UNIVERSITY OF ALBERTA COLLABORATIVE BACCALAUREATE NURSING PROGRAM

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

NURSING 2900 – Group A and B
Group A: September 4-October 22, 2008
Group B: October 23-December 12, 2008.

2008 – 2009 COURSE OUTLINE

Group A Tutors:

Dot Dooley BN, RN, MN [Course Leader]
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Group B Tutors:

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Originally developed by the Clinical Experience Development Committee

Revised by the Learning Experiences Development Committee, April 2007

Nursing 2900
Course Outline

CALENDAR STATEMENT:

NURS 290 Nursing in Context B *5 (fi 10) (first term, 1.5-6s-3 in 6 weeks).
Within the context of primary health care, the focus shifts to restoration, rehabilitation and support of clients experiencing chronic and less acute variances in health. Discussion related to health promotion and disease prevention continues. Intermediate health assessment and nursing skills are introduced. Prerequisites: NURS 140, 150, 190, 191, 194, 195, and MMI 133.

COURSE HOURS: LEC: 9   SEM: 36   LAB: 18

COURSE DESCRIPTION:

Through the process of Context-Based Learning, the goal of this course is to continue development of concepts of health, health promotion, professional nursing, and human responses across the life span. The focus shifts to acute care of individuals within families and support of clients in the community experiencing chronic and less acute variances in health.

TUTORIAL CLASS

Group A

Section	Instructor	Room	Dates	Times
A2	Dot Dooley	H223	Mon/Wed	0830-1120
B2	Bonnie Hessler	J131	Mon/Wed	0830-1120

Group B

Section	Instructor	Room	Dates	Times
C2	Louise Rawluk	H223	Mon/Wed	0830-1120
D2	Melanie Hamilton	B304	Mon/Wed	0830-1120

NURSING FIXED RESOURCE

Group A

Section/Instructor	Room	Dates	Times
S1/Varies	B303	Friday	0830-0950

Group B

Section/Instructor	Room	Dates	Times
S2/Varies	B303	Friday	0830-0950

LABS

Group A

Instructors: Bonnie Hessler and Asha Parmar

Section	Instructor	Room	Dates	Times
AL1	Varies	H225	Tuesday	1130-1420
BL1	Varies	H225	Thursday	1130-1420

Group B

Instructors: Bonnie Braun

Section	Instructor	Room	Dates	Times
CL1	Varies	H225	Tuesday	1130-1420
DL1	Varies	H225	Thursday	1130-1420

COURSE OBJECTIVES:

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

With assistance: The student requires direction and information.

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

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

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

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

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

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

Clarification: Tutor, through questioning and feedback, assists the student to state their information in a different and clearer way, often with more details. The student asks questions to increase their understanding; questions asked demonstrate a sound knowledge base.

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

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

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

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

Based on the learning goals from the Learning Packages, the current Core Concept Map, and site-specific labs, upon completion of NURS 290, the nursing student will be able to:

PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE
1. **Practice within the legal and ethical standards established by the College and Association of Registered Nurses of Alberta and the Canadian Nurses Association, and according to legislated scope of practice, and provincial and federal legislation.**
   Independently:
   - demonstrate integrity
   - demonstrate responsibility and accountability
   With guidance:
   - demonstrate respect for values, beliefs and rights of others
   With minimal assistance:
   - demonstrate application of legal and ethical standards:
     - plagiarism

- ○ confidentiality
- ○ Code of Student Behaviour
- ▪ demonstrate commitment to the values of the profession of nursing and support of professional development of colleagues.

2. **Engage in strategies for social and political action at a beginning level.**
   With minimal assistance:
   - ▪ differentiate own values/needs/rights/obligations from values/needs/rights/obligations of others
   - ▪ discuss formal and informal power structures in the context of social/political action in nursing situations
   - ▪ identify nursing issues requiring social and political action
   - ▪ discuss the role of the individual nurse in social and political action
   - ▪ discuss the role of professional nursing organizations in social and political action
   - ▪ describe the planning process for engaging in social and political action.

3. **Demonstrate skills and attitudes necessary for life-long learning.**
   Independently:
   - ▪ demonstrate personal responsibility for learning.

KNOWLEDGE-BASED PRACTICE

4. **Apply a critical thinking approach to nursing.**
   With minimal assistance:
   - ▪ apply critical thinking strategies in developing sound clinical judgment in relation to restoration, rehabilitation and support
   - ▪ apply creative thinking, reflective thinking and insight in developing sound clinical judgment in relation to restoration, rehabilitation and support.

