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MR

SABBATICAL LEAVE REPORT

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Mt. San Antonio College

1976

TABLE OF CONTENTS

	Page
Introduction. . . . .	1
Arizona, University of Arizona, College of Nursing, Tucson. . . . .	2
Trinidad. . . . .	3
Honolulu Hawaii . . . . .	6
Everett Community College Everett, Washington . . . . .	8
Douglas College, British Columbia . . . . .	9
Conclusion. . . . .	10
Appendix	

## INTRODUCTION

The purpose of this Sabbatical was to travel, to visit certain nursing education and nursing service systems in Arizona, Washington, British Columbia, the Caribbean and Hawaii. During these visits, I planned: (1) to gain new ideas for teaching Psychiatric Nursing and for developing a curriculum to provide vertical and horizontal career mobility in nursing; (2) to assist in developing nursing care plans in Trinidad; (3) to participate in a study for child abuse and neglect being conducted in Hawaii and; (4) to get a first hand view of the new techniques and care in cardio vascular treatment at the University of Arizona in Tuscon.

This report is divided in two parts. The first part will include brief commentary concerning the visitation of the five cities on my itinerary. The second part is an appendage of certain materials from these visitations which can be used as reference resource materials.

ARIZONA  
UNIVERSITY OF ARIZONA  
COLLEGE OF NURSING  
TUCSON

My first two weeks were spent at the University of Arizona College of Nursing at Tuscon. During this time, I observed the Intensive Care Unit of the Cardiovascular Surgery Unit of the University of Arizona Medical Hospital. Of particular interest to me was observation of nursing care received by coronary vein transplant patients and observing nursing care given to patients in the Intensive Care Unit.

I was fortunate to be able to observe student clinical assignments and supervision in this area. I also attended some of their seminars and classes.

Introduction to many of the faculty gave me the opportunity to discuss areas of interest, attend curriculum meetings and I also met with the Dean of the College of Nursing.

## TRINIDAD

The hospitals of Trinidad come under the jurisdiction of the Ministry of Health. The composition includes three major hospitals in large cities and a network of outlying smaller clinics and hospitals.

Port of Spain General Hospital is the largest hospital and has a bed capacity of between eight and nine hundred, with all general services styled on the English system. This hospital provides free hospitalization for all citizens of the island.

Most of the staff have graduated from Port of Spain. Few, if any, have had any post basic ward administration education, including the matron. Although the staff was interested in improving the quality of nursing care; budget costs, lack of cooperation between hospital personnel and nursing administration and the lack of a separate nursing budget were all deterring factors.

The Nursing Staff is never assigned permanent duty to outlying hospitals, they are rotated to these country hospitals usually on a six month to one year basis and are still considered Port of Spain Hospital Employees. My feeling is that more adequate studies of man power need to be conducted.

Port of Spain Hospital was in the process of implementing some new standards in order to improve quality of nursing care. The Pan American Health Organization instituted a series of workshops at the hospital for first line nursing administrators. I attended a similar series of workshops on the island Tobago. A sample program from one of these workshops is included in the Appendix (Item #1).

After the workshops, the nursing administrators established committees which consisted of all categories of nursing personnel to work on various areas considered to have priority. These areas included: Nursing Care Plans, Inservice Education Programs, Educational Review of Records and Reporting, Policy and Procedures Manuals - both Administrative and Technical.

The committee for Nursing Care Plans reviewed many different kinds of Care Plans developed in the United States and finally developed one to meet their needs. Along with this, they developed a Nursing History Form to be introduced at the same time. These were in rough draft phase and were to be tried out in selected areas of the hospital. The nurses recognized that they needed to have an inservice program to institute these changes and were asking assistance from the Inservice Education Committee for guidance and implementation.

All of the nurses on the Nursing Care Plan Committee were very enthusiastic, particularly the chairman and the instructor. So enthusiastic, in fact, they tended to over-elaborate the forms.

Problems developed in arranging suitable times for meetings and in having the nurses and resident inservice personnel accept any additional writing responsibilities. Lack of funds made it very difficult to have new forms printed. Kardex's obtained from the government relieved some of the budget problems.

## HONOLULU HAWAII

While in Hawaii, I assisted in data analysis of "A Study of Selected High Risk Cases for Abuse and Neglect" funded by Johnson & Johnson.

Based on recent research, there is evidence that the premature infant runs a statistically higher risk for abuse and neglect than a normal term newborn. If the parents have been abused or neglected themselves in childhood, the risk is increased even further.

A prospective study of selected low birth weight infants to evaluate the effectiveness of an "intervention package" designed to enhance the maternal-infant acquaintance process and thus reduce the incidence of child abuse and neglect occurring in prematures was completed in December 1976. The intervention package contained three major components:

1. Immediate post-delivery procedures and observation.
2. Infant stimulation and maternal involvement during the infants' hospitalization period, plus an assessment of parental visiting and telephone contacts.
3. Outreach program involving education and observation in the home situation by registered nurses after infants' discharge from hospital with a con-current parent education program with evaluation by psychologists.

I assisted in the raw data analysis of the independent variables of the infants' height, weight and head circumference for the experimental control condition one and control condition two study groups.

EVERETT COMMUNITY COLLEGE  
EVERETT, WASHINGTON

My visit to Everett Community College Nursing Department was under the direction of Mrs. Jeanne Irving. My primary focus was directed to the area of psychiatric nursing and the implementation of the psychiatric concepts into the basic nursing courses.

The curriculum outlined suggests they are not offering a separate course of psychiatric nursing in a short block of time but rather were integrating the concepts throughout the curriculum. I did learn that at least some of the students do in fact spend some time in the psychiatric unit. While the plan seemed feasible, closer observation of the clinical implementation would be necessary before determining if this method could be utilized in our school.

Another area which I investigated was methods of clinical evaluation. This school is publishing an evaluation tool book, and they shared a variety of materials with me. (See Appendix 2, 3, 4 and 5).

## DOUGLAS COLLEGE - BRITISH COLUMBIA

I visited the pilot program of Douglas College Nursing Program in Surrey British Columbia under the direction of Ms. Win Matheson.

This exciting pilot program started in September 1975 and had only completed one year at the time of my visit. They are taking a new approach to the ladder concept in nursing education and the program interested me so much in its possibilities and feasibilities that I plan to revisit after they have completed a full curriculum evaluation.

Admission is based on entrance requirements which include successful completion of a testing series and applicants are divided into three academic categories:

- (1) Those who have graduated from secondary school with two different science courses numbered 11 or 12.
- (2) Those who have graduated from secondary school without two science courses.
- (3) Those who have not graduated from secondary school, but who are nineteen years of age or older on the first day of the semester, and who have been out of school at least one year.

(See Appendix #6 and Appendix #7)

## CONCLUSION

The time spent on my Sabbatical was most rewarding and provided many innovation concepts. This travel and study has given me a variety of exposures to various areas of nursing, observations, new concepts, comparison of cultures and other educational philosophies.

The experiences will provide resource material for teaching, innovative concepts which can be utilized by our nursing department and a sense of appreciation for our health care in the United States.

In conclusion, I would like to express my deep appreciation to Mount San Antonio College and the Board of Trustees for making this opportunity possible.

