



# UNIVERSITY OF ALBERTA COLLABORATIVE BScN PROGRAM

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



## NURSING 1910

### 2010 – 2011 COURSE OUTLINE

January 2011

#### **INSTRUCTORS:**

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**Originally developed by the Clinical Experience Development Committee  
Revised by the Learning Experiences Development Committee, April 2010**

**UNIVERSITY OF ALBERTA COLLABORATIVE BScN PROGRAM, 1999**

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**Approved: May 2010**

## Nursing 191 Course Outline

### CALENDAR STATEMENT:

**NURS 191 Nursing Practice I** \*4 (fi 8) (second term, 1-15c-2 in 7 weeks).

Beginning nursing practice with a focus on health promotion and interaction with clients across the life span in a variety of non-traditional settings. Prerequisites: NURS 190 and 194.

**COURSE HOURS:** LEC: 0 SEM: 7 CLINICAL: 105 LAB: 14

### COURSE DESCRIPTION:

This course will introduce students to beginning nursing practice in the community. The focus is on health promotion and on providing opportunities for students to develop communication skills and establish helping relationships. Nursing practice will include selected assessment of healthy individuals across the life span in the context of family within a community.

### COURSE OBJECTIVES:

#### Levels of Independence

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Objectives**

Overarching statements:

Students are responsible to familiarize themselves with *Graduate Competencies and Year-End Outcomes (with Cross Reference to Courses) 2010-2011*. Attention must be given to the competencies that are identified as being relevant to NURS 191.

Students must regularly refer to the document entitled *Graduate Competencies and Year-End Outcomes Condensed Version 2010-2011*. Attention must be given to the Year 1 Column. This document serves as the basis for the evaluation of students' clinical practice.

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

- CARNA Nursing Practice Standards (2003) and all other CARNA standards
  - The CNA Code of Ethics for Registered Nurses (2008).
1. Demonstrate, with assistance, the processes of self-directed learning, critical thinking, and group process in context-based learning and in a variety of community settings.
  2. Demonstrate, with assistance, the ability to practice in accordance with Year 1 competencies, as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2010-2011*.
  3. Demonstrate, with assistance, the ability to use professional and therapeutic communication skills to collaborate with clients across the life span.
  4. Demonstrate, with assistance, the ability to use professional communication skills with colleagues, professionals, and other individuals encountered in the practice environment(s).
  5. Demonstrate, with assistance, the ability to establish a helping relationship with clients.
  6. Demonstrate, with assistance, the ability to engage in health promoting activities with clients.
  7. Demonstrate, with assistance, the ability to conduct selected assessments with healthy individuals across the lifespan in the context of family within a community.
  8. Demonstrate, with assistance, the ability to engage in evidence-based practice.
  9. Demonstrate the ability to integrate knowledge into clinical practice.

Note: Up to three "site specific" objectives related to the clinical settings and/or characteristics of the program location (Edmonton, Fort McMurray, Grande-Prairie, or Red Deer), may be added. This is not a requirement; it is an opportunity for creativity. Such site specific objectives do not require CDC approval but should be approved by the site.

### **REQUIRED RESOURCES (Posted on Moodle)**

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

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

Vollman, A.; Anderson, E.; & McFarlane, J. (2008) *Canadian community as partner* (2nd ed). Philadelphia, PA: Lippincott, Williams & Wilkins.

Wright, L. & Leahey, M. (2009). *Nurses and families: A guide to family assessment and intervention* (5th ed.). Philadelphia, PA: FA Davis

### **REQUIRED LEARNING EXPERIENCES**

**In order to pass NURS 191 and NURS 195, students must demonstrate safe ethical nursing practice, professional behaviour, and complete the following experiences:**

1. During this course, students will have a continuous experience in the community where clients live and/or in community agencies (non-acute) where services to clients are offered which will include nursing practice with individuals across the life span, in the context of family.
2. Participate in site-selected lab activities (see 'Map of Theoretical Labs, Clinical Labs, and Clinical Seminars').
3. Plan and implement visit with a client where the client lives.
4. Participate in health-related activities of a community agency.
5. Complete a comprehensive health history on an individual.
6. Engage in a health promotion activity based on identified needs.
7. Examine the role of the registered nurse.
8. Assess a client using a selected nursing model.
9. Perform selected nursing care (i.e., ADL, hygiene).

