



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

NURSING 1910 (B2)

2007 COURSE OUTLINE

Fall, 2007

Instructor: Shonda Holt, 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. Prerequisite: NURS 1900.

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

INSTRUCTOR:

Shonda Holt, RN
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Office: H202
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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.

WITHDRAWAL DATE: Last date to withdraw in the second block of nursing without penalty is November 16, 2007.

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* (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 lifespan, in the context of family.
2. Participate in site selected lab activities
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.

CLINICAL EXPERIENCES:

A. Teaming Up for Tobacco Free Kids

You will participate in a program called Teaming Up for Tobacco Free Kids which is aimed at grade 6 classes and is sponsored by AADAC. AADAC provides you with the tools to implement this program.

You will be assigned a partner and each pair will visit two schools once a week for 4 weeks. You will have skeleton lesson plans to deliver which you can augment to suit your class and your own style of teaching. Your final visit is a role model visit where you are expected to lead a discussion on the benefits of being a non smoker. Personal examples are expected.

Your instructor and the tobacco reduction consultant from AADAC, will visit you in your school. Your performance in this learning experience is part of your Evaluation of Nursing Practice.

The evaluation during this portion of the course is:

Teacher feedback on tobacco awareness presentation as attached as appendix A.

Note: Have the teacher in whose classroom you have been presenting fill in the evaluation during your 3rd visit and fax it to Shonda Holt at 780-539-2751. Please ask them to include your tutor's name on the top of the fax cover sheet.

*****Due following your 3rd teaching experience from your Grade 6 teacher *****

B. GPRC Health Promotion Clinic

As part of NS 1910, some of you will have the opportunity to provide health promotion information to GPRC students and staff for four hours on November 14th during the GPRC Career Fair, November 21st or November 28. During each of the clinic days, you will be screening students and staff for blood pressure, blood glucose, height and weight.

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, 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 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, not a nursing student and preferably not a nurse) 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 the example in Giddens (2005) Student Lab Guide for Health Assessment for Nursing Practice (3rd 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 G

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

Each student will be paired with a Public Health Nurse for an observational experience in a Health Unit. These experiences may be in the local area or in the region.

LABS:

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.

3) Blood glucose monitoring

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

- Assess the peripheral vascular system (inspection of feet, assessment of skin and pedal pulses).
- Test blood glucose levels using a blood glucose monitoring device.
- Recognize the implications of blood glucose readings.

SEMINARS

Weekly Seminars will be held 0830-1120 each Monday in J131

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. Input from the teacher's watching the Teaming up for Tobacco Free Kids sessions will be obtained as part of the ENP.

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 jeopardy of failing the clinical course if the instructor is unable to evaluate your performance.

Due: Self-evaluation will be due December 7th, 2007 @ 0900.

Final Evaluations will be held December 14th, 2007 by appointment.

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

- A. One (1) journal will reflect on your experience in the AADAC Tobacco Awareness 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 grade 6
4. working with multidisciplinary teams (nurses, teachers, social workers)

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

Appendix H includes the descriptors for journals.

Due: A. AADAC journal due the Monday following your 3rd teaching experience.

B. Journal #2 due on November 30, 2007 0900.

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

Due: December 7th, 2007 @ 0900.

4. Community Assessment 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: November 19th, 2007 in seminar.

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*****Please complete on 3rd teaching session*****

Please fax to 780-539-2751 Attn: Shonda Holt

GRANDE PRAIRIE REGIONAL COLLEGE NURSING 1910

TEACHER FEEDBACK FOR STUDENT ON TOBACCO AWARENESS PRESENTATION

STUDENT _____

SCHOOL _____

Your feedback will be incorporated into the student's final mark for this course and will be shared with the student. Please circle the appropriate response and add comments as necessary.

1. How prepared was the student for his or her presentation?

Excellent	Very Good	Good	Marginal	Fail
A	B	C	D	F

2. Did the student appear confident (eye contact, speaking vs reading) and was the presentation audible?

Excellent	Very Good	Good	Marginal	Fail
A	B	C	D	F

3. Did the presentation engage the grade 6 students with vocabulary and presentation style suited to their stage of growth and development?

Excellent	Very Good	Good	Marginal	Fail
A	B	C	D	F

4. Was the nursing student professional in their interaction with the students?

Excellent	Very Good	Good	Marginal	Fail
A	B	C	D	F

 Teacher's Signature

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*. (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 1 hr)
- 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 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 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:

Shonda Holt, RN – 539-2438 or cell 518-9126.

Signature of participant: _____

Date: _____

Nursing Student Signature: _____

Thank you for assisting nursing education!

Appendix E
Lab #1 – Community Assessment

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, 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)?	
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	

<p>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? 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?</p>	

<p>Are there libraries? What is the 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>	

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

**Appendix F - Grading Guide for Community Assessment
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	<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

	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 H - Journal Writing Criteria – NS 1910

Characteristic	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory
Personal/Professional Growth APA	Personal and professional growth was analysed substantively in journal. Meets all APA criteria.	Personal and professional growth was analysed very well in journal. Meets all but minor APA criteria.	Personal and professional growth was analysed well in journal. Meets most APA criteria.	Personal and professional growth was analysed superficially in journal. APA criteria not followed well.	Personal and professional growth was not analysed in journal. APA criteria not followed.
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 but does not reflect on those events as they relate to nursing practice	Is not able to recognize or reflect on learning experiences in nursing practice
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.	Unable to articulate 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.	Does not use nursing knowledge in the journal.

