



**UNIVERSITY OF ALBERTA
COLLABORATIVE BACCALAUREATE
NURSING PROGRAM**

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

**NURSING 1910
NURSING PRACTICE I
COURSE OUTLINE**

Winter 2006

Course Dates: Feb 27–April 13, 2006

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 1910 Course Outline

CALENDAR STATEMENT:

NURS 1910 Nursing Practice I *5 (fi 10) (0-4s-21c 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 1900 and 1940.

COURSE HOURS: LEC: 0 SEM: 28 LAB: 21 CLINICAL: 126

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 lifespan in the context of family within a community.

COURSE OBJECTIVES:

In addition to maintaining competency with previous course objectives, upon completion of Nursing 1910, the nursing student will be able to:

1. PROFESSIONAL RESPONSIBILITY and ETHICAL PRACTICE

- 1.1 Apply legal and ethical standards in selected nursing situations by consistently demonstrating:
 - respect for the values, beliefs and rights of others.
 - honesty
 - integrity

- 1.2 Demonstrate, with assistance:
 - appropriate communication
 - responsibility and accountability by
 - preparing for clinical practice to provide safe, competent care
 - using informed consent
 - practicing according to policies and procedures of host agencies and educational unit
 - using of knowledge of scope of practice and professional legislation and Code of Ethics
 - confidentiality
 - self-awareness
 - self-appraisal

- 1.3 With assistance, demonstrate attitudes and skills for learning by:
 - identifying strengths and limitations of self
 - being receptive to feedback
 - identifying strategies to address limitations of self
 - seeking assistance appropriately
 - completing self-evaluation
 - showing initiative re: change

- 1.4 Demonstrate an understanding of social and political action at a beginning level by discussing client rights.
- 1.5 With assistance, utilize selected information technology in gathering information and preparing assignments.
- 1.6 With assistance, demonstrate effective use of skills in self-directed, context-based, small group learning in clinical tutorials and conferences.

2. KNOWLEDGE BASED PRACTICE

- 2.1 With assistance, utilize selected areas of knowledge related to biological, psychological, sociological, cultural, and spiritual factors in interacting with individuals and families across the lifespan, who are experiencing stable variations in health.
- 2.2 Demonstrate understanding of how the use of a model/theory enhances understanding of a specific health promotion/primary prevention activity.
- 2.3 With assistance, apply critical thinking skills to examine health promotion and primary prevention activities through:
 - creative thought
 - reflective thinking
 - identification of credible resources of material relevant to clinical practice.
- 2.4 With assistance, examine research findings and describe the relevance of research to nursing practice.
- 2.5 Identify issues related to ambiguity and diversity by exploring:
 - relevant contributing elements
 - own pattern of dealing with ambiguity and diversity
 - role of creativity in dealing with ambiguity and diversity
- 2.6 With assistance, demonstrate awareness of quality assurance and risk management processes to enhance nursing practice related to:
 - Workplace Hazardous Materials Information Sheet (WHMIS)
 - Fire and Safety
 - Universal precautions
 - Working alone
 - Personal safety
 - Emergency procedures
- 2.7 Describe competent leadership related to:
 - decision making
 - priority setting
 - performance appraisal of self

3. PROVISION OF SERVICE TO THE PUBLIC

- 3.1 With assistance, apply the principles of primary health care with a focus on health promotion.
- 3.2 Demonstrate caring behaviors in professional situations by:
 - recognizing the uniqueness, worth and dignity of self and others

- demonstrating respect and sensitivity to self and others
 - establishing, maintaining and terminating professional relationships in a supportive manner
- 3.3 With assistance, develop cooperative relationships with colleagues, clients, community members and community agencies through promoting participation, choice and control.
- 3.4 Demonstrate competence in selected skills required for health promotion of well clients by:
- consistently demonstrating proficiency in skills indicated in the University of Alberta Collaborative Nursing Program Integrated Lab Map
 - with assistance, applying the nursing process through:
 - data collection
 - planning
 - evaluation
 - and with assistance, using effective communication skills through:
 - appropriate verbal and written skills
 - appropriate teaching skills
 - appropriate lines of communication
 - communicating / reporting relevant information accurately and in a timely manner

REQUIRED RESOURCES

1. All Nursing 1900 texts
2. Working Definitions (Posted Under Course Documents on Blackboard)
3. Integrated Lab Map
4. Graduate Competencies and Level Outcomes (Posted Under Course Documents on Blackboard)
5. How to Communicate Through Blackboard (Provided at previous information sessions).

RECOMMENDED RESOURCES:

1. Nursing Drug Handbook or program for Personal Data Assistant (for students in Continuing Care). Handbooks may be signed out from the Library for the four weeks.
2. Vollman, A.R., Anderson, T. & McFarlane, J. (2004). *Canadian community as partner*. Philadelphia, PA: Lippincott Williams & Wilkins.
3. Wright, L.M. & Leahey, M. (2000). *Nurses and families: A guide to family assessment and intervention*. Philadelphia, PA: F.A. Davis.

Note: Copies of Vollman, et al. and Wright & Leahey are on reserve in the Library.

REQUIRED EQUIPMENT

Uniforms/White Shoes
Stethoscope
Penlight

PROGRESSION CRITERIA:

- A. Students must complete theory and practice components of nursing courses to receive credit. **Students who have not received a pass in the clinical/laboratory portion of a nursing course are not given credit for the course and must repeat both the clinical and non-clinical portions of the course. The clinical component must be completed for credit to be granted.**
- B. A student who is absent more than two clinical days in one clinical nursing course may need to make up lost time before being allowed to continue in the program. **Absences from the clinical site may result in the instructor's being unable to evaluate the student's clinical performance, resulting in a grade of F.**
- C. 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.
- D. An instructor, in consultation with the Chair, may immediately deny assignment of a student: withdraw a student from; or vary terms, conditions or a site of a practicum/clinical placement if the instructor has reasonable grounds to believe that this is necessary in order to protect the Public Interest.

REQUIRED LEARNING EXPERIENCES

In order to pass NURS 1910 and NURS 1950, students must demonstrate safe ethical nursing practice, professional behavior, and complete the following experiences:

1. Over the two year one courses, 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 lifespan, in the context of family.

CLINICAL PRACTICE

BC1	(D. Dooley)	QEII(1 East)	Tues, Wed, Thurs	0700-1500
AC1	(S. Klatt)	QEII(2 East)	Tues, Wed, Thurs	0700-1500

2. Participate in site selected lab activities (see Lab Map).

LABS (SITE SPECIFIC)

Long Term Care Settings:

1. ADL (Activities of Daily Living – Toileting, Dressing, Grooming).
2. Nutrition Assessment and Feeding.
3. Comfort and Hygiene – Bathing, Backrubs, Bed Making, Oral Hygiene, Braden Scale.
4. Ambulation, Transfers and Back Care: Aids for Mobility (Canes, Walkers, Lifts, and Wheelchairs), Restraints, Assessment of ROM Exercises and Safety, Nurse Safety (Back Care).

5. Environmental Precautions (Emergency Procedures, WHMIS).
6. Medication Administration – Oral, Topical, gtts, Suppositories, Drug Calculations and 5 Rights.

NOTE: Scheduling for labs will be provided by your clinical instructor

3. Participate in health related activities of a community agency.
4. Examine the role of a registered nurse.
5. Using a selected nursing model (McGill Model and the Nursing Process) to assess and plan client care.
6. Perform selected nursing care (e.g. ADL, hygiene).
7. Participate in Clinical Seminars

SEMINAR

Section	Instructor	Room	Dates	Times
A3	S. Klatt	QEII	Tues	1400-1500
			Wed	1400-1500
			Thurs	1400-1500
		Blackboard	Mon	1400-1500
B3	D. Dooley	QEII	Tues	1400-1500
			Wed	1400-1500
			Thurs	1400-1500
		Blackboard	Mon	1400-1500

Topics for Seminar

Personal Safety

- For home visits
- WHIMS
- Fire Safety

Planning Care – NCP

Other – Topics determined by CBL Process

Other – Topics critical to clinical placement setting

REQUIRED EVALUATION

Nursing practice must be evaluated. The evaluation plan may include the following evaluation strategies at the discretion of each site.

1. Elements:

- Content
- Critical thinking
- Group process
- Communication
- Nursing practice
- Writing across the curriculum.