- APPENDIX #1 - Programme Fifth Nursing Administrators Course  
Ministry of Health - Venue - Nursing School -  
"The Fort" - Tabago - Dates, Monday 29th  
Friday 2nd April 1976.
- APPENDIX #2 - Everett Community College Nursing Program  
Brochure
- APPENDIX #3 - Everett Community College and Skagit Valley  
College Nursing Curricula
- APPENDIX #4 - Group Discussion on Depression, Crisis  
and Grief
- APPENDIX #5 - Copyright by Intent - Everett Community College -  
Evaluation Tool
- APPENDIX #6 - Douglas College Health Services Division  
Nursing Program - Information Brochure 1976
- APPENDIX #7 - Philosophy, Curriculum, Terminology, Overall  
Objectives, Proposed Curriculum Plan Phase One,  
Overview of Curriculum

APPENDIX #1

PROGRAMME

FIFTH

NURSING ADMINISTRATORS COURSE

MINISTRY OF HEALTH

VENUE

NURSING SCHOOL

"THE FORT"

TOBAGO

DATES

MONDAY 29th MARCH - FRIDAY 2nd APRIL

19976

FORMAL OPENING

MONDAY, MARCH 29th 1976

(9.00 a.m.-10.00 a.m.)

P R O G R A M M E

- |  |   |
|--|---|
| 1. Chairman  | - Mrs. V.C. Lines,<br>Principal Nursing Officer,  |
| 2. Welcome and <del>Intro</del> Introductory Remarks | Dr. K. Delpeche,<br>Specialist Medical Officer,<br>County Hospital,<br>Tobago.                  |
| 3. Message from Central Training Unit.               | Mr. John Kassie,<br>Acting Director of Training,<br>Training Division,<br>Personnel Department. |
| 4. Formal Opening                                    | <b>Mr. Wilbert Winchester</b><br><b>The Honourable Minister</b><br><b>for Tobago Affairs.</b>   |
| 5. Vote of Thanks                                    | Mrs. Kadah Henry,<br><del>Meeting,</del><br>County Hospital,<br>Tobago.                         |

Tuesday March 30th 1976

9.00 a.m. - 10.00 a.m. P/A Working Session on Nursing Care Standards. Miss M. Lucille Kennedy,  
Nursing Adviser,  
WHO/PAHO.

Miss Lucy A.C. Fields,  
Nursing Superintendent,  
(Curative)

10.00 a.m. - 10.20 a.m. Break

10.20 a.m. - 11.20 a.m. )  
11.20 a.m. - 11.45 a.m. ) L/D Concept of Human  
Relations.

Mr. Cecil St. Louis,  
Acting Head Central  
Training Unit.

12.00 noon - 1.00 p.m. Lunch

1.15 p.m. - 2.15 p.m. P/A Patient Care Plans  
2.15 p.m. - 3.45 p.m. for Hospital.

Mrs. J. Hackshaw,  
Nursing Instructor II

Mrs. Daphne Phillips,  
Nursing Instructor II.

Thursday April, 1st 1976

9.00 a.m.- 10.00 a.m. L/D Types of Assignments Miss M. Lucille Kennedy,  
Nursing Adviser,  
WHO/PAHO.

10.00 a.m. - 10.20 a.m. Break

10.20 a.m.- 11.20 a.m. L/D Performance Appraisal Mrs. Daphne Rousseau,  
11.20 a.m.-11.45 a.m. Training Officer, II,  
Central Training Unit.

12.00 noon - 1.p.m. Lunch

1.10p.m. - 3.15 p.m. P/D Provision of contin- Mr. G. Puckerin,  
uous Nursing Care. Supervisor,  
Social Welfare.

Mrs. Kadah Henry,  
Matron,  
County Hospital,  
Tobago.

Miss J. Layne,  
Mental Health Officer.

Mrs. Millicent Shaw-Mark,  
County Health Visitor.

Dr. Allan Patrick  
Medical Consultant.

PARTICIPANTS

<u>NO.</u>	<u>NAME</u>	<u>STATUS</u>	<u>INSTITUTIONS</u>
1.	Miss Agatha Roberts	Ag. Junior Matron	County Hospital, Tobago.
2.	Mrs. Edwina Richins	Clinical Instructor	"
3.	Mrs. Evelyn Adams	Ward Sister	"
4.	Mrs. Catherine Leonce	Ward Sister	"
5.	Mrs. Annie Balfour	Ward Sister	"
6.	Mrs. Edris Richardson	Ward Sister	"
7.	Mrs. Vitamin Dennis	Ward Sister	"
8.	Mrs. Glenda Morrison	Ag. Ward Sister	"
9.	Mrs. Dorcas Murry	Staff Nurse	"
10.	Mrs. Magdaline Crosby	Staff Nurse	"
11.	Mrs. Joan Waldron	Staff Nurse	"
12.	Mrs. Joan Arnold	Staff Nurse	"
13.	Miss Shirley Holder	Staff Nurse	"
14.	Mrs. Jennyfer Pitt-Fergusson	District Health Visitor	District Nursing Service.
15.	Mrs. Miriam D. Alexander	District Health Visitor	"
16.	Mrs. Millicent Davidson	District Health Visitor	"
17.	Miss Martha Williams	Public Health Nurse	"
18.	Miss Cynthia Ellis	Public Health Nurse	"
19.	Mrs. Christine Alleyne-- Rosamand.	Public Health Nurse	"

Co-ordinators

Miss M. Lucille Kennedy - Nursing Adviser, WHO/PAHO.  
Miss Lucy A.C. Fields - Nursing Superintendent (Curative)

Assistant co-ordinator

Miss Joyce James - Ward Sister - County Hospital, Tobago.

RESOURCE PERSONNEL

Ministry of Health

1. Mrs. V.C. Lines  
Principal Nursing Officer
2. Miss Lucy A.C. Fields  
Nursing Superintendent (Curative)
3. Miss Valerie Foster  
Director Nursing Education
4. Miss J. Hackshaw,  
Nursing Instructor II.
5. Mrs. Daphne Phillips,  
Nursing Instructor II.
6. Mrs. L. Adams,  
Nursing Instructor II
7. Miss J. Layne,  
Mental Health Officer.
8. Mrs. Millicent Shaw-Mark,  
County Health Visitor.

Central Training Unit

Mr. John Kassie,  
Acting Director of Training,  
Training Division, Personnel Department.

Mr. Cecil St. Louis,  
Acting Head, Central Training Unit.

Mr. Frederick Hall,  
Training Officer, II.  
Central Training Unit.

Mrs. Daphne Rousseau, Training Officer II,  
Central Training Unit.

Mr. O.S. Ashby, Director of Personnel  
Relations, Personnel Department.

