DEPARTMENT OF NURSING EDUCATION AND HEALTH STUDIES

COURSE OUTLINE – WINTER 2018

NS2060 (BC2, BC4): Community Nursing Practice

6 (0-0-32) UT 224 Hours 7 Weeks

INSTRUCTOR:	Michelle Turick RN, MN	**PHONE:**	780-539-2715
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OFFICE HOURS:	Varies. Consult individual instructor.

CALENDAR DESCRIPTION:

Students will have the opportunity to apply concepts of community health nursing. Nursing practice will include health assessment and interventions with child-bearing families. Students will develop competence in both family and community assessments, the use of therapeutic communication skills and the planning, implementation and evaluation of community nursing interventions.

PREREQUISITE(S)/COREQUISITE:

Prerequisites: NS2150, NS2015, NS2025
Co-requisite: NS2055

REQUIRED TEXT/RESOURCE MATERIALS:

Chow, J., Ateah, C.A., Scott, S.D., Scott-Ricci, S., & Kyle, T. (2013). *Canadian maternity and pediatric nursing.* Philadelphia: Lippincott, Williams, & Wilkins.

Pagana, K. D., Pagana, T. J., & Pike-MacDonald, S. A. (2013). Mosby's Canadian manual of diagnostic and laboratory tests (1st Canadian ed.). Toronto, ON: Elsevier Canada

OPTIONAL/RECOMMENDED Resource Materials:

Perry, S. E., Cashion, K., Lowdermilk, D. L., & Alden, K. R. (2012). *Clinical companion for maternity & newborn nursing* (2nd ed.). St. Louis: Mosby, Inc.

DELIVERY MODE(S):

Clinical

COURSE OBJECTIVES:

1. *Demonstrate, independently, the ability to practice in accordance with Year 2 competencies, as described in the document entitled: Graduate Competencies and Year-End Outcomes Rev. 2.0*
2. Demonstrate application of legal and ethical standards in nursing practice settings.
3. Demonstrate, independently, the ability to use professional and therapeutic communication skills to collaborate with healthy clients, clients experiencing chronic or less acute variances in health across the life span in community based setting, homes, and some acute care centres.
4. Demonstrate, independently, the ability to manage health promotion and primary prevention activities to apply health counselling skills and teaching/learning principles.
5. Demonstrate understanding of selected theories/models related to community (i.e. change theory, McGill model, CFAM/CFIM) and their relevance to community nursing.
6. Demonstrate, independently, the ability to perform selected health assessment skills with healthy individuals across the lifespan in the context of family within a community, and demonstrate the ability to perform assessment of the childbearing family.
7. Apply concepts related to health promotion, primary prevention, support, restoration, and rehabilitation in selected practice settings with clients.
8. Demonstrate knowledge of the organization of health care in Canada (i.e., health care delivery systems, ideologies, primary health care model, health promotion, disease and injury prevention, and health determinants).
9. Demonstrate, independently, the processes of self-directed learning, critical thinking, and group process in learning activities.
10. Demonstrate an understanding of key patient safety concepts including communication, teamwork, environmental and human factors, safety risks and adverse events disclosure.
11. Demonstrate understanding of interdisciplinary/interprofessional collaboration.
12. Apply nursing knowledge and knowledge from other disciplines related to biological, psychological, sociological, developmental, cultural and spiritual factors in nursing practice with clients experiencing chronic and less acute variances in health across the life span.

LEARNING OUTCOMES:
At the end of the course, the student will be able to:
1. Practice interprofessional competencies.
2. Apply the principles of primary health care and health promotion with families, aggregates/groups and communities.
3. Demonstrate safe nursing practice.
4. Develop plan of care guided by models and theories relevant to nursing.
5. Apply the nursing process in collaboration with clients in an acute or community setting.
6. Demonstrate nursing practice that exemplifies inclusiveness, social justice and equity.
7. Develop nursing practice that incorporates the principles of teaching and learning.
8. Appraise information to guide nursing practice.

9. Demonstrate advocacy and political action to support health public policy and community development.
10. Integrate local, provincial, national and international health initiatives into nursing practice.
11. Evaluate leadership skills and perspectives needed for practicing in and influencing complex care needs and environments.

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."

