

NURSING 693
ADVANCED NURSING PRACTICE II
Fall 2008

UNIVERSITY OF CALGARY
FACULTY OF NURSING
COURSE OUTLINE

CLASS TIME: Seminar: 2 hours per week - Tues. 0900 - 1100
Tutorial: 1 hour per week
Clinical: 12 hours per week

LOCATION: Room 2253
Professional Faculties Building
A Block

**COURSE COORDINATOR/
COURSE PROFESSOR:** Dr. Sandra Reilly
Room PF2232

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CALENDAR/COURSE DESCRIPTION:

Extension and application of a conceptual framework for advanced practice in student's specialty area. Further clinical practice in assessments, interventions, and evaluation with individuals, families, or communities.

LEARNING CONTEXT:

This course provides students with an opportunity to place their respective practice frameworks within the context of a primary health care (PHC) philosophy and model. However, this course concerns itself with much more. Inasmuch as PHC also speaks to the reform or, if you prefer, the modernization of the Canadian health system, PHC requires special kinds of leaders, capable of motivating and energizing their colleagues as well as clients to embrace reform. Therefore, this course also focuses on leadership. There is more. It almost goes without saying, any reform of a single-payer system like that found in Canada ultimately speaks about the implementation and adjustment of policy in pursuit of reform. Consequently, this course also asks students to consider how their vision effects policy and ultimately their populations of interest.

The agenda is impressive. Yet, students can take comfort in the knowledge that at this time in history, as advanced practice nurses, they have an opportunity to insure nothing less than the sustainability of medicare. Undoubtedly, the challenge is a formidable one. Yet, it is one particularly well-suited to the competencies of advance practice nurses. Not only are they members of the single largest group of providers, but in the opinion of policymakers, advanced practice nurses possess the special experiential knowledge to understand the complexity and uncertainty that characterizes various systems across the entire life span. They also possess the special experiential knowledge to manage linkages between and among those systems. Such knowledge is critical for

strategic healthcare leadership, whether in clinical, educational or systems areas of advanced practice. Fortunately, for each of these areas there are multiple approaches for designing and implementing reform.

In the interests of time, this course makes four assumptions. Individual students in this course begin with a practice framework for their respective populations of interest. It now remains for them to visualize how the framework can advance PHC reform. This brings us to our first assumption. **The Canadian health system, if only in the interests of sustainability, has to undergo reform.** It has to become more comprehensive, equitable and client-driven.

Our second assumption follows closely on the first. **PHC holds out the most promise for effective and efficient change to the existing system.** Certainly, provincial and federal governments in Canada believe so. Numerous reports and white papers on the subject accept PHC.

Reform cannot succeed without effective leadership. At this time, transformational leadership is commonly accepted as the more appropriate management style. **Transformational leadership, in contrast to traditional transactional leadership, can effectively re-configure thinking about the meaning of health and the delivery of services among stakeholders.**

Whatever changes take place on the clinical or educational level (micro) and middle-systems level (meso) the aim is for change to effect policy (macro) level. The advanced practice nurse uses her practice framework to analyze conditions for her population of interest so as to understand the implications not only for practice and leadership but also policy. **Policy reform not only informs practice, but everyday changes in the practice setting effect the development of policy.**

This introduction is meant to provide direction to the course. However, like any human enterprise, where it finishes depends on what participants bring to the task. Like primary health care reform, the course ultimately relies on the enthusiasm of the participants.

LEARNING APPROACHES:

The course employs three different approaches to learning. They include seminars, tutorials and clinical practicums.

There are twelve seminars, of two hours each. In the first of these meetings, students discuss the philosophical underpinning of primary health care reform. They consider how the determinants of health effect their respective populations of interest. Students next evaluate their respective practice frameworks as to whether they are comprehensive, equitable and client-driven. Afterwards, students apply the principles of PHC to the delivery of services to their respective populations of interest.

Last, whether as prospective clinical leaders or educational leaders or system leaders, students can benefit by discussing their ideas about leadership and primary health care reform with their peers. Consequently, seminar meeting time also focuses on the importance of leadership to the advanced practice nurse.

There are certain expectations of future advanced nurse practitioners. As knowledge workers in knowledge-intense organizations, they know that a meeting provides an excellent venue to clarify and share ideas as well as seek assistance. For this reason, students in this course have an obligation to participate fully as discussants at every meeting. Each student will come to every class prepared to share ideas and experiences pertinent to the seminar topic. Each student not only will have completed the readings, but will freely state his or her opinions in order to advance the discussion or, at other times, the debate. Whether this takes the form of challenging ideas or recommending alternative interventions or proposing amendments to standard practices, the purpose will always remain the same, i.e. to participate actively in the seminar discussions.

