

BSN Curriculum Guide for Students 2019

Bachelor of Science in Nursing (BSN) Program

Faculty of Health & Human Services

Why Concept-Based Learning?

- ❖ Success in nursing education involves understanding of complex concepts and associated nursing care
- ❖ Students must demonstrate not only knowledge of concepts but application to actual patient situations
- ❖ Ability to critically think and analyze complex situations is necessary when providing safe and effective care to today's patient
- ❖ Learning must be transferrable across the lifespan and through a variety of clinical settings

These materials represent a component of a four-year integrated BSN program jointly developed and held by the participating institutions in the Collaboration for Academic Education in Nursing (CAEN) to April 30, 2015.

THE BSN CURRICULUM

Purpose

Through engagement in teaching and learning, the BSN curriculum provides baccalaureate academic education of nurses. At the completion of their education, graduates will be prepared to meet the professional practice requirements, at the entry level, as identified by the College of Registered Nurses in BC (BCCNP), to write the NCLEX (National Council Licensure Examination for Registered Nurses), and enter the profession of nursing. Having completed this program nurses will also be prepared to pursue further academic education at the graduate level.

The purpose of the curriculum is to educate people to become nurses to contribute to the enhancement of health for all Canadians and others in the global community. The curriculum fosters critically reflective, independent, and motivated learners and practitioners with an inquiry approach to lifelong learning in their practice. Within this curriculum, learners are prepared to work with individuals, families, groups, and communities in a variety of settings. The curriculum assists students to develop knowledge, competencies and understanding of their own and others' (individuals, families, groups, populations, communities, society) diverse experiences of health and healing, including care of the sick and dying. By being cognizant of nurses' professional roles and the evolving health care system, students learn to work as partners with clients and other health care providers. Through their understanding of and participation in the evolving health care system, graduates will be active participants and leaders in influencing and contributing to the promotion of health.

Program Philosophy

The curriculum is based on the following beliefs about people, health, health promotion and registered nurse practice.

Beliefs

About People

People are holistic beings who have intrinsic worth and bring unique meaning to life experiences. People make choices based on the meaning they attribute to their experiences, and their choices are influenced by both internal and external factors such as genetics and biology, life circumstances, culture, context, relationships, spirituality, values, beliefs and past experiences.

People influence, and are influenced and shaped by, the world that they inhabit. To understand the person one must understand their context. Inherent in this is the understanding that people have the capacity to create knowledge from their experiences and use this knowledge to resolve issues and manage their own lives and health. Although capable of free will and choice, implicit in the choices people make is the responsibility to be accountable for the consequences of their actions.

Although ultimately alone and self-responsible, people live in relationships with others and are constantly evolving as they interact and strive toward health. Emancipatory relationships with people are built on the understanding that personal capacity development cannot occur in isolation and changes to social systems and relationships may need to occur in order for people to meet their full potential.

Health and Health Promotion

The current view of health has been transformed from one dominated by the disease-treatment model to one typified by the declaration of the World Health Organization (WHO) that sees health as deeply rooted in human nature and societal structures. As identified by the WHO (1984), health is defined, in this curriculum, as “the extent to which an individual or group is able to realize aspirations, to satisfy needs and to change or cope with the environment”. Health is a resource for, as well as an object of, living (World Health Organization [WHO], 1986). There are biological, sociological and environmental determinants of health. Inequities in background, geography, living conditions and access to resources (amongst other variables) have a strong influence on the ability of individuals, families, groups, communities and societies to achieve health.

Health promotion, when viewed through the lens of beliefs about people and health, becomes “a process of enabling people to increase control over and to improve their health... a mediating strategy between people and their environment, synthesizing personal choice and social responsibility in health” (WHO, 1984, p.1).

Health promotion is both a philosophy (a way of being) and a practice (a way of doing). Empowerment is central to health promotion. Empowerment is a term used to describe processes through which experiences of powerlessness are transformed and actions are taken to change the physical and social conditions that create inequalities. Empowerment describes the intentional effort of creating more equitable relationships whereby there is greater equality in resources, status and authority (social justice). A relationship can be health promoting in and of itself.

Registered Nurse Practice

Nursing, as both an art and a science, is a practice profession and a knowledge-based academic discipline concerned with promoting health and healing including the care of the sick and dying. Caring and ethics underpin nursing which is a relational practice of inquiry and action that incorporates empirical, practical, ethical, aesthetic, personal, and socio-political knowledge, including unique nursing knowledge and knowledge from other disciplines and traditions. Registered nurses work with clients (individuals, families, groups, communities and society) to promote health and healing through relational practice in a broad variety of contexts. Both caring and health promotion are key dynamics/processes within relational nursing practice.

