



**UNIVERSITY OF ALBERTA  
COLLABORATIVE BACCALAUREATE  
NURSING PROGRAM**

Grande Prairie Regional College

Grant MacEwan College

Keyano College

Red Deer College

University of Alberta

**NURSING 491**

**COURSE OUTLINE**

**Fall, 2005**

*Originally developed by the Clinical Experience Development Committee*

*Revised by the Learning Experiences Development Committee, March 2005*

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Approved: April 2005

## Nursing 491 Course Outline

### CALENDAR STATEMENT:

#### NURS 491 Nursing Practice VII

\*7 (fi 14) (either term, 0-3s-28c in 7 weeks).

Management and care of clients in ambiguous, complex, situations occurring over a variety of settings. Pre- or corequisite: NURS 490. Prerequisite, NURS 391, 394 and 395.

**COURSE HOURS:** LEC: 0 SEM: 21 LAB: 3 CLINICAL: 196

### COURSE INSTRUCTORS:

**Course Leader:** Liz Richard MN, RN (General Medicine)  
H208  
539-2752  
[lrichard@gprc.ab.ca](mailto:lrichard@gprc.ab.ca)  
Appointments are made through the office assistant

**Course Tutors:** Tamara Van Tassell BScN, RN (Surgery, 4S)  
H205  
539-20830  
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Mary Spoke MN, RN (Home Care)  
E401-8  
539-2236

Louise Rawluk, RN (Surgery, 4N)  
E401-7

### COURSE DESCRIPTION:

Opportunities will be provided for students to experience nursing practice with acutely ill clients or clients in ambiguous complex situations over a continuous block of time, e.g. inpatient acute care, home care, or other complex community settings. Management and care of clients with stable or unstable, predictable or unpredictable disruptions of health will be the focus of this clinical course. In addition, management of health promotion and prevention activities utilizing advanced interpersonal/communication skills, health counselling, and teaching will be emphasized.

**COURSE OBJECTIVES:**

In addition to maintaining competency with previous course objectives upon completion of NURS 491, the nursing student will be able to:

**1. PROFESSIONAL RESPONSIBILITY and ETHICAL PRACTICE**

- 1.1 Demonstrate professional behaviors in nursing practice through:
  - respect
  - effective communication
  - self-awareness
  - self performance appraisal
  - caring
  - commitment to the profession of nursing
  - preparing for clinical practice to provide safe competent care independently
- 1.2 Demonstrate application of legal and ethical standards in a variety of nursing practice settings by:
  - promoting the delivery of quality nursing care
  - advocating for clients' values, beliefs, and rights
  - taking action on questionable orders, decisions or interventions of health team members
  - utilizing a variety of information technology in gathering information and preparing assignments
  - demonstrating effective use of skills in self-directed, context-based, small group learning
- 1.3 Assume primary responsibility for attaining and maintaining competence in nursing practice through:
  - using opportunities for professional development
  - evaluating practice according to Nursing Practice Standards
- 1.4 With guidance, engage in strategies for social and political action in the practice of nursing, at a beginning level, by advocating for clients.

**2. KNOWLEDGE BASED PRACTICE**

- 2.1 Integrate knowledge related to biological, psychological, sociological, cultural, and spiritual factors in nursing practice with clients experiencing complex, ambiguous situations.
- 2.2 Integrate selected models /theories in nursing practice.
- 2.3 With guidance, apply critical thinking strategies to the care of client groups in complex, ambiguous situations.
- 2.4 Appraise and apply research findings to practice.
- 2.5 With assistance, demonstrate flexibility in dealing with ambiguity and diversity by :
  - anticipating the needs of clients
  - mobilizing resources

- 2.6 With minimal assistance, demonstrate beginning competence in leadership and management skills through appropriate delegation.

With guidance, demonstrate:

- decision making
- time management
- performance appraisal

### **3. PROVISION OF SERVICE TO THE PUBLIC**

- 3.1 With guidance, integrate concepts and principles related to primary health care in caring for clients and families in complex, ambiguous situations.
- 3.2 Demonstrate caring behaviors in professional situations through:
- commitment to caring in multiple and complex settings
  - establishing caring relationships with others
- 3.3 Demonstrate competence in ability to interact with, and develop collaborative partnerships with clients, community members, registered nurses and members of other disciplines.
- 3.4 In the nursing care of clients experiencing acute and complex variances in health in ambiguous, rapidly changing situations, consistently demonstrate competence with:
- skills indicated in the University of Alberta Collaborative Nursing Program Integrated Lab Map
  - nursing process
  - communication skills
  - teaching skills

### **REQUIRED RESOURCES**

1. Working Definitions – Appendix G
2. Integrated Lab Map – N/A
3. Graduate Competencies and Level Outcomes – Appendix F
4. Grade Descriptors – Appendix H

### **RECOMMENDED RESOURCES (site specific)**

1. Med/surg text
2. Nursing care plan book
3. Drug guide
4. Lab book

### **REQUIRED LEARNING EXPERIENCES**

**In order to pass NURS 491, students must demonstrate safe ethical nursing practice, professional behaviour, and complete the following experiences and assignments.**

1. Over seven weeks students will have a continuous experience in ambiguous complex situations in an acute care or home care setting, with adults or children.

2. Coordinate care for 3-4 patients.
3. Participate in site selected lab activities.
4. Using a nursing model, assess and intervene with clients and their families.
5. Participate in client and family education.
6. Collaborate with client, family, community, nurses and members of other disciplines.

*Students are expected to implement previously learned nursing skills.*

### **SUGGESTED OPTIONAL LEARNING EXPERIENCES**

1. Participate in team leading activities (acute medicine only).
2. Participate in a follow through experience with a less stable complex client having a medical or surgical procedure.
3. Participating in discharge planning/referral from institutional settings.
  - 3.1 Liaise with home care nurse where possible.
  - 3.2 Follow up visit with client at home. May include a telephone follow up or home visit if appropriate.
4. Involvement with specific projects within institutional based practice if available.
5. Observe and/or participate in a family conference.
6. Observe and/or participate in specialty setting related to the clinical setting.

## COURSE GRADING – University of Alberta

### *Determination of Final Course Grade*

Throughout the course, assignments are marked and recorded as raw scores according to the percentage weight assigned to each. Each assignment is given a letter grade that is converted to a number on the 4-point Alpha Scale. At the end of term all scores are totalled for a term summary grade in the course.

The FINAL COURSE GRADE is based on a combination of absolute academic achievement (an individual student's term summary mark) and relative performance (a comparison of a student's term summary mark to all students' term summary marks achieved in the class). Due attention is paid to the descriptions of the various grade points according to the University of Alberta calendar. Evaluation procedures and grading system are located in section 23.4 of the University of Alberta calendar (2004-2005). The passing grade in 2004-2005 will be a D, which is 1.0 grade point value. However at the end of a semester students must have GPA of 1.7 or else they must leave the program.

<b>Excellent</b>	<b>A+, A, A-</b>
<b>Good</b>	<b>B+, B, B-</b>
<b>Satisfactory</b>	<b>C+, C, C-</b>
<b>Poor</b>	<b>D+</b>
<b>Minimal Pass</b>	<b>D</b>
<b>Failure</b>	<b>F</b>

Final Grades are posted by the registrar's office on their website: <http://www.registrar.ualberta.ca>

## POLICY STATEMENTS

**Late assignment policy:** 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. Late assignments are due by 4:00 p.m. and must be verified (stamped with date and time) by nursing office personnel.

**“\*\*\* All work submitted for evaluation must be referenced according to APA 5<sup>th</sup> edition. The Faculty of Nursing has a *zero tolerance* policy on plagiarism. This means students’ written course work must be referenced according to APA guidelines.”**

**The course outline acts as an understanding between the student and the instructor of this class regarding the details of the course. The details listed above may be changed only with the written unanimous consent of the class members.**

**The University of Alberta is committed to the highest standards of academic integrity and honesty. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University in this respect. Students are particularly urged to familiarize themselves with the provisions of the Code of Student Behaviour (online at [www.ualberta.ca/~unisechr/appeals.htm](http://www.ualberta.ca/~unisechr/appeals.htm)) and avoid any behaviour which could potentially result in suspicions of cheating, plagiarism, misrepresentation or aiding and abetting any of these offences. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University.”**

**The Faculty of Nursing is committed to providing an environment of equality and respect for all people within the university community, and to educating faculty, staff and students in developing teaching and learning contexts that are welcoming to all.**

**The Faculty recommends that students and staff use inclusive language to create a classroom atmosphere in which students’ experiences and views are treated with equal respect and value in relation to their gender, racial background, sexual orientation, and ethnic backgrounds.**

Last day for withdrawing with permission is October 7, 2005 . Withdrawal from a course after this date will result in a failing grade.

**Progression Criteria (Clinical)**

Students must complete the theory and practice components of nursing courses to receive credit. Students who have not received a pass in the Clinical or 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, explained in the course outline, must be completed for credit to be granted.

A student who is absent more than two clinical days in one clinical nursing course may need to make up the lost time before being allowed to continue in the program. Absences from the clinical site may result in the instructor being unable to evaluate the student's clinical performance. If clinical performance cannot be evaluated, a failing grade may be assigned in the course.

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.

An instructor, in consultation with the Chair, may immediately deny assignment of a student to, withdraw a student from, or vary terms or 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 public interest.

CPR certification at the Basic Rescuer Level must be maintained throughout the program.

Refer to the University of Alberta Calendar 2004-2005 for additional information.

**Absence:** If you must be absent from a scheduled clinical day, you must contact the clinical agency and leave a message. If you are not on the unit where your instructor is teaching, contact your instructor about the absence. You must discuss your absence with your tutor and may need to make up time in the clinical agency.

**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.

**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.

**Nursing Program Policies**

Please refer to the University of Alberta Calendar and Collaborative Baccalaureate Nursing Program Student Handbook for Specific Nursing Program Policies.

## REQUIRED EVALUATION

### a. Evaluation of student's clinical performance: 50%

**A formative and written summative evaluation of Nursing Practice will be completed by the student and the instructor.**

This will be accomplished through observation assessment and evaluation of the student during 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.

### b. Health Assessment OSCE/Post-op Assessment OSCE: P/F

During this clinical rotation, and at a time determined by the tutor and the student, the ability of the student to conduct

- 1) A relevant health assessment of one system/area will be evaluated. The system/area to be assessed will be determined by the student in conjunction with the tutor while considering the assessment priorities identified based on the client's condition and needs.
- 2) OR, A comprehensive post-operative assessment of a client.

Permission must be obtained from the client prior to the student conducting the health assessment. Post-operative assessments should be completed on the patient who the student is caring for.

Students will not pass this clinical course until they have passed this OSCE.

In the event that a student is unsuccessful in their first try at this OSCE, they will be given remedial activities and **ONE** retest will be conducted. If time permits the retest may be done in the clinical agency. The retest may be done in the laboratory setting if it is not possible in the clinical agency. Refer to **Appendix E** for the Physical Assessment OSCE Grading Criteria or **Appendix D** for the Post-op OSCE.

**Acknowledgement:** The Record of Physical Assessment OSCE was developed by the Faculty of Nursing, University of Alberta. The assignment was developed with the assistance of Keyano College Faculty of Nursing.

## A. General Medicine

**In order to pass NURS 491, students must demonstrate safe ethical nursing practice, professional behaviour, and complete the following experiences and assignments.**

## Nursing Practice

Nursing practice will be evaluated by means of the following:

### 1. Learning Plan: 10%

Students will develop a learning plan to explore personal learning objectives compatible with the experiences of this course. A learning plan should guide your experience and is an agreement between the student and instructor 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. A minimum of **TWO** goals need to be included in the learning plan.

