

Access to Practical Nursing Program

Access to Practical Nursing Program

B.C. Provincial Curriculum 2025

PROVINCE OF BRITISH COLUMBIA

BCCAMPUS
VICTORIA, B.C.



Access to Practical Nursing Program Copyright © by Province of British Columbia is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](#), except where otherwise noted.

The content of this document has been adapted multiple times from [the January 2012 Access to Practical Nursing Program Provincial Curriculum](#), copyright © 2025 Province of British Columbia.

The CC licence permits you to retain, reuse, copy, redistribute, and revise this book—in whole or in part—for free providing the same licence and the author is attributed as follows:

Access to Practical Nursing Program B.C. Provincial Curriculum 2025 by Province of British Columbia is licensed under a [CC BY-SA 4.0 licence](#).

Sample APA-style citation (7th Edition):

Province of British Columbia. (2025). *Access to practical nursing program B.C. provincial curriculum 2025*. BCcampus. <https://opentextbc.ca/apncurriculum/>

Cover image attribution:

Cover by Province of British Columbia is licensed under a [CC BY-SA 4.0 licence](#).

Ebook ISBN: 978-1-77420-279-1

Print ISBN: 978-1-77420-278-4

Visit [BCcampus Open Education](#) to learn about open education in British Columbia.

This book was produced with Pressbooks (<https://pressbooks.com>) and rendered with Prince.

Contents

Accessibility Statement	vii
 <u>Introduction</u>	
Access to Practical Nursing Program Requirements	3
Program Matrix and Hours	4
Program Purpose	6
Learner Outcomes	7
Curriculum Core Concepts	8
Curriculum Key Organizing Concepts	10
Curriculum Framework Design	12
 <u>Detailed Course Information</u>	
 <u>Professional Practice</u>	
Course Outline: Professional Practice A	15
Course Outline: Professional Practice 3	20
 <u>Professional Communication</u>	
Course Outline: Professional Communication A	24
Course Outline: Professional Communication 3	29
 <u>Pharmacology</u>	
Course Outline: Pharmacology A	34

Variations in Health

Course Outline: Variations in Health A	39
Course Outline: Variations in Health 3	43
Course Outline: Variations in Health 4	47

Health Promotion

Course Outline: Health Promotion A	53
Course Outline: Health Promotion 3	57
Course Outline: Health Promotion 4	60

Practice Education Experience

Integrated Nursing Practice

Course Outline: Integrated Nursing Practice A	65
Course Outline: Integrated Nursing Practice 3	72
Course Outline: Integrated Nursing Practice 4	76

Consolidated Practice Experience

Course Outline: Consolidated Practice Experience A	81
Course Outline: Consolidated Practice Experience 3	84
Course Outline: Consolidated Practice Experience 4	87
Course Outline: Final Practice Experience	91

Appendix A: Steering Committee and Project Team	95
---	----

Appendix B: Access to Practical Nursing Program 2025 Revisions	98
--	----

Appendix C: Previous Access to Practical Nursing Curriculum Guides and Supplements	100
--	-----

Versioning History	101
--------------------	-----

Accessibility Statement

BCcampus believes that education must be available to everyone. This means supporting the creation of free, open, and accessible educational resources. We are actively committed to increasing the accessibility and usability of the resources we produce.

Accessibility of This Resource

The web version of [Access to Practical Nursing Program: B.C. Provincial Curriculum 2025](#) has been designed to meet [Web Content Accessibility Guidelines 2.0](#), level AA. In addition, it follows all guidelines in [Appendix A: Checklist for Accessibility](#) of the [Accessibility Toolkit – 2nd Edition](#). It includes:

- **Easy navigation.** This resource has a linked table of contents and uses headings in each chapter to make navigation easy.
- **Accessible math equations.** Many of the equations in this resource have been written in LaTeX and rendered with MathJax, which makes them accessible to people using screen readers that are set up to read MathML. The rest of the equations are rendered as images with appropriate alternative text.
- **Accessible videos.** All videos in this resource have captions.
- **Accessible images.** All images in this resource that convey information have alternative text. Images that are decorative have empty alternative text.
- **Accessible links.** All links use descriptive link text.

Accessibility Checklist

Element	Requirements	Pass?
Headings	Content is organized under headings and subheadings that are used sequentially.	Yes
Images	Images that convey information include alternative text descriptions. These descriptions are provided in the alt text field, in the surrounding text, or linked to as a long description.	Yes
Images	Images and text do not rely on colour to convey information.	Yes
Images	Images that are purely decorative or are already described in the surrounding text contain empty alternative text descriptions. (Descriptive text is unnecessary if the image doesn't convey contextual content information.)	Yes
Tables	Tables include row and/or column headers that have the correct scope assigned.	Yes
Tables	Tables include a title or caption.	Yes

Tables	Tables do not have merged or split cells.	Yes
Tables	Tables have adequate cell padding.	Yes
Links	The link text describes the destination of the link.	Yes
Links	Links do not open new windows or tabs. If they do, a textual reference is included in the link text.	Yes
Links	Links to files include the file type in the link text.	Yes
Font	Font size is 12 point or higher for body text.	Yes
Font	Font size is 9 point for footnotes or endnotes.	Yes
Font	Font size can be zoomed to 200% in the webbook or eBook formats.	Yes

Known Accessibility Issues and Areas for Improvement

There are currently no known accessibility issues.

Let Us Know if You are Having Problems Accessing This Book

We are always looking for ways to make our resources more accessible. If you have problems accessing this resource, please contact us to let us know so we can fix the issue.

Please include the following information:

- The name of the resource
- The location of the problem by providing a web address or page description.
- A description of the problem
- The computer, software, browser, and any assistive technology you are using that can help us diagnose and solve your issue (e.g., Windows 10, Google Chrome (Version 65.0.3325.181), NVDA screen reader)

You can contact us one of the following ways:

- Web form: [BCcampus Open Ed Help](#)
- Web form: [Report an Error](#)

This statement was last updated on February 23, 2026.

The Accessibility Checklist table was adapted from one originally created by the [Rebus Community](#) and shared under a [CC BY 4.0 licence](#).

Introduction

This Access to Practical Nursing Program: B.C. Provincial Curriculum 2025 replaces the 2012 Access to Practical Nursing Program Provincial Curriculum Guide, 2nd Edition, revised 2017. The 2025 Access to Practical Nursing Program curriculum revisions, like the 2017 curriculum revisions, were guided by the British Columbia College of Nurses and Midwives (BCCNM) [Entry-Level Competencies for Licensed Practical Nurses](#). The revisions were carried out by subject matter experts, guided by the steering committee, and approved by the Government of British Columbia, Ministry of Post-Secondary Education and Future Skills. This Access to Practical Nursing Program curriculum was developed in conjunction with the Practical Nursing Program: B.C. Provincial Curriculum, which was also revised in 2025.

The Access to Practical Nursing Program is a full-time diploma that recognizes past education, training, and work experience of applicants to the Practical Nursing Program. Applicants who have achieved a certificate from a B.C. post-secondary institution in one of the following programs may be admitted to the Access to Practical Nursing Program:

- Health Care Assistant (HCA)
- Resident Care Attendant (RCA)
- A combined Home Support/Resident Care Attendant (HS/RCA)

Applicants with HCA, RCA, or HS/RCA certificates from post-secondary institutions that are not listed on the B.C. Care Aide and Community Health Worker Registry will need to demonstrate their eligibility prior to admission.

This three-level program is 13 months of full-time study. The first level (Level A) combines Levels 1 and 2 of the Practical Nursing Program: B.C. Provincial Curriculum 2025, giving prior learning credits for knowledge and skills acquired in HCA, RCA, and HS/RCA certificate programs. The next two levels are the same as Levels 3 and 4 in the Practical Nursing Program: B.C. Provincial Curriculum 2025.

Supplement to the Provincial Curriculum

The Practical Nursing and Access to Practical Nursing Supplement to the Provincial Curricula 2025 (the Supplement) will be updated in 2026. The Supplement supports the delivery and assessment of required learning outcomes of the Practical Nursing Provincial Curriculum 2025. The Resource section in the Supplement includes:

- Suggested learning strategies and approaches to assessment
- References and resources for each course
- Guidelines for practice experience

Access to Practical Nursing Program Requirements

This provincial curriculum 2025 outlines the program structure, requirements, and learning outcomes required to meet the Licensed Practical Nurses (LPN) Ethics Standards, Practice Standards, and Entry-Level Competencies established by the British Columbia College of Nurses and Midwives (BCCNM).

All B.C. public and private post-secondary institutions offering Access to Practical Nursing Program must adhere to the following:

- Program matrix, including the offering of each program level in the stated sequential order
- Minimum course hours for each course and the overall curriculum
- Approved course descriptions and course concepts
- Defined course learning outcomes
- Admission requirements, outlined in *The Practical Nursing and Access to Practical Nursing Supplement* (the Supplement)
- Faculty qualifications, outlined in the Supplement
- The current versions of all documents listed in the Supplement

Given the diversity of educational program delivery models, the curriculum allows for flexibility in course and program delivery. For example, institutions can deliver courses online, or in-person, or through a hybrid model.

Program Matrix and Hours

To ensure consistency and quality implementation, all post-secondary institutions offering the Access to Practical Nursing Program must adhere to the minimum course and program hours.

Level A

Course Name	Minimum Hours
Professional Practice A	45
Professional Communication A	45
Variations in Health A	60
Health Promotion A	30
Pharmacology A	60
Integrated Nursing Practice A	180
<i>Consolidated Practice Experience A</i>	120
Total Level A Hours	540

Level 3

Course Name	Minimum Hours
Professional Practice 3	20
Professional Communication 3	20
Variations in Health 3	45
Health Promotion 3	36
Integrated Nursing Practice 3	120
<i>Consolidated Practice Experience 3</i>	65
Total Level 3 Hours	306

Level 4

Course Name	Minimum Hours
Variations in Health 4	50
Health Promotion 4	30
Integrated Nursing Practice 4	214
<i>Consolidated Practice Experience 4</i>	200
Total Level 4 Hours	494

Final Practice Experience (Preceptorship)	210
TOTAL MINIMUM PROGRAM HOURS	1,550

THEORY and APPLICATION	955
PRACTICE EDUCATION HOURS (All Consolidated Practice Experience courses and Final Practice Experience)	595
TOTAL HOURS	1,550

Program Purpose

The purpose of the Access to Practical Nursing Program is to:

- Provide a standardized curriculum framework that informs and directs all British Columbia post-secondary institutions offering the Access to Practical Nursing Program in designing curriculum that:
 - Supports learners to meet the current British Columbia College of Nurses and Midwives (BCCNM) Licensed Practical Nurses (LPN) Ethics Standards, Practice Standards, and Entry-Level Competencies.
 - Prepares learners to write the Regulatory Exam – Practical Nurse (REx-PN).
- Ensure curriculum design and development is evidence-based and reflects education best practice.
- Establish program admission prerequisites to promote learner success in meeting BCCNM LPN Ethics Standards, Practice Standards, and Entry-Level Competencies.
- Establish faculty qualification requirements to promote quality education practice and foster learner success.¹

1. Program admission requirements and faculty qualification requirements are outlined in *The Practical Nursing and Access to Practical Nursing Supplement*.

Learner Outcomes

Upon completion of the Access to Practical Nursing Program, graduates will:

1. Apply the current British Columbia College of Nurses and Midwives (BCCNM) LPN Entry-Level Competencies to provide safe, competent, culturally safe, and ethical care.
2. Practise within current and relevant legislation and BCCNM LPN Ethics Standards and Practice Standards, as set out by the Nurses and Midwives Regulation (effective April 1, 2026) and the Regulated Health Practitioners Regulation (effective April 1, 2026).
3. Value and engage in continuous learning to maintain and enhance competence.
4. Collaborate 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 that reflects evidence-informed practice.
7. Make practice decisions that are client specific and consider client acuity, complexity, variability, and available resources.
8. Demonstrate autonomous practice when using 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 safe, trauma-informed, and person-centred care across the lifespan that recognizes, reflects, and respects diversity, equity, inclusion, and the uniqueness of each individual.
11. Identify, address, prevent, and eliminate Indigenous-specific racism and facilitate safe health care experiences where Indigenous clients' physical, mental, emotional, spiritual, and cultural needs are recognized and met.
12. Provide appropriate leadership, direction, delegation, assignment, and supervision of unregulated care providers.
13. Identify one's own values, biases, and assumptions, and how these influence therapeutic relationships with clients and interactions with other members of the health care team.

Curriculum Core Concepts

This curriculum builds on several key educational and nursing concepts, including caring, the progression from novice to expert, constructivist theory, and instructional scaffolding.

Caring

The idea of caring is central to the curriculum. Practical nurses foster client empowerment in care planning and clinical decision making, and are cognizant of their unique biological, psychosocial, spiritual, cultural, and environmental complexity. Practical nurses care for clients across the lifespan, providing safe, competent, and ethical care through critical thinking and clinical judgment. As part of the interprofessional team, practical nurses contribute to client care through strong practical and technical skills. Thus, the curriculum supports a deliberate, client-focused approach and fosters the development of a conscious relationship with the client.

Progression from Novice to Expert

Benner's^{1,2} five stages from novice to expert supports the notion that proficiency in a particular role is a progressive process and a function of time, experience, influences, encouragement, and feedback. The author describes the progression one makes in a staged manner from novice to advanced beginner to competent to proficient and then achieving the expert stage. Progression through each stage is on a continuum, and changes in environment or circumstance may result in a potentially short-lived regression.

While commonly used in the context of developing clinical expertise, Benner's theory is interpreted by Evans and Donnelly³ as applicable to the knowledge, skill, and judgment acquired

1. Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Addison-Wesley.
2. Benner, P. (2005). Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgement in nursing practice and education. *Bulletin of Science, Technology and Science Special Issue: Human Expertise in the Age of the Computer*, 24(3), 188-199.
3. Evans, R. J. & Donnelly, G. W. (2006), A Model to Describe the Relationship between Knowledge, Skill, and Judgment in Nursing Practice. *Nursing Forum*, 41, 150-157.

by student nurses during their nursing education, which also progress through the same stages. Skills are not applied context-free but are always supported by knowledge acquired through education. Subsequently, Benner, Sutphen, Leonard, and Day suggest that improved integration of cognitive learning, skilled know-how, and ethical reflection will result in “instruction more consistent with the complexities of nursing practice.”⁴

Constructivism

The curriculum also builds on the theory of constructivism, in which knowledge is constructed and all learning is connected. Constructed knowledge is always open to change as connections are continuously made to previous and new learning experiences. As well, constructivism offers a lens that views culture as being enacted relationally through history, experience, gender, and social position. A curriculum based on constructivism focuses on helping learners interpret and make meaning of knowledge and experiences, and encourages self-reflection of that interpretation.⁵

Scaffolding

The curriculum incorporates the idea of scaffolding, articulated by Wood, Bruner, and Ross, who defined it as a process by which a novice is able “to solve a problem, carry out a task or achieve a goal that would be beyond [their] unassisted efforts”.⁶ The scaffolds, which can be provided by a teacher or another more experienced peer, allow the learner to gradually achieve mastery of the task or goal. Throughout all levels of the curriculum, learners are guided and supported as they gradually build the knowledge, skills and dispositions needed to meet the entry-level competencies.

4. Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating Nurses: A call for radical transformation*. Jossey-Bass, p. 39.

5. Haw, M. A. (2006). Learning theories applied to nursing curriculum development. In S.B. Keating (Ed.), *Curriculum development and evaluation in nursing*. Lippincott, Williams and Wilkins, 49-60.

6. Wood, D., Bruner, J. S., & Ross, G. (1976). The role of tutoring in problem solving. *Journal of child psychology and psychiatry*, 17(2), 89-100.

Curriculum Key Organizing Concepts

The Practical Nursing Program curriculum (2011) was created around five key organizing concepts: integrative, professional, knowledgeable, competent, and client focused. These organizing concepts remain relevant to the current provincial curriculum (2025) and continue to provide a foundation for program learning outcomes.

Integrative

The practical nurse is integral in the assessment, planning, development of nursing diagnoses, implementation, evaluation, and documentation of nursing care. The practical nurse promotes, supports and advocates for client self-determination to achieve optimum health outcomes. The foundation of practical nursing is stipulated by relevant law as defined by the British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies.

Professional

Practical nurses engage in collaborative practice, showing respect for the shared and unique competencies of other members of the health care team. BCCNM's LPN Ethics Standards and Practice Standards provide direction for the practical nurse to uphold the highest standard of care within their defined scope of practice. The practical nurse maintains autonomy within the legislated scope of practice and is legally accountable to the client, the employer, and the profession. The practical nurse demonstrates a self-reflective, humble, and non-judgmental approach to practice and leads by example through role modelling of exemplary care and teamwork.

Knowledgeable

Practical nurses use critical thinking to guide the formulation of clinical decisions, based on evidence-informed practice. Practical nurses follow a systematic approach when applying the nursing process and delivering care while respecting diversity. Practical nurses are knowledgeable about trends and issues that impact the client, the health care system, and the

team. Practical nurses contribute to many aspects of care delivery, including health promotion, illness prevention, harm reduction, and risk management activities.

Competent

Practical nurses integrate knowledge, skills, behaviours, attitudes, critical thinking, and clinical judgment expected of an entry-level practitioner to provide safe, competent, and ethical care. Practical Nurses care for clients throughout the lifespan and are responsible for providing care while developing and maintaining a therapeutic nurse-client relationship. Practical nurses perform holistic, comprehensive, and specific nursing assessments to achieve mutually agreed-upon health outcomes. Using evidence-informed and best practice, practical nurses select, implement, and evaluate appropriate nursing interventions that are within their scope of practice and level of competence.

Client Focused

Practical nurses listen to clients and assist them to identify actual and potential health goals and outcomes, support clients to assume responsibility for their health, involve clients in developing and prioritizing their plan of care, and provide information and access to resources. Practical nurses collaborate with clients and other health care team members in discharge planning, care planning, and implementing strategies to evaluate and enhance client learning, revising strategies as necessary. Practical nurses provide care that affirms and fosters cultural safety and cultural humility, diversity, equity, and inclusion.

Curriculum Framework Design

The curriculum framework draws a number of horizontal threads through each course: caring, holism, collaboration, cultural safety, cultural humility, diversity, equity, and inclusion, social justice, evidence-informed practice, client-focused care, self-reflection, lifespan, leadership, and safety.

The scaffolded curriculum framework is divided into three levels:

- **Level A** provides the foundation for the development of nursing practice for clients across the lifespan, including chronic illness in older adults in complex care settings.
- **Level 3** examines a continuum of care in primary and community settings for clients across the lifespan, including maternity, newborn, children and youth, and clients with mental health and/or substance conditions.
- **Level 4** integrates knowledge from previous levels and examines concepts related to the care of the client with acute presentation or exacerbation of chronic illness.

Each level is supported by a Consolidated Practice Experience. The program culminates in a Final Practice Experience (Preceptorship) to prepare the learner as an entry-level graduate.

Learning is organized and presented through select courses in each level:

- Professional Practice
- Professional Communication
- Variations in Health
- Pharmacology
- Health Promotion
- Integrated Nursing Practice
- Clinical Practice Experiences, including Final Practice Experience (Preceptorship)

For each course at each level, the curriculum framework presents the course description, learner outcomes, and course concepts. For each course throughout the curriculum, learner outcomes and course content increase in complexity, with appropriate scaffolding to ensure that learner success builds up from each level.

Detailed Course Information

In the detailed course information, Bloom's taxonomy¹ has been used to provide appropriate descriptors for course levelling and learning outcomes. See *The Practical Nursing and Access to Practical Nursing Supplement* (the Supplement) for information on the taxonomy.

For each course, the following is provided:

- **Minimum Course Hours:** The 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 online or printed materials.
- **Learning Outcomes:** A description of what knowledge, skills, and abilities the learner will have gained upon successful course completion.
- **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 online or printed materials.

Note: Suggested References and Resources are not included in the curriculum. See the Supplement for a description of suggested learning activities and assessments, potential textbooks, journals and websites for faculty and student use.

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

Professional Practice

Course Outline: Professional Practice A

Minimum Course Hours: 45

Course Description

Learners are introduced to the profession of practical nursing and the B.C. legislation that informs the practice when caring for clients with chronic illnesses and those in complex care settings, including clients with mental health conditions. Learners will explore the history of nursing with a focus on the evolution of practical nursing in the Canadian health care system. Learners are also introduced to the concepts of cultural safety, cultural humility, diversity, and anti-racism, with a focus on Indigenous-specific anti-racism. Standards and foundational concepts in nursing including ethical practice, self-reflection, self-care, interprofessional practice, critical thinking, and decision making and leadership are also addressed.

Prerequisites: Admission to the Access to Practical Nursing Program

Corequisites: Professional Communication A; Health Promotion A; Variations in Health A; Pharmacology A; Integrated Nursing Practice A

Learning Outcomes

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

1. Explain how legislation and the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-level Competencies inform nursing practice in complex care settings and when caring for those with chronic illnesses and/or mental health conditions.
 - 1.1 Discuss how historical perspectives, current trends, and issues affect the role of the practical nurse.
 - 1.2 Explore the Health Professions and Occupations Act (effective April 1, 2026), the Nurses and Midwives Regulation (effective April 1, 2026), and the Regulated Health Practitioners Regulation (effective April 1, 2026) and their impact on nurses and other health professions in B.C.

- 1.3 Describe how legislation, standards, and practice expectations guide nursing practice.
2. Explain the role and responsibility of the BCCNM, including the partnership in nursing: registered nurse (RN), registered psychiatric nurse (RPN), licensed practical nurse (LPN), nurse practitioners (NP).
 - 2.1 Explore professional self-regulation, including autonomous scope of practice and the implications for individual responsibilities and accountabilities of the practical nurse in complex care settings.
 - 2.2 Discuss the role of the practical nurse in the context of the Canadian health care system.
 3. Describe the influence of interprofessional collaborative relationships on a quality practice environment in complex care settings.
 - 3.1 Describe approaches to accessing others' skills and knowledge appropriately through consultation.
 - 3.2 Define the nursing care delivery models used in health care.
 - 3.3 Explore the diversity of other health care roles, including the practical nurse role in relation to regulated and unregulated care provider relationships.
 4. Explore the role of critical thinking, clinical judgment skills, and self-reflective practice skills in developing ethical nursing practice.
 - 4.1 Discuss ethical practice and decision-making principles.
 - 4.2 Discuss the development of critical thinking and clinical judgment skills, guided by the BCCNM definitions of these terms.
 - 4.3 Apply an ethical decision-making process to determine actions for ethical dilemmas in nursing practice with older adults, including those with chronic illnesses and mental health conditions.
 - 4.4 Explore the professional and practice standards governing ethical practice with clients experiencing chronic illness.
 - 4.5 Discuss the importance of critical thinking as it relates to nursing practice.
 - 4.6 Describe the value, importance, and responsibility of personal ownership of learning and lifelong learning principles.
 - 4.7 Discuss the concept of reflective practice: what it is, why it is important, and how to become a reflective care provider.
 5. Implement self-care practices to promote personal physical, mental, and emotional health

and wellness.

- 5.1 Identify one's own emerging self-care practices.
 - 5.2 Discuss strategies to prevent and/or alleviate moral distress, moral injury, and burnout.
 - 5.3 Examine how one's own state of health (mental, emotional, physical) may impact the provision of care to older adults, including people with chronic illness, and/or mental health conditions.
 - 5.4 Discuss how the BCCNM Entry-Level Competencies influence professional conduct.
6. Describe how one's own values, biases, and assumptions may influence the care of older adults, including those with chronic illnesses and/or mental health conditions.
- 6.1 Reflect on strategies to recognize and avoid acting on stereotypes or assumptions one may hold about Indigenous Peoples and 2SLGBTQIA+¹ individuals.
 - 6.2 Demonstrate commitment to ongoing personal ownership of learning by identifying learning needs and seeking opportunities to meet them when caring for Indigenous clients and older adults, including those with chronic illnesses and/or mental health conditions.
 - 6.3 Discuss personal and professional responsibility to cultural safety, cultural humility, and anti-racism—particularly Indigenous-specific anti-racism—with older adults, including those with chronic illnesses and/or mental health conditions.
 - 6.4 Compare and contrast personal and professional responsibility with respect to trauma-informed care with older adults, including those with chronic illness, including mental health conditions.
 - 6.5 Define social justice.
7. Use critical thinking and self-reflection to support both ongoing learning and nursing practice.
- 7.1 Explain how to access and assess current and relevant scholarly resources to prepare for nursing practice.
 - 7.2 Use appropriate guidelines for writing an academic paper.
 - 7.3 Use academic integrity, including ethical and permitted use of artificial intelligence, in written assignments.
 - 7.4 Use critical thinking when accessing and assessing information and evidence from

1. 2SLGBTQIA+ stands for Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, with the + representing additional sexual and gender diverse identities.

current, relevant scholarly resources.

8. Discuss the role of leadership, management, and followership in nursing practice.
 - 8.1 Discuss theories of nursing leadership, including leadership styles and attributes.
 - 8.2 Identify key competencies associated with effective leadership, management, and followership.
 - 8.3 Identify leadership responsibilities of the practical nurse when working with unregulated health care providers.
 - 8.4 Discuss delegation, what it entails, and the limits and conditions under which it may occur in practical nursing practice
 - 8.5 Explain how legislation, professional standards, ethics, and practice expectations influence leadership in nursing practice in complex care settings.

Course Concepts

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

- BCCNM LPN Ethics Standards, Practice Standards, and documents that guide scope of practice
- Legislation and regulation that govern the practical nursing practice
- Continuing Care Act
- Adult Guardianship Act
- Controlled Drugs and Substances Act
- Health Care (Consent) and Care Facility (Admission) Act
- Introduction to the practical nursing profession
- History of practical nursing
- Philosophy of the Practical Nursing Program curriculum
- Introduction to ethical practice
- Delegation
- Interprofessional practice
- Privacy and confidentiality
- Self-care
- Moral distress, moral injury, and burnout
- Trauma-informed practice
- Diversity, equity, and inclusion
- Cultural safety, cultural humility, and anti-racism, particularly Indigenous-specific anti-racism

- Academic writing and using scholarly resources appropriately
- Self-reflection (reflective writing)
- Self-reflective practice
- Self-care
- Stress management
- Leadership in practical nursing practice

Course Outline: Professional Practice 3

Minimum Course Hours: 20

Course Description

Learners integrate concepts from previous professional practice courses and explore the role of the practical nurse in community settings, including care for maternity clients, newborns, children and youth, and those with mental health and/or substance use conditions. Learners will explore cultural safety, cultural humility, and anti-racism—with a focus on Indigenous-specific anti-racism—as well as leadership and ethical practice when providing care in the community. Learners will also reflect on their personal values, assumptions, and biases as well as their own self-care, especially in the context of community settings.

Prerequisites: Successful completion of all Level A courses and Consolidated Practice Experience A

Corequisites: Professional Communication 3; Health Promotion 3; Variations in Health 3; Integrated Nursing Practice 3

Learning Outcomes

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

1. Analyze how legislation and the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies influence care in community settings, including care for maternity clients, newborns, children and youth, and clients with mental health and/or substance use conditions.
 - 1.1 Discuss the nurse's role in reporting suspected child abuse and neglect.
 - 1.2 Explain the Mental Health Act of British Columbia and the role and responsibility of the practical nurse in applying the act.
 - 1.3 Explore professional self-regulation, autonomous practice, and the implications for individual responsibilities and accountability of the practical nurse in the continuum of care.

- 1.4 Distinguish which legislation will guide or direct the practical nurse's practice in the community, mental health, maternal, and pediatric settings.
 - 1.5 Analyze differences and unique considerations of leadership and followership roles and responsibilities in the context of care in community settings.
2. Reflect on how one's own ongoing state of health (mental, emotional, and physical) can impact the ability to provide safe and efficient care for people in community settings, including clients with mental health and/or substance use conditions.
- 2.1 Explain the importance of self-care strategies for nurses working in community settings.
 - 2.2 Identify ways to support and assess one's own state of health (mental, emotional, and physical) in order to provide safe and efficient care in community settings.
3. Identify necessary actions to prevent negative impact on care from one's personal values, biases, and assumptions for clients across the lifespan seeking care in community settings.
- 3.1 Analyze the impact of personal values, biases, and assumptions on the provision of care for diverse clients across the lifespan in community settings, including Indigenous Peoples and clients with mental health and/or substance use conditions.
 - 3.2 Describe the required actions as a practical nurse to address Indigenous-specific racism in health care.
 - 3.3 Explain the professional responsibility of fostering community partnerships to support cultural safety, cultural humility, anti-racism, and inclusion.
 - 3.4 Discuss how to engage in ongoing education and learning on Indigenous health care, traditional healing practices, determinants of health, cultural safety, and Indigenous-specific anti-racism.
4. Evaluate the influence of interprofessional collaborative relationships on a quality practice environment in community settings.
- 4.1 Consider the roles of other health care providers in determining one's own professional and interprofessional roles.
 - 4.2 Explore external agencies responsible for care for maternity clients, newborns, children and youth, and clients with mental health and/or substance use conditions.
 - 4.3 Discuss how these external agencies collaborate and partner within the health care team.
5. Demonstrate critical thinking skills when accessing, assessing, and synthesizing current, relevant professional practice resources to prepare for nursing practice in community

settings.

- 5.1 Use self-reflection, including reflective journal writing, to enhance learning, critical thinking, clinical judgment skills, and nursing practice.
6. Assess ethical decision making as it applies to ethical dilemmas in nursing practice of clients from across the lifespan in community settings and clients with mental health and/or substance use conditions.
- 6.1 Discuss the impact of stigma on ethical practice and the ethical decision-making process.
7. Describe the value of listening to and learning from people with lived and living experience of mental health and/or substance use conditions when providing care.
- 7.1 Discuss professional responsibility in creating effective health care partnerships with individuals living with mental health and/or substance use conditions.

