2012 Access to Practical Nursing Program

PROVINCIAL CURRICULUM GUIDE

2nd Edition Revised 2017

The companion document to this Guide is the

2012 Access to Practical Nursing Program

PROVINCIAL CURRICULUM GUIDE SUPPLEMENT:

Program Core Standards and Teaching and Learning Resources, 2017

Ministry of Advanced Education, Skills and Training

The content of this document has been adapted from [the *January 2012 Access to Practical Nursing Program Provincial Curriculum,*](https://pn.bccampus.ca/pluginfile.php/887/mod_resource/content/1/Access%20Curriculum%20updated%20April%202013.pdf) by Vancouver Community College, updated April 2013. The adaptations to the source content are listed in the Introduction of this document. The source document was funded by the Ministry of Advanced Education, Skills and Training and while not marked as such is an open educational resource. This revision formally incorporates copyright © 2012 Province of British Columbia and the Creative Commons license below.



Except where otherwise noted, this work is licensed under a [Creative Commons – Attribution Share Alike 4.0 International license](https://creativecommons.org/licenses/by-sa/4.0/legalcode).

**TABLE OF CONTENTS**

[ACKNOWLEDGEMENTS 7](#_Toc511122497)

[INTRODUCTION 8](#_Toc511122498)

[Access to Practical Nursing Guide Second Edition Revisions 9](#_Toc511122499)

[Access to Practical Nursing Second Edition Revisions Summary Table 13](#_Toc511122500)

[Background 38](#_Toc511122501)

[Introduction to the Access to Practical Nursing Provincial Curriculum 39](#_Toc511122502)

[PROGRAM HOURS 42](#_Toc511122503)

[DETAILED COURSE INFORMATION 42](#_Toc511122504)

[COURSE OUTLINE: PROFESSIONAL PRACTICE A (45 HOURS) 44](#_Toc511122505)

[Course Description 44](#_Toc511122506)

[Course Concepts 44](#_Toc511122507)

[Learning Outcomes 45](#_Toc511122508)

[Suggested Learning Activities 46](#_Toc511122509)

[Suggested Assessments 47](#_Toc511122510)

[Suggested References/Resources 47](#_Toc511122511)

[COURSE OUTLINE: PROFESSIONAL PRACTICE III (20 HOURS) 48](#_Toc511122512)

[Course Description 48](#_Toc511122513)

[Course Concepts 48](#_Toc511122514)

[Learning Outcomes 48](#_Toc511122515)

[Suggested Learning Activities 49](#_Toc511122516)

[Suggested Assessments 49](#_Toc511122517)

[Suggested References/Resources 50](#_Toc511122518)

[COURSE OUTLINE: PROFESSIONAL PRACTICE IV (20 HOURS) 51](#_Toc511122519)

[Course Description 51](#_Toc511122520)

[Course Concepts 51](#_Toc511122521)

[Learning Outcomes 51](#_Toc511122522)

[Suggested Learning Activities 52](#_Toc511122523)

[Suggested Assessments 52](#_Toc511122524)

[Suggested References/Resources 53](#_Toc511122525)

[COURSE OUTLINE: PROFESSIONAL COMMUNICATION A (45 HOURS) 54](#_Toc511122526)

[Course Description 54](#_Toc511122527)

[Course Concepts 54](#_Toc511122528)

[Learning Outcomes 55](#_Toc511122529)

[Suggested Learning Activities 55](#_Toc511122530)

[Suggested Assessments 56](#_Toc511122531)

[Suggested References/Resources 57](#_Toc511122532)

[COURSE OUTLINE: PROFESSIONAL COMMUNICATION III (20 HOURS) 58](#_Toc511122533)

[Course Description 58](#_Toc511122534)

[Course Concepts 58](#_Toc511122535)

[Learning Outcomes 59](#_Toc511122536)

[Suggested Learning Activities 59](#_Toc511122537)

[Suggested Assessments 60](#_Toc511122538)

[Suggested References/Resources 60](#_Toc511122539)

[COURSE OUTLINE: PROFESSIONAL COMMUNICATION IV (20 HOURS) 61](#_Toc511122540)

[Course Description 61](#_Toc511122541)

[Course Concepts 61](#_Toc511122542)

[Learning Outcomes 61](#_Toc511122543)

[Suggested Learning Activities 62](#_Toc511122544)

[Suggested Assessments 62](#_Toc511122545)

[Suggested References/Resources 63](#_Toc511122546)

[COURSE OUTLINE: PHARMACOLOGY A (60 HOURS) 64](#_Toc511122547)

[Course Description 64](#_Toc511122548)

[Course Concepts 64](#_Toc511122549)

[Learning Outcomes 65](#_Toc511122550)

[Suggested Learning Activities 66](#_Toc511122551)

[Suggested Assessments 66](#_Toc511122552)

[Suggested References/Resources 66](#_Toc511122553)

[COURSE OUTLINE: VARIATIONS IN HEALTH A (60 HOURS) 67](#_Toc511122554)

[Course Description 67](#_Toc511122555)

[Course Concepts 67](#_Toc511122556)

[Learning Outcomes 68](#_Toc511122557)

[Suggested Learning Activities 68](#_Toc511122558)

[Suggested Assessments 69](#_Toc511122559)

[Suggested References/Resources 69](#_Toc511122560)

[COURSE OUTLINE: VARIATIONS IN HEALTH III (45 HOURS) 70](#_Toc511122561)

[Course Description 70](#_Toc511122562)

[Course Concepts 70](#_Toc511122563)

[Learning Outcomes 71](#_Toc511122564)

[Suggested Learning Activities 71](#_Toc511122565)

[Suggested Assessments 72](#_Toc511122566)

[Suggested References/Resources 72](#_Toc511122567)

[COURSE OUTLINE: VARIATIONS IN HEALTH IV (50 HOURS) 73](#_Toc511122568)

