



**UNIVERSITY OF ALBERTA
COLLABORATIVE
BACCALAUREATE
NURSING PROGRAM**

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

**NURSING 2910
September 3- October 24, 2008**

COURSE OUTLINE

INSTRUCTORS:

Dorothy MacIntyre M.Ed.; BN.RN. Course Leader

Office: H 231

Phone: 539-2048 (

Email : dmacintyre@gprc.ab.ca

Office Hours: as posted on door

Kelly Socha BScN; RN

Office: C 206

Phone: 539-2028

Email: ksocha@gprc.ab.ca

Office Hours: as posted on the door

Originally developed by the Clinical Experience Development Committee

Revised by the Learning Experiences Development Committee, April 2006

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Approved: May 2006

NS 2910 COURSE OUTLINE

CALENDAR STATEMENT:

NS 2910 7 (0-3-28) UT 217 Hours 7 Weeks *Nursing Practice III*

Nursing practice will focus on restoration, rehabilitation and support (including health promotion and disease prevention) of clients with chronic and less acute variances in health across the life span. Practice will occur primarily in primary level acute care centres and continuing care agencies

Prerequisites: NS1940 and NS1950 Transfer: UA

COURSE HOURS

SEMINAR: 21 LAB: Maximum of 21 CLINICAL: 175

COURSE DESCRIPTION:

This course will provide opportunities for students to continue to participate in health promotion and primary prevention activities while focusing on restoration, rehabilitation and support. Nursing practice will include health assessment and intervention with clients with less acute and chronic variances in health. The student will experience nursing practice over a continuous block of time in institutional settings providing primary care. Examples include medical/surgical units, day or short stay surgery, sub-acute units, continuing care or rehabilitation units.

COURSE OBJECTIVES:

In addition to maintaining competency with previous course objectives, upon completion of Nursing 2910, the nursing student will be able to:

PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE

- 1. Practices within the legal and ethical standards established by the College and Association of Registered Nurses of Alberta and the Canadian Nurses Association, and according to legislated scope of practice, and provincial and federal legislation.**

Independently:

- demonstrates integrity
- demonstrates responsibility and accountability
- demonstrates respect for client's values, beliefs and rights

With minimal assistance:

- demonstrates application of legal and ethical standards by:
 - practicing according to policies and procedures of host agencies and educational institution
 - using knowledge of scope of practice and professional legislation and Code of Ethics
 - confidentiality
 - using informed consent
 - preparing for clinical practice to provide safe, competent care
- demonstrates commitment to the values of the profession of nursing and support of professional development of colleagues

2. Engages in strategies for social and political action at a beginning level**With minimal assistance:**

- differentiates own values/needs/rights/obligations from values/needs/rights/obligations of others
- discusses formal and informal power structures in the context of social / political action in nursing situations
 - recognizes vulnerable clients/families
- identifies nursing issues requiring social and political action
- identifies programs which have arisen from social / political action
- discusses the role of the individual nurse in social / political action:
 - identifies role in existing programs
 - empowers clients
 - discusses client responsibilities
 - promotes client autonomy and collaboration
- discusses the role of professional nursing organizations in social and political action
 - protection of public
 - position statements
- describes the planning process for engaging in social and political action
 - identifies information to be provided to client/family
 - identifies funding sources (re: existing programs)
 - identifies the funding process
 - discusses change theory
 - identifies existing programs that address client/family needs
 - identifies strategies and resources for social and political action

3. Demonstrates skills and attitudes necessary for life-long learning**Independently:**

- demonstrates personal responsibility for learning
- demonstrates an attitude of inquiry to enhance own learning related to nursing practice

With minimal assistance:

- identifies strengths and limitations of own competence, seeking assistance when necessary
- demonstrates an openness and receptivity to change
 - seeks and is receptive to feedback
 - act on feedback
- assumes primary responsibility for attaining and maintaining competence based on nursing practice standards.

