



GRANDE PRAIRIE REGIONAL COLLEGE



UNIVERSITY OF ALBERTA COLLABORATIVE BACCALAUREATE NURSING PROGRAM

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

Course Outline for Nursing ^{GPRC}2910

2010, winter



Originally developed by the Clinical Experience Development Committee
Revised by the Learning Experiences Development Committee, April 2006

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Instructor(s)' Contact Information

Course Leader for NS2910

Leader: **Sheila Elliott, RN, MN**
Office: **H208**
Phone: **780-539-2752**
Email: **sellriott@gprc.ab.ca**
Hours: **By appointment**

Block 1 Instructors

January/February 2010

Group 1	<u>Medicine</u>	Group 2	<u>Surgery</u>
Instructor:	Denene Miller, BN, RN	Instructor:	Shelley Brown, RN
Office:	H205	Office:	H228
Phone:	780-539-2053	Phone:	780-539-2757
Email:	dmiller@gprc.ab.ca	Email:	sbrown@gprc.ab.ca
Hours:	By appointment	Hours:	By appointment

Block 2 Instructors

February/April 2010

Group 1	<u>Medicine</u>	Group 2	<u>Surgery</u>
Instructor:	Joan Jacobson, BScN	Instructor:	Shawn W. Peyton, RN
Office:	H131	Office:	H217
Phone:	780-539-2046	Phone:	780-539-2449
Email:	jjacobson@gprc.ab.ca	Email:	speyton@gprc.ab.ca
Hours:	By appointment	Hours:	TBA

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Your Important Dates/Events

Groups in Block 1, January/February

First Clinical Rotation, Table 1

Event	Date/Days	Time	Place
Seminars	Fridays	8:30-1130hrs	TBA
Withdrawal Deadlines	See GPRC Calendar, 2009-2010	N/A	N/A
Clinical Progression	See GPRC Calendar, 2009-2010	N/A	N/A
CPR-HCP	Renewed Yearly	N/A	N/A
Plagiarism and Cheating*	See GPRC Calendar, 2009-2010	N/A	N/A
Math Calculation Examination**	N/A	N/A	N/A
Midterm Evaluation	Week of January 25 to 29, 2010	TBA	TBA
PIP Idea Due	TBA	TBA	TBA
Orem Due	February 1, 2010	TBA	TBA
Present PIP	February 5 & 12, 2010	TBA	TBA
Submit ENP (students portion completed)	February 15, 2010	TBA	TBA
Final Evaluation (ENP)	Last week of Course	TBA	TBA

*Refer to GPRC Calendar and the Nursing Department Student Handbook for any additional policies and <http://www.gprc.ab.ca/about/administration/policies.html>

**Math calculation exam only has to be completed once a year prior to first clinical experience

Groups in Block 2, February/April

Second Clinical Rotation, Table 2

Event	Date/Days	Time	Place
Seminars	Fridays	8:30-1130hrs	TBA
Withdrawal Deadlines	See GPRC Calendar, 2009-2010	N/A	N/A
Clinical Progression	See GPRC Calendar, 2009-2110	N/A	N/A
CPR-HPC	Renewed Yearly	N/A	N/A
Plagiarism and Cheating*	See GPRC Calendar, 2009-2010	N/A	N/A
Math Calculation Examination**	N/A	N/A	N/A
Midterm Evaluation	Week of March 22 to 26, 2010	TBA	TBA
PIP Idea Due	TBA	TBA	TBA
Orem Due	TBA	TBA	TBA
Present PIP	TBA	TBA	TBA
Submit ENP (students portion completed)	TBA	TBA	TBA
Final Evaluation (ENP)	Last week of Course	TBA	TBA

*Refer to GPRC Calendar and the Nursing Department Student Handbook for any additional policies and <http://www.gprc.ab.ca/about/administration/policies.html>

**Math calculation exam only has to be completed once a year prior to first clinical experience

Course Hours

Lecture: 0
Seminar: 21
Lab: Maximum of 21
Clinical: 175

Prerequisites

NS 1900
NS 1910
NS 1940
NS 1950

Course Description

This course will provide opportunities for students to continue to participate in health promotion and primary prevention activities while focusing on restoration, rehabilitation and support. Nursing practice will include health assessment and intervention with clients with less acute and chronic variances in health. The student will experience nursing practice over a continuous block of time in institutional settings providing primary care. Examples include medical/surgical units, day or short stay surgery, sub-acute units, continuing care or rehabilitation units. Also see, *Calendar Statement(s) from U of A, Appendix 2*.