[Course Description 73](#_Toc511122569)

[Course Concepts 73](#_Toc511122570)

[Learning Outcomes 73](#_Toc511122571)

[Suggested Learning Activities 74](#_Toc511122572)

[Suggested Assessments 74](#_Toc511122573)

[Suggested References/Resources 74](#_Toc511122574)

[COURSE OUTLINE: HEALTH PROMOTION A (30 HOURS) 75](#_Toc511122575)

[Course Description 75](#_Toc511122576)

[Course Concepts 75](#_Toc511122577)

[Learning Outcomes 76](#_Toc511122578)

[Suggested Learning Activities 76](#_Toc511122579)

[Suggested Assessments 77](#_Toc511122580)

[Suggested References/Resources 77](#_Toc511122581)

[COURSE OUTLINE: HEALTH PROMOTION III (36 HOURS) 78](#_Toc511122582)

[Course Description 78](#_Toc511122583)

[Course Concepts 78](#_Toc511122584)

[Learning Outcomes 78](#_Toc511122585)

[Suggested Learning Activities 79](#_Toc511122586)

[Suggested Assessments 80](#_Toc511122587)

[Suggested References/Resources 80](#_Toc511122588)

[COURSE OUTLINE: HEALTH PROMOTION IV (24 HOURS) 81](#_Toc511122589)

[Course Description 81](#_Toc511122590)

[Course Concepts 81](#_Toc511122591)

[Learning Outcomes 81](#_Toc511122592)

[Suggested Learning Activities 82](#_Toc511122593)

[Suggested Assessments 82](#_Toc511122594)

[Suggested References/Resources 82](#_Toc511122595)

[PRACTICE EDUCATION EXPERIENCE 83](#_Toc511122596)

[Background 83](#_Toc511122597)

[INTEGRATED NURSING PRACTICE 83](#_Toc511122598)

[Simulation 84](#_Toc511122599)

[COURSE OUTLINE: INTEGRATED PRACTICE A (180 HOURS) 85](#_Toc511122600)

[Course Description 85](#_Toc511122601)

[Course Concepts 85](#_Toc511122602)

[Learning Outcomes 86](#_Toc511122603)

[Suggested Learning Activities 86](#_Toc511122604)

[Suggested Assessments 87](#_Toc511122605)

[Suggested References/Resources 87](#_Toc511122606)

[COURSE OUTLINE: INTEGRATED NURSING PRACTICE III (120 HOURS) 88](#_Toc511122607)

[Course Description 88](#_Toc511122608)

[Course Concepts 88](#_Toc511122609)

[Learning Outcomes 89](#_Toc511122610)

[Suggested Learning Activities 89](#_Toc511122611)

[Suggested Assessments 90](#_Toc511122612)

[Suggested References/Resources 90](#_Toc511122613)

[COURSE OUTLINE: INTEGRATED NURSING PRACTICE IV (180 HOURS) 91](#_Toc511122614)

[Course Description 91](#_Toc511122615)

[Course Concepts 91](#_Toc511122616)

[Learning Outcomes 92](#_Toc511122617)

[Suggested Learning Activities 92](#_Toc511122618)

[Suggested Assessments 93](#_Toc511122619)

[Suggested References/Resources 93](#_Toc511122620)

[CONSOLIDATED PRACTICE EXPERIENCES 94](#_Toc511122621)

[Background 94](#_Toc511122622)

[Focus of Consolidated Practice Experiences 94](#_Toc511122623)

[Final Practice Experience 95](#_Toc511122624)

[COURSE OUTLINE: CONSOLIDATED PRACTICE EXPERIENCE A (120 HOURS) 96](#_Toc511122625)

[Course Description 96](#_Toc511122626)

[Course Concepts 96](#_Toc511122627)

[Learning Outcomes 96](#_Toc511122628)

[Suggested Learning Activities 97](#_Toc511122629)

[Suggested Assessments 98](#_Toc511122630)

[Suggested References/Resources 98](#_Toc511122631)

[COURSE OUTLINE: CONSOLIDATED PRACTICE EXPERIENCE III (65 HOURS) 99](#_Toc511122632)

[Course Description 99](#_Toc511122633)

[Course Concepts 99](#_Toc511122634)

[Learning Outcomes 99](#_Toc511122635)

[Suggested Learning Activities 100](#_Toc511122636)

[Suggested Assessments 101](#_Toc511122637)

[Suggested References/Resources 101](#_Toc511122638)

[COURSE OUTLINE: CONSOLIDATED PRACTICE EXPERIENCE IV (200 HOURS) 102](#_Toc511122639)

[Course Description 102](#_Toc511122640)

[Course Concepts 102](#_Toc511122641)

[Learning Outcomes 102](#_Toc511122642)

[Suggested Learning Activities 103](#_Toc511122643)

[Suggested Assessments 103](#_Toc511122644)

[Suggested References/Resources 104](#_Toc511122645)

[COURSE OUTLINE: TRANSITION TO PRECEPTORSHIP (30 HOURS) 105](#_Toc511122646)

[Course Description 105](#_Toc511122647)

[Course Concepts 105](#_Toc511122648)

[Learning Outcomes 105](#_Toc511122649)

[Suggested Learning Activities 106](#_Toc511122650)

[Suggested Assessments 106](#_Toc511122651)

[Suggested References/Resources 106](#_Toc511122652)

[COURSE OUTLINE: FINAL PRACTICE EXPERIENCE (180 HOURS) 107](#_Toc511122653)

[Course Description 107](#_Toc511122654)

[Course Concepts 107](#_Toc511122655)

[Learning Outcomes 107](#_Toc511122656)

[Suggested Learning Activities 108](#_Toc511122657)

[Suggested Assessments 108](#_Toc511122658)

[Suggested References/Resources 108](#_Toc511122659)