Registered nurses work with people (individuals, families, groups, communities and society) in diverse community settings. Registered nurses strive to understand people’s experiences of health, illness, healing and the dying process. They consider the complexity of factors, including social determinants that influence health and healing, and engage/participate with people to increase control over their health and/or promote their health. Registered nurses are committed to advocating for and increasing the voice of individuals, groups, and populations who are socially excluded.

Registered nurses assume individual and collective responsibility for their decisions, their professional growth, and their care of self. They also assume responsibility for maintaining professional standards, competencies, and ethics. Registered nurses practice with other health care providers from a collaborative perspective with an understanding of the individual scopes of practice of each profession. They are committed to egalitarian and empowering relationships with their clients, each other, and their colleagues, and are committed to mentoring students and graduates.

Registered nurses provide care that has a high correlation with positive outcomes for clients thus providing benefits within the health care system. Registered nurses engage in evidence-informed practice and in scholarship, contributing to professional practice and the discipline of nursing. They are leaders in health care locally, nationally, and internationally, and play a vital role in shaping and responding to the challenges to health in our global society.

Vision

For Health Care

The health care system should be based on the principles of primary health care and social justice. Hence the health care system must include a continuum of care available to all people across all populations and locations of care in the community, such as acute care hospitals and agencies focusing on health promotion. The health care system should be innovative and responsive to people's need for health care within a framework of responsible fiscal and ethical decision making. Within this context there needs to be more emphasis placed on health promotion for healthier citizens now and in the future. Registered nurses have a large and leading role to play in influencing the current and future organization of health care as they are educated to create partnerships with clients for both healing and health promotion.

For Nursing

Nursing as a caring practice profession and a discipline is embedded in a social, historical, economic, environmental, and political context. Registered nurses have the knowledge, skills and understanding for participating within these contexts as leaders and health care providers. They will continue to be influential in the construction of effective care for clients (whether individuals, families, groups, communities or society) and can positively impact a health care system that meets the changing needs of a diverse and sustainable global society. Nurses are committed to primary health care and social and environmental justice. Nurses will continue to be flexible and creative in their practice to meet the challenges of the structural and fiscal changes within health care. Such changes may require nurses to expand their roles, including recommitment to that of advocate, activist and lobbyist in partnership with their clients. Registered nurses will take a collaborative and leadership role on the inter-professional and intra-disciplinary health care team as it works with clients to provide and coordinate effective and timely care. A continued commitment to ongoing nursing research and scholarship, transfer research, and knowledge development and translation will inform future practice.

For Nursing Education

Nursing education should prepare people to practice in an ever-changing health care system and fast paced world. Nursing education should be responsive to the needs of the health care system, visionary by anticipating changes in the role of the registered nurse and, in partnership with practice, critical of hegemonic practices within health care. Hence a nursing curriculum should be designed to prepare nurses not only for the present practice context but also for the evolving context of 5-10 years in the future. Baccalaureate education provides the learner with a breadth of perspectives and knowledge needed for a variety of practice contexts and an approach to learning that emphasizes inquiry and critical thinking. To be well prepared to meet the challenges of the complexity of care, the health care system, and evolving societal and environmental trends nurses cannot rely solely on knowledge learned today. Curricula should emphasize a co-learning environment that promotes “learning how to learn”, the development of critical thinking and inquiry skills and a commitment to caring practice and lifelong learning.

The curriculum includes eight academic semesters, and three consolidated practice experiences. Each successive practice experience involves increased nursing responsibility in order to prepare students for their professional autonomous roles. During practice experiences, students could be working with local, provincial or international health care agencies.

Learning and Teaching in the Curriculum

There is congruence between the curriculum and the learning and teaching approaches used by faculty within all the nursing programs in the CAEN partnership. This means that the foundational perspectives and core concepts that inform the curriculum also inform learning and teaching practices. Learning and inquiry are integral processes through which students develop as professional nurses and students need to develop skills in both these processes as they proceed through the program. The development of competence in these areas, as well as in the related concept of scholarship, is initiated in the first semester and students come to a greater understanding of themselves as scholars and teachers as they move towards graduation. Hence teaching, learning, inquiry and scholarship are concepts within the curriculum, processes through which students co-create with others their body of nursing knowledge and also competencies required of nurses to practice effectively with clients.

How Phenomenological Perspectives Inform Learning and Teaching

Curriculum is defined as the interactions that take place between and among students, clients, practitioners, and faculty (lived experience) with the intent that learning take place. To this end the curriculum is based on Bevis and Watson’s (1989) conceptualization of nursing curricula. This view of curriculum places major emphasis on the quality of relationships experienced in an education program, rather than on a course of studies, behavioural objectives, threads, or themes. The relationships students have with others are varied, such as those with clients, the practitioners they work with, their peers, and their teachers. Teachers are seen as expert learners working with students in partnership, drawing on student experience and on theory of various kinds to develop the content to be learned.

