
To assist learners in valuing the importance and protocols of Elders in sharing of traditional knowledge and wisdom.

To assist learners in exploration of traditional knowledge and holistic health approaches of Aboriginal peoples.

Process:
In Preparation,

1) Learners access and read:
   - Approaching a Traditional Healer, Elder or Medicine Person http://aht.ca/approaching-a-traditional-healer-elder-or-medicine-person
2) Learners to watch YouTube videos
   - For the next 7 generations: The grandmothers speak http://youtu.be/GKGXpK8LXR4
   - Happy Mother's Day from the 13 Grandmothers of the World. http://youtu.be/Vpp7ZU-Qgnc

In class,

2) Invite Elders to provide perspectives and teachings. Demonstrate and explain the protocols of welcoming Elders into the learning community. Please see references below for podcasts of Elder Ellen White (Kwalasulwat) and Elder Geraldine Manson (Tstassiacan) in Voices of the Snuneymuxw First Nation.
3) Discuss with learners the role of Elders in sharing of traditional knowledge and wisdom. (See Importance of Elders Overview resource below).
4) Explore the role of Elders in promotion of holistic health within the biomedical health beliefs model.
5) Watch the film - Spirit Doctors (40 minutes).

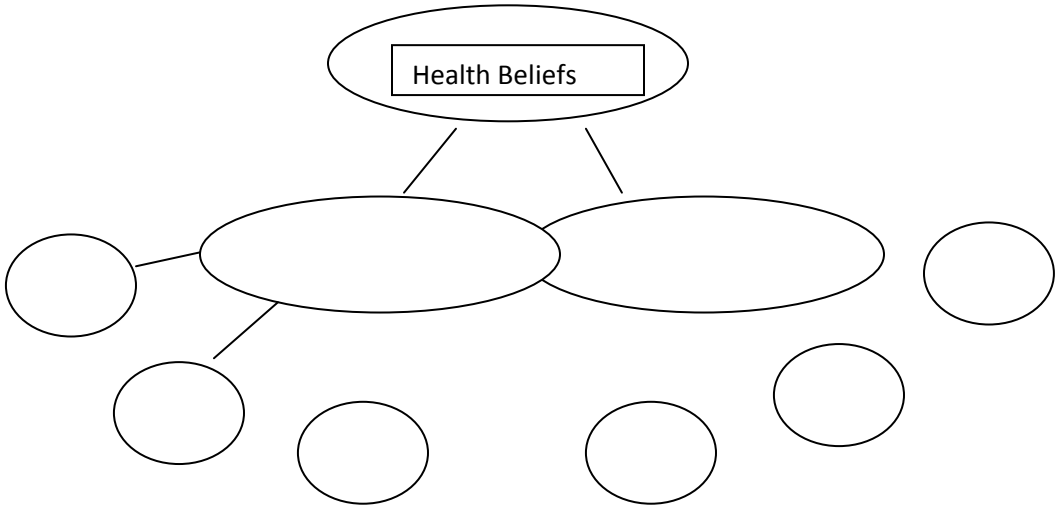
Spirit Doctors

Mary and Ed Louie are committed to practices that keep them accountable to the spirit world, their people and Mother Earth. During the filming of this unique documentary, the sound recordist is diagnosed with throat cancer. He chooses to be treated with modern medicine, but he also looks to Mary and Ed for help. The couple decide to allow Don's doctoring to be

recorded in order to teach others. Filmed in the lush interior of British Columbia and the city of Vancouver.

1) Learners work in small groups, using the concept map diagram below (or alternate); indicate the potential augmentations as well as the tensions of the biomedical and holistic health beliefs models.
2) Where is the learners' current health beliefs model situated in the diagram? Ask learners to draw a stick figure indicating their current position. Where do they see Aboriginal clients, families and communities situated? Ask learners to indicate in the diagram. What needs to happen in order for learners to provide holistic, person-centered care?