*Warning: Although we strive to make the transferability information in this document up-to-date and accurate, **the student has the final responsibility for ensuring the transferability of this course to Alberta Colleges and Universities**. Please consult the Alberta Transfer Guide for more information. You may check to ensure the transferability of this course at Alberta Transfer Guide main page http://www.transferalberta.ca or, if you do not want to navigate through few links, at http://alis.alberta.ca/ps/tsp/ta/tbi/onlinesearch.html?SearchMode=S&step=2

** Grade of D or D+ may not be acceptable for transfer to other post-secondary institutions. **Students are cautioned that it is their responsibility to contact the receiving institutions to ensure transferability**

EVALUATIONS:

1. **Evaluation of Nursing Practice (ENP).** Nursing practice must be evaluated using the ENP tool found on Moodle and in the appendices of the course outline. **(70%).**

o **Formative Evaluations will occur throughout Clinical and a written Summative Evaluation of Nursing Practice will be completed by the student and the instructor(s) at the end of each clinical area:**
    – Postpartum
    – Public Health

o Students will e-mail their completed ENP to the appropriate instructor at the end of each 3-week rotation **[due March 28 by 1900hrs and April 19th by 1900hrs].**

o Evaluation of student's clinical performance will be accomplished through observation, assessment and evaluation of the student during nursing practice. Evaluations will be made by the instructor and may be supplemented with input from the student, peers, the staff of an agency, and the client.

    – An ENP grade will be assigned at the end of each 3-week rotation. **The Final ENP grade will be an AVERAGE of the two ENP's;** your performance in all Maternal/Child areas of practice: **1. Postpartum, and 2. Public Health.**

    – **ENP's will be completed by your instructor's and sent to you by e-mail.**

    – **After receiving your ENP, if you would like to discuss your grade you may e-mail the instructor to set up a date and time for an appointment.**

Students MUST pass the ENP in order to pass the course. If you receive a grade of "F" in any of the ENP criteria, it constitutes a "clinical failure" on the ENP, as the student has then shown unsafe, unprofessional, and/or unethical nursing practice. In order to pass NS2060, students must demonstrate safe, ethical nursing practice; professional behavior; complete every one of the required activities [Evidence Informed Practice Assignment, Reflective Journal, Clinical Practice, and Evaluation of Nursing Practice (ENP)]; and must acquire a passing grade in the Evaluation of Nursing Practice (ENP).

Refer to the ENP in Appendices

2. Reflective Journal (Incorporated into ENP)   Due Date: March 28th @ 1900 hrs

Nurses reflect on their practice almost every day. One way that nurses maintain their ability to provide high-quality care to their clients is to review aspects of their practice and determine what worked and what could have been done differently.

For the purposes of this journal, students will be required to choose **ONE INCIDENT** that occurred in any of the NS2060 experiences. It is not intended to be a commentary of a clinical shift, but rather an experience that allowed you to gain an understanding of how this experience has contributed to your own knowledge, experience and clinical practice (i.e. reflective nursing practice).

This **Journal will be used as part of your ENP** and will not be given a formal grade.

It is an expectation that this journal will be **2-4 pages' type written**. You may or may not choose to relate your experiences to the literature. Journals must be submitted in APA format. Please maintain patient/staff confidentiality when writing your journal.

You may find it helpful to use these questions in your journal as you reflect on a case that went particularly well or a situation that was difficult for you. The analysis can help you identify strengths or areas to work on in your practice.

> 1. What was the setting that you were in?
> 2. What happened? What were the facts? Be objective (To ensure confidentiality, initials or a description should be used).
> 3. What went well? What did you find difficult? What surprised or puzzled you?
> 4. How did you feel?
> 5. What was your role in the incident?
> 6. How did you feel about your choices? Why?
> 7. Were there any extenuating circumstances that contributed to the incident?
> 8. What were the important elements that surrounded the incident? Were you part of the problem, part of the solution or a by-slander in the incident?
> 9. What did you learn from the incident? What would you do differently in the future? What do you need to know to assure a better outcome?
> 10. Identification of strength(s) or area(s) to work on in your practice.
> 11. What would you teach your peers if they were in a similar situation?
> 12. Why is it important to strengthen your professional identity?

Hanson, J. (2013). From me to we: Transforming values and building professional community through narratives. *Nurse Education in Practice, 13*(2), 142-146. doi:10.1016/j.nepr.2012.08.007

Ibarreta, G.I., & McLeod, L. (2004). Thinking aloud on paper: An experience in journal writing. *Journal of Nursing Education, 43*(3), 134-137.

McMillan-Coddington, D. (2013). Reflection through journal writing to educate registered nursing students on patient care. *Teaching & Learning in Nursing, 8*(2), 63-67. doi:10.1016/j.teln.2012.09.004

3. Evidence Informed Practice Assignment (30%)

The purpose of this assignment is to integrate current research/evidence into nursing practice. **You will work in pairs.** One grade will be assigned for the pair.

Assignment Guidelines:

1) Identification and Development of a <u>Clinical Practice Question</u> related to Maternal / Child Nursing Care.

