



**UNIVERSITY OF ALBERTA
COLLABORATIVE BACCALAUREATE
NURSING PROGRAM**

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

NURSING 2910

**January/February 2008
COURSE OUTLINE**

Originally developed by the Clinical Experience Development Committee

Revised by the Learning Experiences Development Committee, April 2006

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Approved: May 2006

Nursing 2910 Course Outline

CALENDAR STATEMENT:

NURS 2910 Nursing Practice III *7 (fi 14) (either term, 0-3s-28c in 7 weeks).

Practice focuses 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 occurs primarily in primary-level acute care centers and continuing care agencies. Prerequisites: NURS 1900, 1910, 1940, 1950.

COURSE HOURS: LEC: 0 SEM: 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
4. Tutorial Assessment Guide (TAG) - 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
 - 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 0830-1120 in Room H223 and will combined with the other NS 2910 group. 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.

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.

3 North	538-7200
4 North	538-7210
Outpatients' Department	538-7480

WITHDRAW DEADLINES:

The last day to withdraw from this course with permission is **January 25, 2008**.

Progression in Clinical Course:

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.

Professional Dress: It is expected that all students will follow the dress code of the clinical agency they attend. It is expected all students will wear a Grande Prairie Regional College nametag. Absolutely no blue jeans are to be worn. For safety reasons, the only jewellery that may be worn is one pair of small stud earrings, a serviceable watch, and a plain wedding band. You will be required to remove obvious body piercing jewellery for safety reasons. Hair should be neat and off the face, with shoulder length or longer hair tied back. No nail polish may be worn. Makeup should be minimal and perfume is not to be worn. The use of perfumed lotions, deodorants and powders is discouraged. Shoes are white and soft soled with an enclosed foot, heel and toe.

Good personal hygiene and grooming are part of a nurse's professional decorum. The faculty reserve the right to suggest the appropriateness of student appearance in the clinical setting.

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>

**DEPARTMENT OF NURSING EDUCATION
GRANDE PRAIRIE REGIONAL COLLEGE &
PEACE COUNTRY HEALTH REGION
EXPECTATIONS FOR STUDENT CLINICAL EXPERIENCES**

The input of the nurse in the Clinical Agency is valued and welcome. GPRC and PCHR can benefit when the nurse:

1. Role models professional nursing behaviours including attitudes, techniques, awareness and adherence to agency policies.
2. Maintains an interest and openness to teaching and learning with faculty and students.
3. Alerts faculty and students to additional learning experiences.
4. Promotes learning opportunities for students as observers in addition to hands on practice.
5. Assists students when faculty is not available if appropriate for level of student and if responsibilities permit.
6. Gives constructive feedback about performance of faculty and student when asked. Receives constructive feedback about self.
7. Shares in open dialogue with faculty, concerns or difficulties related to student assignments.

As a Faculty Member in the Clinical Agency, the Nursing Instructors are expected to:

1. Role model professional nursing behaviour including attitudes, techniques and adherence to agency policies.
2. Maintain an interest and openness to teaching and learning with staff and students.
3. Clearly indicate the skills the students are allowed to practice. Ideally supervise students doing any skills or procedures for the first time.
4. Share in open dialogue with nursing staff, concerns and difficulties in the management of student assignments.
5. Assume responsibility for student evaluation and delegate supervision of students appropriately, after consultation with staff.
6. When asked by the unit manager, give constructive feedback about performance of staff. Receive constructive feedback about self.
7. Discuss student individual learning needs and assignments with nursing staff as appropriate.

Students in the Clinical Agency are expected to:

1. Demonstrate professional behaviour including attitudes, techniques and adherence to agency policies.
2. Maintain an interest and openness to teaching and learning with staff and faculty.
3. Prepare for clinical assignment.
4. Complete assignment in collaboration with instructor, assigned nurse and other health care professionals.
5. Document in a timely manner.
6. Communicate with instructor and assigned nurse regarding status of the client(s) and include a concise verbal or taped report when leaving.
7. When requested, provide constructive feedback about performance of faculty and staff. Receive constructive feedback about self.
8. Demonstrate an appropriate level of independence.

Used with permission of Red Deer College Nursing Faculty.

Revised: August 28, 2003

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
A	4.0	
A-	3.7	First Class Standing
B+	3.3	
B	3.0	Good
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.

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

****Note: Refer to the 2007/08 GPRC College Calendar p.37 and your student handbook for further details regarding the grading policy and p. 122-23 regarding Progression Criteria in the Bachelor of Science in Nursing program.**

**Grade Distribution
NS 2910**

Evaluation	Grade	4-point Equivalent	Percentage of Total Mark	Value
Evaluation of Nursing Practice			80%	
Orem Nursing Care Plan # 1			20%	
			100%	Total:

Total 4-point Equivalent Values: _____

Final Letter Grade: _____

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

LEARNING EXPERIENCES AND EVALUATION

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.

