



**UNIVERSITY OF ALBERTA  
COLLABORATIVE BScN PROGRAM**

Grande Prairie Regional College

Keyano College

Red Deer College

University of Alberta

**NURSING 2950**

**2014 – 2015 COURSE OUTLINE**

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

**Revised by the Learning Experiences Committee, April 2013**

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**Approved: May 2013**



**DEPARTMENT OF NURSING EDUCATION AND HEALTH STUDIES**

**COURSE OUTLINE – FALL (I) 2014**

**NURSING 2950 - NURSING PRACTICE IV 7(0-3-28), UT, 217 HOURS, A2, AC1, AC2**

<b>INSTRUCTOR:</b>	<b>Dory Dooley BN, RN, MN (Course Leader)</b>	<b>PHONE:</b>	<b>780-539-2891</b>
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**PREREQUISITE(S)/COREQUISITE:**

Prerequisites: NURS 1940, 1950.

## REQUIRED TEXT/RESOURCE MATERIALS:

American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th ed., 3rd printing). Washington, DC: Author.

Balzer-Riley, J. (2013). *Communications in nursing* (7th ed.). Toronto, ON: Mosby.

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

Doenges, M. E., & Moorhouse, M. F. (2013). *Application of nursing process and nursing diagnosis, An interactive text for diagnostic reasoning* (6<sup>th</sup> ed.). Philadelphia, P.A.: F. A. Davis.

e-dose software.

Hazard Vallerand, A., Sanoski, C.A., & Hopfer Deglin, J. (2013). *Davis's drug guide for nurses* (4th ed.). Philadelphia, PA: F.A. Davis Company. **AND supplemented with** Credible website i.e. e-CPS or app. **Med decks are not acceptable.**

Potter, P.A., Perry, A.G., Ross-Kerr, J.C., & Wood, M.J. (2010). *Canadian fundamentals of nursing* (revised 4th ed.). Toronto, Ontario: Elsevier Mosby.

Stephen, T.C., Skillen, D.L., Day, R.A., & Jenson, S. (2012). *Canadian Jensen's nursing health assessment: A best practice approach*. Philadelphia: Lippincott, Williams & Wilkins.

Stephen, T.C., Skillen, D.L., Day, R.A., & Jenson, S. (2012). *Laboratory manual for Canadian Jensen's nursing health assessment: A best practice approach*. Philadelphia: Lippincott, Williams & Wilkins

Sylvestri, L. A., (2014). *Saunders comprehensive review for the NCLEX-RN examination* (6th ed.). St. Louis, MO: Elsevier Saunders

Van Leeuwen, A.M., Poelhuis-Leth, & D.J., Bladh, M.L. (2013). *Davis's comprehensive handbook of laboratory diagnostic tests with nursing implications* (5th ed.). Philadelphia, PA: F.A. Davis Company.

Venes, D. (2013). *Taber's cyclopedic medical dictionary* (22nd ed.). Philadelphia, PA: F.A. Davis Company.

## OPTIONAL TEXTS:

Doenges, M. E., & Moorhouse, M. F., & Murr (2013). *Nurse's Pocket Guide, Diagnosis, Prioritized Interventions and Rationales* (13<sup>th</sup> ed.). Philadelphia, P.A.: F. A. Davis

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

## **RESOURCE MATERIALS:**

1. Working Definitions (Posted on Moodle)
2. Map of Theoretical Labs, Clinical Labs and Clinical Seminars (Posted on Moodle)
3. Graduate Competencies and Year-end Outcomes (Posted on Moodle)
4. Grade Descriptors
5. Other site-specific resources

## **CALENDAR DESCRIPTION:**

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 in homes or in community-based settings.

## **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 child-bearing families. In addition, opportunity to participate with support and/or prevention programs/projects for clients of any age in relation to chronic and less acute variances in health may occur. The student will experience nursing practice over a continuous block of time in community-based settings and in homes and some acute care experiences related to child-bearing families.