## **NS 1910 CLINICAL EXPERIENCES**

### **Public Health Unit**

Each student will spend 3 days shadowing a nurse at a public health unit, observing the role of a community health nurse and participating in appropriate nursing activities.

At the Grande Prairie office, students will be assigned to a specific team versus a specific person. At the rural offices, students will be assigned to the Health Unit. Students may move within the team/health unit as learning experiences arise.

### **Teaming up for Tobacco Free Kids**

Teaming Up for Tobacco-Free Kids targets students in Grades 4 to 6. Emphasizing prevention, the goal of the program is to increase awareness about the dangers related to tobacco use before they form regular tobacco use patterns. The program delivers positive role modeling among peers, provides appealing t-shirts, and builds youth capacity for healthy living. You will have the opportunity to work in groups to present this curriculum in schools in Grande Prairie and surrounding area.

### **Health & Wellness Curriculum Support**

Nursing students will provide portions of the Alberta health curriculum related to healthy choices in the areas of nutrition, physical activity, lifestyle, and hygiene to K-12 students in the Peace Country Health region. This program offers you with another opportunity to practice age specific health promotion activities. You will be oriented to the program and given resource materials to assist you in your role.

Two students are normally assigned to each session. Sessions will vary in length from 30-120 minutes depending upon the grade level of the students in the schools and the school's timetable. The clinical tutor will be present for a portion or all of your presentation.

Part of your clinical hours in this program includes preparatory hours for the sessions that you will facilitate.

### **Family Home Visits and Assessment**

The purpose of this clinical experience is to give you the opportunity to begin to apply therapeutic communication skills, establish a professional nursing student-client relationship, become familiar with the CFAM tools of an ecomap, genogram, and attachment diagram and to conduct a health history.

You must choose a family (not your immediate family) and conduct a minimum of two family visits in their home.

- Use the Calgary Family Assessment Model (CFAM) tools of a genogram, attachment diagram and ecomap at a novice level.
- A discussion of your findings will be presented in seminar
- The analysis and synthesis of your findings and your participation in this seminar will be incorporated into your ENP

## **HIV North**

During this experience you will be expected to follow staff for two days. These opportunities *may* include: a street walk, STI pre/posting counseling, STI testing, health promotion activities around safe sex.

## **LABS**

There are 6 hours of labs included in this course.

### **1) Family Assessment (CFAM)**

**Learning Objectives:** After completion of this lab, the student will be able to:

1. Identify, discuss, and apply the components of the Calgary Family Assessment Model.
2. In group work, will engage in an activity to learn the principle of connections within an ecomap.
3. In group work, will be able to draw an ecomap on a given family.
4. In group work, will be able to draw a genogram on a given family.

### **2) Community Assessment (Windshield Survey)**

**Learning Objectives:** At the completion of this lab a student will be able to:

1. Begin to develop her/his own definition of “What is a Community”;
2. Identify the basic information, related to a specific community (i.e. GPRC as a “community”) needed to complete a preliminary walking/windshield survey.
3. Collect the necessary information to complete a preliminary walking/windshield survey of a designated community
4. Draw beginning conclusions and make preliminary judgments, using Health Canada’s Determinants of Health, about the health status of GPRC as a community

## SEMINARS

Seminars will be held 0830-1120 note day and location TBA.

### REQUIRED EVALUATION

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

#### 1. ENP (Evaluation of Nursing Practice)

70%

A formative and written summative evaluation of Nursing Practice will be completed by the student and the tutor. Evaluation will be accomplished through observation assessment and evaluation of the student during nursing practice. *Evaluations will be made by the tutor and may be supplemented with input from peers, the staff of an agency, and the client.*

**Missed clinical time of 2 days or more may put you in jeopardy of failing the clinical course if the instructor is unable to evaluate your performance.**

- **Mid-Term Evaluation:** by appointment.
- **Final Evaluations:** Date TBD

**\*\* Please submit your final Self-evaluation by Date TBD**

**The ENP will also include the follow three assessments:**

- **Journal:** A reflective journal will be evaluated as part of your ENP. This journal will be a professional reflection on a learning experience that you identify as important in Community Nursing during your clinical course. See **Appendix D** for suggested guidelines.