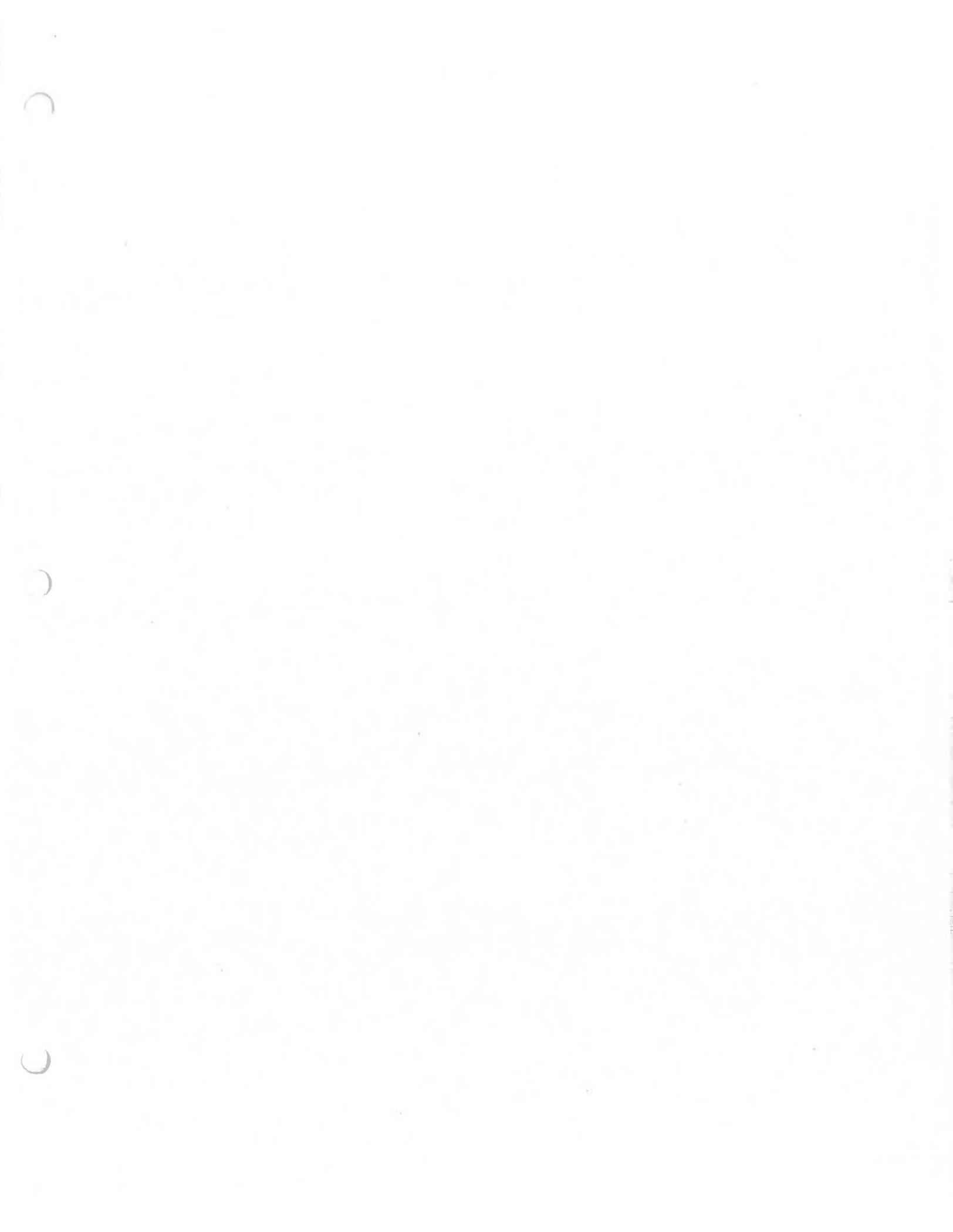
Public Service Association

Representative- Public Service Association.

WHO/PAHO

Miss M. Lucille Krnedy,  
Nursing Adviser,  
WHO/PAHO.





APPENDIX #2

# NURSING NURSING NURSING



**EVERETT  
COMMUNITY  
COLLEGE**

APPENDIX #3

EVERETT COMMUNITY COLLEGE AND SKAGIT VALLEY COLLEGE

NURSING CURRICULA

All students are admitted to a core of nursing classes. Nursing classes consist of theory and clinical experience. Students are admitted to the Skagit program in Fall quarter only.

	<u>Credit Hours</u>
FALL or SPRING QUARTER	
Nursing 91 - 101 Fundamentals of Nursing	10
Psychology 100 - General Psychology	5
Biology 170 - Health Sciences (Skagit Biology 141)	5
WINTER or SUMMER QUARTER	
Nursing 92 - 102 Nursing of Physically & Mentally Ill	10
Psychology 203 - Human Growth and Development (Skagit, Psychology 110)	5
Biology 171 - Health Sciences (Skagit Biology 142)	6
SPRING or FALL QUARTER	
Nursing 93 - 103 Nursing of Obstetrical & Surgical Patients	12
Sociology 110 - Survey of Sociology or Anthropology 202	5
Biology 172 - Health Sciences (Skagit Biology 143)	6
SUMMER or WINTER QUARTER	
Nursing 94 Nursing of Medical-Surgical and Chronically Ill Patients	15

Students who receive credit in Nursing 91, 92 93 must take Nursing 94. This course is optional for those who receive credit in Nursing 101, 102, 103. Upon completion of Nursing 94, students are eligible to take the State Board examination to become Licensed Practical Nurses.

FALL or SPRING QUARTER	
Nursing 205 Comprehensive Nursing Care of People of All Ages	12
*Elective	5
WINTER or SUMMER QUARTER	
Nursing 206 Comprehensive Nursing Care of People of All Ages	12
*Elective	5
SPRING or FALL QUARTER	
Nursing 207 Comprehensive Nursing Care of People of All Ages	12
*Elective	5

Upon completion of Nursing 207, students are eligible to take the State Board examination to become Registered Nurses.

\*Electives must be in the following subject areas: Art, Music, Economics, English Language and Literature, Speech, Anthropology Geography, History, Philosophy, Political Science, Psychology, Sociology.

Nursing 99 - Special Projects in Nursing (1-6)

Special projects planned to meet students specific needs not covered by regular nursing courses.

Nursing 101 (91) - Fundamentals of Nursing (10)

Development of principles and skills necessary to meet the basic physical and psychological needs of patients. Related clinical experiences in Nursing care of children and adults. Including geriatric patients and expectant mothers. Corequisite: Biology 170 or equivalent. Nursing Majors only,

Nursing 102 (92) - Nursing of the Physically and Mentally Ill (10)

Continuing emphasis on nursing skills. Beginning disease conditions and care of specific patients. Including antepartal care. Related clinical experience with children and adults with medical and surgical conditions. Prerequisite: Nursing 101 or 91. Corequisite: Biology 171 or equivalent.

Nursing 103 (93) - Nursing of Obstetrical and Surgical Patients (12)

Emphasis is on expectant family. Including labor, delivery, and post partum care. Pre-operative and post operative care of surgical patients and selective operating room observation and experience. Emphasis is on problem solving. Related clinical experiences with obstetrical and surgical patients. Prerequisite: Nursing 102 or 92. Corequisite: Biology 172 or equivalent.

Nursing 94 - Nursing of Medical-Surgical and Chronically Ill Patients (15).

This course is offered in the summer for those who wish to complete the requirements so that they may write the licensed practical nurse examination. Emphasis is on theory and related experience in the care of medical and surgical patients. Selected experiences are also offered in the emergency room. Preparation for the world of work is also included. Prerequisite: Nursing 103 or 93. Sociology 110 or equivalent, Psychology 100 or equivalent. Psychology 203 or equivalent.

Nursing 199 - Special Projects in Nursing (1-6)

Nursing 205, 206, 207 - Comprehensive Nursing Care of People of All Ages (12,12,12)

Principles and practices of comprehensive nursing care of patients of all ages. In Nursing 205, emphasis is on decision making and the results of problem solving. In Nursing 206, emphasis is on the total care of groups of patients, including the care of patients that require intensive care. Related clinical experiences in special hospital units and physicians office. Nursing 207, emphasis is on assessment, re-evaluation, and a greater depth of problem solving and decision making to complete the cycle of the total nursing curriculum. Prerequisite: Nursing 103 for 205, 205 for 206, 206 for 207. Prerequisite for 205: Sociology 110 or equivalent. Psychology 100 or equivalent, Psychology 203 or equivalent.

