



BCCNM LEARNING MODULE — WORKBOOK

Nursing Jurisprudence



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Introduction

This workbook offers activities that allow you to apply ideas presented in the on-line Learning Module. It is organized in two sections.

- **Part 1** includes **Workbook Activities** that are related to various topic areas addressed in the Learning Module. As you work through the module, you will be directed to complete a specific Workbook Activity. Part 1 also includes pages for you to record your thoughts related to learning in this module. There are two pages: “Thoughts from Reflection Points” provides a space to jot down your thoughts related to “Reflection Points” included in the Module, while “Insights and Affirmations” provides a space to note new insights related to your application of Nursing Jurisprudence in your practice. This information will be useful for you in completing your ongoing Professional Development Plan at the completion of this module.
- **Part 2:** This section of the workbook provides an opportunity for you to **create a plan for your continued professional growth with Nursing Jurisprudence**. A sample Professional Development Plan is provided to help you in this process.

Part 1: **Workbook Activities**



1

Workbook Activity #1

Case #1 - Suspected Child Abuse

Two-month-old Brandon sees a public health nurse at a child health clinic for his first immunizations.

His mom reports he is fussy, spits up frequently and is difficult to feed. She mentions that she tried a different formula without success. The nurse notes that while Brandon's weight gain is adequate and his development appropriate, the mom is concerned. The nurse advises the mom to take Brandon to see his family doctor. She also discusses strategies for managing fussiness and gives Brandon his immunizations. She arranges to follow up with the mom and Brandon in two weeks.

A follow up visit:

At the next visit, the nurse notes that Brandon has a dime-sized bruise on his left cheek. The mom says Brandon's three-year-old brother hit him with a toy. The mom also says that she and the dad find Brandon's crying stressful. She admits that yesterday the dad became quite angry and pushed her. When the nurse questions her further, the mom states that the dad gets angry but has never threatened or hurt her. The dad loves Brandon and she's sure he would never hurt him. They take turns with Brandon when he is crying so they each get a break. The nurse is concerned and gives the mom a domestic violence resource card. They talk about having a safe place to go. Brandon looks well and the mom seems confident. She advises the mom to more closely watch the three-year-old with the baby. She discusses strategies for managing a crying baby. Then she arranges a home visit in two weeks.

When the nurse arrives for the scheduled visit, no one is home. The nurse leaves her card with a note for the mom to call. She also calls the mom's cell phone and leaves a message.

An emergency department visit:

Three weeks later, the mom brings Brandon to a nearby emergency department. His mouth is bleeding. He is weighed, briefly assessed by the triage nurse and seen by the physician. Brandon's upper frenulum is torn. The mom explains that Brandon accidentally bumped heads with the dad while feeding. The physician says this should heal with no problem. Brandon looks well – his bruise has disappeared and the mom doesn't mention it. Because it is late on a Friday night, a social worker is not available. Brandon is discharged.

A few days later, the public health nurse tries again to follow up with Brandon and his mom. She leaves a message on the mom's cell phone.

Back in emergency:

Brandon is four months old when he arrives at the emergency department by ambulance. His mom says she found him unresponsive and seizing earlier that morning. His condition is serious. He has severe abusive head trauma, including bilateral subdural hematomas, retinal hemorrhages and four old rib fractures of two different ages.

Brandon survives but is left with permanent neurological damage.

1

Workbook Activity #1

Case #1 - Suspected Child Abuse

What are your thoughts?

- What red flags should give health professionals “reason to believe” there is a risk of abuse?

- What other questions would you have asked the mom?

- What statutory duty/responsibility do you think registered nurses have related to child abuse and neglect?

For further information and to validate your thoughts on this case please visit this BCCNM Web Page: [Early Warning Signs: Case study about a nurse’s legal obligation to disclose](#)

2

Workbook Activity #2 Case #2 - Jennifer's Story

Now that you have completed this section of the module, let's go back to Jennifer's story. Please review this scenario and answer the questions posed based on what you now know about the RN Scope of Practice.

Jennifer, Medical Unit.

"Well, I can't believe there are only two more hours of my night shift left before I go on two weeks' vacation to Italy" Jennifer exclaims to herself. The shift had not started well. Just after the change of shift, an admission from ER came up and one of the RNs scheduled for nights didn't show up. He had indicated that he wasn't supposed to be working this shift as he was working elsewhere. Staffing office was not able to send a replacement so we are working short. Most of her patients were awake most of the night and she seemed to be forever giving medications and answering call lights. Now it is 0530 and about time to do Mr. Frost's blood sugar.

Mr. Frost's daughter only went home a few hours ago. He was quite restless earlier in the evening but settled around 0200 hours. He remains confused, but did orient to person.

