



Grande Prairie Regional College  
Keyano College  
Red Deer College  
University of Alberta

## **NURSING 1910**

### **2010 – 2011 COURSE OUTLINE**

**October 25<sup>th</sup>- December 10<sup>th</sup>, 2010  
A2/B2**

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**Originally developed by the Clinical Experience Development Committee**

**Revised by the Learning Experiences Development Committee, April 2010**

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Approved: May 2010

## Nursing 1910 Course Outline

### CALENDAR STATEMENT:

**NURS 191 Nursing Practice I** \*4 (fi 8) (second term, 1-15c-2 in 7 weeks).

Beginning nursing practice with a focus on health promotion and interaction with clients across the life span in a variety of non-traditional settings. Prerequisites: NURS 190 and 194.

**COURSE HOURS:** LEC: 0 SEM: 7 CLINICAL: 105 LAB: 14

### COURSE DESCRIPTION:

This course will introduce students to beginning nursing practice in the community. The focus is on health promotion and on providing opportunities for students to develop communication skills and establish helping relationships. Nursing practice will include selected assessment of healthy individuals across the life span in the context of family within a community.

### TRANSFERABILITY:

This course is part of the block transfer agreement with the University of Alberta in the Collaborative BScN Program. Admission to the fourth year of the Program and registration at the U of A will be contingent upon confirmation by the Faculty of Nursing that the first three years of the Program have been completed with satisfactory academic standing. For promotion to Year 4 at the U of A, a student is required to pass all previous courses and obtain a minimum cumulative GPA of 2.0 on a 4.0 point scale in the first three years of the program. If these conditions are met, the student will be granted a block transfer of work completed at GPRC to the U of A record.

### WITHDRAWAL DATE:

Last date to withdraw in the second block of nursing without penalty is **NOVEMBER 5, 2010**

### COURSE OBJECTIVES:

#### Levels of Independence

In evaluating objectives, the following levels of independence will be used:

**With assistance:** The student requires direction and information.

**With minimal assistance:** The student requires *occasional* direction and information.

**With guidance:** The student requires clarification, prompting and confirmation.

**With minimal guidance:** The student requires *occasional* clarification, prompting and confirmation.

**Independently:** The student works mostly on his or her own and seeks information, clarification and consultation as appropriate.

**Direction:** Clinical tutor tells the student what to do, about what steps to take.

**Information:** Clinical tutor tells the student specifics about a concept or topic.

**Clarification:** Clinical tutor, through questioning and feedback, assists the student to state their information in a different and clearer way, often with more details. The student asks questions to increase their understanding; questions asked demonstrate a sound knowledge base.

**Prompting:** Clinical tutor provides the student with a cue that answer is incomplete or incorrect and how to resolve the lack of information. A prompt is broader than a hint. Prompting is generally used to add breadth or depth.

**Confirmation:** Clinical tutor provides positive feedback for correct information and direction provided by the student.

**Consultation:** The student provides clinical tutor with information and/or direction, and asks specific questions about the information or direction which the instructor confirms.

**Occasional:** The clinical tutor provides input every now and then.

## Objectives

Overarching statements:

Students are responsible to familiarize themselves with *Graduate Competencies and Year-End Outcomes (with Cross Reference to Courses) 2010-2011*. Attention must be given to the competencies that are identified as being relevant to NURS 191.

Students must regularly refer to the document entitled *Graduate Competencies and Year-End Outcomes Condensed Version 2010-2011*. Attention must be given to the Year 1 Column. This document serves as the basis for the evaluation of students' clinical practice.

All students must practice in a manner that is consistent with:

- CARNA Nursing Practice Standards (2003) and all other CARNA standards
- The CNA Code of Ethics for Registered Nurses (2008).

1. Demonstrate, with assistance, the processes of self-directed learning, critical thinking, and group process in context-based learning and in a variety of community settings.
2. Demonstrate, with assistance, the ability to practice in accordance with Year 1 competencies, as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2010-2011*.
3. Demonstrate, with assistance, the ability to use professional and therapeutic communication skills to collaborate with clients across the life span.
4. Demonstrate, with assistance, the ability to use professional communication skills with colleagues, professionals, and other individuals encountered in the practice environment(s).
5. Demonstrate, with assistance, the ability to establish a helping relationship with clients.
6. Demonstrate, with assistance, the ability to engage in health promoting activities with clients.
7. Demonstrate, with assistance, the ability to conduct selected assessments with healthy individuals across the lifespan in the context of family within a community.
8. Demonstrate, with assistance, the ability to engage in evidence-based practice.
9. Demonstrate the ability to integrate knowledge into clinical practice.

