

Ministry of Advanced Education, Skills and Training

2011 Practical Nursing Program

PROVINCIAL CURRICULUM GUIDE

2nd Edition Revised 2017

The companion document to this Guide is the

2011 Practical Nursing Program

PROVINCIAL CURRICULUM GUIDE SUPPLEMENT:

Program Core Standards and Teaching and Learning Resources, 2017

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ACKNOWLEDGEMENTS

This document was revised as part of the 2016–2017 Provincial Practical Nursing Program and Access to Practical Nursing Program Curriculum Guide Revision Project*.* The project was sponsored by the Ministry of Advanced Education, Skills and Training, championed by the BC post-secondary institution health deans and directors and led by BCcampus. This collaborative project was guided by the expertise and contributions of the members listed below. We are grateful for their contributions and for their colleagues who worked with them.

|  |  |
| --- | --- |
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INTRODUCTION

In response to the recommendation from the Deans of Health Sciences to the Ministry of Advanced Education, Skills and Training (AEST) and the Ministry of Health, AEST engaged BCcampus’s Collaborative Projects team to review the 2011 Practical Nursing Program Provincial Curriculum Guide and the 2012 Access to Practical Nursing Program Provincial Curriculum Guide.

This collaborative process began in the fall of 2016 with the formation of the Practical Nursing Curriculum Revision Steering Committee whose purpose was to provide direction and guidance on the revisions. The Steering Committee comprised key stakeholders in Practical Nursing education in British Columbia, including private and public post-secondary programs, practice leadership and others involved with overall recognition, accreditation or professional standards.

From November 2016 to March 2017, telephone, online and face-to-face meetings were conducted to discuss recommendations for revisions to the curriculum. The committee members presented their experiences with the curriculum along with feedback gathered from each of their respective organizations to provide recommendations for revisions.

From May to June 2017, nine working groups met online and through face-to-face meetings to work on content changes and additions in support of the recommendations. These working groups were facilitated by a member of the steering committee to provide context, scope and other background information as required. The nine recommendations, which formed the basis of the revisions, are listed below.

From August to November 2017, broad stakeholder consultation was invited through Steering Committee member networks and at presentations in October 2017 to the College of Licensed Practical Nurses of British Columbia (CLPNBC), the Practical Nursing Articulation Committee and the Post-Secondary Education Health Deans and Directors.

This revision process followed the standard BCcampus development protocol, which is iterative and offers stakeholders opportunities for feedback throughout the process. The Steering Committee reviews survey data and other forms of feedback to include in the deliverables. The review takes place during several stages throughout the project lifecycle with efforts to increase consultative reach as the project progresses.

Practical Nursing Guide Second Edition Revisions

In 2011, the Practical Nurse Curriculum Guide was developed with the goal of creating “sustainable provincial capacity for a relevant and dynamic practical nursing curriculum.” The following recommendations, which formed the basis for the revisions to the second edition, were meant to further support and enhance this goal.

**Recommendation 1**

Learning outcomes were reviewed and the language was modified to ensure alignment with patient and family-centred care, and to include Truth and Reconciliation Commission (TRC) Calls to Action, cultural humility and safety, intercultural competency, LGBTQ2 content and trauma-informed practice.

***Rationale***

Many of the learning outcomes in the original Practical Nurse Curriculum Guide contain language that addresses cultural aspects of patient and family-centred care including cultural safety and diversity, Indigenous cultures, and multicultural communication to name a few. However, the language and learning outcomes needed to be reviewed and modified in order to respond to the TRC Calls to Action and to better integrate the current learning outcomes into the curriculum to avoid isolating or omitting a particular group or culture.

**Recommendation 2**

The Faculty Qualifications section was removed from the original Practical Nurse Curriculum Guide and added to the Provincial Curriculum Guide Supplement.

***Rationale***

While the role and qualifications of faculty are very important to the successful delivery of the Practical Nurse program, the Steering Committee members stated that the Faculty Qualifications section of the guide is not considered to be curriculum content per se and therefore should be removed from the Practical Nurse Curriculum Guide. The Provincial Curriculum Guide Supplement for educators now captures this important non-curricular content.

**Recommendation 3**

The Admission Requirements, Notes for Admission and English as an Additional Language sections were removed from the original Practical Nurse Curriculum Guide and added to the Provincial Curriculum Guide Supplement.

***Rationale***

The Practical Nursing Curriculum Revisions Steering Committee members stated that the Admission Requirements, Notes for Admission and English as an Additional Language sections of the guide are not considered to be curricular content and should therefore be removed. The Provincial Curriculum Guide Supplement for educators now captures this important non-curricular content.

**Recommendation 4**

Additional learning outcomes were added to Integrated Nursing Practice III and IV course outlines that meet pharmacology requirements for mental health, maternity and pediatrics care.

***Rationale***

Pharmacology learning outcomes needed to be carried through to Levels 3 and 4 of the program to address the expanded Licensed Practical Nurse (LPN) scope of practice and the critical elements of medication administration: in particular, the requirements for mental health, maternity and pediatrics.

**Recommendation 5**

Additional learning outcomes were added to address the application of leadership skills in each of the Integrated Nursing Practice II, III and IV courses. The working group that addressed this recommendation also added leadership learning outcomes to the Professional Practice I, II and IV courses to ensure theory courses support the practice courses in developing leadership skills.

***Rationale***

General learning outcomes that address the theory of leadership styles and skills such as communication, decision making and critical thinking are interspersed throughout the curriculum. However, it is important that the learning outcomes also reflect a greater breadth and depth, and the application of leadership skills, especially in the Integrated Nursing Practice courses and in light of the changes in the LPN role within the residential care model.

**Recommendation 6**

More flexibility with clinical placements was integrated into the curriculum, taking into account regional needs and requirements.

***Rationale***

Current language in the curriculum guide on clinical placements may not always allow enough flexibility to maximize student experience while at the same time matching the needs and expectations of the health authorities that employ LPNs and the educational institutes that educate Practical Nursing students.

**Recommendation 7**

The use of the terms “interprofessional education” and “intercollaborative practice” throughout the Practical Nurse Curriculum Guide was reviewed and modified for consistency. Related definitions were added to the updated Glossary of Terms.

***Rationale***

The terms “interprofessional education” and “intercollaborative practice” have different meanings. However, they are occasionally used interchangeably throughout the curriculum guide.

**Recommendation 8**

The original competency maps were updated to ensure consistency with Nurses (Licensed Practical) Regulation, College of Licensed Practical Nurses of British Columbia Scope of Practice: Standards, Limits and Conditions, Canadian Council for Practical Nurse Regulators Entry-to-Practice Competencies and Canadian Practical Nurse Registration Examination Competency and Blueprint Committee Blueprint.

Specifically, the following guidelines and standards were used to update the competency map:

* Aboriginal Nurses Association of Canada (ANAC) (now called the Canadian Indigenous Nurses Association), Canadian Association of Schools of Nursing (CASN), Canadian Nurses Association (CNA): Cultural Competence and Cultural Safety in Nursing Education (2009).
* Canadian Council for Practical Nurse Regulators (CCPNR): Entry-to-Practice Competencies for Licensed Practical Nurses (2013).
* Canadian Interprofessional Health Collaborative (CIHC): National Interprofessional Competencies Framework (2010).
* Canadian Practical Nurse Registration Examination (CPNRE) Competency and Blueprint Committee: Canadian Practical Nurse Registration Examination Blueprint (2017).
* College of Licensed Practical Nurses of British Columbia (CLPNBC): Professional Standards for Licensed Practical Nurses (2014).
* College of Licensed Practical Nurses of British Columbia (CLPNBC): Practice Standards for Licensed Practical Nurses (current editions).
* College of Licensed Practical Nurses of British Columbia (CLPNBC): Scope of Practice: Standards, Limits and Conditions (2016).
* First Nations Health Authority (FNHA): #itstartswithme—Cultural Safety and Humility: Key Drivers and Ideas for Change (2016).
* Truth and Reconciliation Commission of Canada (TRC): Truth and Reconciliation Commission of Canada: Calls to Action (2015).

***Rationale***

Due to new concepts in the Nurses (Licensed Practical) Regulation, changes to the LPN scope of practice (including autonomous practice and independent decision making) and a revised CLPNBC Standards of Practice Framework, the current competency map needed to be updated.

**Recommendation 9**

Teaching and learning resources (such as the original Appendixes D, E and H) were removed from the original Practical Nurse Curriculum Guide and added to the new Practical Nursing Provincial Curriculum Guide Supplement. This included removing any prescriptive language that prohibits choice of resource. The Supplement incorporates these items with other teaching and learning resources.

***Rationale***

Although learning resources are a valuable asset used to support learning outcomes, the Practical Nursing Curriculum Revisions Steering Committee members stated that the learning resource sections of the guide are not considered to be curricular content and should be removed from the Practical Nurse Curriculum Guide. Because these resources, such as web links, activities and references, often become quickly outdated, moving them to a separate guide makes it easier to update them regularly (for instance, annually).

Practical Nursing Second Edition Revisions Summary Table

The following table provides a summary of the revisions made in this second edition. It is important that institutions refer to the current versions of all documents listed in the Guide and Supplement.