Psychology 100 - General Psychology (5)

Psychology as a science, the nervous system, heredity and maturation, sensory processes, perception and attention, statistical concepts, motivation, emotion, intelligence learning and remembering, thinking, personality, adjustment and abnormal behavior.

Psychology 203 - Human Growth and Development (5)

An analysis of the psychological and physiological development of the human from conception through adolescence. Emphasis is on understanding emotional, motivational, and cognitive processes. Special attention given to critical stages of development and typical behavior problems.

Sociology 110 - Survey of Sociology (5)

The science of society. Man's behavior in relation to other men, which results in a variety of organizational patterns in social groups; influence of institutional patterns of culture on human interaction.

Biology 170, 171, 172 - Basic Health Science (5, 6, 6)

A conjoint course incorporating those principles of physical science, chemistry, microbiology, and physiology which are necessary for students in the nursing program. For nursing or pre-nursing students only. Prerequisites: Biology 170 for 171, 171 for 172.

APPENDIX #4

The patient, an unmarried private secretary of forty-eight, was admitted to the hospital complaining that she was terribly worried and could not sleep. Her relatives added that she was greatly depressed and wanted to commit suicide. Her illness had apparently been precipitated by the occurrence of two family crises in quick succession. Three and a half months before her admission to the hospital the patient heard indirectly that a brother, whom she had helped financially through a "cure" for alcoholism the year before, was drinking again. That night she could not sleep and was worried, but otherwise seemed to be all right. A week later the brother was found drunk in a tavern, and she realized that her hopes had been in vain, her investment wasted and the prospects for her brother's financial future gloomy.

As the most stable and responsible member of her family, the patient had for thirty years played a steady, parental role in relation to her siblings and even to her own parents. Of late she had been doing this, however, with increasing reluctance and resentment as the demands made upon her grew more and more burdensome. Next the news came, soon after the one brother's lapse, that another brother was failing in business. The patient at once foresaw renewed demands for financial assistance, which she had been giving this brother intermittently for many years, more family conferences, and in the end a further depletion of her savings.

She began lying awake night after night, going over and over the situation in anticipation of her brother's financial collapse, trying to see a way out of it for herself but finding none. She thought with bitterness that, no matter how prosperous the times, no one in the family ever repaid the loans she made them or even let her have the interest they had always promised. About ten weeks before the patient's admission to the hospital, she began noticing that she could not seem to concentrate on her work and that she was ~~increasing~~ becoming irritable and inefficient. About eight weeks before admission, the patient quarreled sharply with her niece over the latter's decision to go off on a vacation, which under the circumstances, looked like sheer extravagance. She reflected on the inconsiderate, heartless, irresponsible attitudes of all members of the family towards her. She began upbraiding herself for not being brave enough to kill herself and leaving them to shift for themselves.

Six weeks before admission, the visitation which the patient had been anticipating with anxious dread became an actuality. The second brother appeared with insistent, "persecuting" demands for financial help, the family conferences began and they ended just as she had expected. She found herself almost a thousand dollars poorer and with no faith left in the ability of either brother to make a go of his own life without continual aid from her. By this time she was averaging not more than two hours' sleep in twenty-four. Sometimes, as she lay awake, her heart would thump so hard that she would have to spend a good part of the night sitting up in a chair. "It was like being terribly scared," she said. She discovered that although she continued eating as before she was steadily losing weight and she began to be troubled by persistent constipation.

Four weeks before her admission, the time for her own vacation arrived and she went to the home of a friend in the country to keep expenses down. Here the patient found she could not relax in the day or sleep at night. She could not retain so much as one paragraph of what she read in newspapers and light magazines, even though she read it over a second time. Nothing seemed to stir her emotionally as it had, not even the movies. She had always cried easily, but now she seemed to be in a stony condition. Things seemed unreal to her and horrible.

At this stage the patient returned to her own home and consulted the family physician. To him she poured out her complaints against the family, her own disgust and misery over everything and her suicidal ruminations. He advised immediate hospitalization, and, according to the patient's account, told her that in her own way she was just as bad as her brothers. Her relatives stated that, from this point on, there was a marked increase in self-depreciatory and self-accusatory comments in her talk. One night she confessed to relatives that she was planning to turn the gas on and die before morning. She was brought to the hospital and admitted at once.

On admission the patient looked sad, dejected and tense; she had a fixed, pained frown on her face. She rubbed her forehead, stared ahead and wrung her hands. Tears filled her eyes, but they did not brim over; she made no crying movements. Her speech was terse and measured, but neither vague nor irrelevant. She said, "I can't make myself feel that I can get over this. . . Nothing seems to affect me because I have no hope." She freely reported suicidal plans when asked, but she added, ~~about~~ "I was too spineless to carry them out. Not spine enough left for anything. I've never seen such an awful mess."

Come to group prepared to discuss this case study. Try to find answers for the following questions, because the group's goal will be to develop a general understanding of depression by analyzing this patient's situation. The group will devise a care plan for this patient based on her needs and on the factors behind her depression.

1. What factors (crises) caused this patient's depression?
2. What symptoms of depression did this patient manifest? (physical, mental, emotional--verbal and nonverbal)
3. What were some of the patient's problems? Needs?
4. How could the nurse meet this patient's needs in the hospital setting?
5. Why is physical care important for the depressed patient?
6. What does the phrase "loss of love object" mean? What meaning does it have in depression?
7. How would nursing care differ in working with a person who was extremely depressed than with one who was becoming more active and less depressed?
8. What medication might this patient be on? What are the side effects?
9. How does neurotic depression differ from psychotic depression?

## Leg 6A Group Discussion--Crisis and Grief

Come to group discussion prepared to discuss the following case study dealing with Mr. Z's crisis:

Mr. Z. age 43, was chairing a board meeting of his large, successful manufacturing corporation when he developed shortness of breath, dizziness, and a crushing, vicelike pain in his chest. An ambulance was called, and he was taken to the medical center. Subsequently he was admitted to the coronary care unit with a diagnosis of impending myocardial infarction.

Mr. Z. was married, with three children: Steve, aged 14; Sean, aged 12; and Liza, aged 8. He was president and the majority stockholder of a large manufacturing corporation. He had no previous history of cardiovascular problems, although his father had died at the age of 38 of a massive coronary occlusion. His oldest brother had died at the age of 42 from the same condition; and his other brother, still living, was a semi-invalid after suffering two heart attacks, one at the age of 44 and the other at the age of 47.

Mr. Z. was tall, slim, suntanned, and very athletic. He swam daily, jogged every morning for thirty minutes, played golf regularly, and was an avid sailor who participated in every yacht regatta, usually winning. He was very health conscious and had annual physical checkups, watched his diet, and quit smoking to avoid possible damage to his heart, determined to avoid dying young or becoming an invalid like his brothers.

When he was admitted to the coronary care unit he was conscious. Though in a great deal of pain, he seemed determined to control his own fate. While in the coronary care unit he was an exceedingly difficult patient, a trial to the nursing staff and his physician. He constantly watched and listened to everything going on around him and demanded complete explanations about any procedure, equipment, or medication he received. He would sleep in brief naps, and only when he was totally exhausted. Despite his obvious tension and anxiety, his condition stabilized. The damage to his heart was considered minimal, and his prognosis was good. As the pain diminished, he began asking when he could go home and when he could go back to work. He was impatient to be moved to a private room so he could conduct some of his business by telephone.