## **CREDIT/CONTACT HOURS:**

LECTURE: 0 SEMINAR: 21 CLINICAL: 196

## **DELIVERY MODE(S):**

The course work includes lab, seminar [including individual student presentations] and clinical practice. Resources are posted on Moodle.

## **REQUIRED LEARNING EXPERIENCES**

**In order to pass NS 2950, students must demonstrate safe ethical nursing practice, professional behavior, and complete the following experiences. Students are expected to implement previously learned nursing skills.**

1. Participate in a continuous experience in community-based practice which may occur in homes and/or acute care settings, focusing on the nursing care of child-bearing families, health promotion programs, prevention programs, birthing and post-partum experiences.
2. Participate in site selected activities (see Map of Theoretical Labs, Clinical Labs, and Clinical Seminars).
3. Participate in a client experience during labour, birthing, post-partum. If a live birthing experience is not available, a simulation may be substituted.
4. Participate in the assessment of a newborn. If this experience is not available, a simulation may be substituted.
5. Participate in the assessment of a post-partum mother. If this experience is not available, a simulation may be substituted.
6. Participate in health promotion activities in a public health setting.
7. Utilize a theoretical assessment model (e.g. CFAM/CFIM) to assess a family.
8. Collaborate with clients, family, nurse, community members and members of other disciplines.

## **SUGGESTED OPTIONAL LEARNING EXPERIENCES (site specific)**

1. Observe and/or participate during an immediate post-partum home visit.
2. Participate in a prenatal, labour and delivery and post-partum follow-through experience.
3. Participate in a prenatal class or other prenatal experiences.
4. Participate in community support activities organized by the health unit, if available.
5. Participate in immunization programs.
6. Observe and/or participate in health team meetings.
7. Observe and/or participate in a Well-Child Clinic.

## **COURSE OBJECTIVES:**

### **Levels of Independence**

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Objectives**

Overarching Statements:

Students are responsible to familiarize themselves with *Graduate Competencies and Year Outcomes (with Cross Reference to courses) 2014-2015*. Attention must be given to the competencies that are identified as being relevant to NS2950.

Students must regularly refer to the document entitled *Graduate Competencies and Year-End Outcomes Condensed Version 2013-2014*. Attention must be given to the Year 2 Column. This document serves as the basis for the evaluation of students' clinical practice.

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

- CARNA Nursing Practice Standards (2013) and all other CARNA standards
  - The CNA Code of Ethics for Registered Nurses (2008).
1. Demonstrate, with assistance, the processes of self-directed learning, critical thinking, and group process in utilizing context-based learning, in all learning activities.
  2. Demonstrate, with minimal assistance, the ability to practice in accordance with Year 2 competencies, as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2013-2014*.
  3. Demonstrate, with minimal assistance, the ability to use professional and therapeutic communication skills to collaborate with healthy clients, clients experiencing chronic or less acute variances in health across the life span in community based setting, homes, and some acute care centres.
  4. Demonstrate, with minimal assistance, the ability to manage restoration, rehabilitation, and support activities for clients experiencing chronic or less acute variances in health.
  5. Demonstrate, with minimal assistance, the ability to manage health promotion and primary prevention activities using advanced therapeutic/interpersonal communication skills, health counseling skills, and teaching and learning principles.
  6. Demonstrate, with minimal assistance the ability to perform intermediate health assessments skills with healthy individuals across the lifespan in the context of family within a community, and demonstrate with assistance the ability to perform basic assessment of the childbearing family.
  7. Demonstrate, with minimal assistance, the ability to engage in evidence-based practice.
  8. Demonstrate the ability to integrate knowledge into clinical practice.