Diagram



References:

Anishnawbe Health Toronto. (n.d.) *Approaching a Traditional Healer, Elder or Medicine Person*. Retrieved from http://aht.ca/approaching-a-traditional-healer-elder-or-medicine-person

Burke, M. (Director). Thompson, B. (Producer). (2005). Spirit Doctors [Video]. National Film Board of Canada. Retrieved from http://www.onf-nfb.gc.ca/eng/collection/film/?id=51618#nav-generique

First Nations Pedagogy Online. (2009). *Importance of Elders Overview.* Retrieved from http://firstnationspedagogy.ca/elders.html

National Aboriginal Health Organization. (May 2005). *Sacred Ways of Life: Traditional knowledge*. Retrieved from http://www.naho.ca/documents/fnc/english/FNC_TraditionalKnowledgeToolkit.pdf

Voices of the Snuneymuxw First Nation. (2007). Retrieved from http://www.snuneymuxwvoices.ca/english/podcasts.asp

Teaching Learning Resource: Meaning of Health	Optional Activity Cognitive Domain: Understanding/Applying

Course: Variations in Health I	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Indigenous Knowledge

Purpose:
To assist learners in understanding the complexity of cultural approaches in supporting health for Aboriginal peoples.

Process:
In Preparation,

1) Invite learners to bring in an object from home that best represents their understanding of what health is (e.g. a flower with each petal representing a different aspect of health, etc.).
2) Learners to read information on culture and ethnicity in their fundamental nursing texts.

In Class,

1) Learners in groups of 4-5's, explain to other group members about their object and meaning behind it.
2) Ask learners to notice similarities and differences in what each person's meaning of health is.
3) Invite learners to imagine if they were from a different culture, how would their meaning of health vary? Why?
4) Access the case study of "Does Betty Two-Trees Need an Advocate?" in Kozier, Erb, Berman, Burke, Bouchal, & Hirst (2000), p. 244 *OR* the video "Lost Songs" (24 minutes) from National Film Board of Canada.
5) Invite learners to reflect on the following Sample Questions and open up discussion with large class.

Sample Questions

What is your understanding of the situation?

What values do Aboriginal cultures associate with *health* and being *healthy*?

Why is it important to consider Aboriginal perspectives on health care?

How do Aboriginal peoples perceive Canada's health care system?

Aboriginal peoples' understanding of health and well-being emphasize the "interconnectedness between the individual and their environment and between the mind, body, and spirit" (Hales

& Lauzon, 2010, p. 4). What are the challenges of holistic health in the *mainstream* health care system?

To strive for person-centered and relationship-centered care, what needs to happen?

Resources for Teachers:

Alberta, C. (Director). Moyah, E. & Krepakevich, J. (Producers). (1999). Lost Songs [DVD]. National Film Board of Canada. Retrieved from http://www.onf-nfb.gc.ca/eng/collection/film/?id=33408

Hales, D. & Lauzon, L. (2010). *An invitation to health* (2nd Canadian Edition). Toronto, ON: Nelson Education.

Kouzier, B., Erb, G., Berman, A., Burke, K., Bouchal, D. & Hirst, S. (2000). *Fundamentals of Nursing: The nature of nursing practice in Canada* (Canadian Edition). Toronto: Prentice Hall.

Teaching Learning Resource: End-of-Life Care	Optional Activity Cognitive Domain: Understanding/Applying

Course: Variations in Health II	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Indigenous Knowledge

Purpose:
To assist learners in recognizing cultural perspectives to end-of-life care for Aboriginal peoples.

Process:
In Preparation,

1) Learners to read through the following online module Longboat, D. (2002). Ian Anderson Program in End-of-Life Care: Module 10: Indigenous perspectives on death and dying and dying. University of Toronto. Accessed from http://www.cme.utoronto.ca/endoflife/Modules/Indigenous%20Perspectives%20on%20Death and dying%20and%20Dying.pdf

In class,

1) Learners working in small groups of 5-6, role play the scenario described in the module (Physician, nurse, Mrs. Nahdee, daughter and observer(s)).
2) Select and adapt from list of questions accompanying the module in a class discussion.
3) Learners to reflect on their experience in their journal using the following prompts (below).

Sample Reflection Prompts

How will you partner with your interprofessional team members to provide culturally safe care to your end-of-life client, families and communities?

What knowledge and/or gaps exist within your team? How will you bring share your resources?

Identify nursing practices in end-of-life care that may require adaptation to be culturally sensitive.

How might culturally diverse client and family members express suffering, grief, anger and loss? How will you respond?

How will you evaluate the effectiveness of your end-of-life care when working with Aboriginal clients, families and communities?