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
- Mental Health Act
- Professional practice
- Ethical decision making and ethical practice
- Leadership in practical nursing practice
- Interprofessional practice
- Personal values, assumptions, and biases
- Diversity, equity, and inclusion
- Cultural safety and cultural humility
- Indigenous-specific anti-racism
- People with lived and living experiences
- Self-care
- Self-reflection
- Critical thinking

Professional Communication

Course Outline: Professional Communication A

Minimum Course Hours: 45

Course Description

Learners examine foundational knowledge of caring and professional communication in nursing. Using an experiential and self-reflective approach, learners will develop self-awareness and interpersonal communication skills in the context of safe, competent, and collaborative nursing practice. Topics include communication theory, therapeutic communication and relationships, cross-cultural communication and effective teamwork, cultural safety and cultural humility, and learning and teaching concepts. Learners will develop professional communication skills that promote the development, maintenance, and conclusion of therapeutic relationships with older adults, including those with chronic illnesses and/or mental health conditions, and clients requiring end-of-life care. Learners will also develop interprofessional communication knowledge and skills, including managing conflict and change.

Prerequisites: Admission to the Access to Practical Nursing Program

Corequisites: Professional Practice A; Integrated Nursing Practice A; Variations in Health A; Health Promotion A; Pharmacology A

Note: This course may be taught as an interprofessional course and/or by faculty other than those with a professional nursing qualification.

Learning Outcomes

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

1. Describe how the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies guide professional communication with clients, families, and the interprofessional team.
 - 1.1 Explore the relevant documents that apply to professional nursing communication.

- 1.2 Discuss how these documents inform professional nursing practice and communication.
2. Describe fundamental elements involved in the communication process.
- 2.1 Discuss the basic elements of any interpersonal communication process: sender, receiver, message, and feedback.
 - 2.2 Describe common barriers to communication.
 - 2.3 Describe the characteristics of effective communication and factors that influence ineffective communication.
 - 2.4 Explore the difference between verbal and non-verbal communication.
 - 2.5 Identify concepts and nursing actions that promote listening skills (restating, reflecting, clarifying, summarizing, and empathy).
3. Discuss communication barriers and challenges as well as communication strategies to use with clients who have sensory, language, and/or cognitive differences.
- 3.1 Describe how dementia affects a client's ability to communicate.
 - 3.2 Identify strategies to effectively communicate with clients experiencing dementia.
 - 3.3 Demonstrate communication techniques used with clients experiencing dementia through applied practice (e.g., role plays, scenarios, case studies).
 - 3.4 Demonstrate effective communication skills during critical incidents through applied practice (e.g., role plays, scenarios, case studies).
4. Demonstrate communication skills that promote the development, maintenance, and conclusion of therapeutic relationships when caring for older adults, including those with chronic illnesses and/or mental health conditions.
- 4.1 Demonstrate the ability to adjust communication appropriately for older adults through applied practice (e.g., role plays, scenarios, and case studies).
 - 4.2 Demonstrate effective active listening skills through applied practice (e.g., role plays, scenarios, and case studies).
 - 4.3 Demonstrate caring and respectful communication through applied practice (e.g., role plays, scenarios, and case studies).
5. Describe strategies for sharing information with clients and families in a respectful manner that is understandable, encourages discussion, and enhances participation in decision making.
- 5.1 Identify strategies to increase client and family participation in decision making.

- 5.2 Describe approaches to effectively communicate with clients, families, and team members in end-of-life care.
 - 5.3 Explain how to facilitate communication with clients, families, and team members experiencing loss and grieving.
6. Explore the principles of relational care with Indigenous Peoples, including communication approaches that are culturally safe, respectful, and compassionate.
- 6.1 Use the BCCNM's practice standard Indigenous Cultural Safety, Cultural Humility, and Anti-Racism to identify strategies that support person-led care.
 - 6.2 Reflect on how the nurse's privileges, biases, values, belief structures, behaviours, and positions of power may impact their therapeutic relationship with Indigenous clients.
 - 6.3 Discuss the characteristics of culturally sensitive communication.
 - 6.4 Identify effective and culturally safe communication strategies with Indigenous clients, their families, and peers.
7. Explore the role of stigma when providing care, including the potential impacts of verbal and written stigmatizing language.
- 7.1 Discuss how to communicate both verbally and in writing in a non-stigmatizing way in the context of caring for older adults, including those experiencing chronic illnesses and/or mental health conditions.
 - 7.2 Use self-reflection to determine one's choices and patterns of communication.
8. Discuss the foundational competencies and specific communication skills that foster strong, effective interprofessional teams and collaborative practice.
- 8.1 Identify effective group behaviours and development.
 - 8.2 Describe how information and communication technology is used to support effective client care in collaboration with other members of the health care team.
 - 8.3 Identify principles of effective teamwork communication.
 - 8.4 Discuss digital professionalism and appropriate methods for communicating through technology.
 - 8.5 Identify the appropriate team member to refer and report client information.
 - 8.6 Demonstrate use of various communication tools (e.g., Situation-Background-Assessment-Recommendation [SBAR] and end-of-shift report) through applied practice (e.g., role plays, scenarios, and case studies).
9. Practise giving and receiving effective feedback with other health team members, including

communicating with unregulated care providers, through applied practice (e.g., role plays, scenarios, and case studies).

- 9.1 Discuss the principles of giving and receiving feedback.
- 9.2 Identify barriers to receiving feedback.

10. Describe communication approaches to delegating tasks to unregulated care providers.

- 10.1 Review which tasks can be delegated to unregulated care providers and the parameters under which these tasks can be delegated.
- 10.2 Explore the BCCNM documents that inform the ability of the licensed practical nurse to delegate to unregulated care providers.

Course Concepts

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

- BCCNM LPN Ethics Standards, Practice Standards, and documents that guide scope of practice
- Professional communication in health care
- Communication theory
- Self-awareness
- Attending and listening
- Caring and empathy
- Clarifying by questioning and summarizing
- Assertiveness: seeking help and support; refusing a request
- Trauma-informed communication
- Giving and receiving feedback
- Barriers to communication
- Conflict resolution
- Problem solving
- Foundations of relational practice
- Nurse-client relationship and boundaries
- Helping relationships
- Family as client
- Developing trusting relationships with clients and team members
- Therapeutic relationships and communication
- Cross-cultural communication, cultural safety, and cultural humility

- Caring and respect
- Effective group participation and development
- 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 care providers and learners
 - Managing conflict
 - Managing change

Course Outline: Professional Communication 3

Minimum Course Hours: 20

Course Description

Learners focus on specific professional communication skills for working with care providers and clients across the lifespan in community settings. Learners continue to build communication skills for developing, maintaining, and concluding therapeutic relationships with clients, including adults, youth, and children, and those with mental health and/or substance use conditions. Learners explore cultural safety, cultural humility, and anti-racism, with a focus on Indigenous-specific anti-racism. Learners will also focus on problem solving, decision making, and conflict resolution.

Prerequisites: Successful completion of Level A courses and Consolidated Practice Experience A

Corequisites: Professional Practice 3; Integrated Nursing Practice 3; Variations in Health 3; Health Promotion 3

Learning Outcomes

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

1. Identify the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies that are relevant to communicating with clients in community settings, including maternity clients, newborns, children, youth, and clients experiencing mental health and/or substance use conditions.
 - 1.1 Discuss learning experiences where specific BCCNM standards and entry-level competencies have directed and guided communication practice with clients, family members, and team members.
 - 1.2 Analyze how standards inform communication in community settings.

2. Explain approaches to effectively communicate and facilitate problem solving and decision making with the interprofessional team to ensure continuity of care while respecting team members' roles, competencies, and scope.
 - 2.1 Identify the members of the interprofessional team that care for clients in the community setting.
 - 2.2 Discuss the role of the LPN in coordinating care for clients in different community care settings.
 - 2.3 Use effective collaborative problem-solving and decision-making strategies through applied practice (e.g., role plays, scenarios, case studies).
3. Demonstrate through applied practice the communication skills for developing, maintaining, and concluding therapeutic relationships with clients across the lifespan who are receiving care in the community.
 - 3.1 Identify communication strategies for building and concluding therapeutic relationships when clients are living with mental health and/or substance use conditions or have perceptual differences.
 - 3.2 Identify strategies for building therapeutic rapport.
 - 3.3 Explore how to communicate both verbally and in writing in a non-stigmatizing way when providing care for clients across the lifespan and for clients with mental health and/or substance use conditions, receiving care in the community.
 - 3.4 Explain how to apply personal and professional boundary setting with children, youth, and adult clients, including those experiencing mental health and/or substance use conditions.
 - 3.5 Describe communication barriers and challenges to therapeutic relationships when caring for people in crisis, including people with mental health and/or substance use conditions.
4. Describe effective communication strategies when caring for adults with developmental disabilities.
 - 4.1 Identify communication strategies for developing positive relationships with adults with developmental disabilities and their families.
5. Describe effective communication strategies for developing positive relationships with children.
 - 5.1 Identify age-appropriate communication strategies for developing positive relationships with different pediatric age groups and developmental stages, including

- children with developmental disabilities.
 - 5.2 Identify strategies for developing positive relationships with families.
6. Describe recovery-oriented care and strength-based approaches that promote the development, maintenance, and conclusion of therapeutic relationships when caring for people with mental health and/or substance use conditions.
- 6.1 Explore different models of recovery-oriented care.
 - 6.2 Explain how these models inform nursing practice and the therapeutic relationship.
7. Identify communication cues that indicate when an individual may be at risk for self-harm or causing harm to others.
- 7.1 Discuss the difference between suicide and self-harm.
 - 7.2 Explore the relationship between the strength of the therapeutic relationship and the client's willingness to share information.
8. Discuss the communication skills required for effective collaboration with Indigenous and non-Indigenous health care professionals, including traditional healers, to provide effective care for Indigenous clients, families, and communities.
- 8.1 Explore the importance of cultural safety, cultural humility, and anti-racism approaches when building relationships with Indigenous Peoples.
 - 8.2 Discuss strategies for applying cultural safety, cultural humility, and anti-racism with different cultures, with a focus on Indigenous-specific anti-racism.
 - 8.3 Describe the importance of a strength-based approach with Indigenous clients and strategies for integrating this approach into practice.

Course Concepts

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

- Therapeutic relationships
- Integrating communication skills
- Ensuring continuity of care
- Problem solving and decision making
- Conflict resolution
- Verbal de-escalation

- Age-appropriate communications
- Adapting communication appropriate for the client
- Non-stigmatizing language
- Integrating relational practice
- Working with groups
- Communicating effectively with clients with mental health and/or substance use conditions, including clients with perceptual differences
- Communicating effectively with clients with developmental differences
- 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, cultural humility, and anti-racism with a focus on Indigenous-specific anti-racism
- Reaching a consensus
- Coordinating care for clients in community settings

Pharmacology

Course Outline: Pharmacology A

Minimum Course Hours: 60

Course Description

Learners are introduced to pharmacology principles for safe and professional medication administration, including dosage calculations. Learners will study various routes of medication administration as well as decision-making strategies, autonomy, the scope of the practical nurse, and responsibilities, including the practical nurse's legal responsibilities associated with the administration of opioids. Learners will also discuss complementary, Indigenous, and alternative remedies, as well as polypharmacy across the lifespan.

Prerequisites: Admission to the Practical Nursing Program; completion of Human Anatomy and Physiology for Practical Nurses or equivalent course with a minimum grade of 65%

Corequisites: Professional Communication A; Integrated Nursing Practice A; Variations in Health A; Health Promotion A; Professional Practice A

Note: Learners must achieve an **80% average overall** on the theory portion of Pharmacology A and have three attempts to achieve the required 100% in math calculations exams needed to pass the course.

Learning Outcomes

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

1. Identify the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies that define LPN responsibilities and accountabilities in medication administration.
 - 1.1 Explain the LPN's responsibilities and accountabilities when administering medications within autonomous scope of practice (without an order) and when administering medications with a client-specific order.
 - 1.2 Explain how drug standards and legislation affect medication regulation in Canada.
 - 1.3 Explain the purpose of Canadian drug legislation, including the Controlled Drugs and

- Substances Act and the Food and Drugs Act, and their application to nursing practice.
- 1.4 Discuss the legal and ethical considerations for the nurse when administering medications.
2. Describe the concepts of pharmacodynamics and pharmacokinetics.
- 2.1 Describe the principles of pharmacology as related to common drug actions and interactions.
 - 2.2 Describe commonly used drug classification systems in Canada.
 - 2.3 Identify basic terminology and abbreviations used in pharmacology.
3. Relate drug interactions, polypharmacy, and food-drug effects to medication used by clients across the lifespan, particularly older adults.
- 3.1 Describe age-related changes and safe medication practices in the older adult.
 - 3.2 Discuss how age-related changes impact pharmacokinetics.
4. Describe medication classifications, actions, interactions and nursing implications relative to body systems, including endocrine, neurological, cardiovascular, respiratory, gastrointestinal, genitourinary and musculoskeletal systems, and miscellaneous drug classification.
- 4.1 Discuss how drug classifications can be grouped by body systems.
 - 4.2 Identify various classes of medications used to treat specific disorders and illness.
 - 4.3 Identify complementary, Indigenous, and alternative therapies.
 - 4.4 Discuss the implications of using herbal, vitamin, and Indigenous therapies with other medications.
 - 4.5 Describe the potential interactions between prescription medications and complementary, Indigenous, and alternative therapies, including herbal preparations.
 - 4.6 Describe the effects, uses, and indications for antimicrobials, as well as the relationship with drug resistance.
5. Conduct basic mathematical drug calculations correctly.
- 5.1 Identify common unit conversion factors.
 - 5.2 Discuss the 24-hour clock and why this is important in medication administration.
 - 5.3 Examine the consequences of mathematical errors when calculating drug dosages.
6. Discuss opioid side effects, indications for use and the practical nurse's legal responsibilities related to administration of opioids.

- 6.1 Discuss the principles of pain management.
 - 6.2 Explore types of analgesics.
 - 6.3 Describe major classes of drugs that are substances of addiction.
7. Explain the principles of medication administration, including human and system errors that contribute to errors or near misses.
- 7.1 Discuss the nurse's role when administering medications.
 - 7.2 Identify commonly used drug distribution systems in Canada.
 - 7.3 Discuss types of drug orders.
 - 7.4 Describe the routes of medication administration.
 - 7.5 Review error prone medication abbreviations.
 - 7.6 Discuss factors that contribute to medication incidents or near misses.
 - 7.7 Identify the process in reporting and managing medication incidents.
8. Examine the LPN's professional role within the interprofessional team in ordering, processing, dispensing, administering, and monitoring prescription medications and complementary and alternative therapies.
- 8.1 Explore the BCCNM documents that guide the practical nurse's role in relation to medication handling.
 - 8.2 Discuss legal, professional, and ethical considerations when ordering, processing, dispensing, administering, and monitoring medications.