Course Objectives

1. Maintain competency with previous course objectives.
2. Upon completion of Nursing 2910, the nursing student will be able to pass ENP, see *Evaluation of Nursing Practice (ENP), Appendix 3*.
3. Students' level of independence will be evaluated by utilizing the Levels of Independence list from the University of Alberta Collaborative Nursing Program (see, *Grade Descriptors/System, Appendix 4*).
4. In addition to maintaining competency with previous course objectives, upon completion of Nursing 2910, the nursing student will be able to:

Professional Responsibility and Ethical Practice

- 1) Practise 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.
 - a) Independently:
 - i) Demonstrate integrity
 - ii) Demonstrate responsibility and accountability
 - iii) Demonstrate respect for client's values, beliefs and rights
 - b) With minimal assistance:
 - i) Demonstrate application of legal and ethical standards by:
 - (1) Practising according to policies and procedures of host agencies and educational institution

- (2) Using knowledge of scope of practice and professional legislation and Code of Ethics
 - (3) Confidentiality
 - (4) Using informed consent
 - (5) Preparing for clinical practice to provide safe, competent care
 - ii) 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.
- a) With minimal assistance:
 - i) Differentiate own values/needs/rights/obligations from values/needs/rights/obligations of others
 - ii) Discuss formal and informal power structures in the context of social/political action in nursing situations:
 - (1) Recognize vulnerable clients/families
 - iii) Identify nursing issues requiring social and political action:
 - (1) Identify programs which have arisen from social/political action
 - iv) Discuss the role of the individual nurse in social/political action:
 - (1) Identify role in existing programs
 - (2) Empower clients
 - (3) Discuss client responsibilities
 - (4) Promote client autonomy and collaboration
 - v) Discuss the role of professional nursing organizations in social and political action:
 - (1) Protection of public
 - (2) Position statements
 - vi) Describe the planning process for engaging in social and political action:
 - (1) Identify information to be provided to client/family
 - (2) Identify funding sources (re: existing programs)
 - (3) Identify the funding process
 - (4) Discuss change theory
 - (5) Identify existing programs that address client/family needs
 - vii) Identify strategies and resources for social and political action.
- 3) Demonstrate skills and attitudes necessary for life-long learning.
- a) Independently:
 - i) Demonstrate personal responsibility for learning
 - ii) Demonstrate an attitude of inquiry to enhance own learning related to nursing practice
 - b) With guidance:
 - i) Demonstrate the ability to develop informal (verbal) focused learning goals based on personal and/or client needs
 - c) With minimal assistance:
 - i) Identify strengths and limitations of own competence, seeking assistance when necessary
 - ii) Demonstrate an openness and receptivity to change:
 - (1) Seek and be receptive to feedback
 - (2) Act on feedback
 - iii) Assume primary responsibility for attaining and maintaining competence based on nursing practice standards.

Knowledge-Based Practice

- 4) Apply a critical thinking approach to nursing.
- a) With minimal assistance:
 - i) Apply critical thinking strategies in developing sound clinical judgment in relation to restoration, rehabilitation and support
 - ii) Apply creative thinking, reflective thinking and insight for restoration, rehabilitation and support for developing sound clinical judgment.
- 5) Apply nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.
- a) With minimal assistance:
 - i) Use selected areas of knowledge related to biological, psychological, socio-cultural and spiritual dimensions of the human response to less acute variations in health
 - ii) Use selected areas of nursing knowledge related to scope of practice and professional legislation in nursing practice.
- 6) Demonstrate evidence-based practice.
- a) With minimal assistance:
 - i) Utilize credible resources (research studies, experts, and others)
 - ii) Examine research findings related to nursing situations
 - iii) Describe the significance of research to practice (research studies, experts, and others)
 - iv) Identify nursing practice problems that require investigation.
- 7) Apply nursing and other relevant models/theories in the professional practice of nursing.
-

- a) With minimal assistance:
 - i) Explain the use of nursing models/theories/metaparadigms
 - ii) Explore application of selected models/theories from other disciplines and their application into nursing
 - iii) Explore the application of selected nursing models/theories into nursing practice.
- 8) Demonstrate competence in healthcare informatics.
 - a) With minimal assistance:
 - i) Use a variety of selected information technology and other technology to support all scholarly activities and clinical practice.