[APPENDIX A 109](#_Toc511122660)

[Suggested Case Study and Problem-Based Learning Concepts 109](#_Toc511122661)

[APPENDIX B 113](#_Toc511122662)

[Bloom's Taxonomy 113](#_Toc511122663)

[REFERENCES 115](#_Toc511122664)

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.

|  |
| --- |
| Steering Committee Members |
| Leona Abbinante (First Nations Health Authority)Esther Aguilar (Sprott Shaw College)Karla Biagioni (Ministry of Health)Michelle Glubke (Co-Chair, BCcampus)Janice Harvey (College of Licensed Practical Nurses of British Columbia)Glenn McRae (Chief Nursing Officer, Interior Health Authority) | Yvonne Moritz (Okanagan College)Dawn Nedzelski (Chief Nursing Officer, Island Health Authority)Kevin Perrault (Ministry of Advanced Education, Skills and Training)Debbie Sargent (Co-Chair, Vancouver Community College)Jaqueline Scobie (College of New Caledonia)  |

|  |
| --- |
| 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 British Columbia)Julie Gilbert (VCC)Melanie Hendrickson (College of Licensed Practical Nurses of British Columbia)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 British Columbia)Katie Procter (First Nations Health Authority)Sandra Regan (College of Licensed Practical Nurses of British Columbia)Michelle Seibel (Thompson Rivers University)Lana Sprinkle (Northern Lights College)Leslie Stuart (North Island College)Karen Turner (College of Licensed Practical Nurses of British Columbia)Wendy Wagner (Vancouver Island University) |

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 Practical Nursing program 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. Where appropriate, they were applied to the Access to Practical Nursing Program Curriculum Guide.

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 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.

Access to Practical Nursing Guide Second Edition Revisions

In 2011, the Practical Nurse Curriculum Guide was developed, followed by the Access to Practical Nursing Program Provincial Curriculum Guide in 2012. The goal of the guides was to create “sustainable provincial capacity for a relevant and dynamic practical nursing curriculum.” The following recommendations 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 Access to Practical Nursing (APN) 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 APN Guide and added to the APN 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 APN Curriculum Guide. The APN 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 APN Curriculum Guide and added to the APN 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 APN 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 A, III and IV courses. The working group that addressed this recommendation also added leadership learning outcomes to the Professional Practice A 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 Nursing Provincial Curriculum Guide and added to the new APN Practical Nursing Provincial Curriculum Guide Supplement. This included removing any prescriptive language that prohibits choice of resource. The APN 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 Provincial 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).

Access to Practical Nursing Second Edition Revisions Summary Table

The following table provides an overall summary of the revisions.