Course Concepts

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

- BCCNM LPN Ethics Standards, Practice Standards, and documents that guide scope of practice
- Introduction to pharmacology
- The practical nurse role and legal responsibilities of medication administration
- Decision making and autonomy in medication administration (e.g., medications “as needed,” medications for asthma, anaphylaxis, and hypoglycemia)
- Pharmacodynamics
- Pharmacokinetics
- Drug actions and interactions
- 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, alternative, and traditional healing therapies
- Vitamin supplements
- Herbal preparations
- Homeopathy
- Basic medication dosage calculations
- Polypharmacy across the lifespan
- Drug classifications according to body systems:
 - Endocrine system
 - Nervous system, including effects on cognition and mental health (anti-depressants, anxiolytics, antipsychotics, sedatives and hypnotics, and anticonvulsants and antiepileptics)
 - Cardiovascular system
 - Respiratory system
 - Gastrointestinal system (not including medications used to treat constipation)
 - Genitourinary system
 - Musculoskeletal system
 - Sensory system
- Miscellaneous drug classifications (antineoplastics)
- Antimicrobial, antiviral, and antifungal agents
- Analgesics—opioid and non-opioid
- Drug resistance
- Interactions of prescription medications with complementary, Indigenous, and alternative therapies

Variations in Health

Course Outline: Variations in Health A

Minimum Course Hours: 60

Course Description

Learners are introduced to the foundations of disease and illness across the lifespan to gain an understanding of pathophysiological alterations of body systems. Learners will discuss nursing management of diseases and illnesses across the lifespan with an emphasis on interventions and treatment. A major focus of this course is on the care of older adults experiencing health challenges, and learners will further develop an understanding of pathophysiology as it relates to the aging process and selected chronic illnesses. Learners also explore Indigenous health and cultural safety in healing practices and evidence-informed research and practice.

Prerequisites: Admission to the Access to Practical Nursing Program; completion of Human Anatomy and Physiology for Practical Nurses or equivalent course with a minimum grade of 65%

Corequisites: Professional Communication A; Integrated Nursing Practice A; Professional Practice A; Health Promotion A; Pharmacology A

Learning Outcomes

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

1. Discuss how the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies are used to guide practice when caring for clients with variations in health, including older adults and those with chronic diseases and/or mental health conditions.
 - 1.1 Examine how standards, scope, and employer policies inform nursing management of disease and illness.
 - 1.2 Discuss the complexities of providing nursing care to clients who are not able to give consent.
 - 1.3 Identify appropriate evidence-informed research and practice resources.

2. Describe pathophysiology as it relates to common presentations of illness.
 - 2.1 Give examples of cellular alterations.
 - 2.2 Describe the inflammatory and tissue reparative processes.
 - 2.3 Describe chronic versus acute illness in the context of disease (health continuum and disease versus illness).
 - 2.4 Identify the influence of illness and disease on homeostasis.

3. Explain physical and psychosocial stressors.
 - 3.1 Describe the differences between mental health, mental wellness, and mental illness.
 - 3.2 Explain compensatory and decompensatory mechanisms.
 - 3.3 Identify physical and psychosocial stressors that affect health and wellness.
 - 3.4 Define general adaptation syndrome and how it affects health.

4. Explain the physiology of pain.
 - 4.1 Differentiate between acute and chronic pain.
 - 4.2 Identify the types of pain.
 - 4.3 Describe the gate control theory of pain.
 - 4.4 Identify factors influencing the client's experiences of pain.
 - 4.5 Describe the nursing management of pain.

5. Describe the nursing management of diseases and illnesses in clients across the lifespan.
 - 5.1 Explain the pathophysiology of common chronic illnesses related to the aging process.¹
 - 5.2 Identify altered presentations of illnesses associated with aging.

6. Describe what is meant by a chronic mental illness and the differences between mental illness, mental health, and mental wellness.
 - 6.1 Identify common mental health conditions and mental illnesses experienced by older adults.
 - 6.2 Differentiate between the nursing management in the typical aging process and nursing management required for older adults with mental illness.

1. Recommended topics to address these outcomes can be found in the table following the Variations in Health 4 course outline.

7. Explore holistic and traditional Indigenous healing practices in the management of chronic illnesses, including mental health conditions.
 - 7.1 Describe the historical and current impacts of colonialism on Indigenous Peoples and how this has impacted their health and health care experiences.
 - 7.2 Discuss examples of holistic and traditional healing practices.
 - 7.3 Explain the influence of culture, cultural diversity, and cultural safety on health and healing.

Course Concepts

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

- BCCNM LPN Ethics Standards, Practice Standards, and documents that guide scope of practice
- Introduction to pathophysiology
- Maintaining homeostasis
- Compensatory and decompensatory mechanisms
- Cell alteration: types of cell injury and repair, cell aging and degeneration, and 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
- Mental health, mental wellness, and mental illness
- Nursing management of disease and illness across the lifespan
- Nursing management, including:
 - Assessment (holistic assessment and data collection, including lab values and diagnostics)
 - Pharmacology
 - Identification of real and potential problems
 - Nursing diagnoses
 - Planning and documenting specific nursing interventions on a care plan
 - Implementing culturally safe care
 - Evaluation of care
 - Collaborating with other members of the health care team
 - Health promotion

- Client teaching
- Therapeutic interventions and treatments, including pharmacology
- Introduction to diagnostics
- Cultural safety, cultural humility, and anti-racist practice in health and healing, particularly Indigenous-specific anti-racism
- Diversity, equity, and inclusion
- Impacts of colonialism on the health and experiences of Indigenous Peoples
- Introduction to evidence-informed research and practice
- Physiological changes in older adults contributing to disease and illness
- Recognition and presentation of common diseases and illnesses in older adults
- Nursing management of disease and illness for older adults according to body systems
- Mental health as a chronic illness
- Traditional healing practices (e.g., acupuncture, smudging, sweat lodge ceremony, Reiki)

Course Outline: Variations in Health 3

Minimum Course Hours: 45

Course Description

Learners develop their knowledge of the continuum of care for clients across the lifespan in community settings, including maternity clients, newborns, children, youth, and clients with mental health and substance use conditions. Learners explore pathophysiology and nursing care of clients requiring public health, home health care, primary care, rehabilitation, and supportive services in the community. Learners also explore cultural diversity in healing along with the incorporation of evidence-informed research and practice.

Prerequisites: Successful completion of all Level A courses and Consolidated Practice Experience A

Corequisites: Professional Communication 3; Integrated Nursing Practice 3; Professional Practice 3; Health Promotion 3

Learning Outcomes

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

1. Discuss the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies that are relevant to community settings, including maternity clients, newborns, children, youth, and clients with mental health and/or substance use conditions.
 - 1.1 Explore the limitations of involuntary treatment under the Mental Health Act of BC in the context of community care.
 - 1.2 Discuss the practical nurse's role in providing care for clients experiencing health challenges across the lifespan in community settings, including community/public health, home health, rehabilitative services, and supportive services.
2. Describe common physiologic variations in antepartum, intrapartum, and postpartum

clients.¹

- 2.1 Review the pathophysiology of pregnancy, labour, and delivery.
- 2.2 Identify when escalation of care is required.

3. Describe the pathophysiology of common childhood illnesses and disabilities.^[1]

- 3.1 Discuss the nursing management of the client with select childhood illnesses.
- 3.2 Identify variances requiring escalation of care.

4. Describe the pathophysiology, evidence-based treatments, and nursing management of clients with common mental health conditions across the lifespan receiving care in the community.^[1]

- 4.1 Describe the use of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (most current version) in the classification of mental illnesses.
- 4.2 Describe the continuum of substance use conditions, including differentiation of substance-induced symptoms and pre-existing mental health conditions.
- 4.3 Describe risk factors and signs and symptoms associated with substance use.
- 4.4 Describe adjunct therapies to promote holistic care for the person experiencing mental health and/or substance use conditions.

5. Describe medication classifications, actions, interactions and nursing implications relative to common mental health conditions.

- 5.1 Discuss the effects, uses, indications, and contraindications for commonly prescribed mood-stabilizing, antidepressant, depressant, anxiolytic, stimulant, and antipsychotic medications.
- 5.2 Discuss relapse prevention agents.

6. Describe the continuity of care for clients experiencing addictions and/or concurrent disorders.

- 6.1 Discuss theoretical approaches to substance use, abuse, addiction, and dependence.
- 6.2 Explain models of psychosocial rehabilitation and recovery.
- 6.3 Identify expected outcome criteria for acute withdrawal and recovery of substance-

1. Recommended topics to address these outcomes can be found in the table following the [Variations in Health 4 course outline](#).

use disorders.

7. Analyze how cultural safety, cultural humility, and anti-racist practice impact health and healing.
 - 7.1 Discuss the stigma associated with living with a mental illness, physical disability, and/or developmental disability.
8. Demonstrate critical thinking skills by accessing, assessing, and synthesizing current, relevant resources to inform nursing care in community settings.
 - 8.1 Use evidence-based research, practice, and guidelines to supplement learning.

Course Concepts

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

- Care in the context of community settings
- Relevant BCCNM professional standards and practice standards
- Identification of variances requiring escalation in care for antepartum, intrapartum, and postpartum clients
- Developmental and physical disabilities in the pediatric population
- Identification of variances requiring escalation in care for the newborn, child, and youth
- Common mental health conditions, including:
 - Alterations in cognition
 - Alterations in mood
 - Anxiety disorders
 - Disruptive impulse control, and conduct disorders
 - Eating disorders
 - Neurodevelopmental disorders
 - Obsessive-compulsive related disorders
 - Personality disorders
 - Psychosis
 - Substance related and addictive disorders
 - Trauma- and stressor-related disorders
 - Concurrent disorders
 - Dual diagnosis disorders
 - Physiologic alterations associated with mental illness

- Nursing management:
 - Assessment (holistic assessment and data collection, including lab values and diagnostics)
 - Pharmacology
 - Identifying real and potential problems
 - Nursing diagnoses
 - Planning and documenting of specific nursing interventions
 - Implementing culturally safe care
 - Evaluation of care
 - Interprofessional collaboration
 - Health promotion and client teaching
- Pharmacological management of mental health disorders
- Cycle of addiction
- Medical detoxification
- Risk factors associated with substance use including communicable diseases, delirium tremens, liver impairment, neurological changes, overdose, pancreatitis, precipitated withdrawal and opiate withdrawals, sedation, seizures, wounds and infections
- Psychosocial rehabilitation
- Cultural safety, cultural humility, and anti-racism
- Diversity, equity, and inclusion
- Traditional healing practices for mental illness
- Traditional healing practices for maternal and child health
- Cultural diversity in health and healing
- Evidence-informed research and practice; best practice guidelines

Course Outline: Variations in Health 4

Minimum Course Hours: 50

Course Description

Learners focus on pathophysiology as it relates to acute disease and illness in clients across the lifespan, including those with mental health and substance use conditions. Emphasis is placed on the care of clients experiencing acute illness, including nursing interventions and treatment options. Learners also analyze the implications of acute exacerbations of chronic illness. Cultural diversity in healing practices as well as evidence-informed research and practice are explored.

Prerequisites: Successful completion of Level 3 courses and Consolidated Practice Experience 3

Corequisites: Integrated Nursing Practice 4; Health Promotion 4

Learning Outcomes

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

1. Analyze the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies that are relevant to providing care for clients in acute care settings.
 - 1.1 Discuss the practical nurse's role in providing care for clients across the lifespan experiencing health challenges in acute care settings.
 - 1.2 Discuss the practical nurse's responsibilities related to the scope of practice and how they affect the escalation of client care in acute care settings.
 - 1.3 Identify the interprofessional collaborative relationships that are required in acute care settings.
2. Explain the pathophysiology of common acute illnesses affecting clients across the lifespan.
 - 2.1 Explain the pathophysiology and nursing management of fluid, electrolyte, and acid-base imbalances.

- 2.2 Explain the nursing management of common acute diseases and acute exacerbations of illness in clients across the lifespan.¹
 - 2.3 Explain the pathophysiology and nursing management of shock (cardiogenic, hypovolemic, neurogenic, anaphylactic, and septic).
 - 2.4 Discuss the complexities associated with providing nursing care to clients experiencing acute illness who may have concurrent mental health and/or substance use conditions.
3. Identify holistic and traditional healing practices relevant to acute illnesses, including mental health and/or substance use conditions.
- 3.1 Explore holistic and traditional healing practices that support the nursing management of common acute illnesses.
 - 3.2 Discuss holistic and traditional healing practices that may conflict with Western medicine in the acute care setting.
4. Describe the impact of cultural safety, cultural humility, and anti-racist practice on health and healing.
- 4.1 Compare and contrast how different cultural practices impact health and healing.
 - 4.2 Discuss how culture impacts the way clients may experience pain in the acute care setting.
 - 4.3 Explore the impact that cultural safety and cultural humility have on a client's willingness to complete treatment plans and/or remain in the acute care setting.
5. Use critical thinking skills when accessing, assessing, and synthesizing current and relevant practice resources to inform nursing care in acute care settings.
- 5.1 Use evidence-based research, practice, and guidelines to support learning.

Course Concepts

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

- Relevant BCCNM Ethics Standards, Practice Standards, and Entry-Level Competencies

1. [Recommended topics](#) to address these outcomes can be found in the table following this course outline.