5. **Apply nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.**
   With minimal assistance:
   - ▪ explore selected areas of knowledge related to biological, psychological, socio-cultural and spiritual dimensions of the human response to less acute variations in health
   - ▪ explore selected areas of nursing knowledge related to scope of practice and professional legislation.

6. **Demonstrate evidence-based practice.**
   With minimal assistance:
   - ▪ utilize credible resources (research studies, experts, and others)
   - ▪ examine research findings related to nursing situations
   - ▪ describe the significance of research to practice (research studies, experts, and others)
   - ▪ identify nursing problems that require investigation.

7. **Apply nursing and other relevant models/theories in the professional practice of nursing.**
   With minimal assistance:
   - discuss the use of nursing models/theories/metaparadigms
   - identify models/theories from other disciplines and their application into nursing
   - explore the application of selected nursing models/theories into nursing practice.

8. **Demonstrate competence in healthcare informatics.**
   With minimal assistance:
   - use a variety of selected information technology and other technology to support all scholarly activities and clinical practice.

PROVISION OF SERVICE TO PUBLIC

9. **Apply concepts and principles of primary health care.**
   With minimal assistance:
   - discuss principles of primary health care with healthy individuals across the life span
   - discuss knowledge of health determinants in client situations
   - discuss selected health promotion activities with individuals

   With assistance:
   - discuss selected strategies with aggregates.

10. **Demonstrate caring relationships in professional situations.**
    With minimal assistance:
    - discuss how caring behaviours can influence health and healing
    - demonstrate caring behaviours in interpersonal activities with clients, peers and others in the health care setting
    - discuss caring relationships with clients.

11. **Collaborate with clients, community agencies, community members, and members of other disciplines in a variety of settings.**
    With minimal assistance:
    - develop cooperative relationships with others to ensure learning goals are met.

12. **Demonstrate beginning leadership, management and administrative skills.**
    With minimal assistance:
    - use effective time management strategies in coordinating client care
    - describe leadership roles
    - use decision-making processes
    - effectively lead a small group
    - effectively perform an accurate appraisal of self and others.

13. **Demonstrate the ability to deal with ambiguity and diversity.**
    With minimal assistance:
      ▪ identify effects of ambiguity and diversity in all learning environments
      ▪ identify ambiguity and diversity in selected nursing situations
      ▪ identify own pattern of dealing with the effects of ambiguity and diversity
      ▪ select appropriate strategies for dealing with the effects of ambiguity and diversity in selected situations.

14. **Demonstrate competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, client education, in the promotion, restoration, rehabilitation and maintenance of health.**
    With minimal assistance:
      ▪ identify steps of nursing process
      ▪ use appropriate verbal communication skills
      ▪ use appropriate written communication skills
      ▪ discuss effective client education
      ▪ discuss prioritization of nursing activities
      ▪ perform selected assessment skills in a competent manner
    Independently:
      ▪ perform selected psychomotor skills in a competent manner – lab setting.

CONTEXT-BASED LEARNING
15. **Demonstrate competence with context-based learning.**
    With guidance:
      ▪ describe the components of context-based learning:
        ○ self-directed learning
        ○ group process
        ○ CBL process
      ▪ use the nursing process to plan nursing care for selected clients:
        ○ selected assessment skills
        ○ problem identification
        ○ outcomes
        ○ interventions
        ○ evaluation
      ▪ effectively use group process to facilitate learning of the group:
        ○ respect for the values and beliefs of others
        ○ responsibility and accountability for the learning of the group
        ○ group roles
        ○ caring behaviours
        ○ self-directed learning
        ○ influencing factors
      ▪ effectively use critical thinking in the group:
        ○ brainstorming
        ○ exploring (creativity, depth, breadth and relevancy)

- o sources of information
  - use communication skills to enhance the context-based learning processes:
    - o sharing personal information
    - o articulation
    - o clarity
    - o conciseness
    - o relevancy
    - o seeking and providing opinions, information and direction
    - o receiving and giving feedback
  - use writing skills to enhance the context-based learning processes:
    - o legibility
    - o appropriateness
    - o clarity
    - o conciseness
    - o relevancy.