Comments:

Instructor Signature: _____

Date: _____

Appendix I - Nursing 1910

Evaluation of Nursing Practice

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

Students must pass every portion of the Evaluation of Nursing Practice to pass NS 1910.

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>PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE</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>Independently:</p> <ul style="list-style-type: none"> ▪ demonstrates integrity ▪ demonstrates responsibility and accountability ▪ demonstrates respect for client's values, beliefs and rights <p>With assistance:</p> <ul style="list-style-type: none"> ▪ demonstrates application of legal and ethical standards: <ul style="list-style-type: none"> ○ 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 <p>2. Engages in strategies for social and political action at a beginning level</p> <p>With assistance:</p> <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ○ identifies programs which have arisen from social / political action ▪ discusses the role of the individual nurse in social and political action <ul style="list-style-type: none"> ○ identifies role in existing programs ▪ discusses the role of professional nursing organizations in social and political action <ul style="list-style-type: none"> ○ protection of public ○ position statements ▪ describes the planning process for engaging in social and political action <ul style="list-style-type: none"> ○ funding sources (re: existing programs) ○ identifies strategies and resources for social and political action <p>3. Demonstrates skills and attitudes necessary for life-long learning</p> <p>Independently</p> <ul style="list-style-type: none"> ▪ demonstrates personal responsibility for learning <p>With assistance:</p> <ul style="list-style-type: none"> ▪ identifies strengths and limitations of own competence, seeking assistance when necessary ▪ demonstrates an openness and receptivity to change <ul style="list-style-type: none"> ○ 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					
<p>4. Applies a critical thinking approach to nursing With assistance:</p> <ul style="list-style-type: none"> ▪ applies critical thinking strategies in 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. <p>5. Applies 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"> ▪ 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. <p>6. Demonstrates evidence based practice. With assistance:</p> <ul style="list-style-type: none"> ▪ 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. <p>7. Applies nursing and other relevant models/theories in the professional practice of nursing. With assistance:</p> <ul style="list-style-type: none"> ▪ 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. <p>8. Demonstrates competence in health care informatics. With assistance:</p> <ul style="list-style-type: none"> ▪ uses a variety of selected information technology and other technology to support all scholarly activities and clinical practice. 					
<p>PROVISION OF SERVICE TO PUBLIC</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). With assistance:</p> <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ○ develops professional skills needed for taking action (eg. teaching/learning) <p>10. Demonstrates caring relationships in professional situations. With assistance:</p> <ul style="list-style-type: none"> ▪ recognizes the uniqueness, worth and dignity of self and others 					

<ul style="list-style-type: none"> ▪ 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): <ul style="list-style-type: none"> ○ initiates, maintains and terminates professional relationships in a supportive manner ○ social vs. therapeutic <p>11. Collaborates 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"> ▪ 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 <p>12. Demonstrates beginning leadership, management and administrative skills. With assistance:</p> <ul style="list-style-type: none"> ▪ 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). <p>13. Demonstrates the ability to deal with ambiguity and diversity. With assistance:</p> <ul style="list-style-type: none"> ▪ 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 <p>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:</p> <ul style="list-style-type: none"> ▪ applies nursing process ▪ uses appropriate verbal communication skills ▪ uses appropriate written communication skills ▪ provides effective client education by applying: <ul style="list-style-type: none"> ○ principles of teaching and learning ▪ prioritizes nursing activities ▪ performs selected assessment skills in a competent manner <p>Independently:</p> <ul style="list-style-type: none"> ▪ performs selected psychomotor skills in a competent manner – lab setting 					
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<p>With guidance:</p> <ul style="list-style-type: none"> ▪ performs selected psychomotor skills in a competent manner – clinical setting 					
<p>CONTEXT BASED LEARNING</p> <p>15. Demonstrates competence with context based learning.</p> <p>With assistance:</p> <ul style="list-style-type: none"> ▪ describe the components of context based learning <ul style="list-style-type: none"> ○ self directed learning ○ group process ○ CBL process ▪ use the nursing process to plan nursing care for selected clients <ul style="list-style-type: none"> ○ selected assessment skills ○ problem identification ○ outcomes ○ interventions ○ evaluation ▪ 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 ○ self directed learning ○ influencing factors ▪ effectively use critical thinking in the group <ul style="list-style-type: none"> ○ brainstorming ○ exploring (creativity, depth, breadth and relevancy) ○ sources of information ▪ use communication skills to enhance the context based learning processes <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ legibility ○ appropriateness ○ clarity ○ conciseness ○ relevancy 					

Instructor Comments:

Student Comments:

Student Signature: _____ Instructor Signature: _____

Date: _____

Grade: _____