| **Second Edition Updates** | **Page Number(s)** |
| --- | --- |
| The term “Aboriginal” has been changed to “Indigenous” (except when including published authors or references that include the term “Aboriginal”). | Throughout |
| In the *Acknowledgements*, Practical Nursing Curriculum Revision Steering Committee and Working Group members are identified. | 9 |
| In the *Introduction*, content is updated and a new section, Practical Nursing Guide Second Edition Revisions, has been added. | 10–14 |
| In *Practical Nurse Curriculum Philosophy,* the term “cultural humility” has been added to the second paragraph in italics and to the *Glossary of Terms*. | 64 |
| In *Curriculum Organizing Concepts – Professional,* “code of ethics” has been changed to “ethical standards.” | 64 |
| In *Figure 1 Learning Spiral*, “CLPNBC Baseline Competencies” has been changed to “CLPNBC Scope of Practice for LPNs: SLCs” | 66 |
| In *Program Purpose*, the passage “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),” which has outdated references. It has been changed to:  “Consistent with the CLPNBC Scope of Practice: Standards, Limits and Conditions (2017), the focus for beginner’s practice is ‘promotion, maintenance and restoration of health, with a focus on clients with stable or predictable states of health’ (p. 3).” | 67 |
| In the list of Learning Outcomes, outcome #1 “Apply the Baseline Competencies for Licensed Practical Nurses’ Professional Practice (2009)” has been changed to “Apply the Entry-to-Practice Competencies for Licensed Practical Nurses (2013).” | 67 |
| In the list of Learning Outcomes, in #2 “and Code of Ethics” has been changed to “ethical standards.” | 67 |
| In the list of Learning Outcomes, in #5, “interprofessional” has been italicized and added to *Glossary of Terms*. | 67 |
| In the list of Learning Outcomes, in #10, “cultural humility” has been added. | 67 |
| The *Program Core Standards* section, including *Admission Requirements, Notes for Admission, English as an Additional Language* and *Faculty Qualifications* sections, has been moved to the Provincial Curriculum Guide Supplement (formerly pages 17 – 18). | Moved to Supplement |
| In *Curriculum Framework*, the first paragraph “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)” has been updated to:  “The curriculum framework of the PPNP is guided by the Nurses (Licensed Practical) Regulation (2015), Entry-to-Practice Competencies for Licensed Practical Nurses (CCPNR, 2013), Professional Standards for Licensed Practical Nurses (CLPNBC, 2014), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), and the Canadian Practical Nurse Registration Exam Blueprint (CPNRE, 2017).” | 68 |
| In *Curriculum Framework*, several italicized concepts in the fourth paragraph were added to the *Glossary of Terms:* “holism, social justice, client‐focused, self‐reflection and lifespan.” | 68 |
| In *Curriculum Framework,* Professional Practice, Practical Nursing Professional Practice, Level 1, the first three bullets: Scope of Practice, Standards for Practice and CLPNBC Competencies have been changed to:  CLPNBC Scope of Practice, CLPNBC Practice Standards, and CLPNBC Professional Standards. | 70 |
| In *Curriculum Framework*, in the *Professional Practice* table, Practical NursingEthical Practice section, Level 1, “Code of ethics” has been revised to “Ethical standards.” | 71 |
| In *Curriculum Framework*, in the *Professional Practice* table, Diversity across the Lifespan section, culturally related concepts have been revised to reflect Recommendation 1:  - Level 1: Cultural awareness and sensitivity  - Level 2: Cultural competency  - Level 3: Cultural safety  - Level 4: Cultural humility | 72 |
| In *Curriculum Framework*, in the *Professional Communication* table*,* Relational Practice across the Lifespan section, culturally related concepts have been revised to reflect Recommendation 1:  - Level 1: Cultural awareness and sensitivity  - Level 2: Cultural competency  - Level 3: Cultural safety  - Level 4: Cultural humility | 73 |
| In *Curriculum Framework*, in the *Health Promotion* table*,* Diversity in Health Promotion section, culturally related concepts have been revised to reflect Recommendation 1:  - Level 1: Cultural awareness and sensitivity  - Level 2: Cultural competency  - Level 3: Cultural safety  - Level 4: Cultural humility | 77 |
| In *Curriculum Framework*, in the *Pharmacology* table, Introduction to Complementary and Traditional Healing Modalitiessection, the following has been added to Level 2:  “Interactions between complementary medicines and pharmaceuticals.” | 78 |
| In *Competency Map*, the introductory paragraph has been revised:  “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”  It now reads as:  “The Competency Map integrates the Entry-to-Practice Competencies for Licensed Practical Nurses (CCPNR, 2013), the Canadian Practical Nurse Registration Exam Blueprint (CPNRE, 2017),the National Interprofessional Competency Framework (CIHC, 2010), Professional Standards for Licensed Practical Nurses (CLPNBC, 2014), Practice Standards of Practice for Licensed Practical Nurses (CLPNBC, various years), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), competencies required by WorkSafeBC, the Cultural Competence and Cultural Safety in Nursing Education (ANAC-CASN-CNA, 2009) the Truth and Reconciliation Commission: Calls to Action (TRC, 2015) and Cultural Safety and Cultural Humility Key Drivers and Ideas for Change (FNHA, 2016). 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.” | Moved to Supplement |
| The *Competency Map* was updated and moved to the Provincial Curriculum Guide Supplement. | Moved to Supplement |
| In *Detailed Course Information*, reference to the BC Council on Admissions and Transfers was removed. | 83 |
| In *Detailed Course Information*, the following paragraph has been revised since Appendix D (Indigenous Learning Activities) has been moved to the Provincial Curriculum Guide Supplement. As well, the phrase “meeting cultural competencies” has been revised to “cultural safety and humility competencies.”  “**Suggested Learning Activities:** Examples of activities that can be used to facilitate and foster student learning. Learning activities can be found in the Provincial Curriculum Guide Supplement for educators.” | 83 |
| In *Detailed Course Information*, the following paragraph has been revised, since learning resources have been moved to the Provincial Curriculum Guide Supplement for educators.  “**Suggested References/Resources:** These are a sampling of potential texts, journals, and websites for faculty and student use.”  Revised to: “**Suggested References/Resources:** See Provincial Curriculum Guide Supplement for a sampling of potential texts, journals and websites for faculty and student use.” | 83 |
| In *Detailed Course Information*, the reference to Appendix F has been revised to “Appendix C”:  “Appendix C suggests topics for case study, simulation and problem-based learning development.” | 83 |
| In **all** *Course Outlines* sections, the “Suggested References/Resources” has been removed and placed in the Provincial Curriculum Guide Supplement. This statement has been included in all course outlines:  **“Suggested References/Resources**  See current suggestions in PN Provincial Curriculum Guide Supplement.” | Moved to Supplement |
| In **all** *Course Outlines*, the red font indicating Indigenous-related and cultural safety components has been changed to black to integrate better with course outline content. | All course outlines |
| In *Course Outline: Professional Practice I – Course Concepts* section, “Cultural sensitivity and awareness” and “Awareness of own culture” has been added. | 85 |
| In *Course Outline: Professional Practice I – Learning Outcomes*, outcome #1, “code of ethics” has been revised to “ethics.” | 85 |
| In *Course Outline: Professional Practice I – Learning Outcomes*, outcome #5, “Use self‐reflection and reflective journal writing to enhance learning and nursing practice” has been revised to:  “Describe how self-reflection and reflective journal writing enhance learning in nursing practice.” | 86 |
| In *Course Outline: Professional Practice I – Learning Outcomes*, outcome #9 – “Identify and explain the influence of collaborative and interprofessional relationships on quality practice environments” has been revised to:  “Identify and explain the influence of interprofessional collaborative relationships on quality practice environments.” | 86 |
| In *Course Outline: Professional Practice I – Learning Outcomes,* outcome #11*,* “Discuss culture and diversity within professional practice” has been revised to:  “Understand how cultural diversity, sensitivity and awareness influence professional practice.” | 86 |
| In *Course Outline: Professional Practice I – Learning Outcomes*, a new outcome has been added:  “Identify key competencies associated with effective leadership, management and followership.” | 86 |
| In *Course Outline: Professional Practice I – Suggested Learning Activities*, the activity “Using case studies and in small groups, discuss the application of the Standards of Practice and Code of Ethics (CLPNBC) to decision‐making” has been revised to:  “Using case studies and in small groups, discuss the application of the Standards of Practice and the Professional Standard: Ethical Practice (CLPNBC) to decision making.” | 86 |
| In *Course Outline: Professional Practice I – Suggested Learning Activities,* the activity “Discussions related to culture and diversity within professional practice as a shifting relational process, including guest speakers” has been revised to:  “Discuss issues related to culture, cultural sensitivity, awareness and diversity within professional practice as a shifting relational process, including guest speakers.” | 86 |
| In *Course Outline: Professional Practice I – Suggested Learning Activities,* a new activity has been added:  “Organize a panel of various health professionals (e.g., LPNs, BSNs, BPNs, to discuss interprofessional practice).” | 86 |
| In *Course Outline: Professional Practice I – Suggested Learning Activities*, the activity “Using case studies, apply an ethical decision‐making model, and the Code of Ethics (CLPNBC) to identify possible solutions or outcomes” has been revised to:  “Using case studies, apply an ethical decision‐making model, and the Professional Standard: Ethical Practice (CLPNBC) to identify possible solutions or outcomes.” | 86 |
| In *Course Outline: Professional Practice I – Suggested Learning Activities,* the activity “Post-colonial understanding: definition of terms as it relates to constructivist understanding of cultural awareness, sensitivity, and safety” revised to:  Introduce post-colonial understanding: definition of terms as it relates to constructivist understanding of decolonization, colonization, cultural awareness, sensitivity, competency, safety and humility. | 87 |
| In *Course Outline: Professional Practice I – Suggested Assessments,* the assessment “Written exam – application of the CLPNBC Standards of Practice and Code of Ethics” has been revised to:  “Written exam: application of the CLPNBC Standards of Practice and the Professional Standard: Ethical Practice.” | 87 |
| In *Course Outline: Professional Practice II – Course Concepts* section, “Cultural competency” has been added to reflect Recommendation 1. | 88 |
| In *Course Outline: Professional Practice II – Learning Outcomes*, outcome #5, “Describe the influence of collaborative and interprofessional relationships on a quality practice environment in residential care,” has been revised to:  “Describe the influence of interprofessional collaborative relationships on a quality practice environment in residential care.” | 89 |
| In *Course Outline: Professional Practice II – Learning Outcomes*, outcome #8, “Discuss and explain professional responsibility with respect to the cultural diversity and inclusivity of clients and colleagues in residential care,” has been revised to:  “Discuss and explain professional responsibility in terms of the cultural diversity and inclusivity of clients, including cultural competency and trauma-informed care with aging populations.” | 89 |
| In *Course Outline: Professional Practice II – Learning Outcomes*, a new outcome has been added:  “Define the nursing care delivery models used in health care.” | 89 |
| In *Course Outline: Professional Practice II – Suggested Learning Activities*, “cultural competency” has been added to the activity:  “Review 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; **cultural competency**, end-of-life care).” | 89 |
| In *Course Outline: Professional Practice II – Suggested Learning Activities,* a new activity has been added:  “Plan an interprofessional simulation with health care assistants, registered nurses, and registered psychiatric nurse learners on their respective roles and responsibilities in residential setting.” | 89 |
| In *Course Outline: Professional Practice II – Suggested Assessments*, the assessment “Written exam application of the CLPNBC Standards of Practice and Code of Ethics related to nursing practice in long term care settings” has been revised to:  “Written exam: application of the CLPNBC Standards of Practice and the Professional Standard: Ethical Practice related to nursing practice in long-term care settings.” | 90 |
| In *Course Outline: Professional Practice III – Course Concepts* section, “Cultural safety” has been added to reflect Recommendation 1. | 91 |
| In *Course Outline: Professional Practice III – Learning Outcomes*, outcome #3 – “Explain and evaluate the influence of collaborative and interprofessional relationships on a quality practice environment” has been revised to:  “Explain and evaluate the influence of interprofessional collaborative relationships on a quality practice environment.” | 91 |
| In *Course Outline: Professional Practice III – Learning Outcomes*, outcome #6 – “Explain the professional and legal responsibility of respecting cultural safety, diversity, and inclusivity in the community setting” has been revised to:  “Explain the professional and legal responsibility of fostering community partnerships, ensuring cultural safety, and inclusivity.” | 92 |
| In *Course Outline: Professional Practice III – Suggested Learning Activities*, the activity “Learners identify ways to partner with Aboriginal clients, families and communities to create culturally safe, person-centred care plans” has been revised to:  “Have learners identify ways to partner with Indigenous clients, families and communities to create culturally safe, relational care plans.” | 92 |
| In *Course Outline: Professional Practice III – Suggested Learning Activities*, a new activity has been added:  “Invite health care representatives from the community in for an interprofessional panel or scenarios.” | 92 |
| In *Course Outline: Professional Practice III – Suggested Assessments*, the assessment “Written exam application of the CLPNBC Standards of Practice and Code of Ethics related to nursing practice in the community setting” has been revised to:  “Written exam: application of the CLPNBC Standards of Practice and the Professional Standard: Ethical Practice related to nursing practice in community settings.” | 93 |
| In *Course Outline: Professional Practice IV – Course Concepts*, “Cultural humility and cultural advocacy” has been added to reflect Recommendation 1. | 94 |
| In *Course Outline: Professional Practice IV – Learning Outcomes*, a new outcome has been added:  “Formulate and articulate a professional practice perspective about cultural humility and cultural advocacy.” | 95 |
| In *Course Outline: Professional Practice IV – Learning Outcomes*, #3 outcome, “Identify and justify the influence of collaborative and interprofessional relationships on a quality practice environment in the acute care setting especially as it relates to the clients in this environment,” has been revised to:  “Identify and advocate for the influence of interprofessional collaborative relationships on a quality practice environment in the acute care setting.” | 94 |
| In *Course Outline: Professional Practice IV – Suggested Learning Activities,* the activity “Learner self-assessment of progress in cultural competencies” has been revised to:  “Use learner self-assessment of progress in cultural competency, safety, humility and advocacy.” | 95 |
| In *Course Outline: Professional Practice IV – Suggested Assessments*, the assessment “Written exam application of the CLPNBC Standards of Practice and Code of Ethics related to nursing practice in acute care settings” has been revised to:  “Written exam: application of the CLPNBC Standards of Practice and the Professional Standard: Ethical Practice related to nursing practice in acute care settings.” | 95 |
| In *Course Outline: Professional Communication I – Course Concepts* section, the concept “Cross cultural communication” has been expanded to “Cross-cultural communication, cultural sensitivity and awareness” to reflect Recommendation 1. | 97 |
| In *Course Outline: Professional Communication I – Learning Outcomes*, the #6 outcome, “Identify effective and culturally safe communication strategies for First Nation, Inuit and Métis clients, their families and peers,” has been revised to:  “Identify effective and culturally sensitive and aware communication strategies for First Nation, Inuit and Métis clients, their families and peers.” | 98 |
| In *Course Outline: Professional Communication I – Suggested Learning Activities*, “Bafa Bafa simulation activity: gain self-awareness of own biases and experience what it is like to be different” has been expanded to:  “Use the Bafa Bafa simulation activity to gain self-awareness of own biases and experience what it is like to be different, and to develop cultural sensitivity and awareness.” | 99 |
| In *Course Outline: Professional Communication II – Course Concepts*, the concept, “Cultural competency” has been added to reflect Recommendation 1. | 100 |
| In *Course Outline: Professional Communication II – Learning Outcomes*, the #10 outcome, “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,” has been revised to:  “Explore communication approaches that are compassionate, culturally competent and based on relationship-centred care for all cultures with consideration for First Nation, Inuit and Métis clients, their families and communities.” | 101 |
| In *Course Outline: Professional Communication II – Learning Outcomes*, two new outcomes have been added:  “Explain the relationship of communication and culture.”  “Identify challenges preventing effective communication across cultures.” | 101 |
| In *Course Outline: Professional Communication II – Suggested Learning Activities*, “and cultural competency” has been added to end of activity:  “Communicate with Indigenous older adults to recognize the impact of colonization and historical trauma. Have learners examine verbal and non‐verbal approaches to convey respect, inclusivity and cultural competency.” | 102 |
| In *Course Outline: Professional Communication II – Suggested Learning Activities,* a new activity has been added:  “Explore communication through interprofessional simulation to with other health team members.” | 102 |
| In *Course Outline: Professional Communication II – Suggested Assessments*, “including cultural competency” has been added to assessment:  “Evaluation of an Interview with a ‘well’ older adult to provide an opportunity to assess communications skills, including cultural competency and to give learner first-hand information about the effects of aging. Learner can document findings and summarize the results in a report.” | 102 |
| In *Course Outline: Professional Communication III – Course Concepts*, the concept “Cultural safety” has been added to reflect Recommendation 1. | 103 |
| In *Course Outline: Professional Communication III – Learning Outcomes*, two new outcomes have been added:  “Compare communication practices for health beliefs among different Indigenous peoples.”  “Identify components that demonstrate a commitment to engage in dialogue and relationship building with different cultures, including cultural safety.” | 104 |
| In *Course Outline: Professional Communication III – Suggested Learning Activities*, a new activity has been added:  “Use interprofessional simulation to practice the collaborative decision-making and problem solving that should occur on teams.” | 104 |
| In *Course Outline: Professional Communication IV – Course Concepts*, the concepts “Cultural humility” and “Cultural advocacy” have been added to reflect Recommendation 1. | 106 |
| In *Course Outline: Professional Communication IV – Learning Outcomes*, a new outcome has been added:  “Identify components that demonstrate a commitment to engage in dialogue and relationship building with different cultures.” | 107 |
| In *Course Outline: Professional Communication IV – Learning Outcomes*, #2 outcome has been revised with “interprofessional” added:  “Describe approaches to co‐create a climate for shared leadership and interprofessional collaborative practice.” | 107 |
| In *Course Outline: Professional Communication IV – Learning Outcomes*, outcome #7 has been revised with “in cultural humility” added:  “Identify components that demonstrate a commitment to engage in dialogue and relationship building in cultural humility with First Nation, Inuit and Métis peoples, cultures and health practices.” | 107 |
| In *Course Outline: Professional Communication IV – Suggested Learning Activities*, “and culturally informed” has been added to the activity:  “Simulate caring interactions in acute care settings: use scenarios and role play to gain understanding of elements necessary for culturally safe and culturally informed therapeutic communication while developing awareness of risk of unintended cultural harm to clients using commonly used assessment tools.” | 107 |
| In *Course Outline: Pharmacology I – Course Concepts*, the concept: “Interactions of complementary and alternative healing remedies with prescription medication” has been moved to Pharmacology II Course Outline. | 110 |
| In *Course Outline: Pharmacology I – Suggested Learning Activities,* “including traditional Chinese medicine and Ayurveda” has been added to the activity:  “Compare and contrast complementary, Indigenous, and alternative healing remedies including traditional Chinese medicine and Ayurveda.” | 110 |
| In *Course Outline: Pharmacology II, Learning Outcomes –* a new outcome has been added:  “Consider the roles of other health care providers in determining one’s own professional and interprofessional roles related to complementary and prescription medication ordering, processing, dispensing, administration and monitoring.” | 113 |
| In *Course Outline: Pharmacology II – Suggested Learning Activities*, the activity “Interdisciplinary activity with BSN nursing students or Pharmacology Technician students” has been revised to:  “Hold an interprofessional collaborative activity with BSN nursing students and/or pharmacology technician students.” | 113 |
| In *Course Outline: Variations in Health I – Course Concepts*, “culturally safe care” has been revised to “culturally sensitive and aware care” within the concept of:  “Nursing management, including 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 sensitive and aware care; evaluation of care; collaborating with other members of the health care team; health promotion; client teaching.” | 115 |
| In *Course Outline: Variations in Health I – Learning Outcomes*, “holistic and” has been added to outcome #9:  “Identify holistic and traditional healing practices associated with common illness.” | 116 |
| In *Course Outline: Variations in Health I – Learning Outcomes*, outcome #10: “Describe the influence of cultural diversity in health and healing” has been revised to:  “Define the influence of culture in health and healing.” | 116 |
| In *Course Outline: Variations in Health I – Suggested Learning Activities*, “four directions and Medicine Wheel for healing” has been added to the activity:  “Invite Elder to speak on importance of the four corners, four directions and Medicine Wheel for healing.” | 116 |
| In *Course Outline: Variations in Health II – Course Concepts*, “culturally safe care” has been revised to “culturally competent care” in the concept of:  “Nursing management, including 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 competent care; evaluation of care; collaborating with other members of the health care team; health promotion; client teaching.” | 118 |
| In *Course Outline: Variations in Health II – Course Concepts*, “(e.g., acupuncture, smudging, sweatlodge, reiki)” has been added to the concept of:  “Traditional healing practices (e.g., acupuncture, smudging, sweat lodge, reiki).” | 118 |
| In *Course Outline: Variations in Health II – Learning Outcomes*, two new outcomes have been added:  “Identify holistic healing practice associated with chronic illness.”  “Explain the influence of culture and cultural competency in health and healing.” | 119 |
| In *Course Outline: Variations in Health II – Suggested Learning Activities*, “culturally sensitive” has been replaced with “culturally competent” in the activity:  “Cultivate respect and Indigenous knowledge concerning end-of-life care. Use role play for learning about culturally competent approaches for end-of-life care.” | 119 |
| In *Course Outline: Variations in Health III – Course Concepts*, “culturally safe” has been added to the concept of:  “Nursing management, including 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; interprofessional collaboration; health promotion; client teaching.” | 120 |
| In *Course Outline: Variations in Health III – Learning Outcomes*, outcome #6, “Explain how cultural diversity impacts health and healing,” has been revised to:  “Analyze how culture and cultural safety impact health and healing.” | 121 |
| In *Course Outline: Variations in Health III – Learning Outcomes*, two new outcomes have been added:  “Identify holistic healing practice associated with chronic illness.”  “Discuss interprofessional collaboration roles when working with mental health teams.” | 121 |
| In *Course Outline: Variations in Health III – Suggested Learning Activities*, a new activity has been added:  “Use an interprofessional collaboration simulation: role play working with mental health team members to provide optimal client care.” | 121 |
| In *Course Outline: Variations in Health III – Suggested Learning Activities,* “balance and harmony” have been added to the activity:  “Cultivate respect, inclusivity and Indigenous knowledge by supporting traditional knowledge in health, healing, cultural safety, balance and harmony. Have learners conduct enquiry into traditional practices through community visits and engagement of Elders.” | 122 |
| In *Course Outline: Variations in Health IV – Course Concepts*, “and culturally informed” has been added to the concept of:  “Nursing management, including 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 and culturally informed care; evaluation of care; collaborating with other members of the health care team; health promotion; client teaching.” | 123 |
| In *Course Outline: Variations in Health IV – Learning Outcomes*, a new outcome has been added:  “Compare and contrast how different cultural practices impact health and healing.” | 124 |
| In *Course Outline: Variations in Health IV – Learning Outcomes*, outcome #5, “Identify traditional healing practices associated with acute care,” has been revised to:  “Identify holistic and traditional healing practices related to the acute illness experience.” | 124 |
| In *Course Outline: Variations in Health IV – Learning Outcomes*, “and cultural humility” has been added to outcome #6:  “Describe the impact of cultural diversity and cultural humility in health and healing.” | 124 |
| In *Course Outline: Variations in Health IV – Suggested Learning Activities*, “and the importance of cultural humility” has been added to the activity:  “Invite individuals from diverse cultures, including Indigenous individuals, to speak about their hospital/illness experience and the importance of cultural humility.” | 124 |
| In *Course Outline: Health Promotion I – Course Concepts*, the concepts “Cultural sensitivity and awareness in health promotion” and “Trauma-informed practice” have been added to reflect Recommendation 1. | 125 |
| In *Course Outline, Health Promotion I – Learning Outcomes*, outcome #9, “Define cultural competence in health promotion,” has been revised to:  “Define cultural sensitivity and awareness in health promotion.” | 126 |
| In *Course Outline, Health Promotion I – Learning Outcomes*, two new outcomes have been added:  “Define trauma-informed practice.”  “Define health promotion principles in LGBTQ2 care.” | 126 |
| In *Course Outline, Health Promotion I – Suggested Learning Activities*, a new activity has been added:  “Explore how trauma-informed practice supports cultural sensitivity and awareness.” | 126 |
| In *Course Outline: Health Promotion II – Course Concepts*, “and cultural competency” has been added:  “Cultural diversity and cultural competency in health and healing, including end-of-life practices.” | 128 |
| In *Course Outline: Health Promotion II – Course Concepts*, the concept “Trauma-informed practice with older adults” has been added to reflect Recommendation 1. | 128 |
| In *Course Outline, Health Promotion II, Learning Outcomes*, three new outcomes have been added:  “Discuss the importance of cultural competence for supporting care of older adults.”  “Discuss trauma-informed care in older populations.”  “Discuss LGBTQ2 care in older populations.” | 129 |
| In *Course Outline, Health Promotion II – Suggested Learning Activities*, “using principles of cultural competency and trauma-informed practice” has been added:  “Cultivate a post-colonial understanding by applying determinants of health to an identified health trend in Health Promotion I for Indigenous peoples using principles of cultural competency and trauma-informed practice.” | 129 |
| In *Course Outline: Health Promotion III – Course Concepts*, three new concepts have been added to reflect Recommendation 1:  “Principles of trauma-informed practice.”  “Cultural safety across the continuum of care.”  “LGBTQ2 care.” | 131 |
| In *Course Outline, Health Promotion III – Learning Outcomes*, a new outcome has been added:  “Analyze the impact of cultural safety and trauma-informed practice to support mental health.” | 132 |
| In *Course Outline, Health Promotion III – Learning Outcomes*, “including LGBTQ2 care” has been added to outcome #8:  “Discuss disparities in the delivery of community health services in BC including LGBTQ2 care.” | 132 |
| In *Course Outline, Health Promotion III – Suggested Learning Activities*, “and support cultural safety and trauma-informed practice” has been added to the activity:  “To cultivate inclusivity, mentoring, respect and support, research a website/resource database of Indigenous services to address identified health trends (Health Promotion I) and support cultural safety and trauma-informed practice.” | 132 |
| In *Course Outline, Health Promotion III – Suggested Learning Activities*, a new activity has been added:  “Explore the effects of intergenerational trauma and domestic violence on families across the lifespan.” | 132 |
| In *Course Outline, Health Promotion IV – Course Concepts*, three new concepts have been added to reflect Recommendation 1:  “Trauma-informed practice in acute care settings.”  “Cultural safety and cultural humility in acute care.”  “Acute LGBTQ2 care.” | 134 |
| In *Course Outline, Health Promotion IV – Learning Outcomes*, outcome #5, “Identify culturally sensitive and appropriate health promotion materials,” has been revised to:  “Identify culturally safe, culturally informed and appropriate health promotion materials.” | 135 |
| In *Course Outline, Health Promotion IV – Learning Outcomes*, two new objectives have been added:  “Evaluate trauma-informed practice within acute care settings.”  “Evaluate LGBTQ2 needs for discharge teaching.” | 135 |
| In *Course Outline, Health Promotion IV – Suggested Learning Activitie*s, “culturally sensitive” has been revised to “culturally safe and culturally informed” in the activity:  “Have learners use clients drawn from previous clinical encounters to develop a culturally safe and culturally informed discharge teaching plan for selected ages and illness. Learners can present to class.” | 135 |
| In *Course Outline, Health Promotion IV – Suggested Learning Activities*, “and trauma-informed practice” has been added to the activity:  “Have learners work in groups to examine harm reduction strategies and trauma-informed practice for applicable situations.” | 135 |
| In *Course Outline, Health Promotion IV – Suggested Assessments*, the assessment “Develop culturally sensitive and appropriate health promotion materials” has been revised to:  “Develop culturally safe, culturally informed and appropriate health promotion materials.” | 135 |
| In *Practice Education Experience – Background*, paragraph 3, “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),” has been revised to:  “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 Entry-to-Practice Competencies for Licensed Practical Nurses (CCPNR, 2013).” | 136 |
| In *Integrated Nursing Practice – Simulation*, the paragraph “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” has been revised to:  “Additionally, the inclusion of Indigenous cultural sensitivity, awareness, competency, safety and humility in the curriculum speaks to the need to highlight Indigenous 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 Indigenous learners.”  Also, a footnote has been added:  “A recommendation was made to the Practical Nursing Curriculum Revision Steering Committee to have a working group look at best practices related to simulation to develop a best practices resource to add to the Supplementary Guide.” | 137 |
| In *Course Outline, Integrated Nursing Practice I – Course Concepts*, “Introduction to nursing care delivery models” has been added: | 138 |
| In *Course Outline, Integrated Nursing Practice I – Suggested Learning Activities*, “and develop cultural sensitivity and awareness” has been added to the activity:  “Engage in collaborative activities to gain appreciation of traditional knowledge in health and healing and develop cultural sensitivity and awareness.” | 139 |
| In *Course Outline, Integrated Nursing Practice II – Course Concepts*, “Leadership competencies” has been added. | 142 |
| In *Course Outline, Integrated Nursing Practice II – Learning Outcomes,* outcome #1, “Demonstrate understanding of the Scope of Practice for LPNs, Baseline Competencies for LPNs Professional Practice (2009), Professional Standards for LPNs (2010), Code of Ethics for LPNs (2004) and how these guide the practice of LPNs in residential care settings,” has been revised to:  “Demonstrate understanding of the Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions) and how they guide the practice of LPNs in residential care settings.” | 142 |
| In *Course Outline, Integrated Nursing Practice II – Learning Outcomes*, “culturally competent” has been added to outcome #8:  “Provide culturally competent, person‐centred care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.” | 142 |
| In *Course Outline, Integrated Nursing Practice II – Learning Outcomes*, anew outcome has been added:  “Compare and contrast leadership and management roles and responsibilities in a variety of settings.” | 142 |
| In *Course Outline, Integrated Nursing Practice II – Suggested Learning Activities*, a new activity has been added:  “Role play and discuss leadership and management in the gerontological setting.” | 143 |
| In *Course Outline, Integrated Nursing Practice III – Description*, “in a variety of settings” has been added to the final sentence.  “This course builds on the theory and practice from Levels 1 and 2. Through a variety of approaches (e.g., simulation), learners will continue to develop knowledge and practice comprehensive nursing assessment, planning for, and interventions for clients experiencing multiple health challenges in a variety of settings.” | 144 |
| In *Course Outline, Integrated Nursing Practice III – Course Concepts*, “Leadership competencies” has been added. | 145 |
| In *Course Outline, Integrated Nursing Practice III – Course Concepts,* the concepts:   * Medication administration * Pain management * Immunization (theory/knowledge only)   have been revised to:   * Medication administration   + Mental health medications across the lifespan   + Pediatric/maternal medications * Pain management of:   + The mental health client   + The maternity client   + The pediatric client * Immunizations across the lifespan | 144-145 |
| In *Course Outline, Integrated Nursing Practice III – Learning Outcomes*, outcome #1, “Demonstrate understanding of the Scope of Practice for LPNs, Baseline Competencies for LPNs Professional Practice (2009), Professional Standards for LPNs (2010), Code of Ethics for LPNs (2004) to guide practice” has been revised to:  “Demonstrate understanding of the Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions) to guide practice.” | 145 |
| In *Course Outline, Integrated Nursing Practice III – Learning Outcomes*, “principles of medication administration” has been added to outcome #2:  “Safely and competently perform comprehensive nursing assessment and interventions including principles of medication administration with clients experiencing mental illness.” | 145 |
| In *Course Outline, Integrated Nursing Practice III – Learning Outcomes*, outcome #3, “Safely and competently perform comprehensive nursing assessment and interventions with maternal/child clients,” has been revised to:  “Safely and competently perform comprehensive nursing assessment and interventions including principles of medication administration with maternal/pediatric clients.” | 145 |
| In *Course Outline, Integrated Nursing Practice III – Learning Outcomes*, “culturally safe” has been added to outcome #9:  “Provide culturally safe, person‐centred care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.” | 145 |
| In *Course Outline, Integrated Nursing Practice III – Learning Outcomes*, two new outcomes have been added:  “Demonstrate competency with mathematical drug calculations in the pediatric client.”  “Analyze leadership and followership roles and responsibilities in a variety of settings.” | 145 |