## **TRANSFERABILITY:**

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

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

## GRADING CRITERIA:

### Final Grade Assignment

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

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

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

## PROGRESSION CRITERIA:

- A. Students must complete theory and practice components of nursing courses to receive credit. **Students who have not received a pass in the clinical/laboratory portion of a nursing course are not given credit for the course and must repeat both the clinical and non-clinical portions of the course. The clinical component must be completed for credit to be granted.**
- B. Whenever a student's clinical performance is considered marginal in a nursing course, the student's total academic and clinical performance in the program is reviewed at the end of each term and considered in determining continuation in the program.
- C. An instructor, in consultation with the Chair, may immediately deny assignment of a student: withdraw a student from; or vary terms, conditions or a site of a practicum/clinical placement if the instructor has reasonable grounds to believe that this is necessary in order to protect the Public Interest.

**Unsafe clinical practice is behavior that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk.**

Scanlan, J. M., Care, W. D., & Gessler, S. (2001). Dealing with the unsafe student in clinical practice. *Nurse Educator*, 26 (11), 23-27

**\*\*Note:** Refer to the 2014-15 Grande Prairie Regional College Calendar for further details regarding the Grading Policy and Progression Criteria in the Bachelor of Science in Nursing program.

## REQUIRED EVALUATION:

EVALUATION:	VALUE:
ENP will be a combination of input from Postpartum, L & D, Pediatrics, NICU, and Public Health	70%
Reflective Practice Journal	Incorporated in ENP
Evidence Informed Practice Assignment	30%
Medication Calculation Exam (SafeMedicate/edose)	Pass with score of 90%

## EVALUATIONS:

1. **Evaluation of Nursing Practice (ENP).** Nursing practice must be evaluated using the ENP tool found in the appendices of the course outline. **(70%).**
  - **Formative Evaluations will occur throughout clinical and a written Summative Evaluation of Nursing Practice will be completed by the student and the instructor(s) at the end of the clinical practicum.**
    - Evaluation of student's clinical performance will be accomplished through observation assessment and evaluation of the student during nursing practice. Evaluations will be made by the instructor and may be supplemented with input from the student, peers, the staff of an agency, and the client.
    - Students must complete an ENP at the end of each clinical area (Postpartum, Public Health). Your ENP grade will be assigned at the end of the rotation in consultation with both NS 2950 instructors.
  - **The ENP grade will be an AVERAGE of your performance in all Maternal/Child areas of practice including Postpartum, L & D, Pediatrics, NICU, and Public Health settings.**

**Students MUST pass the ENP in order to pass the course. If you receive a grade of "F" in any of the ENP criteria it constitutes a "clinical failure" on the ENP, as the student has then shown unsafe, unprofessional, or unethical nursing practice. In order to pass NURS 2950, students must demonstrate safe, ethical nursing practice; professional behavior; complete every one of the required activities [Research Assignment, Clinical Practice, and Evaluation of Nursing Practice (ENP)]; and must acquire a passing grade in the Evaluation of Nursing Practice (ENP).**

### **Final Student Evaluations (ENP):**

Will occur during the final week of Clinical (**October 24<sup>th</sup>**).

**\*\*Refer to the ENP in Appendices\*\***

## 2. Reflective Journal (Incorporated into ENP)

**Due Date: October 3<sup>rd</sup> at 0830**

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

For the purposes of this journal, students will be required to choose **ONE INCIDENT** that occurred in any of the NS 2950 experiences. It is not intended to be a commentary of a clinical shift, but rather an experience that allows you to gain an understanding of how this experience has contributed to your own knowledge, experience and clinical practice (ie: reflective nursing practice).

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

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

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

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

Ibarreta, G.I., & McLeod, L. (2004). Thinking aloud on paper: An experience in journal writing.

*Journal of Nursing Education, 43*(3), 134-137.

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

### **3. Evidence Informed Practice Assignment (30%)**

The purpose of this assignment is to integrate current research/evidence into nursing practice.

You may work in pairs or individually. If you choose to work in pairs, one grade will be assigned for the pair.