| **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. | 7 |
| In the *Introduction*, content is updated and a new section, Access to Practical Nursing Guide Second Edition Revisions, has been added. | 8 - 12 |
| The *Program Core Standards* section, including *Admission Requirements, Notes for Admission, English as an Additional Language* and *Faculty Qualifications* sections, has been moved from the APN Provincial Curriculum Guide to the APN Provincial Curriculum Guide Supplement (formerly pages 17 – 18). | Moved to Supplement |
| In *Detailed Course Information*, the following paragraph has been revised since Appendix D (Indigenous Learning Activities) has been moved to the APN Provincial Curriculum Guide Supplement. “**Suggested Learning Activities:** Examples of activities that can be used to facilitate and foster student learning. Learning activities can be found in the APN Provincial Curriculum Guide Supplement for educators.” | 42 |
| In *Detailed Course Information*, the following paragraph has been revised, since learning resources have been moved to the APN 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 APN Practical Nursing Provincial Curriculum Guide Supplement for a sampling of potential texts, journals, and websites for faculty and student use.” | 42 |
| In *Detailed Course Information* section, the reference to Appendix F has been revised to “Appendix A” in the following paragraph:“Appendix A suggests topics for case study, simulation and problem-based learning development.” | 43 |
| In *Detailed Course Information*, the reference to Appendix G has been revised to “Appendix B” in the following paragraph: “Bloom’s taxonomy (Anderson & Krathwohl, 2001) was used to provide appropriate descriptors for course levelling and learning outcomes (see Appendix B). For example, entry-to-practice Practical Nurse graduates are prepared to explain, describe, differentiate, apply, examine, complete, discuss, list identify.” | 43 |
| In **all** *Course Outlines* sections, the “Suggested References/Resources” has been removed and placed in the APN Provincial Curriculum Guide Supplement. This statement has been included in all course outlines: **“Suggested References/Resources** See current suggestions in APN Curriculum Guide Supplement.” | All course outlines |
| 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 A – Course Concepts*, several course concepts have been added. | 44 - 45 |
| In *Course Outline: Professional Practice A – Learning Outcomes*, outcome #1, “code of ethics” has been revised to “ethics.” | 45 |
| In *Course Outline: Professional Practice A – Learning Outcomes*, outcome #22, “Use self‐reflection and reflective journal writing to enhance learning and nursing practice” has been revised to:“Demonstrate self-reflection and reflective journal writing to enhance learning and nursing practice.” | 46 |
| In *Course Outline: Professional Practice A – 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.” | 45 |
| In *Course Outline: Professional Practice A – Learning Outcomes*, a new outcome has been added:“Identify key competencies associated with effective leadership, management and followership.” | 46 |
| In *Course Outline: Professional Practice A – Suggested Learning Activities*, 11 activities have been added.  | 46 |
| In *Course Outline: Professional Practice A – 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.” | 47 |
| In *Course Outline: Professional Practice III – Course Concepts*, “Cultural safety” has been added to reflect Recommendation 1. | 48 |
| In *Course Outline: Professional Practice III – Learning Outcomes*, outcome #3 – “Explain and evaluate the influence of collaborative and inter‐professional relationships on a quality practice environment” has been revised to:“Explain and evaluate the influence of interprofessional collaborative relationships on a quality practice environment.” | 48 |
| 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.” | 49 |
| 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.” | 49 |
| 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.” | 49 |
| 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.” | 50 |
| In *Course Outline: Professional Practice IV – Course* Concepts, “Cultural humility and cultural advocacy” has been added to reflect Recommendation 1. | 51 |
| 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.” | 52 |
| In *Course Outline: Professional Practice IV – Learning Outcomes*, #3 outcome, “Identify and justify the influence of collaborative and inter‐professional relationships on a quality practice environment in the acute care setting especially as it relates to the clients in this environment,” has been revised to:“Identify and advocate for the influence of interprofessional collaborative relationships on a quality practice environment in the acute care setting. | 52 |
| 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.” | 52 |
| 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.” | 52 |
| In *Course Outline: Professional Communication A – Course Concepts*, several concepts have been added. | 54 – 55 |
| In *Course Outline: Professional Communication A – Learning Outcomes*, the #8 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.” | 55 |
| In *Course Outline: Professional Communication A – Learning Outcomes*, two new outcomes have been added:“Explain the relationship of communication and culture.” “Identify challenges preventing effective communication across cultures.” | 55 |
| In *Course Outline: Professional Communication A – Suggested Learning Activities*, several activities have been added. | 55 – 56 |
| In *Course Outline: Professional Communication A – Suggested Assessments*, a new assessment has been added: “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.” | 56 |
| In *Course Outline: Professional Communication III – Course Concepts*, the concept “Cultural safety” has been added to reflect Recommendation 1. | 58 |
| 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.” | 59 |
| 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.” | 60 |
| In *Course Outline: Professional Communication IV– Course Concepts*, the concepts “Cultural humility” and “Cultural advocacy” have been added to reflect Recommendation 1. | 61 |
| 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.” | 62 |
| In *Course Outline: Professional Communication IV – Learning Outcomes*, #2 outcome revised with “interprofessional” added:“Describe approaches to co‐create a climate for shared leadership and interprofessional collaborative practice.” | 62 |
| *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.” | 62 |
| 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.” | 62 |
| *Course Outline: Pharmacology A* has been moved to be after Professional Communication course outlines to match the layout of the Practical Nursing Program Provincial Curriculum Guide.  | 64 |
| In *Course Outline: Pharmacology A – Course Concepts –*  several course concepts have been added. | 64 – 65 |
| In *Course Outline: Pharmacology A – 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.” | 66 |
| In *Course Outline: Pharmacology A – Suggested Learning Activities,* several learning activities have been added. | 66 |
| *Course Outlines: Variations in Health* has been moved to be after Pharmacology A course outline to match the layout of the Practical Nursing Program Provincial Curriculum Guide. | 67 |
| In *Course Outline: Variations in Health A – Course Concepts*, several course concepts have been added.  | 67 - 68 |
| In *Course Outline: Variations in Health A – Learning Outcomes*, “holistic and” has been added to outcome #9:“Identify holistic and traditional healing practices associated with common illness.” | 68 |
| In *Course Outline: Variations in Health A – 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.” | 68 |
| In *Course Outline: Variations in Health A – Learning Outcomes*, two new outcomes have been added:“Identify holistic and traditional healing practices associated with common illness.”“Explain the influence of culture and cultural competency in health and healing.” | 68 |
| In *Course Outline: Variations in Health A – Suggested Learning Activities*, several learning activities have been added.  | 68 – 69 |
| 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.”  | 70 |
| 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.” | 71 |
| 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.” | 71 |
| 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.” | 71  |
| In *Course Outline: Variations in Health III – Suggested Learning Activities,* “balance and harmony” has been added to the activity: “Cultivate respect, inclusivity and Indigenous knowledge bysupporting traditional knowledge in health, healing, cultural safety, balance and harmony. Have learners conduct enquiry into traditional practices through community visits and engagement of Elders.” | 72 |
| 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.” | 73 |
| 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.” | 74 |
| 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.” | 74 |
| 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.” | 74 |
| 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.” | 74 |
| In *Course Outline: Health Promotion A – Course Concepts*, several concepts have been added.  | 75 |
| In *Course Outline, Health Promotion A – Learning Outcomes*, two new outcomes have been added:“Define Trauma-informed Practice”“Define health promotion principles in LGBTQ2 care.” | 76 |
| In *Course Outline, Health Promotion A – Suggested Learning Activities* section, several activities have been added.  | 76 |
| Under *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.” | 78 |
| 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.” | 79 |
| 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.” | 79 |
| 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, 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.” | 79 |
| 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.” | 79 |
| 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.” | 81 |
| 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.” | 82 |
| 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.” | 82 |
| 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.” | 82 |
| 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.” | 82 |
| 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.” | 82 |
| 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).”  | 83 |
| 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.” | 84 |
| In *Course Outline, Integrated Nursing Practice A, Course Concepts*, several concepts have been added.  | 85 – 86 |
| In *Course Outline, Integrated Nursing Practice A – Learning Outcomes,* outcome #1, “Demonstrate understanding of the Scope of Practice for LPNs, Baseline Competencies for LPNs Professional Practice (2009), Professional Standards of Practice for LPNs (2010), Code of Ethics for LPNs (2004) 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, 2016, 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.” | 86 |
| In *Course Outline, Integrated Nursing Practice A – 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.” | 86 |
| In *Course Outline, Integrated Nursing Practice A – Learning Outcomes*, a new outcome has been added:“Compare and contrast leadership and management roles and responsibilities in a variety of settings.” | 86 |
| In *Course Outline, Integrated Nursing Practice A – Suggested Learning Activities*, several activities have been added.  | 86 – 87 |
| 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.” | 88 |
| In *Course Outline, Integrated Nursing Practice III – Course Concepts*, “Leadership Competencies” has been added: | 89 |
| In *Course Outline, Integrated Nursing Practice II –, 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
 | 88 – 89 |
| 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 of Practice 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, 2016), 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.” | 89 |
| 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.” | 89 |
| 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.” | 89 |
| 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.” | 89 |
| 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.” | 89 |
| In *Course Outline, Integrated Nursing Practice III – Suggested Learning Activities*, “culturally safe” has been added to activity:“Engage in collaborative, culturally safe activities to gain appreciation of traditional knowledge in health and healing.” | 90 |
| 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.”
 | 89 – 90 |
| 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.” | 90 |
| In *Course Outline, Integrated Nursing Practice IV – Course Concepts,* “Leadership competencies” has been added: | 92 |
| 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
 | 91 – 92 |
| 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 of Practice 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, 2016), 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.” | 92 |
| 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.” | 92 |
| In *Course Outline, Integrated Nursing Practice IV* – *Learning Outcomes*, a new outcome has been added:“Examine practical applications associated with leadership, management and followership.” | 92 |
| 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.” | 92 |
| 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.”
 | 92 |
| 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.” | 92 |
| 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.” | 92 |
| In *Consolidated Practice Experiences – 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.” | 94 |
| 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. | 94 |
| In *Consolidated Practice Experiences – Focus of Consolidated Practice Experiences,* the CPE I and CPE II descriptions have been combined into CPE A.  | 94 |
| In *Consolidated Practice Experiences – Focus of Consolidated Practice Experiences,* theCPE 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.” | 94 |
| In *Consolidated Practice Experiences– Focus of Consolidated Practice Experiences,* the following has been added to the CPE IVdescription:“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).” | 94 |
| 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 for LPNs and CLPNBC Standards of Practice Framework.”  | 95 |
| In *Course Outline, Consolidated Practice Experience A – Course Concepts,* several concepts have been added. | 96 |
| Under *Course Outline, Consolidated Practice Experience A –, 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.” | 97 |
| In *Course Outline, Consolidated Practice Experience A – 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.” | 97 |
| In *Course Outline, Consolidated Practice Experience A – Learning Outcomes* section, “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.” | 97 |
| In *Course Outline, Consolidated Practice Experience A – Suggested Learning Activities* section, several activities have been added.  | 97 |
| 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 3within 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 A and III 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 Nurse Practitioner III.” | 99 |
| In *Course Outline, Consolidated Practice Experience III, Prerequisites and Co‐requisites,*:“**Pre‐requisites**: 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 A; Professional Practice A; Variations in Health A; Health Promotion A; Integrated Nursing Practice A.”“**Co‐requisites**: Professional Communication III; Professional Practice III; Variations in Health III; Health Promotion III; Integrated Nursing Practice III.” | 99 |
| 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, 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.” | 99 – 100 |
| 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.” | 100 |
| 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.” | 100 |
| 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.” | 100 |
| 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.” | 102 |
| 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, 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.” | 102 – 103 |
| 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.” | 103 |
| 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.” | 103 |
| 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.” | 103 |
| In *Course Outline, Final Practice Experience – Course Concepts,* several concepts have been added:* Leadership
* Professional communication
* Clinical decision making
* Inter‐professional approach to practice
* Comprehensive and focused assessments
* Medication administration
* Wound care
* Discharge planning
* Self‐reflective approach to practice
 | 107 |
| 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.” | 107 |
| 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.” | 108 |
| 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.
 | 108 |
| *APPENDIX A: Suggested Case Study and Problem Based Learning Concepts* has been added.  | 109 |
| *APPENDIX B: Bloom’s Taxonomy* has been added. | 113 |
| *References* with cited references has been added.  | 115 |