**Due Date:** TBD

- **Feedback Forms:** Will be evaluated as part of you ENP-See **Appendix E**

**Due Date:** Mondays @ 0900 following your week of teaching.

- **Family visits/assessment**
  - Describe the structural assessment
  - Describe developmental assessment
  - Provide a genogram (3 generations)
  - Provide an ecomap
  - Provide an attachment diagram

Attached as **Appendixes A & B** are the tools to be used in conjunction with this assessment.

**Due Date: TBD**

Guidelines for this assessment are attached in **Appendix C**

**EVALUATION CRITERIA**

**Grading Criteria for Nursing Courses:**

Alpha Grade	4 Point Equivalent	Descriptor
<b>A+</b>	<b>4.0</b>	<b>Excellent</b>
<b>A</b>	<b>4.0</b>	<b>Excellent</b>
<b>A-</b>	<b>3.7</b>	<b>First Class Standing*</b>
<b>B+</b>	<b>3.3</b>	<b>First Class Standing*</b>
<b>B</b>	<b>3.0</b>	<b>Good</b>
<b>B-</b>	<b>2.7</b>	<b>Good</b>
<b>C+</b>	<b>2.3</b>	<b>Satisfactory</b>
<b>C</b>	<b>2.0</b>	<b>Satisfactory</b>
<b>C-</b>	<b>1.7</b>	<b>Satisfactory</b>

**Passing Grades in Nursing Courses**

**Failing Grades in Nursing Courses**

Alpha Grade	4 Point Equivalent	Descriptor
<b>D+</b>	<b>1.3</b>	<b>Poor/Minimal Pass</b>
<b>D</b>	<b>1.0</b>	<b>Poor/Minimal Pass</b>
<b>F</b>	<b>0.0</b>	<b>Failure</b>

\*Very Good/Above Average is an alternate descriptor for First Class Standing.

**POLICIES**

**PROFESSIONAL DRESS:**

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

**\*\*\*All students will wear a Grande Prairie Regional College picture ID.**

**LATE ASSIGNMENTS:**

- All assignments and course evaluation strategies are required to be completed by the time and date specified in the course outline, or as otherwise negotiated with the instructor.

- Extensions of the time specified for submission may be granted in case of illness or extenuating circumstances. Extensions must be negotiated with the instructor prior to the required submission time and date.

A penalty will be imposed for all late assignments and course evaluation strategies. If the instructor is unable to open electronic copy of an assignment on the due date, the assignment will be considered late. One Letter Grade per class day will be deducted from the total value of the assignment for each class day the assignment is late. For example, an assignment valued at B+ and handed in one class day late, will be valued at a B.

**PLAGIARISM AND CHEATING:**

**Please refer to the GPRC policy on plagiarism and cheating.**  
<http://www.gprc.ab.ca/about/administration/policies.html>

## Appendix A-Home Visit Guidelines

Please note that these are guidelines only and you will conduct this assignment in the manner best suited for you and the family you will be assessing.

Book an appointment ASAP with your family for your instructor's visit to coincide with the health history.

### Suggested Readings:

Wright, L. M. & Leahey, M. (2009). *Nurses and Families: A guide to family assessment and intervention*. (5<sup>th</sup> ed.). Philadelphia, PA: F. A. Davis. **Chapters 5-8.**

## Guidelines for Home Visiting

### Telephone Contact:

- introduce yourself
- explain the purpose of your visits (assignment)
- describe how long each visit will be (approximately 1-2 hrs)
- invite all family members to be present at visit and explain why it might be nice to have all family members present,
- schedule appointment (should be within a couple of days from the time you made the phone call)
- determine who will be there

*Please note that though the guideline has been broken down into 1<sup>st</sup> and 2<sup>nd</sup> home visits, the sequencing of activities will be dependent on your own and your family's schedule.*

### *1<sup>st</sup> Home Visit (Engagement and assessment):*

- introduce yourself
- Explain the purpose of your visit
- Establish the length of the visit (probably shouldn't be more than one (1) hour).
- You may want to describe the expectations you have of the experience and of the family. For example, that they will be available to visit with you a minimum of two times over the course of the next 7 weeks.
- You want to start to know the family/client and so begin to ask questions. You may want to start by asking the family to tell you something about themselves (ex. Who is part of their family, what kind of contact they have with family members, where do they work, etc...)
- To help the family become more participatory, you will want to have the family construct a **genogram and ecomap and attachment diagram** (see Wright & Leahey if you are unsure of what this is and how to construct one). This is the beginning of the structural assessment.

