



DEPARTMENT of Nursing Education & Health Studies

COURSE OUTLINE – FALL 2020

NS3070: Acute Care Nursing Theory I – 6 (4-8-6) 126 Hours in 7 Weeks

INSTRUCTOR: Alison Forest RN, BScN

PHONE: 780-882-3580 (cell)

OFFICE: H216

OFFICE HOURS: By Appointment via Zoom

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LAB INSTRUCTOR: Deena Honan RN, MSN, CCNE, PhD(c)

PHONE: 780-539-2752 (Office)

OFFICE: H208

OFFICE HOURS: By Appointment via Zoom

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FALL 2020 DELIVERY:

Mixed Delivery

- This course is delivered remotely with some face-to-face/onsite components at the GPRC *Grande Prairie* campus.
- For the remote delivery components: students must have a computer with a webcam and reliable internet connection. Technological support is available through helpdesk@gprc.ab.ca.
- For the onsite components (lab): students must supply their own mask and follow GPRC Campus Access Guidelines and Expectations
https://www.gprc.ab.ca/risk_management/covid19/updates.html
<https://www.gprc.ab.ca/doc.php?d=ACCESSGUIDE>
- The dates and locations of the onsite components can be found on the Course Calendar.

CALENDAR DESCRIPTION:

The primary focus is the theoretical foundation for the client-centered care of adults and elderly clients and their families experiencing variations in health (acute and chronic illnesses). Comprehensive assessment and best practice interventions are addressed within the context of a primary health care framework and a nursing model.

PREREQUISITE(S)/COREQUISITE:

Prerequisites: NS2015, NS2025, NS2150

Co-requisite: NS3080

REQUIRED TEXT/RESOURCE MATERIALS:

All previous required textbooks from years 1&2

DELIVERY MODE(S):

Lecture, Seminar via Zoom and Lab is face to face.

COURSE OBJECTIVES:

Students are responsible to familiarize themselves with *Graduate Competencies and Year-End Outcomes (with Cross Reference to Courses)*. Attention must be given to the competencies that are identified as being relevant to NURS 3070.

1. Describe, understand and articulate an understanding of theory related to key patient safety concepts including communication, teamwork, environmental and human factors, safety risks and adverse events disclosure.
2. Describe, understand and articulate an understanding of theory related to patient centered care and interdisciplinary practice.
3. Demonstrate, with guidance, the processes of self-directed learning, critical thinking, and group process skills in utilizing context-based learning, in all learning activities.
4. Identify and discuss, with minimal assistance, issues related to the delivery of health care in Canada and the implications for professional nursing practice.
5. Discuss, with minimal assistance, the roles and functions of registered nurses in providing client-centered care to clients (adult and elderly) with selected commonly occurring acute and chronic illnesses within the context of primary health.
6. Demonstrate, with minimal assistance, knowledge of selected assessment skills and selected best practice interventions.
7. Organize, with minimal assistance, nursing knowledge according to selected models and theories.
8. Demonstrate beginning competence in using information technology.
9. Demonstrate, with minimal assistance, effective verbal and written communication skills in small and large group situations.
10. Integrate the knowledge generated from working through the course scenarios, and be able to apply this knowledge to other situations.
11. Integrate the knowledge and skills acquired in all learning environments and be able to apply them in other situations.

LEARNING OUTCOMES:

1. Select concepts of safety related to acute care practice
2. Interpret inter-professional competencies related to planning client care
3. Explain issues related to the delivery of health care in Canada and the implications for professional nursing practice
4. Describe the roles of Registered Nurses in providing care to individuals with acute and chronic illnesses within the context of primary health care
5. Examine the nursing process in planning care
6. Analyze models and theories that guide nursing care
7. Demonstrate professional and therapeutic communication skills
8. Access and evaluate information to guide nursing practice
9. Describe concepts related to recovery, rehabilitation and palliation

TRANSFERABILITY:

UA NURS 307

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

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

EVALUATIONS: (all dates are subject to change)

Assignment and Exams	Value	Due Date or Writing Date
Midterm Examination	35%	November 9, 2020 0830 - 1120
Clinical Judgement Exercise	25%	CJE Day 1: November 16, 2020 CJE Day 2: November 19, 2020
Final Written Examination	40%	TBA per GPRC Final Exam Schedule
Total	100%	
Lab OSCE	Pass/Fail	November 27, 2020
Participation	Pass/Fail	

TUTORIAL & LAB:

Attendance at all tutorials and labs is expected and will be taken per GPRC COVID-19 requirements.

8. Attendance must be taken at the start of each class to be used for contact tracing by AHS as needed. (per Onsite Instructional Guidelines Fall 2020)

Students will be required to perform self-evaluations as well as peer-evaluations as determined by the group and instructor.

LABS & OSCES:

If you choose to wear scrubs/uniform to lab **you will be required to change into street clothes upon leaving class.** Lab coats are acceptable for lab.