The shift from a behaviourist model to one reflecting phenomenology builds on a foundation of a relationship between teacher and student, who are seen as partners or co-learners in the educational process. The relationship is one in which learning priorities and essential learning experiences for each student are addressed. Consequently, not every student requires, needs, or has similar learning opportunities. Furthermore, reflecting the reality of nursing practice settings, students are likely to have vastly different learning experiences in practice placements within and across all semesters.

How Critical Perspectives Inform Learning and Teaching

Teaching and learning in the curriculum draws on critical pedagogy, feminist pedagogy, critical social theory, and postcolonial perspectives with the intent of providing emancipatory and transformative experiences for students. In addition, faculty examine the social conditions that might influence students' experiences of learning and success in the program. To this end faculty try to create an environment that is inclusive of all students and respects diversity.

Learning is defined as a reformulation of the meaning of experiences and leads to changes in attitudes, feelings, and responses. Students, practitioners, faculty, and clients are equally valued as partners in the learning process in the curriculum. Critical thinking is emphasized and students are encouraged to become critically reflective practitioners who are able to analyze a situation and challenge the status quo.

How Empiricist Perspectives Inform Learning and Teaching

Teaching and learning in the curriculum also draws on empirical perspectives, particularly with an emphasis on assessments and evaluations. Students are exposed to scientific processes for collecting and organizing information (decision making for nursing practice framework) at the same time as they understand that no single truths govern health and they are able to link the observable to the unobservable (Im & Meleis, 1999). The curriculum reflects a view of nursing as a discipline that values different ways of knowing. Knowledge is derived from the understanding of self, practice, theory, and research, with each way of knowing informing and influencing the other. Similarly evaluation practices within the curriculum are grounded on rational information collection and are contextualized by the unique circumstances of the student, the teacher, the learning environment, etc.

Concept Based Curriculum: Rationale

"A growing body of literature suggests that the management of curricular content is one of the key challenges of health professions education" (Giddens & Brady, 2007, p.65).

According to Giddens and Brady (2007) rapidly changing and evolving knowledge in the health professions makes it very challenging to maintain currency in curriculum documents and course outlines. Fast paced changes in the health care system, as well as the increasing dependence on technology and greater dissemination of knowledge through technology, add to the tensions. Murphy (2004) states that most of what students learn in their nursing education will eventually become obsolete.

Within this context of rapid change frequent debates arise among educators about the nursing knowledge or content that should be included in nursing programs. Often educators favour content that is within their own areas of expertise. Curricula often become over congested as more and more

content is added. Sometimes content, specific to one area of nursing practice, overlaps with content included for another area of practice and unintentionally much repetition can occur (Giddens & Brady, 2007). Ironside (2005) notes that students quickly reach the limit of their ability to memorize content and new approaches are necessary. The limitations on students' ability to memorize are particularly noteworthy when also considering the rapid obsolescence of knowledge in health care today.

The curriculum of the BSN Program is based on the work of Bevis and Watson (1989) who were suggesting a move away from more behaviourist and "medical model" curricula to interpretative-criticism models that were also grounded in caring. Included in this paradigm shift was a desire to move from a more teacher centred pedagogy to one that was more focused on students and their learning. Hence the curriculum was developed with a focus on developing the students' ability to critically think, engage in inquiry, practice effective decision making and practice from a place of caring.

In developing the curriculum it was believed that by emphasizing caring and health promotion as key concepts, and emphasizing key processes such as critical thinking, critical reflection and inquiry, students would have a stronger foundation that would facilitate their ability to address situations not previously experienced and critically reason how to proceed. Emphasis was placed on assisting students to see patterns, similarities and differences, and be able to transfer knowledge between situations and experiences. As Murphy (2004) says "students must learn process oriented methodologies that foster lifelong learning" (p.226).

Carrieri-Kohlman, Lindsey and West (2003) suggest that a conceptual approach is "a process that deliberately attempts to examine the nature and substance of nursing from a conceptual perspective" (p.1). Within such an approach concepts are examined across contexts and populations with more focus being placed on students learning how to practice effectively using relational, inquiry and decision making skills. Tanner (2007) says that "superficial coverage of all topics in a subject area must be replaced with in depth coverage of fewer topics that allows key concepts in the discipline to be understood" (p.52). As identified by Murphy (2004) nurses must develop high level reasoning skills to deal with the complex practice and patient situations that occur in health care today. Kuiper and Pesut (2004) agree and add that the "goals of professional education are learning to learn, handling ambiguity, thinking like a professional and developing a sense of responsibility" (p.388). The CAEN emphasizes these skills, focusing on inquiry, relational practice and decision making.