KNOWLEDGE BASED PRACTICE**4. Applies a critical thinking approach to nursing****With minimal assistance:**

- applies critical thinking strategies in developing sound clinical judgment in relation to restoration, rehabilitation and support
- applies creative thinking, reflective thinking and insight for restoration, rehabilitation and support for developing sound clinical judgment

5. Applies nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.

With minimal assistance:

- utilizes selected areas of knowledge related to biological, psychological, socio-cultural and spiritual dimensions of the human response to less acute variations in health
- uses selected areas of nursing knowledge related to scope of practice and professional legislation in nursing practice.

6. Demonstrates evidence based practice. With minimal assistance:

- utilizes credible resources (research studies, experts, and others)
- examines research findings related to nursing situations
- describes the significance of research to practice (research studies, experts, and others)
- identifies nursing practice problems that require investigation.

7. Applies nursing and other relevant models/theories in the professional practice of nursing. With minimal assistance:

- explains the use of nursing models / theories / metaparadigms
- explores application of selected models / theories from other disciplines and their application into nursing
- explores the application of selected nursing models / theories into nursing practice.

8. Demonstrates competence in health care informatics.

With minimal assistance:

- uses a variety of selected information technology and other technology to support all scholarly activities and clinical practice.

PROVISION OF SERVICE TO PUBLIC

9. Applies concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, intersectoral collaboration).

With minimal assistance:

- applies concepts and principles of primary health care with clients experiencing chronic and less acute variances in health
- applies knowledge of health determinants in client situations
- applies selected health promotion activities with individuals and families
 - develops professional skills needed for taking action (eg. teaching/learning)
 - *creates supportive environments*

10. Demonstrates caring relationships in professional situations.

With minimal assistance:

- *recognizes how caring behaviors can influence health and healing*
- recognizes the uniqueness, worth and dignity of self and others
- demonstrates caring behaviors in interpersonal activities with clients, peers and others in the health care setting
- demonstrates ability to engage in caring relationships with clients in nursing practice

- initiates, maintains and terminates professional relationships in a supportive manner
- social vs. therapeutic
- *recognizes situations requiring client advocacy*

11. Collaborates with clients, community agencies, community members, and members of other disciplines in a variety of settings.

With minimal assistance:

- promotes client participation, choice and control
- promotes colleague participation, choice and control
- develops partnerships with community members, community agencies, colleagues and members of other disciplines
- interacts with clients with chronic and less acute variations in health
- engages in inter-professional interaction

12. Demonstrates beginning leadership, management and administrative skills.

With minimal assistance:

- uses effective time management strategies in coordinating client care
- describes leadership and management roles and competencies
- uses decision-making processes
- effectively leads a small group
- performs an accurate appraisal of self and others
- effectively follows quality and risk management processes to enhance nursing practice
- identifies principles of delegation (right: task, circumstance, person, direction, supervision).

13. Demonstrates the ability to deal with ambiguity and diversity.

With minimal assistance:

- anticipates the need of clients
- deals with the effects of ambiguity and diversity in all learning environments
- identifies ambiguity and diversity in selected nursing situations
- identifies own pattern of dealing with the effects of ambiguity and diversity
- provides support to clients experiencing effects of ambiguity and diversity in times of transition
- selects appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations

14. Demonstrates competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, client education, in the promotion, restoration, rehabilitation and maintenance of health.

With minimal assistance:

- applies nursing process
- uses appropriate verbal communication skills
 - using appropriate lines of communication
 - communicating and reporting relevant information in a timely manner
- uses appropriate written communication skills
 - documenting relevant information accurately and in a timely manner
- provides effective client education by applying:
 - principles of teaching and learning
 - identifying needed referrals
- prioritizes nursing activities
- performs selected assessment skills in a competent manner

Independently:

- performs selected psychomotor skills in a competent manner – lab setting

With guidance:

- performs selected psychomotor skills in a competent manner – clinical setting

CONTEXT BASED LEARNING

15. Demonstrates proficiency with CBL process.

With minimal assistance:

- Demonstrates effective use of skills in self-directed, context-based, small group learning in clinical, tutorials and conferences.

