UNIVERSITY OF ALBERTA
COLLABORATIVE BACCALAUREATE
NURSING PROGRAM

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

NURSING 2910
January 5 – February 27, 2009
COURSE OUTLINE

Originally developed by the Clinical Experience Development Committee

Revised by the Learning Experiences Development Committee, April 2006

INSTRUCTORS:
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Nursing 2910
Course Outline

CALENDAR STATEMENT:
NURS 2910 Nursing Practice III *7 (fi 14) (either term, 0-3s-28c 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 1900, 1910, 1940, 1950.

COURSE HOURS: LEC: 0   SEM: 21   LAB: Maximum of 21   CLINICAL: 175

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.

COURSE OBJECTIVES:

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.   Practices within the legal and ethical standards established by the College and Association of Registered Nurses of Alberta and the Canadian Nurses Association, and according to legislated scope of practice, and provincial and federal legislation.
>   **Independently**:
>   - demonstrates integrity
>   - demonstrates responsibility and accountability
>   - demonstrates respect for client's values, beliefs and rights
>   **With minimal assistance:**
>   - demonstrates application of legal and ethical standards by:
>   - practicing according to policies and procedures of host agencies and educational institution
>   - using knowledge of scope of practice and professional legislation and Code of Ethics
>   - confidentiality
>   - using informed consent
>   - preparing for clinical practice to provide safe, competent care
>   - demonstrates commitment to the values of the profession of nursing and support of professional development of colleagues

2. **Engages in strategies for social and political action at a beginning level**
   With minimal assistance:
   - differentiates own values/needs/rights/obligations from values/needs/rights/obligations of others
   - discusses formal and informal power structures in the context of social / political action in nursing situations
     - recognizes vulnerable clients/families
   - identifies nursing issues requiring social and political action
   - identifies programs which have arisen from social / political action
   - discusses the role of the individual nurse in social / political action:
     - identifies role in existing programs
     - empowers clients
     - discusses client responsibilities
     - promotes client autonomy and collaboration
   - discusses the role of professional nursing organizations in social and political action
     - protection of public
     - position statements
   - describes the planning process for engaging in social and political action
     - identifies information to be provided to client/family
     - identifies funding sources (re: existing programs)
     - identifies the funding process
     - discusses change theory
     - identifies existing programs that address client/family needs
     - identifies strategies and resources for social and political action

3. **Demonstrates skills and attitudes necessary for life-long learning**
   Independently:
   - demonstrates personal responsibility for learning
   - demonstrates an attitude of inquiry to enhance own learning related to nursing practice
   With minimal assistance:
   - identifies strengths and limitations of own competence, seeking assistance when necessary
   - demonstrates an openness and receptivity to change
     - seeks and is receptive to feedback
     - act on feedback
   - assumes primary responsibility for attaining and maintaining competence based on nursing practice standards.

KNOWLEDGE BASED PRACTICE
4. **Applies a critical thinking approach to nursing**
   With minimal assistance:
   - applies critical thinking strategies in developing sound clinical judgment in relation to restoration, rehabilitation and support
   - applies creative thinking, reflective thinking and insight for restoration, rehabilitation and support for developing sound clinical judgment

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

6. **Demonstrates evidence based practice.**
   With minimal assistance:
   - utilizes credible resources (research studies, experts, and others)
   - examines research findings related to nursing situations
   - describes the significance of research to practice (research studies, experts, and others)
   - identifies nursing practice problems that require investigation.

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

8. **Demonstrates competence in health care informatics.**
   With minimal assistance:
   - uses a variety of selected information technology and other technology to support all scholarly activities and clinical practice.