2. Evaluation of student's clinical performance:

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. **The Direct Clinical Observation Tool (included) will be used.**

3. Reflective Journal and Learning Plan

Evaluation Strategy Due Dates and Weighting:

<u>Item</u>	<u>Due</u>	<u>Weighting</u>
1. DCO	By appointment on last day of Clinical	60%
2. Learning Plan	#1: Assessment, Nursing Diagnosis and Plan due March 14 th 0700	10%
	#2: Final Learning Plan due April 12 th @0700	
3. Reflective Journal (3)	#1: March 14 th @ 0700	30%
	#2: March 21 st @ 0700	(3 x 10%)
	#3: March 28 th @ 0700	

ASSIGNMENT OF FINAL GRADE:

A grade will be assigned for each assignment using the marking criteria and then based on the grade descriptors (excellent, good, satisfactory, poor). Rationale will be given as to the assigned grade. Grading descriptors will be provided for each assignment.

Effective July 1, 2003 Grande Prairie Regional College uses the alpha grading system and the following approved letter codes for all programs and courses offered by the College.

Grading Criteria for Nursing Courses:

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

Passing Grades in Nursing Courses**Failing Grades in Nursing Courses**

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

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

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

****Note: Refer to the 2004-05 College calendar p. 33 for further details regarding the grading policy and p. 148 and 149 regarding Progression Criteria in the Bachelor of Science in Nursing program.**

EXAMPLE OF CALCULATION OF FINAL GRADE:

Assignment	Grade Received	4 Point Equivalent	Proportion of Grade	Value on 4 Point Scale
Journal	B-	2.7	30%	.81
Learn Plan	A	4.0	10 %	.4
DCO	A-	3.7	60%	2.22
Final Grade				3.43 = B+

NS1910 Grade Distribution

Name: _____ Tutor: _____

<i>Alpha</i>	<i>4-point equivalence</i>	<i>Descriptor</i>
<i>A+</i>	<i>4.0</i>	
<i>A</i>	<i>4.0</i>	<i>Excellent</i>
<i>A-</i>	<i>3.7</i>	<i>First Class</i>
<i>B+</i>	<i>3.3</i>	<i>Standing</i>
<i>B</i>	<i>3.0</i>	
<i>B-</i>	<i>2.7</i>	<i>Good</i>
<i>C+</i>	<i>2.3</i>	
<i>C</i>	<i>2.0</i>	
<i>C-</i>	<i>1.7</i>	<i>Satisfactory</i>

These are considered passing Grades in nursing Courses

<i>D+</i>	<i>1.3</i>	<i>Poor</i>
<i>D</i>	<i>1.0</i>	<i>Minimal Pass</i>
<i>F</i>	<i>0.0</i>	<i>Failure</i>

These are NOT considered passing grades in Nursing courses.

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

<i>Evaluation</i>	<i>Grade</i>	<i>4-point Equivalent</i>	<i>Percentage of Total Mark</i>	<i>Value</i>
<i>DCO</i>			<i>60%</i>	
<i>JOURNAL #1</i>			<i>10%</i>	
<i>JOURNAL #2</i>			<i>10%</i>	
<i>JOURNAL #3</i>			<i>10%</i>	
<i>LEARNING PLAN</i>			<i>10%</i>	
<i>OSCE (Meds)</i>			<i>Pass/Fail</i>	
				<i>TOTAL:</i>

Total 4-Point Equivalent Values:

Translated to Final Grade:

Grades for each assignment were translated into the 4-point equivalent, were then multiplied by the percentage of total mark for each assignment. The value of those percentages are added up to make a total. That total was converted back into the grade scale to receive your final grade. If you have any questions or concerns, please see your tutorial tutor. Your final exams can be viewed by setting up an appointment with your tutor.

SPECIALIZED SUPPORT AND DISABILITY SERVICES:

Students who require special accommodations in this course due to disability affecting mobility, vision, hearing, learning, or mental or physical health are advised to discuss their needs with Student Services Special Needs Councilor Rosemary Kay.

PLAGIARISM AND CHEATING:

Please refer to your rights and responsibilities in the Grande Prairie Regional College 2004/2005 Calendar on pages 39-43.

We expect honesty from our students. This demands that the contribution of others be acknowledged (GPRC Calendar, 2004/2005). Penalties will be given according to the degree of the plagiarism or cheating. If you are unsure whether and action is plagiarism or not, please consult your tutor. Cheating refers to dishonest conduct such as speaking in an exam, bringing written material not authorized by the tutor, tampering with grades, or consciously aiding another student to cheat). Please refer to pages 41-42 of your GPRC Calendar.

LATE ASSIGNMENT POLICY:

- All assignments and course evaluation strategies are required to be completed by the time and date specified in the course outline.
- 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. One letter grade per class day will be deducted from the total value of the assignment for each class day the assignment is later.** For example, an assignment valued at B+ and handed in one day late will receive a grade of B.

***Note: All written assignments must be type written according to APA format.**

Sick Policy:

If a student is sick, they are responsible to call the instructor at home or the unit that they are practicing on. If it is deemed that the student has been absent enough time that prevents him/her from completing the course objectives, and ability to be evaluated, then it will result in an incomplete for the course. (Absence of more than 2 days may jeopardize the instructor's ability to evaluate the student. Usual allotted time for absence is 24 hrs.)

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 and a Peace Country Health Region Student ID.

NS 1910
Reflective Journal Guidelines **30% total mark**

Reflective journaling is an excellent tool to analyze personal and professional growth in the clinical setting. It allows students an opportunity to identify essential clinical events and relate values, beliefs, & behavior to future practice. *In this clinical placement, you will be expected to submit one journal entry each week, reflecting on the prior clinical week.*

Due dates:

Journal #1 ~ March 14th at 0700

Journal #2 ~ March 21st at 0700

Journal #3 ~ March 28th at 0700

One letter grade will be deducted if assignment is submitted after the set time/or each day assignment late. It is expected that students will incorporate and build on previous knowledge from NS1900/1940 theory and utilize appropriate articles. See attached grading criteria.

NS 1910 Continuing Care Reflective Journal Criteria

Characteristic	Excellent A	Very Good B	Good C	Marginal D	Unsatisfactory
Personal/Professional Growth APA	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 analysed poorly in journal. Does not meet APA criteria.
Critical Thinking Reflective Practice	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	Does not recognize critical clinical events or reflects on them superficially
Connection of Abstract to Practical	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 recognize actions or reflects on them superficially No reflection on values and beliefs
Application of Knowledge	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 theory articles or applies them superficially

NS 1910
Guidelines for Learning Plan **10% total mark**

DUE:

#1 Assessment, Nursing Diagnosis and Plan due March 14th 0700

#2: Final Revised and/or Updated Learning Plan due April 12th @0700

(Will contain Assessment, Nursing Diagnosis, Plan, Implementation and Evaluation)

The intent of the learning plan is to explore personal learning objectives. That is, in each clinical placement, there are learning opportunities which students may have a reasonable expectation of experiencing. For example, on a geriatric unit it is reasonable to expect general opportunities to assist with ADL's or learn about problems with mobility. Therefore, students would not write learning plans related to these expected experiences; these would be assessed by using the Direct Clinical Observation (DCO) form.

In the Learning Plan, students are expected to develop **TWO** objectives related to the course objectives but **very specific to their own learning needs and considering the uniqueness of the clinical setting** & provide a description of the components as listed below.

Components of the Learning Plan:

Assessment

In this section, you will assess what you know/don't know about LTC and the residents who live there. Assess areas of strength and those needing improvement in relation to the course objectives. Ask yourself questions like; "What do I already know and how do I know that I know it", "What do I value and why", "What do I need to know and how could I find the information", "What do I know about myself in relation to my role in this clinical setting", "What do I fear in this activity and why"?

For example:

- I learned therapeutic communication techniques in NS1900 but have had little practice.
- I have limited knowledge about interdisciplinary or multidisciplinary teams and how they work
- I do not know the most common health problems of residents in LTC
- I enjoy listening to the elderly reminisce
- I fear death and dying

Nursing Diagnosis

Nursing dx ~ identify areas that need to be worked on. This is a statement identifying an area needing to be addressed.

Ineffective use of therapeutic communication strategies related to inexperience.

GOAL:

Definition. Overall what it is you want to accomplish.

Planning

Behavioral Objectives ~ spells out the who, will do what, how well, and under what conditions the learner will achieve their goal(s). [behavior, conditions, criteria]

LEARNING OBJECTIVE (THREE COMPONENTS)

Behavior

- ❖ specifies **WHAT (PERFORMANCE)** the learner will have accomplished that will be accepted as evidence that the objective was achieved by the learner (mastered the instructional content). It must contain an action verb (*explain* the circulatory system rather than *understand*)

Conditions

- ❖ are the **PARAMETERS (GIVENS)** and **RESTRICTIONS** imposed upon the learner **WHEN** he/she is demonstrating mastery of the objective; **SUCH AS SITUATIONS, PROBLEMS, AND TOOLS PROVIDED.** How it is evaluated.