REQUIRED RESOURCES

1. Working Definitions (On Blackboard)
2. Graduate Competencies and Year End Outcomes (On Blackboard)
3. Grade Descriptors(On Blackboard)
4. Evaluation of Nursing Practice (ENP) - attached

RECOMMENDED RESOURCES

- Ackley, B., & Ladwig, G. (2006) *Nursing diagnosis handbook: A guide to planning care*. St. Louis: Mosby.
- Lewis, S.M., Heitkemper, M.M., & Dirksen, S.R. (2006). *Medical-surgical nursing in Canada: Assessment and management of clinical problems (1st ed.)*. St. Louis: Mosby.
- Marriner Tomey, A. & Raile Alligood, M. (2006). *Nursing theorists and their work (6th ed.)*. St. Louis: Mosby.

- McCance, K. L. & Huether, S. E. (2006). *Pathophysiology: The biologic basis for disease in adults and children (5th ed.)*. St. Louis: Mosby.
- Osis, M. (2003). *Dosage calculations in SI units. (4th ed.)*. St. Louis: Mosby.
- Potter, P. A. & Perry, A. G. (2006). *Canadian fundamentals of nursing (3rd ed.)*. St. Louis: Mosby.
- Wilson, S. F. & Giddens, J. F. (2005). *Health assessment for nursing practice*. St. Louis: Mosby.
- Johnson, Bulechek, Butcher, & Dotcherman. (2006). *NANDA NOC and NIC linkages*. St. Louis: Mosby.
- Medication Drug Guide
- Laboratory Tests and Diagnostic Procedures

REQUIRED LEARNING EXPERIENCES

In order to pass NURS 2910, students must demonstrate safe ethical nursing practice, professional behavior, and complete the following experiences

1. During this course, students will have a continuous experience on a medical or surgical unit that includes nursing practice with adults experiencing chronic or less acute variances in health.
2. Coordinate safe care for 1-2 clients.
3. Participate in the following labs if not already completed in 2900 or 2950
 - a. IV meds (continuous, intermittent).
 - b. IV Saline Locks and Pumps and push meds
 - c. IM/SC/ID injections; mixing insulin
 - d. General Survey & Assessment of Clients on Medical Unit or Surgical Unit.
4. Use the Orem nursing model to perform a client assessment appropriate to the clinical setting.
5. Participate in client education.
6. Collaborate with clients, family, nurses and members of other disciplines.

SEMINARS:

Seminars are every Friday at 0830-1120 in Room B304 and will be combined NS 2910 medical and surgical groups. Seminar topics will be discussed and how they relate to clinical practice. Space will also be allotted during these times to present learning plan objectives or other pertinent subjects the students wish to research and present.

LABS:

Labs will be completed at the beginning of orientation. See lab handouts.

SICK TIME:

Absences will jeopardize the ability of the instructor to have sufficient data for evaluation of the student's performance. There is no time to make up lost shifts.

If you are ill, or unable to attend clinical, you must notify your instructor prior to the shift.

If you are to be on the unit that day, you can call and leave a message with someone from the floor. If you are sick on your off-unit days, please call the unit and then leave a message on your tutor's voice mail at work to advise them of the situation.

WITHDRAW DEADLINES:

Important Dates:

September 2, 2008	College Orientation
September 3, 2008	Department Orientation (second year) D 308
September 17 , 2008	Last day to drop first block Nursing courses for a full refund of fees.
October 7, 2008	Last day to withdraw with permission from second block classes in nursing classes in Nursing. Withdrawal from the course after this date will result in a failing grade.
October 13, 2008	Thanksgiving, No Classes
October 24, 2008	Last day of winter semester classes in Nursing.

SUGGESTED OPTIONAL LEARNING EXPERIENCES

Participate in discharge planning/referral from institutional settings.
 Liaise with home care nurse where possible.
 Follow-up visits with client where the client lives.
 May include a telephone follow-up or home visit.
 Involvement with specific projects within institutional-based practice.

PROGRESSION IN CLINICAL ROTATION

If a student is having marginal performance meaning they are not meeting the course objectives, the instructor in consultation with the student, will **develop a learning plan** based on strengths and areas on which to improve. Students will receive weekly verbal feedback on how they are progressing and ways to improve performance.

CPR-HCP must be maintained throughout the program.

Refer to GPRC Calendar and the Nursing Department Student Handbook for any additional policies.

