



**UNIVERSITY OF ALBERTA  
COLLABORATIVE BACCALAUREATE  
NURSING PROGRAM**

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

**NURSING 1910  
Nursing Practice I  
Fall 2005**

**COURSE OUTLINE  
Course Dates: Oct 30 –Dec 16, 2005**

Originally developed by the Clinical Experience Development Committee

Revised by the Learning Experiences Development Committee, March 2005

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Approved: April 2005

## Nursing 1910 Course Outline

### CALENDAR STATEMENT:

**NURS 1910 Nursing Practice I** \*5 (0-4s-21c in 7 weeks).

Beginning nursing practice with a focus on health promotion and interaction with clients across the life span in a variety of continuing care settings. Prerequisites: NURS 1900.

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

<b>FACULTY</b>	<b>Office</b>	<b>Phone</b>	<b>Email</b>
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### ORIENTATION

See Orientation Schedule

### LAB INSTRUTOR

As per Orientation Schedule

### LABS

#### Long Term Care Settings:

1. ADL (Activities of Daily Living – Toileting, Dressing, Grooming),
2. Nutrition Assessment and Feeding (Feeding, Glucose Monitoring),
3. Comfort and hygiene – Bathing, backrubs, bed making, oral hygiene, Braden Scale
4. Ambulation, transfers and back care: aids for mobility (canes, walkers, lifts, wheelchairs), Restraints, Assessment of ROM exercises and safety, Nurse Safety (Back Care)
5. Environmental Precautions (emergency procedures, WHMIS)
6. Medication Administration – Oral, topical, gtt, suppositories, drug calculations and 5 Rights.

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

Section	Instructor	Room	Dates	Times
B2	S. Klatt	QEII	Tues	1400-1520
			Wed	1400-1520
			Thurs	1400-1520
A2	D. Dooley	QEII	Tues	1400-1500
			Wed	1400-1500
			Thurs	1400-1500
		Blackboard	Mon	1400-1500

**Clinical Practice**

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

**Topics For Seminar**

## Personal Safety

- For home visits
- WHIMS
- Fire Safety

## Planning Care – NCP

Other – Topics determined by CBL Process

Other – Topics critical to clinical placement setting

**COURSE DESCRIPTION:**

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

**COURSE OBJECTIVES:**

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

**1. PROFESSIONAL RESPONSIBILITY and ETHICAL PRACTICE**

- 1.1 Apply legal and ethical standards in selected nursing situations by consistently demonstrating:

- respect for the values, beliefs and rights of others.
  - honesty
  - integrity
- 1.2 Demonstrate, with assistance:
- appropriate communication
  - responsibility and accountability by
    - preparing for clinical practice to provide safe, competent care
    - using informed consent
    - practicing according to policies and procedures of host agencies and educational unit
    - using of knowledge of scope of practice and professional legislation and Code of Ethics
  - confidentiality
  - self-awareness
  - self-appraisal
- 1.3 With assistance, demonstrate attitudes and skills for learning by:
- identifying strengths and limitations of self
  - being receptive to feedback
  - identifying strategies to address limitations of self
  - seeking assistance appropriately
  - completing self-evaluation
  - showing initiative re: change
- 1.4 Demonstrate an understanding of social and political action at a beginning level by discussing client rights.
- 1.5 With assistance, utilize selected information technology in gathering information and preparing assignments.
- 1.6 With assistance, demonstrate effective use of skills in self-directed, context-based, small group learning in clinical tutorials and conferences.
- 2. KNOWLEDGE BASED PRACTICE**
- 2.1 With assistance, utilize selected areas of knowledge related to biological, psychological, sociological, cultural, and spiritual factors in interacting with individuals and families across the lifespan, who are experiencing stable variations in health.
- 2.2 Demonstrate understanding of how the use of a model/theory enhances understanding of a specific health promotion/primary prevention activity.
- 2.3 With assistance, apply critical thinking skills to examine health promotion and primary prevention activities through:
- creative thought
  - reflective thinking
  - identification of credible resources of material relevant to clinical practice.

- 2.4 With assistance, examine research findings and describe the relevance of research to nursing practice.
  - 2.5 Identify issues related to ambiguity and diversity by exploring:
    - relevant contributing elements
    - own pattern of dealing with ambiguity and diversity
    - role of creativity in dealing with ambiguity and diversity
  - 2.6 With assistance, demonstrate awareness of quality assurance and risk management processes to enhance nursing practice related to:
    - Workplace Hazardous Materials Information Sheet (WHMIS)
    - Fire and Safety
    - Universal precautions
    - Working alone
    - Personal safety
    - Emergency procedures
  - 2.7 Describe competent leadership related to:
    - decision making
    - priority setting
    - performance appraisal of self
- 3. PROVISION OF SERVICE TO THE PUBLIC**
- 3.1 With assistance, apply the principles of primary health care with a focus on health promotion.
  - 3.2 Demonstrate caring behaviors in professional situations by:
    - recognizing the uniqueness, worth and dignity of self and others
    - demonstrating respect and sensitivity to self and others
    - establishing, maintaining and terminating professional relationships in a supportive manner
  - 3.3 With assistance, develop cooperative relationships with colleagues, clients, community members and community agencies through promoting participation, choice and control.
  - 3.4 Demonstrate competence in selected skills required for health promotion of well clients by:
    - consistently demonstrating proficiency in skills indicated in the University of Alberta Collaborative Nursing Program Integrated Lab Map
    - with assistance, applying the nursing process through:
      - data collection
      - planning
      - evaluation
    - and with assistance, using effective communication skills through:
      - appropriate verbal and written skills
      - appropriate teaching skills
      - appropriate lines of communication
      - communicating / reporting relevant information accurately and in a timely manner

## **REQUIRED RESOURCES**

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

## **RECOMMENDED RESOURCES:**

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

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

## **EQUIPMENT**

Uniforms/White Shoes

Stethoscope

Penlight

## **PROGRESSION CRITERIA:**

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

## REQUIRED LEARNING EXPERIENCES

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

1. Over the two year one courses, students will have a continuous experience in the community where clients live and/or in community agencies (non-acute) where services to clients are offered which will include nursing practice with individuals across the lifespan, in the context of family.
2. Participate in site selected lab activities (see Lab Map).
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 an individual.
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 (ie. ADL, hygiene).

## SUGGESTED OPTIONAL LEARNING EXPERIENCES (site specific)

### REQUIRED EVALUATION

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

1. Elements:
  - Content
  - Critical thinking
  - Group process
  - Communication
  - Nursing practice
  - Writing across the curriculum.
2. Evaluation of student's clinical performance:

**A formative and written summative evaluation of Nursing Practice will be completed by the student and the instructor.**

This will be accomplished through observation assessment and evaluation of the student during clinical practice. Evaluations will be made by the instructor and may be supplemented with input from peers, the staff of an agency, and the client. The Direct Clinical Observation Tool will be used.
3. **Evaluation of learning activities specific to each individual area:**

**Continuing Care:**  
Reflective Journal and Learning Plan

**Value: 40%**



<b>Item</b>	<b>Due</b>	<b>Weighting</b>
<b>1. DCO</b>	<b>By appointment on last day of Clinical</b>	<b>60%</b>
<b>2. Learning Plan</b>	<b>#1: Objectives due Nov 14<sup>th</sup> 0830</b>	<b>10%</b>
	<b>#2: Final Learning Plan due Dec 14<sup>th</sup> @0700</b>	
<b>3. Reflective Journal (3)</b>	<b>#1: Nov 28<sup>th</sup> @ 0830</b>	<b>30%</b>
	<b>#2: Dec 5<sup>th</sup> @ 0830</b>	<b>(3 x 10%)</b>
	<b>#3: Dec 12<sup>th</sup> @ 0830</b>	

**EXAMPLE OF CALCULATION OF FINAL GRADE:**

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

**ASSIGNMENT OF FINAL GRADE:**

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

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

**Grading Criteria for Nursing Courses:**

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

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

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

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

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

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

**SPECIALIZED SUPPORT AND DISABILITY SERVICES:**

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

**PLAGIARISM AND CHEATING:**

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

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

**LATE ASSIGNMENT POLICY:**

- All assignments and course evaluation strategies are required to be completed by the time and date specified in the course outline.
- Extensions of the time specified for submission may be granted in case of illness or extenuating circumstances. **Extensions must be negotiated with the instructor prior to the required submission time and date.**
- **A penalty will be imposed for all late assignments and course evaluation strategies. One letter grade per class day will be deducted from the total value of the assignment for each class day the assignment is later.** For example, an assignment valued at B+ and handed in one day late will receive a grade of B.

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

**Sick Policy:**

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

**PROFESSIONAL DRESS:**

Students are expected to abide by the dress code of the particular agency where their clinical experience is taking place. All students will wear a Grande Prairie Regional College picture ID.

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

TUTOR NAME: (Print) \_\_\_\_\_ STUDENT NAME: (Print) \_\_\_\_\_

**Levels of Assistance (May 2004)**

- With assistance:** The student requires frequent direction and information.
- With minimal assistance:** The student requires occasional direction, information and prompting.
- With guidance:** The student requires clarification, prompting and confirmation.
- Independently:** The student works mostly on his or her own, and seeks information, clarification and consultation as appropriate.

**AARN COMPETENCIES****1. PROFESSIONAL RESPONSIBILITY**

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

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

**2. ETHICAL PRACTICE**

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

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

### **3. KNOWLEDGE-BASED PRACTICE**

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

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

### **4. PROVISION OF SERVICE TO THE PUBLIC**

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

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

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

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



	Excellent	Very Good	Satisfactory	Minimal Pass	
	<ul style="list-style-type: none"> <li>Reports errors promptly to all the right individuals (instructor, patient's nurse, unit manager); follows through on solutions and evaluates same with instructor.</li> </ul>	<ul style="list-style-type: none"> <li>Reports errors promptly to all the right individuals (instructor, patient's nurse, unit manager); diagnosis original problem; develops plan of action.</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes errors and reports promptly to all the right individuals (instructor, patient's nurse, unit manager); needs assistance developing plan of action.</li> </ul>	<ul style="list-style-type: none"> <li>Does not always report errors; reports error to some of the right individuals (instructor, patient's nurse, unit manager); Delayed reporting the error.</li> </ul>	
	NOTE: Evaluate only if applicable.	NOTE: Evaluate only if applicable.	NOTE: Evaluate only if applicable.	NOTE: Evaluate only if applicable.	
	<ul style="list-style-type: none"> <li>Always involves client in decision making and incorporate client's values, beliefs and rights.</li> </ul>	<ul style="list-style-type: none"> <li>Always involves client in decision making and incorporate client's values, beliefs and rights.</li> </ul>	<ul style="list-style-type: none"> <li>Usually involves client in decision making and incorporate client's values, beliefs and rights.</li> </ul>	<ul style="list-style-type: none"> <li>Tends to make decisions without client, eg. Does not seek client input consistently. Frequently neglects to incorporate client's values and beliefs and rights.</li> </ul>	
	<ul style="list-style-type: none"> <li>Behaviors are always consistent with the CNA code of Ethics, AARN Nursing Practice Standards and legislation; able to support rationale decisions made under the above guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Behaviors are also consistent with the CNA Code of Ethics, AARN Nursing Practice Standards and legislation; is beginning to be able to support decisions with rationale.</li> </ul>	<ul style="list-style-type: none"> <li>Behaviors are always consistent with the CNA Code of Ethics, AARN Nursing Practice Standards and legislation.</li> </ul>	<ul style="list-style-type: none"> <li>Behaviors are always inconsistent with the CNA Code of Ethics, AARN Nursing Practice Standards and legislation; does not give consideration re: ethical behavior is warranted.</li> </ul>	
	<ul style="list-style-type: none"> <li>Consistently adheres to principles of confidentiality towards clients, peers, health care team members, and self in practice and in small group activities.</li> </ul>	<ul style="list-style-type: none"> <li>Adheres to principles of confidentiality towards clients, peers, health care team members, and self in practice and in small group activities. At times needs minimal assistance determining what is appropriate to discuss in small group or patient care conferences.</li> </ul>	<ul style="list-style-type: none"> <li>Adheres to principles of confidentiality towards clients, peers, health care team members, and self in practice and in small group's activities. At times needs assistance determining what is appropriate to discuss in small groups or patient care conferences. Needs reminders.</li> </ul>	<ul style="list-style-type: none"> <li>Has difficulty adhering to principles of confidentiality towards clients, peers, health care team members, and self in practice and in small group activities. Needs frequent reminders about appropriate behavior.</li> </ul>	
1.3 With assistance, demonstrate attitudes and skills for learning by:	<ul style="list-style-type: none"> <li>identifying strengths and limitations of self</li> <li>being receptive to feedback</li> <li>identifying strategies to address limitations of self</li> <li>seeking assistance appropriately</li> <li>completing self-evaluation</li> <li>showing initiative re: change</li> </ul>	<ul style="list-style-type: none"> <li>Consistently identifies own strengths and areas for improvement, always able to identify when behavioral change is required or should occur and able to provide rationale or supportive evidence.</li> <li>Demonstrates insight and self-awareness regarding plan for improvement.</li> <li>Always open and receptive to feedback.</li> </ul>	<ul style="list-style-type: none"> <li>Identifies own strengths and areas for improvement with minimal assistance; almost always able to identify when behavioral change is required or should occur and able to provide rationale or supportive evidence.</li> <li>Identifies a plan for improvement. Needs minimal assistance to carry out plan.</li> <li>Is open to/seek feedback, is receptive to change.</li> </ul>	<ul style="list-style-type: none"> <li>Identifies strengths and areas for improvement with some assistance; generally able to identify when behavioral change is required or should occur and able to provide rationale or supportive evidence.</li> <li>Identifies a plan for improvement with assistance.</li> <li>Is open to/seek feedback, is generally receptive to change but may require added assistance to accomplish same.</li> </ul>	<ul style="list-style-type: none"> <li>Identifies strengths and areas for improvement only with considerable assistance; inconsistently able to identify when behavioral change is required or should occur. Inconsistent in providing rationale or supportive evidence.</li> <li>Needs substantial assistance from tutor to develop a plan for improvement.</li> <li>Frequently not open to change; does not seek feedback; little change in behavior.</li> </ul>

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

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

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

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

	Excellent	Very Good	Satisfactory	Minimal Pass
	<ul style="list-style-type: none"> <li>Written and clinical course requirements submitted on time and completed at an outstanding level.</li> </ul>	<ul style="list-style-type: none"> <li>Written and clinical course requirements are completed at an above expected level.</li> </ul>	<ul style="list-style-type: none"> <li>Written and clinical course requirements are completed at an expected level.</li> </ul>	<ul style="list-style-type: none"> <li>Quality of written work done to complete course requirements below expected level at this point in the program.</li> </ul>

References

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

**MIDTERM:**

**Student: Name (PRINT)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Tutor: Name (PRINT)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FINAL:**

**Student: Name (PRINT)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Tutor: Name (PRINT)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Note:**

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

Nursing 1910  
Direct Clinical Observation

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

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

Upon completion of Nursing 1910, the nursing student will:

<i>OBJECTIVE</i>	A	B	C	D	F
<i>PROFESSIONAL RESPONSIBILITY and ETHICAL PRACTICE</i>					
Demonstrate application of legal and ethical standards in selected nursing situations by consistently demonstrating:					
<ul style="list-style-type: none"> <li>• respect for the values, beliefs, and rights of others</li> <li>• honesty</li> <li>• integrity</li> <li>• confidentiality</li> </ul>					
With assistance, demonstrate appropriate written and verbal communication skills					
With assistance, demonstrate: <ul style="list-style-type: none"> <li>• responsibility and accountability by <ul style="list-style-type: none"> <li>- preparing for clinical practice to provide safe, competent care</li> <li>- using informed consent</li> <li>- practicing according to policies and procedures of agencies</li> <li>- using knowledge of scope of practice and professional legislation</li> </ul> </li> </ul>					
With assistance, demonstrate attitudes and skills for learning by demonstrating: <ul style="list-style-type: none"> <li>• self-awareness</li> <li>• self-appraisal</li> <li>• identifying strengths and limitations of self</li> <li>• identifying strategies to address limitations of self</li> <li>• seeking assistance appropriately</li> </ul>					
Demonstrate an understanding of social and political action at a beginning level by discussing client rights.					
With assistance, utilize selected information technology.					
With assistance, demonstrate effective use of skills in self-directed, context-based, small group learning.					

<p><b>KNOWLEDGE BASED PRACTICE</b></p> <p>With assistance, utilize selected areas of knowledge about biological, psychological, sociological, cultural, and spiritual factors in interacting with individuals and families across the lifespan, who are experiencing stable variations in health</p>					
<p>Demonstrate understanding of how use of a model/theory could enhance understanding of a specific health promotion/primary prevention activity</p>					
<p>With assistance, apply critical thinking skills to examine health promotion and primary prevention activities through:</p> <ul style="list-style-type: none"> <li>• creative thought</li> <li>• reflective thinking</li> </ul>					



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

**Summary Comments**

**Faculty:**

**Student:**

**Faculty:** \_\_\_\_\_

**Student: \*** \_\_\_\_\_

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

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

**NS 1950**  
**Reflective Journal Guidelines**      **30% total mark**

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

Due dates:

Journal #1 ~ Nov 28th at 0830

Journal #2 ~ Dec 5th at 0830

Journal #3 ~ Dec 12th at 0830

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

## NS 1910 Continuing Care Reflective Journal Criteria

<b>Characteristic</b>	<b>Excellent A</b>	<b>Very Good B</b>	<b>Good C</b>	<b>Marginal D</b>
<b>Personal/Professional Growth</b>  <b>APA</b>	Personal and professional growth was analysed substantively in journal.  Meets all APA criteria.	Personal and professional growth was analysed very well in journal.  Meets all but minor APA criteria.	Personal and professional growth was analysed well in journal.  Meets most APA criteria.	Personal and professional growth was analysed superficially in journal.  APA criteria not followed well .
<b>Critical Thinking Reflective Practice</b>	Recognizes critical clinical events and reflects on them substantively as they relate to clinical practice and uses incidents to build on for future practice	Recognizes critical clinical events and reflects on them substantively as they relate to clinical practice	Recognizes key clinical events and reflects on them superficially as they relate to nursing practice	Able to recognize critical clinical events but does not reflect on those events as they relate to nursing practice
<b>Connection of Abstract to Practical</b>	Recognizes actions are based on values and identifies values they are based on Critiques behaviours in clinical practice and examines and questions values and beliefs related to behaviours	Recognizes actions are based on values and identifies values they are based upon. Critiques behaviours in clinical practice as they relate to values and beliefs	Recognizes actions are based on beliefs Ties some personal values and beliefs to behaviours	Recognizes actions are a choice but no justification of actions given Mentions personal beliefs but does not tie them to behaviours
<b>Application of Knowledge</b>	Includes appropriate articles in journal. Is able to utilize knowledge from nursing and other disciplines and apply it to nursing practice now and for the future	Includes appropriate theory articles in journal and consistently applies them to nursing practice	Includes appropriate theory articles and occasionally applies content to nursing practice	Includes occasional theory articles in journal but does not apply the content to own practice

**NS 1950**  
**Guidelines for Learning Plan**      **10% total mark**

**DUE:**

**#1 Objectives due Nov 14<sup>th</sup> 0830**

**#2: Final Learning Plan due Dec 14<sup>th</sup> @0700**

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

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

Components of the Learning Plan:

**Assessment**

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

For example:

- I learned therapeutic communication techniques in NS1900 but have had little practice.
- I have limited knowledge about interdisciplinary or multidisciplinary teams and how they work

- I do not know the most common health problems of residents in LTC
- I enjoy listening to the elderly reminisce
- I fear death and dying

## Nursing Diagnosis & Behavioral Objectives

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

*Ineffective use of therapeutic communication strategies due to inexperience.*

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

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

## Planning

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

I will:

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

## Implementation

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

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

## Evaluation

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

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

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

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

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

## NS 1910 Continuing Care Learning Plan Criteria

	<b>Excellent A</b>	<b>Very Good B</b>	<b>Good C</b>	<b>Marginal D</b>
<b>Objectives</b>	<p>Clear, detailed description of what the student intends to learn, how this will be accomplished, the time frame for meeting objectives &amp; methods by which this will be evaluated are identified.</p> <p>Objectives are specific, concise &amp; do not repeat the course objectives. Objectives are reasonable, measurable, &amp; attainable.</p>	<p>Some detail missing but a clear direction is established by student in terms of what is to be learned, how this will be accomplished, the time frame &amp; methods of evaluation to be used.</p> <p>Objectives are specific but occasionally repeat the course objectives.</p> <p>Objectives are reasonable, measurable &amp; attainable.</p>	<p>Description of what the student intends to learn requires more detail in order to address what will be learned, methods or strategies by which this will be accomplished in what time frame, &amp; how this will be evaluated.</p> <p>Objectives are specific but occasionally repeat the course objectives.</p> <p>Objectives are reasonable, measurable &amp; attainable.</p>	<p>Description of what the student intends to learn lacks enough detail to clearly identify the intent of the learning plan, how &amp; when it will be accomplished, &amp; how this will be evaluated.</p> <p>Objectives are vague or ambiguous, difficult to measure. Repetition of course objectives.</p>
<b>Resources</b>	<p>Resources used to address objectives are varied, current, credible &amp; appropriate to goals set.</p>	<p>Resources used are appropriate &amp; reflect student's intent re: meeting objectives</p>	<p>Resources are limited but adequate</p>	<p>Resources identified are limited, not specific to objectives set by student</p>
<b>Evaluation</b>	<p>Clear description of extent to which the objectives were met including specific examples of activities. If objectives not met, revised in order to be attainable.</p> <p>Substantive, insightful, comprehensive comments.</p>	<p>Clear description of extent to which the objectives were met including some examples of activities. If objectives not met, revised in a realistic way.</p> <p>Thorough analysis addresses significant points. Some specificity missing.</p>	<p>Description of extent to which the objectives were met included, but examples of relevant activities done superficial.</p> <p>If objectives not met, are revised in an unrealistic or attainable manner.</p> <p>Adequate analysis of major points. Some essential information missing.</p>	<p>Description of extent to which the objectives were met given but brief, lacks detail &amp;/or specificity.</p> <p>Unmet objectives not addressed. Key information missing.</p> <p>Minimal analysis, little insight.</p>



First Year RN Students may do:

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

Students may not do:

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

## **NS 1910 Continuing Care / LTC Placement 2005**

This clinical placement occurs October 31 - December 16, 2005.

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

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

See course objectives.

## Clinical Expectations for Continuing Care

### Dress Code:

- Professional uniforms with name tag (see Course Outline)

### Illness/Sickness:

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

### Coffee Breaks/Meal Breaks:

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

### Smoking and Visitor Policy:

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

### Medication Administration:

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

### Patient Assignments:

- Students will be assigned to one resident for this clinical experience; it will be posted on the floor by 1300 on the day prior to clinical. If your resident is changed during this clinical rotation, you will be notified by the instructor.

### Resident Research:

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

### Organization Plans/Care Plans:

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

**Charting, physical assessments, skills:**

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

**Incident Reports/injuries:**

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

**Typical Day Routine for 1East**

0700 – 0715 Report from night shift

0715 – 0900 ADL's, bedmaking, breakfast

0900 – 0930 Coffee break

0930 – 1130 Spend time with clients, do assessments, toilet as necessary, any planned activities

1130 – 1205 Lunch break

1205 – 1300 Residents lunch, some residents have a nap after lunch, toilet as required.

1300 – 1400 Team report, charting

1400 – 1500 Residents waking from naps, finish charting.

Post clinical/seminar – room TBA

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

## Working Definitions for the Collaborative Baccalaureate Nursing Program

Revised: July 10, 2005

### CONTEXT BASED LEARNING

Context based learning is a strategy which provides the opportunity for students to learn and apply concepts stimulated by a real-life scenario. The scenario provides a vehicle by which students can identify individual and group learning needs and explore/investigate information to meet those identified needs. This information is shared within a group setting while learning effective group process (Wolff, 1998).

### LEVELS OF INDEPENDENCE

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

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

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

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

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

### CLINICAL HOURS

The time spent in nursing practice with clients, doing the work that nurses do, including pre- and post-conferences. **Conference (Pre- and Post-)** is tutor-guided time spent as a clinical group in discussion and reflection on the clinical care of assigned clients.

### CLIENT

The client who is the focus of nursing actions may be an individual, family, a small group, a larger aggregate, or a community. There is a dynamic interrelationship of biological-psychological-social-cultural-spiritual dimensions of the **person**, who evolves and develops over the lifespan. A **family** is defined as “who they say they are” (Wright & Leahey, 2000, p. 70). A **group** is defined as two or more persons engaged in interdependent, purposeful relationships in which repeated face-to-face communication occurs. An **aggregate** is a set of persons with common characteristics who may not experience face-to-face communication. A **community** is an open social system characterized by people in a place over time that has common goals (Smith & Maurer, 1995). Care of any client takes place within a political environment.

## HEALTH

**Health** is an individual's or group's state of being at any point in time. It is characterized by stability, balance and integrity of functioning and is viewed "as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities" (World Health Organization [WHO], 1986, p. 1).

**Population Health** is "The health of a population as measured by health status indicators and as influenced by social, economic, and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services" (Vollman, Anderson, & McFarlane, 2004, p. 17).

**Health Determinants** are those factors interacting to influence health. *Strategies for Population Health: Investing in the Health of Canadians* (1994) lists the 9 health determinants: income and social status, social support networks, education, employment and working conditions, physical environment, biology and genetic endowment, personal health practices and coping skills, healthy child development, and health services. In addition, gender and culture have now been added.

**Health Promotion** "is a process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment... Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being" (WHO, 1986, p.1).

**Epidemiology** is the study of the distribution or patterns of health events in populations and the factors, exposures, characteristics, behaviours, and contexts that determine these patterns. Epidemiology can be either descriptive or analytic.

**Descriptive Epidemiology** seeks to describe a disease entity according to person, place, and time and includes incidence, prevalence, morbidity, and mortality rates and proportions.

**Analytic epidemiology** is directed towards the causal factors of disease etiology well enough to develop interventions to prevent the occurrence of the adverse events before they start. Theories related to causality are emphasized. The three **levels of prevention** are linked directly to the natural history of the disease and focus on these interventions.

**Primary prevention:** interventions that promote health and prevent disease processes from developing.

**Secondary prevention:** interventions that will detect disease in the early stages before clinical signs and symptoms manifest with a goal to reverse or reduce the severity of the disease or provide a cure. **Screening** is a secondary intervention strategy that involves the application of a non-diagnostic test to people who are asymptomatic for the purpose of identifying their likelihood of having a particular disease. The aim is for early diagnosis and treatment of individuals and to efficiently and effectively begin early health prevention and control programs.

**Tertiary prevention:** interventions that are directed toward persons with clinically apparent disease with the aim to ameliorate the course of the disease, reduce disability, or rehabilitate (Stanhope & Lancaster, 2002).

*Common Life Experiences are those events that shape the meaning of human experience. Some of these are: joy/loss, grief; birth/death; stress, crisis/coping; hope/hopelessness; autonomy/dependency; loneliness/belonging; security/ambivalence, transition, change; health/illness – chronic/acute; pain.*

*Alterations in Health of the client/patient are normal variations such as pregnancy and aging. There may also be disease conditions and/or processes. Study of these processes/conditions may include the definitions, etiology, contributing risk factors, clinical manifestations (signs and symptoms), diagnostics, medical management (including surgery, pharmacotherapeutics, complementary health practices), complications and prognosis.*

**Complementary health practices**, or complementary or alternative medicine, describe healing practices other than Western medicine. Alternative or complementary medicine is an umbrella term for hundreds of therapies drawn from all over the world. Even though they may represent diverse approaches, they do share certain attributes. They are based on a paradigm of whole systems and the belief that people are more than physical bodies with fixable and replaceable parts. Mental, emotional, and spiritual components of well-being are considered to play a crucial and equal role in a person's state of health. (Fontaine, 2000).

**Primary Health Care** is an approach that addresses illness prevention and health promotion. It encompasses the determinants of health. Five principles underlying this definition are: [WHO (1978), and AARN (2003)]

1. Accessibility of health services
2. Use of appropriate technology
3. Individual and community participation
4. Increased health promotion and disease prevention
5. Intersectoral cooperation

These principles are operationalized in an approach to health care that: [WHO (1978), and AARN (2003)]

- Is evidence based
- Uses appropriate technology
- Promotes community participation in decisions about health services
- Is provided at a cost the community can afford
- Encourages self-care and empowerment of community members
- Is the first level of contact with health care system
- Brings health care as close as possible to where people work, live and play

## NURSING

**Nursing** is a discipline, profession, and an area of practice.

**Discipline:** As a discipline, nursing is centred on knowledge development for professional nursing practice. The discipline of nursing integrates and applies knowledge from nursing practice, theory and research, and other related disciplines into practice. Evidence based nursing allows the nurse to make professional decisions about the efficacy, efficiency and cost-effectiveness of nursing interventions. Use of models and theories focuses on phenomena of the discipline through a particular worldview to guide practice, research and education.

**Profession:** As a profession, nursing has a social mandate to be responsible and accountable to the public it serves. Nurses accomplish the goals of the profession through caring relationships within the context of legal and ethical standards. Nursing as a self-governing profession is highly organized at local, provincial, national and international levels.

**Practice:** The practice of nursing incorporates direct care of the client, management of care, and education about the care given based on research. The scope of nursing practice includes promotion, restoration, **rehabilitation**, **palliation**, and supporting health through referral and resource allocation. Nurses assess health of the client in a holistic way and apply appropriate therapeutic interventions. The values of caring are expressed to positively effect the health of the client. Nurses use effective communication skills and a systematic process to facilitate client health.

**Palliative care** is a multidisciplinary approach in providing compassionate care and support to individuals who are terminally ill, and support of their families and/or significant others. The focus of palliative care is not on death, but on optimizing comfort and quality of life for the living, through symptom management and pain management. Addressing mental and spiritual needs are a part of the holistic approach in palliative care. Palliative care can be delivered in many settings, such as hospitals, hospices, and homes (*Palliative care. Retrieved December 11, 2003 from Growthhouse.org website: <http://www.growthhouse.org/palliat.html>*).

**Rehabilitation** “involves measures to limit the incapacitation caused by health problems, to prevent recurrences of the specific health problem, and to restore the client to normal\* or near normal function.... Rehabilitation services begin the moment a client enters the health care system. Initially, rehabilitation may focus on the prevention of complications related to the illness or injury. As the condition



stabilizes, rehabilitation is directed at maximizing the client's functioning and level of independence" (Potter & Perry, 2001, p. 31).

*\*normal* is defined by the client.

**Roles:** The roles of the nurse include (Clark, 2003, pp. 177-186):

*Client Oriented Roles*

**Caregiver**

**Counsellor**

**Role model**

**Primary care provider**

**Educator**

**Referral resource**

**Advocate**

**Case manager**

*Delivery Oriented Roles*

Coordinator/Case Manager

Liaison

*Population Orientated Roles*

Case Finder

Change Agent

Coalition Builder

Collaborator

Leader

Community Developer

Researcher

*The roles will vary according to the setting, level of education and expertise, and client needs.*

**Settings:** are the places where nurses work. For example: Medical unit, public health, ICU, CCU, occupational health, college student health services, palliative care, and home care.

The practice of nursing incorporates direct care of the client, management of care, and education about the care given based on research. The scope of nursing practice includes promotion, restoration, rehabilitation, palliation, and supporting health through referral and resource allocation. Nurses assess health of the client in a holistic way and apply appropriate therapeutic interventions. The values of caring are expressed to positively affect the health of the client. Nurses use effective communication skills and a systematic process to facilitate client health.

**Trends and Issues:**

“A **trend** is a direction of events or social attitudes; a change to be noted, described and observed. It has a neutral connotation and exists over a period of time. Trends arise from society and are constantly changing. Examples of trends include: the aging of the Canadian population, reduced government spending, increasing technology, globalization, and primary health care reform....An **issue** can be described as a point in question and involves an important subject for debate. An issue implies that there is a dilemma or challenge arising from the change. Issues arise out of trends and the challenges they create require a response from individuals, groups or changes to the system. Examples of issues include: reduced health care spending which has created issues for individual nurses and the profession as a whole” (CNA, 2001, pp 3-4).

## ENVIRONMENT

The environment provides a context for client, health, and nursing.

“Environment may represent the immediate person’s physical surroundings, the community or the universe and all it contains” (George, 2003, p. 4). The influence of physical, social, political, economic, and cultural factors is significant aspects of the environment that affect health (Potter & Perry, 2001).

## PHARMACOLOGY

**Pharmacology** "is the scientific body of drug knowledge" (Aschenbrenner, Venable, & Wilder Cleveland, 2002, p.2). Core drug knowledge includes **Pharmacotherapeutics** – the desired therapeutic effect of the drug; **Pharmacokinetics** – the effects of the body on the drug; **Pharmacodynamics** – the effect of the drug on the body; **Contraindications and precautions** – indicates when a drug should not be used or must be monitored; **Adverse effects** – unintended and/or undesired effects of drugs; **Drug interactions** – effects that may occur when drugs are given with another substance. It also includes considerations of **core patient variables** such as health status, life span and gender, lifestyle, diet, habits, environment of administration, and culture. **Nursing management** in drug therapy includes planning and implementing actions to maximize therapeutic effects and minimize the adverse effects, patient and family education, and evaluation of effectiveness of drug and nursing therapy.

Note: For this curriculum, the overriding framework is **therapeutic effect** as defined by the Canadian Pharmacists Association.

## CONFERENCE (PRE- AND POST-)

**Conference (Pre- and Post-)** "is tutor-guided time spent as a clinical group in discussion and reflection on the clinical care of assigned clients."

## SEMINAR HOURS

**Seminar Hours** "are the time students spend in learning activities and discussion of theory and issues relevant to the clinical experience."

## BLOCK CLINICAL

**Block Clinical** "Students experience clinical nursing practice for a continuous period of time over consecutive days doing the work that nurses do in the assigned setting. Optimally best not to have support courses running concurrently."

## **PROFESSIONAL DEVELOPMENT**

**Professional Development** "Professional Development is formal time that may be part of theory and/or clinical courses that students spend with health professionals to develop an expanding body of knowledge and skills related to current trends and issues in the care of clients. Professional development time in clinical courses may be counted as seminar time but not as clinical time."

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**UNIVERSITY OF ALBERTA  
COLLABORATIVE BACCALAUREATE  
NURSING PROGRAM**

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

**INTEGRATED LAB MAP**

**YEAR 1 - 4**

*Developed by:  
LEDC December 2004  
Revised by CDC April 2005*

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**Approved by AC: April 15, 2005.**

**UNIVERSITY OF ALBERTA COLLABORATIVE NURSING  
PROGRAM  
INTEGRATED LAB MAP**

All of the topics identified in this lab map will be addressed. Sites will identify whether topics will be addressed as clinical lab, clinical seminar or theory lab. All labs identified on the 1<sup>st</sup> and 2<sup>nd</sup> year lab map will be completed by the end of Year 2. All labs identified on the 3<sup>rd</sup> and 4<sup>th</sup> year lab map will be completed by the end of Year 4.

<b>Year 1 THEORY LABS</b>	<b>CLINICAL LABS</b>	<b>CLINICAL SEMINARS</b>
<p><b>NURSING 190 - SUSAN</b></p> <p><b>1. Communication for CBL – Group Process</b></p> <p>1.1. <b>Interpersonal communication</b></p> <p>1.1.1. Active listening</p> <p>1.1.2. Attending behaviour</p> <p>1.1.3. Paraphrasing</p> <p>1.1.4. Behaviour description</p> <p>1.1.5. Description of feelings</p> <p>1.1.6. Perception checking</p> <p>1.1.7. Closed vs. open questions</p> <p>1.1.8. "I" statements</p> <p>1.1.9. Self-disclosure</p> <p>1.1.10. Clarification</p> <p>1.1.11. Summarizing</p> <p><b>2. Stress Management</b></p> <p>2.1. Difference between stress and anxiety</p> <p>2.2. Indicators of stress</p> <p>2.3. Common stressors</p> <p>2.4. Relaxation techniques</p> <p>2.5. Documentation</p> <p><b>3. Learning styles</b></p>	<p><b>MAXIMUM 42 HOURS TOTAL BETWEEN NURSING 191 AND NURSING 195</b></p> <p><b>1. Interpersonal communication</b></p> <p>a. Home Visits</p> <p>i. interviewing using CFAM</p> <p>ii. assessment using CFAM Tools</p> <p><b>2. ADLs</b></p> <p>a. Toileting</p> <p>b. Dressing</p> <p>c. Grooming</p> <p><b>3. Nutrition assessment &amp; feeding</b></p> <p><b>4. Hygiene and comfort</b></p> <p>a. Bathing</p> <p>b. Back rubs</p> <p>c. Oral hygiene</p> <p>d. Braden scale</p> <p><b>5. Ambulation, transfers &amp; back care</b> (mobility aids, restraints)</p> <p><b>6. Medication Administration</b></p> <p>a. Oral, topical, gtts, suppositories</p> <p>b. Mathematic calculations for nursing practice</p> <p>c. 5 Rs</p>	<p><b>1. Personal safety</b></p> <p>a. for home visits</p> <p>b. WHMIS</p> <p>c. Fire safety</p> <p><b>2. Windshield survey</b></p> <p><b>3. Planning care – NCP</b></p> <p><b>4. Other seminars –</b> topics determined by CBL process</p> <p><b>5. Other seminars –</b> topics which are critical to assigned clinical setting</p>
<p><b>NURSING 190 - TODDLER SAFETY</b></p> <p><b>1. Introduction to Health</b></p>		

<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>1.1. Professional relationships             <ul style="list-style-type: none"> <li>1.1.1. Phases of relationships</li> <li>1.1.2. Difference between social and therapeutic relationships</li> <li>1.1.3. Concepts to enhance therapeutic relationships</li> <li>1.1.4. Values clarification</li> <li>1.1.5. Self-awareness</li> </ul> </li> <li>1.2. Screening             <ul style="list-style-type: none"> <li>1.2.1. Height</li> <li>1.2.2. Weight</li> <li>1.2.3. Vision</li> <li>1.2.4. Hearing</li> </ul> </li> <li>1.3. Health History             <ul style="list-style-type: none"> <li>1.3.1. Interviewing</li> <li>1.3.2. Data gathering</li> <li>1.3.3. Health determinants</li> <li>1.3.4. Document observations</li> </ul> </li> </ul>		
<p><b>NURSING 190 - MEGAN</b></p> <p><b>1. Introduction to physical assessment</b></p> <ul style="list-style-type: none"> <li>1.1. Universal/Routine/Standard precautions             <ul style="list-style-type: none"> <li>1.1.1. Hand washing, gloving (non-sterile)</li> </ul> </li> <li>1.2. Classical techniques (IPPA)             <ul style="list-style-type: none"> <li>1.2.1. Inspection</li> <li>1.2.2. Palpation</li> <li>1.2.3. Percussion</li> <li>1.2.4. Auscultation (IPPA)</li> </ul> </li> <li>1.3. Introduction to Physical Assessment             <ul style="list-style-type: none"> <li>1.3.1. Respiratory Assessment</li> <li>1.3.2. Integument Assessment</li> </ul> </li> </ul>		
<p><b>NURSING 190 - BRIDGE PLAYERS</b></p> <p><b>1. Introduction to Client Education</b></p> <ul style="list-style-type: none"> <li>1.1. Teaching and learning one-on-one with the elderly             <ul style="list-style-type: none"> <li>1.1.1. Learner Assessment                 <ul style="list-style-type: none"> <li>a) focused assessment of symptoms</li> <li>b) mini mental status exam</li> </ul> </li> </ul> </li> <li>1.2. Teaching Plans             <ul style="list-style-type: none"> <li>1.2.1. Strategies – teaching and learning</li> </ul> </li> </ul>		
<p><b>NURSING 190 - ZACHARY</b></p>		

<p><b>1. Introduction to General Survey &amp; Assessment</b></p> <ul style="list-style-type: none"> <li>1.1. Head to Toe</li> <li>1.2. First Aid</li> <li>1.3. Vital Signs – TPR &amp; BP</li> </ul>		
<p><b>NURSING 194 – WE'RE EXPECTING</b></p> <p><b>1. Prenatal Assessment</b></p> <ul style="list-style-type: none"> <li>1.1. Urine - sugar and protein</li> <li>1.2. Health history</li> <li>1.3. Alberta Prenatal Assessment Form</li> <li>1.4. Alberta Risk Scoring</li> <li>1.5. TORCH</li> <li>1.6. Vital signs</li> </ul> <p><b>2. Client teaching in groups</b></p> <ul style="list-style-type: none"> <li>2.1. Learner assessment</li> <li>2.2. Teaching plans</li> <li>2.3. Strategies</li> </ul>		
<p><b>NURSING 194 – MARK HOFER</b></p> <p><b>1. Digestive Assessment</b></p> <ul style="list-style-type: none"> <li>1.1. Review of system <ul style="list-style-type: none"> <li>1.1.1. Appetite, Bowel</li> </ul> </li> <li>1.2. Inspection</li> <li>1.3. Auscultation</li> </ul> <p><b>2. Introduction to chest physiotherapy</b></p> <ul style="list-style-type: none"> <li>2.1. Deep breathing and coughing (DB &amp; C)</li> </ul> <p><b>3. Cardiovascular assessment</b></p> <ul style="list-style-type: none"> <li>3.1. Inspection</li> <li>3.2. Palpation (PMI Point of maximal impulse)</li> <li>3.3. Auscultation (S1, S2)</li> </ul>		
<p><b>NURSING 194 – JEAN</b></p> <p><b>1. Assessment of Head and Neck</b></p> <ul style="list-style-type: none"> <li>1.1. Inspection of eyes (not fundoscopy), ears (including otoscopy), face, mouth, nose (including nasal speculum), neck ROM</li> <li>1.2. Thyroid palpation, lymph nodes palpation, carotid pulse</li> </ul> <p><b>2. Interviewing vulnerable populations</b></p> <ul style="list-style-type: none"> <li>2.1. Sexual health assessment <ul style="list-style-type: none"> <li>a) Review of systems</li> <li>b) Values clarification process</li> </ul> </li> </ul>		



<p><b>NURSING 194 – MELANIE CLARK</b></p> <p>1. <b>Assessment of breast and axillae, testicles</b></p> <p>1.2 Teaching breast and testicular self-exam (BSE/TSE)</p>		
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Year 2 THEORY LABS	CLINICAL LABS	CLINICAL SEMINARS
<p><b>NURSING 290 – ANDREW, MARIA &amp; FRANCIS PART A</b></p> <p>1. <b>Calgary Family Intervention Model (CFIM)</b></p> <p>1.1. Hypothesis formulation</p> <p>1.2. Interventive questioning</p> <p>1.3. Commendations</p>	<p><b>MAXIMUM 21 HOURS TOTAL FOR NURSING 291</b></p> <p>1. <b>IV maintenance</b></p> <p>a. Pumps</p> <p>b. Locks</p> <p>c. Tubing / rates</p> <p>2. <b>Hypodermoclysis (HDC) maintenance</b></p> <p>3. <b>Pulmonary procedures</b></p> <p>a. O<sub>2</sub> administration</p> <p>b. pulse oximetry</p> <p>c. incentive spirometry/nebulizer/multi-dose inhaler (MDI)</p> <p>d. oro/nasal suctioning</p> <p>4. <b>Aseptic technique</b></p> <p>a. Dressings</p> <p>b. Drains</p> <p>c. Sutures / staples</p> <p>d. Packing / irrigation</p> <p>5. <b>Initial assessment of client in clinical setting</b></p>	<p>1. <b>Fluid and electrolyte assessment &amp; balance</b></p> <p>a. IV solutions</p> <p>2. <b>Other seminars</b> – topics determined by CBL process</p> <p>3. <b>Other seminars</b> – topics which are critical to assigned clinical setting</p>
<p><b>NURSING 290 - ANDREW, MARIA &amp; FRANCIS PART B</b></p> <p>1. <b>Parenteral Medication Administration</b></p> <p>1.1. Intramuscular</p> <p>1.2. Subcutaneous</p> <p>1.3. Intradermal</p> <p>2. <b>Review of Medication Administration</b></p> <p>2.1. Oral</p> <p>2.2. Topical</p> <p>2.3. Eye Drops</p>	<p><b>MAXIMUM 21 HOURS TOTAL FOR NURSING 295</b></p> <p>1. <b>Antepartum</b></p> <p>a. Leopold's maneuvers</p> <p>b. fundal height</p> <p>c. high risk assessment &amp; screening</p> <p>2. <b>Post partum assessment and teaching</b></p> <p>a. BUBBLEHER (breast, uterus, bladder, bowels, lochia, episiotomy, Homan's sign, emotions, rest)</p> <p>b. Assistance with breast feeding</p> <p>3. <b>Newborn assessment, care,</b></p>	<p>1. <b>Intrapartum</b></p> <p>a. Fetal monitoring</p> <p>b. Contractions</p> <p>c. APGAR</p> <p>d. Immediate care of labor patient</p> <p>2. <b>Other seminars</b> – topics determined by CBL process</p> <p>3. <b>Other seminars</b> – topics which are critical to assigned clinical setting</p>

	<p><b>and teaching</b></p> <ol style="list-style-type: none"> <li>reflexes</li> <li>Growth &amp; Development</li> <li>baby bath</li> <li>baby care</li> <li>suctioning</li> <li>nutrition</li> </ol> <p><b>4. Immunizations</b> (site specific)</p>	
<p><b>NURSING 290 – DENNY &amp; COKUM</b></p> <p><b>1. Care and Teaching Related to Diabetes</b></p> <ol style="list-style-type: none"> <li>Blood glucose monitoring</li> <li>Mixing doses of insulin</li> <li>Foot care</li> <li>Urine testing and ketones</li> <li>Peripheral circulation assessment</li> </ol>		
<p><b>NURSING 290 – MRS. WHITE</b></p> <p><b>1. Orthopedic care</b></p> <ol style="list-style-type: none"> <li>Crutch walking</li> <li>CWCSM (Colour, warmth, circulation, sensation, movement) <u>or</u> CSMT (colour, sensation, movement, temperature)</li> <li>Neurovascular assessment</li> <li>Traction (Buck's)</li> </ol> <p><b>2. Pre/post-operative care</b></p>		
<p><b>NURSING 290 – GEORGE</b></p> <p><b>1. Genitourinary assessment</b></p> <p><b>2. Genitourinary Intervention</b></p> <ol style="list-style-type: none"> <li>Catheterization (male and female)</li> <li>Bladder irrigation       <ol style="list-style-type: none"> <li>Continuous</li> <li>Intermittent</li> </ol> </li> </ol>		
<p><b>NURSING 294 – ADAM ENNMAN</b></p> <p><b>1. Communications with persons with thought disorders</b></p> <ol style="list-style-type: none"> <li>Communicating</li> <li>Delusions</li> <li>Hallucinations</li> <li>Voices exercise</li> </ol> <p><b>2. Mental Status assessments</b></p> <ol style="list-style-type: none"> <li>Values clarification</li> </ol>		

<p><b>NURSING 294 – MR. TRAN</b></p> <ol style="list-style-type: none"> <li>1. <b>Abdominal assessment</b> <ol style="list-style-type: none"> <li>1.1. Palpation</li> <li>1.2. Percussion</li> </ol> </li> <li>2. <b>Cultural assessment</b></li> </ol>		
<p><b>NURSING 294 – NORMAN TOURMAY</b></p> <ol style="list-style-type: none"> <li>1. <b>Neurological assessment</b> <ol style="list-style-type: none"> <li>1.1. Cranial nerves</li> <li>1.2. Glasgow Coma Scale</li> <li>1.3. Deep tendon reflexes</li> <li>1.4. Cerebellar function</li> <li>1.5. Motor function</li> </ol> </li> </ol>		
<p><b>NURSING 294 – JANET</b></p> <ol style="list-style-type: none"> <li>1. <b>Death and dying</b> <ol style="list-style-type: none"> <li>1.1. Self-awareness with death and dying                             <ol style="list-style-type: none"> <li>1.1.1. Death simulation (strategy)</li> </ol> </li> <li>1.2. Therapeutic communication with the dying client and family</li> <li>1.3. Symptom assessment &amp; management in clients with terminal illness</li> <li>1.4. Spiritual assessment</li> </ol> </li> </ol>		
<p><b>NURSING 294 – KATHY</b></p> <ol style="list-style-type: none"> <li>1. <b>Introduction to functional assessments</b> <ol style="list-style-type: none"> <li>1.1. Tools</li> <li>1.2. Values clarification                             <ol style="list-style-type: none"> <li>1.2.1. Disability and Handicaps</li> <li>1.2.2. Focused assessment</li> </ol> </li> </ol> </li> </ol>		

<p><b>Year 3</b> <b>THEORY LAB MAPS</b></p>	<p><b>CLINICAL LABS</b></p>	<p><b>CLINICAL SEMINARS</b></p>
<p><b>NURSING 390 – THOMAS</b></p> <ol style="list-style-type: none"> <li>1. <b>Complex wounds and dressings</b> <ol style="list-style-type: none"> <li>1.1. Wound care decision protocol</li> <li>1.2. Venous and arterial ulcers</li> </ol> </li> <li>2. <b>Age related differences in health assessment of a child</b></li> </ol>	<p><b>MAXIMUM 15 HOURS</b> <b>TOTAL FOR NURSING 391</b></p> <ol style="list-style-type: none"> <li>1. <b>IV meds</b> <ol style="list-style-type: none"> <li>a. Procedures</li> <li>b. PCA</li> <li>c. Alternate medication administration systems                             <ol style="list-style-type: none"> <li>i. Buretrols</li> </ol> </li> </ol> </li> <li>2. <b>IV starts, venipuncture for</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Fluid &amp; electrolyte imbalances</b></li> <li>2. <b>Epidural &amp; spinal analgesics</b></li> <li>3. <b>Other seminars</b> – topics determined by CBL process</li> <li>4. <b>Other seminars</b> – topics which are critical to assigned clinical setting.</li> </ol>

	<p>blood draws</p> <ol style="list-style-type: none"> <li>3. Trach care &amp; suctioning</li> <li>4. Chest physio &amp; chest tubes             <ol style="list-style-type: none"> <li>a. Percussion</li> <li>b. Vibration</li> <li>c. Postural drainage</li> </ol> </li> <li>5. Isolation procedures</li> </ol>	
<p><b>NURSING 390 – JENNIFER HARDY</b></p> <ol style="list-style-type: none"> <li>1. Ostomies</li> <li>2. Nutritional Support             <ol style="list-style-type: none"> <li>2.1. Enteral feedings</li> <li>2.2. Total Parenteral Nutrition (TPN)</li> </ol> </li> <li>3. Nasogastric tube</li> </ol>	<p><b>MAXIMUM 6 HOURS TOTAL FOR NURSING 395</b></p> <ol style="list-style-type: none"> <li>1. Communication with mentally ill clients             <ol style="list-style-type: none"> <li>a. Anxious</li> <li>b. Depressed</li> <li>c. Hyperactive</li> <li>d. Aggressive</li> <li>e. Manic</li> <li>f. Paranoid</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Community as client</li> <li>2. Mental status assessment for the clinical setting</li> <li>3. Nurse safety in mental health settings</li> <li>4. Other seminars – topics determined by CBL process</li> <li>5. Other seminars – topics which are critical to assigned clinical setting</li> </ol>
<p><b>NURSING 390 – DORIS MARY LAWRENCE</b></p> <ol style="list-style-type: none"> <li>1. Comprehensive Cardiovascular assessment             <ol style="list-style-type: none"> <li>1.1. Central – heart sounds</li> <li>1.2. Peripheral - pulses</li> <li>1.3. Jugular Venous Pressure (JVP)</li> <li>1.4. Test result interpretation                 <ol style="list-style-type: none"> <li>1.4.1. Arterial blood gases</li> <li>1.4.2. Cardiac enzymes</li> </ol> </li> </ol> </li> <li>2. Cardiac Arrest Procedures in the Hospital</li> </ol>		
<p><b>NURSING 390 – CINDY O.</b></p> <ol style="list-style-type: none"> <li>1. Mental Health, Risk Assessment, Crisis Intervention</li> <li>2. Suicide Risk Assessment and Intervention</li> </ol>		
<p><b>NURSING 390 – ISSUES &amp; ORGANIZATIONS</b></p> <ol style="list-style-type: none"> <li>1. Resume Writing and Interviewing</li> <li>2. Conflict Resolution</li> </ol>		
<p><b>NURSING 394 – THE WEBBS</b></p> <ol style="list-style-type: none"> <li>1. Management of Person with Cognitive Impairment             <ol style="list-style-type: none"> <li>1.1. Assessment</li> <li>1.2. Interventions                 <ol style="list-style-type: none"> <li>1.2.1. Reminiscence</li> </ol> </li> </ol> </li> </ol>		

<ul style="list-style-type: none"> <li>1.2.2. Reality</li> <li>1.2.3. Validation therapies</li> <li>2. Assessment of the Frail Elderly</li> </ul>		
<p><b>NURSING 394 – SCOTT &amp; CARRIE MACKENZIE</b></p> <ul style="list-style-type: none"> <li>1. Blood Administration</li> <li>2. Peripherally Inserted Central Catheter (PICC) lines</li> </ul>		
<p><b>NURSING 394 – THE SMITHS</b></p> <ul style="list-style-type: none"> <li>1. Central Venous Catheter (CVC)</li> </ul>		
<p><b>NURSING 394 – JOHNNY WORTHINGTON</b></p> <ul style="list-style-type: none"> <li>1. Community Assessment             <ul style="list-style-type: none"> <li>1.1. Comprehensive community development</li> <li>1.2. Program planning &amp; evaluation</li> </ul> </li> </ul>		
<p><b>NURSING 394 – HOME CARE</b></p> <ul style="list-style-type: none"> <li>1. Case Management             <ul style="list-style-type: none"> <li>1.1. Coordination and management</li> <li>1.2. Time Management</li> <li>1.3. Organization of case load</li> <li>1.4. Prioritization</li> </ul> </li> </ul>		

Year 4 THEORY LAB MAPS	CLINICAL LABS	CLINICAL SEMINARS
<p><b>NURSING 490 – TORNADO</b></p> <ul style="list-style-type: none"> <li>1. Disaster Planning             <ul style="list-style-type: none"> <li>1.1. Mock Disaster strategy (if possible)</li> <li>1.2. Table Top Disaster strategy</li> </ul> </li> <li>2. Triage             <ul style="list-style-type: none"> <li>2.1. Disaster</li> <li>2.2. Non-disaster</li> </ul> </li> <li>3. Integrated Approaches to Nursing Care: Focused Assessment of Clients with Multiple Problems             <ul style="list-style-type: none"> <li>3.1. Emergency</li> <li>3.2. General Surgery</li> <li>3.3. Labor &amp; Delivery</li> <li>3.4. Home Care</li> </ul> </li> </ul>	<p><b>MAXIMUM 3 HOURS TOTAL FOR NURSING 491</b></p> <ul style="list-style-type: none"> <li>1. Skills review (site specific)</li> </ul>	<ul style="list-style-type: none"> <li>1. Time management &amp; priority setting</li> <li>2. Delegation</li> <li>3. Charge Nurse responsibilities</li> <li>4. Other seminars – topics determined by CBL process</li> <li>5. Other seminars – topics which are critical to assigned clinical setting</li> </ul>
<p><b>NURSING 490 – THE INMATES</b></p> <ul style="list-style-type: none"> <li>1. Values Clarification             <ul style="list-style-type: none"> <li>1.1. Homosexuality</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>1.2. Substance abuse</li> <li>1.3. Violence</li> <li>1.4. Blood borne pathogens</li> <li>1.5. Incarcerated persons</li> </ul>		
<p><b>NURSING 490 – EPIDEMIOLOGY / INTERNATIONAL HEALTH / MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>1.1. Mass Immunization</li> <li>1.2. Communication</li> <li>1.3. Intersectoral Collaboration</li> <li>1.4. Mobilizing Resources</li> </ul>		
<p><b>NURSING 494 – TRANSITIONS</b></p> <ul style="list-style-type: none"> <li>1. Continuing Competence <ul style="list-style-type: none"> <li>1.1 Portfolio presentation</li> </ul> </li> </ul>		
<p><b>NURSING 494 – NURSING SPECIALITY PACKAGES</b></p> <ul style="list-style-type: none"> <li>1. Decision making (can use PBDS – performance based development system).</li> <li>2. Speciality area specific skills</li> </ul>		

## Graduate Competencies and Level Outcomes

*The goal of the U of A Collaborative Undergraduate Nursing Program is to:*

*Graduate confidently skilled beginning practitioners of nursing who demonstrate professional accountability and responsibility, the ability to think critically and deal with complex health issues among diverse populations in a variety of settings, and who demonstrate the skills associated with life-long learning.*

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

#### 1.1 Year 1

- 1.1.1 Demonstrates integrity.
- 1.1.2 Demonstrates responsibility and accountability
- 1.1.3 Demonstrates respect for client's values, beliefs, and rights
- 1.1.4 Demonstrates beginning application of legal and ethical standards, eg. takes action on questionable orders, decisions, or interventions of other health team members.

#### 1.2 Year 2

- 1.2.1 Demonstrates integrity.
- 1.2.2 Demonstrates responsibility and accountability
- 1.2.3 Demonstrates respect for client's values, beliefs, and rights
- 1.2.4 Demonstrates application of legal and ethical standards, eg. takes action on questionable orders, decisions, or interventions of other health team members.
- 1.2.5 Demonstrates commitment to and support of professional development of colleagues

#### 1.3 Year 3

- 1.3.1 Demonstrates integrity.
- 1.3.2 Demonstrates responsibility and accountability
- 1.3.3 Protects client's values, beliefs, and rights
- 1.3.4 Demonstrates application of legal and ethical standards, eg. takes action on questionable orders, decisions, or interventions of other health team members.
- 1.3.5 Demonstrates commitment to the profession of nursing

#### 1.4 Year 4

- 1.4.1 Demonstrates integrity.
- 1.4.2 Demonstrates responsibility and accountability
- 1.4.3 Demonstrates advocacy of client's values, beliefs, and rights

- 1.4.4 Promotes the delivery of quality nursing care using established legal and ethical standards, eg. takes action on questionable orders, decisions, or interventions of other health team members.
- 1.4.5 Demonstrates commitment to the profession of nursing

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

### 2.1 Year 1

- 2.1.1 With guidance, applies beginning critical thinking strategies in relation to health promotion and primary prevention.
- 2.1.2 With guidance, applies beginning creative thinking, reflective thinking, and insight.

### 2.2 Year 2

- 2.2.1 With guidance, applies beginning critical thinking strategies in relation to restoration and rehabilitation for developing sound clinical judgements.
- 2.2.2 With guidance, applies beginning creative thinking, reflective thinking, and insight strategies in relation to restoration and rehabilitation for developing sound clinical judgements.

### 2.3 Year 3

- 2.3.1 With increasing independence, applies critical thinking strategies in relation to acute and complex variances in health for developing sound clinical judgements.
- 2.3.2 With increasing independence, applies creative thinking, reflective thinking, and insight strategies in relation to acute and complex variances in health for developing sound clinical judgements.

### 2.4 Year 4

- 2.4.1 Independently applies critical thinking strategies in ambiguous, rapidly changing situations for developing sound clinical judgements.
- 2.4.2 Independently applies creative thinking, reflective thinking, and insight strategies in ambiguous, rapidly changing situations for developing sound clinical judgements.

3. Integrates nursing knowledge, including knowledge related to professional legislation and scope of practice, and knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.

### 3.1 Year 1

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

### 3.2 Year 2



- 3.2.1 Applies knowledge related to biological, psychological, socio-cultural, and spiritual dimensions of the human response to chronic and less acute variations in health.
  - 3.2.2 Applies knowledge related to scope of practice and professional legislation to nursing practice.
- 3.3 Year 3
- 3.3.1 Analyses nursing knowledge and knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.
  - 3.3.2 Integrates knowledge of scope of practice and professional legislation into nursing practice.
- 3.4 Year 4
- 3.4.1 Integrates nursing knowledge and knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.
  - 3.4.2 Integrates knowledge of scope of practice and professional legislation into nursing practice.

#### **4. Demonstrates evidence-based nursing**

##### 4.1 Year 1

- 4.1.1 Identifies credible research.
- 4.1.2 With guidance, examines research findings related to nursing situations.
- 4.1.3 With guidance, describes the relevance of research to practice.

##### 4.2 Year 2

- 4.2.1 At a beginning level appraises research studies.
- 4.2.2.a At a beginning level, shares findings from research with colleagues.
- 4.2.2.b Applies knowledge from research evidence in nursing situations.
- 4.2.3 Describes, at a beginning level, the significance of research to practice.

##### 4.3 Year 3

- 4.3.1.a Critiques selected components of research studies.
- 4.3.1.b At a beginning level, appraises applicability of findings for practice.
- 4.3.2 Applies knowledge from research evidence in practice.
- 4.3.3 analyses the relationship among theory, research, and practice in different nursing contexts.

##### 4.4 Year 4

- 4.4.1.a Critiques research studies.
- 4.4.1.b Appraises applicability of findings for practice.
- 4.4.2.a Identifies nursing practice problems that need investigation.
- 4.4.2.b Supports changes in practice reflective of knowledge gained from research evidence.
- 4.4.3 Supports research activities in practice.

#### **5. Integrates nursing and other relevant models/theories in the professional practice of nursing.**

##### 5.1 Year 1

- 5.1.1 Describes purpose of nursing models/theories/metaparadigms
- 5.1.2 Identifies models/theories from other disciplines and their application to nursing.
- 5.1.3 With guidance, applies selected models/theories into nursing practice.

##### 5.2 Year 2

- 5.2.1 Demonstrates beginning application of selected nursing models/theories into nursing practice.
- 5.2.2 Demonstrates beginning application of selected models/theories from other disciplines into nursing practice.

##### 5.3 Year 3

- 5.3.1 Analyses and applies selected nursing models/theories into nursing practice.

5.3.2 Analyses and applies selected models/theories from other disciplines into nursing practice.

5.4 Year 4

5.4.1 Integrates selected nursing and other relevant models/theories into nursing practice.

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

6.1 Year 1

6.1.1 Recognizes the uniqueness, worth, and dignity of self and others.

6.1.2 Demonstrates respect and sensitivity to self and others.

6.1.3 Demonstrates caring behaviors in interpersonal activities.

6.2 Year 2

6.2.1 Recognizes how caring behaviors can influence health and healing.

6.2.2 Demonstrates concern for the health and well being of others.

6.2.3 Demonstrates caring behaviors in interpersonal activities.

6.2.4 Demonstrates beginning ability to establish caring relationships with clients in nursing practice.

6.3 Year 3

6.3.1 Demonstrates commitment to the ideal of caring.

6.3.2 Demonstrates multiple caring behaviors in interpersonal activities.

6.3.3 Demonstrates ability to establish caring relationships with clients and colleagues in nursing practice.

6.4 Year 4

6.4.1 Demonstrates commitment to caring in multiple and complex health care settings.

6.4.2 Demonstrates competence in establishing caring relationships with clients and others in nursing practice.

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

7.1 Year 1

7.1.1 Encourages client participation, choice, and control.

7.1.2 Encourages colleague participation, choice, and control.

7.1.3 Develops cooperative relationships with colleagues, community members, and community agencies.

7.1.4 Demonstrates competence in interacting with clients in relation to primary health care.

7.2 Year 2

7.2.1 Promotes client collaboration, choice, and control.

- 7.2.2 Promotes colleague collaboration, choice, and control.
- 7.2.3 Demonstrates beginning competence in developing partnerships with community members, community agencies, colleagues, and members of other disciplines.
- 7.2.4 Demonstrates competence in interacting with clients with chronic and less acute variations in health.
- 7.2.5 Demonstrates beginning competence in inter professional interactions.
- 7.3 Year 3
- 7.3.1 Promotes client collaboration, choice, and control.
- 7.3.2 Promotes colleague collaboration, choice, and control.
- 7.3.3 Demonstrates competence in developing partnerships with community members, community agencies, colleagues, and members of other disciplines.
- 7.3.4 Demonstrates competence in developing partnerships with clients experiencing acute and complex variations in health.
- 7.3.5 Demonstrates competence in inter professional interactions.
- 7.4 Year 4
- 7.4.1 Promotes client collaboration, choice, and control.
- 7.4.2 Promotes colleague collaboration, choice, and control.
- 7.4.3 Demonstrates competence in developing partnerships with community members, community agencies, colleagues, and members of other disciplines.
- 7.4.4 Demonstrates competence in interacting with clients with ambiguous, rapidly changing variations in health.
- 7.4.5 Demonstrates competence in interdisciplinary and multi-disciplinary interactions.
- 8. Integrates concepts and principles of primary health care.**
- 8.1 Year 1
- 8.1.1 Demonstrates understanding of the principles of primary health care.
- 8.1.2 Applies, at a beginning level, principles of primary health care to guide health promotion.
- 8.2 Year 2
- 8.2.1 Applies concepts and principles of primary health care in selected nursing situations.
- 8.3 Year 3
- 8.3.1 Analyses concepts and principles of primary health care in more complex practice situations.
- 8.4 Year 4
- 8.4.1 Integrates concepts and principles related to primary health care in addressing local, national, international, and global issues.
- 9. Demonstrates beginning leadership, management, and administrative skills.**

9.1 Year 1

- 9.1.1 Describes leadership and management roles and competencies.
- 9.1.2 Demonstrates understanding of decision-making processes.
- 9.1.3 Demonstrates beginning ability in leading a small group.
- 9.1.4 Demonstrates beginning ability in performance appraisal of self and others.
- 9.1.5 Demonstrates beginning ability in following quality and risk management processes to enhance nursing practice.

9.2 Year 2

- 9.2.1 Demonstrates beginning ability in using effective time management strategies in co-coordinating client care.
- 9.2.2 Demonstrates beginning ability in using selected decision-making processes.
- 9.2.3 Demonstrates beginning competence in leading a small group of peers.
- 9.2.4 Demonstrates ability in performance appraisal of self and others.
- 9.2.5 Demonstrates beginning ability in following quality and risk management processes to enhance nursing practice.

9.3 Year 3

- 9.3.1 Demonstrates competence in using effective time management strategies in co-coordinating client care.
- 9.3.2 Demonstrates competence in using selected decision-making processes.
- 9.3.3 Demonstrates competence in leading a small group of peers.
- 9.3.4 Demonstrates competence in performance appraisal of self and others.
- 9.3.5 Demonstrates competence in following quality and risk management processes to enhance nursing practice.
- 9.3.6 Demonstrates understanding of delegation

**9.4** Year 4

- 9.4.1 Demonstrates beginning competence in using effective time management strategies to manage care for a group of clients.
- 9.4.2 Integrates a variety of decision-making processes into nursing practice.
- 9.4.3 Demonstrates competence in participating in an interdisciplinary group.
- 9.4.4 Demonstrates beginning competence in performance appraisal.
- 9.4.5 Demonstrates competence in following quality and risk management processes to enhance nursing practice.
- 9.4.6 Demonstrates beginning competence in delegation.

**10. Engages in strategies for social and political action at a beginning level.****10.1** Year 1

- 10.1.1 Differentiates own values/needs/rights from values/needs/rights of others.
- 10.1.2 Demonstrates understanding of formal and informal power structures within the social context.
- 10.1.3 Demonstrates understanding of theory related to change.

**10.2** Year 2

- 10.2.1 Demonstrates understanding of the concept of individual/group rights & responsibilities.
- 10.2.2 Identifies power structures in nursing situations.
- 10.2.3 At a beginning level, applies principles of change theory in nursing situations.

**10.3** Year 3

- 10.3.1 Supports rights & responsibilities of individual/group/population.
- 10.3.2 Identifies issues of power that need investigation.
- 10.3.3 Demonstrates understanding of the role of nurses in social & political action.

**10.4** Year 4

- 10.4.1 Advocates for the client.
- 10.4.2 Advocates for health within social & political contexts as appropriate.
- 10.4.3 Plans social and political action in nursing situations.

**11. Demonstrates competence in health care informatics.****11.1** Year 1

- 11.1.1 Uses selected information technology to support scholarly activities.

**11.2** Year 2

- 11.2.1 Uses a variety of information technology to support scholarly activities.
- 11.2.2 Demonstrates beginning competence in using information technology to support client care in less acute and chronic situations.

**11.3 Year 3**

11.3.1 Demonstrates competence in using information technology to support scholarly activities.

11.3.2 Demonstrates competence in using information technology to support client care in acute and complex situations.

**11.4 Year 4**

11.4.1 Demonstrates competence in using information technology to support scholarly activities.

11.4.2 Demonstrates competence in using information technology in supporting client care in ambiguous, rapidly changing situations and in a variety of settings.

**12. Demonstrates skills and attitudes necessary for life-long learning.****12.1 Year 1**

12.1.1 Demonstrates personal responsibility for learning.

12.1.2 Identifies strengths and limitations of own competence, seeking assistance when necessary.

**12.2 Year 2**

12.2.1 Demonstrates an attitude of inquiry to enhance professional nursing practice.

12.2.2 Identifies strengths and limitations of own competence, seeking assistance when necessary.

12.2.3 Demonstrates an openness and receptivity to change.

**12.3 Year 3**

12.3.1 Demonstrates initiative to enhance own learning.

12.3.2 Recognizes strengths and limitations of own competence, seeking assistance when necessary.

12.3.3 With guidance, assumes primary responsibility for attaining and maintaining competence in nursing practice.

**12.4 Year 4**

12.4.1 Seeks opportunities for professional development and continuing nursing education.

12.4.2 Recognizes limitations of own competence, seeking assistance when necessary.

12.4.3 Assumes primary responsibility for attaining and maintaining competence in nursing practice, using standards of practice to continually assess.

**13. Demonstrates the ability to deal with ambiguity and diversity.****13.1 Year 1**

13.1.1 Distinguishes elements of ambiguity and diversity in learning environments.

13.1.2 Identifies own pattern of dealing with ambiguity and diversity.

13.1.3 Recognizes role of creativity in dealing with ambiguity and diversity.

- 13.1.4 Identifies ambiguity and diversity in selected nursing situations.
- 13.2 Year 2
  - 13.2.1 Demonstrates beginning competence in dealing with ambiguity and diversity in learning environments.
  - 13.2.2 Demonstrates competence in providing support to clients in transition.
  - 13.2.3 Demonstrates understanding of ambiguity and diversity in selected nursing situations.
  - 13.2.4 Demonstrates beginning competence in developing resource networks
- 13.3 Year 3
  - 13.3.1 Demonstrates competence in dealing with ambiguity and diversity in learning environments.
  - 13.3.2 Demonstrates competence in assisting clients in decision making.
  - 13.3.3 Demonstrates beginning competence in dealing with ambiguity and diversity in nursing situations.
  - 13.3.4 Demonstrates beginning competence in evaluating resource networks.
- 13.4 Year 4
  - 13.4.1 Demonstrates flexibility in dealing with ambiguity and diversity in learning environments.
  - 13.4.2 Demonstrates beginning competence in anticipating current and future health problems, issues or needs of clients.
  - 13.4.3 Demonstrates flexibility in dealing with ambiguity and diversity in nursing situations.
  - 13.4.4 Demonstrates competence in mobilizing appropriate resources.
- 14. Demonstrates competence in application of knowledge and a variety of skills (including assessment, communication, critical thinking, documentation, psychomotor, and teaching) in the promotion, restoration, rehabilitation, and maintenance of health.**
- 14.1 Year 1
  - 14.1.1 Demonstrates competence in selected skills required for nursing care of well clients.
  - 14.1.2 With guidance, uses selected data collection approaches to complete client assessment.
  - 14.1.3 With guidance, develops a plan of care in collaboration with the client.
  - 14.1.4 With guidance, uses selected nursing interventions that support the plan of care.
  - 14.1.5 With guidance, evaluates the plan of care.
- 14.2 Year 2
  - 14.2.1 Demonstrates competence in selected skills required for nursing care of clients experiencing chronic and less acute variances in health.
  - 14.2.2 With consultation, uses selected data collection approaches to complete client assessment.



- 14.2.3 With consultation, develops a plan of care in collaboration with the client and other health team members.
- 14.2.4 With consultation, uses selected nursing interventions that support the plan of care.
- 14.2.5 With consultation, evaluates and modifies the plan of care in collaboration with the client and other health team members.
- 14.3 Year 3
  - 14.3.1 Demonstrates competence in selected skills required for nursing care of clients experiencing acute and complex variances in health.
  - 14.3.2 Demonstrates competence in using a variety of data collection approaches to complete client assessment.
  - 14.3.3 Demonstrates competence in developing a plan of care in collaboration with the client and other health team members.
  - 14.3.4 Demonstrates competence in using a variety of nursing interventions that support the plan of care.
  - 14.3.5 Demonstrates competence in evaluating and modifying the plan of care in collaboration with the client and other health team members.
- 14.4 Year 4
  - 14.4.1 Demonstrates competence in selected skills required for nursing care of clients experiencing acute and complex variances in health in ambiguous, rapidly changing situations.
  - 14.4.2 Demonstrates competence in using various data collection approaches to complete client assessment.
  - 14.4.3 Demonstrates competence in planning care based on anticipated and actual client health problems/issues.
  - 14.4.4 Demonstrates competence in selecting and implementing nursing interventions based on sound rationale, that supports the plan of care.
  - 14.4.5 Demonstrates competence in evaluating and modifying the plan of care in collaboration with the client and other health team members.

**NOTE:**

If we were to go ahead & put our competencies under the headings used by the AARN, here is how the break down would be:

Ethics: #1

Pro Responsibility: # 10, 12

Knowledge-based Practice: #2,3, 4,5,6,8,9,11,13,14

Provision of Service to Public: #7