

DEPARTMENT of NURSING EDUCATION & HEALTH STUDIES

COURSE OUTLINE – Winter 2024

NS 2250 (A3/B3): Introduction to Acute Care Nursing Practice II

6 (1-0-2-10C) 195 Hours/15 Weeks

Northwestern Polytechnic acknowledges that our campuses are located on Treaty 8 territory, the ancestral and present-day home to many diverse First Nations, Metis, and Inuit people. We are grateful to work, live and learn on the traditional territory of Duncan's First Nation, Horse Lake First Nation and Sturgeon Lake Cree Nation, who are the original caretakers of this land.

We acknowledge the history of this land and we are thankful for the opportunity to walk together in friendship, where we will encourage and promote positive change for present and future generations.

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CALENDAR DESCRIPTION:

This practicum in acute care settings further develops knowledge, skills, and abilities to provide safe ethical patient care for adults with episodic and chronic health challenges. Intentional clinical learning activities integrate evidence-informed knowledge from NS 2240 and NS 2160. The focus is on assessment, clinical reasoning, care planning, and documentation in paper and digital formats.

Note: Available only to nursing students in the Collaborative Program.

PREREQUISITE(S): NS2200, NS2210

COREQUISITE: NS2160, NS2240

REQUIRED TEXT/RESOURCE MATERIALS:

Astle, B.J., & Duggleby, W., Potter, P.A., Perry, A., Stockert, P.A., & Hall, A.M. (2019). Canadian fundamentals of nursing (6th edition). Milton, ON: Elsevier

American Psychological Association (2019). Publication Manual of the American Psychological Association

Giddens, J. F. (2021). *Concepts for Nursing Practice* (3rd ed). St. Louis, MO: Elsevier

Ignatavicius, D. (2021). Developing clinical judgement for professional nursing and the next-generation NCLEX-RN examination. (1st ed.) Elsevier.

Jarvis, C. (2019). Jarvis physical examination & health assessment (3rd Canadian Edition). Toronto, ON: Elsevier.

Lewis, S., Bucher, L., Heitkemper, M., Harding, M., Barry, M., Lok, J., Tyerman, J., & Goldsworthy S. (2019). *Medical-surgical nursing in Canada* (4th ed.). Elsevier.

Pagana, K., Pagana, T. Pike-MacDonald, S. (2018). *Mosby's Canadian manual of diagnostics and laboratory tests* (2nd ed.). Elsevier.

Perry, P., Potter, P. A., Ostendorf, W. & Cobbet, S. (2020). *Canadian clinical nursing skills and techniques* (1st ed.). Elsevier Canada.

Urden, L. D., Stacy, K. M., & Lough, M. E. (2022). *Critical care nursing: Diagnosis and management* (9th ed.). Elsevier/Mosby.

Elsevier Adaptive Quizzing (EAQ) 4th edition Next Gen, is available for purchase through the NWP Polytechnic bookstore. This is a required online NCLEX prep resource. The EAQ will assist students with preparing to write the NCLEX-RN registration exam. This resource will provide students with a 36-month online review/prep course to use as they progress through the BScN program.

***Vallerand, A. H., Sanoski, C. A. (2019). *Davis's drug guide for nurses*. (16th ed.). F. A. Davis.

***A Canadian drug guide is required. It does not have to be the Davis's Drug guide.

DELIVERY MODE(S): Attend on-campus, in-person.

Absences from any lecture, lab, or clinical will jeopardize overall clinical performance. Absences from clinical may result in the instructor's being unable to evaluate the student's clinical performance, resulting in a failing grade. Failure to pass any section of the CAT will result in failure of the course.

LEARNING OUTCOMES:

Upon completion of this course the student must be able to:

1. Demonstrate the nursing process in clinical practice when working with clients experiencing episodic and chronic health challenges.
2. Employ relational nursing practice and inquiry skills/abilities when working with clients experiencing episodic and chronic health challenges.
3. Recognize and practice within the current nursing student scope when working with clients with episodic and chronic illness.
4. Identify and implement safety concepts within clinical settings.
5. Detect and analyze ethical issues within nursing practice.

