

A: Division: **Instruction**
 B: Department: **Psychiatric Nursing**
 Program: **Diploma**

Date: **25 May 1998**

New Course:

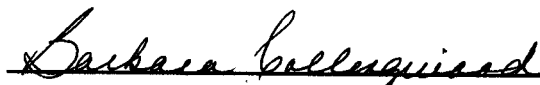
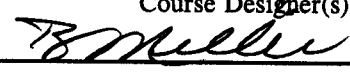
Revision of Course **February 1995**
 Information form:

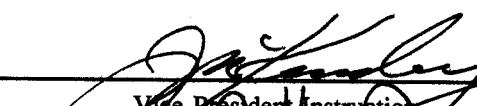
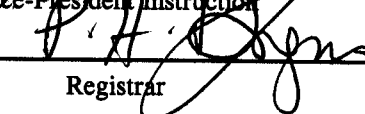
C: **PNUR 644**

D: **Practice: Preceptorship**

E: **9**

Subject & Course No.	Descriptive Title	Semester Credit
F: Calendar Description: This practice course is a preceptorship experience with placement in a variety of mental health care settings. Students integrate specialized knowledge and skills while functioning as full team members. Students assume the workload and responsibilities of a graduate psychiatric nurse under the one-to-one direction of a practicing nurse.	Summary of Revisions: (Enter date & section) Eg: Section C,E,F All Sections, A-R, 02.95 Section O 25.05.98	
G: Type of Instruction: Hours per Week / per Semester <div style="display: flex; justify-content: space-between;"> <div> Lecture: Laboratory: Seminar: Clinical Experience: Field Experience: Practicum: Shop: Studio: Student Directed Learning: Other: </div> <div> Hrs. Hrs. Hrs. 32.75 Hrs. Hrs. Hrs. Hrs. Hrs. Hrs. (over 11 wks) 32.75 Hrs. </div> </div>	H: Course Prerequisites: PNUR 540, 541, 544 <hr/> I: Course Corequisites: PNUR 640 <hr/> J: Course for which this Course is a Prerequisite: NIL <hr/> K: Maximum Class Size: 24	
L: College Credit Transfer <input type="checkbox"/> College Credit Non-Transfer <input checked="" type="checkbox"/>	M: Transfer Credit: Requested: <input type="checkbox"/> Granted: <input type="checkbox"/> Specify Course Equivalents or Unassigned Credit as appropriate: U.B.C. S.F.U. U. Vic. Other:	
Non-Credit <input type="checkbox"/>		


 Course Designer(s)

 Dean, Child, Family & Community Studies/Psychiatric Nursing


 Vice-President Instruction

 Registrar

N. Textbooks and Materials to be Purchased by Students (Use Bibliographic Form):

Complete Form with Entries Under the Following Headings: O. Content; P. Course Content; Q. Method of Instruction; R. Course Evaluation

O. Concepts

1. Health of is experienced when persons, families, groups and communities integrate complex health challenges into their life view. Changes across the lifespan impact the person's, family's and group's ability to integrate complex health challenges. The health of families and groups experiencing complex health challenges is affected by and affects the greater community.
2. Therapeutic use of self in nurse-patient/client relationships involves ongoing development of self-awareness, through examination of, and respect for, commonalities and differences in perception and meaning of the lived experience of self and others. Therapeutic interpersonal communication skills are integrated in all relationships within the health care system to enhance mutual decision-making and to promote harmony, healing, and health in persons within families, groups and communities.
3. Therapeutic environments, supported through caring relationships and interrelationships between the person and the environment, acknowledge and respect the person's uniqueness, cultural identity, and life stage. Therapeutic environments influence a person's perception and meaning of the lived experience to promote harmony, healing and health. The student takes leadership in advocating for and establishing therapeutic environments within health care settings.
4. Internalization of the attributes of caring enables students to become totally present with persons in situations to assist in expressions of the lived experiences of persons, families and groups within their community.
5. Experiential learning promotes understanding of the unique lived experience of persons of all ages with complex health challenges within families, groups and communities. Integration of previously learned knowledge and skills with therapies, treatments and their principles strengthen clinical judgement in assisting persons to attain harmony, healing and health.
6. The use of critical thinking processes is essential to professional decision- making and clinical judgement in psychiatric nursing practice.
7. Priority setting in planning psychiatric nursing care, in response to the needs of the person with complex health challenges, involves collaboration between student, client and health caregiver, specialized knowledge and skills, critical thinking processes and management of time and resources within the organizational context.

8. Teaching/learning principles and strategies are an essential aspect of health promotion and assist to maximize health in persons within families, groups and communities.
9. Self-reflection, through the use of personal journals and shared experiences, and the critical examination of standards of practice and practice issues develops attributes of caring essential to the psychiatric nursing role. Professional caring enables students to become totally present with persons in situations.
10. Psychiatric nursing practice strives to uphold public trust through professional accountability and responsibility as directed by the RPNABC Standards of Practice and the Code of Ethics. Ongoing self-evaluation and lifelong learning are part of professional accountability.
11. Collaboration with the health care team is maintained through articulating the psychiatric nursing role, understanding the roles of health team members and participating as a team member. The psychiatric nursing role has interdependent and independent functions within the health care team. Utilization of knowledge of group process facilitates collaboration with clients, peers and co-workers.
12. Leadership and advocacy, involving utilization of knowledge of health promotion, the change process, organizational cultures and political systems, are integral to the psychiatric nursing role.
13. Application of knowledge of communities and resources is essential to the promotion of health in persons within families, groups and communities.

R. Evidence of Learning

1. Adherence to college evaluation policy regarding number and weighting of evaluations, e.g. a course of three credits or more should have at least five separate evaluations.
2. A combination of evaluation instruments that include opportunities for students (individuals or groups) to demonstrate different ways of knowing: oral, written, return demonstration or video of psychomotor skills and/or vignettes of communication skills.
3. A developmental approach to evaluation that is sequenced and progressive.
4. Evaluation being used as a teaching tool for both students and instructors.
5. Commitment to student participation in evaluation through such processes as self and peer evaluation, participation instrument design, and program/instructor evaluation.