Criteria

- ❖ is the **STANDARD** of acceptable performance, the means of evaluation, it states the degree of skill required of the client to demonstrate mastery.

MEASUREMENT

Generally, an objective is written as one sentence that includes:

- *who* (always the learner or student)
- *will do what (behavior)*
- *under what conditions*
- *how well* (to what standards or criteria).

(Boyd, Graham, Gleit & Whitman, 1998)

~Examples~

After three home visits with practice, Mr. Smith will demonstrate the correct method to draw up and inject his insulin.

By the end of the session, the student must be able to list the five principles of proper body mechanics and three situations in which those principles could be applied in nursing practice.

By the end of NS1910, I will be able to effectively interact with my resident using therapeutic communication strategies (clarifying statements, rephrasing, active listening) without the guidance of my tutor.

Note:

Include 'How & when' the objective will be met. Describe the **specific steps/dates** you will consider to complete your objective. Learning activities could include completing a project, using journal articles and texts, accessing AV material, meeting with resource people, drawing from previous tutorials, a short presentation for the group during post conference to share your findings.

I will:

- review in the literature the different types of therapeutic communication techniques by the end of the week
- consciously use at least one technique during each interaction with my resident
- reflect on the effectiveness of my communication technique after each clinical day
- I will work on a 10 min presentation for my clinical group in post conference

Implementation

This is the actual 'doing' or carrying out of the objective/what you 'did' to meet your objective.

- I *read* from my Potter & Perry the sections pertaining to therapeutic communication techniques
- While *interacting* with my resident, I used the technique of *rephrasing* when we were discussing health concerns
- I think that when I *rephrased* the resident's health concerns, I was able to clearly *identify* for both the resident and myself what the health concern really was because the resident said "Exactly, you understand what I'm worried about!"
- I made a poster presentation on effective communication techniques for a person with aphasia. (For example, you may include this in your Learning Plan in an Appendix)

Evaluation

This is when you critically look at the whole process and identify what was done well and what areas of your learning was missed. What did you learn? How effective was your strategy? What redundant learning occurred? What value has this learning had for you? What have you gained personally and professionally? How has this stimulated your interest in this or other related topics?

Assessment phase: my assessment of lack of skills pertaining to therapeutic communication was accurate. I determined this by.....

Nursing dx & behavioral objective: needed to be more specific in terms of the time frame criteria. I should have accomplished the skill of using therapeutic communication skills at least once during an interaction, by the end of the first week of clinical.

Implementation: I think I interacted well with the client given she had stated that I understood her concern.

Evaluation: I should have wrote my thoughts and feelings down about the interaction so that I could reflect on how effective I was. Next time, I will ask a colleague to observe my interaction with a client so that I can get some feedback about my technique.

APA

Follow all *APA* criteria including citation of references in text, reference list, title page, headers, page numbers, headings, tables, organization, etc.

NS 1910 Continuing Care Learning Plan Criteria

	Excellent A	Very Good B	Good C	Marginal D	Unsa
Objectives	Clear, detailed description of what the student intends to learn, how this will be accomplished, the time frame for meeting objectives & methods by which this will be evaluated are identified. Objectives are specific, concise & do not repeat the course objectives. Objectives are reasonable, measurable, & attainable.	Some detail missing but a clear direction is established by student in terms of what is to be learned, how this will be accomplished, the time frame & methods of evaluation to be used. Objectives are specific but occasionally repeat the course objectives. Objectives are reasonable, measurable & attainable.	Description of what the student intends to learn requires more detail in order to address what will be learned, methods or strategies by which this will be accomplished in what time frame, & how this will be evaluated. Objectives are specific but occasionally repeat the course objectives. Objectives are reasonable, measurable & attainable.	Description of what the student intends to learn lacks enough detail to clearly identify the intent of the learning plan, how & when it will be accomplished, & how this will be evaluated. Objectives are vague or ambiguous, difficult to measure. Repetition of course objectives.	Ambigu plan of intends inappro unrealis provide strateg lack spe difficul
Resources	Resources used to address objectives are varied, current, credible & appropriate to goals set.	Resources used are appropriate & reflect student's intent re: meeting objectives	Resources are limited but adequate	Resources identified are limited, not specific to objectives set by student	Inappro minimal selecte
Evaluation	Clear description of extent to which the objectives were met including specific examples of activities. If objectives not met, revised in order to be attainable. Substantive, insightful, comprehensive comments.	Clear description of extent to which the objectives were met including some examples of activities. If objectives not met, revised in a realistic way. Thorough analysis addresses significant points. Some specificity missing.	Description of extent to which the objectives were met included, but examples of relevant activities done superficial. If objectives not met, are revised in an unrealistic or attainable manner. Adequate analysis of major points. Some essential information missing.	Description of extent to which the objectives were met given but brief, lacks detail &/or specificity. Unmet objectives not addressed. Key information missing. Minimal analysis, little insight.	Extent objecti superfi lacking exampl inappro No anal Superf
APA	Follows APA format throughout	Meets all but minor APA criteria	Meets most APA criteria	APA criteria not followed well	APA cr No refe

NS 1910 Continuing Care / LTC Placement 2006

This clinical placement occurs February 27 - April 13 2006.

In this clinical placement you will be responsible for the care of one resident on 1 East/2 East for the full 6 weeks. This includes all ADL's (bedmaking, hygiene, dressing, mobilizing, feeding, etc.), implementing and building upon communication theory, and learning to work as a team.

Your experience will also include: one day with the bath team, one observation day with the medication nurse, & one observation during a patient conference with an interdisciplinary or a multidisciplinary team (not necessarily your resident).

See course objectives.

First Year RN Students may do:

Bed baths
Tub baths
Tooth brushing and mouth care
Denture care
Shaving
Assist with 2 person transfers
Feeding
Vital signs ~ TPR & BP
Toileting: including bedpans & commodes
Care of hearing aids
Weights
Medications
Suppositories

Students may not do:

Glucometers
Enemas
Disempaction
Tube feeds
Charting
Dressings
Maintenance of IV's
Operate patient lifts alone (may consider allowing 2 students in last week)

Clinical Expectations for Continuing Care

Dress Code:

- Professional uniforms with name tag (see Course Outline)

Illness/Sickness:

- Please call the instructor the evening prior to clinical (before 2200) or the unit (after 2200) and leave a message with the staff on the floor. 1East 538-7374.

Coffee Breaks/Meal Breaks:

- 8 hour shift - 30 minute coffee break
- 30 minute meal break

Smoking and Visitor Policy:

- Remember this is the resident's home, therefore family and friends can visit at any time.
- There is a smoking room available for 1East residents and visitors only.
- Students must use the designated smoking areas outside the hospital.

Medication Administration:

- 1st year nursing students will begin (an introduction) to administer medications.

Patient Assignments:

- Students will be assigned to one resident for this clinical experience; you will receive this infitio prior to the start of your 1st clinical day. If your resident is changed during this clinical rotation, you will be notified by the instructor.

Resident Research:

- It is an expectation in this program that students will come prepared for clinical; therefore, client research must be done prior to clinical. You will be expected to answer appropriate questions for your resident based on the following criteria:
 - Diagnosis
 - History
 - ADL's – ex/ mobility,
 - Any specific nursing interventions
 - Use of appropriate care plans (when you plan to do the bath, etc.)
 - Review skills that are necessary for client care.
 - **If a student is unprepared for clinical, they will be asked to leave clinical for that shift and be marked as absent.**
 - Please ensure that you let staff know when you have a chart, where you are taking the chart, and **never** leave the unit with the chart.

Organization Plans/Care Plans:

- All students need to have an organizational tool that helps them plan their day to the best of their ability. Your instructor will have some samples of organizational tools, or some people plan their own organizational tools. Some areas to include are appropriate assessments, times you plan on performing physical care, health history questions.

Charting, physical assessments, skills:

- Remember all skills done for the **first time MUST** be seen by the instructor; it is your responsibility to inform the instructor.
- Practice charting will be done this clinical experience.
- It is your responsibility to inform your instructor if you are uncomfortable with any skill or assessments. It is your responsibility to review the policy and procedure manuals prior to performing any psychomotor skill.
- There will be times when the instructor will not be available to watch you. Check with your instructor for further directions, to see if you can perform it independently or with a RN. The student is to arrange times with the instructor in advance of any psychomotor skills that are necessary throughout the shift.
- It is your responsibility to keep the instructor informed of your clients assessments and any changes, also inform the RN/LPN or team members.
- When you leave for breaks, ensure that the team knows you're leaving and your resident's status.
- If you're unsure if you need to report something, it's always better to say something. There's never a stupid question, and it's best to be safe than sorry.
- You need to follow GPRC and QEII Hospital policy and procedures.

