



## **CONTINUING NURSING STUDIES**

**Post Basic Program in Critical Care Nursing  
for Registered Nurses**

**Registration Information**

**Revised April 2008**

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The Post Basic Program in Critical Care Nursing was developed as a distance learning program in 2003 by Continuing Nursing Studies at the Centre for Nursing Studies.

This self-paced, distance learning program of instruction is designed to enable registered nurses to acquire the necessary knowledge and practice expertise to care for adults in critical care settings.

The program consists of a theoretical component, a lab component, and a four to six week preceptored clinical experience (depending on prior critical care experience) in a critical care setting. Learners have one year to complete the program and will be accommodated in their own geographic region as much as possible.

### ***Advantages***

- ◆ This program is independent and self-directed, allowing learners to proceed at their own pace.
- ◆ Individual faculty support is readily available by telephone or email to deal with difficult concepts or to discuss study habits, time management, etc.
- ◆ Peer support is encouraged and arranged by the program facilitator.
- ◆ Learners can complete the entire program without having to leave their home community. (some exceptions for clinical experience)
- ◆ Learners can study at any time that is convenient allowing them to continue other professional and personal roles.
- ◆ Additional learning materials are readily available upon request through the Centre for Nursing Studies.
- ◆ Clinical preceptors are highly qualified professionals in Critical Care settings who work one-on-one with the learner.
- ◆ Learners will be awarded a certificate upon achievement of program outcome that potentially could be utilized towards national certification.

### ***Program Requirements***

The Post Basic Program in Critical Care Nursing for Registered Nurses is a self-directed modularized learning program consisting of three required pre-requisite modules and five modules of critical care theory. Learners must successfully meet the evaluation requirements for the prerequisite modules prior to proceeding to the five critical care modules.

Upon completion of the theoretical portion of the program, and prior to the clinical experience, learners must successfully complete a laboratory component.

## ***Learning Materials and Resources***

These materials include:

- ◆ a set of study modules
- ◆ required textbooks
- ◆ required journal articles/required readings
- ◆ access to other learning materials, e.g., texts, articles, pamphlets, and audio-visual materials
- ◆ information and grading schemes for assignments

**The self-instructional modules all attempt to provide the following guidance:**

- ◆ specific learning objectives
- ◆ directed reading in accompanying textbooks
- ◆ extra information not provided in textbooks
- ◆ learning activities related to objectives
- ◆ comprehension checks at the end of units
- ◆ a post test at the end of each module to allow the learner to evaluate his/her readiness for the supervised examination.
- ◆ answers to the post-test

## ***Nursing Theory Modules***

<b>PREREQUISITE MODULES</b>	<b>Content</b>	<b>Estimated Time for Completion of Modules</b>	<b>Evaluation</b>
Anatomy and Physiology	Based on all body systems.	-	Assigned activities based on identified needs.
Health Assessment Bridging Module	Based on self assessment of learning needs of health history and physical examination of all body systems.	-	Lab testing based on identified needs
Health Promotion/ Teaching and Learning	Concept of Health Health Promotion Teaching Learning Interviewing-Counseling	70 hours	1 Exam

<b>CRITICAL CARE MODULES</b>	<b>Content</b>	<b>Estimated Time for Completion of Modules</b>	<b>Evaluation</b>
<b>Module One - Introduction to Critical Care Nursing</b>	Professional Issues Individual and Family Response to Critical Care Issues Other Considerations in Critical Care	50 hours	1 exam
<b>Module Two - Assessment Tools/Concepts for the Critical Care Nurse</b>	Understanding Basic Electrocardiography and Dysrhythmia Interpretation Hemodynamic Monitoring Ventilatory Assistance Code Management Shock	180 hours	1 exam
<b>Module Three - Nursing Care for Specific Alterations I</b>	Cardiovascular Alterations Respiratory Alterations	90 hours	1 exam
<b>Module Four - Nursing Care for Specific Alterations II</b>	Neurologic Alterations Renal Alterations Gastrointestinal Alterations Endocrine Alterations	90 hours	1 exam
<b>Module Five - Multisystem Alterations</b>	Trauma Multiple Organ Dysfunction Syndrome Hematological Alterations Obstetrical Complications Drug Overdose Transplantation Special Considerations Critical Care Assessment	120 hours	1 exam

## ***Evaluation***

### ***Theory Component***

Learners who live in the St. John's area are expected to write examinations at the Centre for Nursing Studies. Learners who live outside the St. John's area will be assigned an invigilator who will administer the examinations at a time and place that is mutually acceptable with the invigilator and learner. All examinations are corrected by the program facilitator at the Centre and individual learner feedback is provided.

