



**UNIVERSITY OF ALBERTA
COLLABORATIVE BACCALAUREATE
NURSING PROGRAM**

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

**NURSING 495
WINTER 2007
COURSE OUTLINE**

Originally developed by the Clinical Experience Development Committee

Revised by the Learning Experiences Development Committee, May 2004

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Approved: May 2004.

Nursing 495 Course Outline

CALENDAR STATEMENT:

NURS 495 Nursing Practice VIII

*9 (fi 18) (either term, 0-1s-34c in 10 weeks). Comprehensive and consolidated approach to professional practice of nursing in an area of special interest to the student. Co-requisite: NURS 494. Note: Course is for Collaborative Program, After Degree Program and Post-RPN Program students only.

COURSE HOURS: LEC: 0 SEM: 10 CLN/LAB: 340

COURSE DESCRIPTION:

Management and care of clients in an area of special interest to the students is the focus of this clinical course. This experience, continuous over a block of time, could occur in a particular setting where clients with stable, predictable, or unstable, unpredictable disruptions of health are found. Students are expected to practice with increasing independence under the supervision of a Registered Nurse or other designated preceptor.

NOTE: In select student situations where NURS 491 occurred in a community setting; this would necessitate NURS 495 to occur in an acute care setting.

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COURSE OBJECTIVES:

In addition to maintaining competency with previous course objectives upon completion of NURS 495, the nursing student will be able to:

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: clinical tutor tells student what to do, about steps to take

Information: clinical tutor tells student specifics about a concept, 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. 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: student provides clinical 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 clinical tutor now and then

In addition to maintaining competency with previous course objectives upon completion of NURS 495, 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
- demonstrates application of legal and ethical standards:
 - practices according to policies and procedures of host agencies and educational institution
 - uses knowledge of scope of practice and professional legislation and Code of Ethics
 - confidentiality
 - uses informed consent
 - prepares for clinical practice to provide safe, competent care
- takes action on questionable orders, decisions or interventions of other health team members

- demonstrates commitment to the values of the profession of nursing and support of professional development of colleagues
 - protects clients' values, beliefs and rights
 - advocates for clients' values, beliefs and rights
 - provides quality nursing care

2. Engages in strategies for social and political action at a beginning level

Independently:

- 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 and/or marginalized clients/families
 - identifies issues of power that require investigation
- 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
 - supports client in meeting their responsibilities
- discusses the role of professional nursing organizations in social and political action
 - protection of public
 - position statements
 - allocation of resources
 - identifies decision makers
 - identifies policy making individuals
 - describes national health policies
 - describes policy makers at a national level
 - describes national and/or international level of decision making
- 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
 - identifies role of existing government policy
 - identifies existing programs for transition
 - organizes activity

3. Demonstrates skills and attitudes necessary for life-long learning

Independently:

- demonstrates personal responsibility for learning

- identifies strengths and limitations of own competence, seeking assistance when necessary
- demonstrates attitude of inquiry to enhance own learning related to nursing practice
- seeks opportunities for professional development and continuing nursing education
- 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
- evaluates own competence using nursing practice standards

KNOWLEDGE BASED PRACTICE

4. Applies a critical thinking approach to nursing

Independently:

- applies critical thinking strategies in developing sound clinical judgment in relation to complex and ambiguous variations in health
- applies creative thinking, reflective thinking and insight in complex and ambiguous variations in health for developing sound clinical judgment

5. Applies nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice.

Independently:

- applies nursing knowledge as well as knowledge from the arts, humanities, medical sciences and social sciences in response to complex and ambiguous variations in health
- applies nursing knowledge related to scope of practice and professional legislation in nursing practice

6. Demonstrates evidence based practice.

Independently:

- 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.

Independently:

- explains the use of nursing models / theories / metaparadigms
- explores 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.

Independently:

- 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).

Independently:

- applies concepts and principles related to primary health care with clients experiencing complex and ambiguous variations in health (local, national, international and global)
- applies knowledge of health determinants in client situations
- applies selected health promotion activities with individuals, families and groups
 - develops professional skills needed for taking action (eg. teaching/learning)
 - creates supportive environments

With guidance:

- applies selected strategies with community and aggregates
 - participates in existing programs

10. Demonstrates caring relationships in professional situations.

Independently:

- recognizes how caring behaviors can influence health and healing
- demonstrates commitment to the ideal of caring
- recognizes the uniqueness, worth and dignity of self and others
- demonstrates awareness and concern for individuals in the health care setting
- demonstrates caring behaviors in interpersonal activities with clients, peers and others in the health care setting
- demonstrates commitment and caring in multiple and complex health care settings
- demonstrates ability to engage in caring relationships with clients and colleagues 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.

Independently:

- promotes client collaboration, 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 experiencing complex, rapidly changing variations in health
- engages in inter-professional interactions

12. Demonstrates beginning leadership, management and administrative skills.

Independently:

- uses effective time management strategies to manage care for a group of clients
- 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

With guidance:

- applies principles of delegation (right: task, circumstance, person, direction, supervision).

