

## DEPARTMENT of Nursing Education & Health Studies

### COURSE OUTLINE – FALL 2017

#### NS3070: Acute Care Nursing Theory I – 6 (4-8-6) 126 Hours in 7 Weeks

**INSTRUCTOR:** Megan Stone BScN, RN

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**OFFICE:** H214

**OFFICE HOURS:** By Appointment

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**LAB INSTRUCTOR:** Tamara VanTassell RN, BScN, MN

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**CALENDAR DESCRIPTION:**

The primary focus is the theoretical foundation for the client-centered care of adults and elderly clients and their families experiencing variations in health (acute and chronic illnesses). Comprehensive assessment and best practice interventions are addressed within the context of a primary health care framework and a nursing model.

**PREREQUISITE(S)/COREQUISITE:**

Prerequisites: NS2015, NS2025, NS2150

Co-requisite: NS3080

**REQUIRED TEXT/RESOURCE MATERIALS:**

All previous required textbooks from year1-2

**DELIVERY MODE(S):**

Lecture, Seminar and Lab

**COURSE OBJECTIVES:**

Students are responsible to familiarize themselves with *Graduate Competencies and Year-End Outcomes (with Cross Reference to Courses)*. Attention must be given to the competencies that are identified as being relevant to NURS 3070.

1. Describe, understand and articulate an understanding of theory related to key patient safety concepts including communication, teamwork, environmental and human factors, safety risks and adverse events disclosure.
2. Describe, understand and articulate an understanding of theory related to patient centered care and interdisciplinary practice.
3. Demonstrate, with guidance, the processes of self-directed learning, critical thinking, and group process skills in utilizing context-based learning, in all learning activities.
4. Identify and discuss, with minimal assistance, issues related to the delivery of health care in Canada and the implications for professional nursing practice.
5. Discuss, with minimal assistance, the roles and functions of registered nurses in providing client-centered care to clients (adult and elderly) with selected commonly occurring acute and chronic illnesses within the context of primary health.
6. Demonstrate, with minimal assistance, knowledge of selected assessment skills and selected best practice interventions.
7. Organize, with minimal assistance, nursing knowledge according to selected models and theories.
8. Demonstrate beginning competence in using information technology.
9. Demonstrate, with minimal assistance, effective verbal and written communication skills in small and large group situations.
10. Integrate the knowledge generated from working through the course scenarios, and be able to apply this knowledge to other situations.
11. Integrate the knowledge and skills acquired in all learning environments and be able to apply them in other situations.

## LEARNING OUTCOMES:

1. Select concepts of safety related to acute care practice
2. Interpret interprofessional competencies related to planning client care
3. Explain issues related to the delivery of health care in Canada and the implications for professional nursing practice
4. Describe the roles of Registered Nurses in providing care to individuals with acute and chronic illnesses within the context of primary health care
5. Examine the nursing process in planning care
6. Analyze models and theories that guide nursing care
7. Demonstrate professional and therapeutic communication skills
8. Access and evaluate information to guide nursing practice
9. Describe concepts related to recovery, rehabilitation and palliation

## TRANSFERABILITY:

### UA NURS 307

**\*Warning:** Although we strive to make the transferability information in this document up-to-date and accurate, **the student has the final responsibility for ensuring the transferability of this course to Alberta Colleges and Universities.** Please consult the Alberta Transfer Guide for more information. You may check to ensure the transferability of this course at Alberta Transfer Guide main page <http://www.transferralberta.ca> or, if you do not want to navigate through few links, at <http://alis.alberta.ca/ps/tsp/ta/tbi/onlineSearch.html?SearchMode=S&step=2>

**\*\* Grade of D or D+ may not be acceptable for transfer to other post-secondary institutions. Students are cautioned that it is their responsibility to contact the receiving institutions to ensure transferability**

## EVALUATIONS:

Assignment and Exams	Value	Due Date or Writing Date
Midterm Examination	30%	November 17 <sup>th</sup> , 2017 0830-1120
Clinical Judgement Exercise	20%	November 24 <sup>th</sup> , 2017 (by midnight)
Final Written Examination	35%	December 11 <sup>th</sup> , 2017 1130-1430
Participation	15%	December 8 <sup>th</sup> , 2017
Total	100%	Total
Lab OSCE	Pass/Fail	December 6 <sup>th</sup> , 2017

## TUTORIAL & LAB:

Attendance at all tutorials and labs is expected.