Note: Up to three "site specific" objectives related to the clinical settings and/or characteristics of the program location (Edmonton, Fort McMurray, Grande-Prairie, or Red Deer), may be added. This is not a requirement; it is an opportunity for creativity. Such site specific objectives do not require CDC approval but should be approved by the site.

## REQUIRED RESOURCES (available on Moodle)

1. Working Definitions
2. Map of Theoretical Labs, Clinical Labs, and Clinical Seminars
3. Graduate Competencies and Year-end Outcomes
4. Grade Descriptors
5. Evaluation of Nursing Practice (ENP)

## REQUIRED TEXTBOOKS

American Psychological Association. (2010). <i>Publication manual of the American Psychological Association</i> (6 <sup>th</sup> ed.). Washington, DC: Author.
Balzer-Riley, J. (2008). <i>Communications in nursing</i> (6th ed.). Toronto, ON: Mosby.
Vollman, A.R, Anderson, E.T, & McFarlane, J. (2008). <i>Canadian community as partner: Theory and multidisciplinary practice</i> (2 <sup>nd</sup> ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
Wright, L.M., & Leahy, M. (2009). <i>Nurses and families: A guide to family assessment and intervention</i> (5 <sup>th</sup> ed.). Philadelphia: F.A. Davis Company

## REQUIRED LEARNING EXPERIENCES

**In order to pass NURS 1910, students must demonstrate safe ethical nursing practice, professional behaviour, and complete the following experiences:**

1. During this course, students will have a continuous experience in the community where clients live and/or in community agencies (non-acute) where services to clients are offered which will include nursing practice with individuals across the life span, in the context of family.
2. Participate in site-selected lab activities (see 'Map of Theoretical Labs, Clinical Labs, and Clinical Seminars').
3. Plan and implement visit with a client where the client lives.
4. Participate in health-related activities of a community agency.
5. Complete a comprehensive health history on an individual.
6. Engage in a health promotion activity based on identified needs.
7. Examine the role of the registered nurse.
8. Assess a client using a selected nursing model.
9. Perform selected nursing care (i.e., ADL, hygiene).

## **CLINICAL EXPERIENCES**

### **Public Health Unit**

Each student will spend 3 days shadowing a nurse at a public health unit, observing the role of a community health nurse and participating in appropriate nursing activities.

At the Grande Prairie office, students will be assigned to a specific team versus a specific person. At the rural offices, students will be assigned to the Health Unit. Students may move within the team/health unit as learning experiences arise.

### **Do Bugs Need Drugs:**

This is a provincial program targeting primarily Grade 2 students which stresses the importance of hand washing in the prevention of illness. It has set lesson plans and provides you with the opportunity to participate in a provincial health promotion project. You will work in pairs. You will be oriented to the program and given resources to assist you in your role.

### **Teaming up for Tobacco Free Kids**

This is a program developed by AADAC following the requirements of the Alberta Education Curriculum. The program is primarily delivered to Grade 5-6 students. The Program is delivered in a series of sessions emphasizing prevention, the goal of the program is to increase awareness about the dangers related to tobacco use before the students form regular tobacco use patterns. The program delivers positive role modeling among peers, provides appealing prizes and builds on the youths capacity for health living.

### **Health & Wellness Curriculum Support**

Nursing students will provide portions of the Alberta health curriculum related to healthy choices in the areas of nutrition, physical activity, lifestyle, and hygiene to K-12 students in the Peace Country Health region. This program offers you with another opportunity to practice age specific health promotion activities. You will be oriented to the program and given resource materials to assist you in your role.

Two students are normally assigned to each session. Sessions will vary in length from 30-120 minutes depending upon the grade level of the students in the schools and the school's timetable. The clinical tutor will be present for a portion or all of your presentation.

Part of your clinical hours in this program includes preparatory hours for the sessions that you will facilitate.

## **Family Home Visits and Assessment**

The purpose of this clinical experience is to give you the opportunity to apply therapeutic communication skills, establish a professional nursing student-client relationship, become familiar with the CFAM tools of an ecomap, genogram, and attachment diagrams. This assignment will be carried over the 7 weeks in which you are in this clinical experience.

You must choose a family (not your immediate family or close friends) and conduct a minimum of two family visits in their home lasting approximately 1-2 hours in length each.

