



**UNIVERSITY OF ALBERTA  
COLLABORATIVE BACCALAUREATE  
NURSING PROGRAM**  
Grande Prairie Regional College  
MacEwan  
Keyano College  
Red Deer College  
University of Alberta

**NURSING 1910 (B3)**

**2006 – 2007 COURSE OUTLINE**

**Winter 2007**

**Instructor: Dorothy Eiserman, PhD, RN**

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

**Revised by the Learning Experiences Development Committee, April 2006**

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**Approved: May 2006**

## Nursing 1910 Course Outline

### CALENDAR STATEMENT:

**NURS 1910 Nursing Practice I \*5 (0-4-17)**

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.

**COURSE HOURS:** LEC: 0 SEM: 28 LAB: 21 (maximum) CLINICAL: 126

### INSTRUCTOR:

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### 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:**

### PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE

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

#### **Independently:**

- demonstrates integrity
- demonstrates responsibility and accountability
- demonstrates respect for client's values, beliefs and rights

#### **With assistance:**

- demonstrates application of legal and ethical standards:
  - practices according to policies and procedures of host agencies and educational institution
  - uses knowledge of scope of practice and professional legislation and Code of Ethics
  - confidentiality
  - uses informed consent
  - prepares for clinical practice to provide safe, competent care

- demonstrates commitment to the values of the profession of nursing and support of professional development of colleagues

## **2. Engages in strategies for social and political action at a beginning level**

### **With assistance:**

- differentiates own values / needs/ rights / obligations from values / needs / rights / obligations of others
- discusses formal and informal power structures in the context of social / political action in nursing situations
- identifies nursing issues requiring social and political action
  - identifies programs which have arisen from social / political action
- discusses the role of the individual nurse in social and political action
  - identifies role in existing programs
- discusses the role of professional nursing organizations in social and political action
  - protection of public
  - position statements
- describes the planning process for engaging in social and political action
  - funding sources (re: existing programs)
  - identifies strategies and resources for social and political action

## **3. Demonstrates skills and attitudes necessary for life-long learning**

### **Independently**

- demonstrates personal responsibility for learning

### **With assistance:**

- identifies strengths and limitations of own competence, seeking assistance when necessary
- demonstrates an openness and receptivity to change
  - seeks and is receptive to feedback
  - act on feedback
- assumes primary responsibility for attaining and maintaining competence based on nursing practice standards.

## **KNOWLEDGE BASED PRACTICE**

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

#### **With assistance:**

- applies critical thinking strategies in developing sound clinical judgment in relation to health promotion and disease and injury prevention
- applies creative thinking, reflective thinking and insight for health promotion and disease and injury prevention for developing sound clinical judgment.

### **5. Applies nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.**

#### **With assistance:**

- uses selected areas of knowledge related to biological, psychological, socio-cultural and spiritual dimensions of the human response to stable variations in health
- uses selected areas of knowledge related to scope of practice and professional legislation in nursing practice.

**6. Demonstrates evidence based practice.**

**With assistance:**

- utilizes credible resources (research studies, experts, and others)
- examines research findings related to nursing situations
- describes the significance of research to practice (research studies, experts, and others)
- identifies nursing practice problems that require investigation.

**7. Applies nursing and other relevant models/theories in the professional practice of nursing.**

**With assistance:**

- discusses the use of nursing models / theories / metaparadigms
- identifies models / theories from other disciplines and their application into nursing
- explores the application of selected nursing models / theories into nursing practice.

**8. Demonstrates competence in health care informatics.**

**With assistance:**

- uses a variety of selected information technology and other technology to support all scholarly activities and clinical practice.

**PROVISION OF SERVICE TO PUBLIC**

**9. Applies 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, intersectoral collaboration).**

**With assistance:**

- applies principles of primary health care to with healthy individuals across the lifespan
- applies knowledge of health determinants in client situations
- applies selected health promotion activities with individuals:
  - develops professional skills needed for taking action (eg. teaching/learning)

**10. Demonstrates caring relationships in professional situations.**

**With assistance:**

- recognizes the uniqueness, worth and dignity of self and others
- demonstrates caring behaviors in interpersonal activities with clients, peers and others in the health care setting

- demonstrates ability to engage in caring relationships with clients in nursing practice (boundaries):
  - initiates, maintains and terminates professional relationships in a supportive manner
  - social vs. therapeutic

**11. Collaborates with clients, community agencies, community members, and members of other disciplines in a variety of settings.**

**With assistance:**

- encourages client participation, choice and control
- encourages colleague participation, choice and control
- develops cooperative relationships with colleagues, community members, community agencies and members of other disciplines
- interacts with clients with stable variations in health
- with assistance, engages in inter-professional interaction

**12. Demonstrates beginning leadership, management and administrative skills.**

**With assistance:**

- uses effective time management strategies in coordinating client care
- describes leadership and management roles and competencies
- uses decision-making processes
- effectively leads a small group
- performs an accurate appraisal of self and others
- effectively follows quality and risk management processes to enhance nursing practice
- identifies principles of delegation (right: task, circumstance, person, direction, supervision).