The learning plan will be handed in at the end of your first week. **Evidence of accomplishment of the learning objective will occur by the week prior to the end of the course.**

### 2. Critical Incident/Reflective Journal: 10%

The student will submit the journal **TWO** times during the course.

The reflective journal provides the student with an opportunity to critically reflect on clinical experiences as a means of tracking personal and professional growth. The journal record will reflect an incident that the student perceived to be critical to their learning. Written feedback will be provided to the student prior to the return of the journal.

The critical thinking/reflective journal should be a valuable resource to students as they substantiate their progress during the midterm and final course evaluation.

The critical incident/reflective journal could include but is not limited to:

- Description of a critical incident or event and how it played a role in personal and professional growth
- Analysis of the extent to which learning experiences have contributed to the achievement of learning objectives
- Identification of an issue that has arisen in the clinical setting or within the group, and an examination of the issue in terms of objective observations, significance and value clarification
- Some discussion should **include the use of literature** to substantiate your issue or findings and to incorporate an evidence base to your practice
- Critical summary of challenges presented and how you dealt with them during the clinical experience
- Description of what you learned from your clinical experience

- Description of what you still need to learn in your clinical experience and how you plan to achieve this
- Description of what went well and what you would do differently in the clinical setting

The reflective journal should be neatly written or typed and approximately 5 pages for each submission. Please double space and leave room in the margins for instructor comments. For journal writing grading criteria see **Appendix J**.

### **3. Comprehensive Care Plan 30%**

The purpose of this assignment is to assist the student in developing skill in providing holistic care for the client experiences complex variances in health. During this clinical experience the student will select one client and develop an in-depth care plan related to the client. Criteria for the care plan and grading guidelines are identified in **Appendix I**.

*This assignment is to be **typed** and **should not exceed 20 pages** including reference page.*

Suggested Resources:

**Resources should include but are not limited to a Med/Surg textbook, a Fundamentals textbook, a drug guide or handbook, agency policies and procedures, journal articles pertaining to the clinical area, client charts and agency forms, textbooks specific to the specialty you are practicing in, etc.**

## B. Home Care

### 1. Learning Plan/Reflective Journal: 20%

**This assignment is to be submitted to the tutor weekly. The learning plan is due with the first reflective journal.**

Students will develop a learning plan to explore personal learning objectives compatible with the experiences of this course. A learning plan should guide your experience and is an agreement between the student, instructor, and preceptor 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 should include **three** objectives and will be handed in at the end of your first week (or first segment of clinical) with your weekly reflective journal. The plan will be reviewed at mid-term evaluation and revised if necessary.

The reflective journal provides the student with an opportunity to critically reflect on clinical experiences as a means of tracking personal and professional growth. These experiences will be recorded twice during the course and will be reviewed by the instructor. The journal record will reflect an incident that the student perceived to be critical to their learning. Written feedback will be provided to the student prior to the return of the journal.

The critical thinking/reflective journal should be a valuable resource to students as they substantiate their progress during the midterm and final course evaluation.

The reflective journal could include but is not limited to:

- Description of an incident or event and how it played a role in personal and professional growth
- Analysis of the extent to which learning experiences have contributed to the achievement of learning objectives
- Identification of an issue that has arisen in the clinical setting or within the group, and an examination of the issue in terms of objective observations, significance and value clarification
- Some discussion should **include the use of literature** to substantiate your issue or findings and to incorporate an evidence base to your practice
- Critical summary of challenges presented and how you dealt with them during the clinical experience
- Description of what you learned from your clinical experience
- Description of what you still need to learn in your clinical experience and how you plan to achieve this
- Description of what went well and what you would do differently in the clinical setting

In the observational experiences, it would be helpful to include a general outline of what you observed and did.

The reflective journal should be neatly written or typed and approximately 5 pages for each submission. Please double space and leave room in the margins for instructor comments. For journal writing criteria see **Appendix J**.

## **2. Comprehensive Care Plan 30%**

The purpose of this assignment is to assist the student in developing skill in providing holistic care for the client experiencing complex variances in health. During this clinical experience the student will select one client and develop an in-depth care plan related to the client. Criteria for the care plan and grading guidelines are identified in **Appendix D**.

This assignment is to be **typed** and **should not exceed 20 pages** including reference page.

Suggested Resources:

**Resources should include but are not limited to a Med/Surg textbook, a Fundamentals textbook, a drug guide or handbook, agency policies and procedures, journal articles pertaining to the clinical area, client charts and agency forms, textbooks specific to the specialty you are practicing in, etc.**

## **C. Surgery**

### **1. Learning Plan: 10%**

Students will develop a learning plan to explore personal learning objectives compatible with the experiences of this course. A learning plan should guide your experience and is an agreement between the student and instructor 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. A minimum of **TWO** goals need to be included in the learning plan.

The learning plan will be handed in at the end of your first week. **Evidence of accomplishment of the learning objective will occur by the week prior to the end of the course.**

### **2. Critical Thinking/Reflective Journal: 10%**

The student will submit the journal **TWO** times during the course.

The reflective journal provides the student with an opportunity to critically reflect on clinical experiences as a means of tracking personal and professional growth. The journal record will reflect an incident that the student perceived to be critical to their learning. Written feedback will be provided to the student prior to the return of the journal.

The critical thinking/reflective journal should be a valuable resource to students as they substantiate their progress during the midterm and final course evaluation.

The reflective journal could include but is not limited to:

- Description of an incident or event and how it played a role in personal and professional growth
- Analysis of the extent to which learning experiences have contributed to the achievement of learning objectives
- Identification of an issue that has arisen in the clinical setting or within the group, and an examination of the issue in terms of objective observations, significance and value clarification
- Some discussion should **include the use of literature** to substantiate your issue or findings and to incorporate an evidence base to your practice
- Critical summary of challenges presented and how you dealt with them during the clinical experience
- Description of what you learned from your clinical experience
- Description of what you still need to learn in your clinical experience and how you plan to achieve this
- Description of what went well and what you would do differently in the clinical setting

The reflective journal should be neatly written or typed and approximately 5 pages for each submission. Please double space and leave room in the margins for instructor comments. For journal writing grading criteria see **Appendix J**.

### **3. Perioperative Follow-through 30%**

Students will be expected to follow one patient through the pre-operative assessment clinic to the operating room, recovery room and back to the ward. The purpose of this assignment is for the students to gain an understanding of the perioperative experience and the issues that may arise throughout a patient's hospital stay.

The perioperative follow through is a chance for students to understand the process of surgery from beginning to end. Perioperative experience is the planned process of systematic, integrated nursing interventions carried out by a variety of nursing disciplines. Each aspect of the surgical experience affects the patient and his/her family. This nursing process is a way of looking at nursing and brings in critical thinking that guide nursing action. This process focuses on the patient and guides the nurse to develop nursing intervention to meet patient needs.

- **Paper is due one week after perioperative follow-through (by 1600 on the Friday) See Appendix K for marking criteria.**

### **Seminar I: Management of a Group of Clients**

At the completion of this lab, the student will be able to:

1. Discuss and explore issues related to the management and care of complex clients.
2. Discuss strategies nurses use to manage the care of complex clients.
  - time management
  - organisation
  - safety and ethical practice
3. Prioritise nursing interventions for a simulated group of clients.
4. Explore strategies a nurse can use to cope with stresses, which may develop related to management and care of complex clients.

#### **Suggested Resources:**

Med/Surg textbook

AARN (2002). *Guidelines for delegation and supervision of patient and client care*. Edmonton, AB: Author.

AARN (2002). *Guidelines for assignment of patient/client care*. Edmonton, AB: Author.

## **Lab I**

### **Skills Blitz**

At the completion of this lab, students will have had the opportunity to practice and review necessary psychomotor skills and assessments essential for a successful NURS 491 clinical course.

This lab is intended for students to come prepared with some idea of what they wish to review. This lab is self-directed and requires students to bring the necessary textbooks (nursing procedure book, assessment resources, etc.) and equipment (stethoscope), to help facilitate the review time. Come prepared with notes/OSCE sheets, etc.

Some Psychomotor Skills that will be utilized during Nursing 491 are:

- Assessments (MS, CNS, Cardiovascular, Mental Status, GI, Respiratory, Urinary, Head and Neck, PVS, etc.)
- Health history gathering
- Principles of teaching and learning
- Transferring, aids for mobility
- Pre-operative and post-operative assessments
- IM/SC/IV/ID medication administration
- Diabetic care (S&S of hypo/hyperglycemia, blood glucose monitoring, insulin)
- Catheterization
- Vital signs
- Therapeutic communication
- Tubes/drains
- Ostomies
- NG insertion and maintenance
- Tracheostomy care and suctioning
- Epidural analgesia
- IV insertion and maintenance
- Blood administration
- IV push medication
- Central lines, TPN
- Dressing changes (simple and complex)
- Chest tubes

## Appendix A

### Grande Prairie Regional College/Peace Region Health Expectations for Clinical Experiences

#### **As a Nurse in the Clinical Agency, you are expected to:**

1. Role model professional nursing behavior including attitudes, techniques, awareness and adherence to agency policies.
2. Maintain an interest and openness to teaching and learning with faculty and students.
3. Alert faculty and students to additional learning experiences.
4. Promote learning opportunities as observers in addition to hands on practice.
5. Assist students when faculty is not available if appropriate for level of student and if responsibilities permit.
6. Give constructive feedback about performance of faculty and student. Receive constructive feedback about self.
7. Share open dialogue with faculty, concerns or difficulties related to the management of student assignments.
8. Actively engage in ongoing communication about assignments, including your expectations.

#### **As a Faculty Member in the Clinical Agency you 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.
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. Supervise students doing any skills for the first time.
6. Give constructive feedback about performance of staff and student. Receive constructive feedback about self.
7. Discuss student progress and individual learning needs with nursing staff as appropriate.
8. Actively participate in ongoing communication about assignments.

#### **As a Student in the Clinical Agency you 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. 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.*

**Appendix B  
Midterm Evaluation  
Nursing 491**

**Name:** \_\_\_\_\_ **Clinical Placement:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please comment on each category, providing specific examples of accomplishments.*

**Professional and Ethical Responsibilities**

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**Knowledge Based Practice**

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**Provision of Service to the Public**

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**Student Signature:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Appendix C: Nursing 491

### Direct Clinical Observation

4: Excellent      3: Very Good      2: Good, Average, Satisfactory      1: Minimal Pass      0: Fail

**Levels of Assistance (Approved May 2004)**

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

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

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

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

	4	3	2	1	0
<p><b>1. PROFESSIONAL RESPONSIBILITY and ETHICAL PRACTICE</b></p> <p>1.1 Demonstrate professional behaviors in nursing practice through:</p> <ul style="list-style-type: none"> <li>▪ respect</li> <li>▪ effective communication</li> <li>▪ self-awareness</li> <li>▪ self performance appraisal</li> <li>▪ caring</li> <li>▪ commitment to the profession of nursing</li> <li>▪ preparing for clinical practice to provide safe competent care independently</li> </ul> <p>1.2 Demonstrate application of legal and ethical standards in a variety of nursing practice settings by:</p> <ul style="list-style-type: none"> <li>▪ promoting the delivery of quality nursing care</li> <li>▪ advocating for clients' values, beliefs, and rights</li> <li>▪ taking action on questionable orders, decisions or interventions of health team members</li> <li>▪ utilizing a variety of information technology in gathering information and preparing assignments</li> <li>▪ demonstrating effective use of skills in self-directed, context-based, small group learning</li> </ul> <p>1.3 Assume primary responsibility for attaining and maintaining competence in nursing practice through:</p> <ul style="list-style-type: none"> <li>▪ using opportunities for professional development</li> <li>▪ evaluating practice according to Nursing Practice Standards</li> </ul> <p>1.5 With guidance, engage in strategies for social and political action in the practice of nursing, at a beginning level, by advocating for clients.</p>					