Mr. Z. denied having any anxiety or concerns about his condition, although his behavior on the unit contradicted his denial. Recognizing that Mr. Z. was coping inappropriately with the stress of illness, his physician requested a consultant therapist to work with Mr. Z., to help him through the crisis period.

1. Is this a situational or maturational crisis? Why?
2. What losses did Mr. Z. experience due to his illness?
3. What coping behaviors was Mr. Z. using?
4. What defense mechanisms did he exhibit?
5. What might be the negative (long-range) consequences of this crisis for Mr. Z. if he doesn't complete grief work and start to accept and deal with his illness?
6. What factors may affect the outcome of Mr. Z's crisis?
7. What are the stages of grieving Mr. Z. needs to go through?
8. What steps could be taken in helping Mr. Z. work through this crisis?

APPENDIX #5

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EVERETT COMMUNITY COLLEGE  
EVALUATION TOOL

I. SAFETY

1	2	3	4	5
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 A. Accuracy (applicable to skills covered in each quarter)

- 1. Gathers correct information from appropriate sources.
  - 2. Validates information and plan before implementation.
  - 3. Executes plan correctly.
    - a. Carries out procedure correctly.
    - b. If error occurs, recognizes it and takes corrective action.
  - 4. Reports and charts or documents appropriately.
- D/DN/NO  
D/DN/NO  
D/DN/NO

1	2	3	4	5
---	---	---	---	---

 B. Dependability

- 1. Consistently on time for commitments (clinical lab and clinical responsibilities).
  - 2. Consistently gives advance notification of absence or lateness.
  - 3. Consistently posts clinical focus.
  - 4. Consistently comes prepared.
  - 5. Consistently completes assignments on time.
- D/DN/NO  
D/DN/NO  
D/DN/NO  
D/DN/NO  
D/DN/NO

1	2	3	4	5
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 C. Stability (predictability, the ability to perform under pressure)

- 1. Accepts stressful situations. (Does not avoid)
  - 2. Maintains the ability to problem-solve in a stressful situation.
  - 3. Follows through with appropriate action.
- D/DN/NO  
D/DN/NO  
D/DN/NO

II. PERSONAL AND PROFESSIONAL GROWTH AND DEVELOPMENT

1	2	3	4	5
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 A. Initiative

- 1. Participates willingly in all required learning experiences.
  - 2. Utilizes experiences other than those that are required.
  - 3. Seeks out with eagerness learning experiences appropriate to subject matter and/or level of competence.
  - 4. Makes good use of free time by volunteering to assume extra duties within capabilities.
  - 5. Makes others aware of new learning experiences.
- D/DN/NO  
D/DN/NO  
D/DN/NO  
D/DN/NO  
D/DN/NO

Evaluation Tool

1	2	3	4	5
---	---	---	---	---

 E. Self Awareness

- D/DN/NO            2. Response to positive and negative feedback
- a. seeks out evaluations from instructor and appropriate staff
  - b. accepts
    - 1. feedback without becoming defensive
    - 2. own accomplishments and failures as helpful learning experiences
  - c. shows evidence of a sincere effort to improve after receiving feedback
  - d. gives constructive feedback to others in an objective non-threatening manner
- D/DN/NO
- D/DN/NO
- D/DN/NO
- D/DN/NO
- D/DN/NO
3. Response to stress
- a. recognizes signs of stress in self
  - b. identifies situation/specific stressors which produce discomfort
  - c. determines relationship between own reactions and identified stressors
  - d. takes positive action to lower anxiety (i.e., preparation, additional practice, verbalization of stress)
  - e. approaches similar situations with an increase in confidence

1	2	3	4	5
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 F. Personal Appearance

- D/DN/NO            1. Complies with appearance regulations as stated in the student handbook.

1	2	3	4	5
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 G. Acceptance of Professional Responsibility

- D/DN/NO            1. Safeguards the individual's right to privacy by protecting information of a confidential nature, sharing only that information relevant to his care.
- D/DN/NO            2. Safeguards the patient when his care and safety are affected by incompetent, unethical, or illegal conduct of any person.
- D/DN/NO            3. Seeks out information (recent references) on new approaches to patient care in selected problem areas. (sophomore)

III. COMMUNICATION (applies to individual and group)

1	2	3	4	5
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 C. Verbal

- D/DN/NO 4. Facilitates the development of insight by:
- a. focusing on the areas of concern
  - b. pointing out the relationship between the person's behaviors and feelings (sophomore)
  - c. summarizing the important points of the progress made (sophomore)
- D/DN/NO

IV. HEALTH TEAM COMMUNICATION

1	2	3	4	5
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 A. Reporting

- D/DN/NO 1. collects and organizes pertinent data
- a. on one or two patients from patient oral reports, patient's chart and kardex (freshman)
  - b. one, two, or more patients from patient oral reports, patient's charts, kardex, and other appropriate personnel (sophomore)
- D/DN/NO 2. evaluates for completeness, data obtained before beginning patient care
- D/DN/NO 3. seeks clarification and obtains missing data from:
- 1. TL or instructor (freshman)
  - 2. any other appropriate member of the health care team (i.e., Dr, dietitian, pharmacist, patient's family) (sophomore)
- D/DN/NO 4. reports changes in patient's condition, results of tests etc. to:
- 1. TL (freshman)
  - 2. any appropriate member of the health care team (i.e., TL, Dr, head nurse)

Evaluation Tool

1 2 3 4 5 C. Teaching

- D/DN/NO 3. identifies teaching-learning needs (freshman Third Qtr)
- D/DN/NO 4. prepares for the teaching situation by selecting the appropriate:  
a. content  
b. terminology  
c. method  
d. timing (i.e., readiness to learn, degree of physical and mental status) (freshman Third Qtr)
- D/DN/NO 5. carries out plan of teaching (freshman Third Qtr)
- D/DN/NO 6. evaluates effectiveness of teaching by:  
a. obtaining oral feedback (freshman Third Qtr)  
b. observing behavioral change (i.e., return demonstration) (freshman Third Qtr)
- D/D /NO 7. modifies plan based on evaluation of learner's response (sophomore)
- D/~~DN~~/NO 8. adopts teaching as an integral part of the nurse's role (sophomore)

V. THERAPEUTIC RELATIONSHIP

1 2 3 4 5 A. Identifies the differences between therapeutic and social relationships

1 2 3 4 5 B. Demonstrates a willingness to enter into a therapeutic relationship (freshman Third Qtr)

1 2 3 4 5 C. Initiates a relationship and develops an atmosphere which promotes trust by:

- D/DN/NO 1. introducing self
- D/DN/NO 2. defining boundaries of relationship
- D/DN/NO 3. establishing an area of common ground (freshman Third Qtr)

VI LEADERSHIP SKILLS

1 | 2 | 3 | 4 | 5

E. Teamleading

(sophomore Third Qtr)

D/DN/NO

1. can set goals for individual patients

D/DN/NO

2. prioritizes needs of a group of patients

D/DN/NO

3. delegates responsibility to team member based on:

a. job description

b. individual competencies

c. available personnel

d. complexity of care to be given

D/DN/NO

4. Evaluates progress of patient and ability of team member to handle situation and change assignments as necessary

D/DN/NO

5. Gives objective feedback (positive, as well as negative) to team member

D/DN/NO

6. Keeps team informed of changes involving patient care (scheduling, new orders, etc.)

VII. MOTOR SKILLS

Key:

1. awkward in movements

2. requires step by step directions

3. slow and deliberate

4. dexterous in movements (without sacrificing quality)