OSCEs to be tested will be chosen by the lab and tutorial instructors. OSCEs are pass/fail. In order to pass NS3070, the student will be required to pass the OSCE. A total of 3 attempts to pass an OSCE are permitted. The 3 attempts include the initial OSCE test and no more than 2 OSCE re-tests. All OSCE re-testing must be completed by the end of the course in order to receive a pass in NS3070. If the student is unsuccessful in passing the OSCE after 3 attempts; the student will receive a course failure.

**** NOTE:** Please see the Course Syllabus for more information on each evaluation. Also, refer to the Examination Policies on the GPRC website <http://www.gprc.ab.ca/about/administration/policies/>

NURS 3070 Participation Rubric Fall 2020

Student Name: _____

Student...	Yes	No
Attended all brainstorming classes/sessions		
Attended all discussion classes/session		
Attended all guest speaker classes/sessions		
Attended all lab classes/sessions		
If absent, student informed instructor before class and completed remedial work as assigned		
Contributed to all brainstorming classes/sessions at level of independence indicated on Course Outline		
Contributed to all discussion classes/sessions at level of independence indicated on Course Outline		
Posted all research by agreed upon date and agreed upon time		
Adhered to group rules throughout the course		

Comments:

Grade (circle one): **Pass**

Fail

Instructor:

Date:

Clinical Judgment Exercise Value: 25% of Final Grade

Clinical Judgment Exercise Assignment

In alignment with the third year nursing focus of caring for clients experiencing more acute variances in health, this exercise will give you the opportunity to implement the nursing process within an acute patient scenario. You are the RN who is the primary care giver to the client outlined in the scenario. This will be a closed book assignment completed in class. Two clinical judgement exercises will be completed and the higher grade will be taken.

Guidelines:

In this exercise, you will be given a nursing situation and be asked to identify and respond to the primary problem.

- Determine the relevant data from the provided patient history
- Determine the relevant data from the provided nursing assessment
- Determine the relevant data and trends from the provided laboratory results
- Identify the primary problem. Provide rationale for choosing this one problem as the priority.
- Identifying the link between the primary problem and the understanding the pathophysiology
- Response to care provider's orders
- What assessments and interventions would be necessary to complete for your client in this scenario? Include your rationale.
- Anticipation of complications and expected outcome for your client, related to the priority nursing diagnosis?

Clinical Judgment Exercise Assignment Rubric

<i>GRADE</i>	<i>Excellent (A)</i>	<i>Very Good (B)</i>	<i>Good (C)</i>	<i>Marginal (D)</i>	<i>Fail (F)</i>
PRESENT PROBLEM AND HISTORY	All relevant data from history is identified. Explanation of Clinical Significance is complete, clearly stated, and concise.	Most relevant data from history is identified. Explanation of Clinical Significance is mostly complete, clearly stated, and concise.	Some relevant data from history is identified. Some Explanation of Clinical Significance is provided, less clear.	Relevant data identified is inadequate. Explanation of Clinical Significance is unclear.	Data identified is not relevant. No Explanation of Clinical Significance provided.
ASSESSMENT	All relevant assessment data identified. Explanation of Clinical Significance is complete, clearly stated, and concise. All relevant lab data is identified. Clinical significance and trends are correctly identified.	Most relevant assessment data identified. Explanation of Clinical Significance is mostly complete, clearly stated, and concise. Most relevant lab data is identified. Clinical significance and trends are correctly identified.	Some relevant assessment data identified. Some Explanation of Clinical Significance is provided, less clear. Some relevant lab data is identified. Clinical significance and trends contain some errors.	Relevant assessment data identified is inadequate. Explanation of Clinical Significance is unclear. Substantial relevant lab data is missing. Clinical significance and trends are incorrectly identified.	Assessment data identified is not relevant. No Explanation of Clinical Significance provided. None of the relevant lab data is identified. Clinical significance and trends are absent.
PRIMARY PROBLEM AND RATIONALE	Primary problem identified with rationale, is the most relevant to the scenario, and demonstrates excellent depth, clarity, and insight.	Primary problem identified with rationale, is relevant to the scenario, and demonstrates very good depth, clarity, and insight.	A primary problem identified but lacks some relevance to the scenario. Rationale lacks depth, clarity, and insight.	A primary problem identified however, its relevance to the scenario is weakly linked, and the rationale does not support relevance to scenario.	Unable to clearly identify the primary problem or provide rationale.
PATHOPHYSIOLOGY	Description pathophysiology of primary problem is correct and comprehensive. All relevant assessment data is correctly related to patho.	Description pathophysiology of primary problem is correct and complete. Most relevant assessment data is correctly related to patho.	Description pathophysiology of primary problem is present. Some aspects are incorrect or incomplete. Some relevant assessment data is correctly related to patho.	Poor description of pathophysiology of primary problem. Inaccurate or incomplete relating of assessment data to patho.	Significant aspects of pathophysiology of primary problem are absent. No attempt to link assessment data to pathophysiology.