PROVISION OF SERVICE TO PUBLIC
9. **Applies concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, intersectoral collaboration).**
   With minimal assistance:
   - applies concepts and principles of primary health care with clients experiencing chronic and less acute variances in health
   - applies knowledge of health determinants in client situations
   - applies selected health promotion activities with individuals and families
     - develops professional skills needed for taking action (eg. teaching/learning)
     - *creates supportive environments*

10. **Demonstrates caring relationships in professional situations.**
    With minimal assistance:
    - *recognizes how caring behaviors can influence health and healing*
    - recognizes the uniqueness, worth and dignity of self and others
    - demonstrates caring behaviors in interpersonal activities with clients, peers and others in the health care setting
    - demonstrates ability to engage in caring relationships with clients in nursing practice
        - initiates, maintains and terminates professional relationships in a supportive manner
        - social vs. therapeutic
        - *recognizes situations requiring client advocacy*

11. **Collaborates with clients, community agencies, community members, and members of other disciplines in a variety of settings.**
    With minimal assistance:
    - promotes client participation, choice and control
    - promotes colleague participation, choice and control
    - develops partnerships with community members, community agencies, colleagues and members of other disciplines
    - interacts with clients with chronic and less acute variations in health
    - engages in inter-professional interaction

12. **Demonstrates beginning leadership, management and administrative skills.**
    With minimal assistance:
    - uses effective time management strategies in coordinating client care
    - describes leadership and management roles and competencies
    - uses decision-making processes
    - effectively leads a small group
    - performs an accurate appraisal of self and others
    - effectively follows quality and risk management processes to enhance nursing practice
    - identifies principles of delegation (right: task, circumstance, person, direction, supervision).

13. **Demonstrates the ability to deal with ambiguity and diversity.**
    With minimal assistance:
    - anticipates the need of clients
    - deals with the effects of ambiguity and diversity in all learning environments
    - identifies ambiguity and diversity in selected nursing situations
    - identifies own pattern of dealing with the effects of ambiguity and diversity
    - provides support to clients experiencing effects of ambiguity and diversity in times of transition
    - selects appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations

14. **Demonstrates competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, client education, in the promotion, restoration, rehabilitation and maintenance of health.**
    With minimal assistance:
    - applies nursing process
    - uses appropriate verbal communication skills
      ○ using appropriate lines of communication
      ○ communicating and reporting relevant information in a timely manner
    - uses appropriate written communication skills
      ○ documenting relevant information accurately and in a timely manner
    - provides effective client education by applying:
      ○ principles of teaching and learning
      ○ identifying needed referrals
    - prioritizes nursing activities
    - performs selected assessment skills in a competent manner

    Independently:
    - performs selected psychomotor skills in a competent manner – lab setting

    With guidance:
    - performs selected psychomotor skills in a competent manner – clinical setting

CONTEXT BASED LEARNING
15. **Demonstrates proficiency with CBL process.**
    With minimal assistance:
    - Demonstrates effective use of skills in self-directed, context-based, small group learning in clinical, tutorials and conferences.

REQUIRED RESOURCES
1. Working Definitions (On Blackboard)
2. Graduate Competencies and Year End Outcomes (On Blackboard)
3. Grade Descriptors
4. Tutorial Assessment Guide (TAG) - attached

RECOMMENDED RESOURCES

Ackley, B., & Ladwig, G. (2006) *Nursing diagnosis handbook: A guide to planning care.*
        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.

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

Medication Drug Guide

Laboratory Tests and Diagnostic Procedures

In order to pass NURS 2910, students must demonstrate safe ethical nursing practice, professional behavior, and complete the following experiences

1. 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.

2. Coordinate safe care for 1-2 clients.

3. Participate in the following labs

   a. IV meds (continuous, intermittent).

   b. IV Saline Locks and Pumps and push meds

   c. IM/SC/ID injections; mixing insulin

   d. General Survey & Assessment of Clients on Medical Unit or Surgical Unit.

4. Use the Orem nursing model to perform a client assessment appropriate to the clinical setting.

5. Participate in client education.

6. Collaborate with clients, family, nurses and members of other disciplines.

SEMINARS:

Seminars are every Friday 0830-1120 in Room H223 and will combined with the other NS 2910 group. Seminar topics will be discussed and how they relate to clinical practice. Space will also be allotted during these times to present learning plan objectives.

LABS:

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

SICK TIME:

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.