	4	3	2	1	0
<b>2. KNOWLEDGE BASED PRACTICE</b>					
2.1 Integrate knowledge related to biological, psychological, sociological, cultural, and spiritual factors in nursing practice with clients experiencing complex, ambiguous situations.					
2.2 Integrate selected models /theories in nursing practice.					
2.3 With guidance, apply critical thinking strategies to the care of client groups in complex, ambiguous situations.					
2.4 Appraise and apply research findings to practice.					
2.5 With assistance, demonstrate flexibility in dealing with ambiguity and diversity by: <ul style="list-style-type: none"> <li>▪ anticipating the needs of clients</li> <li>▪ mobilizing resources</li> </ul>					
2.7 With minimal assistance, demonstrate beginning competence in leadership and management skills through appropriate delegation. With guidance, demonstrate: <ul style="list-style-type: none"> <li>▪ decision making</li> <li>▪ time management</li> <li>▪ performance appraisal</li> </ul>					
<b>3. PROVISION OF SERVICE TO THE PUBLIC</b>					
3.1 With guidance, integrate concepts and principles related to primary health care in caring for clients and families in complex, ambiguous situations.					
3.2 Demonstrate caring behaviors in professional situations through: <ul style="list-style-type: none"> <li>▪ commitment to caring in multiple and complex settings</li> <li>▪ establishing caring relationships with others</li> </ul>					
3.3 Demonstrate competence in ability to interact with, and develop collaborative partnerships with clients, community members, registered nurses and members of other disciplines.					
3.5 In the nursing care of clients experiencing acute and complex variances in health in ambiguous, rapidly changing situations, consistently demonstrate competence with: <ul style="list-style-type: none"> <li>▪ skills indicated in the University of Alberta Collaborative Nursing Program Integrated Lab Map</li> <li>▪ nursing process</li> <li>▪ communication skills</li> <li>▪ teaching skills</li> </ul>					

	4	3	2	1	0

Instructor Comments:

Student Comments:

Absences: \_\_\_\_\_

Final Mark: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Appendix D  
**INITIAL POSTOPERATIVE CARE OSCE**  
**NURS 491**

**CHECKLIST: Boxes left empty indicate that the assessment was not relevant for the client.**

**Communication**

**Yes    No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Receives report from Recovery Room nurse    |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Asks nurse relevant questions about client. |

**Approach to Client**

**Yes    No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Introduces self.                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Ensures client comfort, safety, and privacy. |

**Assessments (ABCDEF) \*Students must identify abnormalities**

- |                          |                          |   |
|--------------------------|--------------------------|---|
|                          |                          | 1. Airway and anesthesia concerns:  |
| <input type="checkbox"/> | <input type="checkbox"/> | . Respirations assessed.  |
| <input type="checkbox"/> | <input type="checkbox"/> | . Patent airway.  |
| <input type="checkbox"/> | <input type="checkbox"/> | . Skin colour noted.  |
|                          |                          | 2. Breathing:   |
| <input type="checkbox"/> | <input type="checkbox"/> | . Respiratory rate, depth, rhythm assessed and auscultated.   |
| <input type="checkbox"/> | <input type="checkbox"/> | . Oxygen saturation. Note presence and effectiveness of oxygen therapy.                               |
|                          |                          | 3. Circulation:   |
| <input type="checkbox"/> | <input type="checkbox"/> | . Pulse, Temperature  |
| <input type="checkbox"/> | <input type="checkbox"/> | . B/P   |
| <input type="checkbox"/> | <input type="checkbox"/> | . Peripheral vascular checks/capillary refill as appropriate.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Neuro (Disability):  |
|                          |                          | . Alertness level, motor and sensory assessment completed, etc. as appropriate to type of anesthesia. |
| <input type="checkbox"/> | <input type="checkbox"/> | .   |
| <input type="checkbox"/> | <input type="checkbox"/> | .   |

5. Wound Assessment
- . Dressing (if present) assessed for patency and amount of drainage or amount of shadowing present.
  - . Assess wound or incision site if appropriate
  - . Assess drains, tubes and/or drainage systems for character and amount of drainage.
6. Equipment:
- . Catheter (if present). Assess amount, colour, and any abnormalities.
  - . Intravenous infusion rate and type, site assessed (in situ/patency), assess lines.
  - . Epidural equipment.
  - . Brace or stabilization device for the knee if present.
  - . Call bell in reach.
  - . Emesis basin handy.
  - . PCA assessment completed (if present)
7. Extra comfort measures:
- . Postoperative sponge bath.
  - . Positioning.
  - . Symptom relief (pain, nausea, itching, etc.)
8. Family (invite the family to visit if the client approves, or speak to them about condition)
- 
9. Initial assessment charted accurately
- 
10. Discussion with instructor of rationale for assessments complete.
- 

**TOTAL** \_\_\_\_\_

**PASS = 85%**

**Comments:**

**Instructor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mark:** \_\_\_\_\_

**Appendix E**  
Nursing 491  
Record of Physical Assessment OSCE

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Students must display a good performance in each of the categories in order to pass this OSCE.

1. Ability of the student to determine which systems need to be assessed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Ability of the student to conduct an accurate and complete assessment of the system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Ability of the student to accurately chart assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This student passes this OSCE \_\_\_\_\_

This student failed this OSCE \_\_\_\_\_

Signature of the instructor: \_\_\_\_\_

## Appendix F: Graduate Competencies and Level Outcomes

*The goal of the U of A Collaborative Undergraduate Nursing Program is to:*

*Graduate confidently skilled beginning practitioners of nursing who demonstrate professional accountability and responsibility, the ability to think critically and deal with complex health issues among diverse populations in a variety of settings, and who demonstrate the skills associated with life-long learning.*

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

#### 1.1 Year 1

- 1.1.1 Demonstrates integrity.
- 1.1.2 Demonstrates responsibility and accountability
- 1.1.3 Demonstrates respect for client's values, beliefs, and rights
- 1.1.4 Demonstrates beginning application of legal and ethical standards, eg. takes action on questionable orders, decisions, or interventions of other health team members.

#### 1.2 Year 2

- 1.2.1 Demonstrates integrity.
- 1.2.2 Demonstrates responsibility and accountability
- 1.2.3 Demonstrates respect for client's values, beliefs, and rights
- 1.2.4 Demonstrates application of legal and ethical standards, eg. takes action on questionable orders, decisions, or interventions of other health team members.
- 1.2.5 Demonstrates commitment to and support of professional development of colleagues

#### 1.3 Year 3

- 1.3.1 Demonstrates integrity.
- 1.3.2 Demonstrates responsibility and accountability
- 1.3.3 Protects client's values, beliefs, and rights
- 1.3.4 Demonstrates application of legal and ethical standards, eg. takes action on questionable orders, decisions, or interventions of other health team members.
- 1.3.5 Demonstrates commitment to the profession of nursing

#### 1.4 Year 4

- 1.4.1 Demonstrates integrity.

- 1.4.2 Demonstrates responsibility and accountability
- 1.4.3 Demonstrates advocacy of client's values, beliefs, and rights
- 1.4.4 Promotes the delivery of quality nursing care using established legal and ethical standards, eg. takes action on questionable orders, decisions, or interventions of other health team members.
- 1.4.5 Demonstrates commitment to the profession of nursing

## **2. Applies a critical thinking approach to nursing**

### 2.1 Year 1

- 2.1.1 With guidance, applies beginning critical thinking strategies in relation to health promotion and primary prevention.
- 2.1.2 With guidance, applies beginning creative thinking, reflective thinking, and insight.

### 2.2 Year 2

- 2.2.1 With guidance, applies beginning critical thinking strategies in relation to restoration and rehabilitation for developing sound clinical judgements.
- 2.2.2 With guidance, applies beginning creative thinking, reflective thinking, and insight strategies in relation to restoration and rehabilitation for developing sound clinical judgements.

### 2.3 Year 3

- 2.3.1 With increasing independence, applies critical thinking strategies in relation to acute and complex variances in health for developing sound clinical judgements.
- 2.3.2 With increasing independence, applies creative thinking, reflective thinking, and insight strategies in relation to acute and complex variances in health for developing sound clinical judgements.

### 2.4 Year 4

- 2.4.1 Independently applies critical thinking strategies in ambiguous, rapidly changing situations for developing sound clinical judgements.
- 2.4.2 Independently applies creative thinking, reflective thinking, and insight strategies in ambiguous, rapidly changing situations for developing sound clinical judgements.

## **3. Integrates nursing knowledge, including knowledge related to professional legislation and scope of practice, and knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.**

### 3.1 Year 1

3.1.1 Uses selected areas of knowledge related to biological, psychological, socio-cultural, and spiritual dimensions of the human response to stable variations in health.

3.1.2 Uses knowledge of scope of practice and professional legislation in nursing practice.

### 3.2 Year 2

3.2.1 Applies knowledge related to biological, psychological, socio-cultural, and spiritual dimensions of the human response to chronic and less acute variations in health.

3.2.2 Applies knowledge related to scope of practice and professional legislation to nursing practice.

### 3.3 Year 3

3.3.1 Analyses nursing knowledge and knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.

3.3.2 Integrates knowledge of scope of practice and professional legislation into nursing practice.

### 3.4 Year 4

3.4.1 Integrates nursing knowledge and knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.

3.4.2 Integrates knowledge of scope of practice and professional legislation into nursing practice.

#### **4. Demonstrates evidence-based nursing**

##### 4.1 Year 1

- 4.1.1 Identifies credible research.
- 4.1.2 With guidance, examines research findings related to nursing situations.
- 4.1.3 With guidance, describes the relevance of research to practice.

##### 4.2 Year 2

- 4.2.1 At a beginning level appraises research studies.
- 4.2.2.a At a beginning level, shares findings from research with colleagues.
- 4.2.2.b Applies knowledge from research evidence in nursing situations.
- 4.2.3 Describes, at a beginning level, the significance of research to practice.

##### 4.3 Year 3

- 4.3.1.a Critiques selected components of research studies.
- 4.3.1.b At a beginning level, appraises applicability of findings for practice.
- 4.3.2 Applies knowledge from research evidence in practice.
- 4.3.3 analyses the relationship among theory, research, and practice in different nursing contexts.

##### 4.4 Year 4

- 4.4.1.a Critiques research studies.
- 4.4.1.b Appraises applicability of findings for practice.
- 4.4.2.a Identifies nursing practice problems that need investigation.
- 4.4.2.b Supports changes in practice reflective of knowledge gained from research evidence.
- 4.4.3 Supports research activities in practice.

#### **5. Integrates nursing and other relevant models/theories in the professional practice of nursing.**

##### 5.1 Year 1

- 5.1.1 Describes purpose of nursing models/theories/metaparadigms
- 5.1.2 Identifies models/theories from other disciplines and their application to nursing.
- 5.1.3 With guidance, applies selected models/theories into nursing practice.

##### 5.2 Year 2

- 5.2.1 Demonstrates beginning application of selected nursing models/theories into nursing practice.