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, and a Curriculum Advisory Group (CAG) populated by experienced Practical Nursing educators and experienced practitioners. 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 and others involved with overall recognition, accreditation, or professional standards.

From November 2016 to August 2017, the Steering Committee formulated nine primary recommendations for revisions 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 and English as an Additional Language, and Teaching and Learning Resources.

Introduction to the Access to Practical Nursing Provincial Curriculum

This full-time diploma was initiated in response to the need for recognizing past education, training and work experience of applicants to the Practical Nursing program. If applicants have achieved a certificate in the following programs) they may be admitted to the access semester of the Practical Nursing program:

* Health Care Assistant (HCA)\
* Resident Care Attendant (RCA)
* A combined Home Support/Resident Care Attendant (HS/RCA.

This program credits applicants for their previous BC public post-secondary institution RCA or HSA/RCA certificate. Those entering with an education from other than from a BC public post-secondary institution (HCA/RCA, or HS/RCA certificate) will need to demonstrate their eligibility prior to entrance.

This program prepares graduates to provide nursing care in partnership with other health care professionals. Graduates will be able to care for selected clients chosen on the basis of acuity and complexity in a variety of settings.

**Please note**: This Access to Practical Nursing curriculum **must** be used in conjunction with the revised 2011 Practical Nursing Provincial Curriculum (2017). Vancouver Community College would like to acknowledge that the first level of the Access to PN Curriculum was adapted from the Practical Nursing Provincial Curriculum (2011). An in-depth comparison of the Health Care Assistant Provincial Curriculum (2008) and the Practical Nursing Provincial Curriculum (2011) and identification of the curriculum gaps resulting from this comparison has led to the development of this Access curriculum.

This three-level program is 13 months of full-time study and is divided into three levels. The first level (Level A) combines Levels 1 and 2 of the revised 2011 Practical Nursing Provincial Curriculum (2017), giving prior learning credits for knowledge and skills acquired in the HCA, RCA and HS/RCA certificate programs. The next two levels are the same as Levels 3 and 4 in the revised 2011 Practical Nursing Provincial Curriculum (2017).