#### **Assignment Guidelines:**

- 1) Identification and Development of a Clinical Practice Question related to Maternal / Child Nursing Care.
- 2) Literature Review: Conduct a Literature Review which will be used to answer your Clinical Practice Question. Studies must be Peer Reviewed, Current (no older than 5 years), and Directly Related to your Clinical Practice Question.
- 3) Knowledge Synthesis: Here you will Synthesize the results from your Literature Review. Discover what each study from the Literature Review states in relation to your Clinical Practice Question. You must also include the type of study (quantitative or qualitative), who the sample population is, sample size, is it peer reviewed, gaps and/or limitations, any areas identified for further research, does it support or refute the clinical practice question, what are the pro's or con's of implementing the current evidence into clinical practice/nursing care, and rationale for study credibility and usefulness to inform nursing practice.
- 4) Integration of Evidence into Nursing Practice: Here you will articulate an understanding of what Evidence Informed Practice is and how it impacts nursing care. You will integrate the Knowledge Synthesis into an Evidence Informed Nursing Care Strategy based on your Clinical Practice Question. Consider the following:
  - How does the current evidence I have discovered guide/inform my nursing practice?
  - What evidence informed nursing care strategies would I use to integrate the evidence into client care and nursing practice?

The student will share their results with the clinical group. This will be in the form of a **PowerPoint Presentation [or PREZI]** in APA format which will include all of the above Assignment Guidelines. It is expected that the student will present in a professional manner.

**\*\*Refer to the Grading Rubric in Appendices \*\***

In order to provide fairness to all student presenters; on October 10, 2014, all students are expected to submit the PowerPoint/PREZI presentation; either electronically or as a printed hard copy.

**\*\* Students must note that any additional changes to the original presentations will NOT be taken into consideration for grading of the assignment.**

It is **recommended** that students save their PowerPoint/PREZI Presentation onto a portable device such as USB or flash drive or a reliable online file storage site.

Dependent on the class size, students will have a maximum of **20 minutes** to orally present an overview or their **Evidence Informed Practice Assignment** in a **PowerPoint or PREZI format.**

This assignment counts as **16 clinical hours**. It is a project of your own design.

**Students will sign up and present on one of the two Scheduled Seminar Days.  
(Sign up on Moodle)**

Evidence Informed Practice Assignment Components:	Due Dates:
Pass in: A printed or electronic copy of Evidence Informed Practice Assignment PowerPoint/PREZI.	October 10, 2014 at 0830 ( <b>All students</b> )
Evidence Informed Practice Assignment Presentations are scheduled.	October 10, 2014 October 17, 2014

#### **4. Medication Calculation.**

It is a requirement of NS 2950 that you achieve 90% on your SafeMedicate/edose medication calculation exam in order to be allowed to practice in the clinical setting. If 90% is not achieved on the first exam, two re-writes will be granted. The student must pass this exam to continue in this course. Failure to achieve a passing grade on the math calculation exam by the end of the 3 attempts [Initial exam and 2 rewrites] will result in the student being asked to withdraw from the course.

\*\*\*NOTE: Please refer to the Examination Policies in the GPRC 2014-2015 Academic Calendar <http://www.gprc.ab.ca/programs/calendar/>

## STUDENT RESPONSIBILITIES:

### Nursing Program Policies and Dates:

Please refer to the 2014/15 Grande Prairie Regional College Calendar at <http://www.gprc.ab.ca/programs/calendar/> and the University of Alberta Collaborative Baccalaureate Nursing Program with Grande Prairie Regional College Student Handbook for specific nursing program policies and dates.

### Assignment Policy:

All assignments are expected 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.

Please refer to Assignment Submission Policy and Late Assignment Policy at: <http://moodle.gprc.ab.ca/mod/resource/view.php?id=191334>

### Labs:

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

### Attendance:

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

A student who is absent more than **two clinical days** in one clinical nursing course may need to make up lost time at the tutor's discretion (time permitting) in order to progress in the program.