References:

Canadian Hospice Palliative Care Association. (2008). Aboriginal *Resource Commons*. Retrieved from http://www.peolc-sp.ca/aboriginal/english/

Canadian Virtual Hospice. (2003-2010). *Tools for practice – Aboriginal*. Retrieved from http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/For+Professionals/For+Professionals/Tools+for+Practice/Aboriginal.aspx#id_f42be229a54a25eb5725c552d22fbb91

Longboat, D. (2002). *Ian Anderson Program in End-of-Life Care: Module 10: Indigenous perspectives on death and dying and dying*. University of Toronto. Retrieved from http://www.cme.utoronto.ca/endoflife/Modules/Indigenous%20Perspectives%20on%20Death and dying%20and%20Dying.pdf

Teaching Learning Resource: Mental Health	Optional Activity Cognitive Domain: Understanding

Course: Variations in Health III	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Inclusivity, Indigenous Knowledge

Purpose:
To assist learners in exploring and adapting principles that are considered effective and appropriate for mental health workers who work with Aboriginal clients and families.

Process:
In Preparation,

1) Learners to read the following, Postl, B. (1997). It's time for action. *Canadian Medical Association Journal, 157*(2), 1655-1656.
2) Learners to access and read through the section of "Concepts –Focus on Mental Health". Cultural Safety: Module 3: Peoples' experiences of colonization in relation to healthcare. http://web2.uvcs.uvic.ca/courses/csafety/mod3/index.htm
3) Invite learners to visit various websites associated with Aboriginal mental health.

In Class,

1) Share with learners the study by Mehl-Madrona (2009) revealing 12 common points of guideposts for mental health workers who wish to work with Aboriginal peoples (see below).
2) Invite Elder to discuss the importance of holistic approach to mental health interventions for Aboriginal peoples.
3) Working in groups, learners to create a concept map of their role in mental health support of Aboriginal peoples to include the Mehl-Madrona's (2009) 12 common points and implications for nursing care.

Discussions with Traditional Healing Elders from the United States and Canada raised the following 12 common points that were unanimously accepted as guideposts for training mental health workers who wish to work with Aboriginal people:

1. Teach students the importance of listening
2. Teach students a relational model of the self.
3. Solutions must be internally derived.

4. People are spontaneously self-healing.
5. The healer should be selfless of intent.
6. Healers need to be passionate about their work.
7. Healers have to maintain some independence from political structures.
8. Teach students the importance of faith, hope, and the power of the activated mind.
9. Empowerment is different from treatment.
10. Teach students the importance of community.
11. Only Creator can give prognoses.
12. All healing is ultimately spiritual healing.

Source: Mehl-Madrona, L. (2009), p. 20.

References:

Government of Canada. (2010). Aboriginal Canada Portal: Health and social services: Mental and spiritual health. Retrieved July 5, 2011 from http://www.aboriginalcanada.gc.ca/acp/site.nsf/eng/ao26137.html

Health Canada, (2008). First Nations, Inuit and Aboriginal Health: Mental Health and Addictions. Retrieved July 5, 2011 from http://www.hc-sc.gc.ca/fniah-spnia/finance/agree-accord/prog/index-eng.php#mental

Mehl-Madrona, L. (2009). What traditional Indigenous Elders say about cross-cultural mental health training. *EXPLORE: The Journal of Science and Healing, 5*(1), 20-29.

Mussell, B., Cardiff, K., & White, J. (2004). *The mental health and well-being of aboriginal childern and youth: Guidance for new approaches and services.* The Sal'i'shan Institute and The University of British Columbia. Retrieved from http://www.fsin.com/healthandsocial/childportal/images/Mental%20health%20needs%20of%20Aboriginal%20Children%20and%20Youth.pdf

Postl, B. (1997). It's time for action. *Canadian Medical Association Journal, 157*(2), 1655-1656.

Smye, V. & Mussell, B. (2001). *Aboriginal mental health: 'What works best'. A discussion paper*. University of British Columbia: Mental Health Evaluation & Community Consultation Unit. Retrieved from http://www.carmha.ca/publications/by-topic/mheccu-publications

Teaching Learning Resource: Supporting Traditional Knowledge to Promote Health and Healing	Recommended Activity Cognitive Domain: Understanding/Applying

Course: Variations in Health III	Duration: Multiple sessions (may be adapted as an assignment) Preparation: High

Aboriginal Competencies: Respect, Indigenous Knowledge

Purpose:
To assist learners in appreciating the value of traditional knowledge in promoting health and healing of Aboriginal peoples.