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

**With assistance:**

- identifies effects of ambiguity and diversity in all learning environments
- identifies ambiguity and diversity in selected nursing situations
- identifies own pattern of dealing with the effects of ambiguity and diversity
- selects appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations

**14. Demonstrates competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, client education, in the promotion, restoration, rehabilitation and maintenance of health.**

**With assistance:**

- applies nursing process
- uses appropriate verbal communication skills
- uses appropriate written communication skills
- provides effective client education by applying:
  - principles of teaching and learning

- prioritizes nursing activities
- performs selected assessment skills in a competent manner

**Independently:**

- performs selected psychomotor skills in a competent manner – lab setting

**With guidance:**

- performs selected psychomotor skills in a competent manner – clinical setting

## **CONTEXT BASED LEARNING**

### **15. Demonstrates competence with context based learning.**

**With assistance:**

- describe the components of context based learning
  - self directed learning
  - group process
  - CBL process
- use the nursing process to plan nursing care for selected clients
  - selected assessment skills
  - problem identification
  - outcomes
  - interventions
  - evaluation
- effectively use group process to facilitate learning of the group
  - respect for the values and beliefs of others
  - responsibility and accountability for the learning of the group
  - group roles
  - caring behaviors
  - self directed learning
  - influencing factors
- effectively use critical thinking in the group
  - brainstorming
  - exploring (creativity, depth, breadth and relevancy)
  - sources of information
- use communication skills to enhance the context based learning processes
  - sharing personal information
  - articulation
  - clarity
  - conciseness
  - relevancy
  - seeking and providing opinions, information and direction
  - receiving and giving feedback
- use writing skills to enhance the context based learning processes
  - legibility
  - appropriateness
  - clarity
  - conciseness
  - relevancy

### **REQUIRED RESOURCES**

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

\* Posted on Blackboard under Academic Documents.

### **RECOMMENDED RESOURCES**

Vollman, A.; Anderson, E.; & McFarlane, J. (2004) *Canadian community as partner*. Philadelphia, PA: Lippincott, Williams & Wilkins.

Wright, L. & Leahey, M. (2005). *Nurses and families: A guide to family assessment and intervention* (4<sup>th</sup> ed.). Philadelphia, PA: FA Davis

### **REQUIRED LEARNING EXPERIENCES**

**In order to pass NURS 1910, students must demonstrate safe ethical nursing practice, professional behavior, 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 lifespan, 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 home visits with a client.
4. Participate in health related activities of a community agency.
5. Complete a comprehensive health history on a family.
6. Engage in a health promotion activity based on identified needs.
7. Examine the role of a registered nurse.
8. Using a selected nursing model, assess a client.
9. Perform selected nursing care.

## **SITE SPECIFIC CLINICAL EXPERIENCES:**

### **A. Health & Wellness Curriculum Resource Support**

Students will provide Six (6) hours of health education related to a number of topics to students attending K-12 schools located in the Peace Country Health region. The Alberta Health & Wellness Curriculum provincial Health Curriculum is used as a guide. This program is a partnership between the Department of Nursing Education at Grande Prairie Regional College and Peace Country Health and is provided as a service to the schools within the region and as an opportunity for first year nursing students to be actively involved in a regional health promotion project.

The schools request this service and the Department of Nursing Education Clinical Placement Coordinator manages the booking process. Two students will be assigned to each session, and the clinical tutor is usually present. Sessions vary in length from 30 – 120 minutes, depending upon the grade level of the students in the schools and the school's timetable.

The orientation for the program and the resource materials are provided by members of the interdisciplinary community health team at the Grande Prairie Health Unit and the Eating Disorders Coordinator for Northwest Alberta.

Material related to teaching techniques, normal growth and development theory, and healthy lifestyles behaviours will be provided by your clinical tutor/instructor.

Students are expected to attend the orientation sessions held by the health region and those provided by the clinical tutor/instructor.

An additional twelve (12) hours of clinical experience time is provided for you to consult with the classroom teacher and to prepare the learning activities you will provide to the students in the schools.

### **The evaluation during this portion of the course is:**

The teaching plan you prepare for each of your activities, and your evaluation of your performance during the session will be marked. An outline of the elements to be included and a guide for marking criteria are attached in Appendix A.