Core Concepts

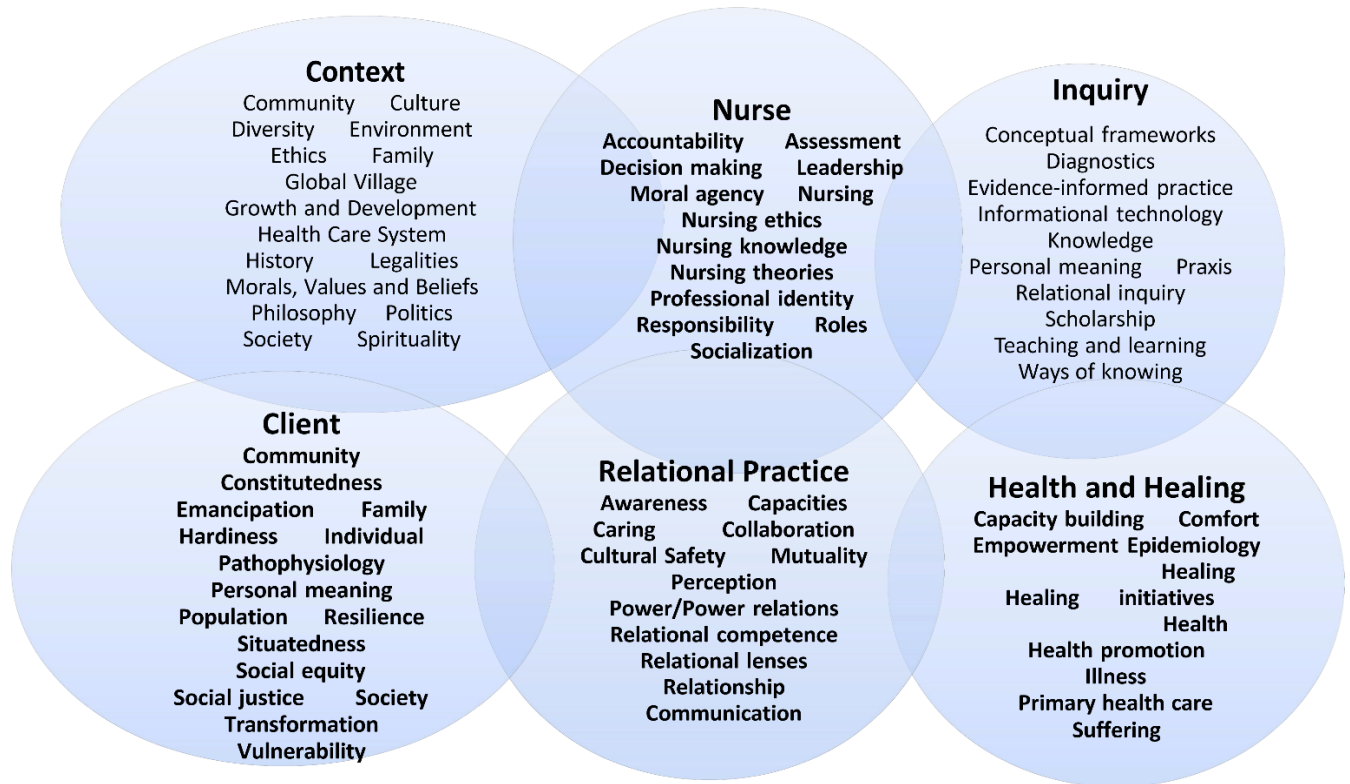
The curriculum identifies key concepts: client, context, health and healing, inquiry, nurse, and relational practice. These core concepts are explored through the lens of the semester focus. For clarity, in course blueprints, the concepts are broken down into sub-concepts and further direction is provided by including possible topics for discussion that expand understanding of the sub-concept or concept. For instance, in the first semester the focus is health and health promotion (sub-concepts of health and healing) across the lifespan and the concept of client is viewed broadly. Students are introduced to the client as being the individual, family, group, community or society (sub-concepts). Later these sub-concepts are explored in more detail. In the second year there is emphasis on the client as the individual, family or group. The focus in semester six leads to a deeper exploration of client as community and society.

The curriculum is based on the assumption/belief that the focus of nursing is the promotion of client health and healing through situated, relational, caring practice. Hence the curriculum is organized around the key concepts within this assumption/belief: the nurse, the client (individual, family, group, community, population or society), the promotion of health and healing, relational practice, situatedness or context. The concepts are intertwined to speak to the complex interaction of variables that impact nursing practice and the breadth and depth of knowledge required of nurses in order that they practice competently and professionally. The development of an attitude of inquiry in learners is emphasized, and hence inquiry is seen as both a process in which students and faculty engage, and a core concept of the curriculum.

The core concepts and foundational perspectives are woven through all semesters and courses in the curriculum. Each core concept encompasses many sub-concepts and topics which are outlined in the course blueprints. The sub-concepts and course topics were identified by nursing faculty teaching at all levels of the curriculum and are informed by the nursing literature. Each foundational perspective provides a lens through which the concepts can be viewed. The concepts may look different depending on the perspective. This difference may create tension when in discussion with students. However this tension is acknowledged and celebrated in the curriculum as it enhances learning and values diversity.