Process:
In Preparation (class one),

1) Learners to read the following,
   Struthers, R., Eschiti, V. & Patchell, B. (2004). Traditional Indigenous healing: Part I. Complementary Therapies in Nursing & Midwifery, 10, 141-149. Doi: 10:1016/j.ctnm.2004.05.001
2) Working in small groups, assign or have learners select one of the following traditional knowledge to conduct inquiry on. List of traditional knowledge to include but not limited to:
   - Tobacco
   - Sage
   - Cedar
   - Sweet grass
   - Sweats
   - Sacred items and bundles
   - Feast and giveaways
   - Fasting
   - Traditional Healing
   - Care of body after death and dying (spiritual needs)
   - Traditional foods, toiletries and constitution
   - Body parts/tissues/substances (e.g. placenta after birth)
   - Healing songs/prayers
   - Smudging ceremonies

3) Encourage learners to attend community/institutional events such as Aboriginal Days, soup and bannock lunches, Aboriginal education workshops, Aboriginal community centers, Friendship Centers, etc. to gather teachings (provide class/practice time for visits). **Remind students of Aboriginal protocol during visits and seek permission/approval from local authorities.**

4) Learners to prepare a gathering to share their inquiry to address the following:
    - Description of healing modality/practice
    - Purpose or effects on health and healing
    - Role of nurse in supporting modality/practice
    - Further inquiry or questions for investigation
    - References/resources
5) Have learners create an invitation to the gathering and send out to community event organizers (where they visited), student bodies, nurses, students' families, etc.

Gathering(class two),

1) Create space for gathering and presentations
2) Invite Elder(s) to participate and to provide lived experiences
3) During the gathering, invite learners to practice appropriate protocol and collect health and healing stories from visitors

Debrief (class three),

1) Encourage learners to provide feedback regarding process as well as lessons learned (see below)

Lessons Learned

What did you learn?

What suggestions do you have?

What should we (nurses) be paying attention to?

References:

Anishnawbe Health Toronto. (n.d.) *Traditional Teachings*. Retrieved from http://aht.ca/traditional-teachings

National Aboriginal Health Organization. (2008). *Cultural competency and safety: A guide for health care administrators, providers and educators.* Retrieved from http://www.naho.ca/documents/naho/publications/culturalCompetency.pdf

Struthers, R., Eschiti, V. & Patchell, B. (2004). Traditional Indigenous healing: Part I. Complementary Therapies in Nursing & Midwifery, 10, 141-149. Doi: 10:1016/j.ctnm.2004.05.001

Teaching Learning Resource: Pain Management	Optional Activity Cognitive Domain: Understanding/Applying

Course: Variations in Health IV	Duration: Single session Preparation: Moderate

Aboriginal Competencies: Respect, Indigenous Knowledge

Purpose:
To assist learners in recognizing the effects of culture on pain perception, responses and management.

Process:
In Preparation,

1) Learners to read the following:
   D'Arcy, Y. (2009). The effect of culture on pain. *Nursing made incredibly Easy! 7*(3), 5-7. Doi: 10.1097/01.NME.0000350931.12036.c7 International Association for the Study of Pain (December, 2002). Culture and Pain. Pain- Clinical Updates. Accessed from http://www.iasp-pain.org/AM/AMTemplate.cfm?Section=Home&TEMPLATE=/CM/ConceptsDisplay.cfm&CONCEPTSID=7578&SECTION=Home

In Class,

1) (Think-pair-square) Learners individually respond to worksheet (see below). Pair learners up to share responses. Then, two pairs of learners together to form a group of four.
2) Learners present findings to other groups in class.

Sample Worksheet
Describe the different natures of pain (physical, emotional, etc).

Describe the relationship between ethnic background and pain.

Discuss ethnic differences in pain perception and pain responses.

Explain how a nurse's own culture, personal bias, values and beliefs may alter the interpretation of patients' pain experience.

What might some variations be in assessment of pain when caring for First Nations, Inuit and Métis peoples? What are the verbal cues? What are the non-verbal cues?

Which pain assessment tool would you use? Why?

What might some variations of nursing interventions be in management of pain when caring for First Nations, Inuit and Métis peoples? Pharmaceutical? Traditional? Alternative? Interprofessional?