1 | 2 | 3 | 4 | 5

A. demonstrates ability to perform previously learned skills

1 | 2 | 3 | 4 | 5

B. \_\_\_\_\_

1 | 2 | 3 | 4 | 5

C. \_\_\_\_\_

1 | 2 | 3 | 4 | 5

D. \_\_\_\_\_

Evaluation Tool

IX. MEDICAL REGIME

1 | 2 | 3 | 4 | 5

A. Drug Therapy

D/DN/NO

3. Signs out correctly, calculates dosage accurately and prepares medication correctly within:

- a. 15 minutes (freshman Third Qtr)
- b. 10 minutes (sophomore First Qtr)
- c. 5 minutes (sophomore Second Qtr)

D/DN/NO

4. Administers medication with consideration of the following correct items:

- a. patient
- b. drug
- c. dosage
- d. time
- e. route
- f. site (freshman Second Qtr)

D/DN/NO

5. Charts medication correctly (freshman Second Qtr)

D/DN/NO

6. Identifies signs and symptoms of:

- a. degree of effectiveness of the drug
- b. side effects of drug (freshman Second Qtr)

D/DN/NO

7. Recognizes signs and symptoms in the patient and evaluates for:

- a. the degree of effectiveness of the drug
- b. the side effects of the drug (freshman Third Qtr)

D/DN/NO

8. Reports and charts the signs and symptoms relating to:

- a. the degree of effectiveness of the drug
- b. the side effects of the drug (freshman Third Qtr)

D/DN/NO

9. Carries out the teaching process (see IV-C) in relation to drug therapy (freshman Third Qtr)

1 | 2 | 3 | 4 | 5

B. Nutritional Therapy

D/DN/NO

1. Utilizes resources to gain information concerning unfamiliar diets

D/DN/NO

2. Identifies common foods allowed within diet prescriptions

D/DN/NO

3. States relationships between diet and patient's condition (freshman Second Qtr)

IX. MEDICAL REGIME

1 | 2 | 3 | 4 | 5

D. Diagnostic Tests

- |         |    |  |
|---------|----|--|
| D/DN/NO | 1. | Identifies and investigates resources to gain information about diagnostic tests and procedures                      |
| D/DN/NO | 2. | Plans for, prepares patient for, and participates in the diagnostic procedure and follow-up care (see Teaching IV-C) |
| D/DN/NO | 3. | Records and/or reports nursing actions appropriately   |
| D/DN/NO | 4. | Seeks out information about:<br>a. results of tests<br>b. significance of results (freshman Third Qtr)               |
| D/DN/NO | 5. | Identifies and/or makes, adjustments in nursing care related to the results of tests (sophomore First Qtr)           |

X. NURSING PROCESS

1 | 2 | 3 | 4 | 5

A. Data Collection

- |         |    |  |
|---------|----|--|
| D/DN/NO | 1. | Collects the following data:<br>a. related growth and development<br>b. related anatomy and physiology<br>c. related sociological factors<br>d. pathophysiology of the disease process<br>e. medical treatment (i.e., drugs, treatments, tests, diet, activity, etc.)  |
| D/DN/NO | 2. | Utilizes the following process:<br>a. selects patients with a particular focus relating to the unit being studied<br>b. utilizes the following sources in data collecting:<br>1. kardex, chart<br>2. library resources (i.e., current textbook, periodicals, audiovisuals)<br>3. members of the health team including the family<br>4. patient assessment including:<br>a. patient interview<br>b. physical assessment by inspection (including use of all senses)<br>5. environment (i.e., safety hazards, equipment needs, etc.) |

January 1976

- Instructions re: 1) The Use of the Evaluation Tool  
2) Computation of Clinical Portion of Grade

You will notice that this evaluation tool is composed of ten categories, each of which is composed of several sub-categories. Listed beneath each sub-category are the specific behaviors which must be considered in the first stage of the evaluation process.

Consider the number of times you have been observed participating in each of the behaviors listed. Consider the quality of the behavior that you demonstrated. Rate yourself (1-5) in the sub-category using the following rating scale.

Rating	1	2	3	4	5
Quality of Behavior	Unacceptable	Poor	Satisfactory	Good	Excellent

Checking the did/did not/not observed listed before each behavior will help you to be aware of those behaviors that must be seen to be evaluated. Continue on, rating yourself in each sub-category.

The second stage of the evaluation process consists of calculations. Examine each of the ratings under one category. Average these ratings to arrive at an overall category score. Each category score is an important number, since two determinations are made from these numbers. The determinations are: 1) probationary status and 2) allowance to continue in the program.

The student who attains satisfactory in all the categories will continue in the program. If this evaluation is a final evaluation, the final grade will be computed by averaging the ten categories. The final grade is awarded as follows:

$$3.0 - 4.0 = B$$
$$4.1 - 5.0 = A$$

Probationary status provides a means for the student who does not demonstrate satisfactory behavior to show that he/she is able to demonstrate satisfactory behavior. A contract may be drawn up delineating the specific behaviors which must be improved. If such a contract is drawn up at the end of the quarter, as in the past, a grade of I (incomplete) will be received for that quarter. When the student demonstrates an improvement according to the terms of the contract, and when the five week probationary period has past, the grade of "I" will be altered to reflect satisfactory performance. If at the end of the probationary five week period the student is not able to demonstrate that he/she has improved his deficient behavior to the point that it is now satisfactory, he/she is not allowed to continue in the program.

The student who attains below satisfactory, i.e. below 3.0, in any one category, will continue in the program without being on probationary status if this evaluation is a midquarter evaluation. Should this evaluation be a final evaluation, the student may continue into the next five weeks on probation.

Because accuracy, dependability and stability are such important aspects in nursing, the category of safety is an exception to the above statement. The student who attains below satisfactory, i.e. 3.0, in only the category of safety will continue into the next five weeks on probation, if this is a midquarter evaluation. At final evaluation time, the student must attain satisfactory in the category of safety. Failure to do so will mean that the student cannot continue in the program.

The student who attains below satisfactory, i.e. below 3.0, in any two or three categories will be placed on clinical probationary status for the next five weeks of school, regardless of this evaluation being a midquarter or a final evaluation.

The student, who attains below satisfactory, i.e. below 3.0 in any four categories receives an automatic incomplete. This student is not allowed to continue in the program.

APPENDIX #6

DOUGLAS COLLEGE HEALTH SERVICES DIVISION

NURSING PROGRAM

INFORMATION BROCHURE

1976

The curriculum and teaching/learning methods used in the nursing program have developed out of the following beliefs:

MAN is a unique individual capable of learning and developing. He has a right to dignity, respect and opportunities for growth. Man is influenced by his family, the society in which he lives, and his physical surroundings. All human beings have common biological, sociological, psychological, and spiritual needs. Man has a responsibility to meet his own needs and a right to participate actively in all plans and/or decisions that will ultimately affect him.

HEALTH is more than a lack of disease or handicap. It is a state of harmony within the individual and between the individual and his total environment. Ultimately man has the responsibility for achieving a workable balance between dependence and independence in attempting to meet his basic needs and adapt to the stress of living.

NURSING is a unique and complex synthesis of knowledge and skills, Nursing intervention includes preventive, nutritive and creative behaviours. Through the process of communication, problem solving, teaching and learning, nursing assists the individual to attain optimal health and independence.

LEARNING is a dynamic process involving interaction between the learner and his environment resulting in observable behavioural changes. Learning is more effective when the student has an early opportunity to apply the information he has acquired, when he participates in the process of his education, when he is held responsible for his own learning, and can progress at his own rate of learning.