2) <u>Literature Review</u>: Conduct a Literature Review, which will be used to answer your Clinical Practice Question. Studies must be Peer Reviewed, Current (no older than 5 years), and Directly Related to your Clinical Practice Question.

3) <u>Knowledge Synthesis</u>: Here you will synthesize the results from your Literature Review. Discover what each study from the Literature Review states in relation to your Clinical Practice Question. You must also include the type of study (quantitative or qualitative), who the sample population is, sample size, is it peer reviewed, gaps and/or limitations, any areas identified for further research, does it support or refute the clinical practice question, what are the pros or cons of implementing the current evidence into clinical practice/nursing care, and rationale for study credibility and usefulness to inform nursing practice.

4) <u>Integration of Evidence into Nursing Practice</u>: Here you will articulate an understanding of what Evidence Informed Practice is and how it impacts nursing care. You will integrate the Knowledge Synthesis into an Evidence Informed Nursing Care Strategy based on your Clinical Practice Question. Consider the following:

   − How does the current evidence I have discovered guide/inform my nursing practice?
   − What evidence informed nursing care strategies would I use to integrate the evidence into client care and nursing practice?

This assignment will be in the form of a **PowerPoint Presentation [or PREZI]** in APA format, which will include all of the above Assignment Guidelines.

<center>****Refer to the Grading Rubric in Appendices ****</center>

Students must submit their clinical practice question by email for feedback and approval <u>prior to the start of their assignment and no later</u> than **0830hrs on March 9th**. Your instructor let you know if that question is approved, or needs revisions.

By 0830 hrs April 10th, all students are expected to submit the <u>PowerPoint or PREZI presentation to the drop box on Moodle</u>. You will present to your group: <u>Michelle's Group on April 10th & Susan's group on April 12th.</u>

4. Medication Calculation.

It is a requirement of NS2060 that you achieve 90% on your Safe Medicate/edose medication calculation exam in order to be allowed to practice in the clinical setting. If 90% is not achieved on the first exam, two re-writes will be granted. The student must pass this exam to continue in this course. Failure to achieve a passing grade on the Safe Medicate medication calculation exam by the end of the 3 attempts [Initial exam and 2 rewrites] will result in the student being asked to withdraw from the course. **Exam Scheduled for Monday, March 5- 1300-1500 in Room F207. Rewrites will be arranged with your instructor during that week.**

GRADING CRITERIA:

	GRANDE PRAIRIE REGIONAL COLLEGE		
	GRADING CONVERSION CHART		
Alpha Grade	**4-point Equivalent**	**Percentage Guidelines**	**Descriptor**
A⁺	4.0	90 – 100	EXCELLENT
A	4.0	85 – 89	
A⁻	3.7	80 – 84	VERY GOOD
B⁺	3.3	77 – 79	FIRST CLASS STANDING
B	3.0	73 – 76	GOOD
B⁻	2.7	70 – 72	
C⁺	2.3	67 – 69	SATISFACTORY
C	2.0	63 – 66	
C⁻	1.7	60 – 62	

<u>These are considered passing grades in Nursing courses.</u>

<u>These are NOT considered passing grades in Nursing courses.</u>

D⁺	1.3	55 – 59	POOR
D	1.0	50 – 54	MINIMAL PASS
F	0.0	0 – 49	FAIL
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.

PROGRESSION CRITERIA:

A. Students must complete the practice components of nursing courses to receive credit. **Students who have not received a pass in the clinical portion of a nursing course are not given credit for the course and must repeat both the clinical and non-clinical portions of the course. The clinical component must be completed for credit to be granted.**

B. Whenever a student's clinical performance is considered marginal in a nursing course, the student's total academic and clinical performance in the program is reviewed at the end of each term and considered in determining continuation in the program.

C. An instructor, in consultation with the Chair, may immediately deny assignment of a student: withdraw a student from; or vary terms, conditions or a site of a practicum/clinical placement if the instructor has reasonable grounds to believe that this is necessary in order to protect the Public Interest.

**Note: Refer to the 2017-18 Grande Prairie Regional College Calendar for further details regarding the Grading Policy and Progression Criteria in the Bachelor of Science in Nursing program.