References:

D'Arcy, Y. (2009). The effect of culture on pain. *Nursing made incredibly Easy! 7*(3), 5-7. doi: 10.1097/01.NME.0000350931.12036.c7

International Association for the Study of Pain (December, 2002). *Culture and Pain. Pain-Clinical Updates*. Retrieved from http://www.iasp-pain.org/AM/AMTemplate.cfm?Section=Home&TEMPLATE=/CM/ConceptsDisplay.cfm&CONCEPTSID=7578&SECTION=Home

Kelly, L. (2007). End-of-life issues for Aboriginal patients: A literature review. *Canadian Family Physician, 53*(9), 1459-1465.

APPENDIX E

Worksafe BC Resources[3]

Be Sure- be Safe:
http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/besure_besafe.pdf

Controlling Exposure: Protecting workers from infectious diseases:
http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/bk129.pdf

Dementia: Understanding risks and preventing violence:
http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/bk125.pdf

Handle with Care: Patient handling and the application of ergonomics (MSI) requirements:
http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/handle_with_care.pdf

High risk manual handling of patients in health care:
http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/handling_patients_bk97.pdf

Patient handling in small facilities:
http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/patient_handling_small_facilities.pdf

Preventing violence in health care: Five steps to an effective program:
http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/violhealthcare.pdf

Transfer assist devices for safer handling of patients: A guide for selection and safe use:
http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/transfer_assist_devices.pdf

Working with Dementia: Safe practices for caregivers:
http://www2.worksafebc.com/PDFs/healthcare/BK130-Dementia-Discussion-Guide.pdf

Identifying risk factors of falls among BC's health care workers:
http://www.worksafebc.com/contact_us/research/funding_decisions/assets/pdf/2008/RS2008_DG05.pdf

Workers Compensation Act: Regulation and Guidelines for Health Care.
http://www2.worksafebc.com/Portals/HealthCare/HCRegulation.asp?ReportID=21907&_Type=Regulation-Guidelines-for-Health-Ca...&_Title=Patient-Care

[3] All of the following resources have been retrieved June 6, 2011 from: http://www2.worksafebc.com/Portals/HealthCare/Home.asp

APPENDIX F

Suggested Case Study and Problem Based Learning Concepts

Cardiovascular

- Heart failure
- Coronary heart disease (CHD)
- Angina
- Hypertension
- Peripheral Vascular Disease
- Shock
- Myocardial Infarction,
- Acute Coronary Syndrome
- VSD

Genitourinary

- Urinary incontinence
- Urinary tract infections
- Benign prostatic hypertrophy
- Vaginosis
- Acute/chronic renal failure
- Glomerulonephritis
- Urolithiasis

Respiratory

- COPD
- Pneumonia
- Lung Cancer
- Tuberculosis
- Cystic Fibrosis
- Acute Asthma,
- Pulmonary Embolism
- Pneumothorax
- Tuberculosis

Neurological

- Cerebrovascular accidents
- Cognitive alterations
- Transient ischemic attacks
- Parkinson disease
- Vision loss (glaucoma; cataracts), hearing loss
- Muscular Sclerosis
- Spinal cord injury
- Concussion
- Epilepsy
- Meningitis
- Increased intracranial pressure

Haematological

- Anemia (Pernicious; Iron Deficiency)
- Chronic leukemia
- Aplastic Anemia
- Polycythemia
- Thrombocyotpenia

Endocrine

- Diabetes – Type 1 and 2
- Hypothyroidism

Gastrointestinal

- Dental disease
- Dehydration
- Malnutrition
- Diverticulitis
- Colorectal cancer
- GERD
- Peptic Ulcer
- Inflammatory Bowel Disease,
- Gastroenteritis
- Bowel Obstruction,
- Hepatitis
- Pancreatitis
- Cholecystitis

Integumentary

- Common skin conditions
- Skin cancers
- Burns

Musculoskeletal

- Osteoarthritis
- Osteoporosis
- Rheumatoid arthritis
- Scoliosis
- Spinal cord injury

Developmental Disorders

- Autism
- Asperger's
- Behaviour Disorders: ADHD
- Developmental Disabilities

Mental Illness

- Eating disorders: anorexia nervosa; bulimia nervosa
- Psychotic disorders: Schizophrenia, psychosis
- Depression-including post partum
- Bipolar disorders
- Suicide
- Schizophrenia
- Psychoses
- Anxiety
- Personality Disorders;
- Somatoform disorders
- Dissociative disorders
- Substance abuse

Complications of Pregnancy:

- Placenta previa and abruption placenta
- Gestational diabetes
- Hypertension

Cancer

- Breast Cancer
- Uterine cancer
- Prostate cancer

APPENDIX G

Bloom's Taxonomy

Benjamin Bloom created this taxonomy for categorizing level of abstraction of questions that commonly occur in educational settings. The PPNP has developed and levelled course learning outcomes based on this taxonomy.