| In *Course Outline, Integrated Nursing Practice III – Suggested Learning Activities*, “culturally safe” has been added to the activity:  “Engage in collaborative, culturally safe activities to gain appreciation of traditional knowledge in health and healing.” | 146 |
| In *Course Outline, Integrated Nursing Practice III – Suggested Learning Activities,* “including principles of medication administration” has been added to the second and third bullet activities:   * “Use a variety of case studies to guide lab practice of assessment, communication and nursing skills including principles of medication administration, particularly with pediatric clients and postpartum clients.” * “Use a complex case study to explore ways to do a comprehensive nursing assessment including principles of medication administration, of a client experiencing mental illness.” | 146 |
| In *Course Outline, Integrated Nursing Practice III – Suggested Learning Activities*, three new activities have been added:  “Use a case study of a maternal client with co-morbidities or who is breastfeeding to apply the principles of medication administration.”  “Provide worksheets/Case studies that provide for the application and demonstration of the principles of pediatric medication administration.”  “Use a complex case study/simulation activity to analyze leadership and followership roles and responsibilities in a variety of settings.” | 146 |
| In *Course Outline, Integrated Nursing Practice IV – Course Concepts,* “Leadership competencies” has been added. | 148 |
| In *Course Outline, Integrated Nursing Practice IV – Course Concepts,* the three following concepts:   * Medication administration * Acute pain management * IV medication administration—theory/knowledge only   have been revised to:   * Medication administration   + Client in the acute care setting * Pain management   + Client in the acute care setting * IV medication administration—theory/knowledge only | 147-148 |
| In *Course Outline, Integrated Nursing Practice IV – Learning Outcomes*, outcome #1, “Demonstrate understanding of the Scope of Practice for LPNs, Baseline Competencies for LPNs Professional Practice (2009), Professional Standards for LPNs (2010), Code of Ethics for LPNs (2004) and how they guide the practice of LPNs in acute care settings” has been revised to:  “Demonstrate understanding of the Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions) and how they guide the practice of LPNs in acute care settings.” | 148 |
| In *Course Outline, Integrated Nursing Practice IV – Learning Outcomes,* “including principles of medication administration” has been added to outcome #2:  “Perform comprehensive nursing assessment and interventions including principles of medication administration with clients experiencing acute illness.” | 148 |
| In *Course Outline, Integrated Nursing Practice IV – Learning Outcomes*, a new outcome has been added:  “Examine practical applications associated with leadership, management and followership.” | 148 |
| In *Course Outline, Integrated Nursing Practice IV – Learning Outcomes*, “culturally safe” has been added to outcome #6:  “Provide culturally safe, person‐centred care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.” | 148 |
| In *Course Outline, Integrated Nursing Practice IV – Suggested Learning Activities*, “including principles of medication administration” has been added to the first thee bullet activities:   * “Have learners practice nursing assessments and interventions including principles of medication administration in the lab setting.” * “Use case studies to guide lab practice of assessment, communication and nursing skills including principles of medication administration of clients experiencing acute illness.” * “Use case studies to explore ways to do comprehensive nursing assessments including principles of medication administration of a client experiencing acute illness.” | 148 |
| In *Course Outline, Integrated Nursing Practice IV – Suggested Learning Activities*, “culturally safe and informed” has been added to the activity:  “Engage in collaborative, culturally safe and informed activities to gain appreciation of traditional knowledge in health and healing.” | 149 |
| In *Course Outline, Integrated Nursing Practice IV, Suggested Learning Activities*, a new activity has been added:  “Using a complex case study and a change management theory, identify strategies to support nurses in leadership, management and followership.” | 149 |
| In *Consolidated Practice Experience – Background*, the first and third paragraphs have been removed:  “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.”  “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.” | 150 |
| In *Consolidated Practice Experience – Background*, “baseline” has been revised to “entry-to-practice” in the first and last sentences:  “The Consolidated Practice Experience (CPE) refers to the essential, hands-on or direct patient care experiences required for learners to meet the entry-to-practice 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 entry-to-practice competencies throughout all four levels and reflected in the evaluation tools.” | 150 |
| In *Consolidated Practice Experience – Focus of Consolidated Practice Experiences,* the CPE III description, “In CPE III, 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,” has been revised to:  “In CPE III, the focus is on the role of the Practical Nurse within a continuum of care in a variety of community and acute care 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 or acute care settings such as maternity, pediatric and inpatient mental health services where available. These hours may be offered as CPE III or integrated into the Integrated Nursing Practice III course as practice hours. This faculty supervised or monitored experience is 65 hours.” | 150 |
| In *Consolidated Practice Experience – Focus of Consolidated Practice Experiences,* the following has been addedto the CPE IV description:  “Up to 30% of these hours may be integrated as clinical practice hours within the semester (not to be included in Integrated Nursing Practice IV hours).” | 151 |
| In *Consolidated Practice Experience – Final Practice Experience* section, in paragraph 2, “baseline” has been revised to “entry-to-practice.”  “The RN/RPN must also understand the educational preparation of the learner and the entry-to-practice competencies and CLPNBC Standards of Practice Framework.” | 151 |
| In *Course Outline, Consolidated Practice Experience I – Learning Outcomes*, outcome #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,” has been revised to:  “Practice within relevant legislation, Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions), the Nurses (Licensed Practical) Regulation (2015) and facility-specific policy and procedures.” | 152 |
| In *Course Outline, Consolidated Practice Experience I – Learning Outcomes*, a new outcome has been added:  “Provide compassionate, culturally sensitive and aware, relational and trauma-informed care for all cultures with consideration for First Nation, Inuit and Métis clients, their families and communities.” | 153 |
| In *Course Outline, Consolidated Practice Experience II – Learning Outcomes*, outcome #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,” has been revised to:  “Practice within relevant legislation, Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2016), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions), the Nurses (Licensed Practical) Regulation (2015) and facility specific policy and procedures.” | 155 |
| In *Course Outline, Consolidated Practice Experience II – Learning Outcomes*, outcome #2, “Apply the definition of consent in providing safe, competent, culturally safe and ethical care,” has been revised to:  “Apply the definition of consent in providing safe, competent, culturally competent and ethical care.” | 155 |
| In *Course Outline, Consolidated Practice Experience II– Learning Outcomes*, “and applies principles of trauma-informed practice” has been added to outcome #8:  “Deliver person‐centred care that recognizes and respects the uniqueness of each individual, is sensitive to culture and diversity, and applies principles of trauma-informed practice.” | 156 |
| In *Course Outline, Consolidated Practice Experience III – Description,* “This practice experience will introduce learners to community care settings and an opportunity to apply and adapt knowledge gained in Levels 1, 2 and 3 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” has been revised to:  “This practice experience will introduce learners to community care settings and an opportunity to apply and adapt knowledge gained in Levels 1, 2 and 3 within a continuum of care for clients across the lifespan. Learners may gain experience through simulation and in a variety of settings with a focus on concepts outlined in Integrated Nursing Practice III.” | 158 |
| In *Course Outline, Consolidated Practice Experience III – Prerequisites and Co‐requisites*:  “**Prerequisites**: Professional Communication III; Professional Practice III; Variations in Health III; Health Promotion III; Integrated Nursing Practice III”  and  “**Co‐requisites**: None”  has been revised to:  “**Prerequisites**: Professional Communication II; Professional Practice II; Variations in Health II; Health Promotion II; Integrated Nursing Practice II.”  “**Co‐requisites**: Professional Communication III; Professional Practice III; Variations in Health III; Health Promotion III; Integrated Nursing Practice III.” | 158 |
| In *Course Outline, Consolidated Practice Experience III – Learning Outcomes*, outcome #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” has been revised to:  “Practice within relevant legislation, Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions), the Nurses (Licensed Practical) Regulation (2015) and facility specific policy and procedures.” | 158-159 |
| In *Course Outline, Consolidated Practice Experience III – Learning Outcomes*, “culturally safe” has been added to outcome #2:  “Incorporate health promoting strategies to provide safe, competent, culturally safe and ethical care to clients in community.” | 159 |
| In *Course Outline, Consolidated Practice Experience III – Learning Outcomes*, outcome #9. “Provide client‐centred care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity as appropriate” has been revised to:  “Provide culturally safe, trauma-informed, relational care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity as appropriate.” | 159 |
| In *Course Outline, Consolidated Practice Experience III– Learning Outcomes*, outcome #16 has been removed due to its similarity to outcome #12:  “Identify own values, biases and assumptions on interactions with clients and other members of the health care team.” | 159 |
| In *Course Outline, Consolidated Practice Experience IV – Prerequisites and Co‐requisites*:  “**Prerequisites**: Professional Communication IV; Professional Practice IV; Variations in Health IV, Health Promotion IV; Integrated Nursing Practice IV”  and  **“Co‐requisites**: None”  has been revised to:  “**Prerequisites:** Professional Communication III; Professional Practice III; Variations in Health III, Health Promotion III; Integrated Nursing Practice III. “  “**Co‐requisites**: Professional Communication IV; Professional Practice IV; Variations in Health IV, Health Promotion IV; Integrated Nursing Practice IV.” | 161 |
| In *Course Outline, Consolidated Practice Experience IV – Learning Outcomes*, outcome #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,” has been revised to:  “Practice within relevant legislation, Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions), the Nurses (Licensed Practical) Regulation (2015) and facility-specific policy and procedures.” | 161-162 |
| In *Course Outline, Consolidated Practice Experience IV – Learning Outcomes*, “culturally informed” has been added to outcome #2:  “Provide culturally informed, safe, competent and ethical care to clients experiencing medical or surgical challenges.” | 162 |
| In *Course Outline, Consolidated Practice Experience IV – Learning Outcomes*, outcome #8, “Deliver person‐centred care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity,” has been revised to:  “Deliver culturally informed, trauma-informed, relational care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.” | 162 |
| In *Course Outline, Consolidated Practice Experience IV – Learning Outcomes*, outcome #12, “Identify own values, biases, and assumptions on interactions with clients and other members of the health care team,” has been revised to:  “Identify how interactions with clients and other members of the health care team are influenced by own biases, values and assumptions.” | 162 |
| In *Course Outline, Final Practice Experience – Course Concepts,* several concepts have been added:  • Leadership  • Professional communication  • Clinical decision making  • Interprofessional approach to practice  • Comprehensive and focused assessments  • Medication administration  • Wound care  • Discharge planning  • Self‐reflective approach to practice | 166 |
| In *Course Outline, Final Practice Experience – Learning Outcomes,* outcome #1, “Apply the Baseline Competencies for Licensed Practical Nurses’ Professional Practice (2009) to provide safe, competent, culturally safe and ethical care,” has been revised to:  “Apply the Entry-to-Practice Competencies for Licensed Practical Nurses (2013) to provide safe, competent, culturally safe, culturally informed and ethical care.” | 166 |
| In *Course Outline, Final Practice Experience – Learning Outcomes*, outcome #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,” has been revised to:  “Practice within relevant legislation, Scope of Practice, Professional Standards, Standards of Practice and ethical standards as set out by the CLPNBC and the Nurses (Licensed Practical) Regulation (2015).” | 166 |
| In *Course Outline, Final Practice Experience – Learning Outcomes,* outcome #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,” has been revised to:  “Provide culturally informed, trauma-informed, relational care across the lifespan that recognizes and respects the uniqueness of each individual and is sensitive to cultural safety and diversity.” | 167 |
| In *Course Outline, Final Practice Experience – Suggested Learning Activities,* several activities have been added:   * “Assign learners a variety of clients in collaboration with preceptor or mentor, allowing them to work with clients with various backgrounds, diagnoses, etc.” * “Have learners prepare a time plan for each shift in order to work on organization and time management skills.” * “Have learners research pertinent diagnoses and apply evidence to practice.” * “Have learners seek out opportunities for interprofessional practice.” | 167 |
| In *Glossary of Terms*, the definition of *Aboriginal people(s)* has been changed and now also refers to *Indigenous people(s):*  “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 on the diversity of people within the group known as Aboriginal people (Aboriginal Affairs and Northern Development, Canada, 2011)” revised to:  This definition has been revised to:  “A collective name for the original peoples of North America and their descendants. The term ‘Aboriginal peoples’ is often also used. The Canadian Constitution recognizes three groups of Aboriginal peoples: Indians (more commonly referred to as First Nations), Inuit and Métis. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs (Indigenous and Northern Affairs, Canada, 2016).” | 175 |
| In *Glossary of Terms*, the definition of *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),” has been revised to:  “The obligation to answer for the professional, ethical and legal responsibilities of one’s activities and actions (CCPNR, 2013). The LPN must be able to account for, and explain, their actions concerning nursing interventions (CLPNBC, 2014).” | 168 |
| In *Glossary of Terms*, the definition of *Assignment*, “The act of assigning or being assigned a specific task (CLPNBC, 2009),” has been updated to:  “Assignment: Allocation of clients or client care activities among care providers in order to meet client care needs. Assignment occurs when the required care falls within the employing agency’s policies and role descriptions and within the regulated health care provider’s scope of practice. Assignment to unregulated care providers occurs when the required care falls within the employing agency’s policies and role description (CLPNBC, 2014).” | 168 |
| In *Glossary of Terms*, the definition of *Advocate,* “To speak or act on behalf of self or others by respecting decisions and enhancing autonomy (CLPNNS, 2011),” has been updated to:  “Advocate: To speak or act on behalf of self or others with the intent of influencing or adding voice and enhancing autonomy (CLPNBC, 2014).” | 168 |
| In *Glossary of Terms*, the definition of *Advocacy* has been added:  “Advocacy: The supporting, protecting and safeguarding of client rights and interests. Advocacy is undertaken in the best interest of the client, is an integral part of nursing and forms the foundation of trust inherent in the nurse-client relationship (CLPNBC, 2014).” | 168 |
| In *Glossary of Terms*, the reference for the definition of *Autonomy* has been updated from CPNRE, 2010 to CCPNR, 2013:  “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 (CCPNR, 2013).” | 168 |
| In *Glossary of Terms*, the definition of *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),” has been updated to:  “Client: An individual (or *designated representative*), family, group or community receiving nursing care. In some clinical settings, the client may be referred to as a “patient” or “resident.” In research, the client may be referred to as a “participant” (CLPNBC, 2014).” | 168 |
| In *Glossary of Terms*, the definition of *Client-focused care* has been added:  “Client-focused care: Services provided by the Licensed Practical Nurse that are in the best interest of clients and that make the client the primary focus (CLPNBC, 2014).” | 168 |
| In *Glossary of Terms*, the reference for the definition of *Clinical data* has been updated from CPNRE, 2010 to CPNRE, 2016:  “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, 2016).” | 168 |
| In *Glossary of Terms*, the reference for the definition of *Clinical decisions* has been updated from CPNRE, 2010. to CCPNR, 2013.  “Clinical decisions: Decisions derived from reasoning processes based on clinical judgment (CCPNR, 2013).” | 169 |
| In *Glossary of Terms*, the reference for the definition of *Clinical judgment* has been updated from CPNRE, 2010. to CLPNBC, 2017:  “Clinical judgment: The use of 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 (CLPNBC, 2017).” | 169 |
| In *Glossary of Terms*, the definition of *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),” has been revised to:  “Collaboration: Joint communication and decision making with the goal of identifying outcomes while respecting the unique qualities and abilities of each member of the group or team. Each member of the health care team contributes within the limits of his or her legislated scope of practice and range of competencies (CLPNBC, 2014).” | 169 |
| In *Glossary of Terms*, a new term, *Collaborative practice,* has been added:  “Collaborative practice: A cooperative practice of health care providers working with people from within their own profession, with people outside of their profession and with patients/clients and their families. Collaborative practice requires a climate of trust and value where health care providers can comfortably turn to each other to ask questions without worrying that they will be seen as unknowledgeable (CIHC, 2010b). | 169 |
| In *Glossary of Terms*, the definition of *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),” has been updated to:  “Competence: The quality or ability of a practical nurse to integrate and apply the knowledge, skills, judgments and personal attributes required to practice safely and ethically in a designated role and setting (CCPNR, 2013).” | 169 |
| In *Glossary of Terms*, the two definitions of *Competencies* have been combined and the references updated from CPNRE, 2010 to CPNRE, 2016 and CLPNBC, 2009 to CLPNBC, 2014.  “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, 2016). Further, competencies are 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, 2014).” | 169 |
| In *Glossary of Terms*, a new term, *Community care,* has been added:  “Community care: Services and support to help people with care needs to live as independently as possible in their communities (WHO, 2004, p. 16).” | 169 |
| In *Glossary of Terms*, a new term, *Constructivism,* has been added:  “Constructivism: A theory of learning that maintains 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.” | 170 |
| In *Glossary of Terms*, the reference for the definition of *Conflict resolution* has been updated from CPNRE, 2010 to CCPNR, 2013.  “Conflict resolution: The process of resolving a dispute or conflict by adequately addressing the interests of all parties (CCPNR, 2013).” | 170 |
| In *Glossary of Terms*, the definition of *Critical inquiry,* “process of inquiry in order to better understand the world, examining existing assumptions knowledge and questions; gaining and creating new information (Kozier & Erb, 2008)” has been updated to:  “Critical inquiry: A process of purposeful thinking and reflective reasoning whereby practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice (CLPNBC, 2017).” | 170 |
| In *Glossary of Terms*, the reference for the definition of *Critical thinking* has been updated from CPNRE, 2010 to CLPNBC, 2017, and the second definition dropped.  “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 (CLPNBC, 2017).” | 170 |
| In *Glossary of Terms*, a new term, *Cultural awareness,* has been added:  “Cultural awareness: The acknowledgement of differences between cultural groups (Aboriginal Nurses Association of Canada, 2009).” | 170 |
| In *Glossary of Terms*, a new term, *Cultural humility,* has been added:  “Cultural humility: A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience. Cultural humility builds mutual trust and respect and enables cultural safety. When health care professionals engage with First Nations peoples from a place of cultural humility, they are helping to create a safer health care environment where individuals and families feel respected. First Nations peoples are therefore more likely to access care when they need it and access care that is appropriate to their wellness beliefs, goals and needs. (First Nations Health Authority, 2016).” | 170-171 |
| In *Glossary of Terms*, the definition of *Cultural safety* has been expanded, with the following added:  “Cultural safety: An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (First Nations Health Authority, 2016).” | 171 |
| In *Glossary of Terms*, a new term, *Cultural sensitivity,* has been added:  “Cultural sensitivity: The recognition that the lived experiences of all people include aspects similar and different to our own and that our actions affect other people. It involves getting to know and understand other cultures and perspectives. Culturally sensitive approaches acknowledge that difference is important and must be respected (Dick et al., 2006).” | 171 |
| In *Glossary of Terms*, *Delegation of Task* has changed to *Delegation* and the definition has been updated:  “Delegation: Under the Nurses (Licensed Practical) Regulation (2015), refers to delegation of a restricted activity by one regulated health professional to another regulated health professional. Delegation to regulated health professionals occurs when an activity is within the scope of the delegating professional and outside the scope of the professional receiving the delegation. Before the delegation can occur, CLPNBC and the regulatory body of the delegating professional must both agree that the activity is appropriate for delegation to LPNs (CLPNBC, 2017).” | 171 |
| In *Glossary of Terms*, a new term, *Developmental trauma,* has been added:  “Developmental trauma: The result of exposure to early ongoing or repetitive trauma (as infants, children and youth) involving neglect, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. This often occurs within the child’s caregiving system and interferes with healthy attachment and development (BC Provincial Mental Health and Substance Use Planning Council, 2013, p. 6).” | 171 |
| In *Glossary of Terms*, *Disadvantaged populations* has been changed to *Disadvantaged/vulnerable/marginalized groups* and the definition updated:  “Disadvantaged/vulnerable/marginalized groups: Terms used to describe groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society. Examples might include unemployed people, refugees and others who are socially excluded (WHO, Health Impact Assessment Glossary).” | 172 |
| In *Glossary of Terms*, the reference for the definition of *Diversity* has been updated, from CPNRE, 2010 to CPNRE, 2016, along with the language:  “Diversity: An understanding that each individual is different and entitled to acceptance and respect. These differences can be along the dimensions of culture, race, ethnicity, sex, gender role and identity, sexual orientation, socio-economic status, age, abilities, beliefs or ideologies (CPNRE, 2016).” | 172 |
| In *Glossary of Terms*, the reference for the definition of *Duty to provide care* has been updated from CPNRE, 2010 to CPNRE, 2016:  “Duty to provide care: The professional obligation to provide care to clients and maintain the therapeutic nurse‐client relationship (CPNRE, 2016).” | 172 |
| In *Glossary of Terms*, the reference for the definition of *Entry‐level practitioner* has been updated from CPNRE, 2010 to CPNRE, 2016.  “Entry‐level practitioner: The Practical Nurse at the point of registration/licensure, following graduation from an approved practical nurse program or equivalent (CPNRE, 2016).” | 172 |
| In *Glossary of Terms*, the reference for the definition of *Evidence‐informed practice* has been updated from CPNRE, 2010 to CLPNBC, 2017.  “Evidence‐informed practice: The identification, evaluation and application of nursing experience and current research to guide practice decisions (CLPNBC, 2017).” | 172 |
| In *Glossary of Terms*, the reference for the definition of *Family* has been updated from CPNRE, 2010 to CPNRE, 2016.  “Family: Two or more individuals who may or may not be related by blood, marriage or adoption who are bound by strong emotional ties, a sense of belonging and a commitment to live with or care for one another over time (CPNRE, 2016).” | 172 |
| In *Glossary of Terms*, the reference for the definition of *Harm* has been updated, from CPNRE, 2010 to CPNRE, 2016, along with the language:  “Harm: An occurrence or accumulation of occurrences that negatively affects a person’s health and/or quality of life, which may impact any dimension of health (CPNRE, 2016).” | 172 |
| In *Glossary of Terms*, the reference for the definition of *Health assessment* has been updated, from CPNRE, 2010 to CPNRE, 2016, along with the language.  “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, psychological, spiritual and sociocultural assessment (CPNRE, 2016).” | 173 |
| In *Glossary of Terms*, the reference for definition of *Health care team* has been updated from CPNRE, 2010 to CPNRE, 2016.  “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, 2016).” | 173 |
| In *Glossary of Terms*, in the definition of *Health disparities,* the phrase “Aboriginal identity” has been changed to “race”:  “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, race, gender, and geographic location (Public Health Agency of Canada, 2007).” | 173 |
| In *Glossary of Terms*, a new term, “*Holism,*” has been added:  “Holism: An approach based on the integration of a person’s mind, body and spirit, and which emphasizes the importance of perceiving the individual in a ‘whole’ sense in the provision of health care to the person (WHO, 2004, p. 32).” | 174 |
| In *Glossary of Terms*, the reference for the definition of *Implied consent* has been updated from CPNRE, 2010 to CPNRE, 2016.  “Implied consent: An inferred agreement for care based on a client’s presence, actions and the context of the situation (CPNRE, 2016).” | 174 |
| In *Glossary of Terms*, the reference for the definition of *Informed consent* has been updated from CPNRE, 2010 to CPNRE, 2016.  “Informed consent: A legal condition where a person gives permission for interventions based on a clear understanding of the facts, implications and future consequences of an action (CPNRE, 2016).” | 175 |
| In *Glossary of Terms*, a new term, *Intergenerational trauma,* has been added:  “Intergenerational trauma: The psychological or emotional effects that can be experienced by people who live with trauma survivors. It refers to the coping and adaptation patterns developed in response to trauma that can be passed from one generation to the next (BC Provincial Mental Health and Substance Use Planning Council, 2013, p. 6).” | 175 |
| In *Glossary of Terms*, a new term, “*Interprofessional*” has been added:  “Interprofessional: A description of the relationship between various professions as they purposely interact to work and learn together to achieve a common goal. For example, if a patient has trouble swallowing, nurses, speech language pathologists and dietitians need to work together to figure out what is wrong and how to help the patient (CIHC FAQ, 2008).” | 175 |
| In *Glossary of Terms*, a new term, *Interprofessional collaboration,* has been added:  “Interprofessional collaboration: In a health care and education setting, the process of the health care team working together, each making a unique, professional, competency-based contribution to achieving a common goal. A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision making of health and social issues (CIHC, 2010) | 175 |
| In *Glossary of Terms*, a new term, *Interprofessional competencies,* has been added:  “Interprofessional competencies: The complex integration of knowledge, skills, attitudes, values and judgments that allow a health provider to apply these components into all collaborative situations. Competencies should guide growth and development throughout one’s life and enable one to effectively perform the activities required in a given occupation or function and in various contexts (CIHC, 2010).” | 175 |
| In *Glossary of Terms*, a new term, *Interprofessional education,* has been added:  “Interprofessional education: Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care. It includes all such learning in health, social, academic, work and community-based settings adopting an inclusive view of ‘professional’ to include all those who provide, care/service as well as patients/clients, families and communities who are integral components of the education continuum (CIHC, 2010).” | 175-176 |
| In *Glossary of Terms*, a new term, “*Interprofessional teams*” has been added:  “Interprofessional teams: Teams with different health care disciplines working together toward common goals to meet the needs of a patient population. Team members divide the work based on their scope of practice; they share information to support one another’s work and coordinate processes and interventions to provide a number of services and programs. In advanced or mature collaborative teams, the patient and family are included as key members of the team (CHSRF/CNA. 2012).” | 176 |
| In *Glossary of Terms*, the reference for the definition of *leadership* was updated from CPNRE, 2010 to CPNRE, 2016, along with the language.  “Leadership: The obligation to model the profession’s values, beliefs and attributes while promoting and advocating for innovation and best practice. The attributes of leadership include self-awareness, commitment to individual growth, ethical values and belief, presence, reflection and foresight. Leadership also encompasses advocacy, integrity, intellectual energy, being involved and being open to new ideas. Leaders have confidence in their capabilities and are willing to make an effort to mentor and motivate others. Leadership is not limited to formal leadership roles (CPNRE, 2016).” | 176 |
| In *Glossary of Terms*, a new term, *LGBTQ2 care,* has been added:  “LGBTQ2 care: Health care for people who identify as lesbian, gay, bisexual, transgender, transsexual, queer, questioning or two-spirited (Canadian Institutes of Health Research, 2017).” | 176 |
| In *Glossary of Terms*, a new term, *lifespan* has been added:  “Lifespan: The longest period over which the life of any plant or animal organism or species may extend, according to the available biological knowledge concerning it (WHO, 2004, p. 37).” | 176 |
| In *Glossary of Terms*, the reference for the definition of *Nursing diagnosis* has been updated from CPNRE, 2010 to CLPNBC, 2017 and the language expanded.  “Nursing diagnosis: A clinical judgment of an individual’s mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of the LPN to achieve outcomes for which the LPN is accountable (CLPNBC, 2017).” | 176 |
| In *Glossary of Terms*, the reference for the definition of *Professional misconduct* has been updated from CPNRE, 2010 to CPNRE, 2016.  “Professional misconduct: Behaviour outside the boundaries of what is considered acceptable or worthy of its membership by the governing body of a profession (CPNRE, 2016).” | 177 |
| In *Glossary of Terms*, the reference for the definition of *Research* has been updated from CPNRE, 2010 to CCPNR, 2013.  “Research: Systematic inquiry that uses orderly scientific methods and/or the nursing process to answer questions or solve problems (CCPNR, 2013).” | 178 |
| In *Glossary of Terms*, the reference for the definition of *Responsibility* has been updated from CPNRE, 2010 to CPNRE, 2016.  “Responsibility: The characteristic of responding and answering for one’s conduct and obligations, to be trustworthy, reliable and dependable (CPNRE, 2016).” | 178 |
| In *Glossary of Terms*, the reference for the definition of *Risk management* has been updated from CPNRE, 2010 to CPNRE, 2016.  “Risk management: The ability to utilize a system of identifying potential risks, recognizing implications and responding appropriately (CPNRE, 2016).” | 178 |
| In *Glossary of Terms*, the reference for the definition of *Safety* has been updated from CPNRE, 201) to CPNRE, 2016.  “Safety: The result of reducing or mitigation of unsafe acts within the health care team and health care system (CPNRE, 2016).” | 178 |
| In *Glossary of Terms*, the reference for the definition of *Scope of practice* – has been updated from CPNRE, 2010 to CPNRE, 2016.  “Scope of practice: The parameters that outline the roles and responsibilities of the practical nurse as defined by legislation and the regulatory authorities (CPNRE, 2016).” | 178 |
| In *Glossary of Terms*, the reference for the definition of *Self‐determination*” has been updated from CPNRE, 2010 to CCPNR, 2013 and the language expanded to include sentence from CPNRE, 2016.  “Self-determination: The power or ability to make decisions for oneself without external influence (CPNRE, 2016).” | 178 |
| In *Glossary of Terms*, a new term, S*ocial justice,* has been added:  “Social justice: Equity in society; the fair distribution of society’s benefits, responsibilities and their consequences. It focuses on the relative position of social advantage of one individual or social group in relation to others in society, as well as on the root causes of inequities and what can be done to eliminate them. (Canadian Nurses Association, 2010, p. 20).” | 179 |
| In *Glossary of Terms*, the reference for the definition of *Standards of practice* has been updated from CPNRE, 2010 to CCPNR, 2013.  “Standards of practice: Minimum expected levels of practitioner behaviour, against which actual practitioner behaviour is measured (CCPNR, 2013).” | 179 |
| In *Glossary of Terms*, the reference for the definition of *Therapeutic environment*” has been updated from CPNRE, 2010 to CCPNR, 2013.  “Therapeutic environment: A setting where the therapeutic nurse‐client relationship can be developed and maintained (CCPNR, 2013).” | 179 |
| In *Glossary of Terms*, the reference for the definition of *Therapeutic nurse‐client relationship* has been updated from CPNRE, 2010 to CCPNR, 2013.  “Therapeutic nurse‐client relationship: A relationship based on trust, respect and intimacy with the client that requires the appropriate use of power (CCPNR, 2013).” | 179 |
| In *Glossary of Terms*, a new definition *Trauma-informed practice* has been added:  “Trauma-informed practice: The integration into an understanding of trauma into all levels of care to avoid retraumatizing or to minimize the individual’s experiences of trauma (BC Provincial Mental Health and Substance Use Planning Council, 2013, p. 19).” | 179 |
| In *Glossary of Terms*, the reference for the definition of *Unregulated health worker* has been updated from CPNRE, 2010 to CPNRE, 2016.  “Unregulated health worker: A health care worker who is not part of a regulated health profession, and who provides care to clients under the guidance of a regulated health professional (CPNRE, 2016).” | 179 |
| In *Glossary of Terms*, the reference for the definition of *Work environment* has been updated from CLPNBC, 2009 to CPNRE, 2016.  “Work environment: Any setting where health care is delivered (CPNRE, 2016).” | 180 |
| In *Appendix A: Steering Committee Terms of Reference,* “Practical Nursing Curriculum Revisions Steering Committee Members” list has been added. | 182-183 |
| In *Appendix D: Aboriginal Learning Activities,* all content has been moved to Provincial Curriculum Guide Supplement and title revised to Indigenous Learning Activities. | Moved to supplement |
| In *Appendix E: WorkSafeBC Resources,* all content has been moved to Provincial Curriculum Guide Supplement. | Moved to supplement |
| *Appendix F: Suggested Case Study and Problem-Based Learning Concepts I* has become new Appendix C. | 190 |
| In new *Appendix C: Suggested Case Study and Problem-Based Learning Concepts,* the heading “Neurological” has been changed to “Neurological/Sensory.” | 190 |
| *Appendix G: Bloom’s Taxonomy* has become new Appendix D. | 194 – 195 |
| In *Appendix H: Provincial Practical Nursing Program Curriculum Guide Resource List,* all content has been moved to Provincial Curriculum Guide Supplement. | Moved to supplement |
| *Appendix I: Acronyms* has become new Appendix E. Some new acronyms  have been added. | 196 |
| In *References*, new cited references have been added. | 197 – 202 |