The pre-requisite module on Health Promotion/Teaching and Learning and all core critical care modules are evaluated by a multiple choice exam. The pass mark for each examination is 70%. If learners are unsuccessful in achieving a passing grade initially, two supplementary examinations are permitted. If a 70% is not achieved in the supplementary examination/s, the learner will be required to withdraw from the program. Health Assessment and Anatomy and Physiology theory requirements are based on the learner's individual learning needs identified through completion of self-assessment tools. Appropriate learning activities will be provided based on needs identified.

### ***Laboratory Component***

Upon completion of the theoretical portion of the program, and prior to the clinical experience, learners must successfully complete a laboratory component comprised of the Advanced Cardiac Life Support course and competencies routinely performed in the critical care setting.

Learners who have a current ACLS certificate will be exempt from the ACLS course. Proof of ACLS certification is required.

### ***Clinical Component***

In collaboration with the clinical educator or nurse manager, the program facilitator selects a suitable nurse to act as preceptor. The learner works with this qualified preceptor on a one-to-one basis. Together, the preceptor and learner plan appropriate clinical assignments and nursing interventions. The learner's progress toward meeting objectives is closely monitored. Clinical evaluation is discussed both with the learner and the program facilitator prior to becoming part of the learner's permanent record.

In the critical care setting, learners must achieve a passing grade in all components of the clinical evaluation which is based on five specific objectives aimed at nursing care of the critically ill client in a critical care care setting. Learners who have extensive critical care experience will be required to complete and achieve a passing grade in a written report or oral presentation of a project or health promotion activity relative to the critically ill client, staff aggregate, or setting. Learning experiences will vary depending on prior learning assessment and the individual needs of the learner.

### ***Program Evaluation***

Evaluation is ongoing throughout the theoretical and clinical components of the program. Both learners and preceptors are asked to provide ongoing feedback on the Critical Care Program through designated program evaluation forms located at the end of each module, included with preceptorship materials and at the end of the program. Learner feedback is valuable to making ongoing changes and improvements in program design and content.

**REGISTRATION PACKAGE**

**FOR**

**POST BASIC PROGRAM IN CRITICAL CARE NURSING**

**CONTENTS**

- Admission Criteria
- Fee Structure
- Registration Checklist
- Registration Form
- Reference Forms

**REGISTRATION DEADLINE:**

**PROGRAM DATES:**

## ENTRANCE REQUIREMENTS

- Current registration in the province of Newfoundland and Labrador
  
- Certification in Basic Life Support within the past year
  
- Two references:   One from a professional colleague  
                          One from current manager or designate
  
- Preference will be given to applicants who have actively practiced nursing in an acute care setting for the equivalent of 12 full months during the past 3 years.

**Note: Limited enrollment**

## PRIOR LEARNING ASSESSMENT

Those learners who feel they may be able to receive credit for prior learning should contact Continuing Nursing Studies. Learners will be assessed to determine relevant prior learning. A fee for credit will be determined based on the amount of the course able to be challenged.

## FEE STRUCTURE

### Fixed Costs:

<span style="color: #008080;">■</span>	Tuition	\	
<span style="color: #008080;">■</span>	Course Materials	\	\$1000.00
<span style="color: #008080;">■</span>	Textbooks	/	

**Please Note:** Fees are subject to change.

Full tuition payment is required prior to commencement of the program.

Learners may withdraw from the program at any time. A tuition refund is provided within 30 days from the start date (100% refund minus a 10% administration fee and the cost of course materials). No fees will be reimbursed after this 30-day period.