**More than two clinical absences from the clinical site may result in the instructors' being unable to evaluate the student's clinical performance, resulting in a grade of F.**

### Professional Dress:

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

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

## STATEMENT ON PLAGIARISM AND CHEATING:

Refer to the Student Conduct section of the College Admission Guide at <http://www.gprc.ab.ca/programs/calendar/> or the College Policy on Student Misconduct: Plagiarism and Cheating at [www.gprc.ab.ca/about/administration/policies/](http://www.gprc.ab.ca/about/administration/policies/)

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

## COURSE SCHEDULE:

**Dates:** September 4<sup>th</sup> to October 24<sup>th</sup>, 2014

### Clinical Schedule

**Days:** Varies (Mon, Tues, Weds, Thurs)

(Please refer to Clinical Schedule document).

### Seminar Schedule

**Fridays:** 0830-1120 (Room: A308)

**Clinical Placements:** Grande Prairie Clinical Agencies as assigned:

1. Post-partum (2South): May be 2 days (0700-1900) or 3 days (0700-1500)
2. Public Health: 0830 - 1630
3. Labor and Delivery: 0700 - 1500 and 1500 - 2300
4. Pediatrics (3South): 0700 - 1900
5. NICU: 0700 - 1900

# Appendices

**NS2950 Evidence Informed Practice Assignment Rubric**

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

	<p>consideration of pro's and con's of implementing findings into clinical practice/nursing care.</p> <p>Comprehensive rationale provided for study credibility and usefulness to inform nursing practice.</p>	<p>into clinical practice/nursing care.</p> <p>Some rationale provided for study credibility and usefulness to inform nursing practice.</p>	<p>implementing findings into clinical practice/nursing care.</p> <p>Brief rationale provided for study credibility and usefulness to inform nursing practice.</p>	<p>implementing findings into clinical practice/nursing care.</p> <p>Weak rationale provided for study credibility and usefulness to inform nursing practice.</p>	<p>unable to relate content to clinical practice question. No pro's and con's of implementing findings into clinical practice/nursing care considered. No rationale provided for study credibility and usefulness to inform nursing practice.</p>
<p><b>Integration of Evidence into Nursing Practice</b></p>	<p>Clearly and concisely articulates an understanding of what evidence informed nursing practice is and how it impacts nursing care.</p> <ul style="list-style-type: none"> <li>- Comprehensive and compelling discussion of how the current evidence would guide/inform nursing practice.</li> <li>- Provides clear and realistic example of how the evidence would be integrated into client care and nursing practice.</li> </ul>	<p>Articulates an understanding of what evidence informed nursing practice is and how it impacts nursing care.</p> <ul style="list-style-type: none"> <li>- Some discussion of how the current evidence would guide/inform nursing practice.</li> <li>- Provides a realistic example of how the evidence would be integrated into client care and nursing practice but lacks some clarity.</li> </ul>	<p>Briefly articulates an understanding of what evidence informed nursing practice is and how it impacts nursing care.</p> <ul style="list-style-type: none"> <li>- Brief discussion of how the current evidence would guide/inform nursing practice.</li> <li>- Provides a brief example of how the evidence would be integrated into client care and nursing practice, example may not be realistic.</li> </ul>	<p>Inadequately articulates an understanding of what evidence informed nursing practice is and how it impacts nursing care.</p> <ul style="list-style-type: none"> <li>- Discussion of how the current evidence would guide/ inform nursing practice confusing.</li> <li>- Provides an unclear example of how the evidence would be integrated into client care and nursing practice.</li> </ul>	<p>No articulation of an understanding of what evidence informed nursing practice is and how it impacts nursing care.</p> <ul style="list-style-type: none"> <li>- Does not discuss how the current evidence would guide or inform nursing practice.</li> <li>- No example provided of how the evidence would be integrated into client care and nursing practice.</li> </ul>

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

## EVALUATION OF NURSING PRACTICE

<b>CLINICAL COURSE</b>	<b>NURSING 2950</b>
<b>SEMESTER</b>	<b>9/4/2014 to 10/24/2014</b>
<b>STUDENT NAME</b>	Click here to enter text.
<b>STUDENT ID #:</b>	Click here to enter text.
<b>INSTRUCTOR NAME</b>	Dory Dooley/ Karen Oostra
<b>CLINICAL PLACEMENT</b>	NURSING 2950 - NURSING PRACTICE IV Post-Partum, Public Health, Pediatrics, NICU, L & D.