- Provide structure for the family by asking questions of each family member so that they feel included in the visit
- At the end of the visit, summarize what happened during the visit with the family. Set up the next appointment. Indicate that you will call them the day before to confirm the set meeting date.

*2<sup>nd</sup> visit (assessment and termination)*

- Continue with and finish structural assessment
- Start and finish with developmental assessment.
- Review and verify what you have learned during your assessment.
- Ask the family their perceptions of the effectiveness of the visits.
- Thank the family for their time and indicate that they have helped you develop greater knowledge and skill in developing therapeutic relationships.

We will reflect on this experience in a designated seminar. Reflect on what worked well and what you would do differently next time. Explore what you have learned about establishing therapeutic relationships with clients. We will discuss as a group on your findings means to us as nurses.

***Structural Assessment***

1. Construct a genogram and ecomap of the family you assessed and attach to assignment. This may be hand drawn if done so legibly or you may utilize a variety of Template programs available online.
2. Describe and analyze the family you assessed in terms of the following structural components:
  - Internal
  - External
  - Context

***Developmental Assessment***

3. Describe and analyze the family you assessed in terms of the following:
  - Stages of the Family Life Cycle
  - Tasks
  - Attachments

Please refer to your Wright and Leahey textbook to guide your assignment

## Appendix B-Home Visiting Consent Form

I acknowledge that the nature of this assignment has been described to me and that any questions I have asked were answered to my satisfaction.

I have been provided with information on the assignment. I understand that I/we are being asked to participate in two visits.

I have been assured that all information is confidential and will be shared only with the appropriate nursing instructor. I understand that I may choose to limit the information shared and can decline answering of any questions without any determinant to myself or other members of my family.

I understand that any health care received from other health care professionals will not be affected by my or my family's participation in this experience.

I understand that I may ask and keep a copy of the information sheet(s) and this consent form.

If I have any questions about this assignment or concern with student nurse behaviours, I can contact the following nursing instructors:

Deena Honan RN BScN Phone: 780-539-2784 (O) Email: [dhonan@gprc.ab.ca](mailto:dhonan@gprc.ab.ca)

And

Bonny Townsend RN BScN Phone: 780-539-2213 (O) Email: [btownsend@gprc.ab.ca](mailto:btownsend@gprc.ab.ca)

Signature of participant: \_\_\_\_\_

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

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

*Thank you for assisting nursing education!*

## Appendix C - Family Assessment Guidelines

	<b>A (Excellent)</b>	<b>B (Very Good)</b>	<b>C (Good, Satisfactory)</b>	<b>D (Minimal Pass)</b>	<b>F (Fail)</b>
Content	Structural Assessment of family is detailed and comprehensive and gives the reader a very clear overview of who is in the family, what is the connection among family members, and what is the family's context. Able to make clear, insightful, and relevant observations of the family related to the structural assessment with clear data to support observations.	Structural Assessment of family is detailed and gives the reader a clear overview of who is in the family, what is the connection among family members, and what is the family's context. Able to make clear and relevant observations of the family related to the structural assessment with data to support observations..	Structural Assessment of family gives the reader a general overview of who is in the family, what is the connection among family members, and what is the family's context. Some information lacks depth or is absent. Able to make some relevant observations of the family but does not show how this is related to the assessment data.	Structural Assessment of who is in the family, what is the connection among family members, and what is the family's context is superficial in content. Observations lack the data and are not relevant. Data is vague, incomplete and unorganized	Structural Assessment of family is incomplete with little to no observations related to the data.
Content	Developmental Assessment of family gives a compressive overview of the family's developmental life cycle. Able to clearly and articulately delineate what stages and tasks the family is completing or needs to complete as well as their	Developmental Assessment of family gives a clear overview of the family's developmental life cycle. Able to clearly delineate what stages and tasks the family is completing or needs to complete as well as their attachments with complete	Developmental Assessment of family gives a general overview of the family's developmental life cycle. Able to delineate what stages and tasks the family is completing or needs to complete as well as their attachments	Developmental Assessment of family data is superficial and lacks clarity or specificity. Difficulty identifying the developmental life cycle of the family or the tasks and stages the family is completing. Observations are not supported by the data.	Developmental Assessment of family is not complete, nor are observations made which are supported by the data.