Incident Reports/injuries:

- If an injury or error occurs to either the resident or student, the student must notify the instructor immediately and together we will follow hospital policy.

Post clinical/seminar – room TBA

You need to be prepared for report at 0700; we recommend that you're on the floor by 0645.

**University of Alberta Collaborative Nursing Program
Nursing 1910
Direct Clinical Observation Guide**

TUTOR NAME: (Print) _____ STUDENT NAME: (Print) _____

Levels of Assistance (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.

AARN COMPETENCIES

1. PROFESSIONAL RESPONSIBILITY

“The registered nurse is personally responsible and accountable for ensuring that her/his nursing practice and conduct meet the standards of the profession and legislative requirements”. (AARN, 1999, p.2.) The RN...

- Is accountable at all times for his/her actions.
- Follows current legislation, standards, and policies relevant to the profession, or practice setting.
- Questions policies and procedures inconsistent with therapeutic outcomes, best practices and safety standards.
- Supports the continuing competence process.
- Participates in quality improvement activities.
- Has professional responsibility to practice competently.
- Demonstrates competence by regularly evaluating her/his practice and taking necessary steps to improve personal competence.
- Is responsible for ensuring her/his own fitness to practice.

2. ETHICAL PRACTICE

“The registered nurse complies with the Canadian Nurses Association’s Code of Ethics for Registered Nurses (2002)”. (AARN, 1999, p.3.) The RN...

- Practices with honesty, integrity and respect
- Reports unskilled practice or professional misconduct to appropriate person, agency or profession body.
- Acts as an advocate to protect and promote a client’s right to autonomy, respect, privacy, dignity and access to information.
- Assumes responsibility for ensuring that her/his relationships with clients are therapeutic and professional.
- Advocates for practice environments that have the organizational and human support systems, and the resources allocations necessary for safe, competent and ethical nursing care.

3. KNOWLEDGE-BASED PRACTICE

“The registered nurse continually strives to acquire knowledge and skills to provide competent, evidence-based nursing practice”. (AARN, 1999, p.3.) The RN...

- Supports decisions with evidence-based rationale.
- Accesses appropriate information and resources that enhance patient care and achievement of desired patient outcomes.
- Demonstrates critical thinking in collecting and interpreting data, planning, implementing and evaluating all aspects of nursing care.
- Exercises reasonable judgment in practice.
- Practices within own level of competence.
- Documents timely, accurate reports of data collection, interpretation, planning, implementing and evaluating care.
- Sets justifiable priorities when giving care.
- Supports, facilitates or participates in research relevant to nursing.

4. PROVISION OF SERVICE TO THE PUBLIC

“The registered nurse provides nursing service in collaboration with the client, significant others and other health care professionals.” (AARN, 1999, p.4.) The RN...

- Collaborates with the client/significant others and other members of the health care team regarding activities of care planning, implementation and evaluation.
- Uses communication and team building skills to enhance client care.
- Is accountable for her/his delegation of care to other health team members.
- Explains nursing care to clients and others.

	A	B	C	D
1.0 PROFESSIONAL RESPONSIBILITY and ETHICAL PRACTICE				
Consistently demonstrates: Honesty and Integrity Pass – consistently demonstrates honesty and integrity in clinical practice and seminars. Fail – fails to demonstrate honesty and integrity in clinical practice and/or seminars. Respect Pass – consistently demonstrates the professional behaviors of respect and responsibility towards clients, peers and others. Fail – Communication with clients, peers or others is inappropriate, disrespectful or unprofessional. Confidentiality Pass – always maintains confidentiality. Fail – Does not maintain confidentiality on a consistent basis.				
1.1 Apply legal and ethical standards in selected nursing stations by consistently demonstrating: <ul style="list-style-type: none"> ▪ respect for values, beliefs and rights of others ▪ honesty ▪ integrity 	<ul style="list-style-type: none"> ▪ Demonstrates valuing behaviors and a commitment to caring in clinical & seminars by recognizing the uniqueness, dignity and worth of others at an outstanding level. 	<ul style="list-style-type: none"> ▪ Consistently demonstrates valuing behaviors and a commitment to caring in clinical and seminars by recognizing the uniqueness, dignity and worth of others. 	<ul style="list-style-type: none"> ▪ Demonstrates valuing behaviors and a commitment to caring in clinical and seminars; may require feedback to achieve expected level in recognizing the uniqueness, dignity and worth of others. 	<ul style="list-style-type: none"> ▪ Inconsistent in demonstrating valuing behaviors and a commitment to caring in clinical and seminars; requires feedback to achieve expected level of acknowledging the uniqueness, dignity and worth of others.
	<ul style="list-style-type: none"> ▪ Shows outstanding initiative in fulfilling commitment to clients, other health care team members, or self. 	<ul style="list-style-type: none"> ▪ Fulfills commitments to clients, other health care team members, or self and provides an alternate if unable to do so. 	<ul style="list-style-type: none"> ▪ Fulfills commitments to clients, other health care team members, or self and if unable to do so, provides rationale for not following through on plans for care. 	<ul style="list-style-type: none"> ▪ Does not follow through on commitments to clients, other health care team members, or self. May make unrealistic or inappropriate commitments.
	<ul style="list-style-type: none"> ▪ Communication in clinical and seminars is clear, concise, relevant. 	<ul style="list-style-type: none"> ▪ Communication in clinical and seminar is appropriate to situation. 	<ul style="list-style-type: none"> ▪ Communication in clinical and seminars is generally appropriate. May require assistance to communicate ideas clearly. 	<ul style="list-style-type: none"> ▪ Communication in clinical and seminars is adequate but needs improvement.
	<ul style="list-style-type: none"> ▪ Always demonstrates a variety of appropriate therapeutic communication techniques. 	<ul style="list-style-type: none"> ▪ Almost always uses a variety of appropriate therapeutic communication techniques. 	<ul style="list-style-type: none"> ▪ Usually demonstrates a variety of appropriate therapeutic communication techniques. 	<ul style="list-style-type: none"> ▪ Inconsistent in utilizing a variety of appropriate therapeutic communication techniques.
1.2 Demonstrate, with assistance, <ul style="list-style-type: none"> ▪ appropriate communication ▪ responsibility and accountability by: <ul style="list-style-type: none"> - preparing for clinical practice to provide safe, competent care - using informed consent - practicing according to policies and procedures of host agencies and educational unit - using of knowledge of 	<ul style="list-style-type: none"> ▪ Consistently establishes, maintains and terminates nurse-client relationships in a mature and supportive way. 	<ul style="list-style-type: none"> ▪ Generally establishes, maintains and terminates nurse / client relationships in a manner that reflects concern for the client. 	<ul style="list-style-type: none"> ▪ Establishes, maintains and terminates nurse / client relationships in a manner that reflects concern for the client, but requires assistance to do so. 	<ul style="list-style-type: none"> ▪ Establishes, maintains or terminates nurse / client relationships in a manner that does not recognize impact on client. Needs substantial assistance to achieve a satisfactory level of performance.
	<ul style="list-style-type: none"> ▪ Consistently aware of professional boundaries. 	<ul style="list-style-type: none"> ▪ Aware of professional boundaries with minimal assistance. 	<ul style="list-style-type: none"> ▪ Aware of professional boundaries with assistance. 	<ul style="list-style-type: none"> ▪ Requires substantial assistance to recognize professional boundaries have been crossed.
	<ul style="list-style-type: none"> ▪ Use of self disclosure is consistently relevant and appropriate in the therapeutic situation with outstanding rationale. 	<ul style="list-style-type: none"> ▪ Use of self-disclosure is relevant and appropriate in the therapeutic situation with rationale. 	<ul style="list-style-type: none"> ▪ Use of self-disclosure is relevant and appropriate in the therapeutic situation. 	<ul style="list-style-type: none"> ▪ Occasionally engages in self-disclosure of personal information, not for therapeutic purposes.