TRANSFERABILITY:

Please consult the Alberta Transfer Guide for more information. You may check to ensure the transferability of this course at the Alberta Transfer Guide main page <http://www.transferalberta.alberta.ca>.

** 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:

Evaluation	% of Final Grade	Date Due
Safe Medicate Exam	Pass/Fail	First day of clinical rotation: January 9, 2024 (AC1)

		January 9, 2024 (AC2) January 10, 2024 (AC3) January 10, 2024 (AC4) January 11, 2024 (AC5) January 11, 2024 (AC6) January 12, 2024 (AC7) January 12, 2024 (AC8) January 11, 2024 (AC9) January 12, 2024 (AC10)
OSCE #1- Urinary Catheterization	Pass/Fail	February 12, 2024 (L1, L2) February 13, 2024 (L3, L4) February 14, 2024 (L5) Lab Instructors to schedule individual appointments.
OSCE #2- PICC/CVAD Care	Pass/Fail	March 25, 2024 (L1, L2) March 26, 2024 (L3, L4) March 27, 2024 (L5) Lab Instructors to schedule individual appointments.
Clinical Assessment Tool (CAT)	Pass/Fail	April 7, 2024 @ 2359
Ticket to Labs	10%	Beginning of each lab class starting Week 2
Create a Next-Gen NCLEX Question	15%	February 11, 2024 @ 2359
Bad Lab Results Exercise	15%	February 26, 2024 (A3) February 27, 2024 (B3) (In class)
OREM Clinical Assignment	25%	March 31, 2024 @2359
Lab Exam	35%	April 1, 2024 (L1, L2) April 2, 2024 (L3, L4) April 3, 2024 (L5)

Safe Medicate: Students must demonstrate proficiency in medication calculation and dosing prior to administering medication in the clinical setting. Students will write a Safe Medicate Exam and must receive at least 90% to pass. The student will have three attempts total to pass the Safe Medicate Exam. Failure to obtain pass in Safe Medicate will result in a failure in the course.

Modules tested include: FNS Essential Skills, FNS Bodyweight & Body Surface Area Calculations, FNS Injectable Medicines Therapy.

****safeMedicate will only address the adult population in NS2250*

OSCE 1&2: OSCEs are pass/fail. In order to pass NS2250, the student will be required to pass the OSCEs. A total of 3 attempts to pass an OSCE are permitted. The 3 attempts include the initial OSCE test and no more than 2 OSCE re-tests. All OSCE retesting must be completed by the end of the course to receive a pass in NS2250. If the student is unsuccessful in passing the OSCEs after 3 attempts, the student will receive a course failure.

Clinical Assessment Tool (CAT): Formative assessment will be completed throughout the course and a midterm meeting to review the CAT will be scheduled. Students will have the opportunity to reflect on their practice with their clinical instructor and set goals for the second half of clinical. A summative assessment of nursing practice will be completed by the student and the instructor. This will be accomplished through observation, assessment, and evaluation of the student during direct patient care, through discussions of clinical preparation, pre/post conference, and other clinical activities. See myClass for CAT template.

Students will receive ongoing verbal and/or written feedback from the Clinical Instructor throughout the course to support learning. Feedback may be supplemented with input from peers, the staff of an agency, and the patient. If, at any time, a student is at risk of being unsuccessful in any area of the CAT, they will be placed on a learning plan. Students must successfully meet the plan of support by the agreed-upon date. At the final (summative), students must achieve a “Pass” on all areas of the Clinical Assessment Tool to successfully complete NS2210.

Failure to pass any section of the CAT results in a failure in the course.

Ticket to Lab:

At the beginning of each lab (starting in Week 2) students will write a Ticket to Lab quiz. These are only graded for students who attend the full lab. If you do not attend the weekly lab or leave the lab early, the weekly Ticket to Lab will be graded 0.

Participation in Lab & Lecture :



By the end of each lab, students are responsible to demonstrate beginning proficiency and competence with each of the skills offered in this course. Attendance at all labs is mandatory. Lab preparation also requires student to be prepared with appropriate equipment and professional behaviour and dress as per the [student handbook](#). For optimal development of proficiency and psychomotor skills, students are encouraged to practice at home or during regularly scheduled practice labs. Lap drop-in opportunities for practice are available regularly. Please consult the lab coordinators and online link for hours and sign-up information.

