

# The B.N.Sc. Curriculum at Queen's University

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Like many schools of nursing, Queen's University has been involved in the development of a new conceptual framework for its undergraduate curriculum. Never has the need for a conceptual framework in nursing been so evident as it is today. Nursing needs to be able to identify its particular area of practice within the health field in order to gain an expanded and clearer definition of itself as a discipline.

It is from the theoretical conceptual framework of any discipline that the area of practice, its body of knowledge, and its scientific basis are developed. What is needed is a conceptual framework for nursing which could provide curriculum integration, point to relevant clinical settings, focus on the specific nursing functions, and guide the development of preparation for new roles in nursing.

Before any change in a curriculum is made, one must ask the question: what constitutes basic nursing preparation at the baccalaureate level?

The purpose of this article is to share a description of our development to this point in time. The overall objective of the school of nursing is to provide learning experiences and guidance through which the students may become self-directed learners, colleagues with members of the health care team, teachers of health, and professional nurses.

To achieve these goals the undergraduate program in nursing is offered in a climate which fosters the development of intellectual and social qualities of leadership. The focus of the teaching-learning process is on ways of thinking or inquiry basic to a scientific discipline and on the fundamental concepts in nursing and related disciplines and their interrelationships to individual and community health. Principles of professional nursing practice are developed and tested by giving care to people in hospitals, ambulatory clinics and in the homes of patients and their families. By sharing experiences in seminars and conferences, students learn to work collaboratively. They

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also learn to plan and implement programs in order to provide individuals and families with care in health and illness.

We believe nursing is a personal, family and community service within the health field. The nursing process is both interpersonal and technical; through it practitioners facilitate movement toward physical, emotional and social health and well being.

Nursing is also an applied science, building upon and forwarding knowledge of biophysical, medical and behavioral sciences. As an intellectual discipline it is concerned with developing and testing theoretical concepts from practice and with application of concepts from related fields. As a practice discipline it is concerned with designing, implementing and evaluating health care of individuals, families and social groups.

All theoretical models in nursing begin with the patient who is the recipient of nursing care. Man, as a biopsychosocial being, is interacting constantly with his changing environment. To cope with his changing world he uses both innate and acquired mechanisms.

The focus our faculty has chosen for our framework is MAN ADAPTING TO HEALTH AND ILLNESS. We feel that such a structure is broad enough and views man holistically, a characteristic which is highly valued by the faculty. Besides our belief about nursing, which forms the basis of our conceptual framework, we also wish to include our beliefs and/or definitions as follows:

*Man:* a self-determining, active agent in control of, reacting to and interacting with his external or internal environment.

*Man in Society:* the individual has a responsibility for maintaining high level wellness as it relates to his lifestyle. Society is responsible for high level wellness as required by the individual. Health professionals are responsible for health practices and encouragement of life styles which promote high level wellness of the individual. Health professionals are also responsible for identifying factors in the environment and life style practices which influence health, and for setting priorities in co-operation with society, and participating in programmes which lead to an optimum level of functioning of society, families and groups.

*Health* is a certain quality of life which results from an individual's success in reaching his highest level of physical, mental and social well-being. It involves a dynamic interaction and inter-dependence between the individual's well-being (his physical, mental and emotional reactions) and the social complex in which he exists.\*

\* source unknown

At the present time we have identified what we feel are the major concepts over the four years with some theoretical formulations. The following table illustrates what we have identified so far:

<i>Major concepts</i>	<i>Sub-concepts</i>	<i>Theoretical Formulations</i>
Man	Bio-psycho-social-sexual being Age continuum	Development theory Need theory Systems theory Crisis theory
Nursing	Nurse-patient relationship Health team Leadership	Communication theory Role theory Problem identification and solving
Society	Family Community	Health Care delivery system Epidemiological theory
Health	Health-illness continuum Health maintenance Health promotion	Adaptation theory Systems theory Stress theory
Teaching - Learning	Self-directed learning Self-evaluation Change Research	Change theory Group theory Learning theories

These components and their interrelationships are a major structuring element for the curriculum and are meant to form a tool for analyzing and assessing the client's situation. The nursing process is used as a methodology for thinking and decision-making in the intervention and evaluation of nursing situations.

In general the nursing courses focus on nursing needs of people in the community as well as in hospital settings. These experiences enable a student to intervene throughout the course of an illness rather than during one episode only and to learn the variety of ways in which people cope with their health problems. Opportunities are provided for considerable self-direction and independence.

With respect to the curriculum design and experiences provided during the four years of the program, we believe the graduate is a professional practitioner with knowledge, skills and values enabling her to effectively co-ordinate and provide those services which promote optimum health maintenance or restoration to health of individuals within the family and the community.

As a beginning graduate she has gained some proficiency in carrying out the usual nursing activities but the greater emphasis in her program is on the more complex elements of problem identification, problem solving and decision-making which may result in less proficiency in technical skills. She has learned to use knowledge to

think with, to transfer learning from a known to an unknown situation and to build on common elements, and to validate her reasoning process.

The graduate is able to design and initiate nursing actions (interventions) and has practiced using objective criteria to predict outcomes, justify action selected and evaluate the effect of these actions. She has had experience in critical thinking and has been oriented to the scientific approach of research but has had limited experience in its use. She is committed to continuing learning and to evaluating her own practice as one source for professional growth and competence as a practitioner.

In conclusion, the conceptual framework, in its present form, reflects the philosophy and objectives of our program and the behavioral expectations of our students. We believe that work such as this provides the impetus for innovation in nursing practice and in nursing as a discipline.

### **Le programme de B.N.Sc. de l'Université Queen's**

A l'instar de nombreuses écoles d'infirmières, l'université Queen's travaille à l'élaboration d'un nouveau cadre conceptuel pour son programme de cours de premier cycle. En tant que professeurs, nous estimons qu'il est essentiel d'attribuer aux sciences infirmières un champ d'action bien déterminé au sein des sciences de la santé en général afin d'élargir et de clarifier la définition de notre discipline. Pour ce faire, il faut fournir aux sciences infirmières un cadre conceptuel susceptible de favoriser l'intégration du programme de cours, de trouver des situations cliniques pertinentes, de se concentrer sur les fonctions spécifiques de la profession et de fournir des lignes directrices permettant de préparer les étudiants en sciences infirmières à assumer des rôles nouveaux dans leur profession.

Toutefois, avant de pouvoir introduire le moindre changement dans un programme de cours, il faut s'interroger sur ce qui constitue la préparation de base en sciences infirmières au niveau du baccalauréat.

Cet article dresse le bilan de la situation à ce jour et montre qu'il reste beaucoup à faire avant que notre programme de cours ne devienne définitif.