COURSE SCHEDULE/TENTATIVE TIMELINE:

March 5 – April 20, 2018

Clinical Schedule (32 hours a week for 7 weeks)
Days/Evenings: Varies (Mon, Tues, Wed, Thurs, Fri)
(Please refer to your individual Clinical Schedule Document)

Last Day to add/drop for refund: March 12, 2018
Last Day to Withdraw with permission: April 2, 2018

Assignment Due Dates:
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1. Clinical Practice Question	Friday, March 9th @ 08:30 (via email to instructor)
2. Reflective Journal	Wednesday March 28th @ 19:00 (via dropbox)
3. ENP's (for first 3 weeks)	Wednesday March 28th @ 19:00 (via dropbox)
4. Evidence Informed Practice Assignment	Tuesday April 10th @ 08:30 (via email to instructor) Presentations: April 10th for Michelle's Group April 12th for Susan's Group
5. ENP's (for last 3 weeks)	April 19th @ 19:00 (via dropbox)

Clinical Placements: Grande Prairie Clinical Agencies as Assigned

1. Post-partum (2 south)
2. Public Health
   a. Lactation Consultants
   b. Well Child Clinics
   c. Mat/Child team (Healthy Beginnings)
   d. Early Childhood Intervention Program
   e. Post-Partum Depression (Kathy Kjer RN)
   f. Gestational Diabetes Clinic
   g. Dental Program (Children)
   h. Preschool Team
   i. School Team
   j. Prenatal Classes
   k. Breastfeeding Classes
   l. Car Seat Clinics
   m. Flu Clinics
3. Labor and Delivery
4. Pediatrics
5. NICU
6. Community Placements/Partners
   a. Bugs and Drugs
   b. Tobacco Free
   c. HIV North (St Lawrence Centre)
   d. Baby's Best Start
   e. Pregnant and Parenting Teens
   f. Parent Link
   g. Odyssey House
   h. Community Hearing Screening (AHS/School program)
   i. Healthy Families
   j. Schools

STUDENT RESPONSIBILITIES:

Refer to the College Policy on **Student Rights and Responsibilities** at

https://www.gprc.ab.ca/about/administration/policies/

Nursing Program Policies and Dates:

Please refer to the 2017/18 Grande Prairie Regional College Calendar at http://www.gprc.ab.ca/programs/calendar/ and the University of Alberta Collaborative Baccalaureate Nursing Program with Grande Prairie Regional College Student Handbook for specific nursing program policies and dates.

Assignment Policy:

All assignments and course evaluation strategies are required to be completed by the time and date specified in the course outline. Extension of the time specified for submission may be granted in case of illness or extenuating circumstances. Extensions must be negotiated with the instructor at least 24 hours prior to the required submission time and date. A new date and time will be specified and will then become the required time and date. A penalty will be imposed for all late assignments and course evaluation strategies. One letter grade per calendar day will be deducted from the total value of the assignment for each calendar day the assignment is late. For example, if your assignment was valued at B and handed in one calendar day late, will be valued at a B-.

Labs:

Students are expected to wear scrubs or nursing uniforms to all orientation labs. You will not be permitted to wear scrubs to other classes. A 10-minute allowance will occur at the end of the lab to allow time for changing clothes.

Attendance:

Attendance at orientation, labs, and clinical is expected; absence will jeopardize successful completion of the course and may result in course failure.

A student who is absent more than **two clinical days** in one clinical nursing course may need to make up lost time at the tutor's discretion (time permitting) in order to progress in the program. **More than two clinical absences from the clinical site may result in the instructors' being unable to evaluate the student's clinical performance, resulting in a grade of F.**

Professional Dress:

Students are expected to abide by the dress code of the particular agency where their clinical experience is taking place.

All students will wear a Grande Prairie Regional College and Alberta Health Services picture ID

STATEMENT ON PLAGIARISM AND CHEATING:

Cheating and plagiarism will not be tolerated and there will be penalties. For a more precise definition of plagiarism and its consequences, refer to the Student Conduct section of the College Calendar at http://www.gprc.ab.ca/programs/calendar/ or the College Policy on Student Misconduct: Plagiarism and Cheating at http://www.gprc.ab.ca/about/administration/policies/