Provision of Service to Public

- 9) Apply concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, inter-sectoral collaboration).
 - a) With minimal assistance:
 - i) Apply concepts and principles of primary health care with clients experiencing chronic and less acute variances in health
 - ii) Apply knowledge of health determinants in client situations
 - iii) Apply selected health promotion activities with individuals and families:
 - (1) Develop professional skills needed for taking action (e.g., teaching/learning)
 - (2) Create supportive environments.
 - 10) Demonstrate caring relationships in professional situations.
 - a) With minimal assistance:
 - i) Recognize how caring behaviours can influence health and healing
 - ii) Recognize the uniqueness, worth and dignity of self and others
 - iii) Demonstrate caring behaviours in interpersonal activities with clients, peers and others in the health care setting
 - iv) Demonstrate ability to engage in caring relationships with clients in nursing practice
 - (1) Initiate, maintain and terminate professional relationships in a supportive manner
 - (2) Social vs. Therapeutic
 - (3) Recognize situations requiring client advocacy.
 - 11) Collaborate with clients, community agencies, community members, and members of other disciplines in a variety of settings.
 - a) With minimal assistance:
 - i) Promote client participation, choice and control
 - ii) Promote colleague participation, choice and control
 - iii) Develop partnerships with community members, community agencies, colleagues and members of other disciplines
 - iv) Interact with clients with chronic and less acute variations in health
 - v) Engage in inter-professional interaction.
 - 12) Demonstrate beginning leadership, management and administrative skills.
 - a) With minimal assistance:
 - i) Use effective time management strategies in co-ordinating client care
 - ii) Describe leadership and management roles and competencies
 - iii) Use decision-making processes
 - iv) Effectively lead a small group
 - v) Perform an accurate appraisal of self and others
 - vi) Effectively follow quality and risk management processes to enhance nursing practice
 - vii) Identify principles of supervision (right: task, circumstance, person, direction).
 - 13) Demonstrate the ability to deal with ambiguity and diversity.
 - a) With minimal assistance:
 - i) Anticipate the need of clients
 - ii) Deal with the effects of ambiguity and diversity in all learning environments
 - iii) Identify ambiguity and diversity in selected nursing situations
 - iv) Identify own pattern of dealing with the effects of ambiguity and diversity
 - v) Provide support to clients experiencing effects of ambiguity and diversity in times of transition
 - vi) Select appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations.
 - 14) Demonstrate competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, client education, in the promotion, restoration, rehabilitation and maintenance of health.
 - a) With minimal assistance:
 - i) Apply nursing process
 - ii) Use appropriate verbal communication skills:
-

- (1) Using appropriate lines of communication
- (2) Communicating and reporting relevant information in a timely manner
- iii) Use appropriate written communication skills:
 - (1) Documenting relevant information accurately and in a timely manner
- iv) Provide effective client education by:
 - (1) Applying principles of teaching and learning
 - (2) Identifying needed referrals
- v) Prioritize nursing activities
- vi) Perform selected assessment skills in a competent manner
- b) Independently:
 - i) Perform selected psychomotor skills in a competent manner – lab setting
- c) With guidance:
 - i) Perform selected psychomotor skills in a competent manner – clinical setting.

Context-Based Learning

- 15) Demonstrate competency with the application of the elements of context-based learning to clinical experience seminars and pre-/post-conferences.
 - a) With guidance:
 - i) Effectively use self-directed learning
 - ii) Effectively use critical thinking skills to facilitate learning of the group
 - iii) Effectively use group process to facilitate learning of the group:
 - (1) Respect for the values and beliefs of others
 - (2) Responsibility and accountability for the learning of the group
 - (3) Group roles
 - (4) Caring behaviours
 - (5) Communication skills (verbal or written)
 - (6) Factors which influence the group.

(Clinical Experience Development Committee and Learning Experience Development Committee, 2009)

Course Resources

For a list of recommended resources and texts for this course please see, *Resources, Appendix 1*.

Required Learning Experiences

In order to pass Nursing 2910, students must demonstrate safe ethical nursing practice, professional behaviour, and complete the following experiences:

Clinical

During this course, students will have a continuous experience on a medical or surgical unit that includes nursing practice with adults experiencing chronic or less acute variances in health.