Tutorial Component: There are twelve tutorials, of one hour each. Five tutorials are set aside for students to try out their ideas about primary health care reform. That is, students will form groups of four students each. They will then select one service area (promotive, preventive, curative, rehabilitative or palliative) where the need and opportunity for advance nursing practice recommends the reform of current services. Next, they will select a population of interest and then propose strategies for primary health care reform. Once they have done so, each group will discuss its findings with the class during one of the tutorials.

The remaining seven hours of tutorial time are available for students to meet with their faculty mentors to discuss their progress. Arrangements for the time and dates of these meetings are left to each student and his or her faculty mentor.

Clinical Component: Clinical practicums require a minimum of twelve hours a week. Guided by a desire to intervene on behalf of clients with complex health issues, students will assume responsibility as self-directed learners. As such, students will actively participate in choosing their clinical learning experiences with their faculty mentor(s), practice supervisor(s), among others. Those choices will in most cases, provide multiple opportunities for students to observe and collaborate with other disciplines. This experience will, in turn, help students to delineate their role expectations and responsibilities.

Using the Request for Graduate Clinical Practicum form, in consultation with his or her faculty mentor and clinical supervisor, each student will identify and negotiate his/her goals for the practicum. [The Co-ordinator of Clinical Resources in the Faculty of Nursing will complete the formal arrangements for such placements with the Educational Co-ordinator of each agency.]

The faculty mentor is a member of the Faculty of Nursing with expertise in your specialty area. He/she facilitates conceptual/theoretical thinking and clinical development in this course. The faculty mentor actively participates in the direction, supervision, and evaluation of the clinical experience. The faculty mentor is not necessarily the same person as the faculty supervisor – indeed, students and their faculty supervisors can ask another faculty member with expertise in selected clinical areas to work with students in the role of faculty mentor.

The practice supervisor is an expert clinician/practitioner from the Faculty and/or clinical setting. He/she serves as a role model and practice guide in the development of your perceptual, conceptual and intervention skills appropriate for the population within your specialization. The practice supervisor will work directly with you over the semester to facilitate your learning as per the course and clinical objectives as well as the learning contract. Consequently, the practice supervisor is someone with knowledge of your abilities and intentions in order to facilitate your learning.

Rationale:

If anything, the advance practice nurse has even a greater obligation to assume a discussant role at every meeting. Not only does he or she enjoy a leadership role on the knowledge team, he or she also possesses special knowledge and skills required by others. As such, others expect him or her to share knowledge and/or devise innovative ideas for the benefit of clients.

Course Objectives:

In the *seminar* component, students have the opportunity to:

1. analyze the implications of primary health care to their respective populations of interest;
2. assess their respective population objectives from a primary health care perspective;
3. incorporate leadership competencies in their role as advanced practice nurses;
4. consider policy alternatives to enhance the affordability and sustainability of the current system.

In the *clinical* component, each student has the opportunity to:

1. collaborate with Faculty Mentor(s) and Clinical Supervisor(s) in selecting clinical experiences with clients requiring the knowledge and skills of an advanced nurse practitioner.
2. evaluate the effectiveness of different interventions with clients who require nursing care;
3. analyse the appropriateness of different management strategies in working with other practitioners on the health team.

Contexts for Learning:

A. Seminar Component: Two hours per week

Coming at the end of the master's program, N695 represents a singular opportunity to synthesize what you have learned. Certainly, at this juncture of your education, you have more responsibility for your learning and for the direction of your professional career. As a motivated, self-directed learner, you want to discuss substantive issues and engage in lively discussions regarding your future practice.

The course professor, for her part, promises to sponsor a spirit of inquiry and intellectual exploration in the weekly seminars. Her role focuses on the seminar component, and as such, concerns itself with how the student conceives her vision of advanced practice as it relates to the welfare of her clients. Each student is encouraged to request assistance as necessary.

B. Tutorial Component: One hour per week

C. Clinical Practice Component: A minimum of twelve (12) hours per week

Guided by a desire to intervene on behalf of clients with complex health issues, you will assume your responsibilities as a self-directed learner. As such, you will actively participate in choosing your clinical learning experiences with your Faculty Mentor(s), Clinical Supervisor(s), among others. Those choices will in most cases, provide multiple opportunities for you to observe and collaborate with other disciplines. This experience will, in turn, help delineate your role expectations and responsibilities.