Competence	Skills Demonstrated
Knowledge	• observation and recall of information • knowledge of dates, events, places • knowledge of major ideas • mastery of subject matter • *Descriptors:* list, define, tell, describe, identify, show, label, collect, examine, tabulate, quote, name, who, when, where, etc.
Comprehension	• understanding information • grasp meaning • translate knowledge into new context • interpret facts, compare, contrast • order, group, infer causes • predict consequences • *Descriptors:* summarize, describe, interpret, contrast, predict, associate, distinguish, estimate, differentiate, discuss, extend
Application	• use information • use methods, concepts, theories in new situations • solve problems using required skills or knowledge • *Descriptors:* apply, demonstrate, calculate, complete, illustrate, show, solve, examine, modify, relate, change, classify, experiment, discover
Analysis	• seeing patterns • organization of parts

	• recognition of hidden meanings • identification of components • *Descriptors:* analyze, separate, order, explain, connect, classify, arrange, divide, compare, select, explain, infer
Synthesis	• use old ideas to create new ones • generalize from given facts • relate knowledge from several areas • predict, draw conclusions • *Descriptors:* combine, integrate, modify, rearrange, substitute, plan, create, design, invent, what if?, compose, formulate, prepare, generalize, rewrite
Evaluation	• compare and discriminate between ideas • assess value of theories, presentations • make choices based on reasoned argument • verify value of evidence • recognize subjectivity • *Descriptors:* assess, decide, rank, grade, test, measure, recommend, convince, select, judge, explain, discriminate, support, conclude, compare, summarize

From Benjamin S. Bloom *Taxonomy of educational objectives*. Published by Allyn and Bacon, Boston, MA. Copyright (c) 1984 by Pearson Education.

APPENDIX H

Provincial Practical Nurse Program Curriculum Guide Resource List

COURSE	RESOURCES

Professional Practice I	• Provincial Practical Nurse Program Philosophy
	• College of Licensed Practical Nurses of British Columbia (CLPNBC) website: www.clpnbc.org
	• Baseline Competencies for Licensed Practical Nurses (2009) www.clpnbc.org
	• CLPNBC Standards of Practice (2010) www.clpnbc.org
	• Code of Ethics www.clpnbc.org
	• Canadian Inter-professional Health Collaborative (2010) www.cihc.ca
	• A national inter-professional competency framework. University of British Columbia. www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
	• Bainbridge, L., Nasmith, l., Wood, V., Flavell, T., Stolk, D. (2008). *Mapping the journey to collaborative practice: Using the BC Competency Framework as a guide to learning objectives*. University of British Columbia, College of Health Disciplines. www.cihc.ca/library/bitstream/10296/241/1/InBC_MappingTheJourney.pdf
	• Leadership text for LPN's I.E. Anderson, M.A. (2009) *Nursing leadership management and Professional Practice for the LPN/LVN: In nursing school and beyond.* Phil: F.A. Davis
	• www.bclaws.ca
	  • Health Professions Act of British Columbia/PN Regulation
	  • Freedom of Information and Protection of Privacy Act
	  • Employment Standards Act of BC
	  • Labour Relations Code

Professional Practice II	• College of Licensed Practical Nurses of British Columbia (CLPNBC) website: www.clpnbc.org • Baseline Competencies for Licensed Practical Nurses (2009); Standards of Practice www.clpnbc.org • Code of Ethics www.clpnbc.org • Canadian Inter-professional Health Collaborative (2010). A national inter-professional competency framework. University of British Columbia. www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf • Hoffman-Wold, G. (2011). Basic geriatric nursing. Toronto: Elsevier • Advanced Directives Legislation: http://www.ag.gov.bc.ca/legislation/links.htm