- Physiological changes contributing to acute disease and illness across the lifespan, including mental health and/or substance use conditions
- Recognition and presentation of common acute disease and illness across the lifespan, including mental health conditions
- Nursing management of acute disease and illness according to body system
- Shock (cardiogenic, hypovolemic, neurogenic, anaphylactic, and septic)
- Disruption in homeostasis (fluid, electrolyte, acid-base imbalances)
- Nursing management, including:
 - Holistic assessment and data collection (including lab values and diagnostics)
 - Identifying real and 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 and holistic healing practices
- Evidence-informed research and practice; best practice guidelines
- Cultural safety, cultural humility, and anti-racist practice and impact on health and healing

Recommended Topics for Variations in Health Courses

	Variations A	Variations 3	Variations 4
Cardiovascular	Hypertension Coronary artery disease Atherosclerosis Atherosclerosis Heart failure Angina Peripheral vascular disease Deep vein thrombosis	Gestational hypertension Atrial septal defect Ventricular septal defect Tetralogy of Fallot Heart failure Systemic hypertension Rheumatic fever	Myocardial infarction Atrial fibrillation Endocarditis Pericarditis Myocarditis
Respiratory	COPD Asthma Obstructive sleep apnea Influenza Pneumonia Lung cancer	Childhood asthma Croup Cystic fibrosis Tonsillitis & adenoiditis Bronchitis & pneumonia	SARS Chest trauma Pleural effusion Atelectasis Pulmonary embolism

	Variations A	Variations 3	Variations 4
Musculoskeletal	Osteoarthritis Rheumatoid arthritis Sprains & strains Gout Osteoporosis Fractures Foot disorders	—	Osteomyelitis Bone tumours Amputations Fractures Joint replacement surgery
Gastrointestinal	Bowel incontinence Constipation GERD Diverticular disease Peptic ulcer disease Hiatal hernia	—	Gastroenteritis Crohn's & ulcerative colitis Appendicitis Colorectal cancer Peptic ulcer disease Bowel obstructions Cholecystitis & cholelithiasis Pancreatitis Liver cirrhosis
Neurological	ALS Multiple sclerosis Alzheimer's disease Vascular dementia Parkinson's disease TIA CVA Depression, delirium, & dementia	Meningitis Head injury Epilepsy Reyes syndrome	Increased intracranial pressure (ICP) Head injuries Brain tumours Spinal cord injuries
Hematological	Iron-deficiency anemia Pernicious anemia Folic acid deficiency	Postpartum hemorrhage Rh incompatibility	Sickle cell anemia Hemolytic anemia Aplastic anemia Hemophilia Thrombocytopenia
Genitourinary	Urinary incontinence Urinary retention Neurogenic bladder UTIs Benign prostatic hypertrophy Prostatitis Vaginitis Chronic renal failure	—	Acute renal failure Pyelonephritis Glomerulonephritis Urolithiasis
Endocrine	Diabetes Thyroid conditions	Gestational diabetes	—
Integumentary	Skin cancer Eczema Psoriasis Shingles Scabies Tinea Pressure ulcers Venous ulcers Arterial ulcers Diabetic ulcers	—	Burns

	Variations A	Variations 3	Variations 4
Sensory System	Macular degeneration Glaucoma Cataracts Retinopathy Conjunctivitis Hearing loss	—	—
Developmental Disorders	—	Down syndrome Fetal alcohol syndrome Autistic disorder ADHD	—
Mental Illness	—	Substance abuse disorder/addiction Major depressive disorder Dysthymic disorders Psychotic disorders Suicide Anxiety disorders Eating disorders	—
Complications of Pregnancy	—	Placenta previa Abruptio placenta Postpartum depression Postpartum psychosis	—
Cancer	Cancer overview	—	Kidney & bladder cancer Liver & pancreatic cancer Lymphoma Multiple myeloma Acute/chronic leukemia
Communicable Disease	—	Chicken pox Rubella Mumps Mononucleosis Scarlet fever Pertussis HIV AIDS	Hepatitis COVID
Homeostasis	Maintaining homeostasis	—	Shock Fluid & electrolyte imbalances Acid-base imbalances

Health Promotion

Course Outline: Health Promotion A

Minimum Course Hours: 30

Course Description

Learners will develop their understanding of health promotion within the Canadian context by exploring health enhancement, health protection, disease prevention, and health restoration (recovery, care, and support). Topics include growth and development, typical aging changes, and health promotion. Learners will examine health inequities and determinants of health to inform culturally appropriate and holistic care that promotes client independence. Learners will also gain knowledge of trauma-informed practice as well as an understanding of how cultural safety and anti-racism in health care impact health and wellness, with a focus on Indigenous-specific anti-racism.

Prerequisites: Admission to the Access to Practical Nursing Program; completion of Human Anatomy and Physiology for Practical Nurses or equivalent course with a minimum grade of 65%

Corequisites: Professional Communication A; Integrated Nursing Practice A; Professional Practice A, Pharmacology A

Learning Outcomes

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

1. Explain definitions and concepts related to health promotion and disease prevention in the context of both physical and mental health.
 - 1.1 Explain epidemiology related to health promotion.
 - 1.2 Describe the concept of health continuums, including the mental health continuum.
 - 1.3 Explain the difference between primary, secondary, and tertiary prevention.
 - 1.4 Identify the levels of Maslow's hierarchy of needs.
 - 1.5 Define the importance of a trauma-informed approach within the context of health promotion in older adults.

2. Discuss the major components of Canada's health care system.
 - 2.1 Identify trends, issues, and challenges facing the Canadian health care system.
 - 2.2 Discuss the concept of health care privatization.
 - 2.3 Explore the different models of health care delivery in Canada.
3. Explain how the determinants of health impact individual health and wellness, including mental health and wellness.
 - 3.1 Identify the determinants of health affecting Indigenous Peoples and the health disparities between non-Indigenous and Indigenous Peoples in Canada.
 - 3.2 Explain the connection between the determinants of health and healthy living for older adults, including mental health and wellness.
 - 3.3 Identify the requirements for healthy living.
 - 3.4 Discuss the significance of health statistics to health promotion.
4. Describe the concept of advocacy and the different types of advocacy that practical nurses engage in when caring for older adults, including those with chronic illnesses and/or mental health conditions.
 - 4.1 Describe what it means to be a client navigator to assist persons and families to navigate numerous systems associated with health care.
 - 4.2 Identify local community resources that support and promote mental and physical health in older adults, their families, and caregivers.
5. Describe how cultural safety, cultural humility, and anti-racism as well as diversity, equity, and inclusion are essential to health promotion.
 - 5.1 Define health promotion principles in 2SLGBTQIA+¹ care.
 - 5.2 Describe the importance of a trauma-informed approach within the context of health promotion.
 - 5.3 Discuss the importance of cultural safety and the harmful effects of Indigenous-specific racism on Indigenous people accessing the health care system and its disproportionate impact on Indigenous women, girls, and 2SLGBTQIA+ individuals.
 - 5.4 Discuss 2SLGBTQIA+ care for older adults.
 - 5.5 Discuss diversity in health beliefs and practices within a culturally diverse society.

1. 2SLGBTQIA+ stands for Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, with the + representing additional sexual and gender diverse identities.

- 5.6 Discuss cultural competence in health promotion.
6. Describe teaching and learning principles for health promotion across the lifespan, including older adults and clients with mental health conditions.
- 6.1 Discuss the influence of health education on health and wellness.
 - 6.2 Describe the learning domains.
 - 6.3 Discuss the components of a teaching-learning plan.
7. Describe the steps of communicable disease reporting.
- 7.1 Identify health promotion strategies that minimize the risk of transmission of communicable disease.
8. Describe common growth and development theories across the lifespan.
- 8.1 Describe psychosocial, cognitive, and moral development across the lifespan.
 - 8.2 Discuss factors influencing typical growth and development.
 - 8.3 Explore the role that determinants of health play in growth and development.
 - 8.4 Discuss the relationship between knowledge of growth and development theories and nursing practice.
9. Explore the concepts and principles of harm reduction and recovery-oriented care as they relate to older adults.
- 9.1 Explain the principles of harm reduction and their relationship to advocacy.
 - 9.2 Discuss informed consent and the right to live at risk as it relates to health promotion in older adults.
 - 9.3 Describe the principles of recovery-oriented care.

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
- Typical growth and development across the lifespan
- Chronic disease management
- Health disparities and their impacts on people
- Diversity in health beliefs, including Indigenous beliefs and practices
- Introduction to health statistics and epidemiology
- Teaching and learning in health promotion
- Communicable diseases and epidemiology
- Harm reduction
- Recovery-oriented care
- Client advocacy and navigation
- Trauma-informed practice with older adults
- Cultural safety and cultural humility in health and healing
- Health literacy

Course Outline: Health Promotion 3

Minimum Course Hours: 36

Course Description

Learners focus on health promotion across the lifespan in primary care and in community settings, including pregnant and postpartum clients, newborns, children, and youth, as well as clients with mental health and/or substance use conditions. Typical growth and development from conception to middle adulthood is addressed, as well as the typical physiological changes related to pregnancy, labour, birth, and postpartum. Learners continue their reflection to deepen their understanding of cultural safety, cultural humility, trauma-informed practice, and anti-racism across the continuum of care with a focus on Indigenous-specific anti-racism.

Prerequisites: Successful completion of all Level A courses and Consolidated Practice Experience A

Corequisites: Professional Communication 3; Integrated Nursing Practice 3; Professional Practice 3; Variations in Health 3

Learning Outcomes

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

1. Identify typical patterns of growth and development from conception to middle adulthood.
 - 1.1 Analyze the determinants of health as they relate to each developmental stage.
2. Describe health promotion and health-promoting strategies for clients across the lifespan in community settings, including pregnant and postpartum clients; newborns, children, and youth; and clients with mental health and/or substance use conditions.
 - 2.1 Explain the connection between the determinants of health and healthy living for clients across the lifespan.
 - 2.2 Give examples of teaching and learning strategies for care in the community.

- 2.3 Explain the use of health continuums, including the mental health continuum, when providing care for clients across the lifespan.
 - 2.4 Discuss the impact of immunization in health promotion.
3. Provide examples of public health services available to clients across the lifespan in community settings, including pregnant and postpartum clients, newborns, children, and youth.
- 3.1 Describe factors that may impact access and use of community services, including culture, stigma, and geographic locations (rural, remote, urban).
 - 3.2 Discuss the importance of social supports to the health of clients living with mental health and/or substance use conditions.
4. Discuss the different types of advocacy nurses engage in when caring for clients in community settings, particularly those with mental health and/or substance use conditions.
- 4.1 Examine harm reduction strategies for clients at each developmental stage.
 - 4.2 Explore the concepts and principles of harm reduction and recovery-oriented care when working with clients with a mental health and/or substance use condition in a community setting.
5. Analyze the impact of cultural safety and trauma-informed practice on client care across the lifespan in community settings, including Indigenous clients, clients with mental health and/or substance use conditions, and clients who are 2SLGBTQIA+.¹
- 5.1 Discuss the importance of Indigenous cultural rights, values, and practices (including ceremonies and protocols related to illness, birth, and death) in the provision of culturally safe care.
 - 5.2 Discuss disparities in the delivery of community health services in B.C.

Course Concepts

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

1. 2SLGBTQIA+ stands for Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, with the + representing additional sexual and gender diverse identities.

- Typical growth and development: conception to middle adulthood
- Continuum of care for maternal, newborn, child, and youth clients
- Health promotion for maternal, newborn, child, and youth clients
- Typical physiological changes related to antepartum, intrapartum, and postpartum
- Teaching and learning
- Continuum of care for clients with mental health and/or substance use conditions
- Health promotion strategies for clients with mental illness and physical or developmental disabilities
- Client advocacy and navigation
- Promotion of safety for clients experiencing mental illness
- Families experiencing violence
- Public health services
- Resource allocation and inequities
- Illness prevention: immunization (child, adolescent, young and middle adult)
- Harm reduction
- Principles of trauma-informed practice
- Cultural safety, cultural humility, and anti-racism across the continuum of care
- 2SLGBTQIA+ care

Course Outline: Health Promotion 4

Minimum Course Hours: 30

Course Description

Learners focus on health promotion strategies for clients experiencing an acute illness or acute exacerbation of a chronic illness. They examine how health-promoting strategies improve or help maintain clients' health status during hospitalization and after discharge. Learners continue to reflect on and deepen their understanding of trauma-informed practice, cultural safety, cultural humility, and anti-racism as essential components of health promotion in acute care. An emphasis is placed on Indigenous-specific anti-racism and providing culturally safe care for Indigenous clients.

Prerequisites: Successful completion of all Level 3 courses and Consolidated Practice Experience 3

Corequisites: Integrated Nursing Practice 4; Variations in Health 4

Learning Outcomes

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

1. Explore health promotion and health promotion strategies for clients in acute care settings, including clients with mental health and/or substance use conditions.
 - 1.1 Discuss health promotion approaches in acute care settings and in relation to discharge planning.
 - 1.2 Formulate teaching strategies to manage or improve client health.
 - 1.3 Explain the use of screening tools for early detection of illness.
 - 1.4 Explain which immunizations are important for clients experiencing acute illness.
2. Explore how the continuum of care supports nursing practice with clients in acute care settings, including clients with mental health and/or substance use conditions.
 - 2.1 Explain the continuum of care from pre-admission to end-of-life care.
 - 2.2 Identify the interprofessional health care team in the acute care setting.

- 2.3 Describe the role of the practical nurse in discharge planning.
 - 2.4 Compare resource allocation and inequities across the province for diverse demographics.
3. Identify culturally safe and culturally informed health promotion materials.
- 3.1 Analyze the importance of Indigenous cultural rights, values, and practices, including ceremonies and protocols, in the acute care setting.
 - 3.2 Describe the significance of the client's request for involvement of family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) to their experiences of safety.
 - 3.3 Evaluate trauma-informed practice within acute care settings.
4. Explain the discharge planning process, including teaching and learning strategies to prepare the client for discharge.
- 4.1 Discuss the practical nurse's role as client navigator in assisting clients and families with health care decisions and access to services.
 - 4.2 Evaluate 2SLGBTQIA+¹ needs for discharge teaching, including gender-affirming procedures.
 - 4.3 Evaluate the various forms of advocacy that a practical nurse may engage in when discharging clients from acute care settings, including advocacy for clients with mental health and/or substance use conditions.
5. Explore the concepts and principles of harm reduction and recovery-oriented care for clients with mental health and/or substance use conditions in acute care settings.
- 5.1 Define recovery-oriented care in the acute care setting.
 - 5.2 Identify client needs and strategies to effectively provide clients and families with emotional support in acute care settings.
 - 5.3 Describe trauma-informed and harm reduction strategies and how these strategies are integrated into the discharge planning process.

1. 2SLGBTQIA+ stands for Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, with the + representing additional sexual and gender diverse identities.

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
- Continuum of care (pre-admission and discharge planning)
- Harm reduction
- Recovery-oriented care
- Trauma-informed practice in acute care settings
- Cultural safety, cultural humility, anti-racism
- Diversity, equity, and inclusion in acute care
- Advocacy
- Health promotion for clients with mental health and/or substance use conditions
- 2SLGBTQIA+ health promotion

Practice Education Experience

Practice education is experiential learning in which learners gain hands-on experience in clinical, community, or simulated environments. This experience helps learners weave together the knowledge, skills, and attitudes needed in the nursing profession.

Clinical learning experiences continue to be the backbone of nursing education, where learners bring theory and practice together (e.g., praxis) in a transition to professional practice.^{1,2}

However, providing these essential experiences presents challenges. Health care restructuring and shifts or reductions in 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.³

Given these realities, practice experiences are designed to reflect the practice education environment and provide opportunities for learners to integrate theory and practice to successfully meet the British Columbia College of Nurses and Midwives (BCCNM) Ethics Standards, Practice Standards, and Entry-Level Competencies for Licensed Practical Nurses. Practice education in this curriculum occurs primarily in the Integrated Nursing Practice courses and through the Consolidated Practice Experiences.

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism

This curriculum integrates Indigenous cultural safety, cultural humility, and anti-racism throughout all practice education experiences. This approach aligns with the BCCNM practice standard on Indigenous Cultural Safety, Cultural Humility, and Anti-Racism and responds to the *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care* report's recommendations to address Indigenous-specific racism in B.C.'s health care system.

1. Cloutier, A., Shandro, G. & Hrycak, N. (2004). The synergy of clinical placements. *The Canadian Nurse*, 100(3), 10-14.
2. Tanner, C. (2006). The next transformation: Clinical education. *Journal of Nursing Education*, 45(4), 99-100.
3. 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>

Integrated Nursing Practice

The Integrated Nursing Practice courses integrate and provide opportunities for learners to practice and consolidate the competencies of all theory course learnings through strategies such as simulation, case studies, role play, self-directed learning, practical application of psychomotor skills in simulated environments, and interprofessional learning opportunities. The intent is to develop and validate competencies to prepare learners for success in the Consolidated Practice Experience.

Simulation

In this curriculum, simulated learning opportunities are primarily linked with the Integrated Nursing Practice courses and take place in a simulated environment. While simulation provides essential learning experiences, it cannot replace direct client contact.¹ Direct client contact experience occurs in the Consolidated Practice Experience.