Summary of Evaluation:

	Value
Evaluation of Nursing Practice	80%
• Learning Plan	
• Two Reflective Journals	
Nursing Care Plan	20%
Total	100%

1. Evaluation of Nursing Practice (ENP)

The Evaluation of Nursing Practice is a formative and written summative evaluation of Nursing Practice that will be completed by the student and the instructor during the final evaluation. In order to pass NURS 2910, students must demonstrate safe, ethical nursing practice; professional behavior and acquire a passing grade in the ENP.

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.

As part of the ENP, tutors will be evaluating the student’s learning plans and reflective journals, as well as through discussion during the clinical day, seminars and post conferences. The criteria for meeting this will be accomplished through observation, assessment, and evaluation of the student during clinical practice. Evaluations will be made by the instructor and may be supplemented with input from peers, the staff of an agency, and the client. The evaluation of students in clinical courses will be achieved through the use of the following three elements:

- Evaluation of Nursing Practice
- Grade Descriptors
- Levels of Assistance

Midterm Evaluations

Midterm evaluations will occur during the week of January 21 – 25th, 2008. For your midterm evaluations, please come prepared with:

- a. 3 strengths
- b. 2 areas to work on (with strategies)

Check Blackboard for the sheet you will need.

Final written Evaluations

Final evaluations will occur on February 15th, 2008. Please submit your completed ENP with written comments to instructor one week prior to your final evaluation.

1.1 Learning Plan:

Learning plans enable students to combine selected learning objectives for the course with their own learning objectives, considering their own particular learning style and areas of interest. **The intent of the learning plan is to explore personal learning objectives. Learning opportunities which students can reasonably expect to happen during the course of the clinical experience are not to become part of the learning plan i.e., Give an injection safely, or do an assessment.**

Due: January 18th - 0830

A learning plan is an agreement between the student and the tutor specifying what the student intends to learn, how this will be accomplished, the time frame for meeting the objectives, and the methods by which achievement of the objectives will be measured.

The learning plan is intended to enable the student to work through the steps of assessing, planning, implementing, and evaluating the learning process. The steps of the process include:

- providing the student with an opportunity to make an individual learning goal within the framework of the objectives for the course.
- allowing students to determine learning objectives in view of their own perception of their strengths and areas for improvement;
- identifying strategies for meeting the objectives;
- identifying evaluation strategies.

The learning plan will be evaluated in post-conferences or in seminar. The student is to use the CARNA (College and Association of Registered Nurses) learning plan format. The presentation is an informal discussion of an area of interest to the student and should not exceed 10 minutes in length. The student will provide evidence to support how the goals outlined in the learning plan have been met.

1.2 Reflective Journals

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. Care Plan Assignment:

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 attached to the course outline.

Nursing Care Plans Due: Due: Friday, February 1st at 0830

Interdisciplinary Collaboration with clients, family, nurses, and members of other disciplines.

Outpatient's Department:

1. What procedures did you see on the floor? What was interesting to you? What skills did you perform?
2. What is an important role the nurse has in this area?
3. Look up gastroscopy and colonoscopy as well as TEE (trans-esophageal echocardiogram) prior to your observational day. What teaching would need to be done to help relieve anxiety? What should the nurse do before and after each procedure?
4. May wish to look up Versed, Ancef, Fentanyl and Clindamycin as they are common drugs given in OPD.
5. How does the role of the OPD nurse differ from what you have seen in your clinical rotations?

Off Unit Experience Hints to Make this a GREAT Experience!!

OPD

- * Let them know you can do IMs, SC, IV's, dressing changes, glucometers, assessments, vital signs
- * Tell them you want to be part of day surgery too and see what they do.
- * Ask to see the cast room and ask if there are any experiences there to see.
- * Look through the charts and what is coming that day and make a list of things you want to see.
- * Introduce yourself at the beginning of the shift to everyone and tell them what you can do and that you are willing to try anything.
- * You need to be independent in this area and be assertive in terms of what you want to see and do.

Eleven Competencies for Effective Teamwork

**Competencies were derived from Developing Health Care Teams: A Report by the Academic Health Center Task Force on Interdisciplinary Health Team Development, University of Minnesota, 1996.*

1. DEMONSTRATE A CLIENT-CENTERED FOCUS

A good team has as its first priority meeting the client's needs. The client may be the patient, a family, a community or an audience. A team with a patient-centered focus considers and respects the client's values and preferences when making care decisions.

Positive Example: Team encourages the patients to express their needs.

Negative Example: Team disregards statements made by the patient.

2. ESTABLISH COMMON GOALS

A good team sets common goals to guide their actions and outcomes. This may include short and long-term goals. If the patient's needs are to be the focus, it is critical that all team members, which includes the patient and family, agree about what constitutes a successful outcome.

Positive Example: Team, including the patient and family, agrees on therapeutic goals for the patient.

Negative example: Members develop their own goals independently.