- 5.2.2 Demonstrates beginning application of selected models/theories from other disciplines into nursing practice.
- 5.3 Year 3
  - 5.3.1 Analyses and applies selected nursing models/theories into nursing practice.
  - 5.3.2 Analyses and applies selected models/theories from other disciplines into nursing practice.
- 5.4 Year 4
  - 5.4.1 Integrates selected nursing and other relevant models/theories into nursing practice.
- 6. Demonstrates caring relationships in professional situations.**
- 6.1 Year 1
  - 6.1.1 Recognizes the uniqueness, worth, and dignity of self and others.
  - 6.1.2 Demonstrates respect and sensitivity to self and others.
  - 6.1.3 Demonstrates caring behaviors in interpersonal activities.
- 6.2 Year 2
  - 6.2.1 Recognizes how caring behaviors can influence health and healing.
  - 6.2.2 Demonstrates concern for the health and well being of others.
  - 6.2.3 Demonstrates caring behaviors in interpersonal activities.
  - 6.2.4 Demonstrates beginning ability to establish caring relationships with clients in nursing practice.
- 6.3 Year 3
  - 6.3.1 Demonstrates commitment to the ideal of caring.
  - 6.3.2 Demonstrates multiple caring behaviors in interpersonal activities.
  - 6.3.3 Demonstrates ability to establish caring relationships with clients and colleagues in nursing practice.
- 6.4 Year 4
  - 6.4.1 Demonstrates commitment to caring in multiple and complex health care settings.
  - 6.4.2 Demonstrates competence in establishing caring relationships with clients and others in nursing practice.
- 7. Collaborates with clients, community agencies, community members, colleagues, and members of other disciplines in a variety of settings.**

## 7.1 Year 1

- 7.1.1 Encourages client participation, choice, and control.
- 7.1.2 Encourages colleague participation, choice, and control.
- 7.1.3 Develops cooperative relationships with colleagues, community members, and community agencies.
- 7.1.4 Demonstrates competence in interacting with clients in relation to primary health care.

## 7.2 Year 2

- 7.2.1 Promotes client collaboration, choice, and control.
- 7.2.2 Promotes colleague collaboration, choice, and control.
- 7.2.3 Demonstrates beginning competence in developing partnerships with community members, community agencies, colleagues, and members of other disciplines.
- 7.2.4 Demonstrates competence in interacting with clients with chronic and less acute variations in health.
- 7.2.5 Demonstrates beginning competence in inter professional interactions.

## 7.3 Year 3

- 7.3.1 Promotes client collaboration, choice, and control.
- 7.3.2 Promotes colleague collaboration, choice, and control.
- 7.3.3 Demonstrates competence in developing partnerships with community members, community agencies, colleagues, and members of other disciplines.
- 7.3.4 Demonstrates competence in developing partnerships with clients experiencing acute and complex variations in health.
- 7.3.5 Demonstrates competence in inter professional interactions.

## 7.4 Year 4

- 7.4.1 Promotes client collaboration, choice, and control.
- 7.4.2 Promotes colleague collaboration, choice, and control.
- 7.4.3 Demonstrates competence in developing partnerships with community members, community agencies, colleagues, and members of other disciplines.
- 7.4.4 Demonstrates competence in interacting with clients with ambiguous, rapidly changing variations in health.
- 7.4.5 Demonstrates competence in interdisciplinary and multi-disciplinary interactions.

## **8. Integrates concepts and principles of primary health care.**

### 8.1 Year 1

- 8.1.1 Demonstrates understanding of the principles of primary health care.

- 8.1.2 Applies, at a beginning level, principles of primary health care to guide health promotion.
- 8.2 Year 2
  - 8.2.1 Applies concepts and principles of primary health care in selected nursing situations.
- 8.3 Year 3
  - 8.3.1 Analyses concepts and principles of primary health care in more complex practice situations.
- 8.4 Year 4
  - 8.4.1 Integrates concepts and principles related to primary health care in addressing local, national, international, and global issues.
- 9. Demonstrates beginning leadership, management, and administrative skills.**
  - 9.1 Year 1
    - 9.1.1 Describes leadership and management roles and competencies.
    - 9.1.2 Demonstrates understanding of decision-making processes.
    - 9.1.3 Demonstrates beginning ability in leading a small group.
    - 9.1.4 Demonstrates beginning ability in performance appraisal of self and others.
    - 9.1.5 Demonstrates beginning ability in following quality and risk management processes to enhance nursing practice.
  - 9.2 Year 2
    - 9.2.1 Demonstrates beginning ability in using effective time management strategies in co-coordinating client care.
    - 9.2.2 Demonstrates beginning ability in using selected decision-making processes.
    - 9.2.3 Demonstrates beginning competence in leading a small group of peers.
    - 9.2.4 Demonstrates ability in performance appraisal of self and others.
    - 9.2.5 Demonstrates beginning ability in following quality and risk management processes to enhance nursing practice.
  - 9.3 Year 3
    - 9.3.1 Demonstrates competence in using effective time management strategies in co-coordinating client care.
    - 9.3.2 Demonstrates competence in using selected decision-making processes.
    - 9.3.3 Demonstrates competence in leading a small group of peers.
    - 9.3.4 Demonstrates competence in performance appraisal of self and others.
    - 9.3.5 Demonstrates competence in following quality and risk management processes to enhance nursing practice.
    - 9.3.6 Demonstrates understanding of delegation

**9.4** Year 4

- 9.4.1 Demonstrates beginning competence in using effective time management strategies to manage care for a group of clients.
- 9.4.2 Integrates a variety of decision-making processes into nursing practice.
- 9.4.3 Demonstrates competence in participating in an interdisciplinary group.
- 9.4.4 Demonstrates beginning competence in performance appraisal.
- 9.4.5 Demonstrates competence in following quality and risk management processes to enhance nursing practice.
- 9.4.6 Demonstrates beginning competence in delegation.

**10. Engages in strategies for social and political action at a beginning level.****10.1** Year 1

- 10.1.1 Differentiates own values/needs/rights from values/needs/rights of others.
- 10.1.2 Demonstrates understanding of formal and informal power structures within the social context.
- 10.1.3 Demonstrates understanding of theory related to change.

**10.2** Year 2

- 10.2.1 Demonstrates understanding of the concept of individual/group rights & responsibilities.
- 10.2.2 Identifies power structures in nursing situations.
- 10.2.3 At a beginning level, applies principles of change theory in nursing situations.

**10.3** Year 3

- 10.3.1 Supports rights & responsibilities of individual/group/population.
- 10.3.2 Identifies issues of power that need investigation.
- 10.3.3 Demonstrates understanding of the role of nurses in social & political action.

**10.4** Year 4

- 10.4.1 Advocates for the client.
- 10.4.2 Advocates for health within social & political contexts as appropriate.
- 10.4.3 Plans social and political action in nursing situations.

**11. Demonstrates competence in health care informatics.****11.1** Year 1

- 11.1.1 Uses selected information technology to support scholarly activities.

**11.2** Year 2

- 11.2.1 Uses a variety of information technology to support scholarly activities.
- 11.2.2 Demonstrates beginning competence in using information technology to support client care in less acute and chronic situations.

**11.3** Year 3

11.3.1 Demonstrates competence in using information technology to support scholarly activities.

11.3.2 Demonstrates competence in using information technology to support client care in acute and complex situations.

**11.4** Year 4

11.4.1 Demonstrates competence in using information technology to support scholarly activities.

11.4.2 Demonstrates competence in using information technology in supporting client care in ambiguous, rapidly changing situations and in a variety of settings.

**12. Demonstrates skills and attitudes necessary for life-long learning.****12.1** Year 1

12.1.1 Demonstrates personal responsibility for learning.

12.1.2 Identifies strengths and limitations of own competence, seeking assistance when necessary.

**12.2** Year 2

12.2.1 Demonstrates an attitude of inquiry to enhance professional nursing practice.

12.2.2 Identifies strengths and limitations of own competence, seeking assistance when necessary.

12.2.3 Demonstrates an openness and receptivity to change.

**12.3** Year 3

12.3.1 Demonstrates initiative to enhance own learning.

12.3.2 Recognizes strengths and limitations of own competence, seeking assistance when necessary.

12.3.3 With guidance, assumes primary responsibility for attaining and maintaining competence in nursing practice.

**12.4** Year 4

12.4.1 Seeks opportunities for professional development and continuing nursing education.

12.4.2 Recognizes limitations of own competence, seeking assistance when necessary.

12.4.3 Assumes primary responsibility for attaining and maintaining competence in nursing practice, using standards of practice to continually assess.

**13. Demonstrates the ability to deal with ambiguity and diversity.****13.1** Year 1

- 13.1.1 Distinguishes elements of ambiguity and diversity in learning environments.
  - 13.1.2 Identifies own pattern of dealing with ambiguity and diversity.
  - 13.1.3 Recognizes role of creativity in dealing with ambiguity and diversity.
  - 13.1.4 Identifies ambiguity and diversity in selected nursing situations.
- 13.2 Year 2
- 13.2.1 Demonstrates beginning competence in dealing with ambiguity and diversity in learning environments.
  - 13.2.2 Demonstrates competence in providing support to clients in transition.
  - 13.2.3 Demonstrates understanding of ambiguity and diversity in selected nursing situations.
  - 13.2.4 Demonstrates beginning competence in developing resource networks
- 13.3 Year 3
- 13.3.1 Demonstrates competence in dealing with ambiguity and diversity in learning environments.
  - 13.3.2 Demonstrates competence in assisting clients in decision making.
  - 13.3.3 Demonstrates beginning competence in dealing with ambiguity and diversity in nursing situations.
  - 13.3.4 Demonstrates beginning competence in evaluating resource networks.
- 13.4 Year 4
- 13.4.1 Demonstrates flexibility in dealing with ambiguity and diversity in learning environments.
  - 13.4.2 Demonstrates beginning competence in anticipating current and future health problems, issues or needs of clients.
  - 13.4.3 Demonstrates flexibility in dealing with ambiguity and diversity in nursing situations.
  - 13.4.4 Demonstrates competence in mobilizing appropriate resources.
- 14. Demonstrates competence in application of knowledge and a variety of skills (including assessment, communication, critical thinking, documentation, psychomotor, and teaching) in the promotion, restoration, rehabilitation, and maintenance of health.**
- 14.1 Year 1
- 14.1.1 Demonstrates competence in selected skills required for nursing care of well clients.
  - 14.1.2 With guidance, uses selected data collection approaches to complete client assessment.
  - 14.1.3 With guidance, develops a plan of care in collaboration with the client.
  - 14.1.4 With guidance, uses selected nursing interventions that support the plan of care.

- 14.1.5 With guidance, evaluates the plan of care.
- 14.2 Year 2
  - 14.2.1 Demonstrates competence in selected skills required for nursing care of clients experiencing chronic and less acute variances in health.
  - 14.2.2 With consultation, uses selected data collection approaches to complete client assessment.
  - 14.2.3 With consultation, develops a plan of care in collaboration with the client and other health team members.
  - 14.2.4 With consultation, uses selected nursing interventions that support the plan of care.
  - 14.2.5 With consultation, evaluates and modifies the plan of care in collaboration with the client and other health team members.
- 14.3 Year 3
  - 14.3.1 Demonstrates competence in selected skills required for nursing care of clients experiencing acute and complex variances in health.
  - 14.3.2 Demonstrates competence in using a variety of data collection approaches to complete client assessment.
  - 14.3.3 Demonstrates competence in developing a plan of care in collaboration with the client and other health team members.
  - 14.3.4 Demonstrates competence in using a variety of nursing interventions that support the plan of care.
  - 14.3.5 Demonstrates competence in evaluating and modifying the plan of care in collaboration with the client and other health team members.
- 14.4 Year 4
  - 14.4.1 Demonstrates competence in selected skills required for nursing care of clients experiencing acute and complex variances in health in ambiguous, rapidly changing situations.
  - 14.4.2 Demonstrates competence in using various data collection approaches to complete client assessment.
  - 14.4.3 Demonstrates competence in planning care based on anticipated and actual client health problems/issues.
  - 14.4.4 Demonstrates competence in selecting and implementing nursing interventions based on sound rationale, that supports the plan of care.
  - 14.4.5 Demonstrates competence in evaluating and modifying the plan of care in collaboration with the client and other health team members.