1. Simulation is often equated with low, moderate, or high-fidelity client simulators, but in this context it is used as a broader concept inclusive of such activities as client simulators, screen-based simulations, virtual reality, models, live actors, web-based tools, and various forms of skills training. Schiavenato, M. (2009). Re-evaluating simulation in nursing education: Beyond the human patient simulator. *Journal of Nursing Education*, 48(7), 388-394.

Course Outline: Integrated Nursing Practice A

Minimum Course Hours: 180

Course Description

Learners apply nursing knowledge through the practice of clinical decision making, nursing assessments, and nursing interventions aimed at promoting the health, independence, and comfort of clients. Cultural safety, cultural humility, anti-racism, and trauma-informed practice are integrated into the learning with a focus on Indigenous-specific anti-racism. A variety of approaches, such as simulation, will help learners integrate theory from other Level A courses.

Prerequisites: Admission to the Practical Nursing Program; completion of Human Anatomy and Physiology for Practical Nurses or equivalent course with a minimum grade of 65%

Corequisites: Professional Communication A; Professional Practice A; Variations in Health A; Health Promotion A; Pharmacology A

Learning Outcomes

Upon successful completion of this course, within the simulated learning environment, the learner will be able to:

1. Use the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies to guide practice in complex care settings.
 - 1.1 Demonstrate comprehensive holistic nursing assessments and interventions with older adults, including those with chronic illnesses and/or mental health conditions, in a competent and safe manner.
 - 1.2 Demonstrate a trauma-informed, culturally humble, and person-centred approach with clients.
 - 1.3 Document assessments and care provided using objective and non-stigmatizing

language.

- 1.4 Use appropriate practice standards and clinical guidelines to support the implementation of specific clinical skills used in complex care settings.
- 1.5 Use critical thinking and clinical judgment to assess clinical situations where select medications can be given without an order (asthma, anaphylaxis, and hypoglycemia medications).
- 1.6 Discuss the legal implications of restraint use in complex care settings.
- 1.7 Identify personal learning needs to enhance competence and take actions to remediate.

2. Use clinical skills and assessments competently and safely in complex care settings.

- 2.1 Define nursing management.
- 2.2 Demonstrate personal safety practices when providing care (e.g., safe disposal of sharps, ergonomics and body mechanics).
- 2.3 Use critical thinking, clinical judgment, and knowledge of assessment to autonomously plan, implement, and evaluate care.
- 2.4 Use decision support tools to assist with decision making and implementation of care.
- 2.5 Demonstrate safe medication administration.

3. Collaborate with older adults, including those with chronic illnesses and/or mental health conditions, as well as the interprofessional health care team, peers, and faculty.

- 3.1 Provide a caring environment for older adults, including those with chronic illnesses and/or mental health conditions, by connecting, sharing, and exploring with them in a collaborative relationship.
- 3.2 Initiate, maintain, and conclude a therapeutic relationship when caring for older adults, including those with chronic illnesses and/or mental health conditions.
- 3.3 Discuss the practical nurse role in providing leadership, direction, assignment, and supervision of unregulated care providers.

4. Analyze potential sources of violence de-escalation and safety strategies in complex care and home and community care settings.

- 4.1 Describe a quality practice environment.
- 4.2 Describe factors that put individuals at risk for injury in complex care and home and community settings.
- 4.3 Describe fall risk management tools and related assessments.
- 4.4 Demonstrate nursing management of clients at risk for unintended injury.

- 4.5 Complete incident reports and other documentation related to quality practice environments.
5. Provide person-centred care that recognizes and respects the uniqueness of each individual and demonstrates cultural safety, cultural humility, and anti-racism.
- 5.1 Identify one's own values, biases, and assumptions as a self-reflective, responsible, and accountable practitioner.
 - 5.2 Demonstrate appropriate and required actions in a simulated environment when observing racist or discriminatory behaviour.

Course Concepts

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

- BCCNM Ethics Standards, Practice Standards, and documents that guide scope of practice
- Principles of asepsis
- Standard precautions
- Musculoskeletal injury prevention
- Comprehensive health assessment of older adults, including those with chronic illnesses and/or mental health conditions
- Vital signs
- Digital stimulation and rectal disimpaction (see more information below)
- Clinical decision making and critical thinking
- Nursing interventions with older adults
- Safety specific to the care of older adults
- Infection control
- Chronic wound management
- Pain management
- End-of-life care
- Foot assessment and care (see more information below)
- Oral and nasal suctioning
- Oxygen therapy
- Care of established ostomies
- Specimen collection (sputum, urine, and stool)
- Blood glucose monitoring
- Enteral feedings and medications via nasogastric, jejunostomy and gastrostomy tubes
- Quality practice environments

- Cultural safety, cultural humility, and anti-racism
- Diversity, equity, and inclusion
- Individualizing nursing care plans
- Medication administration, including opioids
- Medication routes: oral, subcutaneous, intramuscular, intradermal, percutaneous
- Inserting a subcutaneous infusion device
- Decision making in administering medications (e.g., medications “as needed,” for asthma, anaphylaxis, and hypoglycemia)
- Taking and transcribing physician orders
- Documentation of response to medication
- Reporting and documentation in complex care settings

Digital Stimulation and Rectal Disimpaction

Check if there is a physician’s order in place and follow decision support tools before providing digital stimulation or rectal disimpaction to a client.

Digital stimulation

Digital stimulation is a technique that is typically provided to a client with neurogenic (spastic/reflexic) bowel dysfunction. It is used to stimulate the bowel reflex and initiate a bowel movement.

1. Place the client in their preferred position: on a commode chair or in Sims’ position.
2. Gently insert a well-lubricated gloved finger 2.5–5 cm into rectum.
3. Rotate finger in a circular motion for 10–30 seconds, maintaining contact with the rectal wall to trigger the bowel reflex and muscle contractions.
4. Repeat every 5–10 minutes until there is no stool left in the lower bowel.

Note:

- Always use plenty of lubricant
- Be gentle—pushing or rotating the finger too roughly can irritate or tear the lining of the rectum or anus
- Use caution—overstimulation can lead to an increase of incontinence and increased mucus production. This procedure should not take longer than one hour

Rectal disimpaction

Rectal disimpaction is a technique that is typically provided to a client with neurogenic (flaccid/areflexic) bowel dysfunction, and is used when a fecal mass is too large to be passed voluntarily.

1. Take baseline vital signs and complete an abdominal assessment before starting procedure.
2. Place client in Sims' position with a waterproof pad under the buttocks. Keep a bedpan close to the client.
3. Gently insert a lubricated gloved index finger into the rectum and advance slowly along the rectal wall toward the umbilicus.
4. Gently massage around the fecal mass to loosen it; work the finger into the hardened mass.
5. Work the feces downward, remove small pieces at a time, and dispose of them into the bedpan.
6. Monitor the client for signs of distress and fatigue. Reassess vital signs as needed and stop the procedure if client's heart rate drops significantly—continue to monitor for one hour post-procedure.
7. Continue to remove feces and allow the client to rest at intervals.
8. Following the procedure, reassess the abdomen, vital signs, and the client's level of comfort.

Note:

- This procedure will be uncomfortable for the client.
- Be gentle and use plenty of lubricant.
- Use caution. Excess manipulation of the rectal wall can cause irritation of the rectal mucosa, bleeding, perforation of the bowel wall, or stimulation of the vagus nerve, which results in reflex slowing of the heart rate.

Basic Foot Care for Practical Nurses

Basic foot care refers to the foundational knowledge included in the Practical Nursing Program required to perform this skill. **Advanced** foot care refers to skills and abilities

beyond what is acquired in the Practical Nursing Program and requires nurses to obtain additional competencies post-graduation.

During their nursing education, practical nurses develop the following basic competencies:

Have knowledge of:

- The anatomy and physiology of the feet and lower extremities.
- Asepsis and infection control.
- The purpose of foot and nail care.
- Common microorganisms of the lower extremities.
- Complications and the effects of the pathophysiology and disease process (i.e., diabetes, compromised circulation, fungal infections).

Have the competence to:

- Assess and inspect the feet.
- Use the nursing process to assess, plan, create nursing diagnoses, implement, and evaluate care as it relates to normal conditions of foot health.
- Perform non-invasive foot care procedures:
 - Soaking, cleaning, massaging, and moisturizing
 - Applying creams, lotions, and simple dressings
 - Providing toenail care, including cutting
- Provide education on foot health to clients and care providers.
- Document care provided.

Have the critical thinking skills to:

- Recognize expected findings for feet in clients who are not experiencing alterations in pathology or disease processes of the feet or lower extremities.
- Understand when and how to escalate care for the client, based on assessment findings.
- Document and report.

The practical nurse must recognize situations where the needs of the client are above or beyond the individual practical nurse's level of competence and consult or refer to the appropriate health care provider.

Basic foot care does NOT include:

- Knowledge of abnormal conditions of the feet.
- Foot care for high-risk feet (i.e., clients with diabetes).

- Wound care.
- Callous and corn reduction.
- Biomechanical assessments and gait analysis, orthotics, footwear, physiotherapy, or strength and balance training.
- Use of podiatry tools and equipment.

Course Outline: Integrated Nursing Practice 3

Minimum Course Hours: 120

Course Description

Learners build on the theory and practice from Level A courses. Using a variety of approaches (such as simulation), learners continue to develop knowledge and practise comprehensive nursing assessment, planning, and interventions in community-based settings for clients across the lifespan, including those with mental health and/or substance use conditions, who are accessing care. Providing culturally safe and anti-racist care is emphasized. Learners discuss reporting and documentation as well as the leadership role of the practical nurse.

Prerequisites: Successful completion of all Level A courses and Consolidated Practice Experience A

Corequisites: Professional Communication 3; Professional Practice 3; Variations in Health 3; Health Promotion 3

Learning Outcomes

Upon successful completion of this course, in the simulated learning environment the learner will be able to:

1. Use the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies to guide decision making (including autonomous practice) in community settings.
 - 1.1 Describe the role of the practical nurse in supporting clients and families in situations where the Mental Health Act is enacted.
 - 1.2 Perform comprehensive holistic nursing assessment and interventions for clients across the lifespan in community settings, including maternity clients, newborns, children, youth, and clients with mental health and/or substance use conditions, in a

- competent and safe manner.
- 1.3 Demonstrate a trauma-informed, culturally humble, and person-centred approach with clients.
 - 1.4 Document assessments and care provided using objective and non-stigmatizing language.
2. Demonstrate clinical skills and assessments for nursing practice in community settings competently and safely.
- 2.1 Use critical thinking, clinical judgment, and knowledge of holistic assessment to plan, implement, and evaluate care of clients across the lifespan, and clients with a mental health and/or substance use condition.
 - 2.2 Perform a quick priority assessment (QPA) to prioritize and plan care.
 - 2.3 Use decision support tools (DSTs) to assist with decision making and implementation of care.
 - 2.4 Complete a point-of-care risk assessment related to infectious diseases in a competent and safe manner.
3. Initiate, maintain, and conclude therapeutic relationships with clients from across the lifespan, including clients with a mental health and/or substance use condition.
- 3.1 Collaborate with clients, the interprofessional team, peers, and faculty.
4. Demonstrate the principles of medication administration for clients across the lifespan, including clients receiving medication for mental health and/or substance use conditions.
- 4.1 Describe pharmacology commonly encountered in mental health and/or substance use treatment.
 - 4.2 Describe factors influencing a person's adherence to psychotropic medications.
 - 4.3 Describe psychotropic medication toxicity and possible life-threatening adverse effects.
 - 4.4 Respond to an opioid overdose competently and safely.
5. Provide person-centred care that recognizes diversity and respects the uniqueness of each individual through cultural safety, cultural humility, and anti-racism.
- 5.1 Identify one's own values, biases, and assumptions as a self-reflective, responsible, and accountable practitioner.
 - 5.2 Demonstrate appropriate and required actions in a simulated environment when observing racist or discriminatory behaviour.

Course Concepts

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

- Comprehensive health assessment and care for clients across the lifespan, including maternity clients, newborns, children and youth (theory only)
- Comprehensive health assessment and care for clients with mental health and/or substance use conditions
- Suicide risk assessment
- Sterile technique and wound care
- Infusion therapy 1 including:
 - Assessment of insertion sites: short peripheral catheter, peripherally inserted central catheter (PICC), and central venous catheter (CVC) lines
 - Changing intravenous (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
- Urinary catheterization
- Context-specific reporting and documentation
- Mental Health Act
- Clinical decision making
- Nursing interventions
- Risk management
- Individualizing nursing care plans across the lifespan
- Principles of medication administration for clients across the lifespan
- Pharmacology for clients with mental health and/or substance use conditions, including:
 - Drug classes: SSRIs, mood stabilizers, antipsychotics, benzodiazepines, and stimulants
 - Effects and considerations: anticholinergic effects, cognitive changes, fluctuations and/or changes in mood and energy impacting levels of risk (i.e., increased risk of suicidality), neurological changes, paradoxical responses, physiological changes, and sexual dysfunction
- Psychotropic medication toxicity, including (but not limited to) lithium toxicity, serotonin syndrome, neuroleptic malignant syndrome, metabolic syndrome
- Medications and approaches for substance use, including alcohol, benzodiazepine, cannabis, nicotine, opioid, polysubstance and stimulant use
- Factors influencing a person's adherence:

- Age, culture, attitudes and beliefs about medications
- Treatment burden and benefits of oral or long-acting injectables
- Environmental factors and support systems
- Knowledge and understanding
- Therapeutic responses
- Immunizations across the lifespan
- Cultural safety, cultural humility, anti-racism, particularly Indigenous-specific anti-racism
- Diversity, equity, and inclusion

Course Outline: Integrated Nursing Practice 4

Minimum Course Hours: 214

Course Description

Learners will develop nursing skills aimed at promoting health and healing with clients across the lifespan experiencing acute health challenges, including concurrent mental health and/or substance use conditions. Learners use a variety of approaches (such as simulation) to build on theory and practice from Level A and Level 3 courses, and they integrate new knowledge and skills relevant to the acute care setting. Learners also explore critical thinking, clinical judgment, collaboration, and the provision of culturally safe and person-centred care.

Prerequisites: Successful completion of Level 3 courses and Consolidated Practice Experience 3

Corequisites: Variations in Health 4; Health Promotion 4

Learning Outcomes

Upon successful completion of this course, in the simulated learning environment the learner will be able to:

1. Analyze the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies that guide decision making and practice in acute care settings.
 - 1.1 Evaluate one's own learning needs to enhance competence and readiness for practice in an acute care setting.
 - 1.2 Evaluate how legislation and the BCCNM Practice Standards inform nursing practice in acute care.
2. Perform clinical skills and assessments for nursing practice in an acute care setting competently and safely.