EDUCATION seeks to develop the ability to problem-solve and to transfer learning. It is a life-long process which attempts to prepare the student for a positive role in a changing society. Education should provide for maximum career mobility and opportunity for students wishing to study on a part-time basis.

*Wm Matheson*  
*Head of Nursing*  
*Douglas College*

*part.*

## NURSING PROGRAM

It is the intent of the Douglas College nursing program to:

- provide maximum vertical and horizontal career mobility
- emphasize commonalities among the various categories of nursing
- provide for independent study and self learning
- provide opportunity for the student to progress at his or her own rate of learning where possible

It is the aim of this two-part program to prepare graduates to provide safe nursing care in a variety of settings at different levels of competence.

### PRACTICAL NURSING - PHASE ONE (3 Continuous Semesters)

Phase One is designed to prepare the student to be eligible for licensure as a Practical Nurse in British Columbia. HOWEVER, AT THE PRESENT TIME DOUGLAS COLLEGE CANNOT ENSURE THAT THOSE STUDENTS WISHING TO EXIT AT THE END OF PHASE ONE WILL BE PERMITTED TO APPLY FOR LICENSURE. This decision will be made by the B.C. Departments of Labour, Education and Health, which are well acquainted with the College's plans, and are presently considering their implications.

### REGISTERED NURSING AND REGISTERED PSYCHIATRIC NURSING - PHASE TWO (3 Continuous Semesters)

Phase Two is designed to prepare the graduate to be eligible for registration as a Registered Nurse or Registered Psychiatric Nurse. Students successfully completing Phase One may enter the second phase leading to either of the above diplomas. The decision regarding which program to take may be made after the second semester. By then, students will have had a variety of nursing experiences.

It is intended that the sixth semester of both streams will be an experience in an area of choice such as Geriatric, Obstetric, Surgical, Medical, Pediatric, Psycho-geriatric, or Mental Retardation Units. The experience will provide an opportunity to integrate theory and practice and to develop beginning leadership skills in a specialized setting.

Following completion of Phase Two the student will be eligible to apply for registration as a Registered Nurse or Registered Psychiatric Nurse.

### ACCESS PROGRAM FOR ADMISSION TO PHASE TWO

It is our intention to develop assessment techniques that will allow an applicant to challenge areas of our program in which they already have training and experience. Applicants seeking direct admission to Phase Two will be required to undergo challenge examinations on their theoretical knowledge and assessment of their clinical skills to demonstrate competence to the level of our first year graduates. Psychology 100 and Sociology 125 or their equivalent, will be required as the first year of our program has this foundation.

Unfortunately, we are not able to indicate how many spaces will be available by September 1st, 1976. Applicants for placement in Phase Two will be kept advised of developments.

### THE CURRICULUM

In addition to nursing theory, practice laboratory and clinical experience, Douglas College nursing students will attend classes prepared and taught by a variety of disciplines in the College including Biology, Psychology, Sociology, English and Counselling. Nursing instructors will select learning experiences for students in major hospitals and a variety of community agencies. The program has approximately 28 scheduled hours per week in classroom seminar and hospital experience. In addition, a considerable portion of the program is designed for independent study by the student.

A College Calendar is available for reference regarding semester breaks, examinations, College services, etc.

### ADMISSION REQUIREMENTS AND PROCEDURES

The Douglas College Health Services Division, with the permission of the related organizations and the College Council, is attempting to define through research the relevant admissions criteria for successful completion of a nursing program and subsequent on-the-job performance.

For this reason our selection procedures have been established as follows:

- \* Applications will be accepted until April 1st, 1976 for the next intake of students in September, 1976. With existing selection priorities established by our College Council, it is evident that there is little possibility that we will be able to consider applications from students who do not reside in one of the eight school districts comprising the Douglas College region. Students who establish residence in the region prior to the closing date for applications, April 1st, 1976, will receive consideration as resident students.
- \* All applicants will complete a series of tests from the Canada Manpower General Aptitude Test Battery (GATB) to test basic skills relative to successful completion of a nursing program. Testing sessions will be scheduled from February 1st to May 15th, 1976.
- \* Applicants successfully completing the testing series will be placed in the following academic categories as required by the research model:
  - 1) Those who have graduated from Secondary school with two different science courses numbered 11 or 12.
  - 2) Those who have graduated from Secondary school without two science courses.
  - 3) Those who have not graduated from Secondary school, who are 19 years of age or older on the first day of the semester, and who have been out of school at least one year.

ADMISSION REQUIREMENTS AND PROCEDURES (cont'd)

- \* Twenty-five students (plus 15 students on each back up list) will be selected from each of the educational groups, using a Table of Random Numbers. The selection will be made during the first week of June, 1976.
- \* Those students selected for the 1976 intake will be asked during June to complete the first of a series of tests providing research data, to schedule a personal interview, and to complete an immunization program and medical examination before September 1976.

Because of the need for on-going data collection, students in the nursing program are asked to be "guinea pigs" in a sense and are requested to sign a consent form indicating their agreement to complete a variety of questionnaires and personal inventory forms over the period of two years; also, permitting the College to use personal data and evaluation data (no names used) for research purposes.

EXPENSES (Approximate and subject to revision)

Tuition fee (each semester) . . . . .	\$125.00
Textbooks (each year) . . . . .	Phase I \$100.00 Phase II \$60.00
Uniforms and Shoes . . . . .	\$100.00

Each professional association has a registration fee.

The student is responsible for transportation to the College, the hospitals and community agencies.

FINANCIAL AID

A stipend of \$150.00 per month per student is provided by the Provincial Government. Other financial assistance may be requested through the Financial Aid Officer of Douglas College, who is located on the New Westminster Campus. (Telephone: 521-4851)

EMPLOYMENT OPPORTUNITIES

Graduates who successfully complete R.N. or R.P.N. requirements have a variety of employment opportunities in acute, general and psychiatric hospitals, community agencies, intermediate care and specialized units. Salaries are competitive with other professions and since graduates from both programs are in demand, the opportunity to travel is available.

OPPORTUNITY FOR CONTINUING EDUCATION

A variety of short courses are available in addition to formal post-basic programs in specialized nursing such as the Douglas College Post Basic Certificate programs in Community Mental Health and Unit Administration for Registered Psychiatric Nurses. Students who successfully complete their registration requirements with R.N.A.B.C. will be eligible to apply for entry into the third year of the Baccalaureate degree program at U.B.C. and into many other Canadian universities.

PROGRAM STATUS

We are working in close liaison with all professional associations to ensure that necessary program approvals are obtained. The professional associations in this province have the authority to register the applicant subsequent to graduation from the College program.

APPENDIX #7

PHILOSOPHY OF THE NURSING PROGRAM  
=====

NURSING CURRICULUM MODEL  
=====

TERMINOLOGY  
=====

OVERALL OBJECTIVES  
=====

PROPOSED CURRICULUM PLAN PHASE ONE  
=====

OVERVIEW OF CURRICULUM  
=====

## PHILOSOPHY OF THE NURSING PROGRAM

---

MAN is a unique individual capable of learning and developing. He has a right to dignity, respect and opportunities for growth. Man is influenced by his family, the society in which he lives, and his physical surroundings. All human beings have common biological, sociological, psychological, and spiritual needs. Man has a responsibility to meet his own needs and a right to participate actively in all plans and/or decisions that will ultimately affect him.

HEALTH is more than a lack of disease or handicap. It is a state of harmony within the individual and between the individual and his total environment. Ultimately man has the responsibility for achieving a workable balance between dependence and independence in attempting to meet his basic needs and adapt to the stress of living.