The Faculty Mentor is a member of the Faculty of Nursing with expertise in your specialty area. He/she will facilitate your conceptual/theoretical thinking and clinical development in this course. The Faculty Mentor will actively participate in the direction, supervision, and evaluation of the clinical experience. The Faculty

Mentor is not necessarily the same person as the Faculty Supervisor – indeed, you and your Faculty Supervisor can ask another faculty member with expertise in your clinical area to work with you in the role of Faculty Mentor.

The Clinical Supervisor is an expert clinician/practitioner from the Faculty and/or clinical setting. He/she serves as a role model and practice guide in the development of your perceptual, conceptual and intervention skills appropriate for the population within your specialization. The Clinical Supervisor will work directly with you over the semester to facilitate your learning as per the course and clinical objectives as well as the learning contract. Consequently, the Clinical Supervisor is someone with knowledge of your abilities and intentions in order to facilitate your learning.

Using the Request for Graduate Clinical Practicum form, in consultation with his or her Faculty Mentor and Clinical Supervisor, each student will identify and negotiate his/her goals for the practicum. [The Co-ordinator of Clinical Resources in the Faculty of Nursing will complete the formal arrangements for such placements with the Educational Co-ordinator of each agency.]

Criteria and Relative Weights of Assignments

Seminar Component: 50%

Assignment # 1 Scholarly Paper: Contextualizing Your Role as an Advanced Practice Nurse (20%)

Each student will prepare a paper that essentially answers the following question: how will I increase or improve the level of care provided patients whom I attend? Given the parameters of the course, the question goes beyond the implementation of clinical nursing interventions. It also examines the contextual problems as well. That is, the question expects an innovative answer on how to improve the effectiveness and sustainability of the system. Nevertheless, since patient welfare remains at the center of any nursing strategy, you can reframe the question to read: how do I insure the accessibility of appropriate services to patients in my care?

To answer the larger question the student will begin with a description of his or her **vision** of advanced nursing practice. That is, how can advanced practice nurses in my specialization increase the effectiveness and sustainability of the Canadian health system?

Next, he or she will provide a problem statement pertaining to her specialization. That is, what events, anomalies or stated needs of clients are presently not addressed by my specialization?

To answer this last question, the student will provide information pertaining to the statistical significance and clinical importance of the problem. That is, what are the scientific parameters of the problem?

Lastly, before concluding, the student will want to address how the problem affects the quality of life for the patient and family as well as the economic or ethical or legal or social affairs of the community. That is, how can service to this population by the advanced practice nurse add to the social capital of the community?

NOTE: The paper, excluding references and appendices, cannot exceed 5000 words, and has to conform to APA format. Please refer to Criteria for Evaluating Written Assignments for information about grading standards.

DUE DATE: February 07, 2008

Assignment # 2 Written Analysis of Student Presentation on a Leadership Role for Advanced Practice Nursing (30%)

For the purposes of this assignment, each student will provide a *written analysis* of the forty-five [45] minute seminar meeting, at which he or she presents a leadership role in his or her clinical/research area(s). The presentation will first incorporate ideas from Assignment # 1, in which the student delineates the scope of a clinical/research problem faced by individuals, families and communities that require specialized nursing care. Next, the presentation will present a specific leadership role whereby the student describes how he/she plans to navigate the organizational and professional challenges to resolving the clinical/research problem(s).

Each student can think of this assignment as a written analysis of his or her oral presentation, including comments made by classmates about the aforementioned leadership role. Evaluation of the assignment hinges on the level of critical analysis and the application of ideas discussed in the course and the literature.

Each student will submit his or her assignment one-week following the presentation. Extensions are available on an individual basis.

The student has complete latitude in how she conducts hers presentations. For the sake of good order, any request for a postponement will call for written permission from the course instructor. In such cases, the student will first have the obligation to arrange for his or her presentation at a forum in the Faculty of Nursing, open to any interested faculty and members of the nursing community.

NOTE: The paper, excluding references and appendices, cannot exceed 5000 words, and has to conform to APA format. Please refer to Criteria for Evaluating Written Assignments for information about grading standards.

Due Date: To Be Arranged on an Individual Basis

Tutorial Component (10%)

As a general rule, each student will actively participate in each seminar meeting. He or she will take part in seminar dialogues, contributing his or her observations and criticisms drawn from readings and clinical experiences. Providing his or her unique perspective, each student will make a meaningful contribution to the dialogues so essential to the graduate learning experience.