**NOTE:**

If we were to go ahead & put our competencies under the headings used by the AARN, here is how the break down would be:

Ethics: #1

Pro Responsibility: # 10, 12

Knowledge-based Practice: #2,3, 4,5,6,8,9,11,13,14

Provision of Service to Public: #7

## Appendix G: Working Definitions for the Collaborative Baccalaureate Nursing Program

Revised: July 10, 2005

### CONTEXT BASED LEARNING

Context based learning is a strategy which provides the opportunity for students to learn and apply concepts stimulated by a real-life scenario. The scenario provides a vehicle by which students can identify individual and group learning needs and explore/investigate information to meet those identified needs. This information is shared within a group setting while learning effective group process (Wolff, 1998).

### LEVELS OF INDEPENDENCE

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

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

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

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

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

### CLINICAL HOURS

The time spent in nursing practice with clients, doing the work that nurses do, including pre- and post-conferences. **Conference (Pre- and Post-)** is tutor-guided time spent as a clinical group in discussion and reflection on the clinical care of assigned clients.

### CLIENT

The client who is the focus of nursing actions may be an individual, family, a small group, a larger aggregate, or a community. There is a dynamic interrelationship of biological-psychological-social-cultural-spiritual dimensions of the **person**, who evolves and develops over the lifespan. A **family** is defined as “who they say they are” (Wright & Leahey, 2000, p. 70). A **group** is defined as two or more persons engaged in interdependent, purposeful relationships in which repeated face-to-face communication occurs. An **aggregate** is a set of persons with common characteristics who may not experience face-to-face communication. A **community** is an open social system characterized by people in a place over time that has common goals (Smith & Maurer, 1995). Care of any client takes place within a political environment.

## HEALTH

**Health** is an individual's or group's state of being at any point in time. It is characterized by stability, balance and integrity of functioning and is viewed "as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities" (World Health Organization [WHO], 1986, p. 1).

**Population Health** is "The health of a population as measured by health status indicators and as influenced by social, economic, and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services" (Vollman, Anderson, & McFarlane, 2004, p. 17).

**Health Determinants** are those factors interacting to influence health. *Strategies for Population Health: Investing in the Health of Canadians* (1994) lists the 9 health determinants: income and social status, social support networks, education, employment and working conditions, physical environment, biology and genetic endowment, personal health practices and coping skills, healthy child development, and health services. In addition, gender and culture have now been added.

**Health Promotion** "is a process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment... Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being" (WHO, 1986, p.1).

**Epidemiology** is the study of the distribution or patterns of health events in populations and the factors, exposures, characteristics, behaviours, and contexts that determine these patterns. Epidemiology can be either descriptive or analytic.

**Descriptive Epidemiology** seeks to describe a disease entity according to person, place, and time and includes incidence, prevalence, morbidity, and mortality rates and proportions.

**Analytic epidemiology** is directed towards the causal factors of disease etiology well enough to develop interventions to prevent the occurrence of the adverse events before they start. Theories related to causality are emphasized. The three **levels of prevention** are linked directly to the natural history of the disease and focus on these interventions.

**Primary prevention:** interventions that promote health and prevent disease processes from developing.

**Secondary prevention:** interventions that will detect disease in the early stages before clinical signs and symptoms manifest with a goal to reverse or reduce the severity of the disease or provide a cure. **Screening** is a secondary intervention strategy that involves the application of a non-diagnostic test to people who are asymptomatic for the purpose of identifying their likelihood of having a particular disease. The aim is for early diagnosis and treatment of individuals and to efficiently and effectively begin early health prevention and control programs.

**Tertiary prevention:** interventions that are directed toward persons with clinically apparent disease with the aim to ameliorate the course of the disease, reduce disability, or rehabilitate (Stanhope & Lancaster, 2002).

Common Life Experiences are those events that shape the meaning of human experience. Some of these are: joy/loss, grief; birth/death; stress, crisis/coping; hope/hopelessness; autonomy/dependency; loneliness/belonging; security/ambivalence, transition, change; health/illness – chronic/acute; pain.

Alterations in Health of the client/patient are normal variations such as pregnancy and aging. There may also be disease conditions and/or processes. Study of these processes/conditions may include the definitions, etiology, contributing risk factors, clinical manifestations (signs and symptoms), diagnostics, medical management (including surgery, pharmacotherapeutics, complementary health practices), complications and prognosis.

**Complementary health practices**, or complementary or alternative medicine, describe healing practices other than Western medicine. Alternative or complementary medicine is an umbrella term for hundreds of therapies drawn from all over the world. Even though they may represent diverse approaches, they do share certain attributes. They are based on a paradigm of whole systems and the belief that people are more than physical bodies with fixable and replaceable parts. Mental, emotional, and spiritual components of well-being are considered to play a crucial and equal role in a person's state of health. (Fontaine, 2000).

**Primary Health Care** is an approach that addresses illness prevention and health promotion. It encompasses the determinants of health. Five principles underlying this definition are: [WHO (1978), and AARN (2003)]

1. Accessibility of health services
2. Use of appropriate technology
3. Individual and community participation
4. Increased health promotion and disease prevention
5. Intersectoral cooperation

These principles are operationalized in an approach to health care that: [WHO (1978), and AARN (2003)]

- Is evidence based
- Uses appropriate technology
- Promotes community participation in decisions about health services
- Is provided at a cost the community can afford
- Encourages self-care and empowerment of community members
- Is the first level of contact with health care system
- Brings health care as close as possible to where people work, live and play

## NURSING

**Nursing** is a discipline, profession, and an area of practice.

**Discipline:** As a discipline, nursing is centred on knowledge development for professional nursing practice. The discipline of nursing integrates and applies knowledge from nursing practice, theory and

research, and other related disciplines into practice. Evidence based nursing allows the nurse to make professional decisions about the efficacy, efficiency and cost-effectiveness of nursing interventions. Use of models and theories focuses on phenomena of the discipline through a particular worldview to guide practice, research and education.

**Profession:** As a profession, nursing has a social mandate to be responsible and accountable to the public it serves. Nurses accomplish the goals of the profession through caring relationships within the context of legal and ethical standards. Nursing as a self-governing profession is highly organized at local, provincial, national and international levels.

**Practice:** The practice of nursing incorporates direct care of the client, management of care, and education about the care given based on research. The scope of nursing practice includes promotion, restoration, **rehabilitation**, **palliation**, and supporting health through referral and resource allocation. Nurses assess health of the client in a holistic way and apply appropriate therapeutic interventions. The values of caring are expressed to positively effect the health of the client. Nurses use effective communication skills and a systematic process to facilitate client health.

**Palliative care** is a multidisciplinary approach in providing compassionate care and support to individuals who are terminally ill, and support of their families and/or significant others. The focus of palliative care is not on death, but on optimizing comfort and quality of life for the living, through symptom management and pain management. Addressing mental and spiritual needs are a part of the holistic approach in palliative care. Palliative care can be delivered in many settings, such as hospitals, hospices, and homes (*Palliative care. Retrieved December 11, 2003 from Growthhouse.org website: <http://www.growthhouse.org/palliat.html>*).

**Rehabilitation** “involves measures to limit the incapacitation caused by health problems, to prevent recurrences of the specific health problem, and to restore the client to normal\* or near normal function.... Rehabilitation services begin the moment a client enters the health care system. Initially, rehabilitation may focus on the prevention of complications related to the illness or injury. As the condition stabilizes, rehabilitation is directed at maximizing the client’s functioning and level of independence” (*Potter & Perry, 2001, p. 31*).

*\*normal is defined by the client.*

**Roles:** The roles of the nurse include (Clark, 2003, pp. 177-186):

*Client Oriented Roles*

**Caregiver**

**Counsellor**

**Role model**

**Primary care provider**

**Educator**

**Referral resource**

**Advocate**

**Case manager**

*Delivery Oriented Roles*

Coordinator/Case Manager

Liaison

Collaborator

*Population Orientated Roles*

Case Finder

Change Agent

Leader

Community Developer

## Coalition Builder

## Researcher

*The roles will vary according to the setting, level of education and expertise, and client needs.*

**Settings:** are the places where nurses work. For example: Medical unit, public health, ICU, CCU, occupational health, college student health services, palliative care, and home care.

The practice of nursing incorporates direct care of the client, management of care, and education about the care given based on research. The scope of nursing practice includes promotion, restoration, rehabilitation, palliation, and supporting health through referral and resource allocation. Nurses assess health of the client in a holistic way and apply appropriate therapeutic interventions. The values of caring are expressed to positively affect the health of the client. Nurses use effective communication skills and a systematic process to facilitate client health.

### **Trends and Issues:**

“A **trend** is a direction of events or social attitudes; a change to be noted, described and observed. It has a neutral connotation and exists over a period of time. Trends arise from society and are constantly changing. Examples of trends include: the aging of the Canadian population, reduced government spending, increasing technology, globalization, and primary health care reform....An **issue** can be described as a point in question and involves an important subject for debate. An issue implies that there is a dilemma or challenge arising from the change. Issues arise out of trends and the challenges they create require a response from individuals, groups or changes to the system. Examples of issues include: reduced health care spending which has created issues for individual nurses and the profession as a whole” (CNA, 2001, pp 3-4).

## **ENVIRONMENT**

The environment provides a context for client, health, and nursing.

“Environment may represent the immediate person’s physical surroundings, the community or the universe and all it contains” (George, 2003, p. 4). The influence of physical, social, political, economic, and cultural factors is significant aspects of the environment that affect health (Potter & Perry, 2001).

## **PHARMACOLOGY**

**Pharmacology** "is the scientific body of drug knowledge" (Aschenbrenner, Venable, & Wilder Cleveland, 2002, p.2). Core drug knowledge includes **Pharmacotherapeutics** – the desired therapeutic effect of the drug; Pharmacokinetics – the effects of the body on the drug; Pharmacodynamics – the effect of the drug on the body; Contraindications **and precautions** – indicates when a drug should not be used or must be monitored; Adverse **effects** – unintended and/or undesired effects of drugs; Drug **interactions** – effects that may occur when drugs are given

with another substance. It also includes considerations of **core patient variables** such as health status, life span and gender, lifestyle, diet, habits, environment of administration, and culture. **Nursing management** in drug therapy includes planning and implementing actions to maximize therapeutic effects and minimize the adverse effects, patient and family education, and evaluation of effectiveness of drug and nursing therapy.

Note: For this curriculum, the overriding framework is **therapeutic effect** as defined by the Canadian Pharmacists Association.

## CONFERENCE (PRE- AND POST-)

**Conference (Pre- and Post-)** "is tutor-guided time spent as a clinical group in discussion and reflection on the clinical care of assigned clients."

## SEMINAR HOURS

**Seminar Hours** "are the time students spend in learning activities and discussion of theory and issues relevant to the clinical experience."

## BLOCK CLINICAL

**Block Clinical** "Students experience clinical nursing practice for a continuous period of time over consecutive days doing the work that nurses do in the assigned setting. Optimally best not to have support courses running concurrently."

## PROFESSIONAL DEVELOPMENT

**Professional Development** "Professional Development is formal time that may be part of theory and/or clinical courses that students spend with health professionals to develop an expanding body of knowledge and skills related to current trends and issues in the care of clients. Professional development time in clinical courses may be counted as seminar time but not as clinical time."

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**Appendix H - Nursing 491  
Direct Clinical Observation  
Guide to Grading**

**LEVELS OF INDEPENDENCE**

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

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

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

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

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

\*The student will have achieved passing grades in all previous Nursing courses, and so meets all criteria outlined for those courses.

\*Students must pass the direct clinical observation to pass the clinical course.