The foundational perspectives and core concepts of the curriculum are introduced early in the program and are revisited throughout the four years. With each revisiting the perspective or concept is examined in increasing depth and with consideration for the focus of the semester and the increasing complexity of practice expected of the students. The metaphor of the iceberg is useful for developing an understanding for how perspectives and concepts will be examined in the curriculum. The depth of examination of a concept will be like the tip of the iceberg in Semester One with a gradual increase in depth and breadth across the curriculum to Semester Eight, when the full size, depth and breadth of a perspective or concept will have been explored.

The following table outlines the core concepts (across the top of the table, capitalized) of the curriculum and the sub-concepts (in alphabetical order) to be explored during the program.



CURRICULUM CORE CONCEPTS AND SUB-CONCEPTS

CLIENT	CONTEXT	HEALTH AND HEALING	INQUIRY	NURSE	RELATIONAL PRACTICE
Community	Community	Capacity Building	Conceptual Frameworks	Accountability	Awareness
Constitutedness	Culture	Comfort	Diagnostics	Assessment	Capacities
Emancipation	Diversity	Empowerment	Evidence-Informed Practice	Decision Making	Caring
Family	Environment	Epidemiology	Information Technology	Leadership	Collaboration
Hardiness	Ethics	Healing	Knowledge	Moral Agency	Cultural Safety
Individual	Family	Healing Initiatives	Personal Meaning	Nursing	Mutuality
Pathophysiology	Global Village	Healing Modalities	Praxis	Nursing Ethics	Perception
Personal Meaning	Growth and Development	Health	Relational Inquiry	Nursing Knowledge	Power/Power Relations
Populatio	Health Care System	Health Promotion	Scholarship	Nursing Theories	Relational Competence
Resilienc	History	Illness	Teaching and Learning	Professional Identity	Relational Lenses
Situatedness	Legalities	Primary Health Care	Ways of Knowing	Responsibility	Relationship
Social Equity	Morals, Values and Beliefs	Suffering		Roles	
Social Justice	Philosophy			Socialization	
Society	Politics				
Transformation	Society				
Vulnerability	Spirituality				
	Transitions and Change				
	Worldviews				

Curriculum Components

Praxis

Praxis reflects this diversity of learning opportunities for the individual student and, moreover, is seen to be the place where theory, skills, and understanding of all course work come together. The curriculum reflects a view of nursing as a discipline that values different ways of knowing. Knowledge is derived from the understanding of self, practice, theory, and research, with each way of knowing informing and influencing the other. This form of praxis is a dialectic process in which knowledge is both derived from and guides nursing practice.

Minimal Semester Requirements (MSRs)

Minimal Semester Requirements (MSRs) and Essential Learning Experiences (ELEs) have been developed for every semester and are consistent across the partner sites. The intent of the MSRs is to articulate what students should "know," what students should "do", and how students can "be" in each semester. The intent of the ELEs is to identify the learning experiences that students have opportunities to engage in by the end of each semester. The MSRs and the ELEs guide planning at the curricular level in such ways as: a) long-term anticipatory planning with agencies for placement; b) curriculum design within and across sites; and c) arranging individual learning experiences. It is anticipated that the criteria will not constrict individual learning experiences, but rather will ensure consistency and continuity of learning across and within sites.

The headings of the MSRs reflect the art and science of nursing. To "know" articulates the epistemology of nursing, to "be" the ontology, and to "do" nursing praxis. Within the context of the curriculum, epistemology refers to the multiple ways of knowing related to nursing. Ontology is central to the art of nursing and to the philosophy of the curriculum; specifically, ontology is a relational quality of being present with another (others). The ontological quality might be evident in a caring attitude, a sense of connectedness and other healing ways, as well as through art forms such as poetry, art, literature, journal writing, etc. It is recognized that the ontological perspective of nursing is difficult to identify. In articulating the ontological perspective, the intention is not to restrict or prescribe how nurses "should" be; rather, it is to exemplify the centrality of nursing ontology and to expand and articulate the art of nursing. Praxis is also central to the art and the science: it refers to valuing action and reflection equally and to the dynamic interplay between action and reflection as knowledge that can be brought to and be derived from nursing practice. That is, praxis is a cyclical, reciprocal process with change occurring through both action and reflection. Encompassed in the process of praxis is the opportunity for students to have varying classroom, laboratory, and practice experiences.

Each semester assumes successful progression of students from one semester to another. That is, the MSRs in subsequent semesters have increasing degrees of sophistication in nursing practice. The MSRs and ELEs for every course are included in Part Four of this guide.

Learning Activities

An integral and important tool of the curriculum is the learning activity. Learning activities are carefully designed sequences of events that are intended to guide students' learning of particular concepts and skills.