Jennifer enters the room with the glucometer and calls Mr. Frost. Mr. Frost seems to be sleeping. Jennifer calls his name louder and gently shakes his shoulder with no response. His respirations are 36; pulse 130, skin is diaphoretic. Jennifer quickly does a glucometer reading which confirms her suspicions that he is hypoglycemic (2.5). She then calls for assistance and decides to administer 50 cc of D50W.

- What sections of the scope of practice for Registered Nurses contain these restricted activities?

- What nursing care does not constitute a restricted action in this scenario? (part 3 of BCCNM RN Scope document)

Resources:

While reviewing this nurse's story you may find it helpful to visit the following resources

[RN Scope of Practice Web Page](#)

[Understanding the Scope of RN Practice Web Module](#)

3

Workbook Activity #3 Case #3 - Jordon's Story

Jordan has been a nurse for 5 years and works on a busy medical floor. A skiing accident a year ago left her with chronic pain that got much worse when she worked. Frustrated that her prescribed medication was not alleviating her pain, she began using various 'street' drugs, telling herself 'it was just an "extra" to help control her pain so that she could work'. Initially she restricted her use of street drugs to her days off, but lately she has begun consuming them on a regular basis. After conversations initiated by a close friend, Jordan has now realized she is addicted to the drugs and that this could negatively impact her ability to provide safe client care. She knows that she wants to be healthy, so she removes herself from practice and contacts her physician to ask for medical assistance. She also calls BCCNM to tell them that she has health issues that have implications for her fitness to practice and asks for guidance about what she should do.

- Is Jordan meeting all of the Professional Standards? If not which standard(s) and indicator(s) is she overlooking?

Workbook Activity #3 Case #4 - Celeste's Story

Celeste has been an RN for six months. Although she is glad to have graduated and be working as an RN, she misses her 'student life' and being with her friends all day. She feels 'out of the loop' on what's happening and has been using social media to stay in touch. She and her friends have developed a habit of updating their Facebook status during and after a workday with humorous comments of the 'low and 'high' lights of their workday. They are careful not to use names but often refer to situations involving interactions with clients or families.

- Is Celeste meeting all of the Professional Standards? If not which standard(s) and indicator(s) is she overlooking?

3

Workbook Activity #3 Case #5 - Helen's Story

Helen has recently started her first position as an educator on a busy surgical floor in a community hospital. She is surprised to discover that some of the dressing procedures are not consistent with what she understands to be best practices. When she raises this concern with the Nursing Unit Manager, the manager says, 'This is the way we've always done it. It seems to work fine so I don't really see what the issue is'. Helen is concerned about 'creating waves' in her new job so she decides to leave things 'as-is' at the moment and revisit the concern 'later'.

- Is Helen meeting all of the Professional Standards? If not which standard(s) and indicator(s) is she overlooking?

Workbook Activity #3 Case #6 - David's Story

David recently assumed a new role as unit manager. He is surprised to find that there is not a 'standardized performance appraisal tool' for him to use with staff. Over the next few months, he works with a group of administrators in the health care agency to research relevant literature, review existing tools being used in other disciplines, and talks with nurses about what they would like to see in a performance appraisal tool. Together, they design and develop a tool that reflects the Professional Standards. As a final phase of development, David agrees to pilot its use with the staff on his nursing team, evaluate its effectiveness and share the information with other administrators.

- Is David meeting all of the Professional Standards? If not which standard(s) and indicator(s) is she overlooking?

Resources:

While reviewing these nurse's stories you may find it helpful to visit the following resources

[Professional Standards Web Page](#)

[Professional Standards in Nursing Practice Web Module](#)

My Thoughts and Notes from Reflection Points



Affirmations and Insights:

Part 2: **Growth Planning**



4

Workbook Activity #4

My Plan for Professional Development/Growth

GOALS

- 1.
- 2.
- 3.

ACTION PLAN

People or places that I can investigate for learning strategies to help me meet my goals for growth and ongoing development are:

- 1.
- 2.
- 3.

Specific strategies that will help me in meeting my goals are

| Strategy | Resources I need to implement this strategy | Target completion date | Other thoughts |
|----------|---|------------------------|----------------|
| | | | |
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| | | | |

4

Example

Workbook Activity #4

My Plan for Professional Development/Growth

GOALS

1. *To increase my understanding of what it means for me to be a self-regulating professional.*
- 2.
- 3.

ACTION PLAN

People or places that I can investigate for learning strategies to help me meet my goals for growth and ongoing development are:

1. *Review Learning Resources section of this module*
2. *Electronic Health Library of BC*
<https://ehlbc.ca/>
- 3.

Specific strategies that will help me in meeting my goals are

| Strategy | Resources I need to implement this strategy | Target completion date | Other thoughts |
|--|---|--------------------------------|----------------|
| Example: detailed plan <i>1. Review documents identified in Learning Resources section of module</i> | <i>1. None – just download the documents from the Learning resources section!</i> | <i>1. Within the next week</i> | |
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