Lectures in NS2250 are interactive classes designed to delve into the application of the theory and skills learned over the past week.

Create a Next-Gen NCLEX Question:

As part of the lab component of the class, the Next-Gen NCLEX (NGN) question assignment will challenge students to develop an exam question related to lab content. The students will choose a type of NGN question, develop the information required to ask the question effectively and support the correct answer choice, as well as provide rationale for incorrect choices.

Bad Lab Exercise:

This assignment will be an in-class exercise related to critical thought and application of course content. Students will receive a diagnosis related to one of the concepts covered in previous weeks as well as a pertinent abnormal lab value. The student will have to relate the lab value to the health condition and answer a variety of questions examining and analyzing the connection. This assignment will be open-book. Attendance in class is required to receive a grade in this assignment.

OREM Clinical Assignment

Dorothea Orem's Self-Care Model

Orem's self-care deficit theory is one theory comprised of three related theories. Her theories are:

- (1) the theory of self-care, which describes why and how people care for themselves.
- (2) the theory of self-care deficit, which describes and explains why people can be helped through nursing.
- (3) the theory of nursing systems, which describes and explains relationships that must be brought about and maintained for nursing to be produced (Marriner-Tomey & Aligood, 2002, p.191).

In order to provide self-care, there are requisites that need to be created and expressed. These requisites must be met by the person, in order for them to maintain adequate functioning and



development in specific conditions, sometimes continuously. Orem has created a list of six universal self-care requisites that apply to persons across the lifespan. They are as follows:

- (1) sufficient air, food and water
- (2) elimination and excrements
- (3) activity and rest
- (4) solitude and social interaction
- (5) prevention of hazards to life, functioning, and well-being
- (6) normalcy

Orem has also added developmental self-care requisites and health deviation self-care requisites to her theory. Developmental requisites are based on promoting healthy growth and development of the individual and to avoid conditions that may be harmful to maturation. Health Deviation requisites “exist for persons who are ill or injured” (Tomey & Aligood, 2002, pp.192-93). These requisites are specific to each person and are based on the level of impairment that compromises a person’s ability to perform self-care.

There are three basic nursing systems that describe the level of care required by the client that is provided by the nurse. In the compensatory system the nurse provides total care for the client. A partial compensatory system is created when the nurse and client share responsibility for the care provided. Educative-development systems exist when the client has the primary responsibility, the nurse simply acts as the consultant for the client. The nursing systems help the nurse to assist the client to meet the self-care requisites while at the same time empower the client to do as much as they can.

The nurse’s role is to care for the client until they regain the ability to care for themselves. The nurse determines the source of the deficit, whether it is knowledge, skill, or motivation. From there, the nurse tries to help the client promote, maintain or restore their previous level of self-care. Orem describes several helping methods that give the nurse the ability to work with the client, to assist them, according to the requirements of the client.

Students will be required to choose a client within their clinical experience and develop a plan of care based Orem’s theory that includes: *Description of the Client, Assessment, Data Collection, 3 Priority Diagnoses, Expected Outcomes, Implementation and Evaluation.*

Please see the rubric provided below and the NS 2250 myClass page for further information.

References

Lab Exam: This cumulative exam will cover content covered throughout each lab. It will contain a variety of question types.

Further assignment details and instructions will be included in the course syllabus and on MyClass.

GRADING CRITERIA:

Please note that most universities will not accept your course for transfer credit IF your grade is **less than C-**.