- Use the Calgary Family Assessment Model (CFAM) tools of a genogram, attachment diagram and ecomap at a novice level. .
- Your assignment will be evaluated using the rubric found in Appendix D

## **Other Learning Experiences**

Other learning experiences which are scheduled as per your assignment schedule are the College Community Clinic and HIV North. Details on these experiences will be given during orientation week.

## **SEMINARS**

**Weekly Seminars will be held on FRIDAYS 0830-1120 in PORTABLE B.**

## **LABS**

There are 6 hours of labs included in this course:

- 1) Family Assessment (CFAM)
- 2) Community Assessment (Windshield Survey)

## REQUIRED EVALUATION

Item	Due	Weighting
<u>CFAM Assignment</u> <ul style="list-style-type: none"><li>• Part A: Health History</li><li>• Part B: CFAM presentation in Seminar</li></ul>	<ul style="list-style-type: none"><li>• November 29<sup>th</sup>, 2010</li><li>• November 26<sup>th</sup>, December 3<sup>rd</sup>, &amp; 10<sup>th</sup>, 2010</li></ul>	15%  15%
<u>ENP</u> <ul style="list-style-type: none"><li>• Reflective Journal</li><li>• Feedback Forms</li></ul>	<ul style="list-style-type: none"><li>• November 19<sup>th</sup>, 2010</li><li>• Every Friday in Seminar</li></ul>	70%

### 1. CFAM Assignment

#### Part A. Health History

**Weight: 15%**

**Due: November 29<sup>th</sup>, 2010**

In this written portion of your CFAM assignment, please complete a comprehensive health history on one person in your chosen family. Include a detailed account of the client's health history and relate the most relevant health determinants to your findings.

Identify and explain health promotion strategies that may help your clients meet their health needs by using the literature to support your choice.

Your assignment must be 6-8 pages typewritten not including cover page, appendices, and references. Strict APA guidelines apply.

Appendix A: Home Visiting Guidelines

Appendix B: Home Visit Consent Form

Appendix C: Health History Grading Guideline

## Part B. Presentation in Seminar

Weight: 15%

Due: November 26<sup>th</sup>, December 3<sup>rd</sup> or December 10<sup>th</sup>, 2010

In this part of the CFAM assignment you will be presenting and discussing the structural and developmental assessments of the family you have interviewed. You may use posters, power point presentation or other means of creativity to illustrate CFAM in practice. This presentation will take place in designated seminar time over three weeks (refer to calendar). Presentations will be no longer than 15 mins.

You will provide a typewritten brief outline (point form, one page) of your presentation to your instructor by **November 26<sup>th</sup>, 2010 in Seminar**. See Appendix E for Outline template.

### *Structural Assessment*

1. Construct a genogram and ecomap of the family you assessed. This may be hand drawn if done so legibly or you may utilize a variety of template programs available online.

2. Describe, analyze and discuss the family you assessed in terms of the following structural components:

- Internal
- External
- Context

### *Developmental Assessment*

3. Describe, analyze and discuss the family you assessed in terms of the following:

- Stages of the Family Life Cycle
- Tasks
- Attachments

Please refer to your Wright and Leahey textbook to guide your assignment.

See Appendix D for Seminar Presentation Grading Guideline

## 2. ENP

**Weight: 70%**

**Nursing practice must be evaluated** using the Evaluation of Nursing Practice (ENP) tool.

Evaluation of student's clinical performance:

A formative and written summative evaluation of Nursing Practice will be completed by the student and the tutor. Evaluation will be accomplished through observation assessment and evaluation of the student during nursing practice. *Evaluations will be made by the tutor and may be supplemented with input from peers, the staff of an agency, and the client.*

**Missed clinical time of 2 days or more may put you in jeopardy of failing the clinical course if the instructor is unable to evaluate your performance.**

- **Mid-Term Evaluation:** by appointment in week of **November 15<sup>th</sup> - 19<sup>th</sup>, 2010**
- **Final Evaluation:** by appointment **during week of December 13<sup>th</sup>, 2010**

Students are to hand in their completed ENP to instructor on **December 6<sup>th</sup>, 2010.**

**The ENP will also include the following:**

- **Journal:** A reflective journal will be evaluated as part of your ENP. This journal will be a professional reflection on a learning experience that you identify as important in Community Nursing during your clinical course. See **Appendix F** for grading guidelines.