	attachments with insightful data to support observations.	data to support observations.	with some data to support observations. Some content missing or superficial		
Content	Genogram and ecomap are legible and complete	Genogram and ecomap are legible but missing components.	Genogram and ecomap are somewhat legible but missing some components	Genogram and ecomap are not legible and missing significant components.	Genogram and ecomap are not legible and are missing significant components.
APA and Referencing	Exceptional use of APA and referencing.	Minimal APA mistakes in paper with appropriate referencing throughout paper.	Some APA formatting and referencing mistakes.	Many APA formatting and referencing mistakes.	Little or no use of APA used. Inadequate referencing.
Spelling and Grammar	Excellent spelling and grammar throughout the paper.	Very minimal spelling and grammar mistakes in paper.	Some spelling and grammar errors.	Many spelling/grammar mistakes throughout paper.	Multiple spelling and grammar mistakes.
Organization	Excellent organization and easy to read.	Well written and easy to read.	Generally well written and easy to read. Some organizational problems.	Difficult to read with little organization.	Difficult to read with no organization evident.
Resources	Resources are relevant, current and comprehensive.	Resources are relevant and current.	Resources are somewhat relevant and current. Could have used more to support paper.	Resources are minimal, somewhat relevant.	Little use of resources to support paper.

Comments:

## Appendix D - Journal Writing Guidelines

Characteristic	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory
<b>Personal and Professional Growth</b>	Personal and professional growth was analysed substantively in journal.	Personal and professional growth was analysed very well in journal.	Personal and professional growth was analysed well in journal.	Personal and professional growth was analysed superficially in journal.	Personal and professional growth was not analysed in journal.
<b>APA</b>	Meets all APA criteria.	Meets most APA criteria.	Meets some APA criteria.	Meets few APA criteria.	APA criteria not followed.
<b>Reflective Practice</b>	Recognizes key learning experiences and reflects on them comprehensively as they relate to clinical practice and uses incidents to build on for future practice.	Recognizes key learning experiences and reflects on them very well as they relate to clinical practice, able to apply experience to future practice.	Recognizes learning experiences and reflects on them superficially as they relate to nursing practice, application to future practice is unrelated to experience.	Able to recognize learning experiences but does not reflect on those events as they relate to nursing practice.	Is not able to recognize or reflect on learning experiences in nursing practice.
<b>Strengths &amp; Areas to improve</b>	Identifies Strengths and areas to improve in a comprehensive manner.	Identifies Strengths and areas to improve.	Identifies Strengths and areas to improve, but done superficially.	Strengths and areas to improve are inappropriate or incomplete.	Unable to identify any strengths or areas to improve.
<b>Connection to the role of the nurse in learning situations</b>	Able to comprehensively articulate the connection of clinical experiences to the role of the nurse in community agencies.	Able to articulate well the connection of clinical experiences to the role of the nurse in community agencies.	Able to articulate the connection of clinical experiences to the role of the nurse in community agencies.	Has difficulty articulating the connection of clinical experiences to the role of the nurse in community agencies.	Unable to articulate the connection of clinical experiences to the role of the nurse in community agencies.
<b>Application of Knowledge</b>	Able to comprehensively show understanding of nursing knowledge as it relates to the learning	Able to show understanding of nursing knowledge as it relates to the learning situation.	Able to integrate nursing knowledge into the journal but superficially relates	Uses limited nursing knowledge in the journal and do not relate it specifically to the learning situation.	Does not use nursing knowledge in the journal.

	situation.		knowledge to the learning situation.		
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**Comments:**

## Appendix E- Feedback Form

Presenter's Name:	
Date:	Audience:
<ul style="list-style-type: none"> <li>• Did I contribute to the preparation for this presentation and was this evidenced in my presentation ?</li> <li>• Was I on time?</li> </ul>	
<ul style="list-style-type: none"> <li>• Were the audience's stages of growth and development considered in my preparation for this presentation?</li> <li>• How was this evidenced?</li> </ul>	
<ul style="list-style-type: none"> <li>• Did I encourage participation of my audience and overall how was the content of my presentation received by the students?</li> </ul>	
<ul style="list-style-type: none"> <li>• Have I demonstrated professional accountability and responsibility to my teaching partner, my audience and the institutions which I am representing?</li> </ul>	

- What were the strengths of my overall performance?  
Areas for growth?