Alpha Grade	4-point Equivalent	Percentage Guidelines		Alpha Grade	4-point Equivalent	Percentage Guidelines
A+	4.0	95-100		C+	2.3	67-69
A	4.0	85-94		C	2.0	63-66
A-	3.7	80-84		C-	1.7	60-62
B+	3.3	77-79		D+	1.3	55-59
B	3.0	73-76		D	1.0	50-54
B-	2.7	70-72		F	0.0	00-49

COURSE SCHEDULE/TENTATIVE TIMELINE (All dates subject to change):

Schedule	Topic	Lab
Week 1 - January 8/9, 2024	Course Orientation; Addiction & Anxiety	Parenteral Meds (Injection, IV Meds, Pumps)
Week 2 - January 15/16, 2024	Clinical Judgement & Intro to Orem	IV Insertion/Venipuncture
Week 3 - January 22/23, 2024	Fluid & Electrolytes	NG Tubes/Enteral Feeding
Week 4 - January 29/30, 2024	Acid-Base Balance	Blood Administration
Week 5 - February 5/6, 2024	Perfusion	Urinary Catheters
Week 6 - February 12/13, 2024	Intracranial Regulation	OSCE #1

Week 7 - February 19-23, 2024	Reading Week	Reading Week
Week 8 - February 26/27, 2024	Midterm	No labs
Week 9 - March 4/5, 2024	Hormonal Regulation & Reproduction	Complex Wounds
Week 10 - March 11/12, 2024	Cellular Regulation	PICC/IVAD
Week 11 - March 18/19, 2024	Palliative Care	Symptom Management/Palliative Sim
Week 12 - March 25/26, 2024	Adherence & Self Management	OSCE #2
Week 13 - April 1/2, 2024	Caregiving	OSCE Repeats
Week 14 - April 8/9, 2024	Final Exam Study Week	No labs

STUDENT RESPONSIBILITIES:

To PASS NS2250 students must pass all OSCEs, Safe Medicate, and the Clinical Assessment Tool (CAT) listed in the course outline. Students are also required to complete each evaluation component of the course to be successful in NS 2250.

Students should refer to the following link for Northwestern Polytechnic policies regarding Student Rights and Responsibilities.

<https://www.nwpolytech.ca/about/administration/policies/fetch.php?ID=69>

Furthermore, all pertinent Academic and Administrative policies can be found at the link below.

<https://www.nwpolytech.ca/about/administration/policies/>

CLINICAL PRACTICE:

Professional responsibility for nursing students includes clinical practice preparation related to evidence-informed practice and patient safety. Preparation includes appropriate understanding, synthesis, and integration of relevant knowledge as well as professional behaviour and dress. Please review student handbook for guidelines regarding appropriate clinical attire.

In order to be adequately prepared for clinical experiences, students will participate in activities outside of their scheduled clinical course hours. Activities can include the following: specific clinical patient preparation, clinical site orientation, Safe Medicate, Connect Care training, patient health record review, and review of textbook and relevant evidence-informed articles.

Students who are not adequately prepared to provide safe and competent patient care will not participate in clinical activities and may be asked to leave the clinical site.

LATE ASSIGNMENT POLICY:

To obtain credit in the course ALL assignments, examinations, and quizzes must be completed. Students are expected to make every effort to complete assignments on time. Assignment submissions are expected on the date determined by faculty. If extensions are necessary, they may be requested up to 48 hours prior to the assignment due date and should be submitted in writing to the faculty member involved. Not all extensions will be granted. In exceptional situations, extension requests within the 48-hour period may be considered. Late assignments will have 5% of total marks (or one letter grade) for the assignment deducted for each day/partial day (including weekend days) beyond the due time. For example, a paper marked at B+ would receive an adjusted grade of B if handed in one day late. After 5 days, a grade of 0 will be awarded to the assignment. If the late penalty places the grade below the necessary pass grade, students will be unsuccessful in the course. When submitting assignments electronically, it is the student's responsibility to ensure the assignment has been received. Papers/assignments may not be rewritten for a higher grade. Concerns regarding grading are to be discussed with the faculty member involved.

STATEMENT ON ACADEMIC MISCONDUCT:

Academic Misconduct will not be tolerated. For a more precise definition of academic misconduct and its consequences, refer to the Student Rights and Responsibilities policy available at <https://www.nwpolytech.ca/about/administration/policies/index.html>.

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

Additional Information:

****Rubrics are subject to change. Please see NS 2250 myClass page for more information.**

Bad Lab Exercise Rubric

Category	3	2	1	0
Lab value relevance and recognizing cues	Recognizes the relevance of abnormal lab value and comprehensively relates the alteration in lab value to patient presentation and medical history.	Recognizes the abnormal clinical data but relation to patient presentation and medical history is vague and/or generalized.	Unable to relate abnormal lab value to patient condition, presentation, and/or medical history.	Assignment incomplete and/or plagiarism is evident.