**Due Date: November 19<sup>th</sup>, 2010**

- **Feedback Forms:** These forms will be completed after each week of teaching and handed in each Friday in Seminar class and will be used to contribute to your overall evaluation in the ENP (also available on Moodle). -See **Appendix G**

**Due Date: Every Friday in Seminar class**

## EVALUATION CRITERIA

### Final Grade Assignment

Each assignment in the course will be given an alpha grade according to the grading criteria for each assignment. Grades for each assignment will be converted into a 4-point equivalent. This number will then be multiplied by the weighting of the assignment to determine a score. The scores for each assignment will be added together for a total score in the course. This total score will then be used to determine the final alpha grade in the course. If you have any questions or concerns, please see your tutor / instructor for more information.

<b>GRADING CONVERSION CHART</b>			
<b>ALPHA GRADE</b>	<b>PERCENTAGE CONVERSION (%)</b>	<b>4-POINT EQUIVALENT</b>	<b>DESCRIPTOR</b>
A+	95 – 100	4.0	Excellent
A	90 – 94.9	4.0	
A-	85 – 89.9	3.7	Very Good First Class Standing
B+	80 – 84.9	3.3	
B	75 – 79.9	3.0	Good
B-	70 – 74.9	2.7	
C+	66 – 69.9	2.3	Satisfactory
C	63 – 65.9	2.0	
C-	60 – 62.9	1.7	
D+	55 – 59.9	1.3	Poor
D	50 – 54.9	1.0	Minimal Pass
F	0 – 49.9	0.0	Failure
WF	0	0.0	Fail Withdrawal after the deadline

**Students may receive a grade of D or D+ in an assignment, but must have an overall grade of C- to achieve a passing grade in a nursing course.**

## **LATE ASSIGNMENTS:**

- All assignments and course evaluation strategies are required to be completed by the time and date specified in the course outline, or as otherwise negotiated with the instructor.
- Extensions of the time specified for submission may be granted in case of illness or extenuating circumstances. Extensions must be negotiated with the instructor prior to the required submission time and date.

A penalty will be imposed for all late assignments and course evaluation strategies. If the instructor is unable to open electronic copy of an assignment on the due date, the assignment will be considered late. One Letter Grade per class day will be deducted from the total value of the assignment for each class day the assignment is late. For example, an assignment valued at B+ and handed in one class day late, will be valued at a B.

## **PLAGIARISM AND CHEATING:**

Please refer to the GPRC policy on plagiarism and cheating.

<http://www.gprc.ab.ca/about/administration/policies.html>

## **PROFESSIONAL DRESS:**

Students are expected to abide by the dress code of the particular agency where their clinical experience is taking place, and to remember to dress appropriately and professionally for presentations in schools and school age children. Business casual attire. jeans, yoga pants and open toed shoes are not acceptable. For example:

Public Health: Business casual

HIV North: casual, jeans may be worn

College Clinic: Scrubs-no exceptions

School Teaching: Business casual

**\*\*\*All students will wear a Grande Prairie Regional College picture ID.**

## Appendix A: Home Visiting Guidelines

Please note that these are guidelines only and you will conduct this assignment in the manner best suited for you and the family you will be assessing.

Book an appointment ASAP with your family for your initial interview.

### **Suggested Readings:**

Wright, L. M. & Leahey, M. (2009). *Nurses and Families: A guide to family assessment and intervention*. (5<sup>th</sup> ed.). Philadelphia, PA: F. A. Davis. **Chapters 5-8.**

### *Guidelines for Home Visiting*

#### Telephone Contact:

- introduce yourself
- explain the purpose of your visits (assignment)
- describe how long each visit will be (approximately 1-2 hrs)
- invite all family members to be present at visit and explain why it might be nice to have all family members present,
- schedule appointment (should be within a couple of days from the time you made the phone call)
- determine who will be there

*Please note that though the guideline has been broken down into 1<sup>st</sup> and 2<sup>nd</sup> home visits, the sequencing of activities will be dependent on your own and your family's schedule.*

#### *1<sup>st</sup> Home Visit (Engagement and assessment):*

- introduce yourself
- Explain the purpose of your visit
- Establish the length of the visit (probably shouldn't be more than one (1) hour).
- You may want to describe the expectations you have of the experience and of the family. For example, that they will be available to visit with you a minimum of two times over the course of the next 7 weeks.
- You want to start to know the family/client and so begin to ask questions. You may want to start by asking the family to tell you something about themselves (ex. Who is part of their family, what kind of contact they have with family members, where do they work, etc...)
- To help the family become more participatory, you will want to have the family construct a **genogram and ecomap and attachment diagram** (see Wright & Leahey [2009] if you are unsure of what this is and how to construct one). This is the beginning of the structural assessment.
- Provide structure for the family by asking questions of each family member so that they feel included in the visit
- At the end of the visit, summarize what happened during the visit with the family. Set up the next appointment. Indicate that you will call them the day before to confirm the set meeting date.