If you are to be on the unit that day, you can call and leave a message with someone from the floor. If you are sick on your off-unit days, please call the unit and then leave a message on your tutor's voice mail at work to advise them of the situation.

5 North	538-7650
4 North	538-7210
Outpatients' Department	538-7480

WITHDRAW DEADLINES:

The last day to withdraw from this course with permission is: **February 6, 2009**

Progression in Clinical Course:
If a student is having marginal performance meaning they are not meeting the course objectives, the instructor in consultation with the student, will develop a learning plan based on strengths and areas on which to improve. Students will receive weekly verbal feedback on how they are progressing and ways to improve performance.

CPR-HCP must be maintained throughout the program.

Refer to GPRC Calendar and the Nursing Department Student Handbook for any additional policies.

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. 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.

PLAGIARISM AND CHEATING:

Please refer to the GPRC policy on plagiarism and cheating as guidelines for NS 2910.

http://www.gprc.ab.ca/about/administration/policies.html

DEPARTMENT OF NURSING EDUCATION
GRANDE PRAIRIE REGIONAL COLLEGE &
PEACE COUNTRY HEALTH REGION
EXPECTATIONS FOR STUDENT CLINICAL EXPERIENCES

The input of the nurse in the Clinical Agency is valued and welcome. GPRC and PCHR can benefit when the 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.

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.

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.

Revised: August 28, 2003

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 Grade	4-point Equivalent	Designation
A+	4.0	
A	4.0	Excellent
A-	3.7	First Class Standing
B+	3.3	
B	3.0	Good
B-	2.7	
C+	2.3	
C	2.0	Satisfactory
C-	1.7	

The above are considered passing grades in Nursing courses

Alpha Grade	4-point Equivalent	Designation
D+	1.3	Minimal Pass
D	1.0	
F	0.0	Fail

The above 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.

**Note: Refer to the 2007/08 GPRC College Calendar p.37 and your student handbook for further details regarding the grading policy and p. 122-23

regarding Progression Criteria in the Bachelor of Science in Nursing program.

Grade Distribution
NS 2910

Evaluation	Grade	4-point Equivalent	Percentage of Total Mark	Value
Evaluation of Nursing Practice			80%	
Orem Nursing Care Plan # 1			20%	
			100%	**Total**:

Total 4-point Equivalent Values: _____

Final Letter Grade: _____

Grades for each assignment were translated into the 4-point equivalent, were then multiplied by the percentage of total mark for each assignment. To value of those percentages were 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 clinical tutor.

LEARNING EXPERIENCES AND EVALUATION

LATE POLICY FOR ASSIGNMENTS:

All assignments are to be passed in at the time and place they are due. Extensions on assignments <u>may</u> be granted and <u>must</u> 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.

Assignments are due by 4:00 p.m. and <u>must be verified</u> (stamped with date and time) <u>by nursing office personnel</u>.   It is the responsibility of the student to ensure *electronically* submitted papers and assignments are delivered and retrievable to the instructor (i.e. blackboard 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.

In order to pass NURS 2910, students must demonstrate safe, ethical nursing practice; professional behavior; complete every one of the below activities and acquire a passing grade in the Evaluation of Nursing Practice.

Summary of Evaluation:

	Value
Evaluation of Nursing Practice	80%
• Learning Plan	
• Two Reflective Journals	
OREM	20%
Total	100%

1. 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. In order to pass NURS 2910, students must demonstrate safe, ethical nursing practice; professional behavior and acquire a passing grade in the ENP.

Students MUST pass the ENP in order to pass the course. If a student does not pass the ENP with a 50%, they will obtain an overall grade of no greater than D. If you receive a grade of "F" 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.

As part of the ENP, tutors will be evaluating the student's learning plans and reflective journals, as well as through discussion 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 following three elements:

➢ Evaluation of Nursing Practice
➢ Grade Descriptors
➢ Levels of Assistance

Midterm Evaluations

Midterm evaluations will occur during the week of January 26, 2009. For your midterm evaluations, please come prepared with:

    a. **3 strengths**

    b. **2 areas to work on (with strategies)**

Check Blackboard for the sheet you will need.