Assessments	Determines appropriate and focused assessments related to the abnormal lab value and patient condition with clear, comprehensive, and evidence-based rationale.	Assessment focus is vague and/or generalized. Rationale is broad and lacking relation to patient.	Assessment inappropriate and/or rationale and evidence to support rationale is absent.	Assignment incomplete and/or plagiarism is evident.
Interventions	Determines appropriate and focused interventions related to the abnormal lab value and patient condition with clear, comprehensive, and evidence-based rationale.	Interventions are vague and/or generalized. Rationale is broad and lacking relation to patient.	Interventions inappropriate and/or rationale and evidence to support rationale is absent.	Assignment incomplete and/or plagiarism is evident.
Outcome/Evaluation	Analyzes, compares, and contrasts both lab value improvement and deterioration as outcomes. Relates each to the patient. Explicitly describes evaluation of interventions.	Superficial examination of lab improvement and deterioration. Relation to patient explored vaguely. Evaluation criteria loosely determined.	Outcome exploration absent. Relation to patient and evaluation criteria are ambiguous.	Assignment incomplete and/or plagiarism is evident.

NCLEX Question Rubric

Exemplary - 3	Good- 2	Fair- 1	Unsatisfactory- 0
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<p>Question demonstrates a deep understanding of the topic and shows analytical and original thought and strong connection to one of the six cognitive domains of the NCJMM.</p> <p>Question is well developed, appropriate to level of learner, and appropriate to lab content.</p> <p>Answers to question (both correct and incorrect) are comprehensive and direct, provided and supported with quality evidence and rationale.</p>	<p>Question demonstrates good grasp of the topic depth and complexity. Original thought and moderate connection to one of the six domains of the NCJMM.</p> <p>Question is fairly focused, appropriate to level of learner, and relates to lab content.</p> <p>Answers to question (both correct and incorrect) provided and supported with quality evidence and rationale.</p>	<p>Question demonstrates minimal knowledge or depth of the topic. Minimal connection to NCJMM.</p> <p>Question relates to assignment but is overly broad or narrow.</p> <p>Answers to question ambiguous. Not supported with quality evidence and rationale.</p>	<p>NCJMM domain is absent or posed as a yes/no question.</p> <p>Question is vague and unrelated to lab content.</p> <p>Or.</p> <p>Question is unoriginal or evidence of plagiarism exists.</p>
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NS2250 – OREM Clinical Assignment Rubric



	Unsatisfactory 0	Marginal 1	Good 2	Very Good 3	Excellent 4
Description of Client	Pertinent information is missing.	Information is present but does not relate to client's condition. Did not identify pertinent client data.	Superficial description of client age and pathophysiology. Does not relate the health history to the presentation of disease. Information is present but is not specific.	Good description of client age, brief review of pathophysiology of disease, health history and a current presentation of disease. Information is clear and concise.	Excellent description of client age, in depth review of pathophysiology of disease, pertinent health history and a current presentation of disease. Information is comprehensive, clear and concise.
Assessment	Does not identify the medical treatments and diagnostic procedures.	Vaguely identifies some of the medical treatments and diagnostic procedures but does not address nursing interventions or relate them to the client. Lists the medications but does	Superficially identifies the medical treatments, diagnostic procedures, interventions, and surgical history of the client but does not relate it to the client care. Lists the medications but does not include the category and purpose of the	Identifies the medical treatments, diagnostic procedures, interventions, and surgical history of the client. Identifies the medications ordered, includes the category and purpose of the drug, and nursing implications.	Clearly and comprehensively identifies the pertinent medical treatments, diagnostic procedures, interventions, and surgical history of the client. Clearly identifies the medications ordered, includes the category and