*2<sup>nd</sup> visit (assessment and termination)*

- Continue with and finish structural assessment
- Start and finish with developmental assessment.
- Choose one family member to be the subject of the health history
- Review and verify what you have learned during your assessment.
- Ask the family their perceptions of the effectiveness of the visits.
- Thank the family for their time and indicate that they have helped you develop greater knowledge and skill in developing therapeutic relationships.

**You will present on this experience in a designated seminar. Please refer to Appendix D.**

**Appendix B:**  
**Home Visit Consent Form**

I acknowledge that the nature of this assignment has been described to me and that any questions I have asked were answered to my satisfaction.

I have been provided with information on the assignment. I understand that I/we are being asked to participate in two visits.

I have been assured that all information is confidential and will be shared only with the appropriate nursing instructor. I understand that I may choose to limit the information shared and can decline answering of any questions without any determinant to myself or other members of my family.

I understand that any health care received from other health care professionals will not be affected by my or my family's participation in this experience.

I understand that I may ask and keep a copy of the information sheet(s) and this consent form.

If I have any questions about this assignment or concern with student nurse behaviours, I can contact the following nursing instructor:

Asha Parmar BA, RN, BScN 780-539-2892 (office)

Joan Jacobson RN, BScN 780-539-2046 (office)

Signature of participant: \_\_\_\_\_

Nursing Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for assisting nursing education!*



## Appendix C: CFAM Part A Health History Grading Guideline

	Excellent (A)	Very Good (B)	Good (C)	Marginal (D)	Unsatisfactory (F)
Introduction	Introduction is present, clear and concise. Clearly identifies the purpose of the paper.	Introduction is present, clear and concise. Adequately identifies the purpose of the paper.	Introduction is present, superficially identifies the purpose of the paper.	Introduction is present, but vague. Vaguely identifies the purpose of the paper.	Introduction is missing.
Health History of Client	Description of the client's health history is complete and in detail. All questions are answered.	Description of the client's health history is mostly complete, most questions were answered.	Description of the client's health history is satisfactory, some questions were not answered.	Description of the clients' health history is given but few questions were answered.	Description of the client's health history is unsatisfactory as most of the questions were not answered
Identified Health Needs	Observations about the client relate specifically to the health history and relevant health needs are identified based on all applicable Health Determinants.	Observations about the client mostly relate to the health history and health needs are identified based on most applicable Health Determinants.	Observations about the client generally relate to the health history and health needs are identified using some applicable Health Determinants.	Observations about the client loosely relate to the health history. Minimal health needs are identified. Few Health Determinants are identified and/or are applicable.	Observations about the client are missing. No Health needs and/or Health Determinants identified.
Health	Provides a detailed and	Provides a very good	Provides an adequate	Provides a superficial	Discussion on health

Promotion Strategies	comprehensive discussion regarding Health Promotion strategies in relation to identified health needs. Comprehensive integration of supporting literature.	discussion regarding Health Promotion strategies in relation to most identified health needs. Clear integration of supporting literature.	discussion regarding Health Promotion strategies in relation to some identified health needs. Adequate integration of supporting literature.	discussion regarding health promotion strategies and not clearly related to identified health needs. Minimal integration of supporting literature.	promotion strategies is missing and/or does not relate to identified health needs. No evidence of supporting literature.
Conclusion	Conclusion is present, clear and concise. Clearly and accurately summarizes content of the paper.	Conclusion is present, Clearly summarizes content of the paper.	Conclusion is present, Superficially summarizes content of the paper.	Conclusion is present, vaguely summarizes content of the paper, introduces new concepts not identified in the paper	Conclusion is missing.
APA and Referencing	Exceptional use of APA and referencing.	Minimal APA mistakes in paper with appropriate referencing throughout paper.	Some APA formatting and referencing mistakes.	Many APA formatting and referencing mistakes.	Little or no use of APA used. Inadequate referencing.
Spelling and Grammar	Excellent spelling and grammar throughout the paper.	Very minimal spelling and grammar mistakes in paper.	Some spelling and grammar errors.	Many spelling/grammar mistakes throughout paper.	Multiple spelling and grammar mistakes.
Organization	Excellent organization and	Well written and easy to	Generally well written and	Difficult to read with little	Difficult to read with no

	easy to read.	read.	easy to read. Some organizational problems.	organization.	organization evident.
Resources	Resources are relevant, current and comprehensive.	Resources are relevant and current.	Resources are somewhat relevant and current. Could have used more to support paper.	Resources are minimal, somewhat relevant.	Little use of resources to support paper.