**Post-secondary educational institutions using the Access to Practical Nurse Program are required to adhere to the core structures of the program. The program matrix, minimum course hours, admission requirements, faculty qualifications, program and course learning outcomes, course descriptions and concepts must be adhered to.**

**PROGRAM MATRIX**

**Level A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level A** | **Course Name** | **Minimum Hours** | **Total Semester Hours** |
| **Professional Practice A** | **45** | **540** |
| **Professional Communication A** | **45** |
| **Variations in Health A** | **60** |
| **Health Promotion A** | **30** |
| **Pharmacology A** | **60** |
| **Integrated Nursing Practice A** | **180** |
| ***Consolidated Practice Experience A*** | **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** |

|  |  |
| --- | --- |
| Transition to Preceptorship | 30 |
| Preceptorship | 180 |
| **MINIMUM PROGRAM HOURS** | 1550 |

|  |  |
| --- | --- |
| **THEORY and APPLICATION** | 985 |
| **PRACTICE EDUCATION HOURS** | 565 |
| **TOTAL HOURS** | 1550 |

PROGRAM HOURS

In order to be consistent and ensure quality implementation, it is important that all post‐secondary institutions offering the Access to Practical Nursing Program 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 APN Program 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 Access to Practical Nursing 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 A 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 B). For example, entry-to-practice Practical Nurse graduates are prepared to explain, describe, differentiate, apply, examine, complete, discuss, list, identify.

 COURSE OUTLINE: PROFESSIONAL PRACTICE A
(45 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.

As well, the legislation influencing Practical Nursing practice with clients experiencing chronic illness and those in residential care settings is examined. 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 the chronically ill and interprofessional practice are also addressed.

**Pre‐requisites:** Admission to the Access to Practical Nursing Program; Human Anatomy and Physiology for Practical Nurses with a minimum grade of C+ or equivalent.

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

Course Concepts

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

* 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.
* 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 sensitivity and competency.
* Awareness of own culture.

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. Use self-reflection and reflective journal writing to enhance learning and nursing practice.
6. Cite some examples of self-care strategies for the nurse.
7. Discuss the partnership of nursing (Registered Nursing, Registered Psychiatric Nursing, Licensed Practical Nursing).
8. Recognize and respect the diversity of other health care roles, responsibilities and competencies.
9. Identify and explain the influence of collaborative and interprofessional 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. Apply ethical decision-making principles to case studies.
13. Discuss theories of nursing leadership.
14. Explain how legislation, professional standards, the code of ethics and practice expectations influence nursing practice in residential care.
15. Discuss professional self-regulation and the implication for individual responsibilities and accountabilities of the Practical Nurse in residential care.
16. Identify and apply leadership responsibilities of the Practical Nurse when working with unregulated health care providers.
17. Describe the influence of interprofessional collaborative relationships on a quality practice environment in residential care.
18. Access others’ skills and knowledge appropriately through consultation.
19. Demonstrate the ability to access and assess current, relevant, scholarly resources.
20. Discuss and explain professional responsibility in terms of the cultural diversity and inclusivity of clients and colleagues in residential care.
21. Apply ethical decision making to determine actions for ethical dilemmas in nursing practice with clients experiencing chronic illness.
22. Demonstrate self-reflection and reflective journal writing to enhance learning and nursing practice.
23. Identify key competencies associated with effective leadership, management and followership.

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.
* 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

* 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 A – completion by Level 4).

Suggested References/Resources

* See current suggestions in Access to Practical Nursing Curriculum Guide Supplement.

COURSE OUTLINE: PROFESSIONAL PRACTICE III
(20 HOURS)

Course Description

This course integrates the concepts from the previous professional practice course 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 A courses and Consolidated Practice Experience A.

**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 Access to Practical Nursing 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 solvingethical 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; 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 Access to Practical Nursing Curriculum Guide Supplement.

COURSE OUTLINE: PROFESSIONAL COMMUNICATION A
 (45 HOURS)

Course Description

This course provides learners with the foundational knowledge for caring and professional communication in nursing. An experiential and self-reflective approach 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, and learning and teaching concepts will be covered. The learner is provided with an opportunity to develop professional communication skills with clients requiring end of life care.

**Prerequisites:** Admission to the Access to Practical Nursing Program.

**Co-requisites:** Professional Practice A; Integrated Nursing Practice A; Variations in Health A; Health Promotion A; Pharmacology A.

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.
* 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. 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 listening skills (restating, reflecting, clarifying, summarizing and empathy).
4. Identify and demonstrate therapeutic communication.
5. Describe communication barriers to the development of therapeutic relationships.
6. Identify characteristics of helping relationships including the family as a client.
7. Identify differences in multicultural communication as they relate to the nurse‐client relationship.
8. Identify effective and culturally sensitive and aware communication strategies for First Nation, Inuit and Métis clients, their families and peers.
9. Explain the relationship of communication and culture.
10. Identify challenges preventing effective communication across cultures.
11. Describe how information and communication technology is used to support effective client care in collaboration with other members of the health care team.
12. Participate effectively in groups.
13. Identify effective group behaviours and development.
14. Demonstrate giving feedback effectively to peers, instructors and team-members.
15. Receive feedback effectively from peers, instructors, preceptors, team members, families and clients.
16. Demonstrate principles of assertiveness to confidently express differences, using appropriate language (saying no).
17. Collaborate with team members to create trusting professional relationships.

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 a 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.
* 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
* 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.

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. 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 exam

Suggested References/Resources

* See current suggestions in Access to Practical Nursing 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 A courses and Consolidated Practice Experience A.

**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 interprofessionalteamto 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 Access to Practical Nursing 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 scenario with families.
* Application of course concepts and principles through quizzes and exams.

Suggested References/Resources

* See current suggestions in Access to Practical Nursing Curriculum Guide Supplement.