<b># OF CLINICAL ABSENCES</b>	Click here to enter text.
<b>ENP GRADE</b>	Choose an item.
<b>STUDENT SIGNATURE</b>	X
<b>INSTRUCTOR SIGNATURE</b>	X
<b>EVALUATION DATE</b>	<b>10/24/2014</b>

- Original Signed Copy of ENP to be placed in GPRC Student File
- Photocopy of ENP to be provided to the student

**PLEASE NOTE**

Student signature on this document denotes the student has read the evaluation.  
Student signature does not mean the student necessarily agrees with all of its content.

Student's overall performance will be assessed in each of the (6) categories:

A	B	C	D	F
<b>EXCELLENT</b>	<b>VERY GOOD</b>	<b>GOOD / SATISFACTORY</b>	<b>MARGINAL</b>	<b>UNSATISFACTORY</b>
Student meets the objectives at a "Level of Independence" <i>greater than</i> identified on the ENP, <b>all of the time</b> .	Student meets the objectives at a "Level of Independence" <i>greater than</i> identified on the ENP, <b>the majority of the time</b> .	Student meets the objectives at a "Level of Independence" <i>greater than</i> identified on the ENP, <b>some of the time</b>	Student meets the objectives at a "Level of Independence" required on the ENP <b>inconsistently</b> .	Student <b>fails</b> to meet the objectives at a "Level of Independence" required on the ENP.

**LEVEL OF INDEPENDENCE:** In evaluating (clinical performance) objectives, the following levels of independence will be used:

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

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

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

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

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

**\*The student must demonstrate progression in levels of independence in meeting the requirements as outlined in the ENP during this clinical experience.**

**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

**RC = Relevant Competency**

Please refer to the "Graduate Competencies and Year End Outcomes - Condensed Version 2013-2014"

**RELATED COURSE OBJECTIVE:**

- Demonstrate, with assistance the ability to practice in accordance with Year 2 competencies, as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2013-2014*.

RC	1. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY	A	B	C	D	F
1.2	Presents a professional image.					
1.2	Demonstrates accountability for making decisions and the outcomes of those decisions.					
2.2	Uses effective time management strategies in coordinating care, organizing workload, and setting priorities.					
3.1	Demonstrates the ability to practice safely and within the limits of own competence and knowledge.					
1.2	Demonstrates initiative and responsibility to accurately assess and meet own learning needs and implements learning goals to maximize and or improve nursing care.					
3.2 4.2 16.2	Ensures personal, client and colleague safety by practicing within the policies and procedures of the agency/organization.					

**INSTRUCTOR COMMENTS**

Click here to enter text.

**RELATED COURSE OBJECTIVES :**

- Demonstrate, with assistance, the ability to conduct selected assessments with healthy individuals across the lifespan in the context of family within a community.
- Demonstrate, with assistance, the ability to use professional and therapeutic communication skills to collaborate with clients across the lifespan.
- Demonstrate, with assistance, the ability to use professional communication skills with colleagues, professionals, and other individuals encountered in the practice environments(s).
- Demonstrate, with assistance, the ability to engage in health promoting activities with clients.
- Demonstrate, with assistance, the ability to engage in evidence-based practice.
- Demonstrate the ability to integrate knowledge into clinical practice.