Comments:

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix D: CFAM Part B Presentation Grading Guideline

	<b>A (Excellent)</b>	<b>B (Very Good)</b>	<b>C (Good, Satisfactory)</b>	<b>D (Minimal Pass)</b>	<b>F (Fail)</b>
Structural Assessment	Structural Assessment of family is detailed and comprehensive and gives the reader a very clear overview of who is in the family, what is the connection among family members, and what is the family's context. Able to make clear, insightful, and relevant observations of the family related to the structural assessment with clear data to support observations.	Structural Assessment of family is detailed and gives the reader a clear overview of who is in the family, what is the connection among family members, and what is the family's context. Able to make clear and relevant observations of the family related to the structural assessment with data to support observations.	Structural Assessment of family gives the reader a general overview of who is in the family, what is the connection among family members, and what is the family's context. Some information lacks depth or is absent. Able to make some relevant observations of the family but does not show how this is related to the assessment data.	Structural Assessment of who is in the family, what is the connection among family members, and what is the family's context is superficial in content. Observations lack the data and are not relevant. Data is vague, incomplete and unorganized.	Structural Assessment of family is incomplete with little to no observations related to the data.

<p>Developmental Assessment</p>	<p>Developmental Assessment of family gives a compressive overview of the family's developmental life cycle. Able to clearly and articulately delineate what stages and tasks the family is completing or needs to complete as well as their attachments with insightful data to support observations.</p>	<p>Developmental Assessment of family gives a clear overview of the family's developmental life cycle. Able to clearly delineate what stages and tasks the family is completing or needs to complete as well as their attachments with complete data to support observations.</p>	<p>Developmental Assessment of family gives a general overview of the family's developmental life cycle. Able to delineate what stages and tasks the family is completing or needs to complete as well as their attachments with some data to support observations. Some content missing or superficial</p>	<p>Developmental Assessment of family data is superficial and lacks clarity or specificity. Difficulty identifying the developmental life cycle of the family or the tasks and stages the family is completing. Observations are not supported by the data.</p>	<p>Developmental Assessment of family is not complete, nor are observations made which are supported by the data.</p>
<p>Genogram and Ecomap</p>	<p>Genogram and ecomap are legible and complete</p>	<p>Genogram and ecomap are legible but missing components.</p>	<p>Genogram and ecomap are somewhat legible but missing some components</p>	<p>Genogram and ecomap are not legible and missing many components.</p>	<p>Genogram and ecomap are not legible and are missing significant components.</p>

Resources	Resources are relevant, current and comprehensive.	Resources are relevant and current.	Resources are somewhat relevant and current. Could have used more to support paper.	Resources are minimal, somewhat relevant.	Little use of resources to support paper.
Presentation	Comprehensive and creative presentation. Outstanding integration of CFAM. Thoughtfully evaluates and applies concepts in context to the family.	Very good presentation with appropriate integration of CFAM concepts in context to the family.	Adequate presentation with integration of most CFAM concepts in context to the family.	Lacks clarity in presentation of CFAM concepts. Does not relate concepts in context to the family. Missing several significant components.	Lacks clarity in presentation of CFAM concepts. No relation of concepts to the family. Missing key information.

Comments:

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix E

### Example of CFAM Outline Template

#### I. Genogram and Ecomap

##### A. Present and Genogram

- Show poster (example only)

##### B. Present and Discuss Ecomap

- Handouts to class (example only)

#### II. Structural Assessment

##### A. Internal Assessment

- .....
- .....
- .....

##### B. External Assessment

- .....
- .....
- .....

#### III. Developmental Assessment

##### A. Stages of the family life cycle

- .....
- .....
- .....

##### B. Tasks

- .....
- .....
- .....

##### C. Attachments

- .....
- .....
- .....