Students will be required to perform self-evaluations as well as peer-evaluations as determined by the group and instructor.

## LABS & OSCES:

OSCEs to be tested will be chosen by the lab and tutorial instructors. OSCEs are pass/fail. In order to pass NS3070, the student will be required to pass the OSCE. A total of 3 attempts to pass an OSCE are permitted. The 3 attempts include the initial OSCE test and no more than 2 OSCE re-tests. All OSCE re-testing must be completed by the end of the course in order to receive a pass in NS3070. If the student is unsuccessful in passing the OSCE after 3 attempts; the student will receive a course failure.

**\*\* NOTE:** Please see the Course Syllabus for more information on each evaluation. Also, refer to the Examination Policies on the GPRC website <http://www.gprc.ab.ca/about/administration/policies/>

## Clinical Judgment Exercise Value: 20% of Final Grade

### Clinical Judgment Exercise Assignment

In alignment with the third year nursing focus of caring for clients experiencing more acute variances in health, this exercise will give you the opportunity to implement the nursing process within an acute patient scenario. You are the RN who is the primary care giver to the client outlined in the scenario. Please answer the following questions in your assignment:

1. What assessments would be necessary to complete for your client in this scenario? Include your rationale.
2. Identify the 3 key nursing diagnoses for your client in this scenario.
3. Out of the 3 key nursing diagnoses, what would your priority nursing diagnosis be? Provide your rationale for choosing that as your priority.
4. What is the expected outcome for your client, related to the priority nursing diagnosis?
5. What are the 5 most important nursing interventions required to address the priority nursing diagnosis? Provide rationale for these interventions.
6. How would you evaluate the expected outcome related to the priority nursing diagnosis you have chosen?

### Guidelines:

1. You will be given a seminar class time (3 hrs) to start your Critical Judgement Exercise. Please ensure you bring any textbooks that you think you may need for referencing as well as a tablet or laptop to start your work. At the end of the class you will be asked to submit your scenario that you were given as well as your initial brainstorming papers.
2. Please utilize APA format (6<sup>th</sup> edition) for this assignment. A minimum of three references is required including at least one relevant peer reviewed journal article. Your references should include three different types of credible sources, such as; textbooks, journal articles, and Web Pages.
3. The page limit is to be no more than five pages (1000-1200 words), excluding the title page, references and any appendices. It is highly recommended to place charts and/or tables as appendices if utilized.
4. Please upload your assignment to the dropbox on Moodle. **This assignment is due on November 24<sup>th</sup>,2017 by midnight.**

## Clinical Judgment Exercise Assignment Rubric

<b>GRADE</b>	<b><u>Excellent (A)</u></b>	<b><u>Very Good (B)</u></b>	<b><u>Good (C)</u></b>	<b><u>Marginal (D)</u></b>	<b><u>Fail (F)</u></b>
<b>ASSESSMENTS</b>	Key assessment areas are identified and are completed, clearly stated and concise. Comprehensive assessment data is relevant to the scenario.	Key assessment areas identified but not clearly stated, concise or comprehensive.	Assessment areas are incomplete. Relevance and relationship to scenario not clearly evident.	Assessment is superficial and incomplete in relation to the scenario.	Identified assessments inadequate, irrelevant and/or ambiguous.
<b>KEY NURSING DIAGNOSIS</b>	Nursing diagnoses are pertinent, realistic and clearly identified. Written in problem/related to etiology format.	Nursing diagnosis identified are realistic but not clearly written in problem/related to etiology format.	Nursing diagnoses identified but are not concise or explicit.	Identification of probable nursing diagnosis is unclear, ambiguous or irrelevant.	Nursing diagnoses identified are not nursing diagnosis.
<b>PRIORITY NURSING DIAGNOSES AND RATIONALE</b>	Priority nursing diagnoses with rationale provided. Rationale demonstrates comprehensive insight, clarity, depth and understanding of nursing practice.	Priority nursing diagnosis with rationale demonstrates very good depth, clarity and insight.	Priority nursing diagnoses are identified but rationale lacks some depth, clarity and insight.	Priority nursing diagnoses are identified but rationale does not support relevance to scenario	Unable to clearly identify the priority nursing diagnosis or provide rationale.
<b>OUTCOMES/GOALS</b>	Outcomes/goals are comprehensive, relevant, specific, achievable, measurable and related to the priority nursing diagnosis	Outcomes/goals are somewhat relevant, specific, achievable, and measurable in relation to the priority nursing diagnosis.	Outcomes/goals are general to the priority nursing diagnosis, but are not measurable or specific.	Outcomes/goals are identified but are not related to the nursing diagnosis.	No outcomes/goals identified.