**Plans and evaluations are due the Monday following the actual classroom teaching at 0830 hours.**



### **Do Bugs Need Drugs:**

You will participate in this provincial program coordinated and resourced by the Communicable Disease Center at the Grande Prairie Health Unit. This program is designed to be offered to elementary school children, primarily Grade 2, to stress the importance of hand washing in the prevention of illness. This program provides an opportunity for you to participate in a provincial health promotion project with a set lesson plan. You will spend eight (8) hours preparing for and participating in this program.

**Evaluation during this portion of the course is submission of a reflective journal entry for each session taught. Criteria for writing a Reflective Journal are contained in Appendix H.**

### **B. College and Community Health Centre Grande Prairie Regional College/Peace Country Health**

As part of NS 1910, you and a partner will spend two 7.5 hour clinical practice days at the Health Centre. Each of the clinic days, you will be assisting health centre staff greeting patients, obtaining basic health history information, collecting urine specimens as required, performing a number of basic dipstick tests on these samples, measuring vital sign, height and weight, and other basic tasks as directed by the Registered Nurse at the clinic

You will also have an opportunity to observe a variety of patients across the life span consulting with the physicians about a number of illness and problems. This clinic offers perinatal services therefore you will have opportunity to observe physicians and Registered Nurses interacting with pregnant families, performing assessments and providing health promotion information.

**Evaluation of this experience will be included in the ENP and will be based the critical analysis of these two days recorded in your Journal, and on feedback from Health Centre staff.**

### **C. Family Home Visits and Assessment**

The purpose of this clinical experience is to give you the opportunity to apply therapeutic communication skills, establish a professional nursing student-client relationship, become familiar with the CFAM tools of an ecomap and genogram, and to conduct a health history. This assignment will be carried over the 7 weeks in which you are in this clinical experience. Your instructor will travel a reasonable radius of Grande Prairie to meet with you and the family you are assessing. If your family lives outside of a 2 hour radius of Grande Prairie, you must negotiate with your instructor immediately.

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

- Use the Calgary Family Assessment Model (CFAM) tools of a genogram and ecomap at a novice level.
- Gather a health history on one member of the family you have chosen to visit, using the example in Giddens (2005) Student Lab Guide for Health Assessment for Nursing Practice (3<sup>rd</sup> ed), pages 1-5. Book an appointment with your instructor to attend the family visit at which you gather the health history. The instructor will assess your communication skills and be a resource during the health history gathering.
- Your performance will be evaluated using the rubric. Appendix \_\_\_\_\_

#### **D. Public Health Unit Observation of the Role of the Registered Nurse**

Each student will be paired with a Public Health Nurse for three 7.5 hour clinical practice days, for an observational experience in a Health Unit. These experiences may be in the local area or in the region.

**Evaluation during this portion of the course is submission of a reflective journal entry related to your experience. Criteria for writing a Reflective Journal are contained in Appendix H.**

#### **LABS:**

1. Community Assessment
2. Family Assessment (CFAM)

#### **SEMINARS**

Weekly Seminars will be held 0830-1120 each Monday.

#### **REQUIRED EVALUATION**

1. ENP (Evaluation of Nursing Practice) **60%**

**A formative and written summative evaluation of Nursing Practice will be completed by the student and the tutor. Areas to be evaluated will include the Learning Plans and the Evaluation for Health & Wellness teaching, Journal entries for “Do Bugs Need Drugs” and the Community Health Clinic, and the Public Health Observational experience. These experiences are considered “Nursing Practice”.**

Evaluation will be accomplished through observation, assessment, and evaluation of the student during nursing practice. Evaluations will be made by the clinical tutor, and may be supplemented with input from peers, the staff of an agency, and the client. The ENP for and information related to Levels of Independence are attached in Appendix J.

**Mid-Term Evaluation: by appointment.**

**Due: Self-evaluation will be due April 10, 2007 @ 0900.**

**Final Evaluations will be held April 11, 2007 by appointment.**

Three (3) reflective journals will be required as a portion of your ENP evaluation.

- One (1) entry journal will reflect on your experience in the College and Community Health Centre. and the second (2) the “Do Bugs Need Drugs” program, from a nursing perspective. The following topics are appropriate for reflection. An in-depth discussion is expected.
  1. Primary Health Care: how is this program/service related to the principles of PHC
  2. What is the role of the Registered Nurse in health promotion in school populations and how did you see yourself fitting into that role.
  3. the strategies used and the effectiveness of those strategies used in teaching students in the grades you were involved with (usually grades 1, 2,3)
  4. the strategies used and the effectiveness of those strategies when providing health care services in a community health centre, and working with interdisciplinary teams (eg. Registered Nurses, physicians, teachers, etc.)
- One (1) journal will critically reflect on one experience you identify as important to your learning about community nursing and the role of the Public Health Nurse.

