

Beliefs Framework

The activities of the UBC School of Nursing are guided by a set of core convictions articulated by faculty about the discipline and profession of nursing. Interrelated beliefs about the practice of nursing, the development of nursing knowledge, and the processes of teaching, learning and evaluation in nursing serve as the foundation for decisions about curriculum, pedagogical processes, and scholarship in the School of Nursing.



Beliefs about Nursing Practice

Beliefs about Nursing Knowledge

Beliefs about Teaching, Learning, and Evaluation

Beliefs About Nursing Practice

Nursing is a knowledge-driven practice profession, involving the diagnosis, treatment and evaluation of human responses to health and illness. Nursing practice¹ occurs in the context of human communication and interaction between nurses, clients (individuals, families, groups), and others involved in health care, planning or policy. These interactions are directed toward influencing the human experience of health, illness, and healing.

The nurse and the client each bring unique forms of knowledge, experience and meaning to the context of nursing care. The nurse brings a range of knowledge and expertise to the clinical encounter, and has an obligation to apply them in an ethical, accountable and professional manner. Systematic thinking using comprehensive and rigorous assessment is an essential competency in the practice of nursing.

The enactment of nursing practice occurs within a larger social mandate of accountability and responsibility, as articulated in professional practice standards² and a code of ethics³. The profession of nursing exists for the purpose of meeting a societal mandate. The responsibilities

¹“ Under the *Nurses (Registered) Act* Rules, the "practice of nursing" means the performance for others of health care services which require the application of professional nursing knowledge and skills and includes: a. promoting, maintaining or restoring the health of the general public, b. teaching nursing theory or practice, c. counselling persons in respect of health care, d. coordinating health care services, and e. engaging in administration, supervision, education, consultation, teaching or research for any of the foregoing” (RNABC, 2000. *Fact Sheet: The Practice of Nursing*. Vancouver: Author, p. 1).

² Registered Nurses Association of British Columbia (2000). *Standards for Nursing Practice in British Columbia*. Vancouver, BC: Author.

³ Canadian Nurses Association (2002). *Ethical Guidelines for Registered Nurses*. Ottawa: Author.

inherent in nursing must always remain visible to those nursing serves, especially in times of change and complexity.

The goal of nursing is to assist individuals, families and communities to achieve optimal health. A central focus of nursing intervention is supporting clients as they experience the challenges of health and illness. Nursing practice draws upon an extensive body of knowledge to preserve and promote health, prevent disease and its complications, detect illness and risk, restore capacity, and support healing and/or a peaceful death. Although health involves components that are universal within human experience, individuals make meaning of health and illness experiences within their own contextual environments.

The evidentiary basis of nursing practice derives from empirical knowledge. Nursing practice requires an integrated application of evidence, pattern recognition, and experiential understanding. Nursing involves clinical reasoning and decision making that relies on a dynamic and iterative process of assessment, interpretation, planning, acting and evaluating.

Beliefs About Nursing Knowledge

Nursing knowledge and practice interact in an iterative manner, with each informing the other in a continuous dialectic. Nursing knowledge represents a distinct disciplinary perspective on health and illness enacted within a dynamic professional context that inherently includes the knowledge of other disciplines and perspectives. Nursing knowledge derives from science, philosophy, and history. In addition, it draws upon theory originating from a wide range of sources and intellectual disciplines.

The application of nursing knowledge involves application of the *general*, including patterns, themes, and principles derived from evidence, to the *specific*, including instances or cases involving a potentially infinite variety of circumstances and contexts. Nursing scholarship involves research and other forms of systematic inquiry to develop the general and particular knowledge needed for the practice of nursing. Knowledge development in nursing provides a framework for understanding the interaction between social, political, cultural and economic factors and the experiences of health and illness and thereby informing action.

All nurses have a responsibility to use, share, and develop knowledge as an inherent element in professional nursing practice. The knowledge of nursing relies upon the scholarship of discovery, teaching, application and integration⁴. The advancement of nursing science requires a range of research and scholarship. Nursing education is ideally enacted within the context of a research-intensive academic community.

Beliefs About Teaching, Learning, and Evaluation in Nursing

The profession of nursing requires a culture of continuous lifelong learning. Teaching and learning require mutual respect and shared responsibility between teachers and learners. A healthy learning climate requires recognition of and support for the value of diversity as well as resources to meet diverse learning needs and styles.

⁴ Canadian Association of University Schools of Nursing (2001). *Defining Scholarship for CAUSN Accreditation*. Ottawa: Author. [Adapted from Boyer, E. (1990). *Scholarship Reconsidered: Priorities of the Professoriate*. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching.]

The optimal climate for learning in nursing education is characterized by an active, engaged, participatory learning environment. Socialization to professional nursing practice and the development of academic nursing competencies occur in interaction between teachers and learners. The nursing curriculum is the blueprint for developing the knowledge, critical thinking skills, and philosophical understandings required for the enactment of professional practice. The processes of teaching and learning, and the mechanisms for feedback and evaluation in nursing education reflect recognition that nursing inherently involves the embodiment of standards for professional practice and moral/ethical conduct..

In keeping with the expectations of professional practice, nursing education relies upon the development of critical and reflective thinking, comprehensive and contextual knowledge, and accountability for knowledge. Critical thinking and systematic analysis in nursing are built upon an educational foundation that encourages examination of the attitudes, values and beliefs underlying knowledge.

As nurse educators bound by the professional practice standards for nursing education, faculty are responsible for ensuring current competence in their substantive field, and engaging in professional development to maintain their expertise. Collectively, the Faculty of the School of Nursing holds the responsibility for setting curriculum to guide teaching, learning and evaluation across academic programs. As individuals, faculty members are accountable for the implementation of the curriculum elements to which they are assigned, including creating learning experiences, facilitating environments in which learning occurs, and evaluating learner performance.

Faculty members are responsible for ensuring that all learning experiences are designed and implemented in the context of evidence-based scholarship. Learners can expect fair and equitable processes for evaluation and progression within the School of Nursing. Learners can expect feedback in relation to their academic and professional progression, and opportunities to develop their competencies throughout their program. Learners are responsible for active engagement in their learning activities, seeking and utilizing feedback throughout their learning process, integrating the skills and competencies required for entry level practice in nursing, and internalizing the values and behaviors upheld in the Standards for Nursing Practice in British Columbia.

In keeping with the professional practice standards for nurse educators, faculty members are responsible for determining that students have achieved identified performance indicators before recommending academic progression within a nursing program. Faculty are responsible for the evaluation of students and grading of assignments according to School of Nursing policies and practices as articulated within the context of Canadian standards for accredited nursing programs. The School of Nursing subscribes to a philosophy of grading in which grades clearly differentiate between performance that is inadequate, adequate, or of particularly high quality. Faculty are responsible for ensuring that grading practices and standards are consistent with the curriculum and reflect the appropriate level of enactment of the competencies inherent in the professional practice standards for nursing.