<b>INTERVENTIONS &amp; RATIONALE</b>	Nursing interventions are clearly stated, specific, relevant, comprehensive and supported by relevant, credible, and varied sources of evidence.	Nursing interventions are clearly stated but less comprehensive. Evidence to support interventions not clearly related to the scenario.	Most obvious nursing interventions are stated, but are not specific. Evidence to support the interventions lacks relevance or is not applicable.	Some relevant nursing interventions are missing and the evidence provided to support nursing interventions lacks credibility, e.g.: sources are questionable or depth of research is lacking.	Nursing interventions identified are irrelevant. No evidence or sources cited to support the interventions identified.
<b>EVALUATION</b>	Clearly and concisely describes how the outcome/goal achievement will be evaluated.	Identifies how outcomes/goals are evaluated, but lacks clarity or depth.	Evaluation criteria are undeveloped or lack specificity.	Evaluation criteria are irrelevant, incomplete, superficial and/or undeveloped.	No evaluation criteria stated.
<b>APA FORMAT GRAMMAR/ SPELLING/ ORGANIZATION</b>	Exceptionally well written, organized and legible. Relationship between ideas evident. Almost entirely free of errors in grammar, punctuation, and spelling. APA and referencing format requires minimal revisions.	Well written, organized and legible. May contain a few errors in grammar, punctuation and spelling but does not impede understanding. APA and referencing format requires minor revisions.	Legible and adequately organized although relationship between ideas unclear in places. Several errors in grammar, punctuation, and spelling, which may be confusing but does not impede overall understanding. APA and referencing format requires some revisions.	Content is present, however, lack of structure and organization is evident. Contains many grammar, punctuation, and spelling errors throughout that impede understanding. APA and referencing format is inconsistent and incorrect.	Disorganized and difficult to read. Errors in grammar, punctuation, and spelling prohibit clear readability. APA is poorly done, or there is evidence of plagiarism. There is no evidence of referencing and/or there is evidence of plagiarism in citations.

**GRADING CRITERIA:**

Please note that most universities will not accept your course for transfer credit **IF** your grade is **less than C-**.

<b>Alpha Grade</b>	<b>4-point Equivalent</b>	<b>Percentage Guidelines</b>		<b>Alpha Grade</b>	<b>4-point Equivalent</b>	<b>Percentage Guidelines</b>
A+	4.0	90-100		C+	2.3	67-69
A	4.0	85-89		C	2.0	63-66
A-	3.7	80-84		C-	1.7	60-62
B+	3.3	77-79		D+	1.3	55-59
B	3.0	73-76		D	1.0	50-54
B-	2.7	70-72		F	0.0	00-49