REQUIRED RESOURCES

1. Core Concept Map: Nursing 2900 [Posted on Blackboard]
2. Working Definitions [Posted on Blackboard]
3. Learning Packages: Byron, Becky and Baby Ben, Parts A & B; Denny & Kokum; Ruth Read; George [Posted on Blackboard]
4. Graduate Competencies and Year-end Outcomes [Posted on Blackboard]
5. Grade Descriptors
6. Map of Theoretical Labs, Clinical Labs, and Clinical Seminars [Posted on Blackboard]
7. Tutorial Assessment Guide (TAG)
8. Other site-specific resources

RECOMMENDED RESOURCES (site specific)

REQUIRED TEXTBOOKS

Ackley, B. J., & Ladwig, G. B. (2008). *Nursing diagnosis handbook: An evidence-based guide to planning care* (8th ed.). St. Louis: Mosby.

American Psychological Association (2001). *Publication manual of the American Psychological Association* (5th ed). Washington, DC: Author.

Lewis, S.M., Heitkemper, M.M., & Dirksen, S.R. (2006*). Medical-surgical nursing in Canada: Assessment and management of clinical problems* (1st ed.). St. Louis: Mosby.

McCance, K. L. & Huether, S. E. (2006). *Pathophysiology: The biologic basis for disease in adults and children* (5th ed.). St. Louis: Mosby.

Osis, M. (2003). *Dosage calculations in SI units.* (4th ed.). St. Louis: Mosby.

Pilliteri, A. (2007). *Maternal & child health nursing: Care of the childbearing and childrearing family (*5th ed.). Philadelphia, PA: Lippincott Williams Wilkins.

Potter, P. A. & Perry, A. G. (2006). *Canadian fundamentals of nursing* (3rd ed.). St. Louis: Mosby.

Wilson, S. F. & Giddens, J. F. (2005*). Health assessment for nursing practice.* (3rd ed.). St. Louis: Mosby.

Austin, W & Boyd M. (2008). *Psychiatric nursing for Canadian practice.* Philadelphia: Lippincott Williams & Wilkins.

REQUIRED LEARNING EXPERIENCES
1. CBL Tutorial
2. Lab Activities

REQUIRED EVALUATION
1. Evaluation of student behaviour in CBL tutorial will be based on the Tutorial Assessment Guide (TAG).
2. An evaluation plan congruent with Year 2 outcomes (from 'Graduate Competencies and Year-end Outcomes' document) is required.

RECOMMENDED EVALUATION
- See *Evaluation Strategies Handbook*.

Important Policies!!!

Withdrawal Date:

As our semesters run on two 7 week courses, the withdrawal deadline for NS 2900 with permission, is **Tuesday, October 7th, 2008 (Group A) and Thursday November 27th (Group B)** as per the GPRC 2008/2009 Calendar. Students who drop a course after this date will receive a WF [Fail, withdrawal after the deadline] on their transcript.

Nursing Program Policies:

Please refer to the Grande Prairie Regional College calendar and the University Of Alberta Collaborative Baccalaureate Nursing Program with Grande Prairie Regional College Student Handbook for specific nursing program policies.

Assignment Policy:

All assignments are expected to be passed in at the time and place they are due. Extensions on assignments may be granted and must be negotiated with the instructor prior to the due date and with a date specified for late submissions.

Assignments will only be accepted through the blackboard digital drop box, e-mail, and through the nursing office-timed and dated by Nursing Office personnel. Assignments placed in or under an instructor's office door WILL NOT be accepted.

A penalty of one letter grade per day will be deducted from the final mark of a late assignment. For example, a paper graded at a C would receive an adjusted grade of C- if handed in one day late. Late assignments are due by 1600 hours.

Plagiarism and Cheating:

Please refer to your rights and responsibilities in the Grande Prairie Regional College 2008/2009 Calendar on pages 47-51.

We expect honesty from our students.   This demands that the contribution of others be acknowledged (GPRC Calendar, 2008/2009). Penalties will be given according to the degree of the plagiarism or cheating.   **If you are unsure whether an 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 49-50 of your GPRC Calendar.

Grading System:

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.

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

*Very Good is an alternate descriptor for First Class Standing.

These are considered passing grades in Nursing courses.

D+	1.3	Poor
D	1.0	Minimal Pass
F	0.0	Failure

These are NOT considered passing grades in Nursing courses.

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.

Grades for each assignment are translated into the 4-point equivalent, and then multiplied by the percentage of total mark for each assignment. The values of those percentages are added up to make a total. That total was converted back into the grade scale to receive your final grade. If you have any questions or concerns, please see your tutorial tutor.