The student will coordinate safe care for 1-2 clients (with emphasis on 2 patients where the clinical setting allows and bearing in mind whether NS2910 is occurring in the Fall or Winter semester and also the characteristics of the specific placement settings such as client acuity level, but the emphasis will always be on learning depth and breadth and client safety).

Participation in a follow-through experience, which is; with a client having a medical or surgical procedure in the clinical area.

Participation in client education.

Collaboration with clients, family, nurses and members of other disciplines.

And participate in a Peer Instructional Presentation (PIP).

Seminars

Seminars will be combined with the other NS 2910 group. Seminar topics that will be discussed will be related to clinical practice. Space will also be allotted during these times to present learning plan objectives and the PIP. See *First Clinical Rotation, Table 1 and Second Clinical Rotation, Table 2* for time and location of seminars.

Labs

Participate in the following labs:

1. IV meds (continuous, intermittent).
2. IV Saline Locks and Pumps and pushing medications.
3. IM/SC/ID injections; mixing insulin.
4. General survey and assessment of clients on a medical or surgical unit.

Labs will be completed at the beginning of orientation. See lab handouts at that time.

Assignments

Use the Orem nursing model to perform a client assessment appropriate to the clinical setting (more information after start of course or from individual instructors).

Self Reflection on Practice

Development of self-reflective practice will be achieved through clinical assignment preparation, nursing care and learning plans, use of College and Association of Registered Nurses (CARNA) self assessment form, through discussion during the clinical day and post conferences.

Absences

Absences will jeopardize the ability of the instructor to have sufficient data for evaluation of the student’s performance. There is no time to make up lost shifts. If you are ill, or unable to attend clinical, you must notify your instructor prior to the shift (see next paragraph).

If you are to be absent from your unit, you can call and leave a message with someone from that floor. If you are sick on your off-unit days, please call that department and then leave a message on your clinical instructor’s voice mail at work to advise them of the situation (as well individual instructors may supply additional numbers for notifications, consult your specific clinical leader). Also, see GPRC current calendar for information on clinical progression. **Sick Call**

Numbers:

5 North	780-538-7650
3 North	780-538-7200
4 North	780-538-7220
Outpatients’ Department	780-538-7480
OR and Recovery	780-538-7460 Ask for OR or Recovery.
QEII Main Number, Operator	780-538-5387

Sick Call Numbers for Clinical, Table 3



Professional Dress

It is expected that all students will follow the dress code of the clinical agency they attend. It is expected all students will wear a Grande Prairie Regional College nametag. Absolutely no blue jeans are to be worn at any time while in your role as a GPRC student in the clinical areas/building.

For safety reasons, the only jewellery that may be worn is one pair of small stud earrings, a serviceable watch, and a plain wedding band. You will be required to remove obvious body piercing jewellery for safety reasons.

Hair should be neat and off the face, with shoulder length or longer hair tied back. No nail polish may be worn. Makeup should be minimal and perfume is not to be worn. The use of perfumed lotions, deodorants and powders is discouraged. Shoes are white and soft soled with an enclosed foot, heel and toe. Good personal hygiene and grooming are part of a nurse's professional decorum.

The faculty reserve the right to suggest the appropriateness of student appearance in the clinical setting.

Preparation for Clinical Experience

It is expected that you will prepare for each clinical day by researching procedures, medical conditions, medications, etc. Required psychomotor skills may also need to be reviewed prior to the clinical experience. Students should be prepared to discuss their client plan of care (including the client priority needs, nursing diagnoses, medication profiles, any client teaching plan) with the instructor during clinical time. If a student is not adequately prepared for clinical, the instructor may request the student leave the clinical agency. This would be a decision made after considering client safety.

Expectations for Clinical Experiences

Alberta Health Services' (AHS) Staff Nurses

The input of the nurse in the clinical agency is valued and welcome. GPRC and AHS can benefit when the staff nurse:

1. Role models professional nursing behaviours including attitudes, techniques, awareness and adherence to agency policies.
2. Maintains an interest and openness to teaching and learning with faculty and students.
3. Alerts faculty and students to additional learning experiences.
4. Promotes learning opportunities for students as observers in addition to hands on practice.
5. Assists students when faculty is not available if appropriate for level of student and if responsibilities permit.
6. Gives constructive feedback about performance of faculty and student when asked. Receives constructive feedback about self.
7. Shares in open dialogue with faculty, concerns or difficulties related to student assignments.