		not include the category of drug, lists the purpose or describe the nursing implications.	drug or describe the nursing implications.		purpose of the drug, and nursing implications.
Data Collection	Does not provide appropriate information.	A vague description is provided that includes some of the tests, labs, diagnostic images, OT, PT, RT, presence of IV, NG, catheters, and any health aids needed by the client.	A superficial description is provided that includes most of the tests, labs, diagnostic images, OT, PT, RT, presence of IV, NG, catheters, and any health aids needed by the client.	An accurate description is provided that includes all the tests, labs, diagnostic images, OT, PT, RT, presence of IV, NG, catheters, and any health aids needed by the client.	A comprehensive description is provided that includes all relevant health data.
3 Priority Diagnoses	A rationale for the choice of nursing diagnoses is not provided.	A vague rationale provided for choosing the three priority nursing diagnoses. Priorities chosen do not relate to	A superficial rationale provided for choosing the three priority nursing diagnoses. Priorities chosen are vague and explanations are not	A very good rationale provided for choosing the three priority nursing diagnoses. Implications for you as a nurse after knowing this	A clear and comprehensive rationale provided for choosing the three priority nursing diagnoses. Implications for you as a nurse after knowing this



		the data. Implications for you as a nurse after knowing this information do not support nursing practice.	provided. Implications for you as a nurse are not identified.	information are identified.	information are clearly identified.
Expected Outcomes	Expected client outcomes are not identified for diagnoses or do not relate to the diagnoses.	Does not identify each of the outcomes for the nursing diagnoses. Most outcomes may not be readily measurable or are not client oriented. The nursing system used to meet the client's self-care agency (wholly compensated, partially,	Identifies most of the outcomes for the nursing diagnoses. Some outcomes may not be readily measurable or are not client oriented. The nursing system used to meet the client's self-care agency (wholly compensated, partially, or supportive educative) is mostly correct.	Clearly identifies each of the outcomes for the nursing diagnoses. Some outcomes may not be readily measurable or are not client oriented. The nursing system used to meet the client's self-care agency (wholly compensated, partially, or supportive educative) is mostly correct.	Clearly and comprehensively identifies each of the outcomes for the nursing diagnoses. Accurately identifies the nursing system used to meet the client's self-care agency (wholly compensated, partially, or supportive educative)



		or supportive educative) is mostly incorrect.			
Implementati on	A list of interventions is identified for the client but is mostly incomplete. Not all interventions are appropriate for client. The list is not prioritized. Rationale is given for only some interventions and not based on credible sources.	A vague and incomplete list of interventions is provided without a rationale given. Not all interventions are appropriate for the client. The list is not well prioritized.	A list of interventions is identified for the client. Not all interventions are appropriate for the client and the rationale is weak. The list is generally prioritized.	A list of interventions and rationale is provided to help the client meet the goals. The list is mostly well prioritized.	A clear and comprehensive list of interventions and rationale is provided to help the client meet the goals. The list is prioritized.
Evaluation	Most expected outcomes are not evaluated, or evaluation is not always related specifically to the outcome.	Some expected outcomes are evaluated but evaluation is not always related specifically	Most expected outcomes are evaluated but is not always related specifically to the outcome. Rationale for evaluation is provided for most	Most expected outcomes are evaluated well. Rationale for evaluation is provided for most outcomes. Reassessment	All expected outcomes are evaluated well. Thorough rationale for evaluation is provided for all outcomes. Reassessment of outcomes is



	Rationale for evaluation is vague or incomplete. Reassessment of outcomes is not complete.	to the outcome. Rationale for evaluation is vague. Reassessment of outcomes is not always complete.	outcomes but rationale is not always thorough. Reassessment of outcomes is mostly completed for most outcomes not achieved by the client, but new outcomes are not realistic or measurable.	of outcomes is mostly completed for any outcome not achieved by the client and new outcomes are identified.	completed for any outcome not achieved by the client and new outcomes are identified.
Format	Writing style is disorganized. Organization and scope of ideas are inadequate, with many errors in grammar and spelling.	Writing style is disorganized. Content is presented with a lack of structure and organization and incorrect spelling and grammatical errors are evident.	Clear writing style with occasional areas of confusion. Content is presented with several spelling and grammatical error.	Clear writing style. Content is presented with few spelling and grammatical errors.	Clear and concise writing style. Content is clearly presented with minimal spelling and grammatical errors.