**Note: Refer to the 2008-09 College calendar p. 41-43 for further details regarding the grading policy and p. 119 regarding Progression Criteria in the Bachelor of Science in Nursing program.

Grade Distribution

NS 2900

Name:_____   Tutor:_____

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

*Very Good is an alternate descriptor for First Class Standing.

These are considered passing grades in Nursing courses

D+	1.3	Poor
D	1.0	Minimal Pass
F	0.0	Failure

These are NOT considered passing grades in Nursing courses.

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.

Evaluation	Grade	4-point Equivalent	Percentage of Total Mark	Value
Critical Thinking Exercise			30%	
Mid Term Exam			25%	
Final Exam			30%	
Tutorial Evaluation			15%	
OSCE [Pass/Fail]				
Med/Math Calc [Pass/Fail]				
				Total:

Total 4-Point Equivalent Values: _____ Translated to Final Grade: _____

Grades for each assignment were translated into the 4-point equivalent, were then multiplied by the percentage of total mark for each assignment. The values of the percentages are added up to make a total. That total was converted back into the grade scale to receive your final grade. If you have any questions or concerns, please see your tutor. Your final exams can be viewed by setting up an appointment with your tutor.

COURSE EVALUATION

In order to pass Nursing 2900 students must receive an overall minimum grade of C-. Failure to complete and submit an assignment will result in receiving a mark of zero for that assignment.

ITEM	*VALUE*
1. Critical Thinking Exercise	*30%*
2. Mid-Term Exam	*25%*
3. Final Exam	*30%*
4. Tutorial Evaluation of Behaviors in CBL	*15%*
5. OSCE	*Pass or Fail*
6. Med Math Calc	*Pass or Fail*

1. Critical Thinking Exercise (30%)

The focus of the learning issue is any topic deemed a **priority** for nursing practice; that is, interacting with clients with chronic, less acute and short term variations in health. Students will engage in individual brainstorming and will be asked to identify a critical question to research. It should be noted that scenarios for the critical thinking exercise may contain new disease processes/pathology. The critical thinking exercise worksheet with instructions will be given at the time of writing.

Students will treat this exercise like an exam. There will be no assistance from the tutors for this.

Critical thinking exercise marking criteria and grading guide are in the course outline.

Critical Thinking Exercise:

<div style="text-align:center">

Group A: Part 1: <u>October 3rd during FRS.</u>

Part 2:<u> Due October 6th at 0830hrs.</u>

Group B: Part 1: <u>November 28th during FRS.</u>

Part 2:<u> Due December 1st at 0830hrs.</u>

</div>

2. MID-TERM and FINAL EXAM

Value: Mid-Term Exam: 25%
        Final Exam: 30%
The mid-term and final exam will be comprised of multiple choice and short answer questions. Questions will arise from your core concept map including, pharmacology, medical terminology, pathophysiology, labs, general nursing and information presented during Nursing Fixed Resources. Please refer to your core concept map in your learning package.

Group A:

The Mid-Term Exam is scheduled for Friday September 19th at 0830-0950hrs in Room B303.
The final exam is scheduled for Monday, Oct. 20th at 0830-1120hrs in Room F207.

Group B:

The Mid-Term Exam is scheduled for Friday November 21st at 0830-0950hrs in

Room: B303.
The final exam date, time, and place will be scheduled in the College Wide Exam Period (December 10 – 19th). TBA.

Please refer to the <u>Examination Policies</u> located in your Student Handbook.

The Mid-term and Final Exams will be given a percentage out of 100. Your grade will be based on your percentage according to the following grid:

Grade	Designation
A+	Excellent
A	
A-	First Class Standing∗
B+	
B	Good
B-	
C+	Satisfactory
C	
C-	
D+	Poor
D	Minimal Pass
F	Failure

*Very Good is an alternate descriptor for First Class Standing.

3. Tutorial Evaluation (15%)

Students will be required to submit daily self evaluations as well as complete daily peer-evaluations. A formative self-evaluation at midpoint in the course and a summative self-evaluation at the end of the course will be completed and submitted to the tutor.

For each student the tutor will consider input from the individual and peers to arrive at the final grade. By the end of the course the student must consistently demonstrate appropriate behaviors in order to pass.

Attendance at CBL tutorials is expected; absence will jeopardize successful completion of the course.