### Associated Costs:

**Travel:** Costs may be incurred as a result of travel for attendance at lab sessions and clinical practicum.

## REGISTRATION CHECKLIST

The following completed documents must be submitted by the deadline date:

- Registration Form
  
- Reference forms (2):
  - Professional colleague
  - Manager or manager's designate
  
- Photocopies of:
  - Current ARNNL registration
  - Current BCLS certificate
  - Current ACLS certificate
  - Transcript or Certificate for Health Assessment Course
  - Transcript or Certificate for Health Promotion Course
  - Transcript or Certificate for Anatomy & Physiology

Please return completed registration form to:

Marion Browne  
Centre for Nursing Studies  
Southcott Hall  
100 Forest Rd.  
St. John's, NL A1A 1E5

Phone: 777-8162; Fax 777-7324  
E-Mail: [mbrowne@cns.nf.ca](mailto:mbrowne@cns.nf.ca)

**CENTRE FOR NURSING STUDIES  
CONTINUING NURSING STUDIES**

**POST BASIC PROGRAM IN CRITICAL CARE NURSING FOR REGISTERED NURSES  
REGISTRATION FORM**

**SECTION I**

ARNNL Registration No. \_\_\_\_\_

First Name	Middle Name	Last Name	Maiden Name
Street Address	City/Town	Province	Postal Code
Phone (Home)	Phone (Business)	Phone (Cell)	Fax Number
E-Mail Address (Compulsory)	Emergency Contact Person		Telephone
CPR certification date	CPR expiry date	ACLS certification date	ACLS expiry date
Desired Date to Commence Program/Course		Number of years since last practicing as RN	

**SECTION II: PAYMENT**

**II a.** Cheque [  ]      Cash [  ]      Credit Card [  ]      Debit [  ]

\* Sponsor [  ]

**Amount Paid:** \_\_\_\_\_

Cheque or money order should be made payable to the Centre for Nursing Studies.

Master Card / VISA Cardholder's Name: \_\_\_\_\_

Master Card/Visa # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**IIb. \* Sponsored students must complete the following information.**

Sponsoring Agency:	Contact Person:
Address:	
Phone No.	Fax No.
	E-Mail:

The CNS acknowledges and respects privacy of individuals. The personal information included on this form is collected under the authority of Sections 32 and 33 of the *Access to Information and Protection of Privacy Act* and will be used for processing your application and for the administration of student records. Direct any questions about this collection to: Privacy Officer, Eastern Health, Quality and Risk Management, 12<sup>th</sup> Floor, Southcott Hall, 777-8025.

**SECTION III: POST SECONDARY EDUCATION** (University, Technical, Vocational, Nursing, Workshops, In-Services, First Aid, CPR, Etc.)

Institution	Location	Program Of Study	Certificate / Diploma	Year/s Attended

**SECTION IV: REFERENCES:** Please print the names, full addresses, and telephone numbers of two individuals providing your references.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

**SECTION V: EMPLOYMENT HISTORY** (beginning with most recent):

Current Employing Health Board: \_\_\_\_\_ Current Work Site: \_\_\_\_\_  
 Immediate Supervisor/Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Other Employment in Nursing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COPY OF ACTIVE RN LICENSE IS REQUIRED.**

I hereby verify that the information given on this Registration form is correct. I agree to be governed by the policies, rules, and regulations as set forth by the Centre for Nursing Studies.

Permission is granted to The Centre for Nursing Studies to i) contact previous employers and/or educational institutions to obtain personal references, to verify educational background, and/or to provide the clinical preceptor with this information  
 ii) provide verification of successful course completion to the licensing body and/or sponsoring agency.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Learner

**Centre for Nursing Studies - Continuing Nursing Studies**  
**Southcott Hall, 100 Forest Rd., St. John's, NL A1A 1E5**  
**Telephone (709) 777-8162; Fax (709) 777-7324**

**APPLICANT REFERENCE FORM #1**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Person Providing Reference: \_\_\_\_\_

Address of Referee: \_\_\_\_\_

In what context do you know this applicant? \_\_\_\_\_

Do you feel that you know the applicant well enough to be comfortable in supplying this reference? \_\_\_\_\_

**Please rate the applicant's performance in the following categories:**

	<b>Outstanding</b>	<b>Strong</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Overall Job/Academic Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theoretical Knowledge & Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills – Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, explain: \_\_\_\_\_



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**APPLICANT REFERENCE FORM #2**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Person Providing Reference: \_\_\_\_\_

Address of Referee: \_\_\_\_\_

In what context do you know this applicant? \_\_\_\_\_

Do you feel that you know the applicant well enough to be comfortable in supplying this reference? \_\_\_\_\_

**Please rate the applicant's performance in the following categories:**

	<b>Outstanding</b>	<b>Strong</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Overall Job/Academic Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theoretical Knowledge & Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills – Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, explain: \_\_\_\_\_