Appendix H includes the descriptors for an excellent journal.

**Due: Journals will be due the at 1300 hrs the Monday following your experience with the “Do Bugs Need Drugs” program, College and Community Health Clinic, and Public Health Nurse Observational Experience.**

2. Family visits/assessment

**25%**

- This assignment is to be a maximum of 10 pages in length; excluding title page, references, and appendices.

- The most weighting of the assignment grade will be for content
  - Describe the structural assessment
  - Describe the functional/developmental assessment
  - Provide a genogram (3 generations)
  - Provide an ecomap
  - Provide a health history of one member of the family.

Less weighting of the assignment grade will be for:

- Title page, untitled introduction, body of discussion, conclusion, references, appendixes.
- Spelling and grammar.
- Information is well organized, clearly articulated, and sections are linked
- References are relevant, accurately cited, and referenced.

Attached as **Appendixes B, C, D** are the tools to be used in conjunction with this assignment. **Appendix G** is the grading guide for the assignment.

**Due: April 5, 2007 at 1600 hrs.**

4. Windshield Survey

**15%**

Students will be teamed up in groups of four (4) to assess a community via the windshield survey in **Appendix E**. The group will define the area on a map that will be surveyed and then by car/bus/on foot will complete the chart. During an assigned seminar, each group will present the results of the survey. Marking criteria for the survey is attached in **Appendix F**.

**Due: March 30, 2007 at 1600 hrs.**

**Total:**

**100%**

## EVALUATION CRITERIA

### 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.

## 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 as guidelines for NS 1910.**

**<http://www.gprc.ab.ca/about/administration/policies.html>**

**APPENDIX A**  
**Elements of a Teaching/Leaning Plan**  
*With sample material*

<b>Information related to the age and learning needs of the grade being taught</b>	<b>Learning Objectives identified in Consultation with the classroom teacher.</b>	<b>Learning activities planned</b>	<b>Effectiveness of each learning activity</b>
<p><i>Grade 5/6 class has a poor understanding of normal growth and development for children approaching puberty</i></p>	<p><i>To provide age appropriate information related to normal G &amp; G</i>  <i>To facilitate a discussion related to the children's questions on the subject.</i></p>	<p><i>Opening greetings—who we are, why we are here</i>  <i>Video discussion the physical and emotional changes beginning to occur, borrowed from Sexual Health Educator.</i>  <i>Request children to ask questions and facilitate discussion related to them</i>  <i>Provide written materials, supplied by the Sexual Health Educator</i>  <i>Explain the written materials, ask for questions</i>  <i>Provide contact information for the children is they should have further questions (SHE's card, etc)</i></p>	<p><i>Was nervous and forgot to introduce my partner</i></p> <p><i>Video was attentively watched by the girls, the boys were watching too, however, there were some snickers. The classroom teacher asked the boys to not talk or make disrespectful comments during the video. This was very helpful.</i></p> <p><i>Lots of questions related to changes. Answered them honestly, however, felt very self-conscious while doing this. Children are very open and I was unsure how to answer some of their questions. The tutor helped with this. I need to read up on the area and practice with my partner for next time.</i></p> <p><i>Children had some questions about the written materials and I found these easier to answer.</i></p>

### Marking Criteria for Teaching/Learning Plan

<b>A Excellent</b>	<b>B Very Good</b>	<b>C Good</b>	<b>D Poor/Minimal Pass</b>	<b>F Failure</b>
Information related to the age and learning needs of the grade being taught is complete and rationale is included.	Information related to the age and learning needs of the grade being taught is mostly complete with one or two missing elements. The rationale is included	Information related to the age and learning needs of the grade being taught is incomplete with 3-4 missing elements. The rationale is incomplete.	Information related to the age and learning needs of the grade being taught is superficial with 5-6 elements missing. The rationale is not included or is unclear.	Information related to the age and learning needs of the grade being taught is mostly incomplete and superficial and most elements are missing. The rationale is not included or is unclear.
Learning objectives are comprehensive, clearly written, action oriented, appropriate, and related to normal G & D of the age group. Appropriate rationale and references are included.	Learning objectives are usually comprehensive with one or two missing elements, clearly written, action orientated, and related to the normal G & D of the age group. Appropriate rationale and references are included.	Learning objectives are not comprehensive, 2-3 elements are missing, are not always written clearly or action orientated, and/or related to the normal G & D of the age group. Appropriate rationale and references are not always included.	Learning objectives are missing 4-6 elements, are not always clearly written, most are not action orientated, and are minimally related to the normal G & D of the age group. Rationale and references are not well related to the learning objectives or the G & D of the age group.	Learning objectives are superficial, most elements are missing, and are not clearly written, are not action orientated, and not related to the normal G & D of the age group. Rationale and references are missing or not appropriate for the learning objectives and the G & D of the age group
Learning activities are clearly stated, comprehensive, appropriate for the age group and the learning objectives. Appropriate references and rationale are included.	Learning activities are usually clearly stated, comprehensive, appropriate for the age group and the learning objectives. 2-3 elements are missing. Appropriate references and rationale are included	Learning activities are not always clearly stated, appropriate for the age group and the learning objectives. 4 or more elements are missing. References and rationale are given, however, do not support all the activities chosen.	Learning activities are not clearly stated, are minimally appropriate for the age group and the learning objectives. 4 or more elements are missing. References and rationale are attempted, however, they do not support most of the activities chosen.	Learning activities are unclear, not appropriate for the age group or the learning activities, most elements are missing. References and rationale are missing or do not support most of the activities chosen.
Evaluation of the effectiveness of the learning activities is comprehensive, based on sound references and rationale.	Evaluation of the effectiveness of the learning activities is usually comprehensive, based on sound references and rationale. 2-3 elements are missing.	Evaluation of the effectiveness of the learning activities is missing 4 or more elements and references and rationale are not always appropriate.	Evaluation of the effectiveness of the learning activities is superficial, 4 or more elements are missing, references and rationale are superficial and/or inappropriate.	Evaluation of the effectiveness of the learning activities is superficial or missing, most elements are missing, references and rationale are missing or inappropriate.

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

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

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



## Appendix B

### HOME VISITING 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. (200). *Nurses and Families: A guide to family assessment and intervention*. (4<sup>th</sup> ed.). Philadelphia, PA: F. A. Davis. **Chapters 5-8.**

- **Copies of this text are in the library on reserve**

#### *Guideline for Home Visiting*

##### Telephone Contact:

- introduce yourself
- explain the purpose of your visits (assignment)
- describe how long each visit will be (approximately 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>, 2<sup>nd</sup>, etc. home visits, the sequencing of activities will be dependant 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 five 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** (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):***

- Continue with structural assessment
- Start developmental or functional assessment.

***3<sup>rd</sup> visit (assessment)***

- Continue with developmental assessment

***4<sup>th</sup> visit***

- Conduct a health history interview with one member of your family
- Your instructor **must** attend this visit to be available for health questions beyond your skill level and to assess your communication skills.

***5<sup>th</sup> visit***

- Use this visit to participate in therapeutic conversation. Develop some questions based on the health history so the family member has an opportunity to explore some of concerns he/she may have about their health or wellness. (Don't feel like you have to solve any problems, just encourage them to talk).

***6<sup>th</sup> visit (termination)***

- 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.
- Reflect on the experience in your seminar. Look at what worked well and what you would do differently next time. Explore what you have learned about establishing therapeutic relationships with clients.

**Appendix C**  
***Family Assessment Assignment***

***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.
2. Describe and analyze the family you assessed in terms of the following:
  - culture, ethnicity, religion and spirituality
  - socio-economic environment
  - work, recreation,
  - health determinants
  - extended family
  - boundaries

***Developmental Assessment***

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

**Appendix D**  
Nursing 1910  
Nursing Practice I  
Fall 2006

***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 five (5) to a maximum of six (6) 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 instructor:

Dorothy Eiserman, PhD, RN, 780-539-2756 or Cell: 780-814-2952.

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

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

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

*Thank you for assisting nursing education!*





13. Analyse the community in relation to the health determinants identified as critical by Health Canada. This analysis must identify common elements or themes emerging from the data collected.

**Note: The material for this assessment form was taken from**

Vollman, A.R., Anderson, E.T. & McFarlane, J.M. (2004). *Canadian community as partner*. New York: Lippincott.