Preparation for clinical experience: It is expected that you will prepare for each clinical day by researching procedures, medical conditions, medications, etc. Required psychomotor skills may also **need to be reviewed prior to** the clinical experience. Students should be prepared to discuss their client plan of care (including the client priority needs, nursing diagnoses, medication profiles, any client teaching plan) with the instructor during clinical time. *If a student is not adequately prepared for clinical, the*

instructor may request the student leave the clinical agency. This would be a decision made after considering client safety.

PLAGIARISM AND CHEATING:

Please refer to the GPRC policy on plagiarism and cheating as guidelines for NS 2910.

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

GRADING SYSTEM

A grade will be assigned for each assignment using the marking criteria and then based on the grade descriptors (excellent, good, satisfactory, poor). Rationale will be given as to the assigned grade. Grading descriptors will be provided for each assignment.

Effective July 1, 2003 Grande Prairie Regional College uses the alpha grading system and the following approved letter codes for all programs and courses offered by the College.

<i>Alpha Grade</i>	<i>4-point Equivalent</i>	<i>Designation</i>
A+	4.0	Excellent First Class Standing
A	4.0	
A-	3.7	
B+	3.3	Good
B	3.0	
B-	2.7	
C+	2.3	Satisfactory
C	2.0	
C-	1.7	

The above are considered passing grades in Nursing courses

<i>Alpha Grade</i>	<i>4-point Equivalent</i>	<i>Designation</i>
D+	1.3	Minimal Pass
D	1.0	
F	0.0	Fail

The above are **NOT** considered passing grades in Nursing courses.

REQUIRED EVALUATION

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

1. ENP plus 1 other assignment (exceptions at discretion of Dean/Chair).
 - To encourage the development of self reflective practice, it is recommended that client preparation, reflective practice, nursing care and learning plans be evaluated through discussion during the clinical day and post conference.
2. Evaluation of student’s clinical performance:
A formative and written summative evaluation of Nursing Practice will be completed by the student and the tutor/preceptor.
 This 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. Tutors are directed to refer to the current Evaluation of Nursing Practice document from the Evaluation Strategies Committee.

Students MUST pass the ENP in order to pass the course. If a student does not pass the ENP with a 50%, they will obtain an overall grade of no greater than D. 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, or unethical nursing practice.

The evaluation of students in clinical courses will be achieved through the use of the following three elements:

- Evaluation of Nursing Practice (ENP)
- Grade Descriptors
- Levels of Independence

**GRADE DISTRIBUTION
NS 2910**

Evaluation	Grade	4-point Equivalent	Percentage of Total Mark
Evaluation of Nursing Practice			70%
Orem Nursing Care Plan			30%
			100%

Total 4-point Equivalent Values

Final Letter Grade:

Grades for each assignment will be translated into the 4-point equivalent, then multiplied by the percentage of total mark for each assignment. The value of those percentages will be added up to make a total. That total will be converted back into the grade scale to determine the final grade. If you have any questions or concerns, please see your clinical tutor.

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. STUDENTS**

****Note: Refer to the 2008/09 GPRC College Calendar p.37 and your student handbook for further details regarding the grading policy and p. 118-119 regarding Progression Criteria in the Bachelor of Science in Nursing program.**

LATE POLICY FOR ASSIGNMENTS:

All assignments are to be passed in at the time and place they are due. Extensions on assignments may be granted and must be negotiated with the instructor **prior** to the due date and with a date specified for late submissions. A penalty of a letter grade for each working day that an assignment is submitted after the due date will be deducted from the final grade. For example, a paper scored at B+ would receive an adjusted grade of B if handed in one day late.

Assignments are due by 4:00 p.m. and must be verified (stamped with date and time) by nursing office personnel. It is the responsibility of the student to ensure **electronically** submitted papers and assignments are delivered and retrievable to the instructor (i.e. blackboard drop box or emailing assignments). If the instructor is unable to open documents or if documents are sent in error via electronically, the assignment will be considered late and the student will have one letter grade deducted from the final grade. It is highly recommended that students ensure their assignments have been retrieved by the tutor prior to the due date and time.