Final written Evaluations

Final evaluations will occur on February 27, 2009. Please submit your completed ENP with written comments to instructor the Monday prior to your final evaluation.

1.1 Learning Plan:

Learning plans 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 learning plan 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 learning plan i.e., Give an injection safely, or do an assessment.**

Due: **Friday, January 16th at 0900**

A learning plan 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 learning plan 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:

- providing the student with an opportunity to make an individual learning goal within the framework of the objectives for the course.
- allowing students to determine learning objectives in view of their own perception of their strengths and areas for improvement;
- identifying strategies for meeting the objectives;
- identifying evaluation strategies.

The learning plan will be evaluated in post-conferences or in seminar. The student is to use the CARNA (College and Association of Registered Nurses) learning plan format. 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 learning plan have been met.

1.2   Reflective Journals

Students are to record and describe an experience, and reflect on their nursing practice throughout the semester. Students are expected to submit **1 (one) journal** prior to the midterm evaluation at least **1 (one)** additional journal in the second half of the clinical experience that reflects on their nursing practice. Tutors will evaluate how students have shown reflective practice by asking questions throughout clinical, during post-conferences and in seminar. Reflective journals must be submitted to tutor prior to midterm and final evaluations for more formal feedback. Confidentiality must be considered when choosing to share written or verbal information.

Due: Friday, January 23rd and Friday, February 13th at 0900.
Format

Guidelines for writing the Reflective Journal

- Describe a significant experience that you had during your week. Describe the experience (example; what you or someone else did in intervention, communication, or other). Be as specific and objective as possible. Include thoughts, feelings, and perceptions. Also include what you perceive the other people could be feeling (patient, nurses etc.).
- Reflect on the experience. Describe why this experience was important to you, and what factors (such as assessments, previously learned experiences, values, beliefs, stereotypes or biases) influenced yours/someone else's decisions/actions/feelings.
- Evaluate your strengths and areas needing improvement in this situation.   What were the strengths and areas for improvement in the other health care professionals involved? Explain

why you think those were areas of strength or areas needing development. How is the client and/or family ultimately affected?

- Describe your significant learning. How does this impact your nursing practice? Describe what you would do differently/investigate/maintain if a similar incident should occur. Describe what you would teach someone else (example; a peer) about this incident in order to improve your nursing practice.

* The CARNA guidelines for reflective practice are posted on Blackboard under Course Documents

The article below is a good reference for you to use for further guidance.

Patton, J., & Woods, S. (1997). Enhancing the clinical practicum experience through journal writing. *Journal of Nursing Education, 36* (5), 238-240.

2. Care Plan Assignment:

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 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. Guidelines for the development of the nursing care plan are attached to the course outline.

Nursing Care Plans Due: Due: Friday, February 6th at 0900

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

Outpatient's Department:
1. What procedures did you see on the floor? What was interesting to you? What skills did you perform?
2. What is an important role the nurse has in this area?
3. Look up gastroscopy and colonoscopy as well as TEE (trans-esophageal echocardiogram) prior to your observational day. What teaching would need to be done to help relieve anxiety? What should the nurse do before and after each procedure?
4. May wish to look up Versed, Ancef, Fentanyl and Clindamycin as they are common drugs given in OPD.
5. How does the role of the OPD nurse differ from what you have seen in your clinical rotations?

Off Unit Experience
Hints to Make this a GREAT Experience!!

OPD
- Let them know you can do IMs, SC, IV's, dressing changes, glucometers, assessments, vital signs
- Tell them you want to be part of day surgery too and see what they do.
- Ask to see the cast room and ask if there are any experiences there to see.
- Look through the charts and what is coming that day and make a list of things you want to see.
- Introduce yourself at the beginning of the shift to everyone and tell them what you can do and that you are willing to try anything.
- You need to be independent in this area and be assertive in terms of what you want to see and do.