	Excellent	Very Good	Good/Satisfactory	Marginal	Unsatisfactory
<b>I. Professional and Ethical Responsibilities</b>  Professional Behaviours <ul style="list-style-type: none"> <li>• Respect</li> </ul>	Consistently demonstrates the professional behaviours of respect & responsibility towards clients, peers & others; supports colleagues at all times.	Respectful & responsible in relationships with clients, peers & others; usually supportive of colleagues.	Usually respectful & responsible in relationships with clients, peers & others but occasionally needs feedback re: same. Generally supportive of colleagues but occasionally fails to consider significance of context for others.	Needs frequent feedback re: behaviours of respect & responsibility towards clients, peers & others; support of colleagues.	Communication with clients &/or peers is inappropriate, disrespectful or unprofessional; support of colleagues is inconsistent or non-existent.

<ul style="list-style-type: none"> <li>• Communication</li> </ul>	<p>Communication in clinical is always appropriate &amp; professional.</p>	<p>Communication in clinical is generally appropriate to situation.</p>	<p>Communication in clinical is generally appropriate, but occasionally does not meet accepted standards for professionalism.</p>	<p>Communication in clinical adequate but needs improvement to be judged professional.</p>	<p>Communication in clinical is unprofessional.</p>
<ul style="list-style-type: none"> <li>• Caring</li> </ul>	<p>Consistently demonstrates valuing &amp; caring behaviours in clinical by recognizing the uniqueness, dignity &amp; worth of others. At all times promotes client autonomy.</p>	<p>Generally demonstrates valuing &amp; caring behaviours in clinical by recognizing the uniqueness, dignity &amp; worth of others. Promotes client autonomy.</p>	<p>Demonstrates valuing &amp; caring behaviours in clinical &amp; May require feedback to achieve expected level in recognizing the uniqueness, dignity &amp; worth of others. Usually promotes client autonomy but may need assistance to recognize significance of this.</p>	<p>Demonstrates valuing &amp; caring behaviours in clinical &amp; requires feedback to achieve expected level of acknowledging uniqueness, dignity &amp; worth of others. Inconsistent in recognizing/supporting client autonomy.</p>	<p>Demonstrates insensitive/indifferent or unacceptable behaviours in clinical and requires an unusual amount of feedback &amp;/or does not respond to feedback with appropriate change in behaviour.</p>
<ul style="list-style-type: none"> <li>• Commitment to the profession of nursing</li> </ul>	<p>Consistently adheres to the Code of Ethics of Registered Nurses. Consistently demonstrates professional behaviour that advocates for nursing as a profession.</p>	<p>Adheres to the Code of Ethics of Registered Nurses. Demonstrates professional behaviour that advocates for nursing as a profession..</p>	<p>Aware of the Code of Ethics of Registered Nurses. Requires some assistance in demonstrating professional behaviour that advocates for nursing as a profession.</p>	<p>Aware of the Code of Ethics of Registered Nurses. Requires frequent assistance in demonstrating professional behaviour that advocates for nursing as a profession.</p>	<p>Code of Ethics of Registered Nurses. Inconsistently demonstrates professional behaviour that advocates for nursing as a profession.</p>
<ul style="list-style-type: none"> <li>• Self-awareness</li> <li>• Self-performance evaluation</li> </ul>	<p>Consistently identifies own strengths &amp; areas for improvement &amp; is open to/seek feedback.</p>	<p>Identifies own strengths and areas for improvement with minimal assistance.</p>	<p><b>Identifies strengths &amp; areas for improvement with some tutor/preceptor assistance.</b></p>	<p><b>Identifies strengths &amp; areas for improvement but only</b></p>	<p>Unable to identify strengths &amp; areas for improvement.</p>

<p>Legal and Ethical Standards</p> <ul style="list-style-type: none"> <li>• Integrity</li> <li>• Accountability and Responsibility toward learning</li> <li>• Advocacy for clients' values, beliefs and rights</li> <li>• Practice according to policies and procedures of clinical agencies</li> <li>• Take action on</li> </ul>	<p>Consistently demonstrates integrity &amp; honesty.</p> <p>Generates creative, concrete and complete strategies to meet own learning needs. Course requirements submitted on time &amp; completed at a level exceeding expectations for a student at this level in the program.</p> <p>Always involves client in decision-making &amp; incorporates client's values, beliefs &amp; rights.</p> <p><b>Consistently follows the policies of the agency.</b></p>	<p>Demonstrates integrity &amp; honesty.</p> <p>Generates comprehensive plans to achieve own learning needs. Course requirements are completed at an above average level for a student at this point in the program</p> <p>Almost always involves client in decision-making &amp; incorporates client's values, beliefs &amp; rights.</p> <p><b>Follows the policies of the agency.</b></p>	<p><b>Demonstrates integrity &amp; honesty most of the time.</b></p> <p>Identifies own learning needs &amp; strategies for meeting same. Course requirements are completed at an expected</p>	<p><b>with considerable consultation with tutor/preceptor.</b></p> <p>Demonstrates integrity &amp; honesty at all times although may be unaware of own misconceptions of integrity in clinical practice.</p> <p>Identifies most obvious learning needs but requires more initiative to do a more thorough assessment. Quality of work done to complete course requirements is below expected level for this point in the program.</p> <p>Tends to make decisions for client, does not seek client input consistently. Frequently neglects to incorporate client's values, beliefs &amp; rights.</p>	<p>Fails to demonstrate integrity &amp; honesty in clinical practice.</p> <p>Identifies most obvious learning needs but requires more initiative to do a more thorough assessment. Quality of work done to complete course requirements is below expected level for this point in the program.</p> <p><b>Does not consult client in any part of decision-making process. Fails to incorporate client's values, beliefs &amp; rights.</b></p>
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<p>questionable orders, decisions, or interventions of other health team members</p>	<p>Consistently takes action on questionable orders, decisions, or interventions of other health team members without the assistance of the tutor/preceptor.</p>	<p><b>Consistently takes action on questionable orders, decisions, or interventions of other health team members with minimal assistance from the tutor/preceptor.</b></p>	<p>level for this point in the program.</p> <p>Usually involves client in decision-making but is inconsistent in this &amp; in incorporating client's values, beliefs &amp; rights.</p> <p>With minimal guidance, follows the policies of the agency.</p> <p>Takes action on questionable orders, decisions, or interventions of other health team members some of the time with assistance from the tutor/preceptor.</p>	<p>Needs frequent guidance/direction to follow policies of the agency.</p> <p>Does not consistently question orders, decisions, or interventions of other health team members without the assistance of the tutor/preceptor.</p>	<p><b>Unaware of agency policies or consistently does not follow agency policy.</b></p> <p><b>Does not question orders, decisions, or interventions of other health team members and intervention only comes from the tutor/preceptor or other staff.</b></p>
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II. Knowledge-Based Practice					
<ul style="list-style-type: none"> <li>Integrates and applies nursing knowledge and knowledge from other disciplines to clients experiencing acute variances in health</li> <li>Model/Theory</li> </ul>	Integrates & applies knowledge at an exceptional level to a group of clients experiencing acute variances in health. Is consistently well prepared for clinical practice.	Integrates & applies knowledge at an above average level to a group of clients experiencing acute variances in health. Is well prepared for clinical practice.	Integrates & applies knowledge at an average level to a group of clients experiencing acute variances in health. May require assistance to identify/incorporate significant knowledge in care of client. Is usually well prepared for clinical practice.	Integrates & applies knowledge at a marginal level to a group of clients experiencing acute variances in health. Requires more assistance than usual to achieve an acceptable level. Is inconsistently prepared for clinical practice.	Unacceptable level of knowledge with minimal application to client situation. Requires inordinate amount of assistance to achieve basic understanding of significant factors relating to the care of clients with acute variances in health. Is inconsistently prepared for clinical practice.
	Integrates and applies knowledge of a nursing model as well as knowledge from other disciplines in selected nursing situations.	Integrates and applies knowledge of a nursing model as well as knowledge from other disciplines in selected nursing situations with minimal assistance.	Integrates and applies knowledge of a nursing model as well as knowledge from other disciplines in selected nursing situations with some assistance, needs to be reinforced frequently.	Rarely able to integrate and apply knowledge of a nursing model or knowledge from other disciplines in selected nursing situations, requires much assistance.	Unable to satisfactorily apply or integrate knowledge of a nursing model or to incorporate knowledge from other disciplines in selected nursing situations.

<ul style="list-style-type: none"> <li>• Research findings relevant to nursing situation</li>   <li>• Nursing practice problems</li>   <li>• Supports research activities occurring in practice</li> </ul>	<p>Demonstrates consistent application and integration of research findings in day-to-day nursing practice. Shares research findings with others in practice.</p> <p>Identifies nursing practice problems above a beginner level and communicates a possible solution to the problem and implements a plan using other health care professionals.</p> <p>Promotes the significance of research activities pertinent to the practice environment.</p>	<p>Generally demonstrates application and integration of research findings in day-to-day nursing practice. Shares research findings with others in practice.</p> <p>Identifies nursing practice problems above a beginner level and communicates a possible solution to the problem.</p> <p>Identifies significance of research activities pertinent to the practice environment.</p>	<p>Demonstrates application and integration of research findings in day-to-day nursing practice only upon reflection of practice situations.</p> <p>Identifies nursing practice problems at a beginning level.</p> <p>Aware of research activities in the practice environment.</p>	<p>Demonstrates application and integration of research findings in day-to-day nursing practice only upon reflection of practice situations and with the direction of the tutor.</p> <p>Identifies nursing practice problems with assistance of the tutor.</p> <p>Aware of research activities in the practice environment with assistance of the tutor.</p>	<p>Does not demonstrate application or integration of research findings in day-to-day nursing practice and/or upon reflection of practice situations.</p> <p>Identifies nursing practice problems only with a significant amount of assistance from tutor.</p> <p>Is not aware of research activities in the practice environment.</p>
<p><b>III. Provision of Service to the Public</b></p> <p>Integrates concepts of primary health care,</p>					