- 2.1 Apply critical thinking, clinical judgment, and knowledge of assessment to plan, implement, and evaluate care of clients experiencing acute illness.
 - 2.2 Perform comprehensive nursing assessment and interventions including principles of medication administration and accuracy in medication calculations for clients experiencing acute illness.
 - 2.3 Document assessment data and nursing interventions in objective and non-stigmatizing language.
 - 2.4 Carry out a quick priority assessment (QPA) to prioritize and plan care.
 - 2.5 Use decision support tools (DSTs) to assist with decision making and implementation of care.
 - 2.6 Use Situation-Background-Assessment-Recommendation (SBAR) tool and other nursing shift reports commonly found in acute care settings.
3. Collaborate effectively with clients, the interprofessional health care team, peers, and faculty, while respecting scope of practice.
- 3.1 Provide a caring environment for clients by connecting, sharing, and exploring with them in a collaborative relationship.
 - 3.2 Identify the unique considerations and needs for initiating, maintaining, and concluding a therapeutic relationship with clients experiencing acute illness.
4. Provide person-centred care that recognizes and respects the uniqueness of each individual and demonstrates cultural safety, cultural humility, anti-racism, particularly Indigenous-specific anti-racism.
- 4.1 Uphold anti-racist practice through advocacy and actions.
 - 4.2 Identify one's own values, biases, and assumptions as a self-reflective, responsible, and accountable practitioner.
5. Examine practical applications associated with leadership, management, and followership.
- 5.1 Describe approaches to facilitate and strengthen interprofessional collaborative practice, including collaborative leadership, in an acute care setting.

Course Concepts

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

- Comprehensive holistic health assessment, including mental health assessment
- Admission history, assessment/screeners and care planning, best possible medication history, discharge planning, and discharge teaching
- Quick priority assessment
- Documentation
- Clinical decision making
- Decision support tools
- Nursing interventions with clients experiencing acute illness, including a mental health and/or substance use condition
- Continuous bladder irrigation
- Risk management
- Principles of infection control
- Surgical wound management (assessment, cleansing and irrigation)
- Removing sutures, staples, and drains; inserting and removing wound packing
- Review of IV therapy
- IV initiation
- Blood and blood products (checking client identification, monitoring infusion, responding to blood reactions)
- Initiating blood and blood products (theory and knowledge only)
- Maintaining and removing nasogastric tubes
- Inserting nasogastric tubes (theory and knowledge only)
- Care of medical and surgical clients
- Management of chest tubes, epidural catheter, drainage tubes, suprapubic catheter, tracheostomy, and ostomy
- Individualizing nursing care plans in acute care setting
- Medication administration for clients in the acute care setting
- Pain management for clients in the acute care setting
- IV medication administration
- Reporting and documentation in the acute care setting, including SBAR, client transition reports, client handover, and transfer of accountability
- Leadership competencies

Consolidated Practice Experience

The Consolidated Practice Experience (CPE) refers to the essential, hands-on or direct client care experiences required for learners to meet the British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies for nursing practice. These courses are scaffolded to support the progressive development of nursing practice. Learners build on previously gained experiences and are introduced to new client foci and contexts at each level. The CPE experiences are evaluated based on a laddering of the entry-level competencies across all four levels, as outlined in the evaluation tools.

The CPE A and 4 experiences are directly supervised by faculty. CPE 3 is, optimally, directly supervised by faculty, but can be indirectly monitored by faculty 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 older adults, including those experiencing chronic illnesses and/or mental health conditions. The learner will become comfortable with the relational aspects of nursing, learn the role of the practical nurse, and become confident with assessments, personal care, medication administration, and chronic wound management. This faculty-supervised experience is 120 hours in complex care settings.

In CPE 3, the focus is on the role of the practical nurse within a continuum of care in a variety of community settings, including those that support clients experiencing mental health and/or substance use disorders. The continuum of care will provide learners 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 disability services. Any placement that can support the student to meet the learning needs for CPE 3 can be used, including inpatient mental health services where available, and/or learning can be supported through simulation in Integrated Nursing Practice 3. These hours may be offered as CPE 3 or integrated into the Integrated Nursing Practice 3 course as practice hours. This CPE faculty-supervised (direct or indirectly monitored) experience is 65 hours.

In CPE 4, the role of the practical nurse in acute care is emphasized. Learners focus on exacerbations of chronic illness and/or presentations of acute illness, including clients experiencing a concurrent mental health and/or substance use condition. Learners are supported to 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 the Integrated Nursing Practice 4 course 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. The Final Practice Experience is 210 hours.

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.

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 licensed practical nurse (LPN) or, in some cases, a registered nurse (RN) or registered psychiatric nurse (RPN). The RN/RPN must be familiar with the LPN role expectations set by the employer and understand the LPN role description so they can reference this in the learner's performance and provide feedback to the educational institute. The RN/RPN must also understand the learner's educational preparation and the BCCNM LPN Ethics Standards, Practice Standards, and Entry-Level Competencies.

A collaborative learning unit is a practice education alternative to preceptorship. In the collaborative learning unit model, learners practise 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.¹

1. Lougheed, M., & Galloway Ford, A. (2005). *The collaborative learning units model of practice education for nursing: A summary*. Prepared for the Collaborative Learning Units Provincial Group (British Columbia).

Course Outline: Consolidated Practice Experience A

Minimum Course Hours: 120

Course Description

Learners integrate theory from the Level A courses into practice with a focus on older adults, including those with chronic illnesses and/or mental health conditions, in complex care settings. Learners practise comprehensive health assessments, nursing care, care planning, medication administration, and basic wound and foot care. Learners are introduced to cultural safety and cultural humility as well as organization and leadership in nursing practice. Learners also explore the impact of professional and practice standards on nursing care and relational practice.

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

Corequisites: None

Learning Outcomes

Upon completion of this course, with faculty guidance and input from the interprofessional health team, learners will be able to:

1. Practise within relevant legislation; the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies; and facility-specific policy and procedures for providing care for older adults, including those with chronic illnesses and/or mental health conditions.
 - 1.1 Ensure consent is obtained when providing safe, competent, culturally competent, and ethical care.
 - 1.2 Access appropriate resources, policies, and procedures as required.
 - 1.3 Demonstrate accountability and responsibility for one's own decisions and actions.

2. Employ competence in clinical skills for nursing practice in complex care settings.
 - 2.1 Practise consistent client-specific decision making that considers client acuity, complexity, variability, and available resources.
 - 2.2 Use critical thinking, clinical judgment, and knowledge of holistic assessment to plan, develop nursing diagnoses, implement, and evaluate care of older adults with a variety of health challenges, with guidance as required.
 - 2.3 Apply knowledge of pharmacology and principles of safe medication practice.
 - 2.4 Demonstrate effective time management skills by setting priorities and organizing workload.

3. Demonstrate a collaborative approach with other members of the health care team, as well as clients and family, to meet the collective needs of older adults, including those with chronic illnesses and/or mental health conditions.
 - 3.1 Collaborate with faculty to provide leadership, direction, assignment, and supervision of unregulated care providers in complex care settings.
 - 3.2 Engage in continuous learning to build one's professional and personal competence.
 - 3.3 Contribute assessments and information to care-planning sessions.
 - 3.4 Communicate changes in the client's health status to the appropriate health care team members.

4. Reflect on the practical nurse's role as advocate for the health and wellness needs of older adults including those with chronic illnesses and/or mental health conditions.
 - 4.1 Advocate for change reflecting evidence-informed practice.
 - 4.2 Share new learning with peers and other health care team members.

5. Initiate, maintain, and conclude the therapeutic relationship when caring for older adults, including those with chronic illnesses and/or mental health conditions.
 - 5.1 Demonstrate various communication strategies in communicating with clients with cognitive, sensory, and/or mental health disorders.
 - 5.2 Provide clear information to clients about the care or service to be provided.
 - 5.3 Respond to questions and concerns in a calm and caring manner.
 - 5.4 Maintain appropriate interpersonal and professional boundaries.

6. Deliver person-centred care that demonstrates cultural safety, cultural humility, and anti-racism.

- 6.1 Communicate both verbally and in writing in an objective and non-stigmatizing manner.
- 6.2 Interact in a manner that respects the rights, needs, interests, and preferences of clients.
- 6.3 Evaluate how one's own values, biases, and assumptions about interactions with clients and other members of the health care team have or may impact care in clinical settings.

Course Concepts

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

- Professional practice and communication
- Communication with older adults with cognitive challenges
- Comprehensive assessment of the older adult, including mental health assessment
- Medication administration to at least six clients on at least two occasions, using a variety of routes
- Interprofessional approach to care
- Ethical practice
- Wellness and health promotion
- Nursing care, including assessment, personal care, basic skin care, topical, and rectal medication administration, and documentation
- Legislation specific to the older adult
- Leadership
- Chronic wound care
- Basic foot assessment and care
- Self-reflective approach to practice and lifelong learning
- Cultural safety, cultural humility, anti-racism, particularly Indigenous-specific anti-racism
- Diversity, equity, and inclusion

Course Outline: Consolidated Practice Experience 3

Minimum Course Hours: 65

Course Description

Learners apply and adapt knowledge gained in Levels 1, 2, and 3 courses to community care settings. Learners explore concepts of cultural safety, cultural humility, trauma-informed practice, and mental health and/or substance use. They will also explore clinical judgment, critical thinking, collaboration, and leadership. Learners may gain experience through simulation and in a variety of settings with a focus on concepts outlined in Integrated Nursing Practice 3.

Note: These hours may be offered as Consolidated Practice Experience 3 or integrated into the Integrated Nursing Practice 3 course as practice hours.

Prerequisites: Professional Communication 2; Professional Practice 2; Variations in Health 2; Health Promotion 2; Integrated Nursing Practice 2

Corequisites: Professional Communication 3; Professional Practice 3; Variations in Health 3; Health Promotion 3; Integrated Nursing Practice 3

Learning Outcomes

Upon successful completion of this course and with faculty guidance and input from the interprofessional health care team, the learner will be able to:

1. Practise within legislation; the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies; and facility-specific policy and procedures relevant to care in community settings.
 - 1.1 Examine the practical nurse's role and responsibility and the unique considerations of leadership, direction, assignment, and supervision of unregulated care providers within the context of community care.
 - 1.2 Explore the impact of Professional and Practice Standards on nursing practice in

- community settings.
 - 1.3 Use facility-specific resources, policies, and procedures in the delivery of care in community settings.
 - 1.4 Demonstrate accountability and responsibility for one's own decisions and actions.
2. Apply critical thinking, clinical judgment, and knowledge of holistic assessment to plan, implement and evaluate care for clients from across the lifespan receiving care in a community setting.
- 2.1 Apply knowledge of mental health and/or substance use conditions in the provision of care in the practice setting.
 - 2.2 Demonstrate a trauma-informed, person-centred, and recovery-oriented approach when providing care for clients experiencing mental health and/or substance use conditions.
3. Initiate, maintain, and conclude therapeutic relationships when caring for clients across the lifespan in community settings, including clients with mental health and/or substance use conditions.
- 3.1 Interact in a manner that respects the rights, needs, interests, and preferences of clients.
 - 3.2 Maintain appropriate interpersonal and professional boundaries.
 - 3.3 Identify personal biases and barriers to communicating effectively with the health care team and clients, particularly those with mental health and/or substance use issues.
 - 3.4 Provide clear information to clients about the care or service to be provided.
 - 3.5 Respond to questions and concerns in a calm and caring manner.
4. Reflect on the practical nurse's role as advocate when caring for clients across the lifespan in community settings, including clients with mental health and/or substance use conditions.
- 4.1 Advocate on the behalf of the rights, needs, interests, and fair treatment of clients and their families.
 - 4.2 Identify how evidence-informed decision making can advocate for change in the community setting.
5. Participate in collaborative practice decisions that are client specific and consider client acuity, complexity, and variability as well as available resources in a supervised practice setting.

- 5.1 Develop collaborative relationships with clients in a caring community environment.
 - 5.2 Seek clarification, guidance, and assistance from other health care team members when needed.
 - 5.3 Use problem-solving and decision-making skills with the interprofessional team and clients to develop a plan for care in the community.
6. Provide culturally safe, trauma-informed, and relational care that recognizes diversity and respects the uniqueness of each individual.
- 6.1 Communicate verbally and in writing in an objective and non-stigmatizing manner.
 - 6.2 Evaluate how interactions with clients and other members of the health care team in the community are influenced by one's own biases, values, and assumptions.
7. Engage in continuous learning to maintain and enhance personal and professional competence.
- 7.1 Use self-reflection to identify practice areas for improvement.
 - 7.2 Cope constructively with unanticipated or unusual situations.
 - 7.3 Respond non-defensively to feedback, even when provided in a critical or confrontational manner.

Course Concepts

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

- Professional communication
- Nurse-client relationship/therapeutic relationship
- Comprehensive assessments across the lifespan
- Mental health assessment
- Interprofessional approach to care
- Ethical practice
- Wellness and health promotion
- Nursing care and documentation
- Self-reflective approach to practice and lifelong learning
- Cultural safety and cultural humility, and anti-racism, particularly Indigenous-specific anti-racism
- Diversity, equity, and inclusion

Course Outline: Consolidated Practice Experience 4

Minimum Course Hours: 200

Course Description

Learners integrate theory from all courses into the role of the practical nurse in the acute care setting and other practice areas as appropriate. Learners focus on clients with exacerbations of chronic illness and/or acute illness across the lifespan, including clients with concurrent mental health and/or substance use conditions. Learners consolidate knowledge and skills such as post-operative care, surgical wound management, intravenous therapy, focused assessment, and clinical decision making in acute care settings. Learners demonstrate and reflect on advocacy, cultural safety, cultural humility, and anti-racism, with a focus on Indigenous-specific anti-racism.

Note: Up to 30% of these hours may be integrated as clinical practice hours within the semester (not to be included in the Integrated Nursing Practice 4 course hours).

Prerequisites: Professional Communication 3; Professional Practice 3; Variations in Health 3; Health Promotion 3; Integrated Nursing Practice 3

Corequisites: Variations in Health 4; Health Promotion 4; Integrated Nursing Practice 4

Learning Outcomes

Upon successful completion of this course and with faculty guidance and input from the interprofessional health care team, the learner will be able to:

1. Practise within legislation; current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies for LPNs; and facility-specific policy and procedures relevant to practice in an acute care setting.
 - 1.1 Demonstrate accountability and responsibility for one's own decisions and actions.
 - 1.2 Use facility-specific resources, policies, and procedures that inform nursing practice.

- 1.3 Provide leadership, direction, assignment, and supervision of unregulated care providers in the acute care setting.
 - 1.4 Document according to established legislation, standards of practice, ethics, and organizational policies.
 - 1.5 Obtain informed consent to support the client's informed decision making.
2. Apply critical thinking, clinical judgment, and knowledge of holistic assessment to plan, develop nursing diagnoses, implement, and evaluate the agreed-upon plan of care for stable or predictable post-operative or medical clients across the lifespan, including clients with concurrent acute mental health and/or substance use conditions, in an independent manner.
- 2.1 Make practice decisions, including nursing interventions, that are client-specific and consider client acuity, complexity, variability, and available resources, in an independent manner.
 - 2.2 Apply relevant clinical data to practice decision, interventions, and care.
 - 2.3 Formulate clinical decisions consistent with client needs and priorities.
 - 2.4 Apply clinical skills for nursing practice competently in the acute care setting.
 - 2.5 Demonstrate quick priority assessments on clients competently and independently.
 - 2.6 Apply principles of safe medication administration.
 - 2.7 Respond immediately when a client's condition is deteriorating.
 - 2.8 Demonstrate effective time management skills by setting priorities and organizing workload.
3. Demonstrate respect for the roles and abilities of other members of the health care team in the acute care setting.
- 3.1 Collaborate with other members of the health care team to develop a plan of care when a client's status has changed.
 - 3.2 Collaborate with the health care team in transitions and transfer of responsibility of care.
4. Provide a caring environment for clients and families by connecting, sharing, and exploring with them in a collaborative relationship.
- 4.1 Facilitate the involvement of the client's family and others as needed and requested.
 - 4.2 Initiate, maintain, and conclude therapeutic relationships in the context of caring for clients in acute care settings and/or experiencing crisis, including clients with a mental health and/or substance use condition.