13. Demonstrates the ability to deal with ambiguity and diversity.**Independently:**

- 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
- assists clients in decision making related to the effects of ambiguity and diversity in selected nursing situations
- 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.**Independently:**

- applies nursing process
- uses appropriate verbal communication skills
 - uses appropriate lines of communication
 - communicates and reports relevant information in a timely manner
- uses appropriate written communication skills
 - documents relevant information accurately and in a timely manner
- provides effective client education by applying:
 - principles of teaching and learning
 - identifies needed referrals
- prioritizes nursing activities
- performs selected psychomotor skills in a competent manner – lab setting
- performs selected assessment skills in a competent manner

With guidance:

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

CONTEXT BASED LEARNING**15. Demonstrates competence with context based learning.**

Independently:

- 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 behaviors
 - self directed learning
 - influencing factors
- effectively use critical thinking in the group
 - brainstorming
 - exploring (creativity, depth, breadth and relevancy)
 - sources of information
- use communication skills to enhance the context based learning processes
 - sharing personal information
 - articulation
 - clarity
 - conciseness
 - relevancy
 - seeking and providing opinions, information and direction
 - receiving and giving feedback
- use writing skills to enhance the context based learning processes
 - legibility
 - appropriateness
 - clarity
 - conciseness
 - relevancy

REQUIRED RESOURCES

1. Working Definitions (Provided in NS 494 posted on *Blackboard*)
2. Graduate Competencies and Level Outcomes (Provided in NS 494 posted on *Blackboard*)
3. Map of Theoretical Labs, Clinical Labs and Clinical Seminars (Provided in NS 494 posted on *Blackboard*)
4. Grade Descriptors
5. Alberta Association of Registered Nurses (2003). *Nursing practice standards*. Edmonton, AB: Author. (available @ <http://www.nurses.ab.ca>).

6. College & Association of Registered Nurses of Alberta (2005). *Entry to practice competencies*. Edmonton, AB: Author. (Available @ <http://www.nurses.ab.ca>).
7. College & Association of Registered Nurses of Alberta (2005). *Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship*. Edmonton, AB: Author (available @ <http://www.nurses.ab.ca>).
8. College & Association of Registered Nurses of Alberta (2005). *Scope of practice for registered nurse*. Edmonton, AB: Author (available @ <http://www.nurses.ab.ca>).
9. College & Association of Registered Nurses of Alberta (2005). *Standards for supervision of nursing students and undergraduate nursing employees providing client care*. Edmonton, AB: Author (available @ <http://www.nurses.ab.ca>).
10. American Psychological Association (2001). *Publication Manual of the American Psychological Association* (5th ed.). Washington, DC: Author
11. Canadian Nurses Association (2002). Code of ethics for registered nurses. Ottawa, ON. Author. (available @ http://cna-aiic.ca/cna/documents/pdf/publications/CodeofEthics2002_e.pdf).

The use of textbooks acquired since the beginning of your program is also advised.

REQUIRED LEARNING EXPERIENCES

In order to pass NURS 495, students must demonstrate safe ethical nursing practice, professional behaviour, and complete the following experiences and assignments.

1. During this course, students will have a continuous experience in an area of special interest.
2. Participate in nursing practice under the direct guidance of a registered nurse with experience in assigned clinical setting.
3. Participate in learning situations which facilitate gradual acquisition of the new graduate role.
4. Develop a written and oral progress report that will facilitate learning in assigned clinical setting.

Clinical experience

Clinical practice will begin the week of February 1st, 2007 and will continue until 340 hours have been completed. Students are to work the same clinical hours as their preceptor (s). This may include days, evenings, nights, and weekend shifts. If there are changes to be made to the clinical rotation due to other commitments (for example classes, doctor's appointments, etc.), these changes must be negotiated at the beginning of the rotation with the preceptor. Preceptors and the nursing unit are to be notified in advance if the student is unable to attend clinical practice as planned. Tutors are to be notified as soon as possible of changes that occur in this schedule due to illness or any other reason. Failure to promptly share changes in the clinical schedule may result in an unsatisfactory rating under professional responsibility. Alternate clinical practice must be arranged as needed in order to complete the required number of clinical hours. If the student is unable to complete the required clinical hours for any reason, the tutor must be contacted immediately. **It is expected that the student will have completed the required clinical hours by April 13, 2007.**

If the student's preceptor is ill during a day the student is to attend, it must be decided between the staff of the unit and the student if that student can buddy with another team member. Tutor should be contacted. The student **MUST** be supervised at all times during the preceptorship.

Preceptors are asked to complete written mid-term and final evaluations of the student's progress in meeting the objectives of Nursing 495. The midterm evaluation is completed after 170 clinical hours, and the final evaluation is completed after 340 clinical hours.

Students are expected to implement previously learned nursing skills.

Seminar

During the clinical experience, students will have an opportunity to meet with their colleagues and tutor in seminar. During this time any issues arising from the clinical experience or the written assignment will be discussed. It is expected students will attend all seminars. Students whose clinical experience is outside of the Peace Health Region will be expected to attend **the seminars using teleconferencing** if unable to attend the seminars in person. The student will be expected to make the arrangements for the teleconferencing from their site and to notify the tutor of their attendance.

Attendance will be taken. The dates for the seminars are as follows:

<i>January 29, 0900-1200</i>	<i>all students</i>	<i>Room: TBA</i>
<i>March 5, 1300-1500</i>	<i>Monique's Group: TBA</i>	<i>Wendy's Group: TBA</i>
<i>April 3, 1300-1500</i>	<i>Monique's Group: TBA</i>	<i>Wendy's Group: TBA</i>

COURSE EVALUATION

Evaluation Strategy	Percentage	Due Date
1. ENP which includes the oral and written clinical progress report	65%	Midterm Written Report Due: 2 days after 170 Clinical Hours Completed Final Oral Report Due: 2 Days after 340 Clinical Hours Completed. Completed ENP tool negotiated with preceptor, student, and clinical tutor
2. Clinical Assignment	35%	Prior to April 13th, 2007

1. EVALUATION OF NURSING PRACTICE 65%

Nursing practice must be evaluated using the **Evaluation of Nursing Practice (ENP) tool**.