Eleven Competencies for Effective Teamwork

*Competencies were derived from Developing Health Care Teams: A Report by the Academic Health Center Task Force on Interdisciplinary Health Team Development, University of Minnesota, 1996.

1. DEMONSTRATE A CLIENT-CENTERED FOCUS

A good team has as its first priority meeting the client's needs. The client may be the patient, a family, a community or an audience. A team with a patient-centered focus considers and respects the client's values and preferences when making care decisions.
Positive Example: Team encourages the patients to express their needs.
Negative Example: Team disregards statements made by the patient.

2. ESTABLISH COMMON GOALS

A good team sets common goals to guide their actions and outcomes. This may include short and long-term goals. If the patient's needs are to be the focus, it is critical that all team members, which includes the patient and family, agree about what constitutes a successful outcome.
Positive Example: Team, including the patient and family, agrees on therapeutic goals for the patient.
Negative example: Members develop their own goals independently.

3. DESCRIBE THE ROLE OF EACH PROFESSION

Team members must be familiar with professional capabilities of all persons on the team and must be willing to acknowledge greater expertise and, in some instances, defer to other team members.
Positive Example: Appreciates and uses the contribution which can be made by all team members.
Negative Example: Insists on their own approach to patient care.

4. SHOW FLEXIBILITY IN ROLES

While understanding and respect for each person's specific role (scope of practice) is necessary, flexibility in assignments is important. Using hockey as an example, a defenceman is not expected to score many goals but should be able to take a good shot if he gets a breakaway.
Positive Example: Recognizes differences and overlap in the approach of each discipline to achieve common goals.
Negative example: Unwilling to explore in areas outside of won field, is territorial.

5. DEMONSTRATE CONFIDENCE IN OTHER TEAM MEMBERS

Confidence in other team members develops with time, and most certainly requires an understanding of the other member's roles. Each member considers and values the opinion of others. Each member must be able to trust the work of others.
Positive Example: Trust others on the team will provide their portion of the work.
Negative Example: Disregards the competence of other team members.

6. SHARE EXPECTATIONS OF GROUP NORMS/RULES

Members of successful teams will be aware of the expectations of others in the group. The expectations are often behavioural, e.g. punctuality, equal participation and staying current in one's field.

Positive Example: Identifies group rules and consequences for deviation from the rules. Ensures rules are followed.

Negative Example: Individual members routinely violate team rules without consequences.

7. EFFECTIVELY RESOLVE CONFLICT

Every health care team will experience conflict. A successful team will identify a specific mechanism, clearly understood by all, for resolving conflict, through a team leader, outside leader, or other process.

Positive Example: Acknowledges conflict and works to resolve it.

Negative Example: Avoids or ignores disagreement with the team.

8. COMMUNICATE EFFECTELY WITH OTHER TEAM MEMBERS

Good team communication involves at least two components-what information is shared and how it is shared. Team members listen attentively and focus on the task at hand. Teams develop an efficient and effective record keeping system, electronic or other, and use a common vocabulary.

Positive Example: Team members share information and or concerns in a timely manner without using jargon

Negative example: Team members withhold pertinent information.

9. SHARE RESPONSIBILTIY FOR TEAM ACTIONS

Effective team functioning can occur only if each team member shares fully the responsibility for actions of the team as a group and is willing to be held accountable for actions.

Positive Example: Uses "we" in communication when discussing team decisions.

Negative Example: Does not support team decisions.

10. BE CONFIDENT IN THE PROCESS OF GIVING AND RECEIVING FEEDBACK

Team design must be dynamic – open for evaluation and revision on a continuing basis. A specific mechanism must be developed for ongoing evaluation of team's effectiveness and redesign as needed.

Positive Example: Regularly monitors team performance calmly and objectively and makes changes as a result.

Negative Example: Becomes hostile, defensive or personalizes comments made.

11. MAKE TEAM DECISIONS EFFECTIVELY

The team establishes a decision-making process acceptable to members and appropriate to the needs and goals of the task.

Positive Example: Team makes timely decisions appropriate to the situation.

Negative Example: Does not follow a decision making process, makes decisions on a whim.