5. Use a trauma-informed, person-centred, and recovery-oriented approach when providing care to clients in acute care, including clients experiencing mental health and/or substance use conditions, especially as it relates to a person's perception of health care and health care services.
 - 5.1 Communicate both verbally and in writing in a non-stigmatizing manner.
 - 5.2 Ensure one's own biases, values, and assumptions do not negatively influence client care or interactions with other members of the health care team.
6. Advocate as needed when caring for clients in the acute care setting, including clients with mental health and/or substance use conditions.
 - 6.1 Advocate for and lead change reflective of evidence-informed practice.
 - 6.2 Advocate for clients or their representatives, especially when they are unable to advocate for themselves.
7. Provide culturally informed, trauma-informed, and relational care that recognizes diversity and respects the uniqueness of each individual.
 - 7.1 Incorporate Indigenous cultural rights, values, and practices into the plan of care for Indigenous clients, including ceremonies and protocols significant to health and healing.
 - 7.2 Demonstrate appropriate and required actions when observing racist or discriminatory behaviour.
8. Demonstrate teaching and learning through a continuum of care and discharge planning.
 - 8.1 Assess clients' health literacy, knowledge, and readiness to learn.
 - 8.2 Apply the nursing process to the teaching and learning process.
 - 8.3 Provide information and access to resources to facilitate health education.
9. Engage in continuous learning based on one's desired growth in personal and professional competence.
 - 9.1 Use self-reflective processes to identify practice areas for improvement.
 - 9.2 Cope constructively with unanticipated or unusual situations.
 - 9.3 Respond non-defensively to feedback, even when provided in a critical or confrontational manner.
 - 9.4 Develop a learning plan to be implemented in the Final Practice Experience.

Course Concepts

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

- Leadership
- Professional practice and communication
- Therapeutic relationships
- Reporting off and transition of care
- Advocacy
- Clinical decision making
- Interprofessional approach to practice
- Comprehensive and focused assessments
- Medication administration
- Wound care
- Discharge planning
- Self-reflective approach to practice and lifelong learning
- Cultural safety, cultural humility, and anti-racism, particularly Indigenous-specific anti-racism
- Diversity, equity, and inclusion

Course Outline: Final Practice Experience

Minimum Course Hours: 210

Course Description

Learners will have the opportunity to synthesize and integrate the nursing knowledge, skills, and abilities acquired through all previous coursework into their practice. With increasing autonomy and independence, learners will demonstrate how to implement evidence-informed practice and apply critical thinking and clinical reasoning to diverse client situations of increasing acuity and/or complexity. Learners will consolidate their practice capacity while safely managing an increasing client assignment within the realities of the workplace and prepare for transition to licensed practice.

Note: This experience may occur through a variety of experience models, including the preceptorship model, under the immediate supervision of a single fully qualified and experienced LPN, RN, or RPN, and/or within a collaborative learning environment with the learner as a participating team member.

Prerequisites: Successful completion of all coursework and Consolidated Practice Experience A, 3, and 4

Corequisites: None

Learning Outcomes

Upon successful completion of this course and with faculty guidance and input from the interprofessional health care team, the learner will be able to:

1. Practise within legislation; the current British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards, Practice Standards, and Entry-Level Competencies; and facility-specific policy and procedures relevant to the practice setting.
 - 1.1 Demonstrate accountability and responsibility for one's own decisions and actions.
 - 1.2 Engage in evidence-informed practice by considering a variety of relevant sources of information.

- 1.3 Articulate one's own role based on legislated scope of practice, individual competence, and the care context including employer policies.
 - 1.4 Utilize appropriate resources and Standards to guide nursing practice.
 - 1.5 Practise within one's own level of competence.
2. Engage in continuous learning based on one's desired growth in personal and professional competence.
- 2.1 Develop and document a learning plan to guide practice in Final Practice Experience.
 - 2.2 Assess implications of one's own decisions.
 - 2.3 Use self-reflective processes to identify practice areas for improvement.
3. Model cultural safety, cultural humility, and anti-racism in practice, particularly Indigenous-specific anti-racism.
- 3.1 Take appropriate and required action when observing racist or discriminatory behaviour toward Indigenous Peoples.
 - 3.2 Incorporate Indigenous cultural rights, values, and practices into the plan of care for Indigenous clients (where possible), including ceremonies and protocols related to illness, birth, and death.
 - 3.3 Analyze how practices and protocols in the health care setting contribute to either a negative or positive health care experience for clients, with a focus on the experience of Indigenous clients.
4. Demonstrate the ability to initiate, maintain, and conclude therapeutic relationships when caring for clients in health care settings and/or experiencing a crisis, including clients with a mental health and/or substance use condition.
- 4.1 Establish collaborative relationships with clients by connecting, sharing, and exploring with them in a caring environment.
 - 4.2 Facilitate the involvement of the client's family and others as needed and requested.
 - 4.3 Support clients in making informed decisions about their health care and respect their decisions.
5. Collaborate with other members of the health care team to meet the collective needs of clients.
- 5.1 Participate in interprofessional problem solving and decision making.
 - 5.2 Advocate for and facilitate change reflecting evidence-informed practice.
 - 5.3 Use conflict resolution strategies to promote healthy relationships and optimal client

outcomes.

- 5.4 Apply the principles of team dynamics and group processes in interprofessional team collaboration.
6. Use critical thinking, clinical judgment, and knowledge of holistic assessment to plan, implement, and evaluate the agreed-upon plan of care.
- 6.1 Make practice decisions, including about nursing interventions, that are client specific and consider client acuity, complexity, variability, and available resources.
 - 6.2 Apply principles of safe medication administration.
 - 6.3 Incorporate relevant clinical data into one's nursing practice.
 - 6.4 Evaluate competing priorities to competently respond to clients' conditions.
7. Provide culturally informed, trauma-informed, relational care across the lifespan that recognizes diversity and respects and the uniqueness of each individual.
- 7.1 Establish collaborative relationships with clients by connecting, sharing, and exploring with them in a caring environment.
 - 7.2 Adapt practice in response to the spiritual beliefs and cultural practices of clients.
 - 7.3 Preserve the dignity of clients in all personal and professional contexts.
8. Provide leadership, direction, assignment, and supervision of unregulated care providers as appropriate.
- 8.1 Participate in creating and maintaining a quality practice environment that is healthy, respectful and psychologically safe.
 - 8.2 Foster an environment that encourages questioning and exchange of information.
 - 8.3 Demonstrate formal and informal leadership in practice.
9. Take action to minimize the impact of personal values and assumptions on interactions and decisions.
- 9.1 Reflect on and strategize how one's own values, biases, and assumptions may negatively influence care and/or interactions with members of the health care team.
 - 9.2 Demonstrate respect for the values, opinions, needs, and beliefs of others.

Course Concepts

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

- BCCNM Ethics Standards, Practice Standards, and Entry-Level Competencies for LPNs
- Leadership
- Professional communication
- Therapeutic relationships
- Clinical decision making
- Interprofessional approach to practice
- Comprehensive and focused assessments
- Medication administration
- Wound care
- Care planning and discharge planning
- Self-reflective approach to practice
- Cultural safety, cultural humility, and anti-racism
- Diversity, equity, and inclusion

Appendix A: Steering Committee and Project Team

This document was revised as part of the 2022–2025 Provincial Practical Nursing Program and Access to Practical Nursing Program Curriculum Guide Revision Project. The project was sponsored by the Ministry of Post-Secondary Education and Future Skills, guided by the expertise and contributions of the steering and review committee members, and led by BCcampus. Thank you to everyone who contributed their time and expertise.

Steering and Review Committees

Esther Aguilar	British Columbia Career College Association (Private College Representative); Director of Nursing and Healthcare Operations, Sprott Shaw College
Barb Eagle	BC Nurses Union
Adiam Brhane	British Columbia College of Nurses and Midwives
Harjit Dhesi	British Columbia College of Nurses and Midwives
Janice Penner	British Columbia College of Nurses and Midwives
Monica Redekopp	British Columbia College of Nurses and Midwives
Sandra Regan	British Columbia College of Nursing and Midwives
Carly Hall	Camosun College
Ros Giles-Pereira	Camosun College
Sandhya Pillay	Career College
Callan Williamson	Coast Mountain College
Kelsey Schlenker	Coast Mountain College
Lauren Fraychineaud	Coast Mountain College
Ashton Magnusson	College of New Caledonia, Prince George
Jocelyn Bergeron	College of New Caledonia, Prince George
Amanda Goforth	College of the Rockies
Arleah Johansen	Discovery College

Pauline Imai	Discovery College
Mona Gray	First Nations Health Authority
Jessica Hardwicke	First Nations Health Authority
Aneta D'Angelo alt. Erin Bryant	Interior Health
Joanne Maclaren	Island Health
Sandra Judge	Island Health
Billie Hayre	Ministry of Health
Nancy Blythe	Ministry of Health
Patrick Jobe	Ministry of Health
Kerry Morrison	Ministry of Health, Health Sector Workforce and Beneficiary Services Division
Carolyn Solomon	Ministry of Health, Health Sector Workforce and Beneficiary Services Division
Katherine Younker	Ministry of Health, Health Sector Workforce and Beneficiary Services Division
Jeff Gardiner	Ministry of Post-Secondary Education and Future Skills
Neil Wereley	Ministry of Post-Secondary Education and Future Skills
Spotted Fawn Minnabarriet	Nicola Valley Institute of Technology
Aimee Wheatley	North Island College
Laura Hickey	North Island College
Erika Reimer	Northern Lights College
Dana Susheki	Okanagan College
Marianne Schwan	Private Training Institutions Branch
Sarah Lechthaler	Selkirk College
Jag Tak	Stenberg College
Monika Latecki	Stenberg College
Kim Morris	Thompson Rivers University
Debbie Jobb	University of the Fraser Valley
Samantha Hampton	University of the Fraser Valley
Sudeshna Siwan	Vancouver Career College/CDI College
Heather Mak	Vancouver Coastal Health
Asal Makhmour	Vancouver Community College

Janita Schappert	Vancouver Community College
Anne Ruuskanen	Vancouver Island University
Shelley Trimblett	Vancouver Island University

Project Team

Ros Giles-Pereira	Subject Matter Expert, Chair, Continuing Care Department; Camosun College
Liz Warwick	Instructional Designer
Barbara Johnston	Editor, West Coast Editorial Associates
Jeff Gardiner	Senior Policy Analyst, Health and Medical Education, Post-Secondary Programs Branch, Ministry of Post-Secondary Education and Future Skills
Rebecca Shortt	Project Manager, BCcampus
Kaitlyn Zheng	Project Support and Open Publication, BCcampus

Appendix B: Access to Practical Nursing Program 2025 Revisions

- In *Curriculum Core Concepts*, references to the spiral curriculum are removed and the concept of the scaffolding model of curriculum delivery is explained.
- The *Curriculum Framework Design* has been updated with current language and practice areas.
- Suggested Learning Activities, Assessments, and References and Resources have all been removed from each course outline and will be placed in the 2026 Access to Practical Nursing Program Supplement.
- All course numbers have been changed from Roman numerals to Arabic numerals.
- Course descriptions have been rewritten to be learner centred.
- The number of learning outcomes have been reduced in all courses and sub-outcomes have been added.
- All references to the BCCNM's *Scope of Practice and Limits and Conditions for LPNs* have been removed. Instead, Learning Outcomes refer to BCCNM LPN Ethics Standards and Practice Standards.
- A sub-outcome specific to delegation has been added to *Professional Practice 2* and *Professional Practice A*.
- All references to long term care in Level 2 have been replaced with complex care (and/or multi-level care where appropriate).
- Digital stimulation and rectal disimpaction have been added to *Integrated Nursing Practice (INP) 1/INP A*.
- Sterile wound care has been removed from INP A and INP 2.
- Foot assessment and care has been added to INP A and INP 2.
- A table of recommended topics for all *Variations in Health* courses has been added after *Variations in Health 4* (was Appendix C in previous curriculum).
- Sterile wound care has been added to INP 3.
- Lab practice of health assessment of maternity clients, newborns, children, and youth has been removed from INP 3.
- Comprehensive suicide risk assessment has been added to INP 3.
- Learning outcomes specific to pharmacology and medication administration have been added to *Variations in Health 3* and INP 3.
- *Professional Practice 4* and *Professional Communications 4* have been eliminated, freeing up 40 hours.
- Non-redundant Learning Outcomes have been incorporated into the other Level 4 courses.

- Six hours have been added to *Health Promotion 4*.
- The need to refer to decision support tools is now specified in sub-outcomes.
- Thirty-four hours have been added to INP 4.
- IV initiation and IV medication administration have been added to INP 4 (practice).
- Blood and blood products (theory) has been moved from INP 3 to INP 4.
- *Transition to Preceptorship* has been eliminated.
- The 30 hours from *Transition to Preceptorship* have been added to *Final Practice Experience*.
- The *Glossary of Terms* has been removed.
- *Appendix A: Steering Committee and Project Team* has been revised.
- *Appendix A: Curriculum Guide Second Edition, 2017 Steering Committee Terms of Reference* has been archived.
- *Appendix B: Curriculum Guide First Edition, 2011, Steering Committee Terms of Reference* has been archived.
- *Appendix D: Bloom's Taxonomy* will be moved to the Supplement.
- *Appendix E: Acronyms* has been archived.

Appendix C: Previous Access to Practical Nursing Curriculum Guides and Supplements

Below are links to previous versions of the Access to Practical Nursing Program Provincial Curriculum Guide and Supplement:

- [2012 APN Program Provincial Curriculum GUIDE 2017 \[Word doc\]](#)
- [2012 APN Program Provincial Curriculum Guide SUPPLEMENT 2017 \[Word doc\]](#)

Versioning History

This page provides a record of edits and changes made to this book since its initial publication. Whenever edits or updates are made in the text, we provide a record and description of those changes here. If the change is minor, the version number increases by 0.01. If the edits involve substantial updates, the version number increases to the next full number.

The files posted by this book always reflect the most recent version. If you find an error in this book, please fill out the [Report an Error](#) form.

Version	Date	Change	Details
1.00	February 23, 2026	Book published.	
1.01	April 22, 2026	Minor text edits.	Changed occurrences of “British Columbia College of Nurses and Midwives (BCCNM) LPN Professional Standards” to “British Columbia College of Nurses and Midwives (BCCNM) LPN Ethics Standards”.