A formative and written summative evaluation will be completed by the student, preceptor, and clinical tutor.

The formative evaluation will be completed **after 170 hours of practice**. However, a written formative evaluation may be requested at any time by the student, preceptor or tutor.

A written summative evaluation will be completed by the student, preceptor and tutor at **the end of the 340 hours**.

Students are expected to practice with increasing independence under the supervision of a Registered Nurse preceptor. Observations will be made by the preceptor and/or clinical tutor and may be supplemented with input from peers, the staff of the practice setting and the client.

Sources of information which can be used to help determine the marking of the ENP include:

- clinical progress report
- completion of course objectives
- feedback from nursing and medical staff
- feedback from other students
- observations made by the preceptor
- feedback from clients
- student self-evaluation
- tutor feedback.

It is suggested anecdotes be kept by the student, preceptor and tutor throughout the rotation so that these may be used to complete the evaluation form reflective of the clinical experience and as accurately as possible at the end of the rotation.

An appointment time for completing the final evaluation will be negotiated with the preceptor, student and tutor. In order to complete the formative (midterm) and final (summative) evaluations, students not in Grande Prairie should expect to make arrangements for teleconferencing or videoconferencing.

The student is advised to consult the criteria for promotion for clinical performance as outline in the University of Alberta calendar.

As part of the ENP students will be expected to present to their clinical tutor a written and oral progress report. The purpose of this report is to demonstrate that integration of knowledge is taking place. The report therefore will communicate learning activities occurring in the clinical setting and the extent to which course objectives are being met.

Using examples from their practice, the student will address how they are progressing in achieving course objectives in relation to the Graduate Competencies and Level Outcomes.

Written Progress Report Guidelines

Guided by the clinical tutor, students will choose 3-5 selected topics from this list (other topics may be considered but need to be discussed with the clinical tutor) which are applicable to their clinical area for inclusion in the written and oral reports.

- Nursing assessment, diagnosis, treatment and evaluation
- Community assessment including indicators, epidemiology, policies, stakeholders, etc.
- Care of the family
- Physiology and pathophysiology
- Primary health care and health promotion in the context of primary health care
- Laboratory results
- Pharmacology
- Diagnostic tests and medical/surgical treatments
- Population health
- Community development including principles, process, evaluation, limits, etc.
- Empowerment
- Program planning in the community
- Risk versus wellness diagnosis
- Change process
- Use of the nursing process
- Communication techniques
- Organization and priority setting
- Decision making
- Leadership roles of the nurse (advocate, liaison and collaboration, coordinator, educator and member of a profession).

Students will submit to the clinical tutor a written progress report during their midterm evaluation **after 170 hrs** of practicum are completed.

Each topic the clinical tutor and student negotiated at the beginning of the term will be in a heading format with a discussion and examples underneath of how the student's learning is progressing in that area. Students must refer to the ENP as well as the Graduate Competencies and Level Outcomes in their written report. It is suggested students refer to the guideline provided to ensure all components of the report are present.

Format – A minimum of 5 pages and a maximum of 7 pages, double spaced excluding references. Referencing is expected.

For example:

Empowerment

To me, empowerment means allowing patients to “take control of their own health” (Ernhooth, 2005, p. 2). One of my patients was diabetic while another patient was recovering from a CVA. A third patient suffered with CHF. I found all three of these patients had very different concerns when discussing the topic of empowerment during their discharge planning.

With Mr. M., the patient with diabetes, I began to teach about checking his feet daily when he stated "I can't see my feet". It evident that Mr. M. would not be able to perform a visual check of his feet so then I had to consider how I would empower the family to be part of this client's care. Mr. M. and I discussed the problem and we then developed a plan where his wife would check his feet after breakfast each morning.....

The CVA patient....

From these 3 examples, I have come to realize that the patient must have the knowledge, skill and motivation to take control of their own health. This is related to Orem...

As nurses, we must...

Oral Progress Report Guidelines

The oral progress report is a time set aside for the student and clinical tutor to discuss the preceptored clinical experience. During this time students will orally present:

- A brief overview of their clinical placement including learning opportunities he/she has had and the type of client care encountered.
- An overview of the completion of their learning needs identified in the written progress report.
- An in-depth discussion of a 'critical' clinical experience related to your practicum. Your tutor will ask several questions to examine your ability to integrate knowledge into clinical practice and to evaluate your critical thinking skills.

It is suggested that the student refer to the guidelines provided to ensure all components of the report are present.

The session will take approximately 30-45 minutes. It will be scheduled at the end of the student's **340 hours** of practicum at a mutually convenient time. **Students who are not in Grande Prairie should expect to make arrangements to complete this portion of the ENP via teleconferencing or videoconferencing.**

Tips for preparing Clinical Progress Reports (written or oral):

- Keep organized notes (journal) about your clinical experiences.
- Share clinical experiences which demonstrate your development towards functioning as a registered nurse
- Ensure you are knowledgeable about the content by conducting research throughout the practicum.

Please note that the grade for the ENP is given by the clinical tutor and not the preceptor.