Background

The curriculum for the Practical Nursing program used before 2011 in BC at public post‐secondary institutions was developed in 1992. In its original inception, the program was planned to take 18 months. However, when implemented, the subsequent curriculum was consolidated to a 12-month program, historically funded on a vocational model. Curriculum modifications have occurred over the years in response to changes with the Canadian Practical Nurse Registration Examination (CPNRE) Competency and Blueprint Committee competencies in the Exam Blueprint. These changes have not occurred in any organized 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. This historical program was very “concept dense” and was usually delivered over 49 weeks. Such a format was 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.

Since 2005, there has been ongoing and persistent change in the landscape of Practical Nursing both across the country and in the province: the CLPNBC Baseline Competencies for Licensed Practical Nurses’ Professional Practice (2009) document was approved in 2010, and a blueprint for competencies assessed on the CPNRE was revised (implemented in 2012 and renewed in 2017). These changes, in combination with concerns about the currency of the curriculums, provided significant rationale for initiating a provincial curriculum development project.

In the early summer of 2010, a funding proposal was submitted to the Ministry of Advanced Education, Skills and Training (AEST) by deans of those public institutions offering Practical Nursing programs, and funding approval was secured in December 2010. The BC Academic Health Council (BCAHC) was given stewardship of the project (consistent with the proposal) and subsequently established a project governance structure comprising a Project Steering Committee made up of multiple stakeholders (Appendix B), and a Curriculum Advisory Group 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.

In response to the recommendation from the Deans of Health Sciences to AEST and the Ministry of Health, AEST engaged BCcampus’s Collaborative Projects team to collaboratively review the Practical Nursing Program Provincial Curriculum Guide (2011).

This collaborative process began in fall 2016 with the formation of the Practical Nursing Curriculum Revision Steering Committee whose purpose was to provide direction and guidance on the revisions to the existing Practical Nursing Program Provincial Curriculum Guide. The Steering Committee comprised key stakeholders in Practical Nursing education in BC including private and public post-secondary programs, practice *leadership*[[1]](#footnote-1) and others involved with overall recognition, accreditation or professional standards. (See Appendix A for a list of Revision Steering Committee members.)

From November 2016 to August 2017, the Steering Committee formulated nine primary recommendations for revision and advised nine working groups who worked on the proposed changes. The nine working groups were facilitated by a member of the Practical Nursing Curriculum Revision Steering Committee to provide context, scope and other background information as required. Content revisions were reviewed by stakeholders, and feedback was collected and incorporated in the revised Practical Nursing Program Provincial Curriculum Guide for circulation in September 2017. As well, a Supplemental Guide was created to separate from the Curriculum Guide the sections on Faculty Qualifications, Admission Requirements, Notes for Admission, English as an Additional Language, and Teaching and Learning Resources.

PHILOSOPHICAL APPROACH

A curriculum philosophy describes the beliefs held by faculty about the purpose of education, learners, learning and teaching (Iwasiw, Goldenberg, & 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* (on which the 1992 curriculum was built) and *constructivism*. Caring, as described by Bevis (1989), is a “unique plan designed to help the 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-reflectionof that interpretation (Haw, 2006).

PRACTICAL NURSE CURRICULUM PHILOSOPHY

In this curriculum, caring is viewed as a core concept. Practical Nurses foster client empowerment in care planning and clinical 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 judgment*.

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 modelling and experience. Learning is lifelong and is facilitated by a learner‐owned approach that promotes *cultural safety, cultural humility,* caring*,* independence*, critical inquiry,* and *creativity*. The curriculum uses multiple approaches to encourage learning and embraces concept‐based, case‐based, skill‐based and integrated learning experiences. It builds on the learner’s prior learning and life experience, and promotes collaborative learning through *interdisciplinary* understanding and effective team functioning.

CURRICULUM ORGANIZING CONCEPTS

The curriculum organizing concepts provide a foundation for program learning outcomes. In developing these concepts, the Curriculum Advisory Group reflected on the CLPNBC (2009) competencies, consulted the CPNRE blueprint and synthesized the available contextual data concerning Practical Nurse education and practice. In addition, each member contributed their own 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?

This process resulted in five curriculum organizing concepts being developed: 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, ethical standards and entry‐levelcompetencies.

Professional

Practical Nurses practice engage in *collaborative practice*, showing *respect* for the shared and unique competencies of other members of the health care team. Ethical standards, including CLPNBC’s Professional Standard: Ethical Practice, provide 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

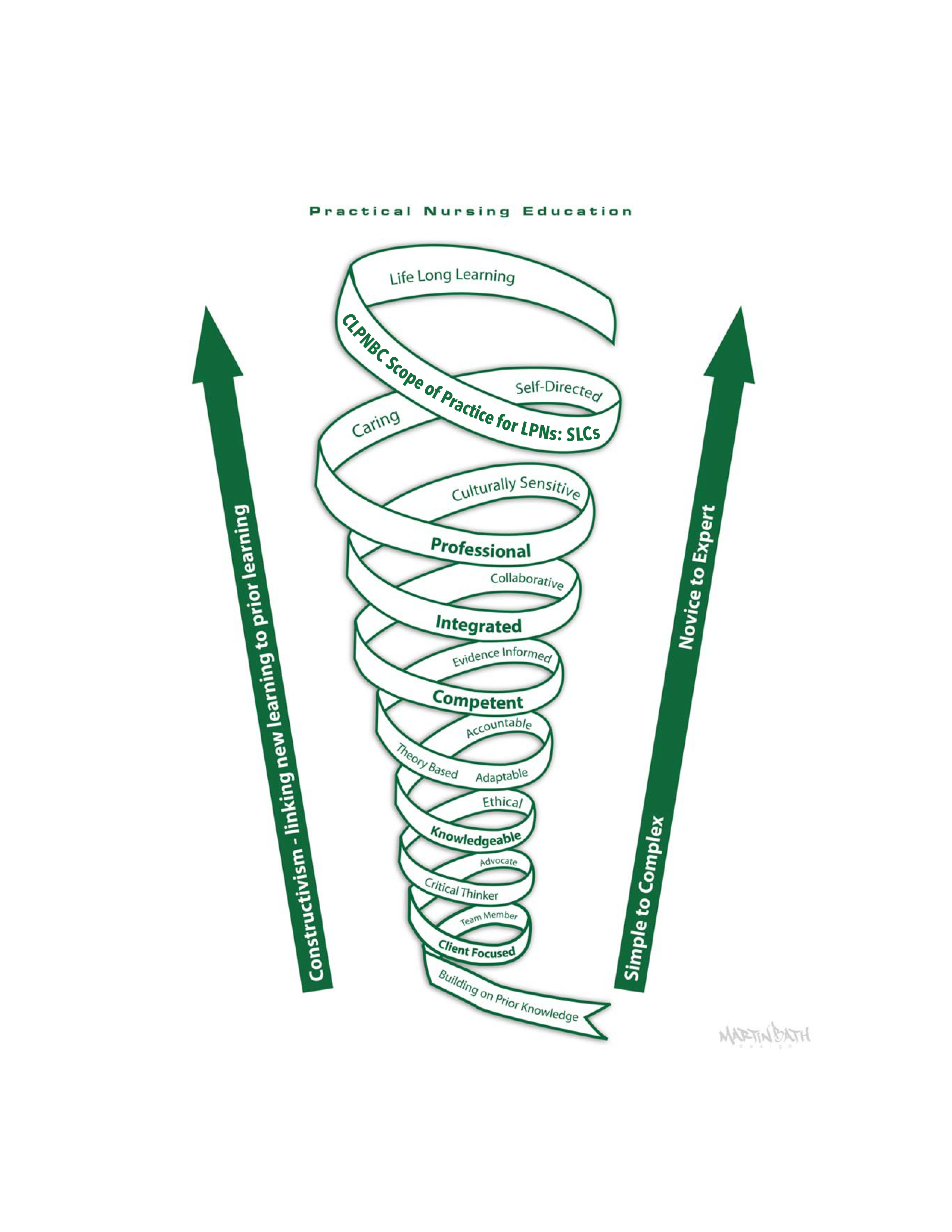
The Practical Nurse uses critical thinking to guide the formulation of *clinical decisions*, based on *evidence‐informed practice*. Practical Nurses follow a systematic approach when applying the nursing process and deliver care while respecting *diversity*. Practical Nurses are knowledgeable about trends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

Competent

Practical Nurses integrate knowledge, skills, behaviours, attitudes, critical thinking and clinical judgment expected of an *entry‐level practitioner* 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 evaluate and enhance client learning, revising strategies as necessary. Practical Nurses provide care that affirms, respects and fosters cultural expression by others.



**Figure 1 Learning Spiral**

PROGRAM PURPOSE

The Provincial Practical Nursing 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 (CLPNBC). 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 Scope of Practice: Standards, Limits and Conditions (2017), the focus for beginner’s practice is “promotion, maintenance and restoration of health, with a focus on clients with stable or predictable states of health” (p. 3). Additionally, upon successful completion of the program, learners will possess the competencies to successfully complete the Canadian Practical Nurse Registration Examination (CPNRE).

