

**NURSING 769**  
**CONTEMPORARY ISSUES IN HEALTH CARE**  
**WINTER 2011**

**UNIVERSITY OF CALGARY**  
**FACULTY OF NURSING**  
**COURSE OUTLINE**  
**H (3-0)**

**CLASS TIME:** Wednesdays, 1- 4 pm

**LOCATION:** ROOM PFA 2253

**COURSE PROFESSOR:**

**Dr. Debbie White**  
**Course Coordinator &**  
**Associate Professor**  
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## **FACULTY OF NURSING GRADUATE PROGRAMS**

### ***Contemporary Issues In Health Care* Nursing 769**

#### **COURSE DESCRIPTION**

Theoretical examination of concepts and research for increasing the availability and accessibility of health care. Appraisal of the relationships among leadership, policy and practice issues from a multidisciplinary perspective.

Prerequisite: Consent of the Faculty

#### **COURSE OBJECTIVES/INTENTS**

1. To explicate the legal, political, historical, ethical and cultural implications of health reform issues effecting leadership, the client and the health system;
2. To evaluate how the new political 'realities' effect health reform;
3. To analyze the complex interrelationships among clients, practitioners and the various systems of health care;
4. To differentiate between policy considerations and practice issues;
5. To articulate analyses of leadership within professional practice;
6. To analyze the implications of outcomes-based research on the delivery of health care;

#### **LEARNING CONTEXT**

Policymakers repeatedly tell us that to remain competitive; nations have to produce more researchers in order to solve national problems in every sector. It is also true that health system transformation requires effective leaders that can both lead and manage change. If the health care system is to remain viable and if the health of Canadians is to improve, nurse leaders and nurse-researchers have to meet these expectations.

Nurse-researchers and nurse leaders both play a central role in the transfer of knowledge from the research to the practice setting. Nurse-researchers can expect to become knowledge-brokers and/or -translators. It is a distinction with some important differences.

The roles differ in respect to their audiences. Knowledge- brokers "...bring people—researchers, decision-makers, practitioners and policy makers—together and build relationships among them that make knowledge transfer (the movement of knowledge from one place or group of people to another) more effective (p.3)". The emphasis here

is clearly on the collaboration among experts. Knowledge- translators, on the other hand, operate on a wider landscape; they are more inclusive because knowledge translation is "...the exchange, synthesis and ethically sound application of knowledge within a complex system of relationships among researchers and users [including providers and patients] (p. 1195)." As such, the emphasis here is more ecological. Whatever role he or she assumes at any one time, the nurse-researcher is likely to have responsibilities in both arenas.

As in any practice science, the ultimate measure of success for the transfer of knowledge is whether research is turned into action. Nurse-researchers are knowledgeable about the medical and nursing sciences. Their practice philosophy is holistic and highly eclectic. They have responsibility for individuals, families and communities across the life spectrum. In addition, nurse-researchers are members of the largest group of providers in the health system. These advantages place them both in an ideal position to broker and/or translate new knowledge into the widest possible areas of practice and to work collectively with teams in developing, implementing and evaluating practice improvements.

Whether as clinicians, administrators or educators, nurse-researchers face several challenges. As in any new endeavor, there are no commonly accepted rules of collaboration among the various stakeholders. When it comes to the transfer of knowledge, there is no one template to which everyone subscribes. This has its advantages, but it also presents some challenges.

In summary, nurse-researchers have responsibility for the development and operationalization of new knowledge. The leadership required of nurse-researchers represents an important component in the development of their role as brokers and/or translators of new knowledge and their role as leaders in the development, implementation and evaluation of innovations in the practice setting or in the organization.

### **SUMMARY OF ASSIGNMENTS AND RELATIVE WEIGHTS:**

<u>Description</u>	<u>Relative Weight</u>	<u>Due Date</u>
A. Scholarly Paper	45%	February 24
B. Scholarly Paper	35%	
C. Student-Led Seminar	20%	To be determined

#### **A. Scholarly Paper (45%)**

Each student will select an issue pertaining to health reform in his or her specialty. By definition, an issue is a problem that has more than one acceptable remedy. Health reform, is the application of an innovation that is intended to improve the quality of care by increasing the effectiveness and/or efficiency in an area of practice. To ensure that the reader understands where the student stands on the issue, each student wants to state his or her position at the outset of the scholarly paper. For example, a specialist in palliative care, with an interest in pain management of patients diagnosed with dementia, could focus on the leadership skills required in inter-sectoral collaborative practice. In so doing, the student could take the position that nurses are the primary providers in such circumstances because of their specialized knowledge.

Evaluation will focus on the quality of the information, the cogency and clarity of the analysis, persuasiveness of the logic, adherence to rules of English usage and conformity to APA format. The paper will contain a minimum of 3000 words in addition to references. Each student will email his or her paper to the professor by the due date unless otherwise negotiated.

**Due Date: February 23rd, 2011**

**B. Student-Led Seminar (20%)**

Each student will present an evaluation of a knowledge transfer strategy in his or her specialty. The student can make use of a published knowledge translation strategies, personal practice experience in knowledge translation, and integration of change models and management strategies. The student will distribute beforehand a summary of about 1,000 words that describes the strategy and describes the population, its problem(s), the innovation and the outcomes for the various stakeholders, including the clients, whether they are patients, colleagues (providers) or students. Outcomes may also include system outcomes.

During the sixty-minute presentation, other students and the professor in the course will discuss the selection or applicability and/or feasibility of a knowledge transfer strategy in terms of an individual student's practice. The members of the class will, after reading the scenario, exchange ideas about how the knowledge transfer strategy and its impact on practice.

The presenter (student) wants to solicit ideas from the class on how to improve the knowledge transfer strategy. This strategy can assist in completing the next assignment, which requires that the student critically analyze his or her presentation.

Each student will receive 20% upon completion of his or her presentation. This represents full credit for the assignment.

**Due Date: To be Determined**

**C. Scholarly Paper (35%)**

This assignment is an extension of the Student-Led Presentation. In this paper, the student formally analyzes the presentation, with special attention to the comments and recommendations made by members of the class. The idea is for the student to re-examine his or her assumptions and apply the suggestions of others to improve the final outcome. This is an opportunity to reflect on what transpired during the presentation, course readings and how best to improve the transfer of knowledge from the research to the practice setting, whether in the clinical, administrative or educational setting. As you conceptualize the knowledge transfer strategy more fully, embrace the implementation of the strategy, also reflecting on your learning about change.

**Due Date: Two weeks following the Student-Led Seminar**

**GRADING SYSTEM**

**FACULTY OF NURSING GRADUATE PROGRAM**  
**(Adopted August 2002)**

<b>If the grade on your assignment is:</b>	<b>The percentage will be taken from:</b>	<b>If the total for all assignments is:</b>	<b>Your final grade will be:</b>	<b>And the GPA for the course will be:</b>
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

**Academic Regulations and Student Misconduct**

**Of course, students have a responsibility to comply with the academic regulations regarding academic honesty, plagiarism and academic misconduct as specified in the University of Calgary Calendar. Therefore, faculty expects students to refer to**

**the University of Calgary calendar 2011-2012. Intellectual honesty is expected at all times and compliance with the guidelines will be enforced.**