3. DESCRIBE THE ROLE OF EACH PROFESSION

Team members must be familiar with professional capabilities of all persons on the team and must be willing to acknowledge greater expertise and, in some instances, defer to other team members.

Positive Example: Appreciates and uses the contribution which can be made by all team members.

Negative Example: Insists on their own approach to patient care.

4. SHOW FLEXIBILITY IN ROLES

While understanding and respect for each person's specific role (scope of practice) is necessary, flexibility in assignments is important. Using hockey as an example, a defenceman is not expected to score many goals but should be able to take a good shot if he gets a breakaway.

Positive Example: Recognizes differences and overlap in the approach of each discipline to achieve common goals.

Negative example: Unwilling to explore in areas outside of won field, is territorial.

5. DEMONSTRATE CONFIDENCE IN OTHER TEAM MEMBERS

Confidence in other team members develops with time, and most certainly requires an understanding of the other member's roles. Each member considers and values the opinion of others. Each member must be able to trust the work of others.

Positive Example: Trust others on the team will provide their portion of the work.

Negative Example: Disregards the competence of other team members.

6. SHARE EXPECTATIONS OF GROUP NORMS/RULES

Members of successful teams will be aware of the expectations of others in the group. The expectations are often behavioural, e.g. punctuality, equal participation and staying current in one's field.

Positive Example: Identifies group rules and consequences for deviation from the rules. Ensures rules are followed.

Negative Example: Individual members routinely violate team rules without consequences.

7. EFFECTIVELY RESOLVE CONFLICT

Every health care team will experience conflict. A successful team will identify a specific mechanism, clearly understood by all, for resolving conflict, through a team leader, outside leader, or other process.

Positive Example: Acknowledges conflict and works to resolve it.

Negative Example: Avoids or ignores disagreement with the team.

8. COMMUNICATE EFFECTELY WITH OTHER TEAM MEMBERS

Good team communication involves at least two components-what information is shared and how it is shared. Team members listen attentively and focus on the task at hand. Teams develop an efficient and effective record keeping system, electronic or other, and use a common vocabulary.

Positive Example: Team members share information and or concerns in a timely manner without using jargon

Negative example: Team members withhold pertinent information.

9. SHARE RESPONSIBILITY FOR TEAM ACTIONS

Effective team functioning can occur only if each team member shares fully the responsibility for actions of the team as a group and is willing to be held accountable for actions.

Positive Example: Uses "we" in communication when discussing team decisions.

Negative Example: Does not support team decisions.

10. BE CONFIDENT IN THE PROCESS OF GIVING AND RECEIVING FEEDBACK

Team design must be dynamic – open for evaluation and revision on a continuing basis. A specific mechanism must be developed for ongoing evaluation of team's effectiveness and redesign as needed.

Positive Example: Regularly monitors team performance calmly and objectively and makes changes as a result.

Negative Example: Becomes hostile, defensive or personalizes comments made.

11. MAKE TEAM DECISIONS EFFECTIVELY

The team establishes a decision-making process acceptable to members and appropriate to the needs and goals of the task.

Positive Example: Team makes timely decisions appropriate to the situation.

Negative Example: Does not follow a decision making process, makes decisions on a whim.

Evaluation Guide for Learning Plans

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory
Objectives	Clear, detailed description of what the student intends to learn, how this will be accomplished, the time frame for meeting objectives & methods by which this will be evaluated are identified. Objectives are specific, concise & do not repeat the course objectives. Objectives are reasonable, measurable & attainable.	Some detail missing but a clear direction is established by student in terms of what is to be learned, how this will be accomplished, the time frame & methods of evaluation to be used. Objectives are specific but occasionally repeat the course objectives. Objectives are reasonable, measurable & attainable.	Description of what the student intends to learn requires more detail in order to address what will be learned, methods or strategies by which this will be accomplished in what time frame, & how this will be evaluated. Objectives are adequate but frequently repeat the course objectives. Objectives are reasonable, measurable & attainable.	Description of what the student intends to learn lacks enough detail to clearly identify the intent of the learning plan, how & when it will be accomplished, & how this will be evaluated. Objectives are vague or ambiguous, difficult to measure. Repetition of course objectives.	Ambiguous /superficial plan of what the student intends to learn, few or inappropriate strategies, unrealistic time frame provided. Evaluation strategies inappropriate, lack specificity or are difficult to measure.
Resources	Resources used to address objectives are varied, current, credible & appropriate to goals set by student.	Resources used are appropriate & reflect student's intent re: meeting objectives	Resources are limited but adequate.	Resources identified are limited, not specific to objectives set by student.	Inappropriate &/or minimal resources selected.
Evaluation	Clear description of extent to which the objectives were met including specific examples of activities. If objectives not met, revised in order to be attainable. Substantive, insightful, comprehensive comments.	Clear description of extent to which the objectives were met including some examples of activities. If objectives not met, revised in a realistic way. Thorough analysis addresses Significant points. Some specificity missing.	Description of extent to which the objectives were met included but examples of relevant activities done superficially. If objectives not met, are revised in an unrealistic or attainable manner. Adequate analysis of major points. Some essential information missing.	Description of extent to which the objectives were met given but brief, lacks detail &/or specificity. Unmet objectives not addressed. Key information missing. Minimal analysis, little insight.	Extent to which the objectives were met is superficial, significantly lacking in detail &/or examples. Incorrect or inappropriate information. No analysis or insight. Superficial.