In order to pass NURS 2910, students must demonstrate safe, ethical nursing practice; professional behavior; complete every one of the below activities and acquire a passing grade in the Evaluation of Nursing Practice.

MIDTERM EVALUATIONS

Midterm evaluations will occur during **the week of September 21 to 27th, 2008**. For your midterm evaluations, please come prepared with:

- a. **Strengths**
- b. **Areas to work on (with strategies)**

Check Blackboard for the sheet you will need.

FINAL WRITTEN EVALUATIONS

Final evaluations will occur on **October 20-24, 2008**. Please submit your **completed ENP with written comments to instructor one week prior** to your final evaluation.

ASSIGNMENTS

1 REFLECTIVE JOURNALS

_Due Dates: **Journal #1 Due: September 19, 2008**
 Journal #2 Due: October 3, 2008

Students are to record and describe an experience, and reflect on their nursing practice throughout the semester. Students are expected to submit **1 (one) journal** prior to the midterm evaluation at least **1 (one)** additional journal in the second half of the clinical experience that reflects on their nursing practice. Tutors will evaluate how students have shown reflective practice by asking questions throughout clinical, during post-conferences and in seminar. Reflective journals must be submitted to tutor prior to midterm and final evaluations for more formal feedback. Confidentiality must be considered when choosing to share written or verbal information.

Format

Guidelines for writing the Reflective Journal

- Describe a significant experience that you had during your week. Describe the experience (example; what you or someone else did in intervention, communication, or other). Be as specific and objective as possible. Include thoughts, feelings, and perceptions. Also include what you perceive the other people could be feeling (patient, nurses etc.).
- Reflect on the experience. Describe why this experience was important to you, and what factors (such as assessments, previously learned experiences, values, beliefs, stereotypes or biases) influenced yours/someone else's decisions/actions/feelings.
- Evaluate your strengths and areas needing improvement in this situation. What were the strengths and areas for improvement in the other health care professionals involved? Explain why you think those were areas of strength or areas needing development. How is the client and/or family ultimately affected?
- Describe your significant learning. How does this impact your nursing practice? Describe what you would do differently/investigate/maintain if a similar incident should occur. Describe what you would teach someone else (example; a peer) about this incident in order to improve your nursing practice.

* The CARNA guidelines for reflective practice are posted on Blackboard under Course Documents

The article below is a good reference for you to use for further guidance.

Patton, J., & Woods, S. (1997). Enhancing the clinical practicum experience through journal writing. *Journal of Nursing Education*, 36 (5), 238-240.

2. OREM CARE PLAN

Due: October 10 , 2008

Application of the OREM Nursing Theory/Model in a Nursing Care Plan.

Students will develop a nursing care plan that applies a nursing theory/model for a client with chronic or less acute variances in health. This assignment includes plans for care while the client is in the institution and may include a follow up phone call where assessment and client education can occur. Guidelines for the development of the nursing care plan are contained in this the course outline.

GRADING GUIDELINE OREM'S NURSING PROCESS PLAN

	Excellent A	Very Good B	Good C	Marginal D	Unsatisfactory F
Description of Client	Excellent description of: client age, brief review of pathophysiology of disease, pertinent health history and a current presentation of disease. Information is comprehensive, clear and concise.	Good description of: client age, brief review of pathophysiology of disease, health history and a current presentation of disease. Information is clear and concise. .	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.	Information is present but does not relate to client's condition. Did not identify all pertinent client data.	Pertinent information is missing.
Assessment	Clearly and comprehensively identifies the pertinent medical treatments, diagnostic procedures, interventions, and medical/surgical history of the client. Clearly identifies the medications ordered, includes	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 most	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	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 not include the category of	Does not identify the medical treatments and diagnostic procedures.