**Note: all Academic and Administrative policies are available on the same page.

Appendices

NS2060 Evidence Informed Practice Assignment Rubric

	Excellent - A	Very Good - B	Good - C	Marginal - D	Fail - F
Clinical Practice Question	Clinical practice question is researchable, specific, clear, realistic, and related to maternal/child nursing care. Contains the four components: patient/population/problem, intervention, comparison intervention **(if applicable; not always present),** and outcome.	Clinical practice question is clear, lacks some specificity, not as researchable but realistic and is related to maternal/child nursing care. Missing one of the four required components.	Clinical practice question relates to maternal/child nursing but lacks specificity, is unclear, and may not be realistic. May be difficult to research. Missing two of the four required components.	Clinical practice question does not directly relate to maternal/child nursing care. Difficult to research. Unrealistic. Missing three of the four required components.	Clinical practice question very vague, or not present. Missing all of the four required components.
Literature Review	8 to 10 peer reviewed, credible, current studies used which are directly related to clinical practice question.	6 to 7 peer reviewed credible current studies used which are directly related to clinical practice question.	5 studies used, most are credible, current and peer reviewed, mostly related to clinical practice question.	3 - 4 studies used. Credibility, currency and peer review questionable. Difficult to relate studies to clinical practice question.	0-2 studies used. Studies are not credible, current, or peer reviewed. Studies do not relate to clinical practice question.
Knowledge Synthesis	Comprehensive and concise inclusion of type of study, population, sample size, interpretation of results (what is known), and if study supports or refutes the clinical practice question. Identifies if peer reviewed. Identifies gaps and/or limitations. Identifies areas for further research.	Some inclusion of type of study, population, sample size, interpretation of the results, and if study supports or refutes the clinical practice question. Considers some pro's and con's of	Brief inclusion of type of study, population, sample size, interpretation of the results, and if the study supports or refutes the clinical practice question. Brief consideration of pro's	Missing type of study, population and sample size. Interpretation of results and if study supports or refutes the clinical practice question is weak. Inadequate	Missing many components of knowledge synthesis. Does not identify if peer reviewed. No gaps and/or limitations identified. No areas for further research identified. Findings not

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	Comprehensive consideration of pro's and con's of implementing findings into clinical practice/nursing care. Comprehensive rationale provided for study credibility and usefulness to inform nursing practice.	implementing findings into clinical practice/nursing care. Some rationale provided for study credibility and usefulness to inform nursing practice.	and con's of implementing findings into clinical practice/nursing care. Brief rationale provided for study credibility and usefulness to inform nursing practice.	consideration of pro's and con's of implementing findings into clinical practice/nursing care. Weak rationale provided for study credibility and usefulness to inform nursing practice.	discussed or unclear, unable to relate content to clinical practice question. No pro's and con's of implementing findings into clinical practice/nursing care considered. No rationale provided for study credibility and usefulness to inform nursing practice.
Integration of Evidence into Nursing Practice	Clearly and concisely articulates an understanding of what evidence informed nursing practice is and how it impacts nursing care. − Comprehensive and compelling discussion of how the current evidence would guide/inform nursing practice. − Provides clear and realistic example of how the evidence would be integrated into client care and nursing practice.	Articulates an understanding of what evidence informed nursing practice is and how it impacts nursing care. − Some discussion of how the current evidence would guide/inform nursing practice. − Provides a realistic example of how the evidence would be integrated into client care and nursing practice but lacks some clarity.	Briefly articulates an understanding of what evidence informed nursing practice is and how it impacts nursing care. − Brief discussion of how the current evidence would guide/inform nursing practice. − Provides a brief example of how the evidence would be integrated into client care and nursing practice, example may not be realistic.	Inadequately articulates an understanding of what evidence informed nursing practice is and how it impacts nursing care. − Discussion of how the current evidence would guide/ inform nursing practice confusing. − Provides an unclear example of how the evidence would be integrated into client care and nursing practice.	No articulation of an understanding of what evidence informed nursing practice is and how it impacts nursing care. − Does not discuss how the current evidence would guide or inform nursing practice. − No example provided of how the evidence would be integrated into client care and nursing practice.

Spelling, Grammar, APA	Content is exceptionally well written. Grammar, spelling and APA format requires minimal to no revisions.	Content is well written with minor grammar and spelling errors. APA format requires minor revisions.	Content is well written, with some structure and organization needing improvement. Grammar, spelling errors, and APA format requires some revisions.	Content is present, with most structure and organization needing improvement. Grammar and spelling errors evident throughout. APA format is inconsistent and incorrect.	Organization and scope of ideas inadequate. Grammar, spelling and APA is poorly done, or there is evidence of plagiarism.
PowerPoint or PREZI	Slides extremely well done, creative, informative, and easy to read/understand. Appropriate use of graphics.	Slides very good. Most slides easy to read. Mostly appropriate use of graphics.	Slides superficial. Some slides difficult to read. Mostly inappropriate use of graphics.	Slides difficult to read, confusing, difficult to follow, and poorly organized. Inappropriate use of graphics.	Did not incorporate PowerPoint or PREZI slides into presentation.
Presentation	Professionally dressed. Spoke exceptionally well, presentation free of jargon. Exceptional use of professional language. Spoke in a clear voice. Considerate of audience (eg: stopped to ask questions, clarified that presentation was understandable). Peer evaluation tool clear and understandable, relevant to presentation, and designed to collect meaningful feedback.	Professionally dressed. Spoke well, presentation mostly free of jargon. Very good use of professional language. Spoke in a clear voice. Considerate of audience. Peer evaluation tool clear and understandable, relevant to presentation.	Professionally dressed. Spoke with some confusion. Presentation had some jargon. Occasional use of professional language. Occasionally hard to understand. Did not take the time to do a perception check with the audience. Peer evaluation tool clear and understandable, but generic not specific to presentation.	Not professionally dressed. Did not understand content in presentation. Presentation was jargon. Presentation rarely contained professional language. Mostly hard to understand. Did not take the time to do a perception check with the audience. Peer evaluation tool generic, not specific to presentation.	Was not prepared to present. Did not develop a peer evaluation tool.