Reflective Practice Writing Criteria

Characteristic	Excellent	Very Good	Good	Marginal	Unsatisfactory
Critical Thinking Reflective Practice	Recognizes critical clinical events and reflects on them substantively as they relate to clinical practice Includes thoughts, feelings, and perceptions of all people involved. Describes why event is important to them.	Recognizes critical clinical events and reflects on them to a large degree as they relate to clinical practice. Information is thorough, includes information on how they personally were feeling, and thoughts and feelings	Recognizes key clinical events and reflects on them superficially as they relate to nursing practice.	Able to recognize critical clinical events but does not reflect on those events as they relate to nursing practice. Is not specific with the events or why the incident is significant	Is not able to recognize or reflect on critical events in nursing practice
Identification of Strengths and Areas to Work on	Able to identify and critically analyse their strengths and areas to work on in great detail and how this can affect the client.	Able to analyse the strengths and areas to work on in some depth.	Provides some strengths and areas to work on. Does not explain why these are strengths or weaknesses.	Minimal analysis of strengths and weaknesses	No analysis.

<p>Connection of Abstract to Practical</p>	<p>Recognizes actions are based on values and identifies values they are based on. Uses previous experiences and learning to apply to this situation. Critiques behaviours in clinical practice and examines and questions values and beliefs related to behaviours</p>	<p>Recognizes actions are based on values and identifies values they are based upon. Critiques behaviours in clinical practice as they relate to values and beliefs</p>	<p>Recognizes actions are based on beliefs Ties some personal values and beliefs to behaviours</p>	<p>Recognizes actions are a choice but no justification of actions given Mentions personal beliefs but does not tie them to behaviours</p>	<p>Does not take responsibility for own actions No references to personal values or beliefs in journal</p>
<p>Application of Knowledge</p>	<p>Is able to utilize knowledge from nursing and other disciplines and apply it to nursing practice now and for the future. Able to provide specific information and examples of what they would teach a peer about this incident. Identifies what they would do differently in the situation</p>	<p>Consistently applies them to nursing practice. Describes what they would do differently in the next situation.</p>	<p>Includes appropriate information and occasionally applies content to nursing practice. Briefly focuses on how they would teach a peer about this situation and how this is meaningful to them.</p>	<p>Includes occasional theory information in journal but does not apply the content to own practice. Shows minimal insight into how this incident has taught them to do something different. Does not discuss what they would teach a peer about this incident.</p>	<p>Does apply theoretical knowledge to practice. Does not describe what they would do differently or what they would teach a peer.</p>

Nursing Care Plan Guidelines NS 2910

I. General Information

Client initials

Medical Problem/Diagnosis - brief definition & description of pathophysiology

II. Health Assessment

Medical Treatments/Diagnostics/Interventions/Surgery

Remember to include relevant lab data, consults/histories, subjective information from the client, reports from radiology, presence of IV/NGs/catheters or other therapies, data from physio/OT/rec therapy/dietician etc. and, of course, your assessment.

Medications Ordered

Include category of drug, the use and nursing implications

Nursing Process Plan using Orem's Model

Assessment and Data Analysis

III. Care Plan

Develop **three priority diagnoses** from the data. You may use nursing diagnoses e.g., Pain related to the effects of surgery; or develop a collaborative problem e.g., Hypoxemia related to bronchial obstruction.

Develop **goals and objectives** for each of the problems you have chosen. Assess the client's ability to meet these goals, i.e., do they have the knowledge, skills, and motivation to meet the goals. Describe the nursing system used in meeting the client's self-care agency (wholly compensated, partially compensatory, or supportive educative).

Implementation phase consists of listing the **interventions** used to help these clients meet the goals. Note the dependent interventions (administration of meds and other therapies) and the interventions that are done independently by nurses (assessment, physical care, communication, support etc.). Include a short but comprehensive rationale for the interventions.

Evaluate your interventions. Ask the client what interventions worked and did not work. What would you do differently next time? Were the discharge needs/requisites of the client met?

Tip: Think about your day and what you did. Are these goals and interventions reflected in your care plan? Keep in mind the holistic nature of nursing when writing care plans. Apply Orem and what she believes to be nursing interventions for the client.

NS 2910 – 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 nursing	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	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 drug, list the purpose and	Does not identify the medical treatments and diagnostic procedures.

	the category and purpose of the drug, and all nursing implications relevant to patient.	implications relevant to patient.	drug. Describes some nursing implications relevant to patient.	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.