2. CLINICAL ASSIGNMENT 35%

With guidance from your clinical tutor, choose **one** (A, B, C, D or E) of the following five options:

A. Issue/Trends/Problem Identification:

- Using ONE example relevant to the context of your practicum, discuss a situation/problem and/or trend/issue you encountered at any point during the last 10 weeks.
- Maximum 10 pages in length, double spaced, APA format
- Include:
 - A description of the situation/problem or trend/issue
 - Discussion of resolutions, recommendations, or application to the clinical area of focus
 - Integrate relevant nursing literature to support your discussion.

B. Poster Presentation:

- Select a topic of interest to both the student and clinical staff or clients in the assigned area.
- Develop a poster on the selected topic.
- Provide written documentation of your project in the form of a 3-4 page essay using APA format, and including relevant aspects such as references, appendices, etc.

Recommended Resources:

Block, S. (1996). Do's and don'ts of poster presentations. *Biophysical Journal*, 17, 3527-3529.

McCann, S.A., Solomon Sramac, R., & Jantzi, R.S. (1994). The poster exhibit: Planning, development and presentation. *Orthopedic Nursing*, 13(3), 43-49.

Moore, L.W., Augspurgen, P., King, M. & Profitt, C. (2001). Insights on the poster preparation and presentation process. *Applied Nursing Research*, 14(2), 100-104.

C. Staff In-Service:

- Select a topic of interest to both the student and clinical staff or clients in the assigned area.
- Notify your clinical tutor of the time and place for in-service so that they can attend.
- Deliver an in-service on the selected topic to the staff on your unit.

- Provide written documentation of your project in the form of a 3-4 page essay using APA format, and including relevant aspects such as references, appendices, etc.

D. Client Teaching Aid:

- In consultation with your preceptor(s) and tutor, select a topic of need for clients.
- Develop a teaching aid on the selected topic.
- Provide written documentation of your project in the form of a 3-4 page essay using APA format, and including relevant aspects such as references, appendices, etc.

Recommended Resources:

Hussey, L.C. (1997). Strategies for effective patient education material design. *Journal of Cardiovascular Nursing*, 11(2), 37-46.

Mayeaux, E. J., Murphy, P.W., Arnold, C., Davis, T.C., Jackson, R.H., & Sentell, T. (1996). Improving patient education for patients with low literacy skills. *American Family Physician*, 53(10), 205-211.

E. Case Study Presentation:

- Select one client whom you have provided care for during their practicum.
- Inform your tutor of the selected client so they may view their chart and notify them of time and place for case presentation.
- Deliver a case presentation to the staff on your unit which includes:
 - A chronology of the patient's disease process
 - Relevant evidence based practice related to care decisions
 - Critique of what was done well and what could have been done better in terms of planning
 - give suggestions for future approaches to patients with similar issues.
- Provide written documentation of your project in the form of a 3-4 page essay using AQPA format, and including relevant aspects such as references, appendices etc.
- Integrate relevant nursing literature to support your plan of care

COURSE GRADING/POLICIES

Determination of Final Course Grade:

In this course, the ENP and assignment are marked and recorded as raw scores according to the percentage weight assigned to each element. At the end of the term the scores are totaled for a term summary mark in the course.

The *final course grade* is based on a combination of absolute academic achievement (an individual student's term summary mark) and relative performance (a comparison of a student's term summary mark to all students' term summary marks achieved in the class).

Due attention is paid to the descriptions of the various grade points according to the University of Alberta calendar. Evaluation procedures and grading system are located in section 23.4 of the University of Alberta calendar. The passing grade is a D, which is 1.0 grade point value on the numeric 4-point Alpha Scale. However at the end of semester students must have a GPA of 1.7 in order to graduate.

All assignments will be returned to the student with a letter grade.

Excellent A+, A, A-

Good B+, B, B-

Satisfactory C+, C, C-

Poor D+

Minimal Pass D

Failure F

Final grades are posted by the registrar's office website: <http://www.registrar.ualberta.ca>

University of Alberta Student Handbook can be found at:

<http://www.nursing.ualberta.ca/homepage.nsf/all/4005086A18303C2487256ABE00598267>

POLICY STATEMENTS

Policy about course outlines can be found in section 23.4 (2) of the University Calendar.

Late assignment policy: All assignments are to be passed in either before or on the date due. Extensions on assignments *may* be granted but *must* be negotiated with the tutor prior to the due date. A specified date must be identified for late submissions. A penalty of a letter grade for each working day that an assignment is late will be deducted from the final mark. For example, a paper marked B+ would receive a B adjusted grade if handed in one day late.

Assignments *must be verified* (stamped with the date and time) by *the nursing office personnel if handing in assignments by person*. *Students will be deducted a late penalty if they do not have information at appropriate time via email or electronic drop box*. *If students are submitting their assignments via email, it is their responsibility to confirm with the clinical tutor receipt of their work*.

Please note no assignments will be accepted after April 13, 2007

Plagiarism: All written course work must be referenced according to **APA 5th edition**. **The Faculty of Nursing has a *zero tolerance* policy on plagiarism.**

We expect honesty from our students. This demands that the contribution of others be acknowledged. 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).

The course outline acts as an agreement between the student and the instructor of this class regarding the details of the course.

The University of Alberta is committed to the highest standards of academic integrity and honesty. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University of Alberta in this respect. Students are particularly urged to familiarize themselves with the provisions of the Code of Student Behavior (online at www.ualberta.ca/~unisechr/appeals.htm) and avoid any behavior that could potentially result in suspicion of cheating, plagiarism, misrepresentation or aiding and abetting any of these offences. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University.

The Faculty of Nursing is committed to providing an environment of equality and respect for all people within the university community, and to educating faculty, staff and students in developing teaching and learning contexts that are welcoming to all.