	A	B	C	D
<p>scope of practice and professional legislation and Code of Ethics</p> <ul style="list-style-type: none"> ▪ confidentiality ▪ self-awareness ▪ self-appraisal 	<ul style="list-style-type: none"> ▪ Skilled at refocusing conversation back on the client. 	<ul style="list-style-type: none"> ▪ Generally refocuses conversations back on the client with minimal assistance. 	<ul style="list-style-type: none"> ▪ Usually refocuses conversations back on the client with assistance. 	<ul style="list-style-type: none"> ▪ Needs substantial assistance to refocus conversation back to the client.
	<ul style="list-style-type: none"> ▪ Consistently preparing for clinical practice at very high level. Independently addresses all aspects outlined in course outline 	<ul style="list-style-type: none"> ▪ Preparing for clinical practice with minimal assistance to ensure all aspects of preparation are addressed. 	<ul style="list-style-type: none"> ▪ Preparing for clinical practice. May require assistance to address all aspects and ensure preparation is complete prior to clinical. 	<ul style="list-style-type: none"> ▪ Inconsistent in preparation for clinical. Requires substantial assistance to ensure preparation is complete prior to clinical.
	<ul style="list-style-type: none"> ▪ Consistently aware of fitness to practice and independently takes appropriate action to maintain same. 	<ul style="list-style-type: none"> ▪ Almost always aware of fitness to practice and with minimal guidance takes appropriate action to maintain same. 	<ul style="list-style-type: none"> ▪ Usually aware of fitness to practice, and with some assistance takes appropriate action to maintain same. 	<ul style="list-style-type: none"> ▪ May be aware of some factors influencing fitness to practice; requires substantial assistance to take appropriate action to achieve/maintain same.
	<ul style="list-style-type: none"> ▪ Consistently initiates in-depth discussions with clinical tutor re: clinical practice. 	<ul style="list-style-type: none"> ▪ Initiates discussion with clinical tutor re: clinical practice at an above average level. 	<ul style="list-style-type: none"> ▪ Initiates discussions with clinical tutor re: clinical practice. 	<ul style="list-style-type: none"> ▪ Inconsistent in initiating discussions with clinical tutor re: clinical practice.
	<ul style="list-style-type: none"> ▪ Uses evidence-based resources and integrates knowledge gained into planning client care at a very high level. 	<ul style="list-style-type: none"> Uses a variety of evidence-based resources for client care with minimal assistance. 	<ul style="list-style-type: none"> ▪ Utilizes a variety of evidence-based resources for client care with some guidance from tutor. 	<ul style="list-style-type: none"> ▪ Infrequently utilizes evidence-based resources when planning patient care.
	<ul style="list-style-type: none"> ▪ Pursues creative ways of attaining and maintaining competency in clinical practice. 	<ul style="list-style-type: none"> ▪ Pursues various ways of attaining and maintaining competency in clinical practice with minimal assistance. 	<ul style="list-style-type: none"> ▪ Pursues various ways of attaining and maintaining competency in clinical practice with assistance. 	<ul style="list-style-type: none"> ▪ Infrequently pursues various ways of attaining and maintaining competency in clinical practice and requires encouragement to do so.
	<ul style="list-style-type: none"> ▪ Learning goals are consistently clear, detailed, relate to the course objectives and outline what will be learned and how they will be evaluated. 	<ul style="list-style-type: none"> ▪ Learning goals are clear and detailed as to what will be learned and how they will be evaluated. 	<ul style="list-style-type: none"> ▪ Learning goals lack some detail but give direction as to what will be learned and how they will be evaluated. 	<ul style="list-style-type: none"> ▪ Learning goals require more detail as to what will be learned and how they will be evaluated.
	<ul style="list-style-type: none"> ▪ Evaluation of learning goals is addressed at an outstanding level. 	<ul style="list-style-type: none"> ▪ Evaluation of learning goals is addressed at an above expected level. 	<ul style="list-style-type: none"> ▪ Evaluation of learning goals is addressed at an expected level. 	<ul style="list-style-type: none"> ▪ Evaluation of learning goals is at a superficial level.
	<ul style="list-style-type: none"> ▪ Behaviors are independently consistent with agency policies and procedures. 	<ul style="list-style-type: none"> ▪ Behaviors are consistent with agency policies and procedures and able to apply to specific situations. 	<ul style="list-style-type: none"> ▪ Behaviors are consistent with agency policies and procedures. 	<ul style="list-style-type: none"> ▪ Greater adherence to agency procedures is required.
	<ul style="list-style-type: none"> ▪ Is able to identify with supporting rationale, existing policies and procedures, and is able to critique. 		<ul style="list-style-type: none"> ▪ Seeks out policies and procedures prior to implementing nursing care. 	<ul style="list-style-type: none"> ▪ More consistent use of appropriate manuals is advised.

	A	B	C	D
	<ul style="list-style-type: none"> Reports errors promptly to all the right individuals (instructor, patient's nurse, unit manager); follows through on solutions and evaluates same with instructor. 	<ul style="list-style-type: none"> Reports errors promptly to all the right individuals (instructor, patient's nurse, unit manager); diagnosis original problem; develops plan of action. 	<ul style="list-style-type: none"> Recognizes errors and reports promptly to all the right individuals (instructor, patient's nurse, unit manager); needs assistance developing plan of action. 	<ul style="list-style-type: none"> Does not always recognize errors; reports errors only to some of the right individuals (instructor, patient's nurse, unit manager); Delay in reporting the error.
	NOTE: Evaluate only if applicable.	NOTE: Evaluate only if applicable.	NOTE: Evaluate only if applicable.	NOTE: Evaluate only if applicable.
	<ul style="list-style-type: none"> Always involves client in decision making and incorporate client's values, beliefs and rights. 	<ul style="list-style-type: none"> Always involves client in decision making and incorporate client's values, beliefs and rights. 	<ul style="list-style-type: none"> Usually involves client in decision making and incorporate client's values, beliefs and rights. 	<ul style="list-style-type: none"> Tends to make decisions for client, eg. Does not seek client input consistently. Frequently neglects to incorporate client's values, beliefs and rights.
	<ul style="list-style-type: none"> Behaviors are always consistent with the CNA code of Ethics, AARN Nursing Practice Standards and legislation; able to support rationale decisions made under the above guidelines. 	<ul style="list-style-type: none"> Behaviors are also consistent with the CNA Code of Ethics, AARN Nursing Practice Standards and legislation; is beginning to be able to support decisions with rationale. 	<ul style="list-style-type: none"> Behaviors are always consistent with the CNA Code of Ethics, AARN Nursing Practice Standards and legislation. 	<ul style="list-style-type: none"> Behaviors are always consistent with the CNA Code of Ethics, AARN Nursing Practice Standards and legislation; deeper consideration re: ethical behavior is warranted.
	<ul style="list-style-type: none"> Consistently adheres to principles of confidentiality towards clients, peers, health care team members, and self in practice and in small group activities. 	<ul style="list-style-type: none"> Adheres to principles of confidentiality towards clients, peers, health care team members, and self in practice and in small group activities. At times needs minimal assistance determining what is appropriate to discuss in small group or patient care conferences. 	<ul style="list-style-type: none"> Adheres to principles of confidentiality towards clients, peers, health care team members, and self in practice and in small group's activities. At times needs assistance determining what is appropriate to discuss in small groups or patient care conferences. Needs reminders. 	<ul style="list-style-type: none"> Has difficulty adhering to principles of confidentiality towards clients, peers, health care team members and self in practice and in small group activities. Needs frequent reminders about appropriateness of behavior.
1.3 With assistance, demonstrate attitudes and skills for learning by:	<ul style="list-style-type: none"> identifying strengths and limitations of self being receptive to feedback identifying strategies to address limitations of self seeking assistance appropriately completing self-evaluation showing initiative re: change 	<ul style="list-style-type: none"> Consistently identifies own strengths and areas for improvement, always able to identify when behavioral change is required or should occur and able to provide rationale or supportive evidence. 	<ul style="list-style-type: none"> Identifies own strengths and areas for improvement with minimal assistance; almost always able to identify when behavioral change is required or should occur and able to provide rationale or supportive evidence. 	<ul style="list-style-type: none"> Identifies strengths and areas for improvement but only with considerable consultation with tutor; inconsistently able to identify when behavioral change is required or should occur. Inconsistent in providing rationale or supportive evidence.
	<ul style="list-style-type: none"> Demonstrates insight and self-awareness regarding plan for improvement. 	<ul style="list-style-type: none"> Identifies a plan for improvement. Needs minimal assistance to carry out plan. 	<ul style="list-style-type: none"> Identifies a plan for improvement with assistance. 	<ul style="list-style-type: none"> Needs substantial assistance from tutor to develop a plan for improvement.
	<ul style="list-style-type: none"> Always open and receptive to feedback. 	<ul style="list-style-type: none"> Is open to/seek feedback, is receptive to change. 	<ul style="list-style-type: none"> Is open to/seek feedback, is generally receptive to change but may require added assistance to accomplish same. 	<ul style="list-style-type: none"> Frequently not open to or does not seek feedback; little change in behavior.