The dialogue about clinical challenges will provide another such opportunity. That is, during the term, students and the course professor will examine the practical [*praxis*] side of knowledge, by applying an academic perspective [*theoria*] to the everyday challenges in advanced practice nursing. Allow me to explain.

Each week two students will present a written account or scenario of a clinical challenge, drawn from personal experience or from the literature. The 500 word scenario will describe a complex

health problem that befits a discussion group of graduate nursing students about to complete their masters' degrees. The members of the class will, after reading the scenario, join with the author of the scenario in exchanging ideas about the problem for thirty minutes. In so doing, they will take a systems' approach.

Peter Senge's description of system's thinking will help explain how the dialogue works. He recommends that the solution of complex problems in health delivery organizations requires dialogue among interested parties, who suspend their assumptions and biases in order to devise insights otherwise denied them. He identifies six characteristics of systems' thinking. One, it looks at the problem as a whole, where inter-relationships matter more than individual parts and where perspicacious members see patterns in the phenomenon. Two, all members are part of and not separate from the phenomenon. Next, relationships and not linear causes are the focus of any solution. Four, moving problems from one domain to another only makes today's solutions tomorrow's problems. Five, linear thinking is a legacy of most educated people, who see reality in straight lines. And six, systems' thinking requires dialogue more than discussion—the process is more akin to interaction than information sharing.

How the student conducts the dialogue is left to each student. However, in preparing the scenario the student will want to present a complex health problem, which has involves multi-system concerns. Whereas it is not necessary for the student to present a solution, he or she has the choice. Then again, he or she can ask questions. Alternatively he or she can ask the class to devise solutions. The decision is left to the author of how to engage the members of the class in an open dialogue.

Each student will receive 10% upon completion of his or her Dialogue about Clinical Challenges. This represents full credit for the assignment.

Due Dates: To Be Determined on an Individual Basis

Clinical Component: **40%**

Each student will engage in a practicum specifically designed to foster competence in undertaking the complex responsibilities of an

advanced nurse practitioner in a health care organization. Each student will focus on the integration of his/her client(s) into the overall delivery of health services. Each student will design guidelines, goals and evaluation criteria in consultation with the Faculty Mentors and others on the Faculty and in the clinical organization.

Once the learning and evaluation criteria are negotiated, certainly no later than January 31, 2008, you will submit them in writing to the Faculty Mentor(s) and Clinical Supervisor (s). Subject to revision, these criteria will form the basis for evaluating your clinical performance.

**FACULTY OF NURSING GRADUATE PROGRAM
Grading System (August, 2002)**

If the grade on your assignment is:	The percentage will be taken from:	If the total For all assignments is:	Your final grade will be:	And the GPA for the course will be:
A+	4.0	3.95 - 4.00	A+	4.0 - Outstanding
A	4.0	3.85 – 3.94	A	4.0 - Excellent – superior performance showing comprehensive understanding of the subject matter
A-	3.7	3.50 – 3.84	A-	3.7 - Very good performance
B+	3.3	3.15 – 3.49	B+	3.3 - Good performance
B	3.0	2.85 – 3.14	B	3.0 - Satisfactory performance (Note: The grade point value (3.0) associated with this grade is the minimum acceptable average that a graduate student must maintain throughout the program as computed at the end of each year of the program)
B-	2.7	2.50 – 2.84	B-	2.7 - Minimum pass for students in the Faculty of Graduate Studies (Note: Students who

				accumulate two grades of B- or lower may be required to withdraw from program by the Faculty of Graduate Studies, regardless of their grade point average
C+	2.3	2.15 – 2.49	C+	2.3 - Unsatisfactory (Note: All grades below B- are indicative of failure at the graduate level and cannot be counted toward Faculty of graduate studies course requirements)
C	2.0	1.85 – 2.14	C	2.0
C-	1.7	1.50 – 1.84	C-	1.7
D+	1.3	1.15 – 1.49	D+	1.3
D	1.0	0.50 – 1.14	D	1.0
F	0	0.00 – 0.49	F	0

In addition, the student can refer to a handout, entitled N695 Criteria for Grading Written Assignment, which the course professor will make available to each student on the first day of class and on Blackboard.

Academic Regulations and Student Misconduct:

Students have a responsibility to comply with the academic regulations regarding intellectual honesty, plagiarism and academic misconduct as spelled out in the University of Calgary Calendar

2006-2007 (pp. 52-57). Of course, the university expects intellectual honesty at all times.

Outlines: \N695 Advanced Nursing W08.doc
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