



**UNIVERSITY OF ALBERTA  
COLLABORATIVE BACCALAUREATE  
NURSING PROGRAM**

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

**NURSING 1950  
NURSING PRACTICE II  
Winter 2006  
COURSE OUTLINE**

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Originally developed by the Clinical Experience Development Committee  
Revised by the Learning Experiences Development Committee, March 2005

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**Approved: April 2005**

## **CALENDAR STATEMENT:**

### **NURS 1950 Nursing Practice II**

\*6 (fi 12) (second term, 0-3s-24c in 7 weeks). Practice includes health status assessment of clients and appropriate health promotion and disease prevention interventions. Practice occurs in settings where clients live or in community agencies (non-acute) where services to clients are offered. Prerequisites: NURS 1900.

**COURSE HOURS:** LEC: 0 SEM: 21 LAB: 21 CLINICAL: 147

## **COURSE DESCRIPTION:**

This course will provide opportunities for students to participate in health promotion and primary (disease/injury) prevention activities with clients across the lifespan in selected community settings. Nursing practice will include selected assessment of individuals in the context of family and the assessment of their community, and opportunities to participate in activities of daily living with clients which will occur in various settings. Communication skills and establishing helping relationships will continue to be emphasized.

## **COURSE OBJECTIVES:**

In addition to maintaining competency with previous course objectives, upon completion of Nursing 1950, the nursing student will be able to:

### **1. PROFESSIONAL RESPONSIBILITY and ETHICAL PRACTICE**

- 1.1 Demonstrate application of legal and ethical standards in selected nursing situations by consistently demonstrating:
  - respect
    - for the values, beliefs, and rights of others
    - through appropriate communication
  - honesty
  - integrity
  - responsibility and accountability by:
    - preparing for clinical practice to provide safe, competent care
    - practicing according to the policies and procedures of host agencies and educational unit.
    - using informed consent
- 1.2 Demonstrate, with assistance,
  - self-awareness
  - self-appraisal
- 1.3 With minimal assistance, demonstrate attitudes and skills for learning by
  - identifying own strengths and limitations
  - identifying strategies to address own limitations
  - seeking assistance appropriately

- completing self-evaluation
  - demonstrating initiative re: change
- 1.4 Demonstrate an understanding of social and political action at a beginning level by
    - discussing client rights
    - initiating change for individual clients
  - 1.5 Utilize selected information technology in gathering information and preparing assignments.
  - 1.6 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 With assistance, apply a selected model/ theory to guide the use of metaparadigm concepts in nursing practice.
  - 2.3 With assistance, apply critical thinking strategies to examine health promotion and primary prevention activities through
    - creative thought
    - reflective thinking
    - insight
    - identifying credible resources and material relevant to clinical practice.
  - 2.4 With assistance, examine research findings and describe the relevance of research to nursing practice.
  - 2.5 With assistance, incorporate research by
    - examining research findings
    - using research to explore issues related to client care
  - 2.6 Identify issues related to ambiguity and diversity in:
    - learning situations by exploring contributing factors for clients and/or self
    - selected nursing situations
  - 2.7 With assistance, demonstrate awareness of quality assurance and risk management processes to enhance nursing practice related to:
    - Universal precautions
    - Working alone
    - Personal safety
    - Emergency procedures

- 2.8 Describe competent leadership related to:
- decision making
  - priority setting
  - performance appraisal of self and peers

**3. PROVISION OF SERVICE TO THE PUBLIC**

- 3.1 With minimal 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, and the 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, community agencies and registered nurses through:
- promoting participation, choice and control
  - recognizing the importance of using organizational hierarchy
- 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
  - demonstrating, with assistance, application of the nursing process through:
    - data collection
    - planning
    - evaluation
  - and with assistance, using effective communication skills through:
    - appropriate verbal and written skills
    - documentation of relevant findings
    - appropriate teaching skills
    - appropriate lines of communication
    - communicating / reporting relevant information accurately and in a timely manner

**REQUIRED RESOURCES**

1. Working Definitions\*
2. Integrated Lab Map\*
3. Graduate Competencies and Level Outcomes\*
4. All Nursing 1900 Required Texts
5. Grade Descriptors

\* Posted on Blackboard under Academic Documents.

## **RECOMMENDED RESOURCES:**

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

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

## **REQUIRED LEARNING EXPERIENCES**

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

1. Students will have a continuous experience in the community where clients live and in community agencies 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 the McGill model of nursing, assess a client.

**A. Teaming Up for Tobacco Free Kids**

**B. Health & Wellness Curriculum Resource Support**

**C. Family Home Visits and Assessment**

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

## **F. Labs:**

Community Assessment

Family Assessment

Tobacco Free Kids

Health & Wellness Curriculum Resource Support

## **H. Seminars:**

1. Each week you have a 3 hr seminar booked for this course, planned for 1300-1550 on Mondays, but you may not always meet face to face. **All groups** have a final seminar on April 13, 2006. Pat relies on Blackboard for the majority of her seminars; while Dorothy uses this time for face to face seminars on an as needed basis.
2. Each Friday, Pat will post a discussion message on Blackboard to the students engaged in Teaming Up for Tobacco Free Kids. In she will assign a reading/ask a question/propose a learning activity. An example would be “write one learning objective for yourself for the week which you will share with the other students”. While in the Teaming Up section, you will be responsible for posting a discussion message a minimum of twice a week in response to Pat’s posting. One posting must be your personal response; one posting may be in response to one of your colleagues. An example would be you posting your learning objective at the beginning of the week, with a plan of how you are going to accomplish it. Later in the week, you could post a message telling the rest of the group what you have done to accomplish your goal and how you think you are doing. You might also provide feedback to one of your classmates with a suggestion on how he or she could accomplish his/her goal. You may post as many discussions as you choose, but you must post 2 a week for full grades on the DCO.
3. Your postings will be evaluated for depth of discussion, critical thinking, use of references to support your discussion, and will be part of your DCO.
4. Blackboard forums will also be set up for Dorothy’s group for your own discussion, however, the contents will not be graded.

## **REQUIRED EVALUATION**

### **Assignment Descriptors**

TOBACCO AWARENESS PROGRAM

25 %

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

You will be assigned a partner and each pair will visit two schools once a week for 4 weeks. You will have three skeleton lesson plans to deliver which you can augment to

suit your class and your own style of teaching. Your final visit is a role model visit where you are expected to lead a discussion on the benefits of being a non smoker. Personal examples are expected.

Your instructor and Sara Kulba, the tobacco reduction consultant from AADAC, will visit you in your school. Your performance in this learning experience is part of your evaluation in your Direct Clinical Evaluation. Additionally you will have two assignments.

- **REFLECTION PAPER (15 % of total tobacco grade)**

Due Dates are the Monday following the teaching experience (Tues, Apr 18th for 2<sup>nd</sup> group)

- a. Reflect on your experience in the AADAC Tobacco Awareness Program from a nursing perspective. The following topics are appropriate for reflection. An in-depth discussion is expected.
  - 1. Primary Health Care: how is this program related to the principles of PHC
  - 2. What is the role of the nurse in health promotion in school populations and how did you see yourself fitting into that role.
  - 3. The strategies used and the effectiveness of the strategies used in teaching students in grade 6
  - 4. Working with multidisciplinary teams (nurses, teachers, social workers)
  - 5. ethical dilemma of being a current smoker while teaching children about making healthy choices
  - 6. Other topic as discussed with your tutor
- b. Maximum 3 pages in length excluding title page and reference list. It is expected that you will include references in your reflection.
- c. Grading Criteria

80% of the grade for this assignment will be given for content

- Depth/Critical Thinking: Ideas for reflection include; discuss why the topic chosen was important to you as an individual and what impact might it have on you in your nursing practice. What did you learn? Did you experience difficulty and if so, how did you deal with it? What was exciting in this experience and why so? How has this experience pulled core concepts from NS 1900 together for you?

20% of the grade for this assignment will be given for APA

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

- **PRESENTATION FEEDBACK (10% of tobacco grade)**  
**Due following your 3<sup>rd</sup> teaching experience from your Gr 6 teacher.**
  - a. As attached as appendix A
  - b. Have the teacher in whose classroom you have been presenting fill in the evaluation during your 3<sup>rd</sup> visit and fax it to Pat Meyer at 780-539-2751. Please ask them to include your tutor's name on the top of the fax cover sheet.

### **FAMILY VISITING/ COMMUNITY ASSESSMENT (Due Apr. 10th 1300) 25%**

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

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

- You will assess the community in which the family lives using the Anderson & McFarlane (1998) "Learning about the Community on Foot" tool found in Appendix C
- Using the McGill Model to guide your assessment, use the Calgary Family Assessment Model (CFAM) tools of a genogram and ecomap at a novice level.
- Gather a health history on one member of the family you have chosen to visit, using the example in Giddens (2005) Student Lab Guide for Health Assessment for Nursing Practice (3<sup>rd</sup> ed), pages 1-5 which accompanied your Wilson and Giddens textbook which you purchased for NS 1900. Book an appointment with your instructor to attend the family visit at which you gather the health history. The instructor will assess your communication skills and be a resource during the health history gathering.
- Your performance will be reflected in your DCO.
- This assignment is to be a maximum of 10 pages in length; excluding title page, references, and appendices.
- 90% of the assignment grade will be for content
  - Describe the community
  - Describe the family
  - Provide a genogram (3 generations)
  - Provide an ecomap
  - Provide a health history of one member of the family.
- 10% of the assignment grade will be for APA
  - Title page, untitled introduction, body of discussion, conclusion, references, appendices.
  - Spelling and grammar are correct.



- Information is well organized, clearly articulated, and sections are linked
- References are relevant, accurately cited, and referenced.
- Attached as appendix B, C, D are tools to be used in conjunction with this assignment.

## **DIRECT CLINICAL OBSERVATION**

**15%**

**Nursing practice must be evaluated.** The evaluation plan will include the following evaluation strategies :

Elements:

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

### **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 (DCO) tool, attached as Appendix E will be used. The formative evaluation at midterm may be written or oral. The final evaluation, using the DCO, will be written and completed by the student and clinical tutor.

A copy of the DCO and its grading criteria is posted on Blackboard under Academic Documents. Please request a hard copy of the grading criteria if you are unable to access it on Blackboard.

## **HEALTH AND WELLNESS CURRICULUM SUPPORT**

**15%**

### **A. Health & Wellness Curriculum Resource Support: Value: 15% of Final Grade**

This health promotions learning experience in the schools is based on assisting school children learn about healthy behaviours related to nutrition, physical activity, and body image.

Each student will prepare a lesson plan for the learning activities conducted with each class she/he visits. This plan will include the activities to be provided, rationale for each activity, what materials and prompts will be used, and the approximate time each activity will take. After the learning activities are presented and the classroom teacher's input is received, an evaluation of the plan and the activities will be done.

The lesson plan and the evaluation are not to exceed five pages and are to be handed in to the clinical tutor by the Monday morning following each visit to a school. A hand written plan is acceptable as long as it is legible, organized in a readable format, and contains the required elements.

A sample Table Format that might be used is attached as Appendix F.

## **JOURNAL 20%**

### **B. Public Health Experience Reflective Journal: Value: 20 % of Final Grade**

For each day the student spends with a public health nurse, presenting **Do Bugs Need Drugs** material to Grade 2 students in schools, and observing such health promotion programs as PARTY, please identify a critical incident (one incident which affected you in some fashion, added to your learning, etc.), describe it briefly, and analyze it in terms of the McGill Model of Nursing, the pertinent Principles of Primary Health Care, and the appropriate health determinant(s) as listed by Health Canada.

References are to be used and will include nursing research articles and relevant text books. There may be sources at the health unit which are appropriate to cite and reference. Each entry should be approximately **250 to 300 words**, typed in 12 point font, and handed in the Monday morning following the experience. APA format is to be used.

Criteria for reflective journal entries and a sample Journal for one day are attached as Appendix G.

**Journals and Learning Plans may be submitted to your tutor electronically via email or in print to H202 or in the Assignment Box.**

Values for Required Learning Experiences

Learning Experience	Instructor Responsible	Proportion of Overall Grade
Teaming Up for Tobacco Free Kids	Pat Meyer	25%
Family Visits and Community Assessment	Pat Meyer	25%
DCO	Both Instructors	15%
Health & Wellness Curriculum Support	Dorothy Eiserman	15%
Journal (Public Health Component)	Dorothy Eiserman	20%

## PROGRESSION CRITERIA

**In order to pass NURS 1950, students must demonstrate safe ethical nursing practice, professional behavior. Students are expected to implement previously learned nursing skills.**

- A. 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.**
- B. 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.
- C. 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.

### 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.

### Example of Grade Calculation

Teaming Up for Tobacco Free Kids 25%	Family Visits & Community Assessment 25%	DCO 15%	Health & Wellness Curriculum Support 20%	Journal 15%	Final Grade
$B=3 \times 0.25=$ 0.75	$B+=3.3 \times 0.25=$ 0.83	$B=3 \times 0.15$ 0.45	$B+=3.3 \times 0.2=$ 0.66	$C+=2.3 \times 0.15$ 0.34	3.023 = B

### PROFESSIONAL DRESS:

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

### LATE ASSIGNMENTS:

- All assignments and course evaluation strategies are required to be completed by the time and date specified in the course outline, or as otherwise negotiated with the instructor.
- Extensions of the time specified for submission may be granted in case of illness or extenuating circumstances. **Extensions must be negotiated with the instructor prior to the required submission time and date.**

**A penalty will be imposed for all late assignments and course evaluation strategies. One Letter Grade per class day will be deducted from the total value of the assignment for each class day the assignment is late.** For example, a scholarly paper, valued at B+ and handed in one class day late, will be valued at a B.

\*\*\*\*\*Please complete on 3<sup>rd</sup> teaching session\*\*\*\*\*

Please fax to 780-539-2751 Attn: Pat Meyer

Appendix A

GRANDE PRAIRIE REGIONAL COLLEGE  
NURSING 1910/1950

STUDENT FEEDBACK ON TOBACCO AWARENESS PRESENTATION

STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_

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

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

Excellent	Very Good	Good	Marginal	Fail
A	B	C	D	F

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

Excellent	Very Good	Good	Marginal	Fail
A	B	C	D	F

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

Excellent	Very Good	Good	Marginal	Fail
A	B	C	D	F

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

Excellent	Very Good	Good	Marginal	Fail
A	B	C	D	F

\_\_\_\_\_  
Teacher's Signature

Overall Letter Grade

**Please note that these are guidelines only and you will conduct this assignment in the manner best suited for you and the family you will be assessing.**

**Book an appointment ASAP with your family for your instructor's visit to coincide with the health history.**

**Suggested Readings:**

Wright, L. M. & Leahey, M. (2002). *Nurses and Families: A Guide to Family Assessment and Intervention, 2<sup>nd</sup> edition*. Philadelphia, PA: F. A. Davis. **Chapters 5-8.**

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

***Guideline for Home Visiting***

**Telephone Contact:**

- introduce yourself
- explain the purpose of your visits (assignment)
- describe how long each visit will be (1 hr)
- invite all family members to be present at visit and explain why it might be nice to have all family members present,
- schedule appointment (should be within a couple of days from the time you made the phone call)
- determine who will be there

***Please note that though the guideline has been broken down into 1<sup>st</sup>, 2<sup>nd</sup>, etc. home visits, the sequencing of activities will be dependant on your own and your family's schedule.***

**1<sup>st</sup> Visit (Community Assessment)**

- Assess the community in which the family lives according to the attached survey table (Appendix C)

**2<sup>nd</sup> Home Visit (Engagement and assessment):**

- introduce yourself
- re-explain the purpose of your visit
- Establish the length of the visit (probably shouldn't be more than one (1) hour).
- You may want to describe the expectations you have of the experience and of the family. For example, that they will be available to visit with you a minimum of five times over the course of the next 7 weeks.
- You want to start to know the family/client and so begin to ask questions. You may want to start by asking the family to tell you something about themselves (ex. Who is part of their family, what kind of contact they have with family members, where do they work, etc...)

- To help the family become more participatory, you will want to have the family construct a **genogram and ecomap** (see Wright & Leahey if you are unsure of what this is and how to construct one). This is the beginning of the structural assessment.
- provide structure for the family by asking questions of each family member so that they feel included in the visit
- At the end of the visit, summarize what happened during the visit with the family. Set up the next appointment. Indicate that you will call them the day before to confirm the set meeting date.

### ***3rd visit (assessment):***

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

### ***4th visit (assessment)***

- continue with developmental or functional assessment

### ***5th visit***

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

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

- Review and verify what you have learned during your assessment.
- Ask the family their perceptions of the effectiveness of the visits.
- Thank the family for their time and indicate that they have helped you develop greater knowledge and skill in developing therapeutic relationships.
- Reflect on the experience in your seminar postings. Look at what worked well and what you would do differently next time. Explore what you have learned about establishing therapeutic relationships with clients.

Nursing 1910  
Nursing Practice I  
Fall 2004

***Home Visiting Consent Form***

I acknowledge that the nature of this assignment has been described to me and that any questions I have asked were answered to my satisfaction.

I have been provided with information on the assignment. I understand that I/we are being asked to participate in five (5) to a maximum of six (6) visits.

I have been assured that all information is confidential and will be shared only with the appropriate nursing instructor. I understand that I may choose to limit the information shared and can decline answering of any questions without any determinant to myself or other members of my family.

I understand that any health care received from other health care professionals will not be affected by my or my family's participation in this experience.

I understand that I may ask and keep a copy of the information sheet(s) and this consent form.

If I have any questions about this assignment or concern with student nurse behaviours, I can contact the following nursing instructor:

Pat Meyer, RN, BSN @ 539-2784

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

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

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

*Thank you for assisting nursing education!*



## Part I

Community Core	Observations/Data
<b>History</b> —What can you glean by looking (e.g., old, established neighborhoods; new subdivision)? Ask people willing to talk: How long have you lived here? Has the area changed? As you talk, ask if There is an “old-timer” who knows the history of the area.	
<b>Demographics</b> —What sorts of people do you see? Young? Old? Homeless? Alone? Families? Is the population homogeneous?	
<b>Ethnicity</b> —Do you note indicators of different ethnic groups (e.g., restaurants, festivals)? What signs do you see of different cultural groups?	
<b>Values and beliefs</b> —Are there churches, mosques, temples? Does it appear homogeneous? Are the lawns cared for? With flowers? Gardens? Signs of art? Culture? Heritage? Historical markers?	
Subsystems	Observations/Data
<b>Physical environment</b> —How does the community look? What do you note about air quality, flora, housing, zoning, space, green areas, animals, people, human-made structures, natural beauty, water, climate? Can you find or develop a map of the area? What is the size (e.g., square miles, blocks)?	
<b>Health and social services</b> —Evidence of acute or chronic conditions? Shelters? Alternative therapists/healers? Are there clinics, hospitals,	

practitioners' offices, public health services, home health agencies, emergency centers, nursing homes, social service facilities, mental health services? Are there resources outside the community but readily accessible?	
<b>Economy</b> —Is it a “thriving” community or does it feel “seedy?” Are there industries, stores, places for employment? Where do people shop? What is the unemployment rate?	
<b>Transportation and safety</b> —How do people get around? What type of private and public transportation is available? Do you see buses, bicycles, taxis? Are there sidewalks, bike trails? Is getting around in the community possible for people with disabilities? What types of protective services are there (e.g., fire, police, sanitation)? Is air quality monitored? What types of crimes are committed? Do people feel safe?	
<b>Politics and government</b> —Are there signs of political activity (e.g., posters, meetings)? What party affiliation predominates? What is the governmental jurisdiction of the community (e.g., elected mayor, city council with single member districts)? Are people involved in decision making in their local governmental unit?	
<b>Communication</b> —Are there “common areas” where people gather? What newspapers do you see in the stands? Do people have TVs and radios? What do they watch/listen to? What are	

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

Note: Supplement your impressions with information from the census, police records, school statistics, chamber of commerce data, health department reports, and so forth, to confirm or refute your conclusions. Tables, graphs, and maps are helpful and will aid in your analysis.

\*Revised “Windshield Survey.” Anderson, E. T. & McFarlane, J. M. (1988). Community as client: Application of the nursing process (pp.178–179). Philadelphia, PA: Lippincott.

## **Part II:**

### ***Family Assessment:***

#### ***Structural Assessment***

1. Construct a genogram and ecomap of the family you assessed and attach to assignment. This may be hand drawn if done so legibly.
2. Describe and analyze the family you assessed in terms of the following:
  - culture, ethnicity, religion and spirituality
  - socio-economic environment
  - work, recreation,
  - health determinants
  - extended family
  - boundaries

#### ***Developmental Assessment***

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

**Part I and II, Letter grade achieved (worth 25% of final letter grade for NS 1950)**

## APPENDIX F

### LEARNING PLAN FOR HEALTH & WELLNESS CURRICULUM SUPPORT

CONCEPT TO BE COVERED	LEARNING ACTIVITIES	RATIONAL	MATERIALS & PROMPTS	TIME	EVALUATION

Reference List:

*All reference materials used to assist you plan the learning activities, implement them, and evaluate them need to be listed here, in APA format.*

## APPENDIX G

### SAMPLE REFLECTIVE JOURNAL ENTRY

Today I observed the PARTY program. For me the critical incident was the guest speaker. He discussed the high risk activity which led to his spinal cord injury. This injury has resulted in him being paralyzed from the neck down. He is a quadriplegic. He was 16 years old when he received his injury as the result of a MVA. He was driving his pick-up truck when he was drunk. He discussed his life before the injury and his life now. What a difference. The thing which impressed me most about him was his positive attitude towards life and how he effectively copes with his injury.

The McGill model of nursing views “health” as a learned behaviour, often coexisting with disease. This guy has serious, permanent damage from his life threatening injury, however, he has learned to view himself as healthy and productive. He talked about the involvement and support of his family and how that has been vital in his ability to be healthy, while living with a serious disability. The family is the client in the McGill model and this situation shows how important it is to view the family as the patient/client. It must have been very difficult for this man’s family to deal with his accident and to continue to provide support for him. All members of the family would have needed the nurses’ help during his illness.

In this man’s case pertinent health determinants would be social support (he had very positive support from his family), normal growth and development (he was involved in high risk activities—he was an invincible teenager), and availability of health care services (he received the services needed to save his life).

The PARTY program itself is an excellent example of intersectoral collaboration. It is an interprofessional program involving, the public health unit staff, the police, the EMS and hospital, and other professionals at various times. This program also utilizes appropriate technology in the use of instructional aids which mimic a variety of disabilities.

I found a Journal article about the PARTY program and it explained and supported the principles upon which the program is based.

Jones, S.P. (2003). The PARTY program for junior high school students. *Journal of XXXXXX*, 3(3), 314-320.

### Journal Writing Criteria

Characteristic	Excellent (A)	Very Good (B)	Good (C)	Marginal (D)	Unsatisfactory/Fail (F)
<b>Dialogue</b>	Responds to instructor feedback or questions in depth, and poses questions or provides feedback to the instructor	Responds to instructor feedback or questions in depth	Responds briefly to instructor feedback or questions	Responds in yes/no format to feedback or questions posed by instructor	Does not respond to instructor feedback or questions in journal
<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	Is not able to recognize or reflect on critical events in 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	Does not take responsibility for own actions. No references to personal values or beliefs in journal
<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	Does not include articles or apply theoretical knowledge to practice

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