Nursing 2060 Evaluation of Nursing Practice

Student: ID:	Clinical Faculty: Section #:
Placement:	Provided student with copy of evaluation: Yes ☐ No ☐
Days Absent:	**Final grade:**

LEVELS OF INDEPENDENCE (There is an expected progression within a course and between levels)
The following levels of independence will be utilized (unless otherwise indicated):

Levels	Levels of independence (beginning of term → end of term)	Description (beginning of term → end of term)
Level 1, junior 1	With assistance → with minimal assistance	The student requires direction and information → The student requires *occasional* direction and information.
Level 2, junior 2	With minimal assistance → with guidance	The student requires *occasional* direction and information → The student requires clarification, prompting and confirmation
Level 3, senior 1	With guidance → With minimal guidance	The student requires clarification, prompting and confirmation → The student requires *occasional* clarification, prompting and confirmation
Level 4, senior 2	With minimal guidance → independently	The student requires *occasional* clarification, prompting and confirmation → The student works mostly on his or her own and seeks information, clarification and consultation as appropriate

Definition of terms:
   Direction: faculty tells student what to do, about steps to take
   Information: faculty tells student specifics about a concept, topic
   Clarification: faculty, 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: faculty provides student with a cue the answer is incomplete and how to resolve the lack of information. Prompting is generally used to add breadth or depth.
   Confirmation: faculty provides positive feedback for correct information and direction provided by the student
   Consultation: student provides faculty with information and/or direction and asks specific questions about the information.
   Occasional: indicates that input is provided by faculty now and then.

GRADING (The student's overall performance will be assessed in each of the categories from Graduate Competencies and Year-End Outcomes Condensed Version 2016-2017)

The following letter grades will be utilized:

Grade	Description
A	Student meets the objectives at a "Level of Independence" *greater* than identified on the ENP, **all of the time**.
B	Student meets the objectives at a "Level of Independence" *greater* than identified on the ENP, **the majority of the time**.
C	Student meets the objectives at a "Level of Independence" *greater* than identified on the ENP, **some of the time**.
D	Student meets the objectives at a "Level of Independence" required on the ENP **inconsistently**.
F	Student **fails** to meet the objectives at a "Level of Independence" required on the ENP.

***Refer to the Graduate Competencies and Year-End Outcomes Condensed Version 2016-2017. All courses contribute to the acquisition of each competence. All students are responsible for integrating all knowledge and skills covered in previous and concurrent coursework**
****If a section is grayed out, it indicates that a competency partially applies in this particular clinical course.**

RELATED COURSE OBJECTIVE:

Demonstrate the ability to practice in accordance with Level 1, Junior 1 competencies as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2016-2017.*

1. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY Demonstrates professional conduct and that the primary duty is to the client to ensure safe, competent, compassionate, ethical care.	Midterm Evaluation: At Risk: ☐

RC	Objective
**Level of independence** (beginning of term → end of term): **With assistance → with minimal assistance**
1.3.1	➢ Represents self by first and last name and professional designation (protected title) to clients and the health care team.
1.3	➢ Demonstrates attributes of: accountability and responsibility, beginning confidence and self-awareness, a professional presence, initiative, collaboration with the care team and significance of professional activities.
2.3	➢ Demonstrates skills and judgments in critical thinking re: new knowledge, the organization of workload and time management.
3.3	➢ Understands, promotes, and enacts all aspects of safe practice for self, clients and others, including awareness of individual competence within the legislated scope of practice and professional responsibility to take action on recognized unsafe health care practices and workplace safety risks.
4.3	Promotes a healthy culturally safe practice environment, including the use of basic conflict resolution strategies and the critical assessment, application, evaluation of protocols, policies and procedures.
	Faculty's comments:

	2. KNOWLEDGE-BASED PRACTICE A. **Specialized Body of Knowledge** Has knowledge from nursing and other sciences, humanities, research, ethics, spirituality, relational practice, and critical inquiry.	Midterm Evaluation: At Risk: ☐
RC	**Objective**	
Level of independence (beginning of term → end of term): **With assistance → with minimal assistance**		
5.3	Demonstrates knowledge in current and emerging health care issues and challenges, including relevant related knowledge of: workplace health and safety, community development and population health, global and community health and safety, primary care, determinants of health, health disparities and inequities and population health.	
6.3	Demonstrates knowledge in current population and health care research, nursing and health informatics and information communication technology.	
7.3	Develops an increasing knowledge about human growth and development of persons, groups, communities and populations.	
8.3	Demonstrates knowledge in health sciences: physiology, pathology, pharmacology, epidemiology, genetics, and immunology.	
9.3	Demonstrates knowledge in nursing science, social sciences and humanities, including theoretical and practical knowledge of relational practices foundational to nursing care and the contribution of registered nurse practice to the achievement of positive health outcomes.	
10.3	Accesses, critiques and uses research in care with colleagues; collaborates in knowledge development to support current, competent, safe care and practice.	
	Faculty's comments:	

	3. KNOWLEDGE – BASED PRACTICE **B. Competent Application of Knowledge** Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas about the provision of nursing care (Ongoing comprehensive assessment; health care planning; providing nursing care, and; evaluation). The provision of nursing care is an iterative process of critical inquiry and is not linear in nature. Area 1: Ongoing Comprehensive Assessment - Incorporates critical inquiry and relational practice to conduct a comprehensive client-focused assessment that emphasizes client input and the determinants of health.	Midterm Evaluation: At Risk: ☐
RC	**Objective**	
Level of independence (beginning of term → end of term): **With assistance → with minimal assistance**		
11.3	Reduces effect of positional power and personal bias while actively engaging the client in holistic, capacity-based assessment and goal setting.	
12.3	Uses anticipatory planning, analyzes and interprets data and collaborates with the health team during ongoing assessment of the client's actual and potential health status and identification of their needs, capacities and goals.	
13.3	Uses appropriate, comprehensive assessment tools and information and communication technologies to assess clients and support information synthesis, complying with evidence-informed practice, agency policies and protocols and completing assessments in a timely manner.	
	Faculty's comments:	

4.	KNOWLEDGE-BASED PRACTICE	Midterm Evaluation:
	B. Competent Application of Knowledge	At Risk: ☐
	Area 2: Health care planning: within the context of critical inquiry and relational practice, plans nursing care appropriate for clients which integrates knowledge from nursing, health sciences and other related disciplines, as well as knowledge from practice experiences, clients' knowledge and preferences, and factors within the health care setting.	

RC	Objective
Level of independence (beginning of term → end of term): **With assistance → with minimal assistance**	
14.3	Minimizes positional power and promotes client ownership by involving clients in identifying and outcomes of care, exploring care alternatives and accessing appropriate resources.
15.3	Uses critical inquiry and principles of primary health care to initiate appropriate planning for clients' anticipated health problems, client and staff safety concerns and the need for consultation with the client and team to promote continuity of care and manage complex problems.
	Faculty's comments:

5.	KNOWLEDGE-BASED PRACTICE	
	B. Competent Application of Knowledge	
	Area 3: Providing Registered Nursing Care: Provides client-centred care in situations related to: ● Health promotion, prevention and population health; ● Maternal/child health; ● Altered health status including acute and chronic physical and mental health conditions and rehabilitative care; ● Palliative care and end-of-life care.	Midterm Evaluation: At Risk: ☐

RC	Objective
Level of independence (beginning of term → end of term): **With assistance → with minimal assistance**	
16.3	Applies bio-hazard and safety principles to all aspects of preventive, supportive, diagnostic, therapeutic procedures and care.
17.3	Incorporates principles of population health and engages prevention strategies when providing client care and promoting the health and safety of clients, groups, self and others.
18.3	Incorporates knowledge of current theory, best practice clinical guidelines, and research in carrying out decisions and implementing care.
19.3	Provides culturally safe, competent, client-centered care (during acute, or chronic health challenges) that is supportive of and attends to client: development and role transition, decisions re health outcomes, informed choices re care, and the use of learning plans and strategies for promoting optimal health by accessing and building upon capacities and available resources.
20.3	Recognizes, seeks help and assist in rapidly changing, unstable client situations.
21.3	Prioritizes and provides timely care and consult as necessary in complex and rapidly changing client situation.