	A	B	C	D	F
Diagnoses- 3 Priority	A clear and comprehensive rationale provided for choosing the three priority nursing diagnoses. All diagnoses are priorities as supported by data in health history.	A very good rationale provided for choosing the three priority nursing diagnoses. Most diagnoses are priorities as supported by data in health history.	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.	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.	A rationale for the choice of nursing diagnoses is not provided.
Expected Outcomes	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.	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	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.	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	Expected client outcomes are not identified for diagnoses or do not relate to the diagnoses.

	Describes in detail how the nursing system is used to meet the client's self-care agency (wholly compensated, partially, or supportive educative)	client's self-care agency (wholly compensated, partially, or supportive educative)		the client's ability to meet the needs or the role of the nurse in meeting these needs.	
	A	B	C	D	F
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	Most expected outcomes are evaluated well. Rationale for evaluation is	Most expected outcomes are evaluated but is not always related specifically to the	Some expected outcomes are evaluated but evaluation is not always related	Most expected outcomes are not evaluated or evaluation is not always related

	provided for all outcomes. Reassessment of outcomes is completed for any outcome not achieved by the client and new outcomes are identified.	provided for most outcomes. Reassessment of outcomes is mostly completed for any outcome not achieved by the client and new outcomes are identified.	outcome. Rationale for evaluation is provided for most 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 always realistic or measurable.	specifically to the outcome. Rationale for evaluation is vague. Reassessment of outcomes is not always complete.	specifically to the outcome. Rationale for evaluation is vague or incomplete. Reassessment of outcomes is not complete.
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.

<p><u>3. Food</u> Ht. _____ Wt. _____ Diet _____ Restrictions _____ Enteral intake _____ Appetite _____ Perception of Body Weight _____ Swallowing _____ Preferences (culture) _____ Blood glucose: Routine/Random (Range) _____ Food Allergies _____ Nausea/vomiting _____ Related Medications:</p>	<p><u>Analysis:</u> All results NORMAL Some results ABNORMAL Range: <u>Deficit Statement:</u> K (Y)(N) S (Y)(N) M (Y)(N)</p>
<p><u>4. Elimination</u> Urinary – voiding – Yes / No Foley / intermittent catheter _____ Output characteristics _____ History _____ (date) _____ ml/24 hr Lab data (C&S, specific gravity, Creatinine, Urea) _____ _____ _____ Bowel – last BM _____ Abdominal Assessment Inspection _____ Bowel Sounds _____ Passing Flatus: Yes / No Lab data – C&S, Occult Blood, O&P, C-diff, etc. Other fluid losses (perspiration, bleeding, drains, sputum, emesis) Related Medications:</p>	<p><u>Analysis:</u> All results NORMAL Some results ABNORMAL Range: <u>Deficit Statement:</u> K (Y)(N) S (Y)(N) M (Y)(N)</p>

<p><u>5. Activity & Rest</u></p> <p>Activity Order _____ Ambulating _____</p> <p>Restrictions _____</p> <p>Transfer Needs _____</p> <p>Strength, balance, fatigue _____</p> <p>_____</p> <p>Ability to do ADLs _____</p> <p>_____</p> <p>Safety aids _____</p> <p>ROM _____ PHYSIO / OT _____</p> <p>Sleeping patterns _____ hs sedation Yes / No</p> <p>Related Medications:</p>	<p><u>Analysis:</u> All results NORMAL Some results ABNORMAL References:</p> <p><u>Deficit Statement:</u></p> <p>K (Y)(N) S (Y)(N) M (Y)(N)</p>
<p><u>6. Solitude & Social Interaction (balance between)</u></p> <p>Place of residence _____ Marital status _____</p> <p>Significant other _____ Family _____</p> <p>Visitors _____</p> <p>How relates to health care providers _____</p> <p>_____</p> <p>How relates to people in same room _____</p> <p>_____</p> <p>Culture _____</p> <p>Language spoken _____</p> <p>(barrier to communication) _____</p> <p>Mood (lonely, quiet, sad, happy, talkative, etc)</p> <p>_____</p> <p>History of depression _____</p> <p>_____</p> <p>Related Medications:</p>	<p><u>Analysis:</u> All results NORMAL Some results ABNORMAL References:</p> <p><u>Deficit Statement:</u></p> <p>K (Y)(N) S (Y)(N) M (Y)(N)</p>