COURSE OUTLINE: PHARMACOLOGY A
(60 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. The routes of medication administration introduced include medications used to treat constipation, eye and ear disorders and the integumentary system. Complementary, Indigenous and alternative remedies, and polypharmacy across the lifespan are explored. The learners will gain an understanding of pharmacology and medication administration across the lifespan. Also included are the topics of substance abuse and addiction.

**Prerequisites:** Admission to the Access to Practical Nurse Program.

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

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.
* 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 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.
14. Describe medication classifications, actions, interactions, adverse effects and nursing implications relative to body systems, including endocrine, neurological, cardiovascular, respiratory, gastrointestinal, genitourinary and musculoskeletal systems, and miscellaneous drug classifications.
15. Describe the effects, uses and indications for antimicrobials, and the relationship to drug resistance.
16. Relate drug interactions, polypharmacy, and food/drug affects to medication used across the lifespan, particularly the older adult.
17. Relate theoretical understanding of narcotic side effects, indications for use and legal responsibilities.
18. Describe the potential interaction of complementary, Indigenous and herbal preparations with prescription medications.
19. 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

* 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 exam.
* Pharmacology quizzes.
* Pharmacology comprehensive final exam.

**Note:** learners must achieve an 80% average overall on the theory portion of pharmacology.

Suggested References/Resources

* See current suggestions in Access to Practical Nursing Curriculum Guide Supplement.

COURSE OUTLINE: VARIATIONS IN HEALTH A
(60 HOURS)

Course Description

This course provides the learner 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. The learners understanding of pathophysiology as it relates to the ageing process and selected chronic illness will increase. A major focus of this course is on the care of the older adult experiencing a health challenge. Cultural diversity in healing practices are explored as well as evidence-informed research and practice.

**Prerequisites:** Admission to the Access to Practical Nurse Program; Human Anatomy and Physiology for Practical Nurses with a minimum grade of C+ or equivalent.

**Co‐requisites**: Professional Communication A; Integrated Nursing Practice A; Professional Practice A; Health Promotion A; Pharmacology A.

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 safe and competent 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.
* 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.
* Traditional healing practices (e.g., acupuncture, smudging, sweat lodge, reiki).
* Evidence-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.
12. Describe the nursing management of illness associated with aging
13. Identify altered presentations of illnesses in the older adult client.
14. Identify common mental health challenges or mental illness experienced by older adults (e.g., differences between normal aging and symptoms of a mental illness in older adults).
15. Give examples of diversity in traditional healing practices in management of chronic illness.
16. 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.
* Develop a concept map describing the steps in the inflammatory process.
* Have learners generate a list of common diagnostic tests associated with each body system.
* 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.
* 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).
* Have learners generate a list of common diagnostic tests associated with each body system of common chronic disease and illness of the older adult.
* Cultivate respect and *Indigenous knowledge* by using the resource “End-of-Life Care”: use role play for learning about culturally competent approaches for end-of-life care.
* 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.
* Explore tensions and augmentations of biomedical and holistic health belief models in the film *Spirit Doctors*.`

Suggested Assessments

* Quizzes.
* Group assignment on evidence-informed practice.
* Final comprehensive exam.

Suggested References/Resources

* See current suggestions in Access to Practical Nursing 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 as along with the incorporation of evidence-informed research and practice.

**Prerequisites:** Successful completion of Level A coursework and Consolidated Practice Experience A.

**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; ursing 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 Access to Practical Nursing 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 evidenced-informed research and practice.

**Pre‐requisites:** Successful completion of Level 3 courses and Consolidated 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 Access to Practical Nursing Curriculum Guide Supplement.

COURSE OUTLINE: HEALTH PROMOTION A
(30 HOURS)

Course Description

This introductory course will increase the learners understanding of health promotion within the Canadian context. This includes health enhancement, health protection, disease prevention and health restoration (recovery, care and support).Knowledge of growth and development, health inequities and determinants of health will support the Practical Nurse to provide culturally appropriate and holistic care.

**Prerequisites:** Admission to the Access to Practical Nursing Program.

**Co-requisites:** Professional Communication A; Integrated Nursing Practice A; Professional Practice A, Health Promotion A, Pharmacology A.

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

* Presentation on a course topic.
* Mid-term exam.
* Final comprehensive exam.

Suggested References/Resources

* See current suggestions in Access to Practical Nursing 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 A courses and Consolidated Practice Experience A.

**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 pre‐natal group.
* Hold a discussion panel of several cultural groups to explore their beliefs on mental illness (invite guest speakers).
* Explore the effects of intergenerational traumaand 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 Access to Practical Nursing 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 Access to Practical Nursing 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,[[1]](#footnote-1) 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 (CPE). [[2]](#footnote-2)

COURSE OUTLINE: INTEGRATED PRACTICE A
(180 HOURS)

Course Description

This course emphasizes the art and science of nursing, focusing on the development of nursing care and assessment. Learners will apply nursing knowledge through the practice of clinical decision making, nursing assessments and nursing interventions aimed at promoting health, independence and comfort. Classroom, laboratory, simulation, and other practice experiences will assist learners to integrate theory from other Access courses to provide safe, competent and ethical nursing care with clients.

**Prerequisites:** Admission to the Access to Practical Nurse Program; Human Anatomy and Physiology for Practical Nurses with a minimum grade of C+ or equivalent.

**Co-requisites:** Professional Communication A; Professional Practice A; Variations in Health A; Health Promotion A; Pharmacology A.

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, 2016), 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.
12. Practice safe medication administration

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.
* Rol- 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.
* Integrated lab skill assessments.

Suggested References/Resources

* See current suggestions in Access to Practical Nursing Curriculum Guide Supplement.

COURSE OUTLINE: INTEGRATED NURSING PRACTICE III
(120 HOURS)

Course Description

This course builds on the theory and practice from Level A. 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 A courses and Consolidated Practice Experience A.

**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:
	+ Tthe 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, 2016), 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 Access to Practical Nursing 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 A and 3 to integrate new knowledge and skills relevant to the acute care setting.