<p>health promotion, primary, secondary, tertiary prevention, with clients and families in ambiguous and complex situations.</p> <ul style="list-style-type: none"> <li>• Manages care for a group of clients</li> <li>• Demonstrates leadership and management abilities</li> <li>• Demonstrates flexibility in dealing with ambiguity and diversity</li> </ul>	<p><b>Able to manage care for 3 or more complex clients. Able to delegate and assign care consistently. Provides care in a timely manner. Consistently demonstrates sound clinical judgment in complex situations. Independently uses critical thinking skills and innovation to solve problems.</b></p> <p>Demonstrates effective leadership abilities in complex clinical situations. Independently identifies and acts on managerial issues as they occur.</p>	<p>Able to manage care for 3 or more clients. Able to delegate and assign care with minimal guidance from tutor. Provides care in a timely manner. Consistently demonstrates sound clinical judgment. Uses critical thinking skills and innovation to solve problems with minimal assistance.</p> <p>Demonstrates effective leadership abilities in clinical situations. Identifies and acts on managerial issues as they occur with minimal assistance.</p> <p>Adapts to rapidly changing complex clinical situations. Able to cope with ambiguity in the clinical setting. Recognizes diversity in clients and changes plan of care accordingly with minimal assistance.</p>	<p>Able to manage care for 3 or more clients. Able to delegate and assign care with guidance from tutor. Provides care in a timely manner with some tutor assistance. Demonstrates sound clinical judgment. Uses critical thinking skills and innovation to solve problems with assistance.</p> <p>Demonstrates effective leadership abilities in most clinical situations. Identifies and acts on managerial issues with assistance.</p> <p>Adapts to rapidly changing clinical situations. Able to cope with ambiguity in the clinical setting. Recognizes diversity in clients and changes plan of care accordingly with assistance.</p>	<p>Able to manage care for 3 or more clients. Able to delegate and assign care with substantive guidance from tutor. Has difficulty providing care in a timely manner. Inconsistently demonstrates sound clinical judgment. Uses critical thinking skills and innovation to solve problems with substantive assistance.</p> <p>Demonstrates some leadership abilities in clinical situations. Responds to managerial issues as identified by others.</p> <p>Has difficulty adapting to rapidly changing clinical situations. Has difficulty dealing with ambiguity in the clinical setting. Needs assistance in recognizing diversity in clients and changing plan of care accordingly.</p>	<p>Unable to manage care for 3 or more clients. Able to delegate and assign care with substantive guidance from tutor. Has difficulty providing care in a timely manner. Inconsistently demonstrates sound clinical judgment. Uses critical thinking skills and innovation to solve problems with substantive assistance.</p> <p>Demonstrates ineffective leadership abilities in clinical situations. Responds to managerial issues as they are identified by others .</p> <p>Unable to adapt to rapidly changing clinical situations. Has difficulty dealing with ambiguity in the clinical setting. Needs assistance in recognizing diversity in clients and changing plan of care accordingly.</p>
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<ul style="list-style-type: none"> <li>• Demonstrates competence in using information technology</li> <li>• Effectively uses time management strategies</li> <li>• Demonstrates competence in anticipation future needs of clients and mobilizes appropriate resources</li> </ul> <p>Demonstrates competence in skills required for nursing care of clients experiencing acute and complex</p>	<p>Easily adapts to rapidly changing complex clinical situations. Able to cope well with ambiguity in the clinical setting. Recognizes diversity in clients and changes plan of care accordingly.</p> <p>Demonstrates excellence in data entry and retrieval of information in the clinical agency (as permitted). Able to use technological equipment proficiently. Accesses information from a variety of sources.</p> <p>Demonstrates excellence in time management strategies in a variety of areas.</p> <ul style="list-style-type: none"> <li>• client care</li> <li>• documentation</li> <li>• retrieval of information</li> <li>• medication delivery</li> <li>• other</li> </ul>	<p>Demonstrates skills in data entry and retrieval of information in the clinical agency (as permitted). Able to use technological equipment proficiently. Accesses information from a variety of sources.</p> <p>Demonstrates proficiency in time management strategies in a variety of areas.</p> <ul style="list-style-type: none"> <li>• client care</li> <li>• documentation</li> <li>• retrieval of information</li> <li>• medication delivery</li> <li>• other</li> </ul> <p>Usually able to anticipate the future needs of clients &amp; mobilize appropriate resources.</p>	<p>Demonstrates interest in data entry and retrieval of information with assistance in the clinical agency (as permitted). Able to use technological equipment competently. Accesses information from a variety of sources.</p> <p>Effectively uses time management strategies in a variety of areas.</p> <ul style="list-style-type: none"> <li>• client care</li> <li>• documentation</li> <li>• retrieval of information</li> <li>• medication delivery</li> <li>• other</li> </ul> <p>Usually able to anticipate the future needs of clients &amp; is able mobilize appropriate resources with assistance.</p>	<p>Lacks awareness of significance of data entry skills and retrieval of information in the clinical agency (as permitted). Has some difficulty using technological equipment competently. Accesses information from a limited number of sources.</p> <p>Marginal time management strategies in a specific area.</p> <ul style="list-style-type: none"> <li>• client care</li> <li>• documentation</li> <li>• retrieval of information</li> <li>• medication delivery</li> <li>• other</li> </ul> <p>Requires assistance to identify possible future needs of clients &amp; to generate most obvious resources for dealing with these needs.</p>	<p>Encouragement needed to demonstrate interest in data entry and retrieval of information in the clinical agency (as permitted). Unable to use technological equipment competently. Accesses information from limited sources.</p> <p>Lacks time management strategies in specific areas.</p> <ul style="list-style-type: none"> <li>• client care</li> <li>• documentation</li> <li>• retrieval of information</li> <li>• medication delivery</li> <li>• other</li> </ul> <p>Fails to anticipate clients' future needs &amp;/or does not generate suggestions about resources for meeting those needs.</p>
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<p>variances in health in ambiguous and rapidly changing situations by:</p> <ul style="list-style-type: none"> <li>Using various assessment methods, planning and implementing care, and evaluating and modifying the plan of care</li> </ul>	<p>Consistently anticipates the future needs of clients &amp; mobilizes appropriate resources independently.</p> <p>Makes thorough and accurate assessments of client using a variety of methods and tools independently. Identifies accurate nursing diagnoses in collaboration with medical diagnoses. Develops a plan of care with the client setting realistic and measurable goals. Implements a comprehensive care plan based on scientific rationale. Demonstrates excellence in nursing skills, teaching skills, critical thinking and safety. Evaluates the effectiveness of the plan of care, makes changes to the plan and communicates the plan of care to other health care providers.</p>	<p>Makes thorough and accurate assessments of client using a variety of methods and tools with minimal assistance. Identifies nursing diagnoses in collaboration with medical diagnoses. Develops a plan of care with the client setting realistic and measurable goals. Implements a comprehensive care plan based on scientific rationale. Demonstrates very good nursing skills, teaching skills, critical thinking and safety. Evaluates the effectiveness of the plan of care, makes changes to the plan with minimal assistance and communicates the plan of care to other health care providers.</p>	<p>Makes assessments of client using a variety of methods and tools some assistance. Identifies nursing diagnoses in collaboration with medical diagnoses. Develops a plan of care with the client setting realistic and measurable goals with some assistance. Implements a care plan based on scientific rationale. May require some assistance with developing interventions. Demonstrates competence in nursing skills, teaching skills, critical thinking and safety. Evaluates the effectiveness of the plan of care, makes changes to the plan with some assistance and communicates the plan of care to other health care providers.</p>	<p>Makes assessments of clients using a variety of methods and tools but is missing critical assessment data. Identifies nursing diagnoses in collaboration with medical diagnoses with assistance. The plan of care is not well developed and is little rationale. Requires guidance in implementing care. Demonstrates minimal competence in nursing skills, teaching skills, critical thinking and safety. Under direction, evaluates the effectiveness of the plan of care, makes changes to the plan and communicates the plan of care to other health care providers.</p>	<p>Makes assessments of clients using a variety of methods and tools but is consistently missing critical assessment data. Identifies nursing diagnoses in collaboration with medical diagnoses with assistance. The plan of care is not well developed and provides incorrect rationale. Requires guidance in implementing care. Demonstrates lack of competence in nursing skills, teaching skills, critical thinking and/or safety. Unable to effectively evaluate or make changes to the plan of care.</p>
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Appendix I – NURS 491

## Care Plan Grading Descriptors

	Excellent	Very Good	Good/Satisfactory	Marginal	Fail
<b>Description of Client</b>  /2	Excellent description of: client age, medical diagnoses, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date	Very good description of: client age, medical diagnoses, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date	Satisfactory description of: client age, medical diagnoses, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date	Missing some pertinent data from: Description of client age, medical diagnoses, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date	Missing most pertinent data from: description of client age, medical diagnoses, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date
<b>Assessment</b>  /5	Excellent nursing assessment completed according to theorist or own theory. Solid rationale for choice of theorist or own theory provided. Assessment incorporates proper use of terminology used by theory. Areas of assessment that are priorities are identified. Includes all relevant data under assessment categories to support nursing diagnoses. References for assessment guidelines comprehensive.	Very good nursing assessment completed according to theorist or own theory. Brief rationale for choice of theorist or own theory provided. Assessment incorporates use of terminology used by theory. Areas of assessment that are priorities are generally identified. Includes most relevant data under assessment categories to support nursing diagnoses. References for assessment guidelines complete.	Satisfactory nursing assessment completed according to theorist or own theory. Adequate rationale for choice of theorist or own theory provided. Assessment incorporates some use of terminology used by theory. Areas of assessment are identified but not completely in priority. Includes some relevant data under assessment categories but some pertinent data missing needed to support nursing diagnoses. Single reference for assessment guidelines noted.	Marginal assessment completed according to theorist or own theory. Little rationale for choice of theorist or own theory provided. Assessment does not incorporate proper use of terminology used by theory. Areas of assessment are identified but not in priority. Includes some relevant data under assessment categories but pertinent data missing needed to support nursing diagnoses. Reference for assessment guidelines not identified.	Assessment incomplete according to theory structure. No rationale for choice of theory provided. Assessment does not incorporate use of terminology used by theory. Areas of assessment are identified but not in priority. Includes some relevant data under assessment categories but most pertinent data missing in order to support nursing diagnoses. No reference for assessment guidelines.
<b>Diagnoses – 5 priority</b>  /2.5	Nursing diagnoses are client focused and prioritized with good rationale. Etiology for diagnosis is logical and based on assessment data. Ie. Has an “as evidenced by” statement for each diagnosis.	Nursing diagnoses are mostly client focused and prioritized with brief rationale. Etiology for diagnosis is logical and based on assessment data. Ie. Has an “as evidenced by” statement for most diagnoses.	Nursing diagnoses are generally client focused but not well prioritized but do include brief rationale. Etiology for diagnosis is vague but based on assessment data. Ie. Has an “as evidenced by” statement for some diagnoses.	Nursing diagnoses are not well prioritized and rationale is not articulated well. Diagnoses tend not to be client focused. Etiology for diagnosis is vague and not based on assessment data. Ie. Has an “as evidenced by” statement for few diagnoses.	Nursing diagnoses are not prioritized and rationale is not included in all cases. Diagnoses are not client focused. Etiology for diagnosis is vague and not based on assessment data. Ie. Has an “as evidenced by” statement for each diagnosis.

<p><b>Outcomes</b></p> <p>/2.5</p>	<p>Expected client outcomes are identified for, and relate to, all diagnoses. All outcomes are realistic and measurable for the client.</p>	<p>Expected client outcomes are identified for, and relate to, most diagnoses. Most outcomes are realistic and measurable for the client.</p>	<p>Expected client outcomes are identified for most diagnoses. Some outcomes do not relate to the nursing diagnoses. Some outcomes are realistic and measurable for the client.</p>	<p>Expected client outcomes are identified for some diagnoses. Some outcomes do not relate to the nursing diagnoses. Most outcomes are not realistic and/or measurable for the client.</p>	<p>Expected client outcomes are not identified for diagnoses or do not relate to diagnoses.</p>
<p><b>Implementation</b></p> <p>/10</p>	<p>Comprehensive list of interventions is identified for the client. The list is prioritized. Thorough rationale is given for each intervention based on research and literature. An additional list of interventions not implemented by the student that could be used in future situations is generated.</p>	<p>An appropriate list of interventions is identified for the client. The list is mostly well prioritized. Rationale is given for each intervention based on research and literature. A brief additional list of interventions not implemented by the student that could be used in future situations is generated.</p>	<p>A list of interventions is identified for the client. Not all interventions appropriate for client. The list is generally prioritized. Rationale is given for each intervention but is only loosely based on research and literature. No additional list of interventions is generated.</p>	<p>A list of interventions is identified for the client but is incomplete. Not all interventions appropriate for client. The list is not well prioritized. Rationale is given for some interventions but is only loosely based on textbook information. No additional list of interventions is generated.</p>	<p>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 is not based on credible sources. No additional list of interventions is generated.</p>
<p><b>Evaluation</b></p> <p>/2.5</p>	<p>All expected outcomes are evaluated well. Thorough rationale for evaluation is provided for all outcomes. Reassessment of outcomes is completed for any outcome not achieved by the client and new outcomes are identified.</p>	<p>Most expected outcomes are evaluated well. Rationale for evaluation is provided for most outcomes. Reassessment of outcomes is mostly completed for any outcome not achieved by the client and new outcomes are identified.</p>	<p>Most expected outcomes are evaluated but evaluation is not always related specifically to the outcome. Rationale for evaluation is provided for most outcomes but rationale is not always thorough. Reassessment of outcomes is completed</p>	<p>Some expected outcomes are evaluated but evaluation is not always related specifically to the outcome. Rationale for evaluation is vague. Reassessment of outcomes is not always complete.</p>	<p>Most expected outcomes are not evaluated or evaluation is not always related specifically to the outcome. Rationale for evaluation is vague or incomplete. Reassessment of outcomes is not complete.</p>

			for most outcomes not achieved by the client but new outcomes are not always realistic or measurable.		
<b>Primary Health Care</b>  /2.5	Discussion of how all the principles of Primary Health Care apply client situation is comprehensive. Creative strategies are generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.	Discussion of how all the principles of Primary Health Care apply client situation is quite comprehensive. Some creative strategies are generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.	Discussion of how all of the principles of Primary Health Care apply client situation is satisfactory. A few creative strategies are generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.	Discussion of how the principles of Primary Health Care apply client situation is vague. Few creative strategies are generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.	Discussion of how the principles of Primary Health Care apply client situation is incomplete. Strategies are not generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.
<b>Format/Grammar/Clarity Organization</b>  /3	Clear and concise writing style. All sections of the assignment identified with headings. Grammar and spelling excellent. All citations in text and referencing according to APA guidelines.	Clear writing style. Most sections of the assignment identified with headings. Grammar and spelling very good. Most citations in text and referencing according to APA guidelines.	Clear writing style with occasional areas of confusion. Some sections of the assignment identified with headings. Grammar and spelling satisfactory. Citations in text and referencing according to APA guidelines need occasional correction.	Writing style is disorganized. Few headings noted in care plan. Grammar and spelling marginal. Citations in text and referencing according to APA guidelines needs frequent correction.	Writing style is very disorganized. No headings noted in care plan. Grammar and spelling unsatisfactory. Few citations in text. Referencing according to APA guidelines needs frequent correction.