LEARNING OUTCOMES

The following program outcomes describe what learners are expected to achieve by the end of their educational program, outline 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 Entry-to-Practice Competencies for Licensed Practical Nurses (2013) to provide safe, competent, culturally safe and ethical care.
2. Practice within relevant legislation, scope of practice, standards of practice, and ethical standards as set out by the Nurses (Licensed Practical) Regulation (2015), 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.
6. Advocatefor 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‐centred care across the lifespan that recognizes and respects the uniqueness of each individual and is sensitive to cultural safety, cultural humility 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.

CURRICULUM FRAMEWORK

The curriculum framework of the PPNP is guided by the Nurses (Licensed Practical) Regulation (2015), Entry-to-Practice Competencies for Licensed Practical Nurses (CCPNR, 2013), Professional Standards for Licensed Practical Nurses (CLPNBC, 2014), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017) and the Canadian Practical Nurse Registration Examination Blueprint (CPNRE, 2017).

The curriculum framework is based on two theoretical constructs: Benner’s (1984, 2005) five stages from novice to expert and the concept of a spiral curriculum (Bruner, 1960, 1975). Benner’s work supports the notion that proficiency in a particular role is a progressive process and 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 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, Benner’s 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 care*, self‐reflection, lifespan, leadership and *safety*. Threads are developed for different health care *work environments* of care and clients. This curriculum also gives enhanced recognition to clients of Indigenous heritage.

The spiral curriculum is divided into four levels. Level 1 provides the foundation for the development of nursing practice and introduces the learner to the healthy adult. Level 2 explores the older adult and concepts related to aging and chronic illness in various settings. Level 3 examines a *continuum of care* in *community care* and applies concepts from Levels 1, 2 and 3 in the management of stable clients across the lifespan. Level 4 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 organizing concepts (professional, knowledgeable, integrative, client focused and competent) provide scaffolding for the development of the course groupings:

* Professional Practice
* Professional *Communication*
* Variations in Health
* Pharmacology
* Health Promotion
* Integrated Nursing Practice
* Practice Courses

In the framework it is assumed that the concepts are continued throughout multiple courses reflecting a spiral curriculum.

Post-secondary educational institutions using the PPNP are required to follow 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. It is also important that institutions refer to the current versions of all documents listed in the Guide and Supplement.

|  |  |  |
| --- | --- | --- |
| **Professional Practice (85 hours)** | | |
| **Legislation Governing**  **Practical Nursing 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* |
| **Practical Nursing Professional Practice** | ***Level 1*** | * *CLPNBC Scope of Practice* * *CLPNBC Practice Standards* * *CLPNBC Professional Standards* * *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*** | * *Recognize 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 (85 hours)** | | | | |
| **History of Practical Nursing in BC** | ***Level 1*** | * *Program Philosophy* * *Caring* * *Client focused* * *Learner owned* * *Conscious relationship development* | | |
| **Practical Nursing Ethical Practice** | ***Level 1*** | * *Ethical Standards* * *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 Practical Nursing** **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* | | |
| **Interprofessional 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 (85 hours)** | | | |
| **Diversity across**  **the Lifespan** | ***Level 1*** | | * *Constructivist understanding of culture* * *Culture as a shifting relational process* * *Cultural awareness and sensitivity* * *Social justice* |
| ***Level 2*** | | * *Engaging in dialogue and relationship building* * *Respect and inclusivity of all cultures, including Indigenous culture* * *Cultural competency* |
| ***Level 3*** | | * *Identify health care approaches that places Indigenous families and groups at risk for cultural harm* * *Cultural safety* |
| ***Level 4*** | | * *Respect and inclusivity of diversity, including Indigenous populations* * *Respect for all traditional knowledge in healing* * *Cultural humility* |
| **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* * *Cultural awareness and sensitivity* | | |
| ***Level 2****Sensory deficits*   * *Aggression* * *Non-verbal approach* * *Conflict resolution* * *Problem solving and decision making* * *Adaptation of communication skills appropriate to the client* * *Cultural competency* | | |
| **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* * *Cultural safety* | |
| ***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* * *Cultural humility* | |
| **Relational Practice across the Lifespan** | | ***Level 1*** | * *Nurse client relationship* * *Helping relationships* * *Cross-cultural communication* * *Cultural sensitivity and awareness* * *Caring and respect* * *Family as client* * *Developing trusting relationships with clients* | |
| ***Level 2*** | * *Establishing trust* * *Honouring diversity* * *Cultural competency* * *Caring and respect* | |
| ***Level 3*** | * *Working with groups* * *Encouraging responsibility for own health* * *Recognition of individuals at risk for self-harm* * *Honouring diversity* * *Cultural safety* * *Caring and respect* | |
| ***Level 4*** | * *Role of LPN in providing family with emotional support* * *Honouring diversity* * *Caring and respect* * *Cultural humility* | |
| **Interprofessional 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* * *Using effective communication tools (Situation, Background, Assessment, Recommendation (SBAR)* * *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)** | | | | | |
| **Interprofessional Communication** | | ***Level 3*** | | | ***Interprofessional conflict resolution:***   * *Loss and grieving* * *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* |
| ***Level 4* S*upporting colleagues to practice effectively:***   * *Sharing knowledge with unregulated providers, novices and learners* * *Documentation in written oral and electronic formats* * *Loss and grieving* | | | |

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| **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* |
| **Variations in Health (180 hours)** | | |
| **Acute Illness a Systems Approach** | ***Level 4*** | * *Presentation of common acute illness across the lifespan* * *Exacerbations of chronic illness* |
| **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* * *Using best practice in decision making* |
| **Evidence-informed Practice: Acute Illness** | ***Level 4*** | * *Nursing process* * *Applying best practice in decision making* * *Using facility policy and procedure as appropriate* |
| **Diversity in Health and Healing** | ***Level 1*** | * *Indigenous health and healing* * *Indigenous healers* * *Health literacy* * *End-of-life care* |
| **Diversity in Chronic Illness** | ***Level 2*** | * *Indigenous 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* |

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| **Health Promotion (120 hours)** | | | |
| **Introduction to Health Promotion** | ***Level 1******Canada’s health care system:***   * *Determinants of health* * *Determinants of health for Indigenous people* * *Understanding diversity of clients* * *Introduction to epidemiology* * *Normal growth and development across the lifespan* | | |
| **Health Promotion in the Older Adult** | ***Level 2*** ***Normal aging***   * *Caregiver 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 service* * *Growth and development* | | |
| **Chronic Disease Management** | ***Level 1*** ***Chronic disease self‐management program*** | | |
| ***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* * *Facilitating teaching to increase client and family understanding* * *Using community resources to support* * *Promoting safety* * *Evaluating client learning* |
| ***Level 3*** | * *Setting shared goals* * *Promoting safety* * *Clients with intellectual disabilities* * *Clients experiencing mental illness* * *Evaluating client learning* |
| ***Level 4*** | * *Collaborating with clients in the discharge process* * *Promoting safety* * *Formulating strategies to improve client health* * *Setting shared goals* * *Evaluating client learning* |
| **Diversity in Health Promotion** | ***Level 1*** | * *Understanding health disparities* * *Cultural awareness and sensitivity* |
| ***Level 2*** | * *Aging perspective* * *Care of the older adult* * *Cultural competency and aging* |
| ***Level 3*** | * *Health care access* * *Inequities in resource allocation* * *Cultural safety* |
| ***Level 4*** | * *Relevance of information* * *Inclusivity in health promotion activities* * *Cultural humility* |

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| **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* * *Controlled Drugs and Substances Act 1996* |
| **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* * *Controlled Drugs and Substances Act 1996* |
| **Introduction to Complementary and Traditional Healing Modalities** | ***Level 1*** | * *Traditional healing modalities* * *Alternative therapies* |
| **Level 2** | * Interactions between complementary medicines and pharmaceuticals |
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| **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*** | * *Postpartum 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*** | * *Using 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* * *Analyzing and interpreting data* * *Applying decision-making tools to various life stages* |
| **Clinical Decision**  **Making: Acute Illness** | ***Level 4*** | * *Applying the nursing process* * *Incorporating diagnostic values to care* |

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| **Integrated Nursing Practice (615 hours)** | | | |
| **Introduction to Nursing Interventions** | ***Level 1*** | * *Simple wound management* * *Personal care skills* * *Introduction to pain management—non-pharmacological* * *End-of-life care* | |
| **Nursing Interventions: Chronic Illness** | ***Level 2*** | * *Individualized nursing care plan* * *Chronic wound management* * *Psychomotor skills* * *Pain management—pharmacological* * *End-of-life care* | |
| **Nursing Interventions across the Lifespan** | ***Level 3*** | * *Principles of IV therapy I* * *Blood administration* * *End-of-life care* | |
| **Nursing Interventions: Acute Illness** | ***Level 4*** | * *Surgical wound management* * *IV therapy 2* * *End-of-life care* | |
| **Introduction to Risk Management** | ***Level 1*** | * *Personal and client safety* * *Universal precautions* * *Principles of asepsis* * *Overexertion* * *Point-of-care mobility assessment* | |
| **Risk Management across the Lifespan** | ***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* |

PROGRAM MATRIX

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

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

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| **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

Each of the courses in the PPNP are outlined in its own section below. For each course, the following is provided:

* **Course Hours:** The suggested *minimum* number of hours required for each course.
* **Course Description:** A brief overview of the course, helpful for learners and may be used by educational institution approval bodies in their educational institution calendars or as part of on line or printed materials.
* **Course Concepts:** A brief overview of the course, helpful for learners and may be used by educational institution approval bodies in their educational institution calendars or as part of on line or printed materials.
* **Learning Outcomes:** A description of what knowledge, skills and abilities the learner will have gained upon successful course completion.
* **Suggested Learning Activities:** Examples of activities that can be used to facilitate and foster student learning. Learning activities can be found in the Provincial Curriculum Guide Supplement for educators.
* **Suggested Assessments:** Potential assessment and evaluation strategies.
* **Suggested References/Resources**: See Provincial Curriculum Guide Supplement for a list of potential texts, journals and websites for faculty and student use.

Other important notes:

* Opportunities for *interprofessional education* and/or practice are indicated for appropriate courses.
* Appendix C suggests topics for case study, simulation and problem-based learning development.
* Bloom’s taxonomy (Anderson & Krathwohl, 2001) was used to provide appropriate descriptors for course levelling and learning outcomes (see Appendix D). 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   
(25 HOURS)

Course Description

This theory course introduces the profession of Practical Nursing and the BC legislation that informs the practice. The history of nursing and, specifically, the evolution of Practical Nursing in the Canadian health care system are discussed. The philosophy and foundational concepts of the PPNP are explored.

**Prerequisites:** 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 Practical Nursing practice.
* Introduction to Practical Nursing professional practice.
* History of Practical Nursing.
* Philosophy of the Practical Nursing Curriculum.
* Introduction to ethical practice.
* Introduction to leadership.
* Interprofessional practice.
* Diversity.
* *Cultural sensitivity* and awareness.
* Awareness of own culture.
* 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, 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. Describe how self-reflection and reflective journal writing enhances learning in 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. Recognize and respect the diversity of other health care roles, responsibilities and competencies.
9. Identify and explain the influence of interprofessional collaborative relationships on quality practice environments.
10. Demonstrate the ability to access and assess current and relevant scholarly resources to prepare for nursing practice.
11. Understand how cultural diversity, sensitivity and awareness influence professional practice.
12. Discuss ethical decision-making principles through case studies.
13. Discuss theories of nursing leadership.
14. Identify key competencies associated with effective leadership, management and followership.

Suggested Learning Activities

* In large groups, discuss the Practical Nursing program philosophy.
* Discuss 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 Ethical Practice Standard (CLPNBC) to decision making.
* Discuss issues related to culture, cultural sensitivity, awareness and diversity within professional practice as a shifting relational process; include 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.
* Organize a panel of various health professionals (e.g., LPNs, BSNs, BPNs) to discuss interprofessional practice.
* Using case studies, apply an ethical decision‐making model and the Professional Standard: Ethical Practice (CLPNBC) to identify possible solutions or outcomes.
* Interview a practicing 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.
* Develop a professional portfolio (could include and e‐portfolio) and discuss.
* Introduce *inclusivity* mentoring and support (e.g., Learning Rubric 1, Learning about Diversity).
* Show the movie *Recognizing Bias*, available from BCcampus.
* Introduce *post-colonial understanding*: definition of terms as it relates to constructivist understanding of decolonization, colonization, cultural awareness, sensitivity, competency, safety and humility.

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 the Professional Standard: Ethical Practice .
* Professional portfolio submission (begin this in Level 1 for completion by Level 4).

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: PROFESSIONAL PRACTICE II   
(20 HOURS)

Course Description

This course examines the legislation influencing Practical Nursing 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 Practical Nursing role in residential care are explored. Critical thinking and decision making specific to the care of clients with the chronically health challenges and interprofessional practice are also addressed.

**Prerequisites:** Successful completion of all Level 1 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 Practical Nursing practice with chronic illness and residential care.
* Adult Guardianship.
* Controlled Drugs and Substances Act.
* Health Care (Consent) and Care Facility (Admission) Act.
* Professional practice.
* Ethical practice.
* Leadership in Practical Nursing practice.
* Interprofessional practice.
* Diversity in Practical Nursing practice.
* Cultural competency.

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 influence 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. Define the nursing care delivery models used in health care.
5. Describe the influence of interprofessional collaborative relationships on a quality practice environment in residential care.
6. Describe approaches to access others’ skills and knowledge appropriately through *consultation*.
7. Demonstrate the ability to access and assess current, relevant, scholarly resources.
8. Discuss and explain professional responsibility in terms of the cultural diversity and inclusivity of clients, including cultural competency and trauma-informed care with aging populations.
9. Apply ethical decision making to determine actions for ethical dilemmas in nursing practice with clients experiencing chronic illness.
10. Demonstrate self‐reflection and reflective journal writing to enhance learning and nursing practice.

Suggested Learning Activities

* Review 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, cultural competency, end-of-life care).
* Shadow a practicing LPN caring for older adults (variety of settings).
* Using case studies, discuss in groups the application of ethical principles and decision making (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.
* Plan an interprofessional activity (case study) with health care assistants, registered nurses, and registered psychiatric nurse learners on their respective roles and responsibilities in residential settings.
* Plan an interprofessional simulation with health care assistants, registered nurses and registered psychiatric nurse learners on their respective roles and responsibilities in residential settings.
* Using case studies, identify leadership responsibilities of the LPN when working with unregulated health care workers in residential care settings.
* Develop a professional portfolio development (continued from Level 1).
* Use self‐reflection and reflective journal writing to enhance learning and nursing practice.
* Cultivate inclusivity, post-colonial understanding, mentoring and support (e.g., Learning Rubric 2, Cultivating Understanding).
* Use a hands-on activity (e.g., weighty blankets) 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 interprofessional practice.
* Written exam: application of the CLPNBC Standards of Practice and the Professional Standard: Ethical Practice related to nursing practice in long-term care settings.
* Professional portfolio submission.

Suggested References/Resources

See current suggestions in Curriculum Guide Supplement.

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.

**Prerequisites:** Successful completion of all Level 2 courses and Consolidated Practice Experience II.

**Co‐requisites:** Professional Communication 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 Practical Nursing practice in the context of community care.
* Practical Nursing professional practice.
* Practical Nursing ethical practice.
* Leadership in Practical Nursing practice.
* Interprofessional practice.
* Diversity in Practical Nursing practice.
* Cultural safety.
* 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 influence 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 interprofessional collaborative 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 fostering community partnerships, ensuring cultural safety and inclusivity.
    7. Apply and evaluate ethical decision making 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

* Hold small- and large-class discussions on case studies of professional practice responsibility and accountability issues for LPNs practicing in community settings.
* Interview an LPN practicing in a community setting and then discuss practice issues specific to that setting or hold a panel discussion with practicing LPNs from community settings.
* Discuss professional practice issues in community nursing.
* Provide opportunities for learners to shadow an LPN in various community settings and discuss role and responsibilities.
* Compare and contrast community practice to other practice areas
* Discuss evidence‐informed practice; use resources to guide decision making related to practice issues.
* Use self‐reflection and reflective journal writing to enhance learning and nursing practice.
* Use interprofessional learning activities on roles and responsibilities of various health care team members in community contexts.
* Invite health care representatives from the community for an interprofessional panel or scenarios.
* Have learners complete professional portfolio .
* Cultivate inclusivity, communication, post-colonial understanding, mentoring and support (e.g., Learning Rubric 3, Fostering Partnerships in Care, University of Victoria Cultural Safety: Module 3 (online)—Indigenous 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.
* Have learners identify ways to partner with Indigenous clients, families and communities to create culturally safe, relational care plans.

Suggested Assessments

* Group presentation on the shadowing experience.
* Group presentation of an ethical case study.
* Paper on leadership or interprofessional practice (using APA format).
* Professional portfolio submission.
* Written exam: application of the CLPNBC Standards of Practice and Ethical Practice Standard related to nursing practice in community settings.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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 Practical Nursing practice, specific professional practice issues and ethical practice pertinent to Practical Nursing practice in acute care environments are explored. Practice issues that occur across the lifespan are considered. Collaborative practice with other health care team members and, specifically, the working partnership with RNs in the acute care setting are examined.

**Prerequisites:** Successful completion of all Level 3 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 Practical Nursing practice in acute care environments.
* Practical Nursing professional practice.
* Practical Nursing ethical practice.
* Leadership in Practical Nursing practice.
* Interprofessional practice.
* Diversity in Practical Nursing practice.
* Cultural humilityand cultural *advocacy*.

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 it relates to practice in acute care practice settings.
3. Identify and advocate for the influence of interprofessional collaborative relationships on a quality practice environment in the acute care setting.
4. Demonstrate the ability to access and assess current, relevant, scholarly resources to prepare for caring for clients with acute illness.
5. Formulate and articulate a professional practice perspective about cultural humility and cultural advocacy.
6. Discuss the importance of respecting cultural diversity and inclusivity.
7. Apply and analyze ethical decision making to determine strategies for solving ethical dilemmas in nursing practice in acute care practice settings.
8. Demonstrate self‐reflection and reflective journal writing to enhance learning and nursing practice.

Suggested Learning Activities

* Hold small- and large-class discussions on case studies of professional practice responsibility and accountability issues for LPNs in acute care.
* Invite as guest speakers LPNs practicing in the acute care setting to discuss professional practice issues.
* Provide an opportunity for learners to shadow an LPN in various acute care settings.
* Discuss what resources can be accessed to guide decision making related to practice issues.
* Use interprofessional learning activities on 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, discussing similarities, overlaps and disparities.
* Have BSN and/or RPN and LPN 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 their client assignments equitably to cover the changing need of that client.
* Have learners develop a professional portfolio.
* Cultivate inclusivity, communication, post-colonial understanding, respect, mentoring and support (e.g., Learning Rubric 4, Supporting Diversity; University of Victoria, Cultural Safety Module 3).
* Use learner self-assessment of progress in cultural competency, safety, humility and advocacy.

Suggested Assessments

* Group presentations based on interviews with practicing LPNs.
* Reflective journal: the shadowing experience.
* Group presentation of an ethical case study.
* Paper on leadership or interprofessional practice in acute care (APA format)
* Written exam: application of the CLPNBC Standards of Practice and the Professional Standard: Ethical Practice to nursing practice in acute care settings.
* Professional portfolio submission.
* Case story: students working in small groups to create a culturally congruent care plan for characters.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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 in the Provincial Curriculum Guide Supplement).

**Prerequisites:** 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, cultural sensitivity and awareness.
* 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 multicultural communication as they relate to the nurse‐client relationship.
6. Identify effective and culturally sensitive and aware 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 health care 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 role-play to practice therapeutic nursing communication skills. In pairs, role‐play a nurse‐client relationship demonstrating the various communication skills (e.g., clarifying and summarizing, demonstrating empathy and caring, attending and listening). After providing practice time in using these skills, summarize on the board or flip chart.
* Demonstrate communication skills in role-playing with a learner or another faculty. Encourage learners to provide feedback on the role‐playing.
* Show videos and YouTube clips on specific communication skills such as failing to listen and attend.
* Use “trust” activities in class (e.g., have a learner lead another blindfolded learner around the room during break time). Discuss feelings. What makes one person trust another? What problems prevent trust?
* Use self‐reflections through journal writing to identify communication style and techniques used.
* Cultivate students’ awareness, respect, communication, mentoring and support for culture and diversity by using the resource “Place in Culture.
* Use the Bafa Bafa simulation activity to gain self-awareness of biases and experience what it is like to be different and to develop cultural sensitivity and awareness.
* Use the resource “What Is in a Name?” to introduce the importance of Spirit names and colours in identity formation, healing and balance.