Evaluation of student in tutorial will be based on the course objectives and on:

- Content
- Critical Thinking
- Group process
- Communication
- Nursing Practice
- Writing across the curriculum

Final Tutorial Evaluations:

Group A: October 22nd.   **Group B: December 12th.**

4. OSCE (pass/fail)

OSCE practice and OSCEs are scheduled during regular lab time.

Group A:

      OSCE Practice   *October 7*   *1130-1420-all*

      OSCE Testing   *October 9*   *1130-1420-all*

      OSCE Retests   *October 14*   *1130-1420*

      OSCE Retests   *October 16*   *1130-1420*

Group B:

      OSCE practice   *December 2*   *1130-1420-all*

      OSCE Testing   *December 4*   *1130-1420-all*

OSCE Retests   December 9   1130-1420

OSCE Retests   December 11 1130-1420

OSCEs to be tested will be **catheterization.** Please see Lab Manual for further information regarding grading.

***In order to receive a passing grade of C- in the course,
the OSCE must be passed***

(Criterion for a passing grade for each OSCE is individualized. Please see the Lab Manual for Grading Criterion)

5. *Math Calculation Exam:*

There will be a total of 1 math calculation tests for NS 2900 and it will cover the concepts in **Modules 6, 7 and 8 of the Osis Medication Calculation Book.**

Students are required to obtain 90% to pass the calculation component of the OSCE. You must pass the math calculation portion to pass the OSCE; you will be given 2 re-writes.

The math calculation exams will be on:
October 17th at 0830-0950hrs in Room B303 (Group A)
December 5th at 0830-0950hrs in Room B303 (Group B)

*** Please ensure that you review the required modules from NS 1900 and NS 1940***

NS 2900
Critical Thinking Exercise

In this exercise, you will be given a nursing situation and be asked to provide a nursing care plan for the health care problem.

Group A: Part 1 will be handed in on October 3rd at the end of the NFR session (0950). Part 2 of the assignment must be handed in no later than 0830 during the tutorial on Monday, October 6th.

Group B: Part 1 will be handed in on November 28th at the end of the NFR session (0950). Part 2 of the assignment must be handed in no later than 0830 during the tutorial on Monday, December 1st.

1. Brainstorm what information you would need to know related to this situation. What assessments would be necessary to gather the data? Explain why these are necessary. Organize your data into themes.
2. What would be the concerns (more than one) for this client?
3. What would the priority concern be? Provide rationale for choosing this one concern as the priority.
4. Develop this concern into a NANDA diagnosis.
5. What are the goals or expected outcomes for the client related to the priority nursing diagnosis?
6. What nursing interventions are required to address the problem identified as the priority? Provide evidence (rationale) to support these interventions.
7. How would you evaluate the goals or expected outcomes?
8. Identify the most important conclusion (key concepts) you have made from your information that you would like to make sure your classmates understand. This should be 4 or 5 sentences at the most.

Format:
1. Please attach the scenario to your answers when you hand in this assignment.
2. Be sure to put your name on the scenario and your typewritten answers. Must be typed.
3. Provide references or sources for your information as appropriate. Citations should be in APA format.
4. Hand in the completed assignment to your tutor for NS 2900.

Nursing 2900
Critical Thinking Grading Criteria

GRADE	Excellent (A)	Very Good (B)	Good (C)	Marginal (D)	Fail (F)
BRAINSTORMING	List of brainstorming questions demonstrate comprehensiveness and relevance to the scenario.	List of brainstorming questions generally demonstrate comprehensiveness and relevance to the scenario however some gaps in content areas noted.	List of brainstorming questions are incomplete, and only somewhat relevant to the scenario.	List of brainstorming questions are incomplete and are mostly irrelevant.	List of brainstorming questions are incomplete, irrelevant and/or ambiguous.
ASSESSMENT	Key assessment areas identified and organized into themes and rationale are complete, clearly stated, and concise. Comprehensive assessment data relevant to scenario.	Key assessment areas identified, are generally organized into themes but rationale not clearly stated, concise, or comprehensive.	Key assessment areas are incomplete. Rationale, relevance and relationship to scenario not clearly evident. Only some of the data are listed into themes.	Assessment is superficial and incomplete in rationale and relationship to scenario and the data is incorrectly organized into themes.	Identified assessments are inadequate, irrelevant and/or ambiguous with no rationale provided, and themes are not identified.
NURSING CONCERNS	Nursing concerns are comprehensive, pertinent, realistic, and clearly identified.	Nursing concerns identified are realistic and clearly stated; but some gaps exist.	Nursing concerns identified but are not concise, not complete, not explicit, and relevance to the scenario is not clearly evident.	Identification of probable nursing concerns is unclear, ambiguous, or irrelevant.	Nursing concerns identified are not nursing concerns.
PRIORITY CONCERN AND RATIONALE	Priority nursing concern identified, with rationale, is the most relevant to the scenario, and demonstrates excellent depth, clarity, and insight.	Priority nursing concern, with rationale, is relevant to the scenario, and demonstrates very good depth, clarity, and insight.	Priority nursing concern is identified but lacks some relevance to the scenario. Rationale lacks depth, clarity, and insight.	A priority nursing concern is identified, however, its relevance to the scenario is weakly linked, and the rationale does not support relevance to scenario.	Unable to clearly identify the priority nursing concern or provide rationale.