	A	B	C	D
	<ul style="list-style-type: none"> Self-evaluations are detailed, comprehensive. 	Self-evaluation is in-depth. May require greater conciseness. Provides examples to support statements and reflects on feedback received.	<ul style="list-style-type: none"> Self-evaluation may require more depth in some areas by providing examples and/or reflecting on feedback received. 	<ul style="list-style-type: none"> Self-evaluation may require more depth in some areas by providing examples and/or reflecting on feedback received.
	<ul style="list-style-type: none"> Independently sets goals for future development. 	<ul style="list-style-type: none"> Identifies strengths and sets goals for further professional development with minimal assistance. 	<ul style="list-style-type: none"> Identifying strengths and areas for further professional development with assistance. 	<ul style="list-style-type: none"> Needs substantial assistance to develop skill in identifying own strengths and areas for further professional development.
1.4 Demonstrating an understanding of social and political action at a beginning level by discussing client rights.	<ul style="list-style-type: none"> Independently and consistently enables clients to identify / mobilize their personal power. 	<ul style="list-style-type: none"> With minimal assistance, enable clients to identify / mobilize their personal power. 	<ul style="list-style-type: none"> Requires assistance to enable clients to identify / mobile their personal power. 	<ul style="list-style-type: none"> Requires substantial assistance to recognize and assist client(s) to identify / mobile their personal power.
	<ul style="list-style-type: none"> Mobilizes formal and informal power structures independently. 	<ul style="list-style-type: none"> Mobilizes formal and informal power structures with minimal assistance. 	<ul style="list-style-type: none"> With assistance, mobilizes formal and informal power structures. 	<ul style="list-style-type: none"> Has minimal understanding of how to mobilize formal or informal power structures.
1.5 With assistance, utilize selected information technology in gathering information and preparing assignments.	<ul style="list-style-type: none"> Documents / reports clearly, concisely, completely and accurately. 	<ul style="list-style-type: none"> Documents / reports clearly, concisely, completely and accurately with minimal assistance. 	<ul style="list-style-type: none"> Documents / reports clearly, concisely, completely and accurately with assistance. 	<ul style="list-style-type: none"> Documentation / reporting lacks clarity, conciseness, accuracy, needs ongoing assistance to reach satisfactory level.
	<ul style="list-style-type: none"> Material for assignments reflects thorough and effective use of technology to seek appropriate relevant information. 	<ul style="list-style-type: none"> Material used in assignments indicates very good use of technology to gather relevant information. 	<ul style="list-style-type: none"> Material used in assignments reflects average, usual use of technology. May require feedback to ensure depth / consistency. 	<ul style="list-style-type: none"> Does not consistently use technology to prepare written assignments – may need encouragement to use to an appropriate depth.
1.6 With assistance, demonstrates effective use of skills in self-directed, context based small group learning in clinical tutorials and conferences.	Refer to "Evaluation of Student Performance in Tutorial"	Refer to "Evaluation of Student Performance in Tutorial"	Refer to "Evaluation of Student Performance in Tutorial"	Refer to "Evaluation of Student Performance in Tutorial"
2.0 KNOWLEDGE BASED PRACTICE				
2.1 With assistance, utilize selected areas of knowledge of biological, psychological, sociological, cultural and spiritual factors in interacting with individuals and families across the lifespan who are experiencing stable variations in health.	<ul style="list-style-type: none"> Applies knowledge (bio – psycho – socio – cultural – spiritual) from nursing and other disciplines in nursing practice at an outstanding level. 	<ul style="list-style-type: none"> Applies knowledge (bio – psycho – socio – cultural – spiritual) from nursing and other disciplines in nursing practice at an above expected level. 	<ul style="list-style-type: none"> Applies knowledge (bio – psycho – socio – cultural – spiritual) from nursing and other disciplines in nursing practice at an expected level. Requires assistance to identify / incorporate significant factors. 	<ul style="list-style-type: none"> Applies knowledge (bio – psycho – socio – cultural – spiritual) from nursing and other disciplines in nursing practice at a marginal level. Requires substantial assistance to achieve an acceptable level.
	<ul style="list-style-type: none"> Consistently recognizes deviations in patient status and promptly reacts in an appropriate manner. 	<ul style="list-style-type: none"> Almost always recognizes deviations in patient status and promptly reacts in an appropriate manner. 	<ul style="list-style-type: none"> Able to recognize deviations in patient status and reacts in an appropriate manner with assistance. 	<ul style="list-style-type: none"> Requires assistance to recognize deviations in patient status; reacts in an appropriate manner with assistance.
2.2 Demonstrate understanding of how the use of a model / theory enhances understanding of a specific health promotion / primary prevention activity.	<ul style="list-style-type: none"> Uses knowledge of a nursing model in nursing practice at a level that reflects beginning level understanding of the model. 	<ul style="list-style-type: none"> Uses knowledge of a nursing model in nursing practice at a beginning level with minimal assistance. 	<ul style="list-style-type: none"> Uses knowledge of a nursing model in nursing practice with assistance. 	<ul style="list-style-type: none"> Requires substantial assistance to use knowledge of a nursing model in nursing practice.

	A	B	C	D
2.3 With assistance, apply critical thinking skills to examine health promotion and primary prevention activities through: <ul style="list-style-type: none"> ▪ creative thought ▪ reflective thinking ▪ identification of credible resources of material relevant to clinical practice 	Applies the nursing process to provide in-depth, comprehensive care to individuals and their families.	<ul style="list-style-type: none"> ▪ Applies steps of nursing process. Requires minimal assistance to provide a high level of client care. 	<ul style="list-style-type: none"> ▪ Able to apply all steps of nursing process. Requires assistance to provide a high level of client care. 	<ul style="list-style-type: none"> ▪ Requires substantial assistance in order to implement the nursing process at an acceptable level.
	<ul style="list-style-type: none"> ▪ Always coordinates and appropriately prioritizes care using sound clinical judgment and innovation involving well clients or those with stable variances in health. 	<ul style="list-style-type: none"> ▪ Almost always coordinates and appropriately prioritizes care using sound clinical judgment and innovation involving well clients or those with stable variances in health. 	<ul style="list-style-type: none"> ▪ Able to coordinate care using innovation but may require assistance to set priorities and achieve sound clinical judgment. 	<ul style="list-style-type: none"> ▪ Difficulty coordinating and prioritizing client care. Clinical judgment and innovation requires frequent assistance.
	<ul style="list-style-type: none"> ▪ Provides relevant information to client(s). 	<ul style="list-style-type: none"> ▪ Provides basic, acceptable level of information to ensure that client is informed prior to signing consent. 	<ul style="list-style-type: none"> ▪ Information provided prior to having client sign consent is minimal. 	<ul style="list-style-type: none"> ▪ No information provided to client(s).
	<ul style="list-style-type: none"> ▪ Participates in a project with a target aggregate of well clients or those with stable variances in health at an exemplary level. 	<ul style="list-style-type: none"> ▪ Participates in a project with a target aggregate of well clients or those with stable variances in health at a high level. 	<ul style="list-style-type: none"> ▪ Participates in a project with a target aggregate of well clients or those with stable variances in health at an acceptable level, whereby course objectives are met. 	<ul style="list-style-type: none"> ▪ Participates in a project with a target aggregate of well clients or those with stable variances in health at a minimal but acceptable level.
	<ul style="list-style-type: none"> ▪ Engages in creative, reflective thinking, thoughtfully analyzes and evaluates other points of view. 	<ul style="list-style-type: none"> ▪ Interprets evidence accurately and identifies relevant arguments, evaluates obvious alternate points of view and provides rationale for conclusions. 	<ul style="list-style-type: none"> ▪ Generally able to interpret evidence, may require assistance to fully appreciate alternate points of view, occasionally reaches conclusions without examining all relevant information. 	<ul style="list-style-type: none"> ▪ Reaches conclusions prematurely or without consideration of all salient information, accepts things as they are, fails to generate viable alternatives.
	<ul style="list-style-type: none"> ▪ Examines assumptions in open-minded manner. 	<ul style="list-style-type: none"> ▪ Aware of assumptions made by self and others; open minded 	<ul style="list-style-type: none"> ▪ Aware of some assumption made by self and others; may need to expand thinking. 	<ul style="list-style-type: none"> ▪ Limited awareness of own assumptions, beliefs, values. Needs to expand thinking.
2.4 With assistance, examine research findings and describe the relevance of research to nursing practice.	<ul style="list-style-type: none"> ▪ Describes how evidence based research can be used in practice. 	<ul style="list-style-type: none"> ▪ Describes how evidence based research can be used in practice. Needs minimal assistance with analysis. 	<ul style="list-style-type: none"> ▪ Describes how evidence based research may be used to improve practice with assistance. Needs some direction with analysis. 	<ul style="list-style-type: none"> ▪ Describes how evidence based research may be used to improve practice with substantial assistance. Needs considerable help with analysis.
	<ul style="list-style-type: none"> ▪ Suggests ways to incorporate research findings into selected nursing situations at an outstanding level. 	<ul style="list-style-type: none"> ▪ Suggests ways to incorporate relevant research findings into selected nursing situations at an above expected level. 	<ul style="list-style-type: none"> ▪ With assistance, discusses how some relevant research findings may be incorporated into selected nursing situations. 	<ul style="list-style-type: none"> ▪ Suggests use of relevant evidence based research findings into selected nursing situations only with encouragement.
2.5 Identify issues related to ambiguity and diversity by exploring: <ul style="list-style-type: none"> ▪ relevant contributing elements ▪ own pattern of dealing with ambiguity and diversity ▪ role of creativity in dealing with ambiguity and diversity. 	<ul style="list-style-type: none"> ▪ Always recognizes situations of ambiguity and diversity for client(s) and identifies the client's pattern of dealing with same. 	<ul style="list-style-type: none"> ▪ Usually recognizes situations of ambiguity and diversity for specific clients and identifies the client's pattern of dealing with same. 	<ul style="list-style-type: none"> ▪ With assistance, recognizes situations of ambiguity and diversity for specific client. May need help to identify how the client deals with this. 	<ul style="list-style-type: none"> ▪ Needs substantial assistance to identify ambiguity and diversity for client(s) and to identify how client(s) deal with this.
2.6 With assistance,	<ul style="list-style-type: none"> ▪ Consistently adheres to 	<ul style="list-style-type: none"> ▪ Adheres to policies but 	<ul style="list-style-type: none"> ▪ Needs some reminders to 	<ul style="list-style-type: none"> ▪ Needs frequent reminders.