RC	2. KNOWLEDGE-BASED PRACTICE	A	B	C	D	F
10.2	Applies a critical thinking approach to nursing.					
5.2	Engages in strategies for social and political action at a beginning level.					
10.2 18.2	Uses credible and evidence informed theory and resources to provide competent care.					
19.2 23.2	Identifies appropriate nursing diagnoses from relevant assessment data, sets goals, develops plans for care, and evaluates outcomes.					
15.2	Uses principles of primary health care in delivery of care at a beginning level.					
18.2	Makes appropriate judgments and sound decisions in management of care based on clear and accurate understanding of rationale for care, best practice guidelines, and research.					
7.2 8.2 17.2	Develops a knowledge base from nursing and other disciplines to manage current health care issues relevant to clients across the life span including the childbearing family and those experiencing chronic or less acute variances in health (i.e. health promotion and primary prevention activities, population health, and health restoration, rehabilitation and support).					
27.2	Uses appropriate lines of communication to report significant issues or concerns related to delivery of nursing care and patient / client outcomes.					
24.2 35.2.1	Produces clear, timely, relevant, and thorough charting / documentation.					
27.2	Establishes and maintains effective working relationships and open communication with colleagues.					
<b>INSTRUCTOR COMMENTS</b>						
Click here to enter text.						

**RELATED COURSE OBJECTIVE:**

- Demonstrate, with minimal assistance, the ability to practice in accordance with Year 2 competencies, as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2013-2014*.

RC	3. ETHICAL PRACTICE	A	B	C	D	F
25.2 26.2	Provides nursing care that respects professional boundaries, and individual rights such as informed consent, confidentiality, client autonomy, and advocacy.					
25.2 26.2	Demonstrates respect for cultural, spiritual, and individual values, beliefs, and opinions of peers, colleagues, and clients.					
25.2	Identifies potential effect(s) of own values, beliefs, and experiences on relationships with clients, and uses this self-awareness to support provision of competent care.					
27.1	Establishes therapeutic and caring relationships with clients.					

**INSTRUCTOR COMMENTS**

[Click here to enter text.](#)

**RELATED COURSE OBJECTIVE:**

- Demonstrate with assistance, the ability to practice in accordance with Year 2 competencies, as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2013-2014*.

RC	4. SERVICE TO THE PUBLIC	A	B	C	D	F
27.1	Demonstrates skills for collaborative team work, including knowledge of scope of practice.					
28.2 29.2	Demonstrates beginning leadership, management, and administration skills.					

**INSTRUCTOR COMMENTS**

[Click here to enter text.](#)

**RELATED COURSE OBJECTIVE:**

Demonstrate, with assistance the ability to practice in accordance with Year 2 competencies, as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2013-2014*.

RC	5. SELF-REGULATION	A	B	C	D	F
31.2	Demonstrates beginning understanding of the CARNA practice standards and competencies in relation to the development of own nursing practice					

**INSTRUCTOR COMMENTS**

[Click here to enter text.](#)

**RELATED COURSE OBJECTIVE:**

- Demonstrate, with assistance, the processes of self-directed learning, critical thinking, and context-based learning in a variety of community settings.

RC	6. CONTEXT BASED LEARNING	A	B	C	D	F
33.2.1	With assistance, directs own learning					
33.2.2	With assistance, uses critical thinking skills to facilitate learning of the group.					
33.2.3	With assistance, effectively uses group process to facilitate learning of the group.					
34.2.1	With assistance, identifies own reactions to, and selects appropriate strategies to deal with, ambiguity and diversity.					

**INSTRUCTOR COMMENTS**

Click here to enter text.

**MIDTERM SUMMARY OF EVALUATION**

*Recommendations for **current** clinical performance development*

**INSTRUCTOR COMMENTS**

Click here to enter text.

**STUDENT COMMENTS**

Click here to enter text.

**FINAL SUMMARY OF EVALUATION**

*Recommendations for **future** clinical performance development*

**INSTRUCTOR COMMENTS**

Click here to enter text.

**STUDENT COMMENTS**

Click here to enter text.