The concepts and theoretical perspectives within the curriculum are operationalized through the use of learning activities. Phenomenology is the understanding of human experience as it is lived. Personal meaning is created through experience. The meaning of the experience for students is created as they reflect on past experience and assign meaning to those experiences through reflection and interpretation.

Coming from a phenomenological perspective provides an opportunity to come to a shared meaning of concepts. That is, as students engage with others in dialogue, the meaning of a concept is co-created by both partners within the relationship. If concepts are first operationally defined, then these operational definitions create the potential to close down or ignore teachers' and students' individual experiences. By coming together to create a shared meaning, both the teacher and the student play a vital role. The teacher comes with her/his knowledge of these concepts as they are attended to in the nursing and allied health literature. At the same time, the student comes with his/her individual experience. Through dialogue, the "knowing" of both partners in the relationship is acknowledged and brought forth, and a shared meaning of the concept emerges. Concepts come to be shared based on the context/culture of the situation and the shared meaning of time and transitions.

The informational aspect of learning refers to the knowledge/theory the students need to guide their learning, or the knowledge/theory that addresses questions raised by the learning event itself (praxis). In learning activities, the informational aspect of learning is often addressed by preparatory reading assignments, by teacher/student or student/student dialogue, and/or by information provided in some way as the student debriefs from the learning activity. In good learning activities, the knowledge drawn upon is what the learning activity requires the student to need or want and thus is more likely to have personal meaning to the student. The validation aspect of learning refers to the testing of, and through testing, affirmation (or not) of learning in some way. This might be accomplished through the practice of what is learned in real practice situations, through the actual writing of tests, through writing a paper, or through other activities of this kind. Through these kinds of experiences, the learning receives some kind of validation in the students' eyes as they show the worth, the value, of the learning.

Critical Thinking and Reflective Practice

Critical Thinking

Critical thinking has been described as a cognitive engine that drives problem solving and clinical decision making (Facione & Facione, 1996). Scholars warn not to interchange critical thinking with problem solving and clinical decision making, as critical thinking does not produce an answer, but rather questions (Meyers, 1991; Alfaro-Lefevre, 2006). Critical thinking is not a linear step by step process but rather a dynamic process that takes hard work and a commitment to active, organized, cognitive process used to carefully examine one's own thinking and the thinking of others (Chaffee, 1994). Henry Ford once said "that thinking is the hardest work there is, which is the probable reason so few engage in it". It has been argued that critical thinking is "thinking about thinking" and that courses in "how to think"

should be offered (Seldomridge & Walsh, 2006). In addition, some scholars feel that critical thinking is a partner to creative thinking that further facilitates figuring things out (Paul, 1990 as cited by Simpson & Courtney, 2002). Everyone thinks, but much of our thinking is left to itself and is weak and even distorted (Paul & Elder, 2006).

A well cultivated critical thinker:

raises vital questions and problems, formulating them clearly and precisely;

gathers and assesses relevant information, using abstract ideas to interpret it effectively;

comes to well-reasoned conclusions and solutions, testing them against relevant criteria and standards;

thinks open-mindedly within alternative systems of thought,

recognizing and assessing, as need be, their assumptions, implications, and practical consequences; and communicates effectively with others in figuring out solutions to complex problems.

Critical thinking is, in short, self-directed, self-disciplined, self-monitored, and self-corrective thinking. It presupposes assent to rigorous standards of excellence and mindful command of their use. It entails effective communication and problem solving abilities and a commitment to overcome our native egocentrism and sociocentrism (Paul & Elder, 2006, p. 4).

Critical Thinking Skills and Abilities

Critical thinkers are proficient in applying skills for good reasoning. Critical thinking skills move the person beyond the “given” and promote the ability to critically question and examine the “taken-for-granted” of nursing and the nursing profession. The development of these skills occurs throughout the nursing program, in both the classroom and nursing practice courses, and is consolidated in the practice experiences of the program. These skills are reflected in the ability of the student to use sound reasoning and judgement for decision making. A student’s critical thinking skills and abilities develop as the student progresses in the program and encounters increasingly more complex nursing experiences, concepts, and research questions arising from practice. These critical thinking skills will become increasingly more refined and sophisticated, such that students are able to reason in practice situations that require greater depth of knowledge and draw from deeper comprehension of the ways of knowing. Evaluation of the abilities of the student’s critical thinking is based on stated classroom and nursing practice course grading standards.

Critical Reflection is the process of analyzing; reconsidering and questioning experiences within a variety of perspectives (i.e. empiricist perspectives and postmodern perspectives) with the ultimate outcome being an openness to a diversity of perspectives and an increased understanding of the experience.

Critical inquiry expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (College of Registered Nurses of British Columbia [BCCNP] 2011, Glossary section).