NANDA DIAGNOSIS	Priority concern is developed into a comprehensive NANDA diagnosis, is client specific, correctly written and "as evidenced by" and "related to" statements are included. Demonstrates comprehensive insight, clarity, depth, and understanding of nursing practice.	Priority concern is developed into a NANDA diagnosis, is mostly client specific, correctly written and "as evidenced by" and "related to" statements are included.	Priority concern is developed into a NANDA diagnosis, is somewhat client specific, is incorrectly written and one of the following statements: "as evidenced by" and "related to" is missing.	Priority concern is developed into an irrelevant NANDA diagnosis, is not client specific, is incorrectly written and both the "as evidenced by" and "related to" statements are missing.	Priority concern is not developed into a NANDA diagnosis.
GOALS/EXPECTED OUTCOMES	Expected outcomes and goal for the priority nursing concern are comprehensive, specific, achievable, and measurable, and relevant or related to the priority nursing concern.	Expected outcomes and goal for the priority nursing concern are generally comprehensive. Most expected outcomes and goal are specific, achievable, measurable, and relevant or related to the priority nursing concern.	Expected outcomes and goal for the priority nursing concern are incomplete. Some expected outcomes and goal are relevant or related to the priority nursing concern, but are not specific, achievable, or measurable.	A few expected outcomes and goal are identified, however, they may not be relevant or related to the priority nursing concern. Some outcomes are not specific, achievable, or measurable.	Outcomes and goals are not relevant or are unrelated to priority nursing concern, and are not specific, achievable, or measurable.
NURSING INTERVENTIONS AND RATIONALE	Nursing interventions are clearly stated, specific, relevant, comprehensive, and supported by relevant and credible evidence/rationale.	Nursing interventions are clearly stated, specific, and relevant, however they are less comprehensive.	Most obvious nursing interventions are stated, but are not specific. Evidence to support the interventions lacks	Some nursing interventions stated however, some relevant nursing interventions are missing and the evidence provided	Nursing interventions identified are irrelevant. No evidence or sources cited to support the

		Evidence/rationale to support interventions bears some relevance to scenario.	relevance, is unsupported opinion or personal experience, often has lapses in logic, or is not applicable.	to support nursing interventions lacks credibility, eg: sources are questionable or depth of research is lacking, or offers little evidence.	interventions identified.
EVALUATION		Clearly describes how progress toward the outcomes would be evaluated.	Identifies how outcomes will be evaluated, but lacks some clarity or depth.	Evaluation criteria are underdeveloped or lack specificity.	Evaluation criteria are irrelevant, incomplete, superficial, or underdeveloped.	No evaluation criteria stated.
CONCLUSION		A comprehensive conclusion that sums up key concepts is provided in a clear and concise form.	Very good conclusion that sums up key concepts is provided. Is mostly provided in a clear and concise form.	A conclusion that sums up some key concepts is provided but lacks some clarity and lacks specificity.	A conclusion is provided but lacks a summary of key concepts, is incomplete and underdeveloped.	Conclusion is missing.
APA/GRAMMAR/SPELLING/ORGANIZATION		Exceptionally well written, organized and legible. Relationship between ideas evident. Almost entirely free of errors in grammar, punctuation, and spelling. APA format requires minimal revisions.	Well written, organized and legible. May contain a few errors in grammar, punctuation and spelling but does not impede understanding. APA format requires minor revisions.	Legible, adequately organized although relationship between ideas unclear in places. Several errors in grammar, punctuation, and spelling which may be confusing but does not impede overall understanding. APA format requires some revisions.	Content is present, however, lack of structure and organization is evident; may have random organization. Contains many grammar, punctuation, and spelling errors throughout that impede understanding. APA format is inconsistent and incorrect.	Disorganized, difficult to read. Errors in grammar, punctuation, and spelling prohibits clear readability. APA is poorly done, or there is evidence of plagiarism.