Nursing Instructors

As a faculty member in the clinical agency, the nursing instructors are expected to:

1. Role model professional nursing behaviour including attitudes, techniques and adherence to agency policies.
2. Maintain an interest and openness to teaching and learning with staff and students.
3. Clearly indicate the skills the students are allowed to practice. Ideally supervise students doing any skills or procedures for the first time.
4. Share in open dialogue with nursing staff, concerns and difficulties in the management of student assignments.
5. Assume responsibility for student evaluation and delegate supervision of students appropriately, after consultation with staff.
6. When asked by the unit manager, give constructive feedback about performance of staff. Receive constructive feedback about self.
7. Discuss student individual learning needs and assignments with nursing staff as appropriate.

Student

Students in the clinical agency are expected to:

1. Demonstrate professional behaviour including attitudes, techniques and adherence to agency policies.
 2. Maintain an interest and openness to teaching and learning with staff and faculty.
 3. Prepare for clinical assignment.
 4. Complete assignment in collaboration with instructor, assigned nurse and other health care professionals.
 5. Document in a timely manner.
-

6. Communicate with instructor and assigned nurse regarding status of the client(s) and include a concise verbal or taped report when leaving.
7. When requested, provide constructive feedback about performance of faculty and staff. Receive constructive feedback about self.
8. Demonstrate an appropriate level of independence.

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Assignments

Assignments are due by 4:00 p.m. and must be verified (stamped with date and time) by nursing office personnel (unless otherwise advised by your individual instructor).

It is the responsibility of the student to ensure electronically submitted papers and assignments are delivered and retrievable to the instructor (i.e. Moodle drop box or emailing assignments). If the instructor is unable to open documents or if documents are sent in error via electronically, the assignment will be considered late and the student will have one letter grade deducted from the final grade.

It is highly recommended that students ensure their assignments have been retrieved by the tutor prior to the due date and time.

Peer Instructional Presentations

Peer Instructional Presentations (PIP) enable students to combine selected learning objectives for the course with their own learning objectives, considering their own particular learning style and areas of interest.

The intent of the PIP is to explore personal learning objectives. Learning opportunities which students can reasonably expect to happen during the course of the clinical experience are not to become part of the PIP i.e., give an injection safely, or do an assessment.

A Peer Instructional Presentation (PIP) is an agreement between the student and the tutor specifying what the student intends to learn, how this will be accomplished, the time frame for meeting the objectives, and the methods by which achievement of the objectives will be measured.

The PIP is intended to enable the student to work through the steps of assessing, planning, implementing, and evaluating the learning process. The steps of the process include:

1. Providing the student with an opportunity to make an individual learning goal within the framework of the objectives for the course;
 2. Allowing students to determine learning objectives in view of their own perception of their strengths and areas for improvement;
 3. Identifying strategies for meeting the objectives;
 4. Identifying evaluation strategies.
-

The student is to use the CARNA Assessing My Practice form located on Moodle (or the CARNA website) as one of the reasons for the choice of presentation. The presentation is an informal discussion of an area of interest to the student and should not exceed 10 minutes in length. The student will provide evidence to support how the goals outlined in the PIP have been met.

The PIP will be evaluated in post-conferences or in seminar.

Care Plan Assignment, OREM

Application of the OREM Nursing Theory/Model in a Nursing Care Plan.

Students will develop a nursing care plan that applies a nursing theory/model (Orem) for a client with chronic or less acute variances in health. This assignment includes plans for care while the client is in the institution and may include a follow up phone call where assessment and client education can occur. More information to follow regarding Orem after start of course.

Late Policy for Assignments

All assignments are 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. A penalty of a letter grade for each working day that an assignment is submitted after the due date will be deducted from the final grade. For example, a paper scored at B+ would receive an adjusted grade of B if handed in one day late.

Evaluations/Grading

In order to pass Nursing 2910, students must demonstrate safe, ethical nursing practice; professional behaviour; and complete every one of the activities under the section *Required Learning Experiences* in this outline and acquire a passing grade in the Evaluation of Nursing Practice (ENP).

Summary of Evaluation

Evaluation of Nursing Practice	80%
Peer Instructional Presentation	see above
Orem Nursing Care Plan	20%
Total	100%

Grade Break Down, Table 4

Evaluation of Nursing Practice (ENP)

The Evaluation of Nursing Practice is a formative and written summative evaluation of Nursing Practice that will be completed by the student and the instructor during the final evaluation.

Students MUST pass the ENP in order to pass the course.

As part of the ENP, the instructor will be evaluating the student's learning plans, reflective journals, as well as the discussions during the clinical day, seminars and post conferences. The criteria for meeting 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 evaluation of students in clinical courses will be achieved through the use of the Evaluation of Nursing Practice form and Grade Descriptors/Levels of Assistance guidelines.

Math Calculations

Students are required to maintain competence in math calculations and therefore must pass a written math calculation exam early in the year and prior to first clinical experience in each academic year. A passing grade is 90%. Students will be allowed 2 opportunities to rewrite if they are not successful in the first exam. Failure to achieve a passing grade on the math calculation exam or either of the two rewrites will result in the student being asked to withdraw from the course. Please see, *First Clinical Rotation, Table 1 and Second Clinical Rotation, Table 2*, if applicable for time and location of examination.

Midterm Evaluations

For your midterm evaluations, please come prepared with:

1. Three strengths
2. Two areas to work on (with strategies) (This sheet is on Moodle)
3. Be prepared to have a reflective discussion regarding your nursing practice/clinical experience, to date. Follow the "Reflecting on my Practice" sheet found on the CARNA website. (and on Moodle)

Final written Evaluations

Please submit your completed ENP with written comments to instructor prior to final evaluations, see, *First Clinical Rotation, Table 1 and Second Clinical Rotation, Table 2*.

Final Letter Grade Determination

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

Grade Conversion, Table 5

Evaluation	Grade	4-point Equivalent	Percentage of Total Mark	Value
Evaluation of Nursing Practice			80%	
Orem Nursing Care Plan			20%	
Total:			100%	

Total 4-point Equivalent Values:

Final Letter Grade:



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Appendices



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Resources, **Appendix 1****Required Resources**

1. Working Definitions (on Moodle)
2. Core Concept Map (on Moodle)
3. Graduate Competencies and Year End Outcomes (on Moodle)
4. Grade Descriptors – see, *Grade Descriptors/System, Appendix 4*
5. ENP – see, *Evaluation of Nursing Practice (ENP), Appendix 3*

Recommended Resources

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.

Johnson, Bulechek, Butcher, & Dotcherman. (2006). *NANDA NOC and NIC linkages*. St. Louis: Mosby.

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.

Marriner Tomey, A. & Raile Alligood, M. (2006). *Nursing theorists and their work* (6th 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.

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*. St. Louis: Mosby.

Wilson, B.A., Shannon, M.T., & Shields, K.M. (2009). *Prentice Hall's nurse's drug guide*. New Jersey: Prentice Hall. (note this text updates yearly and students may elect to buy the PDA program instead of the text)

A Laboratory Tests and Diagnostic Procedures Text



Calendar Statement(s) from U of A, **Appendix 2**

Nurs 291 Nursing Practice III

*7 (fi 14) (either term, 3-25c-3 in 7 weeks).

Practice focuses on restoration, rehabilitation and support (including health promotion and disease prevention) of clients with chronic and less acute variances in health across the life span. Practice occurs primarily in primary-level acute care centers and continuing care agencies. Prerequisites: NURS 140, 150, 190, 191, 194, 195, and MMI 133. Pre- or co requisite: NURS 290.



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Evaluation of Nursing Practice (ENP), **Appendix 3**

ENP

Students **must pass the ENP in order to pass the course.** If a grade of **“F”** is received in any of the ENP criteria it constitutes a **“clinical failure”** on the ENP, as the student has then shown unsafe, unprofessional, or unethical nursing practice.

4: Excellent 3: Very Good 2: Good, Average, Satisfactory 1: Minimal Pass
 0: Fail

0 (zero) = F (letter grade)

	4	3	2	1	0
PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE					
<p>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.</p> <p>Independently:</p> <ul style="list-style-type: none"> ▪ demonstrate integrity ▪ demonstrate responsibility and accountability ▪ demonstrate respect for client’s values, beliefs and rights <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ demonstrate application of legal and ethical standards: <ul style="list-style-type: none"> ○ practise according to policies and procedures of host agencies and educational institution ○ use knowledge of scope of practice and professional legislation and Code of Ethics ○ confidentiality ○ use informed consent ○ prepare for clinical practice to provide safe, competent care ▪ Demonstrate commitment to the values of the profession of nursing and support of professional development of colleagues. <p>2. Engage in strategies for social and political action at a beginning level.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ differentiate own values/needs/rights/obligations from values/needs/rights/obligations of others ▪ discuss formal and informal power structures in the context of social/political action in nursing situations: <ul style="list-style-type: none"> ○ <i>recognize vulnerable clients/families</i> ▪ identify nursing issues requiring social and political action: <ol style="list-style-type: none"> 1. identify programs which have arisen from social/political action ▪ discuss the role of the individual nurse in social/political action: <ul style="list-style-type: none"> ○ identify role in existing programs ○ <i>empower clients</i> 					

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<ul style="list-style-type: none"> o <i>discuss client responsibilities</i> o <i>promote client autonomy and collaboration</i> ▪ discuss the role of professional nursing organizations in social and political action: <ul style="list-style-type: none"> o protection of public o position statements ▪ describe the planning process for engaging in social and political action: <ul style="list-style-type: none"> o <i>identify information to be provided to client/family</i> o identify funding sources (re: existing programs) o <i>identify the funding process</i> o <i>discuss change theory</i> o <i>identify existing programs that address client/family needs</i> o Identify strategies and resources for social and political action. <p>3. Demonstrate skills and attitudes necessary for life-long learning.</p> <p>Independently:</p> <ul style="list-style-type: none"> ▪ demonstrate personal responsibility for learning ▪ demonstrate an attitude of inquiry to enhance own learning related to nursing practice <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ demonstrate the ability to develop informal (verbal) focused learning goals based on personal and/or client needs ▪ identify strengths and limitations of own competence, seeking assistance when necessary ▪ demonstrate an openness and receptivity to change: <ul style="list-style-type: none"> o seek and be receptive to feedback o act on feedback ▪ Assume primary responsibility for attaining and maintaining competence based on nursing practice standards. 					
<p>KNOWLEDGE-BASED PRACTICE</p> <p>4. Apply a critical thinking approach to nursing.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ apply critical thinking strategies in developing sound clinical judgment in relation to restoration, rehabilitation and support ▪ Apply creative thinking, reflective thinking and insight for restoration, rehabilitation and support for developing sound clinical judgment. <p>5. Apply nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.</p>					

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<p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ utilize selected areas of knowledge related to biological, psychological, socio-cultural and spiritual dimensions of the human response to less acute variations in health ▪ Use selected areas of nursing knowledge related to scope of practice and professional legislation in nursing practice. <p>6. Demonstrate evidence-based practice.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ utilize credible resources (research studies, experts, and others) ▪ examine research findings related to nursing situations ▪ describe the significance of research to practice (research studies, experts, and others) ▪ Identify nursing practice problems that require investigation. <p>7. Apply nursing and other relevant models/theories in the professional practice of nursing.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ explain the use of nursing models/theories/metaparadigms ▪ explore application of selected models/theories from other disciplines and their application into nursing ▪ Explore the application of selected nursing models/theories into nursing practice. <p>8. Demonstrate competence in health care informatics.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ Use a variety of selected information technology and other technology to support all scholarly activities and clinical practice. 					

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<p>PROVISION OF SERVICE TO PUBLIC</p> <p>9. Apply concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, intersectoral collaboration). With minimal assistance:</p> <ul style="list-style-type: none"> ▪ apply concepts and principles of primary health care with clients experiencing chronic and less acute variances in health ▪ apply knowledge of health determinants in client situations ▪ apply selected health promotion activities with individuals and families: <ul style="list-style-type: none"> ○ develop professional skills needed for taking action (e.g., teaching/learning) ○ <i>create supportive environments.</i> <p>10. Demonstrate caring relationships in professional situations.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ <i>recognize how caring behaviours can influence health and healing</i> ▪ recognize the uniqueness, worth and dignity of self and others ▪ demonstrate caring behaviours in interpersonal activities with clients, peers and others in the health care setting ▪ demonstrate ability to engage in caring relationships with clients in nursing practice: <ul style="list-style-type: none"> ○ initiate, maintain and terminate professional relationships in a supportive manner ○ social vs. therapeutic ○ <i>recognize situations requiring client advocacy.</i> <p>11. Collaborate with clients, community agencies, community members, and members of other disciplines in a variety of settings. With minimal assistance:</p> <ul style="list-style-type: none"> ▪ promote client participation, choice and control ▪ promote colleague participation, choice and control ▪ develop partnerships with community members, community agencies, colleagues and members of other disciplines ▪ interact with clients with chronic and less acute variations in health ▪ Engage in inter-professional interaction. <p>12. Demonstrate beginning leadership, management and administrative skills.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ use effective time management strategies in coordinating client care ▪ describe leadership and management roles and competencies ▪ use decision-making processes ▪ effectively lead a small group ▪ perform an accurate appraisal of self and others ▪ effectively follow quality and risk management processes to enhance nursing practice 					