Suggested Assessments

* Written analysis of a therapeutic communication scenario.
* Analysis of recorded interactions between two learners; analyze the “helper” responses illustrating effective and ineffective communication skills, including identifying the barriers to effective communication displayed in the scenario and suggesting alternative approaches that might be more effective.
* Mid‐term exam.
* Comprehensive exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: PROFESSIONAL COMMUNICATION II   
(30 HOURS)

Course Description

This course provides learners with an opportunity to develop professional communication skills with older adults and clients requiring end-of-life care. Interprofessional communication knowledge and skills are further developed.

**Prerequisites:** Successful completion of Level 1 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:
  + Exhibiting sensory deficits.
  + Exhibiting language deficits.
  + Exhibiting cognitive deficits.
  + Exhibiting aggression.
  + Exhibiting ineffective non-verbal approaches.
  + Resolving conflict.
  + Coordinating actions of others during an emergency.
  + Problem solving and decision making.
  + Adapting communication skills appropriate to the client.
* Relational practice with the older adult:
  + Establishing trust.
  + Honouring diversity.
  + Showing cultural competency.
  + Displaying care and respect.
  + Making 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.
  + Using effective communication tools (e.g., SBAR).
  + Directing unregulated care providers with client care.
  + Sharing knowledge with unregulated providers and learners.
  + Managing conflict.
  + Managing change.

Learning Outcomes

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

1. Demonstrate communication strategies to use with clients who have 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 leadership style and how that may impact relationships with other health team members and clients.
8. Explain the relationship of communication and culture.
9. Identify challenges preventing effective communication across cultures.
10. Explore communication approaches that are compassionate, culturally competent and based on relationship-centred care for all cultures with consideration for First Nation, Inuit and Métis clients, their families and communities.

Suggested Learning Activities

* Show a live or videotaped role‐play situation to identify challenges with clients who have sensory, language and/or cognitive changes. Then have learners identify communication strategies that were used or could have been used to facilitate effective communication.
* To understand 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. Hold class discussion after this activity.
* Ask learners to reflect on personal experiences with loss and grieving. Focus on how these experiences have prepared them to support 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.
* Use self‐reflection through journal writing to identify communication style and techniques used.
* Explore communication with other health team members through interprofessional simulation.
* In small groups, have learners compare and contrast leadership styles. Share in a large group.
* Cultivate respect, post-colonial understanding, communication, mentoring and support.
* Teach how to communicate with Indigenous older adults; use the resource “Caring Interactions in End-of-Life Care.” Use media clips to decipher between helpful and unhelpful interactions
* Cmmunicate with Indigenous older adults to recognize the impact of colonization and historical trauma. Have learners examine verbal and non‐verbal approaches to convey respect, inclusivity and cultural competency.

Suggested Assessments

* Written analysis of a case scenarios involving conflict between nurse and client, nurse and family member, nurse and doctor.
* Analysis of recorded interactions between learner and client with dementia to identify the effectiveness of learner’s responses. Provide an alternative response if appropriate.
* Evaluation of an interview with a “well” older adult to provide an opportunity to assess communications skills, including cultural competency, and to give learner first-hand information about the effects of aging. Learner can document findings and summarize the results in a report.
* Mid‐term exam.
* Comprehensive final exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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.

**Prerequisites:** Successful completion of Level 2 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:

* Integrating communication skills.
* Ensuring continuity of care.
* Problem solving and decision making.
* Conflict resolution.
* Age appropriate communications.
* Adapting communication skills appropriate to the client.
* Integrating 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.
* Cultural safety.
* 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 collaborative problem solving and decision making.
4. Participate and be respectful of all members’ 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 Indigenous and non‐Indigenous 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. Compare communication practices for health beliefs among different Indigenous peoples.
11. Identify components that demonstrate a commitment to engage in dialogue and relationship building with different cultures, including cultural safety.
12. Describe specific communication strategies and approaches relative to clients with developmental disabilities.
13. 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).
* Have learners use the SBAR format to practice safe, effective and complete care transition reporting.
* Have 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 caregiver? Have learners include a summary of the interview and reflect on how they will incorporate what they have learned into their own clinical practice.
* Have learners reformulate medical terminology into language that young clients can better understand. Practice communication through play and stories.
* Role-play a situation in which the client is at risk for self‐harm.
* Use interprofessional simulation to practice the collaborative decision making and problem solving that should occur on teams.
* Use simulation activities with children, clients with mental illness or clients with disabilities.
* Use the resource “Speaking out for Cultural Safety” to help 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 and analyze the responses, and identify alternative responses.
* Quizzes and exams to demonstrate knowledge of effective communication strategies.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: PROFESSIONAL COMMUNICATION IV   
(20 HOURS)

Course Description

The focus of this course is 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 is further developed.

**Prerequisites:** Successful completion of Level 3 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 Practical Nurse during an emergency.
* Collaborating with other team members in providing nursing care to implement and evaluate care.
* Problem solving and decision making.
* Conflict resolution.
* Adapting communication skills appropriate to the client.
* Relational practice with clients experiencing an acute illness.
* Role of the LPN in providing family members with emotional support.
* Honouring diversity.
* Cultural humility.
* Cultural advocacy.
* 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 interprofessional collaborative practice.
3. Identify elements of respecting 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 in cultural humility with First Nation, Inuit and Métis peoples, cultures and health practices.
8. Identify components that demonstrate a commitment to engage in dialogue and relationship building with different cultures.
9. Identify how to effectively provide client and family with emotional support in the acute care setting.
10. Identify and use appropriate conflict resolution/mediation strategies through simulation.
11. 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

* Use interprofessional conflict resolution scenarios and role-play exercises.
* Discuss how *interprofessional collaboration* is enacted with changing client status.‐
* Use team-building exercises and group refection on the processes and principles involved.
* Put learners in small groups to plan, implement and evaluate client care within acute care setting.
* Use scenarios and role plays to practice effective communication skills with family members.
* Simulate caring interactions in acute care settings: use scenarios and role play to gain understanding of elements necessary for culturally safe and culturally informed therapeutic communication while developing awareness of risk of unintended cultural harm to clients using commonly used assessment tools.

Suggested Assessments

* Analysis of one or more scenarios where communication was ineffective. Learners can 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 scenarios with families.
* Application of course concepts and principles through quizzes and exams.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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 and alternative remedies, and polypharmacy across the lifespan are also explored.

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

**Prerequisites:** 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.
* 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 laws 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, have learners research specific medications relative to classifications, actions, interactions, dosages and nursing implications and present to class.
* With learners working in pairs, provide worksheets for learners to complete (e.g., table of medications used for constipation; share in class).
* Ask learners to compare and contrast complementary, Indigenous and alternative healing remedies, including traditional Chinese medicine and Ayurveda.
* Show videos on pharmacokinetics and pharmacodynamics.
* In small groups, teach leaners how to use the CPS and drug guide for clinical practice.
* Hold an interactive mini lecture using clickers, video clips and think‐pair‐share.
* Have learners, individually or in pairs, complete activities such as crossword puzzles, word searches, matching, true and false, fill in the blanks.
* Invite guest speakers (e.g., a pharmacist, a naturopath).
* Hold an interdisciplinary activity with pharmacology technician learners.
* Have learners, in small groups, work on case scenarios with a focus on medication administration, legalities of medication administration and the role of the LPN, and present to class.
* Introduce traditional medicines: Invite Traditional Healers to speak on the topic of Indigenous medicines and practices.

Suggested Assessments

* Math written exam.
* Pharmacology quizzes.
* Pharmacology comprehensive final exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: PHARMACOLOGY II   
(30 HOURS)

Course Description

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

This course may offer opportunity for an interprofessional education experience.

**Prerequisites**: Successful completion of Level 1 courses and Consolidated Practice Experience I.

**Co-requisites:** Professional Practice II; Professional Communication II; Integrated Nursing Practice II; 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.
* Interactions of complementary and alternative healing remedies with prescription medications.

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 and 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.
7. Consider the roles of other health care providers in determining one’s own professional and interprofessional roles related to complementary and prescription medication ordering, processing, dispensing, administration and monitoring.

Suggested Learning Activities

* Have learners work in small groups to research specific medications relative to classifications, actions, interactions, dosages and nursing implications and present to class.
* Have learners work in pairs to complete a worksheet (e.g., table of antimicrobial medications identifying the major classifications, actions, uses, nursing responsibilities and an example of each drug).
* Have learners work in pairs to compare the differences between sedative and hypnotic medications and share in class.
* Show videos on the physiological actions of specific psychotropic medications and the side effects.
* Have learners work in small groups to 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. Have learners present to class.
* Hold interactive mini lectures using clickers, video clips and think‐pair‐share.
* Have learners, individually or in pairs, complete activities such as crossword puzzles, word searches, matching, true and false, fill in the blanks.
* Invite guest speakers such as a pharmacist, clinical nurse specialist or practitioner, or drug representative.
* Hold an interprofessional collaborative activity with BSN nursing students and/or pharmacology technician students.

Suggested Assessments

* Math exam.
* Pharmacology quizzes.
* Comprehensive final exam.
* 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 lifespan, drugs used in emergency situations, substance use/abuse, anti‐psychotic drugs).

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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 is explored as well as the incorporation of evidenced-informed practice.

**Prerequisites:** 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, including 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 sensitive and aware 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 holistic and traditional healing practices associated with common illness.
10. Define the influence of culture in health and healing.
11. Identify appropriate evidence-informed research and practice resources.

Suggested Learning Activities

* Have learners prepare for class a review of pertinent anatomy and physiology.
* Put leaners in groups to 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.
* Put learners in groups to develop basic nursing care plans for clients across the lifespan and present to class (including evidence-informed research and interventions).
* Put learners in groups to identify the diverse population groups living in the community; share with class. As them to identify what disease concepts are prominent in this group, and use these for class presentations.
* Invite speakers to discuss cultural diversity in beliefs in relation to health and healing, including approaches to death and dying (include an Indigenous speaker).
* Explore the meaning of health for First Nations, Inuit and Métis families using a case study.
* Use the resource “Approaching Traditional Knowledge” to teach learners about the Healer, *Elder* and Medicine Person.
* Invite an Elder to speak on the importance of the four corners, four directions and Medicine Wheel for healing.
* Explore tensions and augmentations of biomedical and holistic health belief models in the film *Spirit Doctors*.

Suggested Assessments

* Quizzes.
* Mid-term exam.
* Final comprehensive exam.
* Class/student presentations..

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: VARIATIONS IN HEALTH II   
(45 HOURS)

Course Description

This course focuses on pathophysiology as it relates to the aging process and selected chronic illnesses. The main focus is on the care of older adults experiencing a health challenge. Cultural diversity in healing practices are explored as well as evidence-informed research and practice.

**Prerequisites:** Successful completion of Level 1 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, including 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 competent care; evaluation of care; collaborating with other members of the health care team; health promotion; client teaching.
* Therapeutic interventions and treatments.
* Traditional healing practices (e.g., acupuncture, smudging, sweat lodge, reiki).
* 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 aging process.
2. Describe the nursing management of illness associated with aging.
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.
7. Identify holistic healing practice associated with chronic illness.
8. Explain the influence of culture and cultural competency in health and healing.

Suggested Learning Activities

* Prepare for class a review of pertinent human anatomy and physiology.
* Have learners work in groups to 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.
* Have learners work in groups to 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 and case studies relating to end of life.
* Invite speakers to discuss cultural diversity in relation to illness, healing and end-of-life care.
* Cultivate respect and *Indigenous knowledge* by using the resource “End-of-Llife Care”: use role play for learning about culturally competent approaches for end-of-life care.
* Invite an Elder to be part of the learning community and to build a relationship for collaboration.

Suggested Assessments

* Case studies on chronic illness: pathophysiology, nursing management, treatment, pharmacology.
* Class presentation on selected topics.
* Mid-term exam.
* Comprehensive final exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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 in the community are explored. As well, cultural diversity in healing approaches are explored along with the incorporation of evidence-informed research and practice.

**Prerequisites:** Successful completion of Level 2 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, including 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; 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 5 in classification of mental Illness.
2. Explain several models of psychosocial rehabilitation and recovery.
3. Describe physiologic alterations expected in the postpartum 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. Analyze how culture and cultural safety impact health and healing.
7. Identify holistic healing practices associated with chronic illness.
8. Describe resources for evidence-informed research and practice in delivering care in the context of clients accessing care in community settings.
9. Discuss the stigma associated with living with mental illness or physical and/or developmental disability.
10. Describe the continuity of care for clients experiencing addictions and/or concurrent disorders.
11. Discuss interprofessional collaboration roles when working with mental health teams.

Suggested Learning Activities

* Put learners in groups to 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, clinical practice guidelines and decision support tools for best practice.
* Have learners work in groups to research examples of the pathophysiology and the nursing management (care plans) of common maternal/child illness and disease.
* Have learners work in groups to 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.
* Use an interprofessional collaboration simulation: role play working with mental health team members to provide optimal client care.
* Interview a child and/or parents of a child with developmental/physical disabilities; learners can present poster of this topic to class.
* Cultivate respect, inclusivity and Indigenous knowledge by using the resource “Supporting Traditional Knowledge in Health and Healing.” Have learners conduct enquiry into traditional practices through community visits and engagement of Elders.

Suggested Assessments

* Poster presentation of a mental illness topic encountered in the clinical setting.
* Poster presentation of a pediatric physical/developmental disability.
* Quizzes.
* Mid-term exam.
* Final exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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 are addressed. Cultural diversity in healing practices are explored as well as evidence-informed research and practice.

**Prerequisites:** Successful completion of Level 3 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, including 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 and culturally informed care; evaluation of care; collaborating with other members of the health care team; health promotion; client teaching.
* 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. Recognize 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 holistic and traditional healing practices related to the acute illness experience.
6. Describe the impact of cultural diversity and cultural humility in health and healing.
7. Compare and contrast how different cultural practices impact health and healing.
8. Access relevant best practice information to support learning.

Suggested Learning Activities

* Have learners work in groups to 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 this in each class.
* Have learners work in groups to 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, clinical practice guidelines and decision support tools for best practice.
* Invite individuals from diverse cultures, including Indigenous individuals, to speak about their hospital/illness experience and the importance of cultural humility.
* Expose learners to Indigenous knowledge through an Elder visit; include rituals and traditional practices (healing prayers, smudging, drums, songs, etc.).
* Use the resource “Pain Management” to examine the effects of culture on pain management.

Suggested Assessments

* Two quizzes or one quiz and one presentation.
* Mid-term exam.
* Comprehensive final exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: HEALTH PROMOTION I   
(30 HOURS)

Course Description

This course introduces the concepts of health promotion, the *determinants of health* and health inequities, and develops a beginning knowledge of normal growth and development. Topics include health enhancement, health protection, disease prevention and health restoration (recovery, care and support).

**Prerequisites:** 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, Variations in Health 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, including Indigenous and increasing multicultural populations.
* Cultural sensitivity and awareness in health promotion.
* Introduction to health statistics and epidemiology.
* Teaching and learning in health promotion.
* Communicable diseases and epidemiology.
* Harm reduction.
* *Trauma-informed practice*.
* *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 Indigenous people and non‐Indigenous people in Canada.
8. Identify the determinants of health of Indigenous populations.
9. Define cultural sensitivity and awareness 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.
15. Define trauma-informed practice.
16. Define health promotion principles in *LGBTQ2* care.

Suggested Learning Activities

* Have learners 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.
* Have learners develop a fact sheet with a health promoting topic.
* Have learners critically examine a current health promotion activity in the community to determine who is it serving and who is excluded.
* Have learners work in groups to develop a series of growth and development charts based on theories; have each group present to class.
* Invite a panel of clients to discuss their experiences of chronic illness. What resources are available to them in the community and how do they maintain their health within the context of illness?
* To cultivate a post-colonial understanding, use the resource “Health Trends,conduct a search of at least five local media clips (printed or digital) over the term to illuminate patterns of health issues identified in the region.
* Explore how trauma-informed practicesupports cultural sensitivity and awareness.

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.
* Mid-term exam.
* Final comprehensive exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: HEALTH PROMOTION II   
(30 HOURS)

Course Description

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

**Prerequisites**: Successful completion of all Level 1 courses and Consolidated Practice Experience I.

**Co-requisites:** Professional Communication II; Integrated Nursing Practice II; Professional Practice II; Variations in Health II; Pharmacology II.

Course Concepts

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

* Theories of aging.
* Normal process of aging.
* Demographics of aging.
* Family caregiving.
* 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.
* Trauma-informed practice with older adults.
* Cultural diversity and cultural competency 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 aging and the demographics of aging.
2. Discuss the role of culture in the aging process.
3. Discuss family caregiving, 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. Discuss the importance of cultural competence for supporting care of older adults.
13. Discuss trauma-informed care in older populations.
14. Discuss LGBTQ2 care in older populations.
15. Explain differences in cultural approaches to dying.

Suggested Learning Activities:

* Present a critique of popular media depicting older adults and aging (e.g., stereotyping).
* Invite a family caregiver as a guest speaker.
* Ask learners to prepare a presentation on support groups for caregivers.
* Invite healthy older adults to take part on a panel describing their lifestyles.
* Hold a panel discussion with diverse cultures on death and dying and dying.
* Use a case study approach to 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).
* Cultivate a post-colonial understanding by using the resource ” Determinants of Health”: apply determinants of health to an identified health trend (Health Promotion I) for Indigenous peoples using principles of cultural competency and trauma-informed practice.

Suggested Assessments:

* An assignment on an assessment an older adult in the community.
* Mid-term exam.
* Final comprehensive exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: HEALTH PROMOTION III   
(36 HOURS)

Course Description

This course focuses 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.

**Prerequisites:** Successful completion of all Level 2I 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.
* Principles of trauma-informed practice.
* Cultural safety across the continuum of care.
* LGBTQ2 care.
* 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 use 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 including LGBTQ2 care.
9. Identify and describe health promotion activities for clients living with mental illness and those living with disabilities.
10. Analyze the impact of cultural safety and trauma-informed practice to support mental health.
11. Give examples of teaching and learning strategies for care in the community.
12. Discuss the impact of immunization in health promotion.

Suggested Learning Activities

* Have learners develop health promotion strategy in collaboration with public health or prenatal group.
* Hold a discussion panel of several cultural groups to explore their beliefs on mental illness (invite guest speakers).
* Explore the effects of *intergenerational trauma* and domestic violence on families across the lifespan.
* 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 stress test and develop strategies to maintain personal and workplace wellness.
* Develop a teaching plan for clients in the community context.
* To cultivate inclusivity, mentoring, respect and support, refer to “Health Resources”: research a website/resource database of Indigenous services to address the identified health trends (Health Promotion I) and support cultural safety and trauma-informed practice.

Suggested Assessments

* Scholarly paper: How does culture impact approaches to managing mental illness, effects of workplace stress on caregivers, etc.?
* Community scan: Have learners compile a list of available resources for clients experiencing mental health or addiction challenges (present to class).
* Health promotion presentation/information session for youth at a local youth community centre.
* Harm reduction activity to high-risk population within the post‐secondary education setting.
* Comprehensive exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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. It examines health-promoting strategies during hospitalization to improve or help maintain clients’ health status after discharge occurs. Also explored is how to prepare clients for discharge from care through teaching and learning of health-promoting strategies.

**Prerequisites:** Successful completion of all Level 3 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.
* Trauma-informed practice in acute care settings.
* Cultural safety and cultural humility in acute care.
* Acute LGBTQ2 care.

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 use of screening tools for early detection of illness.
4. Identify and explain which immunizations are important for clients experiencing acute illness.
5. Identify culturally safe, culturally informed 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.
10. Evaluate trauma-informed practice within acute care settings.
11. Evaluate LGBTQ2 needs for discharge teaching.

Suggested Learning Activities

* Have learners use clients drawn from previous clinical encounters to develop a culturally safe and culturally informed discharge teaching plan for selected ages and illness. Learners can present to class.
* Develop a case study depicting a client with learning or sensory deficits; have learners develop appropriate learning strategies.
* Have learners work in groups to examine harm reduction strategies and trauma-informed practice for applicable situations.
* Using case studies, develop appropriate teaching and learning strategies to prepare clients for discharge.
* Using a case study, have learners develop a client discharge plan including health promotion activities.
* Cultivate respect for Indigenous knowledge by using the resource “Consideration of Health Access”: us evidence-informed research to inform practice for health access for Indigenous women.