Grade: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Comments:

**Appendix J**  
**Journal Writing Criteria (Marked out of 5)**

<b>Characteristic</b>	<b>Excellent (5)</b>	<b>Very Good (4)</b>	<b>Good (3)</b>	<b>Marginal (2)</b>	<b>Unsatisfactory (1)</b>
<b>Personal/Professional Growth</b>  <b>APA</b>	Personal and professional growth was analysed substantively in journal.  Meets all APA criteria.	Personal and professional growth was analysed very well in journal.  Meets all but minor APA criteria.	Personal and professional growth was analysed well in journal.  Meets most APA criteria.	Personal and professional growth was analysed superficially in journal.  APA criteria not followed well .	Personal and professional growth was not analysed in journal.  APA criteria not followed.
<b>Critical Thinking Reflective Practice</b>	Recognizes critical clinical events and reflects on them substantively as they relate to clinical practice and uses incidents to build on for future practice	Recognizes critical clinical events and reflects on them substantively as they relate to clinical practice	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 able to recognize or reflect on critical events in nursing practice
<b>Connection of Abstract to Practical</b>	Recognizes actions are based on values and identifies values they are based on Critiques behaviours in clinical practice and examines and questions values and beliefs related to behaviours	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	Recognizes actions are based on beliefs Ties some personal values and beliefs to behaviours	Recognizes actions are a choice but no justification of actions given Mentions personal beliefs but does not tie them to behaviours	Does not take responsibility for own actions No references to personal values or beliefs in journal
<b>Application of Knowledge</b>	Includes appropriate articles in journal. Is able to utilize knowledge from nursing and other disciplines and apply it to nursing practice now and for the future	Includes appropriate theory articles in journal and consistently applies them to nursing practice	Includes appropriate theory articles and occasionally applies content to nursing practice	Includes occasional theory articles in journal but does not apply the content to own practice	Does not include articles or apply theoretical knowledge to practice

**Comments:**

**Grade (/5):** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Appendix K – NURS 491  
Perioperative Follow-through  
Grading Guide*

	Excellent	Very Good	Satisfactory	Marginal	Fail
<p><b>Description of Client</b></p> <p style="text-align: center;">/2</p>	Excellent description of: client age, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date.	Very good description of: client age, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date	Satisfactory description of: client age, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date	Missing some pertinent data from: description of client age, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date	Missing most pertinent data from: description of client age, brief review of pathophysiology of disease, pertinent health history and current presentation of disease, admission date and discharge date
<p><b>Description of the Surgery</b></p> <p style="text-align: center;">/2</p>	Excellent description and rationale of: surgery performed, anaesthetic used, analysis of complications (if occurred) and current research relating to the surgery is provided and is comprehensive	Very good description and rationale of: surgery performed, anaesthetic used, analysis of complications (if occurred) and research relating to the surgery is provided	Satisfactory description and rationale of surgery performed, anaesthetic used, analysis of complications (if occurred) and some of the research relating to the surgery is provided but is outdated.	Missing some pertinent data from surgery performed, anaesthetic used, analysis of complications (if occurred) and research relating to the surgery is minimal and outdated.	Missing most pertinent data from surgery performed, anaesthetic used, analysis of complications (if occurred) and research relating to the surgery is missing.
<p><b>Assessment</b></p> <p style="text-align: center;">/5</p>	Excellent nursing assessment completed according to theorist. Solid rationale for choice of theorist provided. Assessment incorporates proper use of terminology used by theorist. Areas of assessment that are priorities are identified. Includes all relevant data under assessment categories to support nursing diagnoses. References for assessment	Very good nursing assessment completed according to theorist. Brief rationale for choice of theorist provided. Assessment incorporates use of terminology used by theorist. Areas of assessment that are priorities are generally identified. Includes most relevant data under assessment categories to support nursing diagnoses.	Satisfactory nursing assessment completed according to theorist. Adequate rationale for choice of theorist provided. Assessment incorporates some use of terminology used by theorist. Areas of assessment are identified but not completely in priority. Includes some relevant data under assessment categories but some pertinent data	Marginal assessment completed according to theorist. Little rationale for choice of theorist provided. Assessment does not incorporate proper use of terminology used by theorist. Areas of assessment are identified but not in priority. Includes some relevant data under assessment categories but pertinent data missing needed to support nursing	Assessment incomplete according to theory structure. No rationale for choice of theorist provided. Assessment does not incorporate use of terminology used by theorist. Areas of assessment are identified but not in priority. Includes some relevant data under assessment categories but most pertinent data missing in order to support nursing diagnoses. No

	guidelines comprehensive.	References for assessment guidelines complete.	missing needed to support nursing diagnoses. Single reference for assessment guidelines noted.	diagnoses. Reference for assessment guidelines not identified.	reference for assessment guidelines.
<p><b>Diagnoses (3)</b>  <b>** you MAY NOT use anxiety, knowledge deficit or pain</b></p> <p>/3</p>	Nursing diagnoses are client focused, prioritized with good rationale and relevant to the current surgical admission. Etiology for diagnosis is logical and based on assessment data. Ie. Has an “as evidenced by” statement for each diagnosis.	Nursing diagnoses are mostly client focused and prioritized with brief rationale mostly relevant to the current surgical admission . Etiology for diagnosis is logical and based on assessment data. Ie. Has an “as evidenced by” statement for most diagnoses.	Nursing diagnoses are generally client focused but not well prioritized but do include brief rationale which is minimally relevant to the current surgical admission. Etiology for diagnosis is vague but based on assessment data. Ie. Has an “as evidenced by” statement for some diagnoses.	Nursing diagnoses are not well prioritized and rationale is not articulated well. Diagnoses tend not to be client focused or relevant to the current surgical. Etiology for diagnosis is vague and not based on assessment data. Ie. Has an “as evidenced by” statement for few diagnoses.	Nursing diagnoses are not prioritized and rationale is not included in all cases. Diagnoses are not client focused and are irrelevant to the current surgical. Etiology for diagnosis is vague and not based on assessment data. Ie. Has an “as evidenced by” statement for each diagnosis.

<p><b>Outcomes</b></p> <p>/3</p>	<p>Expected client outcomes are identified for, and relate to, all diagnoses. All outcomes are realistic and measurable for the client.</p>	<p>Expected client outcomes are identified for, and relate to, most diagnoses. Most outcomes are realistic and measurable for the client.</p>	<p>Expected client outcomes are identified for most diagnoses. Some outcomes do not relate to the nursing diagnoses. Some outcomes are realistic and measurable for the client.</p>	<p>Expected client outcomes are identified for some diagnoses. Some outcomes do not relate to the nursing diagnoses. Most outcomes are not realistic and/or measurable for the client.</p>	<p>Expected client outcomes are not identified for diagnoses or do not relate to diagnoses.</p>
<p><b>Implementation</b></p> <p>/10</p>	<p>Comprehensive list of interventions is identified for the client. The list is prioritized. Thorough rationale is given for each intervention based on research and literature. An additional list of interventions not implemented by the student that could be used in future situations is generated.</p>	<p>An appropriate list of interventions is identified for the client. The list is mostly well prioritized. Rationale is given for each intervention based on research and literature. A brief additional list of interventions not implemented by the student that could be used in future situations is generated.</p>	<p>A list of interventions is identified for the client. Not all interventions appropriate for client. The list is generally prioritized. Rationale is given for each intervention but is only loosely based on research and literature. No additional list of interventions is generated.</p>	<p>A list of interventions is identified for the client but is incomplete. Not all interventions appropriate for client. The list is not well prioritized. Rationale is given for some interventions but is only loosely based on textbook information. No additional list of interventions is generated.</p>	<p>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 is not based on credible sources. No additional list of interventions is generated.</p>
<p><b>Evaluation</b></p> <p>/3</p>	<p>All expected outcomes are evaluated well. Thorough rationale for evaluation is provided for all outcomes. Reassessment of outcomes is completed for any outcome not achieved by the client and new outcomes are identified.</p>	<p>Most expected outcomes are evaluated well. Rationale for evaluation is provided for most outcomes. Reassessment of outcomes is mostly completed for any outcome not achieved by the client and new outcomes are identified.</p>	<p>Most expected outcomes are evaluated but evaluation is not always related specifically to the outcome. Rationale for evaluation is provided for most outcomes but rationale is not always thorough. Reassessment of outcomes is completed</p>	<p>Some expected outcomes are evaluated but evaluation is not always related specifically to the outcome. Rationale for evaluation is vague. Reassessment of outcomes is not always complete.</p>	<p>Most expected outcomes are not evaluated or evaluation is not always related specifically to the outcome. Rationale for evaluation is vague or incomplete. Reassessment of outcomes is not complete.</p>

			for most outcomes not achieved by the client but new outcomes are not always realistic or measurable.		
<b>Primary Health Care</b>  /2.5	Discussion of how all the principles of Primary Health Care apply client situation is comprehensive. Creative strategies are generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.	Discussion of how all the principles of Primary Health Care apply client situation is quite comprehensive. Some creative strategies are generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.	Discussion of how all of the principles of Primary Health Care apply client situation is satisfactory. A few creative strategies are generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.	Discussion of how the principles of Primary Health Care apply client situation is vague. Few creative strategies are generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.	Discussion of how the principles of Primary Health Care apply client situation is incomplete. Strategies are not generated re: how the health care team can better implement the 5 principles in the clinical environment as they relate to the client.
<b>Format/Grammar/Clarity Organization</b>  /2.5	Clear and concise writing style. All sections of the assignment identified with headings. Grammar and spelling excellent. All citations in text and referencing according to APA guidelines.	Clear writing style. Most sections of the assignment identified with headings. Grammar and spelling very good. Most citations in text and referencing according to APA guidelines.	Clear writing style with occasional areas of confusion. Some sections of the assignment identified with headings. Grammar and spelling satisfactory. Citations in text and referencing according to APA guidelines need occasional correction.	Writing style is disorganized. Few headings noted in care plan. Grammar and spelling marginal. Citations in text and referencing according to APA guidelines needs frequent correction.	Writing style is very disorganized. No headings noted in care plan. Grammar and spelling unsatisfactory. Few citations in text. Referencing according to APA guidelines needs frequent correction.

Grade: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Comments:

