



**UNIVERSITY OF ALBERTA
COLLABORATIVE
BACCALAUREATE
NURSING PROGRAM**

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

NURSING 1910 (A2)

2007 – 2008 COURSE OUTLINE

Winter 2008



Originally developed by the Clinical Experience Development Committee

Revised by the Learning Experiences Development Committee, April 2007

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Approved: April 2007

Nursing 1910 Course Outline

CALENDAR STATEMENT:

NURS 1910 Nursing Practice I *4 (fi 8) (0-4-17) UT 147 hours 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

COURSE HOURS: LEC: 0 SEM: 18 CLINICAL: 120 LAB: 9

COURSE DESCRIPTION:

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

WITHDRAWAL DATE: Last date to withdraw in the second block of nursing without penalty is March 20th, 2008.

INSTRUCTOR

Pat Meyer, MN, RN
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Cell phone: 518-2256
Office : H231
Email: pmeyer@gprc.ab.ca

COURSE OBJECTIVES:

LEVELS OF INDEPENDENCE

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

With assistance: The student requires direction and information.

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

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

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

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

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

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

Clarification: Clinical tutor, through questioning and feedback, assists the student to state their information in a different and clearer way, often with more

details. The student asks questions to increase their understanding; questions asked demonstrate a sound knowledge base.

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

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

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

Occasional: Indicates that input is provided by clinical tutor now and then.

In addition to maintaining competency with previous course objectives, upon completion of NURS 191, the nursing student will be able to:

PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE

1. Practice 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:

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

With assistance:

- demonstrate application of legal and ethical standards:
 - practice according to policies and procedures of host agencies and educational institution
 - use knowledge of scope of practice and professional legislation and Code of Ethics
 - confidentiality
 - use informed consent
 - prepare for clinical practice to provide safe, competent care
- demonstrate commitment to the values of the profession of nursing and support of professional development of colleagues.

2. Engage in strategies for social and political action at a beginning level.

With assistance:

- differentiate own values/needs/rights/obligations from values/needs/rights/obligations of others
- discuss formal and informal power structures in the context of social/political action in nursing situations
- identify nursing issues requiring social and political action:
 - identifies programs which have arisen from social and political action
- discuss the role of the individual nurse in social and political action:
 - identifies role in existing programs

- discuss the role of professional nursing organizations in social and political action:
 - protection of public
 - position statements
- describe the planning process for engaging in social and political action:
 - identify funding sources (re: existing programs)
 - identify strategies and resources for social and political action.

3. Demonstrate skills and attitudes necessary for life-long learning.

Independently:

- demonstrate personal responsibility for learning

With assistance:

- demonstrate the ability to develop informal (verbal) focused learning goals based on personal and/or client needs
- identify strengths and limitations of own competence, seeking assistance when necessary
- demonstrate an openness and receptivity to change:
 - seek and be receptive to feedback
 - act on feedback
- assume primary responsibility for attaining and maintaining competence based on nursing practice standards.

KNOWLEDGE-BASED PRACTICE

4. Apply a critical thinking approach to nursing.

With assistance:

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

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

With assistance:

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

6. Demonstrate evidence-based practice.

With assistance:

- utilize credible resources (research studies, experts, and others)
- examine research findings related to nursing situations
- describe the significance of research to practice (research studies, experts, and others)
- identify nursing practice problems that require investigation.

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

With assistance:

- discuss the use of nursing models /theories/metaparadigms
- identify models/theories from other disciplines and their application into nursing
- explore the application of selected nursing models/theories into nursing practice.

8. Demonstrate competence in health care informatics.**With assistance:**

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

PROVISION OF SERVICE TO PUBLIC**9. Apply concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, and inter-sectoral collaboration).****With assistance:**

- apply principles of primary health care to healthy individuals across the life span
- apply knowledge of health determinants in client situations
- apply selected health promotion activities with individuals:
 - develop professional skills needed for taking action (e.g., teaching/learning).

10. Demonstrate caring relationships in professional situations.**With assistance:**

- recognize the uniqueness, worth and dignity of self and others
- demonstrate caring behaviors in interpersonal activities with clients, peers and others in the health care setting
- demonstrate ability to engage in caring relationships with clients in nursing practice (boundaries):
 - initiate, maintain and terminate professional relationships in a supportive manner
 - social vs. therapeutic.

11. Collaborate with clients, community agencies, community members, and members of other disciplines in a variety of settings.**With assistance:**

- encourage client participation, choice and control
- encourage colleague participation, choice and control
- develop co-operative relationships with colleagues, community members, community agencies and members of other disciplines
- interact with clients with stable variations in health
- engage in inter-professional interaction.

12. Demonstrate beginning leadership, management and administrative skills.**With assistance:**

- use effective time management strategies in co-coordinating client care
- describe leadership and management roles and competencies
- use decision-making processes
- effectively lead a small group
- perform an accurate appraisal of self and others

- effectively follow quality and risk management processes to enhance nursing practice
- identify principles of delegation (right: task, circumstance, person, direction, supervision).

13. Demonstrate the ability to deal with ambiguity and diversity.

With assistance:

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

14. Demonstrate 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:

- apply nursing process
- use appropriate verbal communication skills
- use appropriate written communication skills
- provide effective client education by applying:
 - principles of teaching and learning
- prioritize nursing activities
- perform selected assessment skills in a competent manner

Independently:

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

With guidance:

- perform selected psychomotor skills in a competent manner – clinical setting.

CONTEXT-BASED LEARNING

15. Demonstrate competency with the application of the elements of context-based learning to clinical experience seminars and pre-/post-conferences.

With assistance:

- effectively use self-directed learning
- effectively use critical thinking skills to facilitate learning of the group
- 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
 - communication skills (verbal or written)
 - factors which influence the group.

REQUIRED RESOURCES (posted on Blackboard)

1. Working Definitions
2. Map of Theoretical Labs, Clinical Labs, and Clinical Seminars

3. Graduate Competencies and Year-end Outcomes
4. Other site-specific resources
5. Grade Descriptors

RECOMMENDED RESOURCES

- 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* (4th 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 life span, in the context of family.
2. Participate in site-selected lab activities (see ‘Map of Theoretical Labs, Clinical Labs, and Clinical Seminars’).
3. Plan and implement visit with a client where the client lives.
4. Participate in health-related activities of a community agency.
5. Complete a comprehensive health history on an individual.
6. Engage in a health promotion activity based on identified needs.
7. Examine the role of the registered nurse.
8. Assess a client using a selected nursing model.
9. Perform selected nursing care.

CLINICAL EXPERIENCES

Public Health Unit

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

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

Do Bugs Need Drugs:

This is a provincial program targeting primarily Grade 2 students which stresses the importance of hand washing in the prevention of illness. It has set lesson plans and provides you with the opportunity to participate in a provincial health promotion project. You will work in pairs. You will be oriented to the program and given resources to assist you in your role.

Health & Wellness Curriculum Support

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

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

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

Family Home Visits and Assessment

The purpose of this clinical experience is to give you the opportunity to apply therapeutic communication skills, establish a professional nursing student-client relationship, become familiar with the CFAM tools of an ecomap, genogram, and attachment diagram and to conduct a health history. 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 once during the health history visit. 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, attachment diagram and ecomap at a novice level.
- Gather a health history on one member of the family you have chosen to visit, using a structured format. An example is in Giddens (2005) Student Lab Guide for Health Assessment for Nursing Practice (3rd ed), pages 1-5, however you may adapt this as appropriate to the person you are assessing. 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 F

Other Learning Experiences

Other learning experiences in which you **may** be engaged include participating in College Screening Clinics at GPRC or at HIV North. These opportunities are scheduled as per your assignment schedule. Details on these experience will be given as the experience is organized.

LABS:

There are 6 hours of labs included in this course.

1) Community Assessment

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

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

2) Family Assessment (CFAM)

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

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

SEMINARS

Weekly Seminars will be held 0830-1120 each Monday in A308.

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. Evaluation will be accomplished through observation assessment and evaluation of the student during nursing practice. Evaluations will be made by the tutor and may be supplemented with input from peers, the staff of an agency, and the client.

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

Mid-Term Evaluation: by appointment.

Final Self-evaluation using the ENP form (Appendix H) will be due April 4th, 2008 @ 0900.

Final Evaluations will be held April 11th, 2008 by appointment.

Two (2) reflective journals will be required as a portion of your ENP evaluation.

One (1) journal will reflect on your experience in the Health and Wellness Curriculum Support 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 related to the principles of PHC?
2. What is the role of the 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 the strategies used in teaching students in the appropriate grade?
4. Another area negotiated with the clinical tutor.

One (1) journal will be on an experience that you identify as important to your learning about community nursing during your clinical course.

Appendix G includes the descriptors for journals.

Due: Health and Wellness journal: one week following first teaching experience.

Journal #2 due March 28th, 2008 @0900.

2. Windshield Survey**15%**

Students will be teamed up in groups of up to four (4) students to assess a community via the windshield survey in **Appendix D**. 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 E**.

Due: March 24st, 2008 in seminar.

3. 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 an attachment diagram
 - 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, appendices.
- Spelling and grammar.
- Information is well organized, clearly articulated, and sections are linked
- References are relevant, accurately cited, and referenced.

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

Due: April 7th, 2008 @ 0830 hrs.

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. **No assignments will be accepted after for grading after 1600 hrs on April 11th, 2008.**

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

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*. (4th 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 1st, 2nd, etc. home visits, the sequencing of activities will be dependant on your own and your family's schedule.

1st 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 and attachment diagram** (see Wright & Leahey if you are unsure of what this is and how to construct one). This is the beginning of the structural assessment.
- Provide structure for the family by asking questions of each family member so that they feel included in the visit
- At the end of the visit, summarize what happened during the visit with the family. Set up the next appointment. Indicate that you will call them the day before to confirm the set meeting date.

2nd visit (assessment):

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

3rd visit (assessment)

- Continue with developmental assessment

4th 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.

5th 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).

6th 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 B
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 C
Nursing 1910
Nursing Practice I
Winter 2008

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:

Pat Meyer, MN, RN – 539-2784 or cell 518-2256.

Signature of participant: _____

Date: _____

Nursing Student Signature: _____

Thank you for assisting nursing education!

Appendix D
Lab #1 - Windshield Survey

*Revised “Windshield Survey.” Vollman, A., Anderson, E. T. & McFarlane, J. M. (2004). *Canadian community as partner*. (pp.209–211). Philadelphia, PA: Lippincott.

Community Core	Observations/Data
History —What can you glean by looking (e.g., old, established neighborhoods; new subdivision)?	
Demographics —What sorts of people do you see? Young? Old? Homeless? Alone? Families? Is the population homogeneous?	
Ethnicity —Do you note indicators of different ethnic groups (e.g., restaurants, festivals)? What signs do you see of different cultural groups?	
Values and beliefs —Are there churches, mosques, temples? Does it appear homogeneous? Are the lawns cared for? With flowers? Gardens? Signs of art? Culture? Heritage? Historical markers?	
Subsystems	Observations/Data
Physical environment —How does the community look? What do you note about air quality, flora, housing, zoning, space,	

<p>green areas, animals, people, human-made structures, natural beauty, water, climate? Can you find or develop a map of the area? What is the size (e.g., square miles, blocks)?</p>	
<p>Health and social services— Evidence of acute or chronic conditions? Shelters? Alternative therapists/healers? Are there clinics, hospitals, practitioners’ offices, public health services, home health agencies, emergency centers, nursing homes, social service facilities, mental health services? Are there resources outside the community but readily accessible?</p>	
<p>Economy—Is it a “thriving” community or does it appear lower in social economic status? Are there industries, stores, places for employment? Where do people shop? What is the unemployment rate?</p>	
<p>Transportation and safety— How do people get around? What type of private and public transportation is available? Do you see buses, bicycles, taxis?</p>	

<p>Are there sidewalks, bike trails? Is getting around in the community possible for people with disabilities? What types of protective services are there (e.g., fire, police, sanitation)? Is air quality monitored? What types of crimes are committed? Do people feel safe?</p>	
<p>Politics and government—Are there signs of political activity (e.g., posters, meetings)? What party affiliation predominates? What is the governmental jurisdiction of the community (e.g., elected mayor, city council with single member districts)? Are people involved in decision making in their local governmental unit?</p>	
<p>Communication—Are there “common areas” where people gather? What newspapers do you see in the stands? Do people have TVs and radios? What do they watch/listen to? What are the formal and informal means of communication?</p>	
<p>Education—Are there schools in the area? How do they look? Are there libraries? What is the</p>	

<p>reputation of the school(s)? What are major educational issues? What are the dropout rates? Are extracurricular activities available? Are they used? Is there a school health service? A school nurse?</p>	
<p>Recreation—Where do children play? What are the major forms of recreation? Who participates? What facilities for recreation do you see?</p>	
<p>Perceptions Observations Data</p>	
<p>The residents—How do people feel about the community? What do they identify as its strengths? Problems? Ask several people from different groups (e.g., old, young, field worker, factory worker, professional, clergy, housewife) and keep track of who gives what answer.</p>	
<p>Your perceptions—General statements about the “health” of this community. What are its strengths? What problems or potential problems can you identify?</p>	

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

	A	B	C	D	F
Content	<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>
Presentation	Information is presented in a creative, clear and concise manner. All group members contribute to the presentation.	Information is presented in a clear and concise manner. Most group members contribute to the presentation.	Information is presented in a clear manner. Some group members contribute to the presentation.	Information is presented but lacks clarity and is not concise. Some group members contribute to the presentation.	Information is not presented clearly or concisely. One group member presents.

Grade: _____

Date: _____

Instructor: _____

Appendix F
Grading Guide for Family Assessment Assignment

	A (Excellent)	B (Very Good)	C (Good, Satisfactory)	D (Minimal Pass)	F (Fail)
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 G - Journal Writing Criteria – NS 1910

Characteristic	Excellent	Very Good	Satisfactory	Marginal
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.
Reflective Practice	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
Connection to the role of the nurse in learning situations	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.
Application of Knowledge	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 H
Evaluation of Nursing Practice
Nursing 1910

Student Name _____ Dates :Mar/Apr 2008 ENP GRADE _____

A: Excellent B: Very Good C: Good, average, satisfactory D Minimal Pass F Fail

A FAILURE ON ANY ITEM CONSTITUTES A FAILURE OF THE COURSE

LEVELS OF INDEPENDENCE

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
PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE					
1. Practice 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: <ul style="list-style-type: none"> ▪ demonstrate integrity ▪ demonstrate responsibility and accountability 					

	A	B	C	D	F
<ul style="list-style-type: none"> ▪ demonstrate respect for client's values, beliefs and rights <p>With assistance:</p> <ul style="list-style-type: none"> ▪ demonstrate application of legal and ethical standards: <ul style="list-style-type: none"> ○ practice according to policies and procedures of host agencies and educational institution ○ use 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 ▪ demonstrate commitment to the values of the profession of nursing and support of professional development of colleagues. <p>2. Engage in strategies for social and political action at a beginning level.</p> <p>With assistance:</p> <ul style="list-style-type: none"> ▪ differentiate own values/needs/rights/obligations from values/needs/rights/obligations of others ▪ discuss formal and informal power structures in the context of social/political action in nursing situations ▪ identify nursing issues requiring social and political action: <ul style="list-style-type: none"> ○ identify programs which have arisen from social/political action ▪ discuss the role of the individual nurse in social and political action: <ul style="list-style-type: none"> ○ identifies role in existing programs ▪ discuss the role of professional nursing organizations in social and political action: <ul style="list-style-type: none"> ○ protection of public ○ position statements ▪ describe the planning process for engaging in social and political action: <ul style="list-style-type: none"> ○ identify funding sources (re: existing programs) ○ identify strategies and resources for social and political action. <p>3. Demonstrate skills and attitudes necessary for life-long learning.</p> <p>Independently:</p> <ul style="list-style-type: none"> ▪ demonstrate personal responsibility for learning <p>With assistance:</p> <ul style="list-style-type: none"> ▪ demonstrate the ability to develop informal (verbal) focused learning goals based on personal and/or client needs ▪ identify strengths and limitations of own competence, seeking assistance when necessary ▪ demonstrate an openness and receptivity to change: <ul style="list-style-type: none"> ○ seek and be receptive to feedback ○ act on feedback ▪ assume primary responsibility for attaining and maintaining competence based on nursing practice standards. 					

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

PROVISION OF SERVICE TO PUBLIC	A	B	C	D	F
<p>9. Apply concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, inter-sectoral collaboration). With assistance:</p> <ul style="list-style-type: none"> ▪ apply principles of primary health care to with healthy individuals across the life span ▪ apply knowledge of health determinants in client situations ▪ apply selected health promotion activities with individuals: <ul style="list-style-type: none"> ◦ develop professional skills needed for taking action (e.g., teaching/learning). <p>10. Demonstrate caring relationships in professional situations. With assistance:</p> <ul style="list-style-type: none"> ▪ recognize the uniqueness, worth and dignity of self and others ▪ demonstrate caring behaviors in interpersonal activities with clients, peers and others in the health care setting ▪ demonstrate ability to engage in caring relationships with clients in nursing practice (boundaries): <ul style="list-style-type: none"> ◦ initiate, maintain and terminate professional relationships in a supportive manner ◦ social vs. therapeutic. <p>11. Collaborate with clients, community agencies, community members, and members of other disciplines in a variety of settings. With assistance:</p> <ul style="list-style-type: none"> ▪ encourage client participation, choice and control ▪ encourage colleague participation, choice and control ▪ develop cooperative relationships with colleagues, community members, community agencies and members of other disciplines ▪ interact with clients with stable variations in health ▪ engage in inter-professional interaction. <p>12. Demonstrate beginning leadership, management and administrative skills. With assistance:</p> <ul style="list-style-type: none"> ▪ use effective time management strategies in coordinating client care ▪ describe leadership and management roles and competencies ▪ use decision-making processes ▪ effectively lead a small group ▪ perform an accurate appraisal of self and others ▪ effectively follow quality and risk management processes to enhance nursing practice ▪ identify principles of delegation (right: task, circumstance, person, direction, supervision). <p>13. Demonstrate the ability to deal with ambiguity and diversity. With assistance:</p> <ul style="list-style-type: none"> ▪ identify effects of ambiguity and diversity in all learning environments ▪ identify ambiguity and diversity in selected nursing situations ▪ identify own pattern of dealing with the effects of ambiguity and diversity ▪ select appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations. 					

<p>14. Demonstrate competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, and client education, in the promotion, restoration, rehabilitation and maintenance of health. With assistance:</p> <ul style="list-style-type: none"> ▪ apply nursing process ▪ use appropriate verbal communication skills ▪ use appropriate written communication skills ▪ provide effective client education by applying: <ul style="list-style-type: none"> ○ principles of teaching and learning ▪ prioritize nursing activities ▪ perform selected assessment skills in a competent manner <p>Independently:</p> <ul style="list-style-type: none"> ▪ perform selected psychomotor skills in a competent manner – lab setting <p>With guidance:</p> <ul style="list-style-type: none"> ▪ perform selected psychomotor skills in a competent manner – clinical setting. 						
<p>CONTEXT-BASED LEARNING</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
<p>15. Demonstrate competency with the application of the elements of context-based learning to clinical experience seminars and pre-/post-conferences. With assistance:</p> <ul style="list-style-type: none"> ▪ effectively use self-directed learning ▪ effectively use critical thinking skills to facilitate learning of the group ▪ effectively use group process to facilitate learning of the group: <ul style="list-style-type: none"> ○ respect for the values and beliefs of others ○ responsibility and accountability for the learning of the group ○ group roles ○ caring behaviors ○ communication skills (verbal or written) ○ factors which influence the group. 						

Additional Comments: Tutor/Student

Signature: Tutor _____ Student _____ Date _____