*In the bulleted lists,  
please remain brief in  
your description.  
Remember, you must  
create this outline  
specific to your family.  
The outline gives us a  
skeleton of what you  
will include in your  
discussion.*

## Appendix F: Reflective Journal Guideline

Characteristic	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory
<b>Personal and Professional Growth</b>	Personal and professional growth was analysed substantively in journal.	Personal and professional growth was analysed very well in journal.	Personal and professional growth was analysed well in journal.	Personal and professional growth was analysed superficially in journal.	Personal and professional growth was not analysed in journal.
<b>APA</b>	Meets all APA criteria.	Meets most APA criteria.	Meets some APA criteria.	Meets few APA criteria.	APA criteria not followed.
<b>Reflective Practice</b>	Recognizes key learning experiences and reflects on them comprehensively as they relate to clinical practice and uses incidents to build on for future practice.	Recognizes key learning experiences and reflects on them very well as they relate to clinical practice, able to apply experience to future practice.	Recognizes learning experiences and reflects on them superficially as they relate to nursing practice, application to future practice is unrelated to experience.	Able to recognize learning experiences but does not reflect on those events as they relate to nursing practice.	Is not able to recognize or reflect on learning experiences in nursing practice.
<b>Strengths &amp; Areas to improve</b>	Identifies Strengths and areas to improve in a comprehensive manner.	Identifies Strengths and areas to improve.	Identifies Strengths and areas to improve, but done superficially.	Strengths and areas to improve are inappropriate or incomplete.	Unable to identify any strengths or areas to improve.
<b>Connection to the role of the nurse in learning situations</b>	Able to comprehensively articulate the connection of clinical experiences to the role of the nurse in community agencies.	Able to articulate well the connection of clinical experiences to the role of the nurse in community agencies.	Able to articulate the connection of clinical experiences to the role of the nurse in community agencies.	Has difficulty articulating the connection of clinical experiences to the role of the nurse in community agencies.	Unable to articulate the connection of clinical experiences to the role of the nurse in community agencies.
<b>Application of Knowledge</b>	Able to comprehensively show understanding of nursing knowledge as it relates to the learning situation.	Able to show understanding of nursing knowledge as it relates to the learning situation.	Able to integrate nursing knowledge into the journal but superficially relates knowledge to the learning situation.	Uses limited nursing knowledge in the journal and do not relate it specifically to the learning situation.	Does not use nursing knowledge in the journal.

**Comments:**

## Appendix G: Feedback Form

Presenter's Name:	
Date:	Audience:

<ul style="list-style-type: none"> <li>• Did I contribute to the preparation for this presentation and was this evidenced in my presentation ?</li> <li>• Was I on time?</li> </ul>	
<ul style="list-style-type: none"> <li>• Were the audience's stages of growth and development considered in my preparation for this presentation?</li> <li>• How was this evidenced?</li> </ul>	
<ul style="list-style-type: none"> <li>• Did I encourage participation of my audience and overall how was the content of my presentation received by the students?</li> </ul>	
<ul style="list-style-type: none"> <li>• Have I demonstrated professional accountability and responsibility to my teaching partner, my audience and the institutions which I am representing?</li> </ul>	
<ul style="list-style-type: none"> <li>• What were the strengths of my overall performance? Areas for growth?</li> </ul>	

## Appendix H: Evaluation Nursing Practice (ENP)

STUDENT'S NAME (Print): \_\_\_\_\_

TUTOR'S NAME(Print): \_\_\_\_\_

*\*Student's overall performance will be assessed in each of the three categories.*

A-Excellent	B-Very Good	C-Good	D-Marginal	F-Fail
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**Excellent (A)**

Student meets the objectives at a "Level of Independence" greater than identified on the ENP, all of the time.

**Very Good (B)**

Student meets the objectives at a "Level of Independence" greater than identified on the ENP, majority of the time.

**Good (C)**

Student meets the objectives at a "Level of Independence" greater than identified on the ENP some of the time.

**Marginal (D)**

The student meets the objectives at a "Level of Independence" required on the ENP inconsistently

**Unsatisfactory (F)**

Student fails to meet the objectives at a "Level of Independence" required on the ENP

**RC = Relevant Competency** Please refer to the Graduate Competencies and Year End Outcomes Condensed Version 2010-2011.

## LEVEL OF INDEPENDENCE

In evaluating (clinical performance) objectives, the following level of independence will be used:

**With assistance:** The student requires direction and information.

**With minimal assistance:** The student requires *occasional* direction and information.

**With guidance:** The student requires clarification, prompting and confirmation.

**With minimal guidance:** The student requires *occasional* clarification, prompting and confirmation.

**Independently:** The student works mostly on his or her own and seeks information, clarification, and consultation as appropriate.