The Faculty recommends that students and staff use inclusive language to create a classroom atmosphere in which students' experiences and views are treated with equal respect and value in relation to their gender, racial background, sexual orientation, and ethnic backgrounds.

Please note the last day to withdraw for this course without financial penalty is March 16, 2007

FACULTY OF NURSING POLICY ON APPROPRIATE CLINICAL ATTIRE

1. All Faculty of Nursing Students and clinical tutors are expected to dress appropriately for clinical experiences.
 - a. **Clinical settings requiring a uniform:**
 - Uniforms are to be clean and in good condition.
 - White or colored or printed shirts, pants, dresses, or skirts may be worn. Hospital issued scrubs are acceptable in specified areas only.
 - Socks or stockings will be worn at all times.
 - Shoes are to be in good repair and must provide support and protection. White duty or running shoes are acceptable. Open toed or open heeled shoes are not acceptable as per WCB requirements.

b. Clinical settings not requiring a uniform:

- *Acceptable* attire includes dress or cotton pants (excluding jeans), walking shorts or skirts not less than knee length, Capri length pants, dresses, blazers, suits, blouses, sweaters and vests.
 - *Unacceptable* attire includes shorts or hemlines above the knee, hipster pants, halter tops, tops with low necklines, cropped tops that do not reach the waistline of the bottom garment, spaghetti or narrow strapped tops, T-shirts bearing slogans, sweat pants or tops, jeans of any color, leggings, clinging garments, pajamas, and ripped, torn or soiled clothing.
 - Socks or stockings will be worn at all times.
 - Shoes are to be in good repair. Shoes that provide support and protection are required. Thong style sandals are not acceptable. Students should always wear indoor shoes or slippers during home visits.
2. Clearly visible photo identification from the University of Alberta must be worn in all clinical settings.
 3. In consideration of professional image, client and personal safety, and infection control practices, the wearing of jewelry is limited to one plain smooth surfaced ring and one pair of small studs or sleepers worn in pierced ears. Facial jewelry is not acceptable.
 4. Good personal grooming including neat and clean hair and fingernails is expected. Hair must be secured off the face in all clinical settings. Artificial nails and colored nail polish are not acceptable. Cosmetics are to be used with discretion. In consideration of allergies and lung conditions, perfumes and fragranced toiletry items are not acceptable.
 5. Students are expected to adhere to this policy when accessing clinical settings for researching and preparing for clinical.
 6. The Faculty of Nursing reserves the right to determine whether the required professional image is being portrayed in situations where the nursing student is representing the University and the nursing profession. Students who do not adhere to this policy will be asked to leave the clinical setting.

PROFESSIONAL ETHICS/CODE OF STUDENT BEHAVIOUR (refer to page 77 of the 2005 – 2006 University Calendar)

All students enrolled in the Faculty of Nursing are bound by, and shall comply with the Professional Codes of Ethics governing the profession and practice of Nursing.

“Professional Codes of Ethics” means the current Canadian Nurses Association’s Code of Ethics for Registered Nurses, and all other relevant professional codes and practice standards for registered nurses.

It is the responsibility of each Faculty of Nursing student to obtain, and be familiar with, such Professional Codes of Ethics, and their amendments as may be made from time to time. Current Standards of Practice and Code of Ethics can be found in the Alberta Association of Registered Nurses' (AARN) website.



Here are two websites that are worth book marking!

<http://www.cna-nurses.ca/> **The Canadian Nurses Association**

<http://www.nurses.ab.ca/> **The College and Association of Registered Nurses of Alberta**

Code of Student Behaviour

It is the responsibility of each student to be aware of the expectations of the Code of Student Behaviour. A complete and current Code of Student Behaviour is available, at the following address at the University's website.

<http://www.ualberta.ca/~unisecr/policy/sec30.html>



Here is another website worth book marking! This one is a resource for preceptors and students: www.cpep-net.ca

Name: _____

**Guideline for Midterm
Written Portion of Clinical Progress Report:**

Accuracy, depth and breadth of the knowledge and skills presented

Application and integration of knowledge and skills

Application of a nursing model in practice

Evidence of insight in discussing the topics

Quality and application of nursing literature

Progression in achieving course objectives and graduate competencies and level outcomes

Clarity of expression (grammar and style), including appropriate referencing

Comments:

Direction for Final Oral Report:

Name: _____

Guidelines for Final Oral Portion of Clinical Progress Report:

Accuracy, depth and breadth of the knowledge and skills presented

Application and integration of knowledge and skills

Application of a nursing model in practice

Evidence of insight in discussing the topics

Ability to respond to questions and show application of critical thinking during discussion.

Clarity of expression (ability to express self in a clear and understandable way)

Comments:

Nursing 495

Evaluation of Nursing Practice (ENP)