<p><u>7. Elimination of Hazards to human life, functioning & well-being</u> (hazards – electrical, mechanical, thermal, chemical, microbial) Braden Scale _____ Falls (ambulation, sensory deficits, disease condition, LOC,etc) _____ *risk assessment tool completed (Yes / No) _____</p> <p>Bleeding (surgery, anticoagulant therapy, bleeding disorder) _____</p> <p>Wounds (acute / chronic) _____</p> <p>Infection (source?) _____ Temperature _____</p> <p>Harm, to self or others _____</p> <p>Related to lab values _____ PAIN (PQRST) P (rovoke/palliative) _____ Q (uality) _____ R (egion) _____ S (everity) _____ T (iming) _____</p> <p>Allergies: _____</p> <p>Related Medications: _____</p>	<p><u>Analysis:</u> All results NORMAL Some results ABNORMAL References:</p> <p><u>Deficit Statement:</u></p> <p>K (Y)(N) S (Y)(N) M (Y)(N)</p>
<p><u>8. Human Functioning & Development within Social Groups</u> Normalcy (that which is essentially human in accordance with the genetic characteristics and talents for the individual) Roles: In family _____ In society _____ In community _____ Work / employment occupation _____ Recreation / hobbies _____ Self-concept / body image _____ Religion _____ Independence _____</p>	<p><u>Analysis:</u> All results NORMAL Some results ABNORMAL References:</p> <p><u>Deficit Statement:</u></p> <p>K (Y)(N) S (Y)(N) M (Y)(N)</p>

Part III Nursing Diagnosis and Interventions

Nursing Diagnosis Priority (develop 3) With rationale for choice	Plans Goals & Objectives OUTCOMES	Nursing System			Interventions and Rationale in Priority
		W	P	SE	
1.					

	A	B	C	D	F
<ul style="list-style-type: none"> ▪ discusses the role of the individual nurse in social / political action: <ul style="list-style-type: none"> ○ identifies role in existing programs ○ <i>empowers clients</i> ○ <i>discusses client responsibilities</i> ○ <i>promotes client autonomy and collaboration</i> ▪ discusses the role of professional nursing organizations in social and political action <ul style="list-style-type: none"> ○ protection of public ○ position statements ▪ describes the planning process for engaging in social and political action <ul style="list-style-type: none"> ○ <i>identifies information to be provided to client/family</i> ○ identifies funding sources (re: existing programs) ○ <i>identifies the funding process</i> ○ <i>discusses change theory</i> ○ <i>identifies existing programs that address client/family needs</i> ○ identifies strategies and resources for social and political action <p>Comments:</p>					
<p>3. Demonstrates skills and attitudes necessary for life-long learning</p> <p>Independently:</p> <ul style="list-style-type: none"> ▪ demonstrates personal responsibility for learning ▪ demonstrates an attitude of inquiry to enhance own learning related to nursing practice <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ identifies strengths and limitations of own competence, seeking assistance when necessary ▪ demonstrates an openness and receptivity to change <ul style="list-style-type: none"> ○ seeks and is receptive to feedback ○ act on feedback ▪ assumes primary responsibility for attaining and maintaining competence based on nursing practice standards. ▪ <p>Comments:</p>					

	A	B	C	D	F
<p>KNOWLEDGE BASED PRACTICE</p> <p>4. Applies a critical thinking approach to nursing With minimal assistance:</p> <ul style="list-style-type: none"> ▪ 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 <p>5. Applies 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"> ▪ 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. <p>6. Demonstrates evidence based practice. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ 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. <p>7. Applies nursing and other relevant models/theories in the professional practice of nursing. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ 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. <p>8. Demonstrates competence in health care informatics. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ uses a variety of selected information technology and other technology to support all scholarly activities and clinical practice. <p>Comments:</p>					

	A	B	C	D	F
<p>PROVISION OF SERVICE TO PUBLIC</p> <p>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).</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ○ develops professional skills needed for taking action (eg. teaching/learning) ○ <i>creates supportive environments</i> <p>10. Demonstrates caring relationships in professional situations.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ <i>recognizes how caring behaviors can influence health and healing</i> ▪ 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 <ul style="list-style-type: none"> ○ initiates, maintains and terminates professional relationships in a supportive manner ○ social vs. therapeutic ○ <i>recognizes situations requiring client advocacy</i> <p>11. Collaborates 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"> ▪ 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 <p>12. Demonstrates beginning leadership, management and administrative skills.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ 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). 					

	A	B	C	D	F
<p>13. Demonstrates the ability to deal with ambiguity and diversity. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ <i>anticipates the need of clients</i> ▪ 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 <p>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:</p> <ul style="list-style-type: none"> ▪ applies nursing process ▪ uses 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> ▪ uses appropriate written communication skills <ul style="list-style-type: none"> ○ <i>documenting relevant information accurately and in a timely manner</i> ▪ provides effective client education by applying: <ul style="list-style-type: none"> ○ principles of teaching and learning ○ <i>identifying needed referrals</i> ▪ prioritizes nursing activities ▪ performs selected assessment skills in a competent manner <p>Independently:</p> <ul style="list-style-type: none"> ▪ performs selected psychomotor skills in a competent manner – lab setting <p>With guidance:</p> <ul style="list-style-type: none"> ▪ performs selected psychomotor skills in a competent manner – clinical setting <p>Comments:</p>					
CONTEXT BASED LEARNING					
<p>15. Demonstrates competence with context based learning. With guidance:</p> <ul style="list-style-type: none"> ▪ describe the components of context based learning <ul style="list-style-type: none"> ○ self directed learning ○ group process ○ CBL process ▪ use the nursing process to plan nursing care for selected clients <ul style="list-style-type: none"> ○ selected assessment skills ○ problem identification ○ outcomes ○ interventions ○ evaluation 					