Suggested Assessments

* Scholarly paper using learning theories for discharge planning.
* Poster presentation for tips in designing effective low literacy materials.
* Peer review: Have learners critique each other in a client teaching session.
* Develop culturally safe, culturally informed and appropriate Health Promotion materials.
* Client discharge plan.
* Final comprehensive exam.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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 et al., 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 Entry-to-Practice Competencies for Licensed Practical Nurses (CCPNR, 2013). Practice education in this curriculum occurs primarily in the Integrated Nursing Practice courses (see course outlines) and through the Consolidated Practice Experiences.

INTEGRATED NURSING PRACTICE

The Integrated Nursing Practice courses are intended to integrate all theory courses expressed through strategies such as simulation,[[2]](#footnote-2) 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.

Simulation

The use and perceived benefits of simulated practice has been well documented by Sanford (2010), Andrusyszyn et al. (2005), Benner et al. (2010), Ironside et al. (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 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 & Day (2010) wonder, however, whether simulation may be less valuable for learning skills of an interpersonal nature as it 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 Indigenous cultural sensitivity, awareness, competency, safety and humility in the curriculum speaks to the need to highlight Indigenous 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 Indigenous 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.[[3]](#footnote-3)

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 and nursing interventions aimed at promoting health, independence and comfort. A variety of approaches (e.g., simulation) are used to assist learners to integrate theory from other Level 1 courses.

**Prerequisites:** 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.
* Musculoskeletal injury prevention.
* 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.
* Introduction to nursing care delivery models.

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: Standards, Limits and Conditions (CLPNBC, 2017), Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Professional Standards for LPNs (CLPNBC, 2014) and Practice Standards (CLPNBC, current editions).
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 health care 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‐centred 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 and develop cultural sensitivity and awareness.

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 learners to integrate the theory into practice and to demonstrate understanding and application of professional communication skills, nursing assessment and nursing interventions.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: INTEGRATED NURSING PRACTICE II   
(180 HOURS)

Course Description

This course builds on the foundation of Level 1 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 1 and 2 courses to provide safe, competent and ethical nursing care with older adults.

**Prerequisites:** Successful completion of all Level 1 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 on medication administration (e.g., medications “as needed”).
* Taking and transcribing physician orders.
* Documentation of response to medication.
* Reporting and documentation in residential care settings.
* Leadership competencies.

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: Standards, Limits and Conditions (CLPNBC, 2017), Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions) and how they 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).
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 health care 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 culturally competent, person‐centred 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.
11. Compare and contrast leadership and management roles and responsibilities in a variety of settings.

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.
* Give and receive reports.
* Provide opportunities for interprofessional practice.
* Have learners participate in a community blood pressure clinic.
* Provide opportunities for simulation scenarios that require clinical judgment.
* Role-play and discuss leadership and management in the gerontological setting.
* Engage in collaborative activities to gain appreciation of traditional knowledge in health and healing.

Suggested Assessments

* Quizzes.
* Comprehensive final exam.
* 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

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: INTEGRATED NURSING PRACTICE III   
(120 HOURS)

Course Description

This course builds on the theory and practice from Levels 1 and 2. Through a variety of approaches (e.g., simulation), learners will continue to develop knowledge and practice of comprehensive nursing assessment, planning for, and interventions with clients experiencing multiple health challenges in a variety of settings.

**Prerequisites:** Successful completion of Level 2 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 postpartum client.
* Assessment and care of the newborn.
* Individualizing nursing care plans across the lifespan.
* Medication administration:
  + Mental health medications across the lifespan.
  + Pediatric/maternal medications.
* Pain management of:
  + The mental health client.
  + The maternity client.
  + The pediatric client.
* Immunizations across the lifespan.
* Context-specific reporting and documentation.
* Leadership competencies.

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: Standards, Limits and Conditions (CLPNBC, 2017), Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions) to guide practice.
2. Safely and competently perform comprehensive nursing assessment and interventions including principles of medication administration with clients experiencing mental illness.
3. Safely and competently perform comprehensive nursing assessment and interventions including principles of medication administration with maternal/pediatric 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 health care team, peers and faculty.
8. Provide a caring environment for clients by connecting, sharing and exploring with them in a collaborative relationship.
9. Provide culturally safe, person‐centred 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.
12. Demonstrate competency with mathematical drug calculations in the pediatric client.
13. Analyze leadership and followership roles and responsibilities in a variety of settings.

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 including principles of medication administration, particularly with pediatric clients and postpartum clients.
* Use a complex case study to explore ways to do a comprehensive nursing assessment including principles of medication administration of a client experiencing mental illness.
* Have learners reflect after each class to integrate a self‐reflective approach to their practice.
* Use a case study of a maternal client with co-morbidities or who is breastfeeding to apply the principles of medication administration.
* Provide worksheets/case studies that provide for the application and demonstration of the principles of pediatric medication administration.
* Use a complex case study/simulation activity to analyze leadership and followership roles and responsibilities in a variety of settings.
* Engage in collaborative, culturally safe 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 and Practice Standards 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

* See current suggestions in Curriculum Guide Supplement.

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 1, 2 and 3 to integrate new knowledge and skills relevant to the acute care setting.

**Prerequisites:** Successful completion of Level 3 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.
* Removing sutures, staples and drains; inserting and removing 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:
  + Client in the acute care setting.
* Pain management:
  + Client in the acute care setting.
* *IV medication* administration—theory/ knowledge only.
* Reporting and documentation in the acute care setting.
* Leadership competencies.

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: Standards, Limits and Conditions (CLPNBC, 2017), Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Professional Standards for LPNs (CLPNBC, 2014) and Practice Standards (CLPNBC, current editions) and how they guide the practice of LPNs in acute care settings.
2. Perform comprehensive nursing assessment and interventions including principles of medication administration 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 health care team, peers and faculty.
5. Provide a caring environment for clients by connecting, sharing and exploring with them in a collaborative relationship.
6. Provide culturally safe, person‐centred 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. Demonstrate competency with mathematical drug calculations in client in the acute care setting.
10. Examine practical applications associated with leadership, management and followership.

Suggested Learning Activities

* Have learners practice nursing assessments and interventions including principles of medication administration in the lab setting.
* Use case studies to guide lab practice of assessment, communication and nursing skills including principles of medication administration of clients experiencing acute illness.
* Use case studies to explore ways to do comprehensive nursing assessments including principles of medication administration of a client experiencing acute illness.
* Have learners reflect 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.
* Using a complex case study and a change management theory, identify strategies to support nurses in leadership, management and followership.
* Engage in collaborative, culturally safe and informed activities to gain appreciation of traditional knowledge in health and healing.

Suggested Assessments

* Quizzes.
* Formative skill assessment.
* Comprehensive final exam.
* 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 appropriate to the acute care setting.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

CONSOLIDATED PRACTICE EXPERIENCES

Background

The Consolidated Practice Experience (CPE) refers to the essential, hands-on or direct patient care experiences required for learners to meet the entry-to-practice 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 entry-to-practice 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 is, optimally, faculty supervised (direct) and could be faculty supervised (monitored) if students are paired with a qualified practitioner in a community practice experience.

Focus of Consolidated Practice Experiences

**In CPE I**, 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-supervised experience is 90 hours in a variety of areas, including residential care.

**In CPE II**, the focus is on the aging 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 multi-level care.

**In CPE III,** the focus is on the role of the Practical Nurse within a continuum of care in a variety of community and acute care 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 or acute care settings such as maternity, pediatric and inpatient mental health services where available. These hours may be offered as CPE III or integrated into the Integrated Nursing Practice III course as practice hours. This faculty-supervised experience is 65 hours.

**In CPE IV,** the role of the Practical Nurse in acute care is emphasized. Learners focus on exacerbations of chronic illness and/or presentations of acute illness, and consolidate skills such as post-operative care, surgical wound management, IV therapy and focused assessment. This faculty-supervised experience is 200 hours. Up to 30% of these hours may be integrated as clinical practice hours within the semester (not to be included in Integrated Nursing Practice IV 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 entry-to-practice competencies and CLPNBC Standards of Practice Framework. 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 LPN 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 1 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.

**Prerequisites:** 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.
* Interprofessional 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, Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions), the Nurses (Licensed Practical) Regulation (2015) 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‐centred care that recognizes and respects the uniqueness of each individual and is sensitive to culture and diversity.
9. Describe the LPN 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.
16. Provide compassionate, culturally sensitive and aware relational and trauma-informed care for all cultures with consideration for First Nation, Inuit and Métis clients, their families and communities.

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.
* Have learners research pertinent diagnoses, write them up and verbalize to faculty.

Suggested Assessments

* Learner journal: reflect on learning about their client.
* Nursing care plan assignment: prepare a written nursing care plan for each client.
* Self‐evaluation: reflect on progress in meeting each of the learning outcomes.
* Faculty evaluation/feedback based on each learning outcome.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: CONSOLIDATED PRACTICE EXPERIENCE II (120 HOURS)

Course Description

This practice experience provides learners with the opportunity to integrate theory from Level 1 and 2 courses into practice. Learners will practice with aging clients and/or those with chronic illnesses in residential care settings. Medication administration, nursing care, organization, comprehensive health assessment, wound care and introduction to leadership are emphasized.

**Prerequisites:** 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.
* Interprofessional 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, Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions), the Nurses (Licensed Practical) Regulation (2015) and facility-specific policy and procedures.
2. Apply the definition of consent in providing safe, competent, culturally competent 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‐centred care that recognizes and respects the uniqueness of each individual, is sensitive to culture and diversity, and applies principles of trauma-informed practice.
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.
* Have learners do 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.
* Have learners practice medication administration: administering medications to one, two and then six clients (on at least two occasions).

Suggested Assessments

* Journal: reflect on learning about their client by preparing a journal.
* Self‐evaluation: Reflect on their progress in meeting each of the learning outcomes.
* Faculty evaluation/feedback based on each learning outcome.
* Nursing care plan assignment: have learners 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.
* Have learners demonstrate theory of teaching and learning.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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 1, 2 and 3 within a continuum of care for clients across the lifespan. Learners may gain experience through simulation and in a variety of settings with a focus on concepts outlined in Integrated Nursing Practice III.

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

**Prerequisites:** Professional Communication II; Professional Practice II; Variations in Health II; Health Promotion II; Integrated Nursing Practice II.

**Co‐requisites:** Professional Communication III; Professional Practice III; Variations in Health III; Health Promotion III; Integrated Nursing Practice III.

Course Concepts

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

* Professional communication.
* Nurse‐client relationship.
* Comprehensive assessments across the lifespan.
* Interprofessional 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, Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions), the Nurses (Licensed Practical) Regulation (2015) and facility-specific policy and procedures.
2. Incorporate health-promoting strategies to provide safe, competent, culturally safe 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 collaborative relationships with clients in a caring community environment.
9. Provide culturally safe, trauma-informed, relational 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 for change in the community setting.
12. Identify how interactions with clients and other members of the health care team in the 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.

Suggested Learning Activities

* Assign a variety of client scenarios to each learner to work with clients with various backgrounds, diagnoses, etc.
* Have learners research a 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).
* Hold simulated lab practice using case scenarios, including ethical dilemmas and clients with behavioural changes and manipulative behavior.

Suggested Assessments

* Journal: learners reflect on their learning about their client.
* Simulated lab assessment based on a number of scenarios.
* Self‐evaluation: 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

* See current suggestions in Curriculum Guide Supplement.

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.

**Prerequisites:** Professional Communication III; Professional Practice III; Variations in Health III, Health Promotion III; Integrated Nursing Practice III.

**Co-requisites:** Professional Communication IV; Professional Practice IV; Variations in Health IV, Health Promotion IV; Integrated Nursing Practice IV.

Course Concepts

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

* Leadership.
* Professional communication.
* Clinical decision making.
* Interprofessional approach to practice.
* Comprehensive and focused assessments.
* Medication administration.
* 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, Entry-to-Practice Competencies for Licensed Practical Nurse (CCPNR, 2013), Scope of Practice: Standards, Limits and Conditions (CLPNBC, 2017), Professional Standards for LPNs (CLPNBC, 2014), and Practice Standards (CLPNBC, current editions), the Nurses (Licensed Practical) Regulation (2015), and facility specific policy and procedures.
2. Provide culturally informed, 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 culturally informed, trauma-informed, relational 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 how interactions with clients and other members of the health care team are influenced by own biases, values and assumptions.
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.
* Have learners provide written research on pertinent diagnoses and verbalize to faculty.
* Have learners 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.
* Self‐evaluation: reflect on learner progress in meeting each of the learning outcomes.
* Faculty evaluation/feedback related to each learning outcome.
* Nursing care plan assignment: have learners 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

* See current suggestions in Curriculum Guide Supplement.

COURSE OUTLINE: TRANSITION TO PRECEPTORSHIP  
 (30 HOURS)

Course Description

This course 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.

**Prerequisites:** Completion of all coursework and successful completion of Consolidated Practice Experience IV.

**Co‐requisites:** none.

Course Concepts

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

* 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 and decision support tools.
* 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:

1. Develop a learning plan to be shared with mentors.
2. Apply agency policies/preceptor in final practice experience.
3. Competently apply knowledge and skills relevant to the final practice experience.
4. Initiate, support and develop respectful, supportive collaborative relationships in the practice environment.
5. Be familiar with the established policies and procedures of agency where culminating practice education experiences will occur.
6. 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.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

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.

**Prerequisites:** Completion of all course work and CPE I, II, III and IV, Transition to Preceptorship.

**Co-requisites:** None.

Course Concepts

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

* Leadership.
* Professional communication.
* Clinical decision making.
* Interprofessional approach to practice.
* Comprehensive and focused assessments.
* Medication administration.
* Wound care.
* Discharge planning.
* Self‐reflective approach to practice.

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 Entry-to-Practice Competencies for Licensed Practical Nurses (2013) to provide safe, competent, culturally safe, culturally informed and ethical care.
2. Practice within relevant legislation, Scope of Practice, Professional Standards, Standards of Practice and ethical standards as set out by the CLPNBC and the Nurses (Licensed Practical) Regulation (2015).
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.
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 collaborative relationships with clients by connecting, sharing and exploring with them in a caring environment.
10. Provide culturally informed, trauma-informed, relational 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 Learning Activities

* Assign learners a variety of clients in collaboration with preceptor or mentor, allowing them to work with clients with various backgrounds, diagnoses, etc.
* Have learners prepare a time plan for each shift in order to work on organization and time management skills.
* Have learners research pertinent diagnoses and apply evidence to practice.
* Have learners seek out opportunities for interprofessional practice.

Suggested Assessments

* Journal: learners track their progress in final practice experience.
* Regular and ongoing faculty communication with learner and mentors.
* Mid-term and final written evaluations.
* Learner self-evaluation.

Suggested References/Resources

* See current suggestions in Curriculum Guide Supplement.

GLOSSARY OF TERMS

**Aboriginal people(s**): *see* Indigenous people(s).

**Accountability:** The obligation to answer for the professional, ethical and legal responsibilities of one’s activities and actions (CCPNR, 2013). The LPN must be able to account for, and explain, their actions concerning nursing interventions (CLPNBC, 2014).

**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, n.d.).

**Assignment:** Allocation of clients or client care activities among care providers in order to meet client care needs. Assignment occurs when the required care falls within the employing agency’s policies and role descriptions and within the regulated health care provider’s scope of practice. Assignment to unregulated care providers occurs when the required care falls within the employing agency’s policies and role description (CLPNBC, 2014).

**Advocate:** Advocate: To speak or act on behalf of self or others with the intent of influencing or adding voice and enhancing autonomy (CLPNBC, 2014).

**Advocacy:** The supporting, protecting and safeguarding of client rights and interests. Advocacy is undertaken in the best interest of the client, is an integral part of nursing and forms the foundation of trust inherent in the nurse-client relationship (CLPNBC, 2014).

**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 (CCPNR, 2013).

**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:** An individual (or *designated representative*), family, group or community receiving nursing care. In some clinical settings, the client may be referred to as a “patient” or “resident.” In research, the client may be referred to as a “participant” (CLPNBC, 2014).

**Client-focused care:** Services provided by the Licensed Practical Nurse that are in the best interest of clients and that make the client the primary focus (CLPNBC, 2014).

**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, 2016).

**Clinical decisions:** Decisions derived from reasoning processes based on clinical judgment (CCPNR, 2013).

**Clinical judgment:** The use of processes that rely on critical thinking to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions. The forming of conclusions based on the assessment and analysis of client data (CLPNBC, 2017).

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

**Collaboration:** Joint communication and decision making with the goal of identifying outcomes while respecting the unique qualities and abilities of each member of the group or team. Each member of the health care team contributes within the limits of their legislated scope of practice and range of competencies (CLPNBC, 2014).

**Collaborative practice**: A cooperative practice of health care providers working with people from within their own profession, with people outside of their profession and with patients/clients and their families. Collaborative practice requires a climate of trust and value where health care providers can comfortably ask each other questions without worrying that they will be seen as unknowledgeable (CIHC, 2010b).

**Competence:** The quality or ability of a practical nurse to integrate and apply the knowledge, skills, judgments and personal attributes required to practice safely and ethically in a designated role and setting (CCPNR 2013).

**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, 2016). Further, competencies are 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, 2014).

**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)

**Community care:** Services and support to help people with care needs to live as independently as possible in their communities. (WHO, 2004, p. 16).

**Complex care:** Care provided in a community care facility that provides a higher level of personal assistance than what is given in assisted living. Complex care is for people who require 24‐hour supervision, personal nursing care and/or treatment by skilled nursing staff. Often referred to as “extended care,” “intermediate care,” “long‐term care” or “residential care” (Ministry of Health, nd).

**Constructivism:** A theory of learning that maintains 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.

**Consultation**: The process of 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 (CCPNR, 2013).

**Continuum of care:** 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:** A process of purposeful thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice (CLPNBC, 2017).

**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 (CLPNBC, 2017).

**Cultural awareness:** The acknowledgement of differences between cultural groups (Aboriginal Nurses Association of Canada, 2009).

**Cultural humility:** A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience. Cultural humility builds mutual trust and respect and enables cultural safety. When health care professionals engage with First Nations peoples from a place of cultural humility, they are helping to create a safer health care environment where individuals and families feel respected. First Nations peoples are therefore more likely to access care when they need it and access care that is appropriate to their wellness beliefs, goals and needs (First Nations Health Authority, 2016).

**Cultural safety:** An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (First Nations Health Authority, 2016).

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

**Cultural sensitivity:** The recognition that the lived experiences of all people include aspects similar and different to our own and that our actions affect other people. It involves getting to know and understand other cultures and perspectives. Culturally sensitive approaches acknowledge that difference is important and must be respected (Dick et al., 2006).

**Delegation:** Under the Nurses (Licensed Practical) Regulation (2015), refers to delegation of a restricted activity by one regulated health professional to another regulated health professional. Delegation to regulated health professionals occurs when an activity is within the scope of the delegating professional and outside the scope of the professional receiving the delegation. Before the delegation can occur, CLPNBC and the regulatory body of the delegating professional must both agree that the activity is appropriate for delegation to LPNs (CLPNBC, 2017).

**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).

**Developmental trauma**: The result of exposure to early ongoing or repetitive trauma (as infants, children and youth) involving neglect, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. This often occurs within the child’s caregiving system and interferes with healthy attachment and development (BC Provincial Mental Health and Substance Use Planning Council, 2013, p. 6).

**Disadvantaged/vulnerable/marginalized groups:** Terms used to describe groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society. Examples might include unemployed people, refugees and others who are socially excluded (WHO, Health Impact Assessment Glossary).

**Diversity:** An understanding that each individual is different and is entitled to acceptance and respect. These differences may be related to culture, race, ethnicity, sex, gender role and identity, sexual orientation, socio-economic status, age, abilities, beliefs or ideologies (CPNRE, 2016).

**Duty to provide care**: The professional obligation to provide care to clients and maintain the therapeutic nurse‐client relationship (CPNRE, 2016).

**Elder:** A term of respect for an unofficial leader; not age specific. In Indigenous cultures, “Elder” means wisdom and knowledge (personal communication with Indigenous consultants).

**Empowerment**: The state of being when an individual becomes active in their health care by directing their own resources, processes and personal tools within their environment so they may achieve optimal health, wellness and well-being (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, 2016).

**Evidence‐informed practice:** The identification, evaluation and application of nursing experience and current research to guide practice decisions (CLPNBC, 2017).

**Family:** Two or more individuals who may or may not be related by blood, marriage or adoption who are bound by strong emotional ties, a sense of belonging and a commitment to live with or care for one another over time (CPNRE, 2016).