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<ul style="list-style-type: none"> ▪ Identify principles of delegation (right: task, circumstance, person, direction, supervision). <p>13. Demonstrate the ability to deal with ambiguity and diversity.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ <i>anticipate the need of clients</i> ▪ deal with the 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 ▪ provide support to clients experiencing effects of ambiguity and diversity in times of transition ▪ Select appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations. <p>14. Demonstrate competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, and client education, in the promotion, restoration, rehabilitation and maintenance of health.</p> <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ apply nursing process ▪ use appropriate verbal communication skills: <ul style="list-style-type: none"> ◦ <i>using appropriate lines of communication</i> ◦ <i>communicating and reporting relevant information in a timely manner</i> ▪ use appropriate written communication skills: <ul style="list-style-type: none"> ◦ <i>documenting relevant information accurately and in a timely manner</i> ▪ provide effective client education by: <ul style="list-style-type: none"> ◦ applying principles of teaching and learning ◦ <i>identifying needed referrals</i> ▪ prioritize nursing activities ▪ perform selected assessment skills in a competent manner <p>Independently:</p> <ul style="list-style-type: none"> ▪ perform selected psychomotor skills in a competent manner – lab setting <p>With guidance:</p> <ul style="list-style-type: none"> ▪ Perform selected psychomotor skills in a competent manner – clinical setting. 					
CONTEXT-BASED LEARNING					
<p>15. Demonstrate competency with the application of the elements of context-based learning to clinical experience seminars and pre-/post-conferences.</p> <p>With guidance:</p>					

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<ul style="list-style-type: none"> ▪ effectively use self-directed learning ▪ effectively use critical thinking skills to facilitate learning of the group ▪ effectively use group process to facilitate learning of the group: <ul style="list-style-type: none"> ○ respect for the values and beliefs of others ○ responsibility and accountability for the learning of the group ○ group roles ○ caring behaviours ○ communication skills (verbal or written) ○ Factors which influence the group. 					



Grade Descriptors/System, **Appendix 4****Levels of Independence for Meeting Objectives/Grade Descriptors**

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

With assistance: The student requires direction and information.

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

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

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

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

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

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

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

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

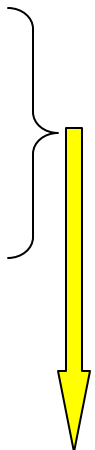
Confirmation: Clinical tutor provides positive feedback for correct information and direction provided by the student.

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

Occasional: The clinical tutor provides input every now and then.

GPRC Grading System

GPRC Grading System*			
Alpha Grade	4-point Equivalent		Percentage Conversion
		Descriptor	
A+	4.00	Excellent	90-100
A	4.00	Excellent	85-89
	3.85		
A-	3.70	Very Good, First Class Standing	80-84
	3.50		
B+	3.30	Very Good, First Class Standing	77-79
	3.15		
B	3.00	Good	73-76
	2.85		
B-	2.70	Good	70-72
	2.50		
C+	2.30	Satisfactory	67-69
	2.15		
C	2.00	Satisfactory	63-66
	1.85		
C-	1.70	Satisfactory	60-62
	1.50		
The above are considered passing grades in Nursing courses			
D+	1.30	Poor	55-59
	1.15		
D	1.00	Minimal Pass	50-54
	0.50		
F	0.00	Failure	0-49
WF	0.00	Fail, withdrawal after the deadline	
The above are NOT considered passing grades in Nursing courses			



*see GPRC Calendar, Academic Regulations Section, for further details.

NOT a pass in Nursing courses



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