## Appendix F-Evaluation of Nursing Practice Self-Evaluation

Student:

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

### A FAILURE ON ANY ITEM CONSTITUTES A FAILURE OF THE COURSE

#### LEVELS OF INDEPENDENCE

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

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

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

**Direction:** clinical tutor tells student what to do, about steps to take

**Information:** clinical tutor tells student specifics about a concept, topic

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

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

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

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

**Occasional:** indicates that input is provided by clinical tutor now and then

	A	B	C	D	F
<b>PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE</b>					
<b>1. Practice within the legal and ethical standards established by the College and</b>					

	A	B	C	D	F
<p><b>Association of Registered Nurses of Alberta and the Canadian Nurses Association, and according to legislated scope of practice, and provincial and federal legislation.</b></p> <p><b>Independently:</b></p> <ul style="list-style-type: none"> <li>▪ demonstrate integrity</li> <li>▪ demonstrate responsibility and accountability</li> <li>▪ demonstrate respect for client’s values, beliefs and rights</li> </ul> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ demonstrate application of legal and ethical standards: <ul style="list-style-type: none"> <li>○ practice according to policies and procedures of host agencies and educational institution</li> <li>○ use knowledge of scope of practice and professional legislation and Code of Ethics</li> <li>○ confidentiality</li> <li>○ uses informed consent</li> <li>○ prepares for clinical practice to provide safe, competent care</li> </ul> </li> <li>▪ demonstrate commitment to the values of the profession of nursing and support of professional development of colleagues.</li> </ul> <p><b>2. Engage in strategies for social and political action at a beginning level.</b></p> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ differentiate own values/needs/rights/obligations from values/needs/rights/obligations of others</li> <li>▪ discuss formal and informal power structures in the context of social/political action in nursing situations</li> <li>▪ identify nursing issues requiring social and political action: <ul style="list-style-type: none"> <li>○ identify programs which have arisen from social/political action</li> </ul> </li> <li>▪ discuss the role of the individual nurse in social and political action: <ul style="list-style-type: none"> <li>○ identifies role in existing programs</li> </ul> </li> <li>▪ discuss the role of professional nursing organizations in social and political action: <ul style="list-style-type: none"> <li>○ protection of public</li> <li>○ position statements</li> </ul> </li> <li>▪ describe the planning process for engaging in social and political action: <ul style="list-style-type: none"> <li>○ identify funding sources (re: existing programs)</li> <li>○ identify strategies and resources for social and political action.</li> </ul> </li> </ul> <p><b>3. Demonstrate skills and attitudes necessary for life-long learning.</b></p> <p><b>Independently:</b></p> <ul style="list-style-type: none"> <li>▪ demonstrate personal responsibility for learning</li> </ul> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ demonstrate the ability to develop informal (verbal) focused learning goals based on personal and/or client needs</li> <li>▪ identify strengths and limitations of own competence, seeking assistance when</li> </ul>					

	A	B	C	D	F
necessary ▪ demonstrate an openness and receptivity to change: ○ seek and be receptive to feedback ○ act on feedback ▪ assume primary responsibility for attaining and maintaining competence based on nursing practice standards.					

	A	B	C	D	F
<b>KNOWLEDGE-BASED PRACTICE</b>					
<p><b>4. Apply a critical thinking approach to nursing.</b>  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ apply critical thinking strategies in developing sound clinical judgment in relation to health promotion and disease and injury prevention</li> <li>▪ apply creative thinking, reflective thinking and insight for health promotion and disease and injury prevention for developing sound clinical judgment.</li> </ul> <p><b>5. Apply nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.</b></p> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ use selected areas of knowledge related to biological, psychological, socio-cultural and spiritual dimensions of the human response to stable variations in health</li> <li>▪ use selected areas of knowledge related to scope of practice and professional legislation in nursing practice.</li> </ul> <p><b>6. Demonstrate evidence-based practice.</b>  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ utilize credible resources (research studies, experts, and others)</li> <li>▪ examine research findings related to nursing situations</li> <li>▪ describe the significance of research to practice (research studies, experts, and others)</li> <li>▪ identify nursing practice problems that require investigation.</li> </ul> <p><b>7. Apply nursing and other relevant models/theories in the professional practice of nursing.</b></p> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ discuss the use of nursing models/theories/metaparadigms</li> <li>▪ identify models/theories from other disciplines and their application into nursing</li> <li>▪ explore the application of selected nursing models/theories into nursing practice.</li> </ul> <p><b>8. Demonstrate competence in health care informatics.</b>  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ use a variety of selected information technology and other technology to support all scholarly activities and clinical practice.</li> </ul>					