Context Based Learning (CBL) Faculty and Student Roles in Tutorial Setting

A. Tutor Role
1. **In order to facilitate the CBL principle that learning is deliberate, focused, and outcome-oriented, the tutor:**
   a. understands relationship between learning situations under exploration by students and overall goals of the context-based learning curriculum.
   b. serves as a learning process guide rather than a content expert for students oriented towards learning focused context-based learning outcomes.

2. **In order to facilitate the CBL principle that students are active, involved, independent learners, the tutor:**
   a. guides students through active learning process by asking questions rather than giving instructions thereby stimulating students to:
      i. discover what it is they do not know or understand
      ii. determine what they need to learn
      iii. determine how they will go about meeting their learning needs
      iv. seek credible resources that adequately address their learning needs
      v. synthesize information in relation to the demands of the context-based situation
   b. encourages students to be critical thinkers through a facilitative process that involves first modeling, then coaching and eventually mostly observing the students in action.

3. **In order to facilitate the CBL principle that learning is deliberate, deep, reflective, critical activity, the tutor:**
   a. challenges rather than confirms all conclusions that students reach, not just those that may be wrong (e.g. "Are there other possibilities you may not have though of?"; "Let's stop and review our hypothesis again.")
   b. encourages students to question their own ideas and hypotheses (e.g., "Do the rest of you agree with that?"; "What is the supporting evidence for that idea?"; "What do you mean?"; "How do you know that's true?"; "Can you please explain that to us?"; or, "Why do you want to know that?")
   c. probes even after students feel they have learned (e.g. "What does that do for you?", "What does it mean in terms of your ideas about the situation?")

4. **In order to support the development of constructive group dynamics, the tutor:**
   a. expects and feels comfortable with the various phases of group development
   b. uses facilitative communication skills that support task and maintenance group functions
   c. fosters discussion patterns in group that involve all students
   d. encourages debate and disagreement, among group members
   e. supports decision-making process that has the support of all group members
   f. addresses dysfunctional group behaviors with entire group, constructively exploring how to reduce the negative effects on group progress
   g. models constructive ways of giving others feedback about their contributions to group process

5. **In order to facilitate evaluation of student tutorial performance, the tutor:**
    a. reviews and clarifies overall program goals with those of each context-based learning situation
    b. helps students articulate personal learning objectives and the means by which to evaluate whether and how well each of those objectives is attained.
    c. provides constructive feedback to students throughout learning process identifying both what has been as well as what remains to be achieved by student
    d. prepares an evaluative report for each student indicating whether the expected tutorial learning outcomes for a given term have been achieved

6. **Respecting learner needs that are both individually unique and common to groups of students, the tutor:**
    a. helps students realize that each one comes to the group with valuable skills and experiences
    b. listens to student concerns with open verbal/non-verbal communication behaviors
    c. supports students on a personal level, building them up not putting them down
    d. encourages during periods of frustration thus encouraging students to believe in their capabilities.
    e. is open to variation as well as commonalities in life experience; accepts differences in opinion
    f. attends to group process in tutorials with interest and enthusiasm so that students feel what they are experiencing matters
    g. is flexible in scheduling time to meet with students outside of usual tutorial times

7. **In order to create a climate of trust in a tutorial setting, the tutor:**
    a. both models and supports individual risk-taking behavior reflecting moves from comfortable to new positions and roles
    b. respects the behaviors and roles assumed by group members
    c. asks group for permission before assuming leadership role in group process work
    d. follows words, promises and commitments through with actions
    e. models willingness and ability to identify personal strengths and weaknesses that influence group functioning.

B. **Student Role**

1. **Students take an active, independent approach to their learning by:**
    a. determining what they need to pursue as learning issues within the Undergraduate Nursing CBL Curriculum
    b. directing their own inquiry through group process work

2. **Students are committed to the group and willingly share their intellect, knowledge and expertise as demonstrated by their:**
    a. attending scheduled CBL group sessions as a requirement of the undergraduate program

     b. being prepared for group sessions by having completed their work assignment previously determined by their group

3. Students share equally in group roles and responsibilities that facilitate their learning through group process work by:
     a. helping group members to focus on given situations through reading it aloud
     b. recording the learning issues, assumptions and connections made by group (i.e., hypotheses) as well as other public lists of data, graphic representations important to their learning
     c. moderating group sessions and keeping track of learning issues and responsibilities for next session
     d. keeping track of the time used during group session to ensure the various and necessary activities of CBL group work occur.