	A	B	C	D	F
<ul style="list-style-type: none"> ▪ 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 ○ self directed learning ○ influencing factors ▪ effectively use critical thinking in the group <ul style="list-style-type: none"> ○ brainstorming ○ exploring (creativity, depth, breadth and relevancy) ○ sources of information ▪ use communication skills to enhance the context based learning processes <ul style="list-style-type: none"> ○ sharing personal information ○ articulation ○ clarity ○ conciseness ○ relevancy ○ seeking and providing opinions, information and direction ○ receiving and giving feedback ▪ use writing skills to enhance the context based learning processes <ul style="list-style-type: none"> ○ legibility ○ appropriateness ○ clarity ○ conciseness ○ relevancy <p>Comments:</p>					

Student Comments:

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

Instructor Signature: _____ **Date:** _____

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

Generic Grade Descriptors for ENP (June 20, 2006)

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

	Excellent/Exemplary	Very Good	Good/Satisfactory	Minimal Pass	Fail
General Description	Clearly & consistently enthusiastic & committed to learning & nursing. Care is characterized by comprehensive, detailed & relevant assessments, individualized, in-depth, evidence-based care, & anticipation of future client needs. Highly competent at the level expected for that year in the program, consistently meets, & at times exceeds, the course objectives	Enthusiastic & committed to learning & nursing. Care is thorough & competent, with minimal guidance Almost always meets & occasionally, exceeds course objectives.	Keen interest in learning & nursing. Requires guidance to meet the objectives at a satisfactory level. This guidance decreases during the course. Identifies personal learning needs & abilities although may require assistance to generate strategies to meet course objectives.	Interest in learning & nursing is inconsistent over the course. Requires on-going direction, prompting & information to meet the course objectives. Care is generally superficial but is not considered unsafe.	Lacks commitment, initiative/enthusiasm regarding learning & nursing. Fails to identify personal learning needs or strategies. Demonstrates unsafe nursing practice, does not meet course objectives.
Professional Responsibility and Ethical Practice	Consistently maintains an exemplary standard of personal & professional ethics: confidentiality, integrity, honesty. Meets legal standards. Consistently demonstrates	With minimal guidance, maintains personal & professional ethics: confidentiality, integrity, honesty; meets legal standards. & incorporates	With guidance, maintains standards of personal & professional ethics: confidentiality, integrity, honesty. Aware of standards & legislation & needs guidance to apply this	With minimal assistance, maintains standards of personal & professional ethics: confidentiality, integrity, honesty. Aware of standards & legislation & needs minimal assistance to apply this knowledge to clinical situations or to	Fails to maintain standards of personal &/or professional ethics: confidentiality, integrity, and/or honesty. Needs on-going assistance to practice in accordance with legislation. Lacks insight into own

	<p>initiative, visionary in examining personal learning needs & abilities, as well as client needs (asks what if & why not). Seeks & recognizes opportunities for growth in self & others including clients.</p>	<p>this knowledge in practice. Engages in reflective thinking regarding own personal learning needs & abilities, as well as those of client. With minimal guidance seeks & recognizes opportunities for growth in self & others including clients,</p>	<p>knowledge to clinical situations or to the recognize relevance to own developing professional practice. . Requires guidance to recognize opportunities for growth in self & others including clients.</p>	<p>recognize relevance to own developing professional practice Demonstrates minimal initiative re: personal learning needs & abilities, & in recognizing/anticipating client needs. Generally does not seek or recognize opportunities for growth in self or others, including clients.</p>	<p>learning needs & abilities, and/or client needs. Fails to recognize opportunities for growth in self and/or others including clients</p>
<p>Knowledge Based Practice</p>	<p>Consistently demonstrates exceptional level of knowledge related to course objectives. Knowledge is integrated into nursing practice through exemplary use of the nursing process. Demonstrates outstanding level of contextual awareness & flexibility. . Care is characterized</p>	<p>Demonstrates strong level of knowledge related to course objectives, demonstrates transference of components of similar contexts from previous learning experiences such as theory courses & prior clinical courses, as well</p>	<p>Identifies areas for knowledge development with guidance to ensure that all relevant factors & areas of knowledge are considered. Depth of preparation for clinical practice may be somewhat superficial but does not compromise client safety Level of</p>	<p>Demonstrates a weak level of knowledge related to course objectives. Demonstrates very little contextual awareness & flexibility in adapting to new situations. Has a superficial level of knowledge & generally is unable to integrate knowledge in planning care without assistance. Care is characterized by superficial</p>	<p>Demonstrates a very poor level of knowledge related to course objectives. Demonstrates minimal levels of contextual awareness & flexibility when required to adapt to new situations. Level of knowledge is weak with inadequate/inaccurate integration in applying</p>