	A	B	C	D
demonstrates awareness of quality assurance and risk management processes to enhance nursing practice related to: <ul style="list-style-type: none"> Workplace Hazardous Materials Information Sheet (WHMIS) Fire and Safety Universal precautions Working alone Personal safety Emergency procedures 	policies and recognizes situations in which these policies may be breached.	might need minimal assistance to recognize breaches.	consistently follow policies but once made aware does well in following.	Seems unaware of the impact of violation of policies on client(s) and others.
2.7 Describes competent leadership related to: <ul style="list-style-type: none"> decision making priority setting performance appraisal of self. 	<ul style="list-style-type: none"> Recognizes situations of concern and discusses with clinical tutor; takes appropriate action. 	<ul style="list-style-type: none"> Recognizes situations of concern and discusses with clinical tutor; take appropriate action with minimal assistance. 	<ul style="list-style-type: none"> Recognizes situations of concern and discusses with clinical tutor; takes appropriate action with assistance. 	<ul style="list-style-type: none"> Requires substantial assistance to recognize the significance of concern; takes appropriate action with considerable tutor guidance.
3.0 PROVISION OF SERVICE TO THE PUBLIC				
3.1 With assistance, apply principles of health care with a focus on health promotion.	<ul style="list-style-type: none"> Always analyzes and applies concepts of PHC in acute and complex nursing situations in a variety of settings. 	<ul style="list-style-type: none"> Always analyzes and applies concepts of PHC in acute and complex nursing situations in a variety of setting at an above expected level with minimal assistance. 	<ul style="list-style-type: none"> Analyzes and applies concepts of PHC in acute and complex nursing situations in a variety of settings with assistance. 	<ul style="list-style-type: none"> Analyzes and applies concepts of PHC in acute and complex nursing situations in a variety of settings, at a marginal level, requiring substantial assistance.
3.2 Demonstrate caring behaviors in professional situations by: <ul style="list-style-type: none"> recognizing the uniqueness, worth and dignity of self and others demonstrating respect and sensitivity to self and others establishing, maintaining and terminating professional relationships in a supportive manner. 	<ul style="list-style-type: none"> Is honest and clear with client(s) at all times. 	<ul style="list-style-type: none"> Is honest and clear with client(s) at all times. 	<ul style="list-style-type: none"> Is honest and clear with client(s) at all times. 	<ul style="list-style-type: none"> Is honest and clear with client(s) at all times, discussions and teaching may lack clarity.
	<ul style="list-style-type: none"> Promotes comfort in physical, emotional, mental, spiritual and cultural domains. 	<ul style="list-style-type: none"> Promotes comfort in most domains but may overlook one or two: physical, emotional, mental, spiritual and cultural domains. 	<ul style="list-style-type: none"> Promotes comfort in at least two of the following domains: physical, emotional, mental, spiritual and cultural. 	<ul style="list-style-type: none"> Promotes comfort, physical, emotional, mental, spiritual and cultural domains may be overlooked to a large degree.
	<ul style="list-style-type: none"> Is "present" for client(s) at all times. 	<ul style="list-style-type: none"> Is generally "present" for client(s). 	<ul style="list-style-type: none"> Is "present" for client(s) at times, but needs assistance to acknowledge the significance of this for client(s). 	<ul style="list-style-type: none"> Is minimally "present" for client(s).
	<ul style="list-style-type: none"> Responds to client(s) as a unique individual, with own particular concerns. 	<ul style="list-style-type: none"> Responds to client(s) as a unique individual, with own particular concerns. 	<ul style="list-style-type: none"> Respondent to client(s) primarily as "patient" rather than as a unique individual, with own particular concerns. 	<ul style="list-style-type: none"> Responds to client(s) primarily as one of several patients; does not perceive client(s) as a unique individual with own particular concerns.
	<ul style="list-style-type: none"> Invokes feelings of security in client(s) at all times. 	<ul style="list-style-type: none"> Generally invokes feelings of security in client(s) at a substantial level. 	<ul style="list-style-type: none"> Invokes feelings of security in client(s). 	<ul style="list-style-type: none"> Does not invoke feelings of comfort, safety and/or security in client(s).
3.3 With assistance, develop cooperative relationships with colleagues, clients, community members, and community agencies through promoting participation, choice and	<ul style="list-style-type: none"> Independently and consistently collaborates with client(s), significant others, and members of the health care team. 	<ul style="list-style-type: none"> With minimal assistance, collaborates with client(s), significant others and members of the health care team. 	<ul style="list-style-type: none"> With some assistance, collaborates with client(s), significant others and members of health care team. 	<ul style="list-style-type: none"> Needs frequent reminders to collaborate with client(s), significant others and members of the health care team.