**Appendix F - Grading Guide for Windshield Survey  
NS 1910**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>
<b>Content</b>	<p>Description of the community core is complete and in detail.</p> <p>The subsystems in the community were assessed in detail and all questions answered.</p> <p>Perceptions of the community obtained from a variety (4-5) of residents from a variety of backgrounds.</p> <p>Observations about the community relate specifically to the health of the community and relevant problems or potential problems are identified.</p>	<p>Description of the community core is mostly complete but a 2-3 questions were not answered.</p> <p>The subsystems in the community were assessed in detail and but 2-3 questions were not answered.</p> <p>Perceptions of the community obtained from a variety (2-3) of residents from a variety of backgrounds.</p> <p>Observations about the community mostly relate to the health of the community and problems are identified.</p>	<p>Description of the Community core is satisfactory but 4-5 questions were not answered.</p> <p>The subsystems in the community were assessed but 4-5 questions were not answered.</p> <p>Perceptions of the community obtained from 1-2 of residents from different backgrounds.</p> <p>Observations about the community generally relate to the health of the community and a problem is identified.</p>	<p>Description of the community core is given but more than 5 questions were not answered.</p> <p>The subsystems in the community were assessed superficially and more than 5 questions were not answered.</p> <p>Perceptions of the community obtained from 1-2 residents from the same or similar backgrounds.</p> <p>Observations about the community loosely relate to the health of the community. No problems are identified.</p>	<p>Description of the community core is unsatisfactory as most of the questions were not answered</p> <p>The subsystems in the community were not assessed in detail and many questions not answered.</p> <p>Perceptions of the community were not obtained.</p> <p>Observations about the community are missing.</p>
<b>Presentation</b>	<p>Information is presented in a creative, clear and concise manner. All group members contribute to the presentation.</p>	<p>Information is presented in a clear and concise manner. Most group members contribute to the presentation.</p>	<p>Information is presented in a clear manner. Some group members contribute to the presentation.</p>	<p>Information is presented but lacks clarity and is not concise. Some group members contribute to the presentation.</p>	<p>Information is not presented clearly or concisely. One group member presents.</p>

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

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

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



**Appendix G**  
**Grading Guide for Family Assessment Assignment**

	<b>A (Excellent)</b>	<b>B (Very Good)</b>	<b>C (Good, Satisfactory)</b>	<b>D (Minimal Pass)</b>	<b>F (Fail)</b>
Content	<p>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. Genogram and ecomap are legible and complete.</p> <p>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 attachments with insightful data to support observations.</p>	<p>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. Genogram and ecomap are legible but missing only 1-2 components.</p> <p>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 data to support observations.</p>	<p>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. Genogram and ecomap are somewhat legible but missing more than 2 components.</p> <p>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 with some data to support observations. Some</p>	<p>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. Genogram and ecomap are somewhat legible but missing significant components.</p> <p>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.</p>	<p>Structural Assessment of family is incomplete with little to no observations related to the data. Genogram and ecomap are not legible and missing significant components.</p> <p>Developmental Assessment of family is not complete, nor are observations made which are supported by the data.</p>

			content missing or superficial		
APA, Spelling and Grammar	Exceptional use of APA and referencing. Excellent spelling and grammar throughout the paper.	Minimal (1-2 types) APA mistakes in paper with appropriate referencing throughout paper. Very minimal spelling and grammar mistakes in paper.	Some APA (more than 2 types) and referencing mistakes with some spelling and grammar errors.	Many APA, spelling/grammar mistakes throughout paper.	Little or no use of APA used. Inadequate referencing.
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.	Multiple spelling and grammar mistakes.
References	References are relevant, current and comprehensive.	References are relevant and current.	References are somewhat relevant and current. Could have used more to support paper.	References are minimal, somewhat relevant.	Difficult to read with no organization evident.  Little use of references to support paper.

Comments:

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

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

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

**Appendix H - Journal Writing Criteria – NS 1910**

<b>Characteristic</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Satisfactory</b>	<b>Marginal</b>
<b>Personal/Professional Growth</b>  <b>APA</b>	Personal and professional growth was analysed substantively in journal.  Meets all APA criteria.	Personal and professional growth was analysed very well in journal.  Meets all but minor APA criteria.	Personal and professional growth was analysed well in journal.  Meets most APA criteria.	Personal and professional growth analysed superficially in journal.  APA criteria not followed well.
<b>Reflective Practice</b>	Recognizes key learning experiences and reflects on them substantively as they relate to clinical practice and uses incidents to build on for future practice	Recognizes key learning experiences and reflects on them substantively as they relate to clinical practice	Recognizes learning experiences and reflects on them superficially as they relate to nursing practice	Able to recognize learning experiences events but does not reflect on those events as they relate to nursing practice
<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
<b>Application of Knowledge</b>	Able to comprehensively show understanding of nursing knowledge as it relates to the learning situation.	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 knowledge to the learning situation.	Uses limited nursing knowledge in the journal and do not relate it specifically to the learning situation.

**Comments:**

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

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

**Appendix I****UNIVERSITY OF ALBERTA COLLABORATIVE BACCALAUREATE  
NURSING PROGRAM  
WITH  
GRANDE PRAIRIE REGIONAL COLLEGE  
NURSING 1910  
Winter 2007-02-08****Expectations for Participation in College and Community Health Centre Learning  
Experience**

Students will spend a total of fifteen hours (15) hours at the College and Community Health Centre.