NURSING is a unique and complex synthesis of knowledge and skills. Nursing intervention includes preventive, nutritive and creative behaviours. Through the processes of communication, problem solving, teaching and learning, nursing assists the individual to attain optimal health and independence..

LEARNING is a dynamic process involving interaction between the learner and his environment resulting in observable behavioural changes. Learning is more effective when the student has an early opportunity to apply the information he has acquired, when he participates in the process of his education, and when he is held responsible for his own learning, and can progress at his own rate of learning.

EDUCATION seeks to develop the ability to problem-solve and to transfer learning. It is a life-long process which attempts to prepare the student for a positive role in a changing society. Education should provide for maximum career mobility and opportunity for students wishing to study on a part-time basis.

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(1) Dependency-Independency:

The balance of inter-relationship between man and his environment. Both dependent and/or independent behaviours may be considered positive adaptive behaviours in various circumstances in an individual's life cycle.

(2) Human Needs:

All those psychological, sociological and physiological requirements essential to the maintenance of optimum health.

(3) Stress:

Any influence upon the human organism arising from the internal or external environment. The stress may be a positive influence or it may interfere with the satisfaction of basic needs or threaten to disturb equilibrium.

(4) Response:

An individual's attempt, when confronted with stress, to maintain homeostasis by means of psychological, sociological and physiological coping mechanisms.

(5) Homeostasis:

A state of balance or equilibrium.

(6) Process Concepts:

A set of ideas which represents both a body of knowledge and a system for the learning and application of knowledge.

(7) Communication:

The transfer of information between individuals either by verbal or non-verbal means. The communication process contains:

- (a) an idea, act or stimulus to engage in the exchange;
- (b) two individuals or more (source-receiver);
- (c) the message;
- (d) a channel for the transfer of the message, and
- (e) feedback.

## OVERALL OBJECTIVES

=====

### PHASE ONE

#### Context

The graduate of Phase One of the Douglas College nursing program will be able to work in an acute or extended care setting which has an established system, implemented by a nursing team, of organizing and planning nursing care. Nursing care will be given to specified individual patients or group(s) of patients of any age group whose physical and emotional condition is relatively stable.

The nursing actions are primarily directed to helping the patient with activities of daily living and can be carried out independently, that is implemented without consultation or supervision. Specialized nursing interventions are implemented in consultation with the patient, and a Registered Nurse or a physician. An assisting role will be assumed (a) in implementing nursing care for patients whose physical and emotional condition is or becomes unstable, (b) with medical diagnostic procedures.

In a community nursing agency the graduate will be able to function as a member of the nursing team at the same level at which she/he functions in a hospital setting.

### PHASE TWO

#### Context

In addition to that context outlined for the graduate of Phase One, the graduate of Phase Two of the Douglas College nursing program will be able to function as a beginning practitioner in Medical, Surgical, Pediatric, Obstetrical (post-partum and Nursery), Geriatric (both acute and extended care situations) and Psychiatric (not to include intensive or critical care) areas where there is an established health care system and where a resource is available. He/she will be able to provide safe, comprehensive nursing care to individuals or groups of patients of any age group who are already within the health care system and whose condition may require maximum care (not to include intensive or critical care).

The graduate having completed the sixth semester in an area of his/her choice will have greater depth, scope and consolidation of skills in that particular area and will be able to utilize beginning leadership skills in delegating, organizing and co-ordinating at the nursing team leadership level. The elective will have been completed in one of the areas mentioned above but also including Labor and Delivery.

The graduate of Phase Two will only be able to function in Intensive Care Units, Emergency, Operating Room and Home Nursing situations following a period of inservice education and additional practice.

PROPOSED CURRICULUM PLAN PHASE ONE

=====

SEMESTER I

<u>Courses offered</u>	<u>Hrs/ Wk.</u>	<u>Sem. Hrs. Credit</u>
Nursing 100 , Nursing 110		
Class.....	3	3
Lab.....	2	1
Clinical/Community experience.....	8	3
Human Biology 103		
Class.....	2	2
Lab.....	2	1
Social Sciences..... (PSY-100(M) and SOC-125)	3	3
Frontiers of Communication HS 110	2	2
Health Promotion HS 100.....	3	2
Nursing Survey NUR 120	1	1
<b>Total</b>	<u>26</u>	<u>18</u>

SEMESTER II

<u>Courses offered</u>	<u>Hrs/ Wk.</u>	<u>Sem. Hrs. Credit</u>
Nursing 200, Nursing 210		
Class.....	3	3
Lab.....	2	1
Clinical/Community experience.....	12	5
Human Biology 203		
Class.....	2	2
Lab.....	2	1
Social Sciences..... (PSY-100(M) and SOC-125)	3	3
Health Promotion HS 200.....	2	2
<b>Total</b>	<u>26</u>	<u>17</u>

SEMESTER III

<u>Courses offered</u>	<u>Hrs/ Wk.</u>	<u>Sem. Hrs. Credit</u>
Nursing 300 , Nursing 310		
Class.....	2	2
Lab.....	1 )	
Clinical/Community experience.....	30 )	12
Nursing Survey 220...	1	1
<b>Total</b>	<u>34</u>	<u>15</u>

Note re Phase One:

Number of hours spent in clinical and other community experiences: 676

Number of hours spend in all other scheduled activities: 518

Percentage of total scheduled time used for clinical and community experiences: 56.6%

Frontiers of Communication HS 110 (taught by the Director of Health Services) provides the student with an opportunity to study and practice communication skills in a small group, on a one-to-one basis and in reporting and recording sessions. This course is planned for Semester I only. In Semester II this time is picked up by the lengthened clinical experience and further aspects of communication, e.g. counselling, will be integrated into the Health Promotion course.

Human Biology 103 and 203 (taught co-operatively by members of the Biology Department and nursing faculty) provides for the study of human anatomy and physiology. This course will be used as a basis for the study of cause and effect in nursing and for the study of Pharmacology. Microbiology content, sometimes a part of Biology courses, is integrated into the Nursing course.

The social sciences requirement of the curriculum is provided by the Social Sciences Department of Douglas College. Psychology 100(M) and Sociology 125 alternate throughout Semesters I and II. Psychology is an introductory psychology which introduces the students to an understanding of the dynamics of human behaviour, growth and development of specific behaviour management techniques. Sociology 23-125 introduces the student to basic concepts of Sociology and examines some of the causes of social stability and change in our contemporary society.

Planned community experiences (other than hospital) provide opportunities for the student to observe, assess and work with individuals whose needs are being met in a normal way, and to study the transition of the patient to the care of a community nursing agency following discharge from hospital.

Planned clinical experiences provide an opportunity for the student to develop his/her knowledge of the nursing process and to care for selected patients whose health problems are related to the symptomatology mentioned in the Nursing course. Clinical areas used will be Medical-Surgical areas, Pediatrics, Obstetrics (post-partum and nursery) and Extended Care.

### Semester III (summer session)

\*\* Nursing 300 provides the student with greater depth in the theory and skills necessary to carry out effective nursing care for patients experiencing significant responses to stress, for example, the inflammatory and neoplastic responses. Prototype "deviations" resulting from stress-response factors are studied in relation to the satisfaction of specific needs in specific age groups.

The Nursing Survey 220 course is a continuation of that taught in Semester I. The organization of Health care delivery in B.C., the hospital bureaucracy and the change process are studied. The problem solving process as it is used in bringing about change is discussed.

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