### **Definition of terms:**

**Direction:** tutor tells student what to do, about steps to take

**Information:** tutor tells student specifics about a concept, topic

**Clarification:** tutor, through questioning and feedback, assists the student to state their information in a different and clear way, often with more details. Student asks questions to increase their understanding; questions asked demonstrate a sound knowledge base

**Prompting:** tutor provides student with a cue that answer is incomplete or incorrect and how to resolve the lack of information. A prompt is broader than a hint. Prompting is generally used to add breadth or depth.

**Confirmation:** tutor provides positive feedback for correct information and direction provided by the student

**Consultation:** student provides tutor with information and/or direction and asks specific questions about the information or direction which the instructor confirms.

**Occasional:** indicates that input is provided by tutor now and then

<b>RC</b>	<b>1. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>
<b>1.1</b>	Presents a professional image					
<b>1.1</b>	Demonstrates accountability for making decisions and the outcomes of those decisions					
<b>2.1</b>	Uses effective time management strategies in coordinating care, organizing workload, and setting priorities.					
<b>3.1</b>	Demonstrates the ability to practice safely and within the limits of own competence and knowledge					
<b>1.1</b>	Demonstrates initiative and responsibility to accurately assess and meet own learning needs and implements learning goals to maximize and or improve nursing care					
<b>3.1</b> <b>4.1</b> <b>16.1</b>	Ensures personal, client and colleague safety by practicing within the policies and procedures of the agency/organization					
<b>COMMENTS:</b>						
<b>RC</b>	<b>KNOWLEDGE - BASED PRACTICE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>
<b>10.1</b>	Applies a critical thinking approach to nursing					
<b>5.1</b>	Engages in strategies for social and political action at a beginning level					
<b>10.1</b> <b>18.1</b>	Uses credible and evidence informed theory and resources to provide competent care					
<b>19.1</b> <b>23.1</b>	Identifies appropriate nursing diagnoses from relevant assessment data, sets goals, develops plans for care, and evaluates outcomes					
<b>15.1</b>	Uses principles of primary health care in delivery of care at a beginning level					
<b>17.1</b>	Engages in health promoting activities with clients.					
<b>18.1</b>	Makes appropriate judgments and sound decisions in management of care based on clear and accurate understanding of rationale for care, best practice guidelines and research					
<b>7.1,</b> <b>8.1,17.1</b>	Develops a knowledge base from nursing and other disciplines concerning current health care issues (e.g. the health care needs of older people, and /or children, health promotion, addictions, harm reduction, and chronic disease management)					
<b>27.1</b>	Uses appropriate lines of communication to report significant issues or concerns related to delivery of nursing care and patient / client outcomes.					
<b>24.1</b>	Produces clear, timely, relevant, and thorough charting / documentation					

<b>COMMENTS:</b>						
<b>RC</b>	<b>3. ETHICAL PRACTICE</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>
<b>25.1</b> <b>26.1</b>	Provides nursing care that respects professional boundaries, and individual rights such as informed consent, confidentiality, client autonomy, and advocacy					
<b>25.1</b> <b>26.1</b>	Demonstrates respect for cultural, spiritual, and individual values, beliefs, and perspectives of peers, colleagues, and clients.					
<b>25.1</b>	Identifies potential effect(s) of own values, beliefs, and experiences on relationships with clients, and uses this self awareness to provide competent care.					
<b>25.1</b>	Establishes therapeutic and caring relationships with clients					
<b>COMMENTS:</b>						
<b>RC</b>	<b>4. SERVICE TO PUBLIC</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>
<b>27.1</b>	Demonstrates skills for collaborative team work, including knowledge of scope of practice.					
<b>28.1</b> <b>29.1</b>	Demonstrates beginning leadership, management, and administration skills.					
<b>COMMENTS:</b>						
<b>RC</b>	<b>5. SELF-REGULATION</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>
<b>31.1</b>	Demonstrate beginning understanding of the CARNA practice standards and competencies in relation to the development of own nursing practice					
<b>COMMENTS:</b>						
<b>RC</b>	<b>5. CONTEXT BASED LEARNING</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>
<b>33.1.1</b>	With assistance, directs own learning					
<b>33.1.2</b>	With assistance, uses critical thinking skills to facilitate learning of the group					
<b>33.1.3</b>	With assistance, effectively uses group process to facilitate learning of the group.					
<b>COMMENTS</b>						

**Final Evaluation:**

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Tutor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Please Note:** Student signature on this document denotes that the student has read the evaluation. It does not mean that the student necessarily agrees with all of its content.*