22.3	Provides knowledgeable, competent assistance to clients throughout all phases of diagnostic procedures and treatment processes.	
	Faculty's comments:	

6. **KNOWLEDGE-BASED PRACTICE** **B: Competent Application of Knowledge** Area 4: Evaluation of client care: Monitors the effectiveness of client care to inform future care planning.		Midterm Evaluation: At Risk: ☐
RC	**Objective**	
Level of independence (beginning of term → end of term): **With assistance → with minimal assistance**		
23.3	In consultation with the client and health team, engages in timely, critical monitoring of the client's care outcomes, verifying client knowledge and skills, modifying and individualizing care as required.	
24.3	Provides concise, accurate, timely reports and documentation of care.	
	Faculty's comments:	

7. **ETHICAL PRACTICE** Demonstrates competence in professional judgment and practice decisions guided by the values and ethical responsibilities in the CNA Code of Ethics for Registered Nurses (2008, and the CARNA document Ethical Decision-making-for Registered Nurses in Alberta: Guidelines and Recommendations (2010). Engages in a critical inquiry to inform clinical decision-making and establishes therapeutic, caring, and culturally safe relationships with clients and health-care team.		Midterm Evaluation: At Risk: ☐
RC	**Objective**	
Level of independence (beginning of term → end of term): **With assistance → with minimal assistance**		
25.3	Promotes a safe, ethical, caring environment for clients and colleagues characterized by: self-awareness, understanding of appropriate boundaries, competent relational practices and ability to use principled ethical reasoning.	
26.3	Practices according to the CNA Code of Ethics including care for all persons, inclusive of culture and religious beliefs and based on knowledge and understanding of: ethical responsibilities and legal obligations, informed consent, client autonomy, advocacy privacy, confidentiality and security.	
	Faculty's comments:	

8. **SERVICE TO PUBLIC** Demonstrate an understanding of the concept of public protection and the duty to provide nursing care in the best interests of the public.		Midterm Evaluation: At Risk: ☐
RC	**Objective**	
Level of independence (beginning of term → end of term): **With assistance → with minimal assistance**		
27.3	Demonstrates leadership in coordination of health care, promotion of interprofessional collaboration, team communication and development, including knowledge of the scope of practice of members within the team to facilitate continuity of care.	
28.3	Uses knowledge of all levels of the health care system to: assess and improve organizational culture, enhance the quality of professional and safe practice environment, use established policies and protocols within and across health care sectors, advocate for access to resources, and assess and promote effective change.	

29.3	Supports planning and professional efforts for a healthier, safer society, including awareness of public health policy and emergency preparedness.
30.3	Applies principles of workplace health and safety to protect the public, the environment, clients, self and colleagues from all forms of injury or abuse; safely and effectively manages resources.
	Faculty's comments:

9. SELF-REGULATION Demonstrates an understanding of professional self-regulation by developing and enhancing own competence, ensuring consistently safe practice, and ensuring and maintaining own fitness to practice.	Midterm Evaluation: At Risk: ☐

RC	**Objective**
Level of independence (beginning of term → end of term): **With assistance → with minimal assistance**	
31.3	Understands the unique role and mandate of CARNA and the nursing profession as legislated and self-regulating.
32.3	Assumes individual responsibilities for all aspects of professional-legal privilege and public trust by assessing and maintaining competence and fitness to practice.
	Faculty's comments:

10. INQUIRY LEARNING Demonstrate competency with the application of the elements of inquiry learning in theory, laboratory and clinical experiences.	Midterm Evaluation: At Risk: ☐

RC	**Objective**
Level of independence (beginning of term → end of term): **With assistance → with minimal assistance**	
33.3	Demonstrates competency with the application of the elements of inquiry learning in clinical experiences.
34.3	Demonstrates the ability to deal with ambiguity and diversity.
35.3	Demonstrates collegiality in professional practice.
36.3	Demonstrates understanding of content through professional / scholarly writing.
	Faculty's comments:

MIDTERM EVALUATION: *(For student identified at risk for failing)*	
Section(s)/related course objective(s) that needs further development/improvement:	
Recommendations for further development/improvement for the remaining term:	
Plan of action:	
Actions to be taken have been discussed with student:	
	Yes ☐ No ☐ Student's initials _____

FINAL EVALUATION:

Student's comments:

Faculty's comments and recommendations for further development/improvement for next clinical course:

Student (PRINT NAME):

Student (SIGNATURE): _____   **Date:**

Please Note: A student signature denotes that the student has read the evaluation; it is not representative of the student's opinion of the evaluation.

Clinical Faculty (PRINT NAME):

Clinical Faculty (SIGNATURE): _____   **Date:**

Please Note: This information is collected for the purpose of appraising student performances; assigning a course mark; and monitoring student progress under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. For further information, please contact the Associate Dean Undergraduate Programs in the Faculty of Nursing.