## NS 3070 Participation Rubric

Criterion	Excellent(A)	Very Good (B)	Satisfactory ( C )	Unsatisfactory (D)	Incomplete (F)
<b>Professionalism and Ethical Conduct</b>	Routinely respects peers by using appropriate non-verbal and verbal communication in shared inquiry and discussion. Listens before responding and does not dominate discussion. Consistently accepts and challenges ideas respectfully and encourages/supports others to do the same	Often shows respect for peers using appropriate non-verbal and verbal communication in shared inquiry and discussion. Usually allows peer(s) to complete ideas/thoughts before adding to discussion. Most of the time accepts when peers challenge ideas and will often encourage/support others to do the same	Sometimes shows respect for peers as evidenced in non-verbal and verbal communication in shared inquiry and discussion. Sometimes allows peer(s) to complete ideas/thoughts before adding to discussion. Sometimes accepts when peers challenge ideas and at times will encourage/support others to do the same.	Inconsistently shows respect for peers as evidenced in non-verbal and verbal communication in shared inquiry and discussion. Inconsistently allows peers to complete ideas before adding to discussion. Rarely accepts when peers challenge ideas and is inconsistent with encouraging/ supporting peers to do the same.	Does not show respect for peers as evidenced by non-verbal and verbal communication in shared inquiry and discussion. Does not accept peers' ideas and does not accept being challenged by peers.
<b>Leadership/ Group Functioning</b>	Consistently takes responsibility for maintaining the flow and quality of the discussion when needed. Always actively attends to what others say as evidenced by consistently responding to and clarifying peers' comments. Helps refocus and direct discussion when group is off topic. Consistently integrates learning goals as a means to guide discussion. Makes efforts to engage peers. Consistently provides constructive feedback and support to others.	Often takes on responsibility for maintaining the flow and quality of discussion if needed. Usually listens well and shows ability to reflect by clarifying ideas/concepts through appropriate probing questions and making connections to peers contributions. Will often try to redirect group if off topic. Usually mentions learning goals as a means to help guide discussion. Responds to ideas and questions offered by other participants .Will engage peers. Usually provides constructive feedback and support to peers.	Sometimes takes an active role in maintaining the flow and direction of the discussion. When assigned a leadership role, will help direct discussion and occasionally facilitate discussion by engaging peers. Sometimes listens well and shows the ability to reflect by clarifying ideas/concepts through probing questions that are not always clear or direct. Will mention learning goals at times as a means to guide discussion. Sometimes provides constructive feedback and support to peers.	Inconsistently takes responsibility for maintaining the flow and quality of discussion. Inconsistently shows ability to reflect through appropriate use of probing questions to clarify ideas/concepts. Rarely helps to refocus discussion that is focused on learning goals and for the most part, does not engage peers. Rarely provides meaningful feedback or support to peers.	Does not take responsibility for maintain the flow and quality of discussion. Does not show ability to reflect as does not clarify or question ideas/concepts.

<b>Critical Thinking</b>	Demonstrates ability to critically think as content from own research and peers research is used to guide discussion. Consistently increases depth of discussion by questioning, analyzing, and making links with prior, current, and new knowledge. Able to draw in and apply knowledge from other courses/disciplines to improve quality of discussion.	Demonstrates ability to critically think as often uses own research and peers' research to guide discussion. Most of the time will attempt to increase depth of discussion by making some links to prior, current, and new knowledge. Often will draw in and apply knowledge from other courses/disciplines to improve quality of discussion.	Demonstrates ability to critically reflect. Sometimes will use own research and peers' research to guide discussion and occasionally will increase depth of discussion by making some links to prior, current, and new knowledge. At times will draw in and apply knowledge from other courses/disciplines to improve quality of discussion.	Inconsistently demonstrates ability to critically reflect. Infrequently uses own research and peers' research to guide discussion. Rarely increases depth of discussion by making links to prior, current, and new knowledge. Inconsistently draws in and applies knowledge from other courses/disciplines.	Does not take on an argument or position to show ability to critically reflect.
<b>Preparation</b>	Consistently prepares for class by completing and posting assignments/research/tasks prior to brainstorming/discussion. Always reads peers' research and actively participates in the online board as agreed upon by the group/tutor. Material submitted online is able to be retrieved and in the correct format. Consistently contributes to class discussion/ brainstorming.	Most of the time prepares for class by completing and posting assignments/research/tasks prior to brainstorming/discussion. Usually reads peers' research and participates in the online board as agreed upon by the group/tutor. Material submitted online is usually able to be retrieved and in the correct format. Often contributes to class discussion/brainstorming.	Sometimes prepares for class by completing and posting assignments/research/tasks prior to brainstorming/discussion. Occasionally reads peers' research and participates in the online board as agreed upon by the group/tutor. Material submitted online at times is not posted or unable to be retrieved. Sometimes contributes to class discussion/brainstorming.	Inconsistently prepares for class by completing and posting assignments/research/tasks prior to brainstorming/discussion. Rarely reads peers' research and participates in the online board as agreed upon by the group/tutor. Material submitted online is often not posted or unable to be retrieved. Rarely contributes to class discussion/brainstorming.	Is not prepared for class as assignments/research/tasks are not done prior to brainstorming/discussion. Does not read research or participate in online board. Does not submit material online or contribute to class discussion