	• Advanced Health Care Planning. Fraser Health Authority. http://www.fraserhealth.ca/index.php?section_id=5393andsection_type=template • Leadership for Practical Nursing Text – Anderson, M.A. (2009) *Nursing leadership management and Professional Practice for the LPN/LVN: In nursing school and beyond.* Phil: F.A. Davis
Professional Practice III	• College of Licensed Practical Nurses of British Columbia (CLPNBC) website: www.clpnbc.org • Baseline Competencies for Licensed Practical Nurses (2009) www.clpnbc.org • Standards of Practice www.clpnbc.org • Code of Ethics www.clpnbc.org • Canadian Inter-professional Health Collaborative (2010). A national inter-professional competency framework. University of British Columbia. • Role description: LPN Full Scope in Home and Community Care www.viha.ca/NR/rdonlyres/587B8A59-AD0C-4523-B4C7-C15320CC4D79/0/role_description_hcc_sept_24_2006.pdf • Leadership for Practical Nursing Text – Anderson, M.A. (2009) *Nursing leadership management and Professional Practice for the LPN/LVN: In nursing school and beyond.* Phil: F.A. Davis • www.bclaws.ca o Mental Health Act o Health Professions Act of British Columbia o Infants Act/Age of Majority o Community Services Act o Child, Family and Community Services Act
Professional Practice IV	• College of Licensed Practical Nurses of British Columbia (CLPNBC) website: www.clpnbc.org Documents: Baseline Competencies for Licensed Practical Nurses (2009); Standards of Practice; Code of Ethics • Canadian Inter-professional Health Collaborative (2010). A national inter-professional competency framework. University of British Columbia. • Chan, A., Pang Mei Chi, S,. Ching, S., & Lam, S. (2010). Interprofessional Education: The interface between nursing and social work. *Journal of Clinical Education., 19*, 168-176. doi: 10.1111/j.1365-2702.2009.02854.x • Thibault, G. (2011). Interprofessional Education: An essential strategy to accomplish the future of nursing goals. *Journal of Nursing Education, 49*(6), 313-317.

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Professional Communication I	• College of Registered Nurses of British Columbia (CRNBC). (2005). *Nurse-client relationships*. Practice Standard for Registered Nurses and Nurse Practitioners. Retrieved from https://www.crnbc.ca/Standards/Lists/StandardResources/432NurseClientRelationshipsPracStd.pdf • Lippincott's Nursing Center. (2005). Understanding transcultural nursing. *Nursing 2005, 35*(1), 14-23. Retrieved from: http://www.nursingcenter.com/prodev/ce_article.asp?tid=541704 • First Nations Pedagogy On-line: Retrieved from: http://www.firstnationspedagogy.ca/learning/login/index.php • PHSA Cultural Competency Program. Retrieved from: http://cahr.uvic.ca/nearbc/documents/2010/Indigenous-Cultural-Competency-(ICC)-On-Line-Training.pdf • O'Daniel, M., & Rosenstein, A. (2005).Patient Safety and Quality: An evidence based handbook for nurses. Retrieved from: http://www.ahrq.gov/qual/nurseshdbk/docs/O%27DanielM_TWC.pdf • How much does effective communication matter? Retrieved from: http://nursinglink.monster.com/training/articles/314-how-much-does-effective-communication-matter • CRNBC Communication in nursing practice: Web Module Learning resources. Retrieved from: https://www.crnbc.ca/downloads/education/cmns_learning_resources.pdf • Baur, M., & Nay, R. (2011). Improving family-staffs relationships in assisted living facilities: The views of family. *Journal of Advanced Nursing*, *67*(6,) 1232-41. • Professional Communication Skills for Nurses- textbook

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Integrated Nursing Practice I	• Nursing fundamentals textbook • Pharmacology textbook • Diagnostic reference guide • Drug guide • CLPNBC Professional Standards of Practice for LPNs (2010) • CLPNBC Baseline Competencies for LPNs Professional Practice (2009) • CLPNBC Code of Ethics For LPNs (2004) • CLPNBC Practice Guideline: Documentation (http://www.clpnbc.org/content_images/documents/Documentation%20PG-%20092310.pdf)

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APPENDIX I

Acronyms

BCAHC	British Columbia Academic Health Council
CAG	Curriculum Advisory Group
CIHC	Canadian Interprofessional Health Collaborative
CLPNBC	College of Licensed Practical Nurses of BC
CRNBC	College of Registered Nurses of BC
CRPNBC	College of Registered Psychiatric Nurses of BC
CPNRE	Canadian Practical Nurse Registration Exam
PPNP	Provincial Practical Nurse Program
PSC	Project Steering Committee
PSE	Post Secondary Institutions
CPE	Consolidated Practice Experience

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