**Harm:** An occurrence or accumulation of occurrences that negatively affects a person’s health and/or quality of life, which may impact any dimension of health (CPNRE, 2016).

**Harm reduction:** A public health approach that attempts to lessen 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 fall prevention programs for aging seniors or in reference to the mitigation of medication errors (Dennison, 2007; Public Health Agency of Canada, 2007).

**Health:** A state of complete physical, mental, and social well‐being (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, psychological, spiritual and sociocultural assessment (CPNRE, 2016).

**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, 2016).

**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, race, gender and geographic location (Public Health Agency of Canada, 2007).

**Health inequality:** The term used to designate differences, variations and disparities in the health achievements and risk factors of individuals and groups (Public Health Agency of Canada, 2007).

**Health inequities:** Inequalities in health that are deemed to be unfair or stemming from some form of injustice. Inequity is distinct from inequality: inequity 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 (Public Health Agency of Canada, 2007).

**Health literacy:** An individual's ability to read, understand and use health care 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).

**Historical trauma:** A cumulative emotional and psychological wounding over the lifespan and across generations emanating from massive group trauma. These collective traumas are inflicted by a subjugating, dominant population. Examples of historical trauma include genocide, colonialism (e.g., Indian hospitals and residential schools), slavery and war. Intergenerational trauma is an aspect of historical trauma (BC Provincial Mental Health and Substance Use Planning Council, 2013, p. 6).

**Holism:** An approach based on the integration of a person’s mind, body and spirit, and which emphasizes the importance of perceiving the individual in a “whole” sense in the provision of health care to the person (WHO, 2004, p. 32).

**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 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, 2016).

**Inclusivity:** An intention of including people who might otherwise be excluded or marginalized, such as First Nation, Inuit and Métis peoples, those who are handicapped or learning disabled, or racial and sexual minorities. This requires increased awareness and insight as part of the engagement and relationship building process.

**Indigenous knowledge:** A knowledge system embedded in the cultural traditions of indigenous communities. 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).

**Indigenous people(s):** A collective name for the original peoples of North America and their descendants. The term “Aboriginal peoples” is often also used. The Canadian Constitution recognizes three groups of Aboriginal peoples: Indians (more commonly referred to as First Nations), Inuit and Métis. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs (Indigenous and Northern Affairs, Canada, 2016).

**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 where a person gives permission for interventions based on a clear understanding of the facts, implications and future consequences of an action (CPNRE, 2016).

**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).

**Intergenerational trauma:** The psychological or emotional effects that can be experienced by people who live with trauma survivors. It refers to the coping and adaptation patterns developed in response to trauma that can be passed from one generation to the next (BC Provincial Mental Health and Substance Use Planning Council, 2013, p. 6).

**Interprofessional:** A description of the relationship between various professions as they purposely interact to work and learn together to achieve a common goal. For example, if a patient has trouble swallowing, nurses, speech language pathologists and dietitians need to work together to figure out what is wrong and how to help the patient (CIHC FAQ, 2008).

**Interprofessional collaboration:** In a health care and education setting, the process of the health care team working together, each making a unique, professional, competency-based contribution to achieving a common goal. A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision making of health and social issues (CIHC, 2010).

**Interprofessional competencies:** The complex integration of knowledge, skills, attitudes, values and judgments that allow a health provider to apply these components into all collaborative situations. Competencies should guide growth and development throughout one’s life and enable one to effectively perform the activities required in a given occupation or function and in various contexts (CIHC, 2010).

**Interprofessional education**: Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care. It includes all such learning in health, social, academic, work and community-based settings, adopting a view of “professional” to include all those who provide, care/service as well as patients/clients, families and communities who are integral components of the education continuum (CIHC, 2010).

**Interprofessional teams**: Teams with different health care disciplines working together toward common goals to meet the needs of a patient population. Team members divide the work based on their scope of practice; they share information to support one another’s work and coordinate processes and interventions to provide a number of services and programs. In advanced or mature collaborative teams, the patient and family are included as key members of the team (CHSRF/CNA. 2012).

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

**Leadership:** The obligation to model the profession’s values, beliefs and attributes while promoting and advocating for innovation and best practice. The attributes of leadership include self-awareness, commitment to individual growth, ethical values and belief, presence, reflection and foresight. Leadership also encompasses advocacy, integrity, intellectual energy, being involved and being open to new ideas. Leaders have confidence in their capabilities and are willing to make an effort to mentor and motivate others. Leadership is not limited to formal leadership roles (CPNRE, 2016).

**LGBTQ2 care:** Health care for people who identify as lesbian, gay, bisexual, transgender, transsexual, queer, questioning or two-spirited (Canadian Institutes of Health Research, 2017).

**Lifespan**: The longest period over which the life of any plant or animal organism or species may extend, according to the available biological knowledge concerning it (WHO, 2004, p. 37).

**Nursing diagnosis:** A clinical judgment of an individual’s mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of the LPN to achieve outcomes for which the LPN is accountable (CLPNBC, 2017).

**Population health:** The health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire human population. (Wikipedia) 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).

**Post-colonial understanding:** The comprehension of colonization and its effect on the lives of Indigenous peoples. This includes the understanding of the relationship between residential schools and historic trauma transmission.

**Practice education:** Educational experiences that occur in clinical, community or simulated environments; 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:** The state of being able to work as a new entry-level nurse in general nursing areas, having met the competencies required by licensing organization (CLPNBC, 2009).

**Predictable outcomes:** Client health outcomes that can reasonably be expected to follow an anticipated path (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, 2016).

**Primary health care:** According to the World Health Organization, “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…Besides 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:** 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 organized 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. 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 (CCPNR, 2013).

**Respect:** The show of consideration for all peoples, their family and communities; 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‐centred 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 Indigenous 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 (Aboriginal Nurses Association of Canada, 2009).

**Responsibility:** The characteristic of responding and answering for one’s conduct and obligations, to be trustworthy, reliable and dependable (CPNRE, 2016).

**Risk management:** The ability to utilize a system of identifying potential risks, recognizing implications and responding appropriately (CPNRE, 2016).

**Safety:** The result of reducing or mitigating unsafe acts within the health care team and health‐care system (CPNRE, 2016).

**Scope of practice:** The parameters that outline the roles and responsibilities of the practical nurse as defined by legislation and the regulatory authorities (CPNRE, 2016).

**Self‐determination:** The power or ability to make decisions for oneself without external influence (CPNRE, 2016).

**Simulated learning:** An educational 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:** The social conditions in which people live and work 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:** The position of an individual group in a population or society, reflecting the overall hierarchy. The most frequently used indicators of socio-economic status are income, education and occupational. 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, socio-economic status is used and is intended to be interpreted in the broader sense of the term (Public Health Agency of Canada, 2007).

**Social justice:** Equity in society; the fair distribution of society’s benefits, responsibilities and their consequences. It focuses on the relative position of social advantage of one individual or social group in relation to others in society, as well as on the causes of inequities and what can be done to eliminate them. (Canadian Nurses Association, 2010, p. 20)

**Standards of practice:** Minimum expected levels of practitioner behaviour, against which actual practitioner behaviour is measured (CCPNR, 2013).

**Therapeutic environment:** A setting where the therapeutic nurse-client relationship can be developed and maintained (CCPNR, 2013).

**Therapeutic nurse-client relationship:** A relationship based on trust, respect and intimacy with the client that requires the appropriate use of power (CCPNR, 2013).

**Trauma-informed practice**: The integration of an understanding of trauma in all levels of care to avoid retraumatizing or to minimize the individual’s experiences of trauma (BC Provincial Mental Health and Substance Use Planning Council, 2013, p. 19).

**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, 2016).

**Unregulated care provider (UCP**): An individual 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 Nurses (Licensed Practical) Regulation (2015), 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, resident care aides/attendants, personal care aides, long‐term care aides, and home support workers (CLPNBC, 2010).

**Work environment:** Any setting where health care is delivered (CPNRE, 2016).

APPENDIX A: Curriculum Guide Second Edition, 2017

Steering Committee Terms of Reference

**Purpose**

The purpose of the LPN Curriculum Revision Steering Committee is to provide direction and guidance on the revisions to the existing Practical Nursing Program Provincial Curriculum.

**Project Goal**

The goal of this project is to revise the provincial Practical Nursing Curriculum Guide, which currently guides in the educational preparation of LPNs in British Columbia.

**Responsibilities**

Committee

* Review, guide and provide input into the overall work plan which includes the project activities, timeframe and outcomes.
* Review, guide and provide input on the design and revisions to the Practical Nurse Curriculum Guide.
* Serve as a resource to the project.
* Act in an advocacy role for the project and as a communication/liaison link with respective institutions, organizations, programs and groups.
* Participate in the final review, and endorsement/sign off of the revisions to the Curriculum Guide.
* Meet in-person or through collaborative technology as required by the timelines and tasks identified in the project work plan.
* Disseminate outcomes of the project.

Members

* Act as liaisons between their respective groups and organizations and the LPN Curriculum Revision Steering Committee
* Attend the Steering Committee meetings.
* Prepare and delegate meeting/project participation to an alternate when original member is unavailable to attend meeting(s).
* Submit agenda items for the Steering Committee meetings, when requested.
* Communicate to the Ministries (AVED and HLTH) and the committee any issues impacting the project or any major changes at their institution or organization which would also impact the project.

**Membership**

The Steering Committee is comprised of key stakeholders in Practical Nursing education in BC including private and public post-secondary programs, practice leadership and others involved with overall recognition, accreditation, or standards. At a minimum, membership includes the following:

* Chair, Health Deans and Directors (or delegate);
* Health Deans and Directors representative on PN Articulation Committee;
* Chair, Practical Nursing Articulation Committee;
* Ministry of Advanced Education;
* Ministry of Health;
* British Columbia Career College Association (private college representative);
* Chief Nursing Officer representative;
* Private or not for profit employers representative;
* First Nation Health Authority;
* College of Licensed Practical Nursing of BC representative.

**Decision Making**

Decision making will be by consensus (agreement of all members or that all can ‘live’ with decisions or recommendations). In the event there is not consensus, the matter will be referred to Health Deans and Directors, who will make a recommendation for consideration and support by the Ministry of Advanced Education and Ministry of Health.

**Project Management**

BCcampus will provide project management service to the project. BCcampus provides project management services, collaborative leadership, technological support, instructional design and development, stakeholder coordination, and expertise for the development of shared curriculum and learning resources in order to achieve demonstrated system savings. This is done through a coordinated approach, leveraging BCcampus and B.C. post-secondary education system expertise to meet provincial education and training needs. Working as a system partner enabling collaboration, BCcampus practices open, transparency and collaborative leadership.

**Meeting Facilitation**

The Steering Committee meetings, agendas, notes and facilitation will be the responsibility of the project manager, BCcampus. BCcampus will chair the first meeting at which point a Chair or Co-chairs will be selected. Approved meeting notes (action items) and other relevant information items will be posted on a BCcampus private project wiki, available for viewing by Steering Committee members and other working groups. Meeting packages will be distributed electronically at least one week in advance of each meeting, where possible.

**Curriculum Revision Project Steering Committee Membership**

Leona Abbinante – Professional Practice Leader of Nursing, First Nations Health Authority

Esther Aguilar – Director,Nursing and Healthcare Operations, Sprott Shaw College; BC Career College Association representative

Karla Biagioni – Manager Health Professions, Ministry of Health

Michelle Glubke –Committee Co-Chair; Senior Manager Collaborative Projects, BCcampus

Janice Harvey –Nursing Policy Consultant, College of Licensed Practical Nurses of BC

Glenn McRae –Chief Nursing Officer, Interior Health Authority

Yvonne Moritz –Vice Chair, Health Deans and Directors; Dean, Okanagan College

Dawn Nedzelski –Chief Nursing Officer, Island Health Authority

Kevin Perrault – Director, Health Programs, Ministry of Advanced Education, Skills and Training

Debbie Sargent –Committee Co-Chair; Dean, Vancouver Community College

Jaqueline Scobie –Chair, Practical Nursing Articulation Committee; Faculty, College of New Caledonia

Second Edition Working Groups

**Role**

The role of the members of nine working groups, one for each of the nine recommendations, is to provide revisions in support of the recommendation to the Project Steering Committee for approval and inclusion in the curriculum.

**Working Group Engagement**

The working groups will come together for a two-day facilitated workshop in June 2017. Members will be provided a workshop package outlining individual preparation, goals and expected outcomes of the workshop. The workshop will be facilitated by BCcampus and members of the Project Steering Committee. After the workshop, follow-up communication will be conducted in an online community, Basecamp, hosted by BCcampus.

**Working Group Members**

Suzanne Bailey, Okanagan College

Aileen Barnes, Vancouver Community College

Dianne Biin, BCcampus

Pamela Crema, First Nations Health Authority

Janet Davis, University of the Fraser Valley

Denice Evanishin, College of Licensed Practical Nurses of BC

Julie Gilbert, Vancouver Community College

Melanie Hendrickson, College of Licensed Practical Nurses of BC

Sandi Hill, College of the Rockies

Debbie Jobb, University of the Fraser Valley

June Kaminski, Project Writer, BCcampus

Heather Klatt, Nicola Valley Institute of Technology

Rhonda McCreight, Thompson Rivers University

Jessica Michalchuk, Sprott Shaw College

Janice Penner, College of Licensed Practical Nurses of BC

Katie Procter, First Nations Health Authority

Sandra Regan, College of Licensed Practical Nurses of BC

Michelle Seibel, Thompson Rivers University

Lana Sprinkle, Northern Lights College

Leslie Stuart, North Island College

Karen Turner, College of Licensed Practical Nurses of BC

Wendy Wagner, Vancouver Island University

APPENDIX B: Curriculum Guide First Edition, 2011

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 Practical Nursing Project Working Group and BC Academic Health Council (BCAHC) (contractor).

**Membership and Decision Making**

The Steering Committee comprises 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 British Columbia Career Colleges Association (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 (FNESC) (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 Private Career Training Institutions Agency (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 through 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 no 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**

* Ensure approval of 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 Practical Nursing Articulation Committee (normally through the BCAHC Executive Director), and other identified key stakeholders.
* Approve any revisions to the work plan.
* Provide consultation, direction and ultimately the approval of 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.
* Approve 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 Practical Nursing Articulation Committee with regards to key milestones.

**Steering Committee Membership**

* Karen Bailey‐Romanko – First Nations Education Steering Committee (February to 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 – (formerly from) Ministry of Advanced Education, Skills and Training

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 reflect 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 two post-secondary Practical Nursing educators (from both public and private educational institutions offering Practical Nursing education) with a minimum of three years recent teaching and preferably graduate education in education or curriculum.
* One Licensed Practical Nurse with a minimum of three years recent direct practice in different care contexts.
* One nurse manager.
* One 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 Practical Nursing provincial curriculum framework using the Baseline Competencies for Licensed Practical Nurses’ 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 are defined and levelled throughout the curriculum.
* Guide a curriculum framework that is legislated by the Nurses (Licensed Practical) Regulation (2015), and the scope of practice, limits and conditions set out within the guideline.
* Guide a curriculum that reflects cultural diversity/cultural safety, including that of Indigenous peoples.
* Make decisions on 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 the Project Coordinator to analyze 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 the Project Coordinator’s need for feedback at each step of the curriculum revisions.
* Collaborate with the 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 and foundations for the curriculum framework, and to map out key curricular areas for development. Regular teleconference meetings will occur, anticipating these to be every two weeks with additional web‐based mediums used 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 – BC 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

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**

* Three to five members.
* Recognized 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

**Indigenous 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

**WorkSafeBC**

* Michael Sagar
* V. Persi

APPENDIX C

Suggested Case Study and Problem-Based Learning Concepts

**Cardiovascular**

|  |  |
| --- | --- |
| * Heart failure | * Shock |
| * Coronary heart disease (CHD) | * Myocardial Infarction (MI) |
| * Angina | * Acute coronary syndrome (ACS) |
| * Hypertension | * Ventricular septal defect (VSD) |
| * Peripheral Vascular Disease (PVD) |  |

**Genitourinary**

|  |  |
| --- | --- |
| * Urinary incontinence | * Acute/chronic renal failure |
| * Urinary tract infections | * Glomerulonephritis |
| * Benign prostatic hypertrophy | * Urolithiasis |
| * Vaginosis |  |

**Respiratory**

|  |  |
| --- | --- |
| * COPD | * Acute asthma |
| * Pneumonia | * Pulmonary embolism |
| * Lung cancer | * Pneumothorax |
| * Tuberculosis | * Tuberculosis |
| * Cystic fibrosis |  |

**Neurological – Sensory**

|  |  |
| --- | --- |
| * Cerebrovascular accidents | * Parkinson disease |
| * Spinal cord injury | * Meningitis |
| * Cognitive alterations | * Vision loss (glaucoma; cataracts) |
| * Concussion | * Increased intracranial pressure |
| * Transient ischemic attacks | * Hearing loss |
| * Epilepsy | * Muscular sclerosis |

**Hematological**

|  |  |
| --- | --- |
| * Anemia (pernicious; iron deficiency) | * Polycythemia |
| * Chronic leukemia | * Thrombocyotpenia |
| * Aplastic anemia |  |

**Endocrine**

|  |  |
| --- | --- |
| * Diabetes – Type 1 and 2 | * Hypothyroidism |

**Integumentary**

|  |  |
| --- | --- |
| * Common skin conditions | * Burns |
| * Skin cancers |  |

**Cancer**

|  |  |
| --- | --- |
| * Breast Cancer | * Prostate cancer |
| * Uterine cancer |  |

**Gastrointestinal**

|  |  |
| --- | --- |
| * Dental disease | * Inflammatory bowel disease |
| * Dehydration | * Gastroenteritis |
| * Malnutrition | * Bowel obstruction |
| * Diverticulitis | * Hepatitis |
| * Colorectal cancer | * Pancreatitis |
| * Gastroesophageal reflux disease | * Cholecystitis |
| * Peptic Ulcer |  |

**Musculoskeletal**

|  |  |
| --- | --- |
| * Osteoarthritis | * Scoliosis |
| * Osteoporosis | * Spinal cord injury |
| * Rheumatoid arthritis |  |

**Developmental Disorders**

|  |  |
| --- | --- |
| * Autism | * Behaviour disorders: ADHD |
| * Asperger’s | * Developmental disabilities |

**Mental Illness**

|  |  |
| --- | --- |
| * Eating disorders: anorexia nervosa; bulimia nervosa | * Psychotic disorders: schizophrenia, psychosis |
| * Depression, including postpartum | * Bipolar disorders |
| * Suicide | * Schizophrenia |
| * Psychoses | * Anxiety |
| * Personality disorders | * Somatoform disorders |
| * Dissociative disorders | * Substance abuse |

**Complications of Pregnancy**

|  |  |
| --- | --- |
| * Placenta previa and placenta abruption | * Gestational diabetes |
| * Hypertension |  |

APPENDIX D

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 (1984). *Taxonomy of Educational Objectives Book 1: Cognitive Domain.* Boston, MA: Addison Wesley.

APPENDIX E

Acronyms

|  |  |
| --- | --- |
| **AEST** | Ministry of Advanced Education, Skills and Training |
| **ANAC** | Aboriginal Nurses Association (renamed to Canadian Indigenous Nurses Association) |
|  |  |
| **BCAHC** | British Columbia Academic Health Council |
| **CAG** | Curriculum Advisory Group |
| **CASN** | Canadian Association of Schools of Nursing |
|  |  |
| **CCPNR** | Canadian Council for Practical Nurse Regulators |
|  |  |
| **CIHC** | Canadian Interprofessional Health Collaborative |
| **CLPNBC** | College of Licensed Practical Nurses of BC |
| **CNA** | Canadian Nurses Association |
|  |  |
| **CRNBC** | College of Registered Nurses of BC |
| **CRPNBC** | College of Registered Psychiatric Nurses of BC |
| **CPE** | Consolidated Practice Experience |
| **CPNRE** | Canadian Practical Nurse Registration Exam |
| **FNHA** | First Nations Health Authority |
|  |  |
| **LPN** | Licensed Practical Nurse |
|  |  |
| **PPNP** | Provincial Practical Nursing Program |
| **PSE** | Post-secondary Institutions |
| **TRC** | Truth and Reconciliation Commission |

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1. All italicized words are included in the Glossary (italicized only with their first use in the Curriculum Guide). [↑](#footnote-ref-1)
2. Simulation is often equated with low, moderate or high-fidelity patient simulators, yet in this context it 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). [↑](#footnote-ref-2)
3. A recommendation was made to the Practical Nursing Curriculum Revision Steering Committee to have a working group look at best practices related to simulation to develop a best practices resource to add to the Supplementary Guide. [↑](#footnote-ref-3)