**Pre‐requisites:** 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 contro.l
* 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, 2016), 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 Access to Practical Nursing 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 A and CPE IV experiences are to be faculty supervised (direct). CPE III will be optimally faculty supervised (direct) and could be faculty supervised (monitored) if students are paired with a qualified practitioner in a community practice experience.

Focus of Consolidated Practice Experiences

**In CPE A**, the focus is on the on the aging adult and clients experiencing chronic illness and becoming comfortable with the relational aspects of nursing, learning the role of the Practical Nurse and becoming confident with assessments, personal care, 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 A (120 HOURS)

Course Description

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

This is a hands-on direct patent care experience supervised by faculty. The Level A competencies are practiced and mastered.

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

**Co requisites:** None.

Course Concepts

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

* Professional communication.
* Communication with the older adult with cognitive challenges.
* Nurse‐client relationship.
* Comprehensive assessments.
* Medication administration.
* 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.
* Legislation specific to the older adult.
* Leadership.
* 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, 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.
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 to provide 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 Access to Practical Nursing Curriculum Guide Supplement.

COURSE OUTLINE: CONSOLIDATED PRACTICE EXPERIENCE III (65 HOURS)

Course Description

This practice experience will introduce learners to community care settings and an opportunity to apply and adapt knowledge gained in Levels A and III 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.

**Pre-requisites:** Professional Communication A; Professional Practice A; Variations in Health A; Health Promotion A; Integrated Nursing Practice A.

**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, 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.
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 Access to Practical Nursing 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, 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.
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 Access to Practical Nursing 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. 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 Access to Practical Nursing 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 A, III, IV and 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 Access to Practical Nursing Curriculum Guide Supplement.

APPENDIX A

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 B

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.

REFERENCES

 Aboriginal Nurses Association of Canada (ANAC), Canadian Association of Schools of Nursing (CASN), Canadian Nurses Association (CNA) (2009). *Cultural Competence and Cultural Safety in Nursing Education.* Ottawa: Author.

 Anderson, L. W. & Krathwohl, D. R., (Eds.) (2001*). A taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives*. Boston: Allyn & Bacon. (Pearson Education Group).

 Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating Nurses: A call for radical transformation.* San Francisco: Jossey‐Bass.

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

 British Columbia Ministry of Health. (2015). *Nurses (Licensed Practical) Regulation, Health Profession Act.* Victoria; Queens Printing.

 Canadian Council for Practical Nurse Regulators (CCPNR). (2013). *Entry-to-Practice Competencies for Licensed Practical Nurses.*

 Canadian Health Services Research Foundation (CHSRF) and Canadian Nurses Association (CNA). (2012). *Interprofessional Collaborative teams*. Ottawa: Author.

 Canadian Institutes of Health Research (CIHR). (2017). *Helping LGBTQ2 youth through research.* Retrieved from: http://www.cihr-irsc.gc.ca/e/50097.html

 Canadian Interprofessional Health Collaborative (CIHC). (2010). *A National Interprofessional Competencies Framework.* Vancouver: Author. Retrieved from: https://www.cihc.ca/files/CIHC\_IPCompetencies\_Feb1210.pdf

 Canadian Practical Nurse Registration Examination Competency and Blueprint Committee (CPNRE). (2016). *Canadian Practical Nurse Registration Examination Blueprint - 2017 - 2021.* Ottawa: Author.

 Cloutier, A., Shandro, G. & Hrycak, N. (2004). The Synergy of Clinical Placements*. The Canadian Nurse, 100*(3), 10‐14.

 College of Licensed Practical Nurses of British Columbia (CLPNBC). *Practice Standards for Licensed Practical Nurses* (current editions). Burnaby: Author.

 College of Licensed Practical Nurses of BC. (2009). *Baseline Competencies for Licensed Practical Nurses’ Professional Practice.* Burnaby: Author.

 College of Licensed Practical Nurses of British Columbia (CLPNBC). (2014). *Professional Standards for Licensed Practical Nurses.* Burnaby: Author.

 College of Licensed Practical Nurses of British Columbia (CLPNBC). (2016). *Scope of Practice: Standards, Limits and Conditions.* Burnaby: Author.

 First Nations Health Authority (FNHA). (2016). *#itstartswithme - Cultural Safety and Humility: Key Drivers and Ideas for Change.* West Vancouver: Author.

 George, J. (2011). *Nursing Theories: The Base for Professional Nursing Practice* (6th ed.). New York: Pearson Education, Inc.

 Indigenous and Northern Affairs, Canada. (2016). *Indigenous Peoples and Communities*. https://www.aadnc-aandc.gc.ca/eng/1100100013785/1304467449155

 Reimer Kirkham, S., Van Hofwegen, L., & Hoe Harwood, C. (2005). Narratives of Social Justice: Student Learning in Innovative Clinical Placements. *International Journal of Nursing Education Scholarship, 2(*1). Retrieved from: <http://www.bepress.com/ijnes/vol2/iss1/art28>

 Schiavenato, M. (2009). Re‐evaluating Simulation in Nursing Education: Beyond the Human Patient Simulator*. Journal of Nursing Education, 48*(7), 388‐394

 Tanner, C. (2006). The Next Transformation: Clinical Education. *Journal of Nursing Education, 45*(4), 99‐100.

 Truth and Reconciliation Commission of Canada (TRC). (2015). *Truth and Reconciliation Commission of Canada: Calls to Action.* Winnipeg: Author.

 United States Department of Housing and Urban Development. (2009*). Resources*. Retrieved from http://portal.hud.gov/portal/page/portal/HUD.

 Vella, J. (2002). *Learning to listen, learning to teach: The power of dialogue in educating adul*ts (Revised ed.). San Francisco: Jossey‐Bass.

1. 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-1)
2. 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-2)