MEDICATIONS AND ACTIONS	Comprehensively and correctly identifies rationale for care provider orders and expected outcomes. Correct order of priority and comprehensive rationale.	Correctly identifies rationale for care provider orders and expected outcomes. Correct order of priority and appropriate rationale.	Identifies some rationale for care provider orders and expected outcomes. Incorrect order of priority with mostly appropriate rationale.	Inadequate rationale for care provider orders and expected outcomes. Incorrect order of priority with questionable rationale.	Major aspects of rationale and/or expected outcomes are missing. Incorrect order of priority and incorrect or missing rationale.
NURSING INTERVENTIONS AND RATIONALE	Nursing interventions are clearly stated, specific, relevant, comprehensive, and supported by relevant rationale.	Nursing interventions are clearly stated, specific, and relevant, however they are less comprehensive. Rationale to support interventions bears some relevance to scenario.	Most obvious nursing interventions are stated, but are not specific. Evidence to support the interventions lacks relevance, is unsupported opinion or personal experience, often has lapses in logic, or is not applicable.	Some nursing interventions stated however, some relevant nursing interventions are missing and the evidence provided to support nursing interventions lacks rationale.	Nursing interventions identified are irrelevant. No rationale to support the interventions identified.
BODY SYSTEMS ASSESSMENTS	All priority body systems are correctly identified All related assessments are identified with comprehensive rationale	Most priority body systems are correctly identified Most related assessments are identified with very good rationale	Some priority body systems are correctly identified Some related assessments are identified with good rationale	Few priority body systems are correctly identified Few related assessments are identified with inadequate rationale	Priority body systems are incorrectly identified Related assessments are not identified or are irrelevant with inadequate or missing rationale.
COMPLICATIONS	All relevant complications are identified and all assessments and interventions are related to the complications.	Most relevant complications are identified and most assessments and interventions are related to the complications.	Some relevant complications are identified and some assessments and interventions are related to the complications.	Few relevant complications are identified and few assessments and interventions are related to the complications.	No relevant complications are identified and assessments and interventions are not related to the complications.
GRAMMAR/ SPELLING/ ORGANIZATION	Exceptionally well written, Almost entirely free of errors in grammar, punctuation and spelling.	Well written. May contain a few errors in grammar, punctuation and spelling but does not impede understanding.	Several errors in grammar punctuation and spelling which may be confusing, but does not impede overall understanding.	Many grammar, punctuation, and spelling errors that impede understanding.	Disorganized, difficult to read. Errors in grammar, punctuation, and spelling prohibit clear readability.

GRADING CRITERIA:

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

Alpha Grade	4-point Equivalent	Percentage Guidelines	Alpha Grade	4-point Equivalent	Percentage Guidelines
A+	4.0	90-100	C+	2.3	67-69
A	4.0	85-89	C	2.0	63-66
A-	3.7	80-84	C-	1.7	60-62
B+	3.3	77-79	D+	1.3	55-59
B	3.0	73-76	D	1.0	50-54
B-	2.7	70-72	F	0.0	00-49

COURSE SCHEDULE/TENTATIVE TIMELINE:

WEEK 1	Learning Package Lecture Seminar Lab	Pierre Dupont Course Orientation Brainstorm/varied learning activities CVA Assessment/Central lines
WEEK 2	Learning Package Lecture Seminar Lab	Pierre Dupont/Mr. Woo Discuss student research/brainstorm next scenario Varied learning activities Central lines/NG/Ostomy/Enteral
WEEK 3	Learning Package Lecture Seminar Lab	Mr. Woo/Janet Discuss student research/brainstorm next scenario Varied learning activities Simulation/Death and Dying
WEEK 4	Learning Package Lecture Seminar Lab	Janet Discuss student research/review Varied learning activities/guest speakers IV starts MIDTERM EXAM
WEEK 5	Learning Package Lecture Seminar Lab	Celine Turcotte Brainstorm Varied learning activities/guest speaker IV maintenance/Catheterization CJE ASSIGNMENT 1 & 2
WEEK 6	Learning Package Lecture Seminar Lab	Celine Turcotte/Elizabeth Snow Discuss student research/brainstorm next scenario Varied learning activities/guest speakers OSCE Practice & Testing
WEEK 7	Learning Package Lecture Seminar Lab	Elizabeth Snow Discuss student research Review for Final Exam OSCE Retesting

STUDENT RESPONSIBILITIES:

To **PASS** Nursing 3070 students must complete all assignments and evaluation strategies listed in the course outline.

Students are expected to be present and contribute during group tutorial seminar sessions. Any absence in tutorial or lab must be reported to the tutor prior to the scheduled session. Absences will be documented and may impact your final grade.

LATE ASSIGNMENT POLICY:

Assignments are expected to be passed in when they are due at the location specified by your instructor. Extensions may be granted and must be negotiated with the instructor prior to the due date and with a date specified for extensions. Assignments will be accepted through drop box on myClass.

A reduction of one alpha grade for each calendar day that an assignment is submitted after the due date will be made from the final mark of the assignment. For example, an assignment marked at a B+ would receive an adjusted grade of B if handed in one day late per the Late Assignment Policy. Late assignments may be submitted in the drop box on myClass.

STATEMENT ON PLAGIARISM AND CHEATING:

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

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