What does it mean to critically reflect? One of the earliest philosophers who wrote of reflection was John Locke (1632-1704). According to him, there are two points of origin for our ideas. The first is via sensory responses to external, physical objects. The second comes through reflection, which entails the operations of our mind (Rodgers, 2005). Locke (1995) proposed that the mind begins as a *tabula rasa*, a “white paper, void of all characteristics, without any ideas” (p.59). An individual begins to think when she/he first has sensation; ideas are derived from reflection, an internal process including thinking, knowing, reasoning, and believing. Through his position on sensation and reflection, Locke formed the basis for his argument that all ideas, and indeed all knowledge, are derived from experience; experience creates ideas, which are required for human thought. This principle established the bedrock for empiricism that has guided the evolution of modern science to focus upon data obtained through the senses as the source for scientific knowledge. The natural science tradition of thought in nursing is likewise underpinned by empiricism. The emphasis in empiricism is upon an objective view of reflection.

In contrast, subjective understandings of reflection arise within a human science tradition of thought. For example, Oberg (2004) writes of reflexivity interchangeably with reflections and engagement. Interestingly, she does not clearly differentiate between the terms reflexivity and reflection. She explains that reflexivity is a way of being, “studying what happens as I go about the business of teaching [and researching]” (p. 240). Her reflecting-as-research is focused not upon the subject of her attention but upon the manner of attention which includes an openness that has intention and can linger without a presumption of knowing.

Oberg’s (2004) articulation of reflection as engaging with attention is markedly different from Locke’s (1995) insights on reflection as focusing on an object of thought. Oberg’s understanding of reflexivity “entails calling into question what has been taken for granted and left unexamined, including the ways one’s subjectivity has been constituted” (p. 242). As such, reflexivity considers one’s subjective engagement and one’s very subjectivity encompassing individual beliefs and assumptions that are molded within society. Notions of subjectivity and reflexivity come to the fore in a dialogue between the “research and researched, text and reader, knower and known” (Riessman, 2008, p. 137).

Reflexivity is also described as a “critical self-awareness” (Riessman, 2008, p. 191) or wakefulness (Clandinin & Connelly, 2000). Such a heightened self-awareness is critical for students as they engage in learning about and within the discipline of nursing. While some scholars suggest that a degree of self-awareness differentiates reflexivity from reflection, much of the literature associated with reflexivity in nursing education is found using the term “reflection”.

Engaging in Reflective Practice

Schon (1991) described a theory of knowledge acquisition known as reflective practice: reflection-in-action and reflection-on-action. He challenged the notion of science and technical knowledge as the prevailing hegemony, suggesting that such knowledge might be effective where there is 'high, hard ground' but pointed out that professionals work in 'messy swamps' filled with uncertainty, where artistic and intuitive practices are essential (p.34). Schon (1991) further suggested that much of what professionals know is learned by doing in practice, through a process of shifting back and forth between reflecting-in and on-action.

Critical-thinking skills go beyond relying on knowledge from external authorities (e.g., teachers), accepting others' knowledge as absolute truth, and negating personal knowledge (Paterson, 1995). Cameron and Mitchell (1993, pp. 294-296) describe three dimensions for enhancing reflection based on the work of Schon:

First Dimension: Knowing-in-Action

Reporting on what we know how to do and have done successfully in the past – making observations, performing skills, dialoguing with others, etc. – in a routine manner.

Second Dimension: Reflection-in-Action

Responding to a surprise in the usual operation of knowing-in-action. Without interrupting the action, the surprise causes us to reflect and modify our routine. Something resonates within us to clarify motives and meanings.

Third Dimension: Reflection on Past Reflection-in-Action

The two previous processes are reflected upon and the beliefs, values, and assumptions underlying the feelings, thoughts, and actions are examined with a view to transforming current conditions.

Critical Thinking and Reflective Practice

Reflective processes have been credited with being a medium to nudge students from engaging in just basic thinking to critical inquiry (Pond, Bradshaw, & Turner, 1991; Callister 1993; Cameron & Mitchell 1993). Moreover, engaging in reflection has been credited with providing opportunity for students to explore judgments and clinical decisions that have been acted on in practice (Mantzoukas & Jasper 2004); further providing a chance to change practice as the student nurse ponders the integration of theory and practice (Burton 2000; Duke & Appleton 2000).

Many registration boards of various provinces in Canada include reflective practice as a compulsory competency of a registered nurse (Nelson & Purkis 2004). Most registration boards in Canada also require the nurse to utilize the reflective process to appraise their own practice (Nelson & Purkis 2004). Furthermore, the appeal of reflective practice has not been confined to Canada; there has been endorsement of the concept by regulatory bodies in other countries: United States, United Kingdom, and Australia (Burnard 1995; Burton 2000; Duke & Appleton 2000). The identification of reflective practice as an expectation of the practicing nurse, illustrated the extent to which the concept of reflection has been accepted by the profession of nursing.