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

	4	3	2	1	0
<p>PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE</p> <p>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.</p> <p>Independently:</p> <ul style="list-style-type: none"> ▪ demonstrates integrity ▪ demonstrates responsibility and accountability ▪ demonstrates respect for client’s values, beliefs and rights ▪ demonstrates application of legal and ethical standards: <ul style="list-style-type: none"> ○ practices according to policies and procedures of host agencies and educational institution ○ uses knowledge of scope of practice and professional legislation and Code of Ethics ○ confidentiality ○ uses informed consent ○ prepares for clinical practice to provide safe, competent care ▪ takes action on questionable orders, decisions or interventions of other health team members ▪ demonstrates commitment to the values of the profession of nursing and support of professional development of colleagues <ul style="list-style-type: none"> ○ protects clients’ values, beliefs and rights ○ advocates for clients’ values, beliefs and rights ○ provides quality nursing care <p>2. Engages in strategies for social and political action at a beginning level</p> <p>Independently:</p> <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ○ recognizes vulnerable and/or marginalized clients/families ○ identifies issues of power that require investigation ▪ identifies nursing issues requiring social and political action <ul style="list-style-type: none"> ○ identifies programs which have arisen from social / political action ▪ discusses the role of the individual nurse in social / political action: <ul style="list-style-type: none"> ○ identifies role in existing programs ○ empowers clients ○ discusses client responsibilities ○ promotes client autonomy and collaboration ○ supports client in meeting their responsibilities ▪ discusses the role of professional nursing organizations in social and political action <ul style="list-style-type: none"> ○ protection of public ○ position statements ○ allocation of resources ○ identifies decision makers ○ identifies policy making individuals 					

	4	3	2	1	0
<ul style="list-style-type: none"> o describes national health policies o describes policy makers at a national level o describes national and/or international level of decision making ▪ describes the planning process for engaging in social and political action <ul style="list-style-type: none"> o identifies information to be provided to client/family o identifies funding sources (re: existing programs) o identifies the funding process o discusses change theory o identifies existing programs that address client/family needs o identifies strategies and resources for social and political action o identifies role of existing government policy o identifies existing programs for transition o organizes activity 					
<p>3. Demonstrates skills and attitudes necessary for life-long learning Independently:</p> <ul style="list-style-type: none"> ▪ demonstrates personal responsibility for learning ▪ identifies strengths and limitations of own competence, seeking assistance when necessary ▪ demonstrates attitude of inquiry to enhance own learning related to nursing practice ▪ seeks opportunities for professional development and continuing nursing education ▪ demonstrates an openness and receptivity to change <ul style="list-style-type: none"> o seeks and is receptive to feedback o act on feedback ▪ assumes primary responsibility for attaining and maintaining competence based on nursing practice standards ▪ evaluates own competence using nursing practice standards 					
KNOWLEDGE BASED PRACTICE					
<p>4. Applies a critical thinking approach to nursing Independently:</p> <ul style="list-style-type: none"> ▪ applies critical thinking strategies in developing sound clinical judgment in relation to complex and ambiguous variations in health ▪ applies creative thinking, reflective thinking and insight in complex and ambiguous variations in health for developing sound clinical judgment 					
<p>5. Applies nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice. Independently:</p> <ul style="list-style-type: none"> ▪ applies nursing knowledge as well as knowledge from the arts, humanities, medical sciences and social sciences in response to complex and ambiguous variations in health ▪ applies nursing knowledge related to scope of practice and professional legislation in nursing practice 					
<p>6. Demonstrates evidence based practice. Independently:</p> <ul style="list-style-type: none"> ▪ 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) 					

	4	3	2	1	0
<ul style="list-style-type: none"> ▪ identifies nursing practice problems that require investigation. <p>7. Applies nursing and other relevant models/theories in the professional practice of nursing. Independently:</p> <ul style="list-style-type: none"> ▪ explains the use of nursing models / theories / metaparadigms ▪ explores models / theories from other disciplines and their application into nursing ▪ explores the application of selected nursing models / theories into nursing practice. <p>8. Demonstrates competence in health care informatics. Independently:</p> <ul style="list-style-type: none"> ▪ uses a variety of selected information technology and other technology to support all scholarly activities and clinical practice. 					
<p>PROVISION OF SERVICE TO PUBLIC</p> <p>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). Independently:</p> <ul style="list-style-type: none"> ▪ applies concepts and principles related to primary health care with clients experiencing complex and ambiguous variations in health (local, national, international and global) ▪ applies knowledge of health determinants in client situations ▪ applies selected health promotion activities with individuals, families and groups <ul style="list-style-type: none"> ○ develops professional skills needed for taking action (eg. teaching/learning) ○ creates supportive environments <p>With guidance:</p> <ul style="list-style-type: none"> ▪ applies selected strategies with community and aggregates <ul style="list-style-type: none"> ○ participates in existing programs <p>10. Demonstrates caring relationships in professional situations. Independently:</p> <ul style="list-style-type: none"> ▪ recognizes how caring behaviors can influence health and healing ▪ demonstrates commitment to the ideal of caring ▪ recognizes the uniqueness, worth and dignity of self and others ▪ demonstrates awareness and concern for individuals in the health care setting ▪ demonstrates caring behaviors in interpersonal activities with clients, peers and others in the health care setting ▪ demonstrates commitment and caring in multiple and complex health care settings ▪ demonstrates ability to engage in caring relationships with clients and colleagues in nursing practice <ul style="list-style-type: none"> ○ initiates, maintains and terminates professional relationships in a supportive manner ○ social vs. therapeutic ○ recognizes situations requiring client advocacy <p>11. Collaborates with clients, community agencies, community members, and members of other disciplines in a variety of settings. Independently:</p> <ul style="list-style-type: none"> ▪ promotes client collaboration, choice and control ▪ promotes colleague participation, choice and control 					