Students will pay particular attention to the following areas:

- Who are the patients being served and the reason for them choosing this community health service
- The specific needs of the patients which are being served at the Centre
- The health care services (nursing, medical, diagnostic) provided by the Centre.
- The role of the Registered Nurse at the Centre
- The resources available at the Centre for providing health care services to patients.
- How the Centre's interprofessional care philosophy provides primary health care to patients in community settings

Students will record their observations in a Reflective Journal, focusing on the areas identified above. Criteria in the Course Outline are to be followed and will be used for grading purposes.

## Appendix J - Nursing 1910

### Evaluation of Nursing Practice

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

#### 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 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
<p><b>PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE</b></p> <p>1. Practices within the legal and ethical standards established by the College and Association of Registered Nurses of Alberta and the Canadian Nurses Association, and according to legislated scope of practice, and provincial and federal legislation.</p> <p><b>Independently:</b></p> <ul style="list-style-type: none"> <li>▪ demonstrates integrity</li> <li>▪ demonstrates responsibility and accountability</li> <li>▪ demonstrates respect for client's values, beliefs and rights</li> </ul> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ demonstrates application of legal and ethical standards: <ul style="list-style-type: none"> <li>○ practices according to policies and procedures of host agencies and educational institution</li> <li>○ uses 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>▪ demonstrates commitment to the values of the profession of nursing and support of professional development of colleagues</li> </ul> <p><b>2. Engages 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>▪ differentiates own values / needs/ rights / obligations from values / needs / rights / obligations of others</li> <li>▪ discusses formal and informal power structures in the context of social / political action in nursing situations</li> <li>▪ identifies nursing issues requiring social and political action <ul style="list-style-type: none"> <li>○ identifies programs which have arisen from social / political action</li> </ul> </li> <li>▪ discusses 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>▪ discusses 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>▪ describes the planning process for engaging in social and political action <ul style="list-style-type: none"> <li>○ funding sources (re: existing programs)</li> <li>○ identifies strategies and resources for social and political action</li> </ul> </li> </ul> <p><b>3. Demonstrates skills and attitudes necessary for life-long learning</b></p> <p><b>Independently</b></p> <ul style="list-style-type: none"> <li>▪ demonstrates personal responsibility for learning</li> </ul> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ identifies strengths and limitations of own competence, seeking assistance when necessary</li> <li>▪ demonstrates an openness and receptivity to change <ul style="list-style-type: none"> <li>○ seeks and is receptive to feedback</li> <li>○ act on feedback</li> </ul> </li> <li>▪ assumes primary responsibility for attaining and maintaining competence based on nursing practice standards.</li> </ul>					

<b>KNOWLEDGE BASED PRACTICE</b>					
<p><b>4. Applies a critical thinking approach to nursing</b>  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ applies critical thinking strategies in in developing sound clinical judgment in relation to health promotion and disease and injury prevention</li> <li>▪ applies creative thinking, reflective thinking and insight for health promotion and disease and injury prevention for developing sound clinical judgment.</li> </ul> <p>5. Applies nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ uses selected areas of knowledge related to biological, psychological, socio-cultural and spiritual dimensions of the human response to stable variations in health</li> <li>▪ uses selected areas of knowledge related to scope of practice and professional legislation in nursing practice.</li> </ul> <p><b>6. Demonstrates evidence based practice.</b>  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ utilizes credible resources (research studies, experts, and others)</li> <li>▪ examines research findings related to nursing situations</li> <li>▪ describes the significance of research to practice (research studies, experts, and others)</li> <li>▪ identifies nursing practice problems that require investigation.</li> </ul> <p>7. Applies nursing and other relevant models/theories in the professional practice of nursing.  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ discusses the use of nursing models / theories / metaparadigms</li> <li>▪ identifies models / theories from other disciplines and their application into nursing</li> <li>▪ explores the application of selected nursing models / theories into nursing practice.</li> </ul> <p><b>8. Demonstrates competence in health care informatics.</b>  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ uses a variety of selected information technology and other technology to support all scholarly activities and clinical practice.</li> </ul>					
<p><b>PROVISION OF SERVICE TO PUBLIC</b></p> <p>9. Applies 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, intersectoral collaboration).  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ applies principles of primary health care to with healthy individuals across the lifespan</li> <li>▪ applies knowledge of health determinants in client situations</li> <li>▪ applies selected health promotion activities with individuals: <ul style="list-style-type: none"> <li>○ develops professional skills needed for taking action (eg. teaching/learning)</li> </ul> </li> </ul> <p><b>10. Demonstrates caring relationships in professional situations.</b>  <b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ recognizes the uniqueness, worth and dignity of self and others</li> </ul>					