<b>PROVISION OF SERVICE TO PUBLIC</b>	A	B	C	D	F
<p><b>9. Apply concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, inter-sectoral collaboration).</b></p> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ apply principles of primary health care to with healthy individuals across the life span</li> <li>▪ apply knowledge of health determinants in client situations</li> <li>▪ apply selected health promotion activities with individuals: <ul style="list-style-type: none"> <li>○ develop professional skills needed for taking action (e.g., teaching/learning).</li> </ul> </li> </ul> <p><b>10. Demonstrate caring relationships in professional situations.</b></p> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ recognize the uniqueness, worth and dignity of self and others</li> <li>▪ demonstrate caring behaviors in interpersonal activities with clients, peers and others in the health care setting</li> <li>▪ demonstrate ability to engage in caring relationships with clients in nursing practice (boundaries): <ul style="list-style-type: none"> <li>○ initiate, maintain and terminate professional relationships in a supportive manner</li> <li>○ social vs. therapeutic.</li> </ul> </li> </ul> <p><b>11. Collaborate with clients, community agencies, community members, and members of other disciplines in a variety of settings.</b></p> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ encourage client participation, choice and control</li> <li>▪ encourage colleague participation, choice and control</li> <li>▪ develop cooperative relationships with colleagues, community members, community agencies and members of other disciplines</li> <li>▪ interact with clients with stable variations in health</li> <li>▪ engage in inter-professional interaction.</li> </ul> <p><b>12. Demonstrate beginning leadership, management and administrative skills.</b></p> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ use effective time management strategies in coordinating client care</li> <li>▪ describe leadership and management roles and competencies</li> <li>▪ use decision-making processes</li> <li>▪ effectively lead a small group</li> </ul>					

<ul style="list-style-type: none"> <li>▪ perform an accurate appraisal of self and others</li> <li>▪ effectively follow quality and risk management processes to enhance nursing practice</li> <li>▪ identify principles of delegation (right: task, circumstance, person, direction, supervision).</li> </ul> <p><b>13. Demonstrate the ability to deal with ambiguity and diversity.</b>  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ identify effects of ambiguity and diversity in all learning environments</li> <li>▪ identify ambiguity and diversity in selected nursing situations</li> <li>▪ identify own pattern of dealing with the effects of ambiguity and diversity</li> <li>▪ select appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations.</li> </ul> <p>14. Demonstrate competence in clinical reasoning in relation to verbal and written <b>communication, psychomotor skills, nursing process, priority setting, and client education, in the promotion, restoration, rehabilitation and maintenance of health.</b></p> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ apply nursing process</li> <li>▪ use appropriate verbal communication skills</li> <li>▪ use appropriate written communication skills</li> <li>▪ provide effective client education by applying: <ul style="list-style-type: none"> <li>○ principles of teaching and learning</li> </ul> </li> <li>▪ prioritize nursing activities</li> <li>▪ perform selected assessment skills in a competent manner</li> </ul> <p><b>Independently:</b></p> <ul style="list-style-type: none"> <li>▪ perform selected psychomotor skills in a competent manner – lab setting</li> </ul> <p><b>With guidance:</b></p> <ul style="list-style-type: none"> <li>▪ perform selected psychomotor skills in a competent manner – clinical setting.</li> </ul>					
<b>CONTEXT-BASED LEARNING</b>	A	B	C	D	F
<p><b>15. Demonstrate competency with the application of the elements of context-based learning to clinical experience seminars and pre-/post-conferences.</b>  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ effectively use self-directed learning</li> <li>▪ effectively use critical thinking skills to facilitate learning of the group</li> <li>▪ effectively use group process to facilitate learning of the group: <ul style="list-style-type: none"> <li>○ respect for the values and beliefs of others</li> <li>○ responsibility and accountability for the learning of the group</li> <li>○ group roles</li> <li>○ caring behaviors</li> </ul> </li> </ul>					

<ul style="list-style-type: none"><li>○ communication skills (verbal or written)</li><li>○ factors which influence the group.</li></ul>	
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Student Comments:

Date	
Student's suggested grade	
signature	X