4. Students follow through with the analysis and decision-making process associated with CBL situations specifically by:
     a. identifying learning issues within a given situation
     b. determining group member assignments needed for pursuing the learning issues
     c. individually or collectively completing assignments as planned by group
     d. sharing what has been learned, interpreted and synthesized with entire group
     e. participating in the end-of-session review of each CBL situation
     f. encouraging and supporting participation of other group members during group sessions
     g. appraising credibility of information shared in group sessions according to sources utilized and cited by group members
     h. providing feedback about individual and collective group member performance to group as a whole
     i. being open to receiving feedback about own performance and contribution to group process from fellow group members

NURS 2900 Tutorial Assessment Guide

Use in conjunction with the course objectives

STUDENT'S NAME (Print): _____

TUTOR'S NAME (Print): _____

*Student's overall performance will be assessed in each of the three categories.

Excellent (A)	Very Good (B)	Good/Satisfactory (C)	Marginal (D)	Unsatisfactory (F)

Excellent (A)
Student meets the objectives at a "Level of Independence" greater than identified on the TAG, all of the time.
Very Good (B)
Student meets the objectives at a "Level of Independence" greater than identified on the TAG, majority of the time.
Good/Satisfactory (C)
Student meets the objectives at a "Level of Independence" greater than identified on the TAG some of the time.
Marginal (D)
Student meets the objectives at a "Level of Independence" required on the TAG inconsistently.
Unsatisfactory (F)
Student fails to meets the objectives at a "Level of Independence" required on the TAG

RCO = Relevant Course Objectives						
Please refer to the course outlines for the course objectives.						
RCO	**1. SELF-DIRECTED LEARNING**	A	B	C	D	F
4, 5, 6	**1.1** Identifies gaps in knowledge.					
3	**1.2** Acknowledges own strengths and weaknesses in the process of learning.					
3	**1.3** Participates actively in defining own learning objectives.					
6, 8	**1.4** Selects appropriate resources to meet own learning needs.					
3, 8	**1.5** Uses credible and/or evidence-based resources to meet own learning needs.					
3	**1.6** Demonstrates effective actions to meet own learning needs.					
1	**1.7** Takes responsibility for actions and their consequences to self and group.					
4	**1.8** Evaluates learning outcomes.					
3, 12	**1.9** Seeks constructive feedback.					
12, 14	**1.10** Responds to constructive feedback.					

Comments:

RCO	2. GROUP PROCESS	A	B	C	D	F
11	**2.1** Contributes to the development of group objectives and norms.					
10, 11, 12	**2.2** Helps keep the group task oriented.					
10, 14, 15	**2.3** Communicates ideas and information using a variety of communication skills.					
1, 11	**2.4** Assumes leadership role in group interaction.					
1, 11	**2.5** Actively facilitates the learning of others.					
12, 1	**2.6** Respects the values and opinions of others.					
1, 11, 14	**2.7** Provides constructive feedback to others.					
1, 3	**2.8** Completes all tasks as negotiated within the group.					
11, 12	**2.9** Takes constructive action to address group concerns or conflict.					
1	**2.10** Is present and punctual.					

Comments:

RCO	3. CRITICAL THINKING	A	B	C	D	F
2, 4	**3.1** Analyses the scenario/situation/context in a systematic, organized way including ethical, social, legal, and political implications.					
4	**3.2** Identifies and clarifies the elements of the scenario/situation/context.					
4, 7, 9	**3.3** Interprets, analyses, and applies relevant theories, concepts, and facts.					
4	**3.4** Makes links with prior relevant readings experience or knowledge.					
4, 5, 7	**3.5** Demonstrates an understanding of underlying concepts.					
1, 3, 4	**3.6** Critically reflects on own thinking and asks questions to clarify obscure points and to enhance understanding.					
3, 4, 6	**3.7** Checks accuracy, validity and comprehensiveness of information provided to the group.					
3, 4, 6, 13	**3.8** Generates and considers alternative perspectives.					
3, 4, 6	**3.9** Justifies reasons or actions.					

Comments:

Summary comments:

Overall Score: _____   Date: _____

_____   _____
Student's Signature   Tutor's Signature