Becoming a reflective practitioner involves willingness to critically reflect on one's experience, integrating knowledge gained from experience with knowledge possessed, all within a realm of heightened self awareness. Pierson (1998) remarked that critical reflection is an important tool in nursing education, linked with critical and innovative thinking that supports both instrumental and meaning-making interests of nursing practice. Mezirow (1990) distinguished difference between reflection and critical reflection, stating, "although reflection may be an integral part of making action decisions as well as an ex post facto critique of the process, critical reflection... requires a hiatus in which to reassess one's meaning perspectives and, if necessary, to transform them" (p.13).

Mezirow (1990) helps build a bridge between humanistic and social learning through meaning making and transformative learning. He leads an interesting discussion around key concepts relating critical reflection and transformative learning.

To make meaning means to make sense of an experience; we make an interpretation of it. When we subsequently use this interpretation to guide decision-making or action, then making meaning becomes learning...Reflection enables us to correct distortions in our beliefs and errors in problem solving. Critical reflection involves a critique of the presuppositions on which our beliefs have been built. (p.1)

Mezirow (1990) challenges the reader to question how and why we make meaning from something and experiment with changing it with purposeful, committed action drawn from reflecting at different levels.

Levels of Reflection utilized in Richardson and Maltby's (1995) study developed by Powell (1989) built on Mezirow's levels of reflectivity:

Level	Criteria
Level 1: Reflectivity	Discuss and describe experiences and observations.
Level 2: Affective Reflectivity	Demonstrate expression and awareness of feelings.
Level 3: Discriminate Reflectivity	Demonstrate the ability to assess and evaluate their activities.
Level 4: Judgmental Reflectivity	Demonstrate awareness of value judgments and their subjective nature.
Level 5: Conceptual Reflectivity	Demonstrate awareness that further learning is required.
Level 6: Theoretical Reflectivity	Demonstrate either learning from the experience or a change in perspective.

There are several methods by which to practice and engage in reflective practice. Diversity in teaching methods to encourage reflection was evident throughout the scholarly literature and within many studies (Nicholl & Higgins, 2004). Nurses in practice declared thinking and talking as their preferred venues of reflection as they looked back and contemplated (Gustafsson & Fagerberg, 2004). The notion

that reflection can occur conversationally was supported by Wong, Kember, Chung & Lan (1995), where the students' levels of reflection were similar in both interviews and written work. Additionally, researchers concurred that rich reflection occurs in discussion groups (Heidari & Galvin, 2003; Gould & Masters, 2004). In relation to undergraduate students, post-conference meetings were found valuable for facilitating reflection when practice and specific cases were discussed (McCaugherty, 1990).

Therefore it is believed that reflective practice can be engaged in and learned by a variety of teaching strategies:

self-appraisals

group discussions (e.g. post-conferences, praxis seminars)

audio recordings

academic writing

journal writing

Sensitivity and respect are required when soliciting students to share intimate values and perspectives. Regardless of method employed to encourage critical reflection teachers must be aware of the moral and ethical risks inherent in the process of reflection (Burnard, 1995). The willingness and comfort level of a student in being honest and open will be directly related to the relationship between teacher and student.

PORTFOLIOS

Students are encouraged to develop a portfolio beginning in year 1 and carried throughout the 4 years of the BSN program. The intent of the portfolio is to show evidence of reflection and growth as students reflect on their clinical practice experiences. Contents of the portfolio can include descriptions of the student's journey in this program, their philosophy of nursing, strengths, challenges, fears, and future plans. Portfolios can also include creative work and special accomplishments. This is not meant to take the place of your professional learning reflections. Your professional learning reflection has different guidelines.

Purpose of Portfolio

1. To keep a record of the student's personal and professional progress related to academic professional career development.
2. To compile records of prior learning, competencies and achievements.
3. To use as a tool to promote self-directed learning and self-assessment.
4. To encourage reflective practice and assist in career planning.
5. To develop organization skills, enhance critical thinking, and promote future planning.

Guidelines in Developing a Portfolio

Consider using a large binder with a package of section separators. Or students can build their portfolio electronically using the D2L (Desire to Learn) learning platform

<https://d2l.viu.ca/d2l/ep/6606/dashboard/index>

Each section could be used for different purposes such as:

Section 1	Philosophy and personal profile: This would include goals, revisiting of nursing vision and changes in beliefs and directions as the student progress in their journey.
Section 2	Assessment Tools: Reflection on prior learning experiences, competencies and achievements.
Section 3	Evaluation Summary Evaluation records, practice appraisal forms, professional learning reflections reviews, etc.
Section 4	Special Documents from student's perspective This is a section where students are encouraged to share the events that move them forward and empower them in their personal and professional lives.