<ul style="list-style-type: none"> <li>▪ demonstrates caring behaviors in interpersonal activities with clients, peers and others in the health care setting</li> <li>▪ demonstrates ability to engage in caring relationships with clients in nursing practice (boundaries): <ul style="list-style-type: none"> <li>○ initiates, maintains and terminates professional relationships in a supportive manner</li> <li>○ social vs. therapeutic</li> </ul> </li> </ul> <p><b>11. Collaborates with clients, community agencies, community members, and members of other disciplines in a variety of settings.</b> With assistance:</p> <ul style="list-style-type: none"> <li>▪ encourages client participation, choice and control</li> <li>▪ encourages colleague participation, choice and control</li> <li>▪ develops cooperative relationships with colleagues, community members, community agencies and members of other disciplines</li> <li>▪ interacts with clients with stable variations in health</li> <li>▪ with assistance, engages in inter-professional interaction</li> </ul> <p><b>12. Demonstrates beginning leadership, management and administrative skills.</b> With assistance:</p> <ul style="list-style-type: none"> <li>▪ uses effective time management strategies in coordinating client care</li> <li>▪ describes leadership and management roles and competencies</li> <li>▪ uses decision-making processes</li> <li>▪ effectively leads a small group</li> <li>▪ performs an accurate appraisal of self and others</li> <li>▪ effectively follows quality and risk management processes to enhance nursing practice</li> <li>▪ identifies principles of delegation (right: task, circumstance, person, direction, supervision).</li> </ul> <p><b>13. Demonstrates the ability to deal with ambiguity and diversity.</b> With assistance:</p> <ul style="list-style-type: none"> <li>▪ identifies effects of ambiguity and diversity in all learning environments</li> <li>▪ identifies ambiguity and diversity in selected nursing situations</li> <li>▪ identifies own pattern of dealing with the effects of ambiguity and diversity</li> <li>▪ selects appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations</li> </ul> <p><b>14. Demonstrates competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, client education, in the promotion, restoration, rehabilitation and maintenance of health.</b> With assistance:</p> <ul style="list-style-type: none"> <li>▪ applies nursing process</li> <li>▪ uses appropriate verbal communication skills</li> <li>▪ uses appropriate written communication skills</li> <li>▪ provides effective client education by applying: <ul style="list-style-type: none"> <li>○ principles of teaching and learning</li> </ul> </li> <li>▪ prioritizes nursing activities</li> <li>▪ performs selected assessment skills in a competent manner</li> </ul> <p><b>Independently:</b></p> <ul style="list-style-type: none"> <li>▪ performs selected psychomotor skills in a competent manner – lab setting</li> </ul>					
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<p><b>With guidance:</b></p> <ul style="list-style-type: none"> <li>▪ performs selected psychomotor skills in a competent manner – clinical setting</li> </ul>					
<p><b>CONTEXT BASED LEARNING</b></p> <p><b>15. Demonstrates competence with context based learning.</b></p> <p><b>With assistance:</b></p> <ul style="list-style-type: none"> <li>▪ describe the components of context based learning <ul style="list-style-type: none"> <li>○ self directed learning</li> <li>○ group process</li> <li>○ CBL process</li> </ul> </li> <li>▪ use the nursing process to plan nursing care for selected clients <ul style="list-style-type: none"> <li>○ selected assessment skills</li> <li>○ problem identification</li> <li>○ outcomes</li> <li>○ interventions</li> <li>○ evaluation</li> </ul> </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> <li>○ self directed learning</li> <li>○ influencing factors</li> </ul> </li> <li>▪ effectively use critical thinking in the group <ul style="list-style-type: none"> <li>○ brainstorming</li> <li>○ exploring (creativity, depth, breadth and relevancy)</li> <li>○ sources of information</li> </ul> </li> <li>▪ use communication skills to enhance the context based learning processes <ul style="list-style-type: none"> <li>○ sharing personal information</li> <li>○ articulation</li> <li>○ clarity</li> <li>○ conciseness</li> <li>○ relevancy</li> <li>○ seeking and providing opinions, information and direction</li> <li>○ receiving and giving feedback</li> </ul> </li> <li>▪ use writing skills to enhance the context based learning processes <ul style="list-style-type: none"> <li>○ legibility</li> <li>○ appropriateness</li> <li>○ clarity</li> <li>○ conciseness</li> <li>○ relevancy</li> </ul> </li> </ul>					

Instructor Comments:

Student Comments:

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

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

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