	the category and purpose of the drug, and all nursing implications relevant to patient.	nursing implications relevant to patient.	purpose of the drug. Describes some nursing implications relevant to patient.	drug, list the purpose and describes few of the nursing implications.	
Data Collection	A comprehensive description is provided that includes relevant lab data; histories; consults; radiology reports; data from Physio/OT/Rec therapist/dietician; presence of IV/NG/catheters; and subjective information from the client; accurate information is clearly identified in the data. Able to develop relevant therapeutic self care demands with accurate assessment of self-care agency.	A description is provided that includes relevant lab data; histories; consults; radiology reports; data from Physio/OT/Rec therapist/dietician; presence of IV/NG/catheters; and subjective information from the client; accurate information is identified in the data. Able to develop relevant therapeutic self care demands with accurate assessment of self-care agency.	A superficial description is provided that includes some lab data; histories; consults; radiology reports; data from Physio/OT/Rec therapist/dietician; presence of IV/NG/catheters; and subjective information from the client; superficial data does not relate to client. Able to develop relevant therapeutic self care demands with accurate assessment of self-care agency.	A vague description is provided that includes some lab data; histories; consults; radiology reports; data from Physio/OT/Rec therapist/dietician; presence of IV/NG/catheters; and subjective information from the client; but does not relate to the client. Able to develop relevant therapeutic self care demands with accurate assessment of self-care agency.	Does not provide appropriate information.

<p>Diagnoses- 3 Priority</p>	<p>A clear and comprehensive rationale provided for choosing the three priority nursing diagnoses. All diagnoses are priorities as supported by data in health history.</p>	<p>A very good rationale provided for choosing the three priority nursing diagnoses. Most diagnoses are priorities as supported by data in health history.</p>	<p>A superficial rationale provided for choosing the three priority nursing diagnoses. Priorities chosen are vague and explanations are not provided. Some diagnoses are priorities as supported by data in health history.</p>	<p>A vague rationale provided for choosing the three priority nursing diagnoses. Priorities chosen do not relate to the data. Few diagnoses are priorities as supported by data in health history.</p>	<p>A rationale for the choice of nursing diagnoses is not provided.</p>
<p>Expected Outcomes</p>	<p>Clearly and comprehensively identifies each of the problems chosen, and assesses the client's ability to meet these goals. Clearly describes how the lack of knowledge, skills, and motivation affect the client's ability to meet the needs. Describes in detail how the nursing system is used to meet the client's self-care agency</p>	<p>Identifies each of the problems chosen and assesses the client's ability to meet these goals. Describes how the lack of knowledge, skills, and motivation affect the client's ability to meet the needs. Describes how the nursing system is used to meet the client's self-care agency (wholly compensated, partially, or supportive</p>	<p>Expected client outcomes are identified for most diagnoses. Some outcomes do not relate to Does not describe how the lack of knowledge, skills, and motivation affect the client's ability to meet their needs or the role of the nurse in meeting the needs.</p>	<p>Expected client outcomes are identified for some diagnoses. Some outcomes do not relate to the nursing diagnoses. Most outcomes are not realistic and/or measurable for the client. Does not describe how the lack of knowledge, skills, and motivation affect the client's ability to meet the needs or the role of the nurse in meeting these needs.</p>	<p>Expected client outcomes are not identified for diagnoses or do not relate to the diagnoses.</p>

	(wholly compensated, partially, or supportive educative)	educative)			
Implementation	A clear and comprehensive list of interventions and rationale is provided to help the client meet the goals. The list is prioritized.	A list of interventions and rationale is provided to help the client meet the goals. The list is mostly 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 vague and incomplete list of interventions is provided without a rationale given. Not all interventions appropriate for the client. The list is not well prioritized.	A list of interventions is identified for the client but is mostly incomplete. Not all interventions appropriate for client. The list is not prioritized. Rationale is given for only some interventions and not based on credible sources.
Evaluation	All expected outcomes are evaluated well. Thorough rationale for evaluation is provided for all outcomes. Reassessment of outcomes is completed for any outcome not achieved by the client and new outcomes are	Most expected outcomes are evaluated well. Rationale for evaluation is provided for most outcomes. Reassessment of outcomes is mostly completed for any outcome not achieved by the client and new outcomes are	Most expected outcomes are evaluated but is not always related specifically to the outcome. Rationale for evaluation is provided for most outcomes but rationale is not always thorough. Reassessment of outcomes is mostly	Some expected outcomes are evaluated but evaluation is not always related specifically to the outcome. Rationale for evaluation is vague. Reassessment of outcomes is not always complete.	Most expected outcomes are not evaluated or evaluation is not always related specifically to the outcome. Rationale for evaluation is vague or incomplete. Reassessment of outcomes is not complete.