	A	B	C	D
control.	<ul style="list-style-type: none"> Consistently promotes client(s) autonomy. 	<ul style="list-style-type: none"> Promotes client(s) autonomy with minimal guidance. 	<ul style="list-style-type: none"> Promotes client(s) autonomy but may need assistance to recognize significance of this. 	<ul style="list-style-type: none"> Frequently fails to assist client(s) to exercise autonomy, tends to take over for client(s).
	<ul style="list-style-type: none"> Develops cooperative / collaborative relationships with others to a degree that exceeds expectations for this level of student. 	<ul style="list-style-type: none"> Develops cooperative / collaborative relationships with others above expected level for this point in the program. 	<ul style="list-style-type: none"> Develops cooperative / collaborative relationships with others at an expected level for this point in the program. 	<ul style="list-style-type: none"> Requires feedback / assistance to develop cooperative or collaborative relationships with others.
	<ul style="list-style-type: none"> Consistently sensitive to and supportive of client(s) in transition. Consistently recognizes significance of change. 	<ul style="list-style-type: none"> Sensitive to and supportive of client(s) in transition. Consistently recognizes significance of change. 	<ul style="list-style-type: none"> Sensitive to and supportive of client(s) in transition. May need assistance to recognize the significance of change. 	<ul style="list-style-type: none"> Inconsistent in sensitivity to and support of client(s) in transition. Tends to overlook significance of change.
	<ul style="list-style-type: none"> Independently and consistently enables client(s) to identify / mobilize their personal power. 	<ul style="list-style-type: none"> With minimal assistance enables client(s) to identify / mobilize their personal power. 	<ul style="list-style-type: none"> Requires some support to enable client(s) to identify / mobilize their personal power. 	<ul style="list-style-type: none"> Requires substantial assistance to recognize and assist client(s) to identify / mobilize their personal power.
3.4 Demonstrate competence in selected skills required for health promotion of well clients by: <ul style="list-style-type: none"> consistently demonstrating proficiency in skills indicated in the University of Alberta Collaborative Nursing Program Integrated Lab Map. <p>With assistance, applying the nursing process through:</p> <ul style="list-style-type: none"> data collection planning evaluation <p>And with assistance, using effective communication skills through:</p> <ul style="list-style-type: none"> appropriate verbal and written skills appropriate teaching skills appropriate lines of communication communicating / reporting relevant information accurately and in a timely manner. 	<ul style="list-style-type: none"> Excellent in-depth preparation for labs and for skills performed in clinical; utilizes a variety of resources. 	<ul style="list-style-type: none"> Completes in-depth preparation for labs and for skills performed in clinical; utilizes several resources. 	<ul style="list-style-type: none"> Prepares adequately for labs and for skills performed in clinical; utilizes key resources. 	<ul style="list-style-type: none"> Preparation for labs and for skills performed in clinical is inconsistent. Does not consistently use key resources.
	<ul style="list-style-type: none"> Performs required skills with confidence. 	<ul style="list-style-type: none"> Performs skills at an above expected level. 	<ul style="list-style-type: none"> Performs skills at an expected level. 	<ul style="list-style-type: none"> Skills are performed at a borderline safe-unsafe level.
	<ul style="list-style-type: none"> Includes a comprehensive assessment of client learning needs independently. 	<ul style="list-style-type: none"> Includes a thorough assessment of client learning needs independently. 	<ul style="list-style-type: none"> Includes a client centered assessment of needs with minimal assistance. 	<ul style="list-style-type: none"> Lacks specificity or detail related to client's learning needs; assesses only most obvious factors / ideas.
	<ul style="list-style-type: none"> Is creative and thorough; independently addresses priority needs; goals are specific and measurable. 	<ul style="list-style-type: none"> Is thorough; addresses priority needs. Needs minimal assistance to develop goals that are specific and measurable. 	<ul style="list-style-type: none"> Is complete and addresses priority needs with assistance. Requires some assistance with developing goals that are specific and measurable. 	<ul style="list-style-type: none"> Is sketchy and incomplete. Required direction to focus in on priority learning needs and to develop goals that are specific and measurable.
	<ul style="list-style-type: none"> Is implemented with confidence; attends to verbal and non-verbal cues of client(s); resources are complete and creative. 	<ul style="list-style-type: none"> Is implemented with confidence; responds to input from client(s); resources are complete. 	<ul style="list-style-type: none"> Is satisfactorily implemented. Attends to input from client and responds appropriately. Adequate resources. 	<ul style="list-style-type: none"> Is poorly implemented; minimal response to learner cues. May be unable to respond to client questions without direction. Needs more resources.
	<ul style="list-style-type: none"> Includes an extensive evaluation following session. Works independently with staff to initiate referrals if appropriate. 	<ul style="list-style-type: none"> Includes a thorough and appropriate evaluation following session. Recognizes the need for referrals and initiates referrals by working with staff with minimal assistance. 	<ul style="list-style-type: none"> Includes an evaluation that is generally complete; may miss subtle cues from client. Requires encouragement to suggest to staff the initiation of a referral. 	<ul style="list-style-type: none"> Includes an evaluation that focuses on the most obvious features. Misses cues from the client. Does not recognize the need for referral but does so with direction.
	<ul style="list-style-type: none"> Independently and consistently organizes and completes care for client(s). 	<ul style="list-style-type: none"> With minimal assistance, is able to organize and complete care for client(s). 	<ul style="list-style-type: none"> With some assistance, is able to organize and complete care for client(s). May require occasional assistance from others to complete care. 	<ul style="list-style-type: none"> Requires a great deal of guidance to organize client(s) care; frequently needs assistance from others to complete care for client(s).

	A	B	C	D
	<ul style="list-style-type: none"> Written and clinical course requirements submitted on time and completed at an outstanding level. 	<ul style="list-style-type: none"> Written and clinical course requirements are completed at an above expected level. 	<ul style="list-style-type: none"> Written and clinical course requirements are completed at an expected level. 	<ul style="list-style-type: none"> Quality of written quality work done to complete course requirements is below expected level for this point in the program.

References

Alberta Association of Registered Nurses. (1999). Nursing practice standards. (Reprinted 2003 to include Revised CNA code of ethics.). Edmonton, AB: Author.

MIDTERM:

Student: Name (PRINT) _____ **Signature** _____ **Date** _____

Tutor: Name (PRINT) _____ **Signature** _____ **Date** _____

FINAL:

Student: Name (PRINT) _____ **Signature** _____ **Date** _____

Tutor: Name (PRINT) _____ **Signature** _____ **Date** _____

Please Note:

This information is collected for the purpose of appraising student performances; assigning a course mark; and monitoring student progress according to guidelines established in the Alberta Freedom of Information Act. For further information please contact the Professional Administration Officer at the Faculty of Nursing.

Nursing 1910 Direct Clinical Observation

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

In order to pass Nursing 1910, students must demonstrate safe, ethical nursing practice, professional behaviour, and successful completion of the following objectives.

Upon completion of Nursing 1910, the nursing student will:

OBJECTIVE	A	B	C	D	F
PROFESSIONAL RESPONSIBILITY and ETHICAL PRACTICE					
Demonstrate application of legal and ethical standards in selected nursing situations by consistently demonstrating: <ul style="list-style-type: none"> • respect for the values, beliefs, and rights of others • honesty • integrity • confidentiality 					
With assistance, demonstrate appropriate written and verbal communication skills					
With assistance, demonstrate: <ul style="list-style-type: none"> • responsibility and accountability by <ul style="list-style-type: none"> - preparing for clinical practice to provide safe, competent care - using informed consent - practicing according to policies and procedures of agencies - using knowledge of scope of practice and professional legislation 					
With assistance, demonstrate attitudes and skills for learning by demonstrating: <ul style="list-style-type: none"> • self-awareness • self-appraisal • identifying strengths and limitations of self • identifying strategies to address limitations of self • seeking assistance appropriately 					
Demonstrate an understanding of social and political action at a beginning level by discussing client rights.					
With assistance, utilize selected information technology.					
With assistance, demonstrate effective use of skills in self-directed, context-based, small group learning.					
KNOWLEDGE BASED PRACTICE					
With assistance, utilize selected areas of knowledge about biological, psychological, sociological, cultural, and spiritual factors in interacting with individuals and families across the lifespan, who are experiencing stable variations in health					
Demonstrate understanding of how use of a model/theory could enhance understanding of a specific health promotion/primary prevention activity					
With assistance, apply critical thinking skills to examine health promotion and					

primary prevention activities through: <ul style="list-style-type: none"> • creative thought • reflective thinking 					
With assistance, examine research findings, and describe the relevance of research to nursing practice.					
Identify issues related to ambiguity and diversity by exploring: <ul style="list-style-type: none"> • contributing relevant elements • own pattern of dealing with ambiguity and diversity • role of creativity in dealing with ambiguity and diversity 					
With assistance, and as appropriate to clinical setting, demonstrate awareness of quality assurance/ risk management processes to enhance nursing practice related to: <ul style="list-style-type: none"> • Workplace Hazardous Materials Information Sheet (WHMIS)-Cont. Care • Fire and Safety - Continuing Care • Universal precautions- Continuing Care • Working alone • Personal safety • Emergency procedures 					
Describe competent leadership related to: <ul style="list-style-type: none"> • decision making • priority setting • performance appraisal (as applicable) 					
PROVISION OF SERVICE TO THE PUBLIC					
With assistance, apply the principles of primary health care with a focus on health promotion.					
Demonstrate caring behaviours in professional situations by: <ul style="list-style-type: none"> • recognizing the uniqueness, worth and dignity of self and others • demonstrating respect and sensitivity to self and others 					
With assistance, develop cooperative relationships with colleagues, clients, community members, and community agencies through promoting participation, choice and control					
Demonstrate competence in selected skills required for health promotion of well clients by: <ul style="list-style-type: none"> • consistently demonstrating proficiency in skills indicated in the Collaborative Nursing Program Lab Map • demonstrating , with assistance, application of the nursing process through: <ul style="list-style-type: none"> - data collection - planning - implementation - evaluation 					

Summary Comments

Faculty:

Student:

Faculty: ____ **Student: *** _____

Date: ____

* The student's signature indicates that the student has read the evaluation.