**COURSE SCHEDULE/TENTATIVE TIMELINE:**

<b>WEEK 1</b>	Learning Package Lecture Seminar Lab	Pierre Dupont Course Orientation Brainstorm/varied learning activities No lab this week
<b>WEEK 2</b>	Learning Package Lecture Seminar Lab	Pierre Dupont/Mr. Woo Discuss student research/brainstorm next scenario Varied learning activities/guest speakers CVA Assessment/NIHSS
<b>WEEK 3</b>	Learning Package Lecture Seminar Lab	Mr. Woo/Janet Discuss student research/brainstorm next scenario Varied learning activities/guest speakers Epidural/PCA pumps/Pulmonary Procedures
<b>WEEK 4</b>	Learning Package Lecture Seminar Lab	Janet Discuss student research/midterm exam review Varied learning activities/guest speakers Death and Dying <b>MIDTERM EXAM</b>
<b>WEEK 5</b>	Learning Package Lecture Seminar  Lab	Celine Turcotte Brainstorm & discuss student research Varied learning activities/guest speaker/CJE Assignment NG/Ostomy Care <b>CJE ASSIGNMENT</b>
<b>WEEK 6</b>	Learning Package Lecture Seminar Lab	Celine Turcotte/Mrs. Elizabeth Snow Discuss student research/brainstorm next scenario Varied learning activities/guest speakers PICC/Central Lines OSCE practice
<b>WEEK 7</b>	Learning Package Lecture Seminar Lab	Mrs. Elizabeth Snow Discuss student research Review for Final Exam Simulation <b>OSCE TESTING</b>
<b>WEEK 8</b>	Learning Package Lecture Seminar Lab	None <b>FINAL EXAM</b>

**STUDENT RESPONSIBILITIES:**

To **PASS** Nursing 3070 students must complete all assignments and evaluation strategies listed in the course outline.

Students are expected to be present and contribute during group tutorial seminar sessions. Any absence in tutorial or lab must be reported to the tutor prior to the scheduled session. Absences will be documented and may impact your final grade.

**LATE ASSIGNMENT POLICY:**

Assignments are expected to be passed in when they are due at the location specified by your instructor. Extensions may be granted and must be negotiated with the instructor prior to the due date and with a date specified for extensions. Assignments will be accepted through drop box on Moodle.

A reduction of one alpha grade for each calendar day that an assignment is submitted after the due date will be made from the final mark of the assignment. For example, an assignment marked at a B+ would receive an adjusted grade of B if handed in one day late per the Late Assignment Policy. Late assignments may be submitted in the drop box on Moodle.

**STATEMENT ON PLAGIARISM AND CHEATING:**

Cheating and plagiarism will not be tolerated and there will be penalties. For a more precise definition of plagiarism and its consequences, refer to the Student Conduct section of the College Admission Guide at <http://www.gprc.ab.ca/programs/calendar/> or the College Policy on Student Misconduct: Plagiarism and Cheating at <http://www.gprc.ab.ca/about/administration/policies/>

\*\*Note: all Academic and Administrative policies are available on the same page.