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

LEVEL OF INDEPENDENCE

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



**NS 2910
EVALUATION OF NURSING PRACTICE**

A: Excellent B: Very Good C: Good, Average, Satisfactory D: Minimal Pass F: Fail

Name _____ Date _____

	A	B	C	D	F
<p>PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE</p> <p>1. Practice within the legal and ethical standards established by the College and Association of Registered Nurses of Alberta and the Canadian Nurses Association, and according to legislated scope of practice, and provincial and federal legislation.</p> <p>Independently:</p> <ul style="list-style-type: none"> ▪ demonstrate integrity ▪ demonstrate responsibility and accountability ▪ demonstrate respect for client's values, beliefs and rights <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ demonstrate application of legal and ethical standards: <ul style="list-style-type: none"> ○ practice according to policies and procedures of host agencies and educational institution ○ use knowledge of scope of practice and professional legislation and Code of Ethics ○ confidentiality ○ use informed consent ○ prepare for clinical practice to provide safe, competent care ▪ demonstrate commitment to the values of the profession of nursing and support of professional development of colleagues. <p>2. Engage in strategies for social and political action at a beginning level.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ differentiate own values/needs/rights/obligations from values/needs/rights/obligations of others ▪ discuss formal and informal power structures in the context of social/political action in nursing situations: <ul style="list-style-type: none"> ○ <i>recognize vulnerable clients/families</i> ▪ identify nursing issues requiring social and political action: <ol style="list-style-type: none"> 1. identify programs which have arisen from social/political action ▪ discuss the role of the individual nurse in social/political action: <ul style="list-style-type: none"> ○ identify role in existing programs ○ <i>empower clients</i> ○ <i>discuss client responsibilities</i> ○ <i>promote client autonomy and collaboration</i> ▪ discuss the role of professional nursing organizations in social and political action: <ul style="list-style-type: none"> ○ protection of public ○ position statements 					

	A	B	C	D	F
<ul style="list-style-type: none"> ▪ describe the planning process for engaging in social and political action: <ul style="list-style-type: none"> ○ <i>identify information to be provided to client/family</i> ○ identify funding sources (re: existing programs) ○ <i>identify the funding process</i> ○ <i>discuss change theory</i> ○ <i>identify existing programs that address client/family needs</i> ○ identify strategies and resources for social and political action. <p>3. Demonstrate skills and attitudes necessary for life-long learning. Independently:</p> <ul style="list-style-type: none"> ▪ demonstrate personal responsibility for learning ▪ demonstrate an attitude of inquiry to enhance own learning related to nursing practice <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ demonstrate the ability to develop informal (verbal) focused learning goals based on personal and/or client needs ▪ identify strengths and limitations of own competence, seeking assistance when necessary ▪ demonstrate an openness and receptivity to change: <ul style="list-style-type: none"> ○ seek and be receptive to feedback ○ act on feedback ▪ assume primary responsibility for attaining and maintaining competence based on nursing practice standards. 					
<p>KNOWLEDGE-BASED PRACTICE</p> <p>4. Apply a critical thinking approach to nursing. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ apply critical thinking strategies in developing sound clinical judgment in relation to restoration, rehabilitation and support ▪ apply creative thinking, reflective thinking and insight for restoration, rehabilitation and support for developing sound clinical judgment. <p>5. Apply nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ utilize selected areas of knowledge related to biological, psychological, socio-cultural and spiritual dimensions of the human response to less acute variations in health ▪ use selected areas of nursing knowledge related to scope of practice and professional legislation in nursing practice. <p>6. Demonstrate evidence-based practice. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ utilize credible resources (research studies, experts, and others) ▪ examine research findings related to nursing situations ▪ describe the significance of research to practice (research studies, experts, and others) ▪ identify nursing practice problems that require investigation. 					