	4	3	2	1	0
<ul style="list-style-type: none"> ▪ develops partnerships with community members, community agencies, colleagues and members of other disciplines ▪ interacts with clients experiencing complex, rapidly changing variations in health ▪ engages in inter-professional interactions <p>12. Demonstrates beginning leadership, management and administrative skills. Independently:</p> <ul style="list-style-type: none"> ▪ uses effective time management strategies to manage care for a group of clients ▪ 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 <p>With guidance:</p> <ul style="list-style-type: none"> ▪ applies principles of delegation (right: task, circumstance, person, direction, supervision). <p>13. Demonstrates the ability to deal with ambiguity and diversity. Independently:</p> <ul style="list-style-type: none"> ▪ 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 ▪ assists clients in decision making related to the effects of ambiguity and diversity in selected nursing situations ▪ selects appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations <p>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. Independently:</p> <ul style="list-style-type: none"> ▪ applies nursing process ▪ uses appropriate verbal communication skills <ul style="list-style-type: none"> ○ uses appropriate lines of communication ○ communicates and reports relevant information in a timely manner ▪ uses appropriate written communication skills <ul style="list-style-type: none"> ○ documents relevant information accurately and in a timely manner ▪ provides effective client education by applying: <ul style="list-style-type: none"> ○ principles of teaching and learning ○ identifies needed referrals ▪ prioritizes nursing activities ▪ performs selected psychomotor skills in a competent manner – lab setting ▪ performs selected assessment skills in a competent manner <p>With guidance:</p> <ul style="list-style-type: none"> ▪ performs selected psychomotor skills in a competent manner – clinical setting 					
CONTEXT BASED LEARNING					

	4	3	2	1	0
<p>15. Demonstrates competence with context based learning.</p> <p>Independently:</p> <ul style="list-style-type: none"> ▪ describes the components of context based learning <ul style="list-style-type: none"> ○ self directed learning ○ group process ○ CBL process ▪ uses the nursing process to plan nursing care for selected clients <ul style="list-style-type: none"> ○ selected assessment skills ○ problem identification ○ outcomes ○ interventions ○ evaluation ▪ effectively uses 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 behaviors ○ self directed learning ○ influencing factors ▪ effectively uses critical thinking in the group <ul style="list-style-type: none"> ○ brainstorming ○ exploring (creativity, depth, breadth and relevancy) ○ sources of information ▪ uses communication skills to enhance the context based learning processes <ul style="list-style-type: none"> ○ sharing personal information ○ articulation ○ clarity ○ conciseness ○ relevancy ○ seeking and providing opinions, information and direction ○ receiving and giving feedback ▪ uses writing skills to enhance the context based learning processes <ul style="list-style-type: none"> ○ legibility ○ appropriateness ○ clarity ○ conciseness ○ relevancy 					

Comments:

Date:

Student Signature

Clinical Tutor Signature

Grade Descriptors

To help preceptors and novice clinical tutors evaluate nursing student performance, the following descriptors have been provided. As a guideline the descriptors will assist in determining at which level the student is performing. It is suggested that the evaluator use these descriptors in conjunction with the ENP to determine the level of student performance.

A+ Outstanding

- Exceptional capacity for original, creative and/or logical thinking
- Well developed sense of inquiry
- Assumes leadership role in providing care
- Insightful, critical evaluation of situations.
- Comprehensive, incisive grasp of nursing
- Exceeds expectations in level of preparation and assignments
- Able to function independently in all situations with instructor as resource
- Builds on previous learning.

A Excellent

- Exceeds expectations in level of preparation and assignments
- Understands that the mechanism for learning is the group process
- Able to function independently in some situations with instructor as resource
- Well developed sense of inquiry
- Discriminates between subtle factors and able to make sound critical evaluations of the scenarios and learning group context
- Autonomous but recognizes limitations
- Discusses concepts of theory, practice and research
- Self motivated
- Takes primary responsibility for learning and growth and acts on feedback (self- directed)
- Communicates effectively
- Articulate
- Consistently anticipates needs, events, changes
- Motivated and enthusiastic about learning and nursing
- Always ethical
- Comprehensive grasp of nursing at a beginning level

B Very Good

- Preparation is detailed, specific and relevant
- Discusses concepts of theory, practice and research with minimal guidance
- Seeks and responds to feedback by developing strategies for growth and learning
- Seeks appropriate guidance/supervision
- Selects significant factors in most scenarios
- Transfers knowledge from one scenario to another
- Rationale is specific and detailed
- Consistently meets learning objectives
- Needs minimal supervision or interventions by tutor
- Anticipates needs/events in most situations
- Communicates effectively

- Articulate
- Motivated and enthusiastic about learning and nursing
- Always ethical
- Good range of alternative ideas and resources explored in relation to the task
- Substantial knowledge of nursing concepts
- Values the group as a resource for individual learning

C Good

- Makes obvious links between concepts of theory and practice
- Meets criteria of assignments
- Prepared
- Requires assistance in unusual or complex scenarios or group situations
- Able to develop solutions to moderately difficult problems
- Develops and grows from experiences and feedback
- Can adapt to the usual situations
- Provides rationale for decisions
- Self directed
- May need tutor guidance to focus thinking and approaches to concepts
- Provides accurate and relevant information
- Selects obvious factors in usual scenarios
- Communicates effectively with occasional need for clarification
- Usually motivated and interested in learning and nursing
- Always ethical
- Acceptable grasp of nursing concepts
- Focuses on individual learning in the context of a group