	<p>by comprehensive & relevant assessments, individualized, in-depth, evidence-based care, & anticipation of future client needs. Competent beyond the level expected for the year in the program.</p>	<p>as flexibility in adapting to a variety of situations.</p> <p>With minimal guidance, incorporates evidence-based findings.</p> <p>Knowledge is integrated into nursing practice through effective use of the nursing process. Consistently meets course objectives & achieves some course objectives above the level expected for the year in the program</p>	<p>knowledge related to course objectives is adequate. With guidance, incorporates similar components from previous learning experiences. May be anxious or lacking confidence when required to adapt to new situations.</p> <p>With guidance, incorporates evidence-based findings..</p>	<p>assessments that lack some detail. Furthermore, care may lack an individualized approach, depth, or careful /thoughtful use of evidence/resources. Requires assistance to determine content areas needed to ensure complete or in-depth approaches to client care. May need assistance to ensure that all important factors are considered.</p>	<p>the nursing process. Care is characterized by weak, superficial assessments, & lacks individualized approach, depth, evidence/resources.. The care provided is below the level expected for the year in the program, & consistently fails to meets the course objectives</p>
<p>Provision of Service to Public</p>	<p>Consistently anticipates & plans for actual & potential alterations in the needs of clients, including client families. Demonstrates competence &</p>	<p>With minimal guidance, anticipates & plans for actual & potential alterations in the needs of clients, including client families. With</p>	<p>With guidance, care is characterized by relevant assessments; individualized, evidence-based care; & anticipation of immediate, &</p>	<p>Generally fails to anticipate or plan for actual or potential alterations in the needs of clients, including client families. Demonstrates minimally acceptable competence &/or confidence in</p>	<p>Consistently fails to anticipate or plan for alterations in the needs of clients or client families. Demonstrates a lack of competence in using the skills appropriate to the</p>

	<p>confidence in using the skills appropriate to the specific year of the program, & responds to situations of ambiguity & diversity with confidence in own ability to apply knowledge & sound clinical judgment.</p> <p>Consistently demonstrates caring & supportive behaviours, & fosters professional relationships through verbal & non-verbal communication that is consistently exceeds expectations for this point in the program.</p>	<p>minimal guidance, demonstrates competence & is generally confident in using the skills appropriate to the specific year of the program.</p> <p>With minimal guidance, responds to situations of ambiguity & diversity with confidence in own ability to apply knowledge & sound clinical judgment. Demonstrates caring & supportive behaviours, & fosters professional relationships through verbal & non-verbal communication that exceeds expectations for this point in the program.</p>	<p>possibly some future client needs.</p> <p>Competent with the skills for the year in the program, meets the course objectives at an acceptable & safe level.</p> <p>With guidance, anticipates & plans for actual & potential alterations in the needs of clients, including client families. With guidance, responds to situations of ambiguity & diversity. With guidance and support, uses sound clinical judgment, demonstrates caring & supportive behaviours, & fosters professional relationships through verbal & non-verbal communication</p>	<p>using the skills appropriate to the specific year of the program. Responds to situations of ambiguity & diversity with lack of confidence in own ability to apply knowledge or sound clinical judgment.</p> <p>Fails to consistently demonstrate caring or supportive behaviours, & may have difficulty fostering professional relationships at an acceptable level, through verbal &/or non-verbal communication.</p>	<p>specific year of the program, Responds to situations of ambiguity & diversity with difficulty, lack of competence to apply knowledge, or exercising sound clinical judgment.</p> <p>Fails to demonstrate caring or supportive behaviours, & fails to foster professional relationships. These behaviours are not at an acceptable level for the point in the program.</p>
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CBL	Consistently & independently demonstrates outstanding performance in all areas/components of CBL, including group process, self-direction, critical thinking, communication & where applicable, writing to enhance & support the learning that takes place in the group	With minimal guidance, demonstrates a high standard in most areas/components of CBL, including group process, self-direction, critical thinking, communication & where applicable, writing to enhance & support the learning that takes place in the group	With guidance, demonstrates an acceptable level of perform in most areas/components of CBL, including group process, self-direction, critical thinking, communication & where applicable, writing to enhance & support the learning that takes place in the group	With assistance, demonstrates an acceptable level in most areas/components of CBL, including group process, self-direction, critical thinking, communication & where applicable, writing to enhance & support the learning that takes place in the group	Fails to achieve an acceptable standard in most areas/components of CBL, including group process, self-direction in learning, critical thinking, communication & where applicable, writing to enhance & support the learning that takes place in the group