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<p>7. Apply nursing and other relevant models/theories in the professional practice of nursing.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ explain the use of nursing models/theories/metaparadigms ▪ explore application of selected models/theories from other disciplines and their application into nursing ▪ explore the application of selected nursing models/theories into nursing practice. <p>8. Demonstrate competence in health care informatics.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ use a variety of selected information technology and other technology to support all scholarly activities and clinical practice. 					
PROVISION OF SERVICE TO PUBLIC					
<p>9. Apply concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, intersectoral collaboration).</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ apply concepts and principles of primary health care with clients experiencing chronic and less acute variances in health ▪ apply knowledge of health determinants in client situations ▪ apply selected health promotion activities with individuals and families: <ul style="list-style-type: none"> ○ develop professional skills needed for taking action (e.g., teaching/learning) ○ <i>create supportive environments.</i> <p>10. Demonstrate caring relationships in professional situations.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ <i>recognize how caring behaviors can influence health and healing</i> ▪ recognize the uniqueness, worth and dignity of self and others ▪ demonstrate caring behaviors in interpersonal activities with clients, peers and others in the health care setting ▪ demonstrate ability to engage in caring relationships with clients in nursing practice: <ul style="list-style-type: none"> ○ initiate, maintain and terminate professional relationships in a supportive manner ○ social vs. therapeutic ○ <i>recognize situations requiring client advocacy.</i> <p>11. Collaborate with clients, community agencies, community members, and members of other disciplines in a variety of settings.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ promote client participation, choice and control ▪ promote colleague participation, choice and control ▪ develop partnerships with community members, community agencies, colleagues and members of other disciplines ▪ interact with clients with chronic and less acute variations in health ▪ engage in inter-professional interaction. 					

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<p>12. Demonstrate beginning leadership, management and administrative skills. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ use effective time management strategies in coordinating client care ▪ describe leadership and management roles and competencies ▪ use decision-making processes ▪ effectively lead a small group ▪ perform an accurate appraisal of self and others ▪ effectively follow quality and risk management processes to enhance nursing practice ▪ identify principles of delegation (right: task, circumstance, person, direction, supervision). <p>13. Demonstrate the ability to deal with ambiguity and diversity. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ <i>anticipate the need of clients</i> ▪ deal with the effects of ambiguity and diversity in all learning environments ▪ identify ambiguity and diversity in selected nursing situations ▪ identify own pattern of dealing with the effects of ambiguity and diversity ▪ provide support to clients experiencing effects of ambiguity and diversity in times of transition ▪ select appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations. <p>14. Demonstrate competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, client education, in the promotion, restoration, rehabilitation and maintenance of health. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ apply nursing process ▪ use appropriate verbal communication skills: <ul style="list-style-type: none"> ○ <i>using appropriate lines of communication</i> ○ <i>communicating and reporting relevant information in a timely manner</i> ▪ use appropriate written communication skills: <ul style="list-style-type: none"> ○ <i>documenting relevant information accurately and in a timely manner</i> ▪ provide effective client education by: <ul style="list-style-type: none"> ○ applying principles of teaching and learning ○ <i>identifying needed referrals</i> ▪ prioritize nursing activities ▪ perform selected assessment skills in a competent manner <p>Independently:</p> <ul style="list-style-type: none"> ▪ perform selected psychomotor skills in a competent manner – lab setting <p>With guidance:</p> <ul style="list-style-type: none"> ▪ perform selected psychomotor skills in a competent manner – clinical setting. 					
<p>CONTEXT-BASED LEARNING</p> <p>15. Demonstrate competency with the application of the elements of context-based learning to clinical experience seminars and pre-/post-conferences. With guidance:</p> <ul style="list-style-type: none"> ▪ effectively use self-directed learning 					

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<ul style="list-style-type: none">▪ effectively use critical thinking skills to facilitate learning of the group▪ effectively use group process to facilitate learning of the group:<ul style="list-style-type: none">○ respect for the values and beliefs of others○ responsibility and accountability for the learning of the group○ group roles○ caring behaviors○ communication skills (verbal or written)○ factors which influence the group.					

Student Comments

***Student Signature:** _____ **Date:** _____

Instructor Signature: _____ **Date:** _____

**Student signature means the student has read the above information*