D Marginal, Minimal Pass

- Has limited insight into or unrealistic assessment of own abilities
- Requires frequent intervention, guidance and re-mediation in routine situations
- Needs substantial tutor support to recognize opportunities for growth and learning
- Rationale is frequently vague or non-specific and may be tentative at times
- Inconsistent in making links between concepts of theory and practice
- Minimal preparation
- Often uses inappropriate resources
- Frequently brings extraneous information
- Often needs assistance to select obvious factors/information
- Consistently needs intervention in order to communicate effectively
- Motivation/enthusiasm for learning and nursing is inconsistent
- Practices according to code of ethics with support and reminders
- Nursing knowledge is at a minimally acceptable level
- Ability to identify and consider priorities is limited
- Inconsistent in openness to feedback and action taken based on feedback
- Compromises learning of the group
- Lacks conceptual awareness of group as the vehicle for learning
- Perceives tutorial as a group of individuals responsible for own learning

F Failure, Unsatisfactory

- Demonstrates unethical and/or unsafe practice

- Not motivated for learning or nursing
- Does not communicate effectively despite tutor intervention
- Lacks self awareness and not open to feedback
- Lacks self direction
- Behaviour does not change despite feedback given
- Unable to make obvious links between concepts of theory and practice
- Requires consistent supervision or intervention by tutor
- Unable to provide rationale for actions or comments
- Consistently unprepared
- Uses inaccurate or irrelevant information to support decisions
- Does not recognize obvious significant factors
- Resistant to group process and thus interferes with learning of others

Developed by Red Deer College Nursing Faculty

Name: _____

Marking Guide for In-Service:

In-Service Presentation (60 Marks):

Introduction – overview of outline shared; purpose clearly stated	/5
Objectives stated in behavioral terms; highlights presented	/5
Content – information is comprehensive and includes clinical perspective and application; includes nursing research when applicable; suitable depth for target audience; includes an evaluation	/20
Educational techniques – appropriate to topic, content and audience	/10
Adequate planning, preparation and organization are evident	/10
Leadership – Stimulates discussion; questions addressed appropriately	/10

Essay Component (40 Marks):

Includes a brief history of how project was selected	/5
Briefly describes target audience	/5
Clearly states goals of project and desired outcomes	/5
Adequately describes process followed – how content depth and breadth was selected for targeted audience; why used selected format	/10
References are provided that are relevant, current and integrated into the essay	/2.5
Logical reasoning for decisions made on project	/5
Sound conclusions and discusses the evaluation of the project	/5
Information is accurate	/2.5

Total: /100

Comments:

Name: _____

Marking Guide for Client Teaching Aid:

Client Teaching Aid (60 Marks):

Content – main points clearly presented; information is accurate; breadth and depth is appropriate for target audience.	
Includes an evaluation	/20
Format – organization is logical; categories and sequencing is appropriate; user friendly for target audience	/10
Reading level is appropriate for target audience	/10
Illustrations – enhance learning and clarity as well as attract interest	/10
Layout and design – adequate font size, spacing and balance	/10

Essay Content (40 Marks):

Includes a brief history of how project was selected	/5
Briefly describes target audience	/5
Clearly states goals of project and desired outcomes	/5
Adequately describes process followed – how content depth and breadth was selected for targeted audience; why used selected format	/10
References are provided that are relevant, current and integrated into the essay	/2.5
Logical reasoning for decisions made on project	/5
Sound conclusions and discusses the evaluation of the project	/5
Information is accurate	/2.5

Total: /100

Comments:

Name: _____

Marking Guide for Case Study Presentation:

Case Study Presentation (60 Marks):

Introduction – overview of outline shared; purpose clearly stated	/5
Objectives stated in behavioral terms; highlights presented	/5
Content – information is comprehensive and includes a comprehensive discussion of the client and their condition and how care planning relates to current research in that area. Able to provide suggestions for best practice standards related to patients with similar issues.	/20
Educational techniques – appropriate to topic, content and audience	/10
Adequate planning, preparation and organization are evident	/10
Leadership – Stimulates discussion; questions addressed appropriately	/10

Essay Component (40 Marks):

Includes a brief history of how case study was selected	/5
Related to current research and best practice standards	/10
Adequately describes rationale behind choice of case and recommendations for future practice	/10
References are provided that are relevant, current and integrated into the essay	/5
Sound conclusions and discusses the evaluation of the project	/5
Information is accurate	/5

Total: /100

Comments:

Name: _____

Marking Guide for Issue/Trends/Problem Identification:

Includes an adequate description of the situation/problem or trend/issue	/10
Describes why the topic was selected	/10
Information about issue/trend/problem is accurate and detailed	/20
Offers resolutions or recommendations applicable to the situation/problem or trend/issue. Suggestions are made for further appropriate research	/30
Offers sound conclusion which is clearly written	/10
References are current, relevant, and integrated into the essay	
Reference list is provided	/5
Logical Organization	/10
Correct grammar, spelling and use of APA format	/5
Total:	/100

Comments:

Name: _____

Marking Guide for Poster Presentation:

Poster Quality (60 marks):

Attracts viewer's attention	/5
Design in professional and appropriate for target audience	/20
Content is informative and aligns with desired outcomes; Includes an evaluation component	/20
Balance in sections, size, color, contrast and lines	/5
Adequate font size, titles and sub-headings	/5
Correct grammar and spelling	
References visible on poster	/5

Essay Component: Content (40 Marks):

Includes a brief history on how project was selected	/5
Briefly describes target audience	/5
Clearly states goals of project and desired outcomes	/5
Adequately describes process followed – how content depth and breadth was selected for targeted audience; why used selected format	
Discusses conclusions from evaluation	/10
References are current, relevant and integrated into the essay	
Reference list is provided	/5
Sound conclusions	/5
Information is accurate	/5

Comments: Total: /100

