



**UNIVERSITY OF ALBERTA
COLLABORATIVE BACCALAUREATE
NURSING PROGRAM**
Grande Prairie Regional College
MacEwan
Keyano College
Red Deer College
University of Alberta

NURSING 3910

**2009-2010
COURSE OUTLINE**

January 5th – February 19th 2010

Course Leader

Dorothy MacIntyre BN.RN. M.Ed.

Office: 539 -2048 Phone: H231

dmacintyre@gprc.ab.ca

Medical Unit Instructor

Casandra Jordan RN, BScN

Office: C 220 Phone: 539-2927

cjordan@gprc.ab.ca

Surgery Unit Instructor

Bonnie Braun, RN, BScN

Office: H213 Phone: 539-2029

bbraun@gprc.ab.ca

Seminar: Fridays 0830-1120

Room: C316

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Approved: May 2009

Nursing 3910 Course Outline

CALENDAR STATEMENT:

NURS 391 Nursing Practice V *7 (fi 14) (either term, 3-26c-2 in 7 weeks).

Practice focuses on restoration, rehabilitation, and support (including health promotion and disease prevention) of clients experiencing more acute variances in health across the life span. Practice occurs in primary-, secondary-, and tertiary-level acute care settings. Prerequisites: NURS 151, 2910, 2940, 2950. Pre- or corequisite: NURS 390.

COURSE HOURS: LEC: 0 SEM: 21 LAB: 14 CLINICAL: 182

COURSE DESCRIPTION:

Opportunities will be provided for students to develop advanced skills in health assessment, intervention and communication with clients across the life span. The focus of this clinical course will be the client and their families with more acute variances in health. Students will continue to utilize health promotion, and all levels of prevention in nursing practice. Nursing practice over a continuous block of time will occur in various acute care settings.

COURSE OBJECTIVES:

LEVELS OF INDEPENDENCE

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

With assistance: The student requires direction and information.

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

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

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

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

Direction: 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 Nursing 3910 the nursing student will be able to:

PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE

1. Practice within the legal and ethical standards established by the College and Association of Registered Nurses of Alberta and the Canadian Nurses Association, and according to legislated scope of practice, and provincial and federal legislation.

Independently:

- demonstrate integrity
- demonstrate responsibility and accountability
- demonstrate respect for client's values, beliefs and rights

With guidance:

- demonstrate application of legal and ethical standards by:
 - practising 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
- *take action on questionable orders, decisions or interventions of other health team members*
- demonstrate commitment to the values of nursing of the profession of nursing and support of professional development of colleagues:
 - *protect client's values, beliefs and rights.*

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

With guidance:

- differentiate own values/needs/rights/obligations from values/needs/rights/obligations of others
- discuss formal and informal power structures in the context of social/political action in nursing situations:
 - recognize vulnerable and/or marginalized clients/families
 - *identify issues of power that require investigation*
- identify nursing issues requiring social and political action:
 - identify programs which have arisen from social/political action
- discuss the role of the individual nurse in social/political action:
 - identify role in existing programs
 - empower clients
 - discuss client responsibilities
 - promote client autonomy and collaboration
 - *support client in meeting their responsibilities*
- discuss the role of professional nursing organizations in social and political action:
 - protection of public
 - position statements
 - *allocation of resources*
 - *identify decision makers*

- *identify policy-making individuals*
- describe the planning process for engaging in social and political action:
 - identify information to be provided to client/family
 - identify funding sources (re: existing programs)
 - identify the funding process
 - discuss change theory
 - identify existing programs that address client/family needs
 - identify strategies and resources for social and political action
 - *identify role of existing government policy*
 - *identify existing programs for transition*
 - *organize activity.*

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

Independently:

- demonstrate personal responsibility for learning
- demonstrate an attitude of inquiry to enhance own learning related to nursing practice

With guidance:

- demonstrate the ability to develop informal (verbal) focused learning goals based on personal and/or client needs
- identify strengths and limitations of own competence, seeking assistance when necessary
- demonstrate an openness and receptivity to change:
 - seek and be receptive to feedback
 - act on feedback
- assume primary responsibility for attaining and maintaining competence using nursing practice standards.

KNOWLEDGE-BASED PRACTICE

4. Apply a critical thinking approach to nursing.

With guidance:

- apply critical thinking strategies in developing sound clinical judgment in relation to acute variances in health
- apply creative thinking, reflective thinking and insight in relation to acute variances in health for developing sound clinical judgment.

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

With guidance:

- use selected areas of nursing knowledge as well as knowledge from the arts, humanities, medical sciences and social sciences in response to acute variances in health
- use selected areas of knowledge related to scope of practice and professional legislation in nursing practice.

6. Demonstrate evidence-based practice.

With guidance:

- utilize credible resources (research studies, experts, and others)
- examine research findings related to nursing situations
- describe the significance of research to practice (research studies, experts, and others)

- identify nursing practice problems that require investigation.

7. Apply nursing and other relevant models/theories in the professional practice of nursing.

With guidance:

- explain the use of nursing models/theories/metaparadigms
- explore models/theories from other disciplines and their application into nursing
- explore the application of selected nursing models/theories into nursing practice.

8. Demonstrate competence in health care informatics.

With guidance:

- use a variety of selected information technology and other technology to support all scholarly activities and clinical practice.

PROVISION OF SERVICE TO PUBLIC

9. Apply concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, inter-sectoral collaboration).

With guidance:

- apply principles and concepts of primary health care with clients and families experiencing acute variations in health
- apply knowledge of health determinants in client situations
- apply selected health promotion activities with individuals, families and groups:
 - develop professional skills needed for taking action (e.g., teaching/learning)
 - create supportive environments

With minimal assistance:

- *apply selected strategies with aggregates:*
 - *participate in existing programs.*

10. Demonstrate caring relationships in professional situations.

With guidance:

- recognize how caring behaviours can influence health and healing
- *demonstrate commitment to the ideal of caring*
- recognize the uniqueness, worth and dignity of self and others
- *demonstrate awareness and concern for individuals in the health care setting*
- demonstrate caring behaviours in interpersonal activities with clients, peers and others in the health care setting
- demonstrate ability to engage in caring relationships with clients and colleagues in nursing practice:
 - initiate, maintain and terminate professional relationships in a supportive manner
 - social vs. therapeutic
 - recognize situations requiring client advocacy.

11. Collaborate with clients, community agencies, community members, and members of other disciplines in a variety of settings.**With guidance:**

- promote client participation, choice and control
- promote colleague participation, choice and control
- develop partnerships with colleagues, community members, community agencies and members of other disciplines
- interact with clients experiencing acute variations in health
- engage in inter-professional interaction.

12. Demonstrate beginning leadership, management and administrative skills.**With guidance:**

- use effective time management strategies in co-ordinating client care
- describe leadership and management roles and competencies
- use decision-making processes
- effectively lead a small group
- perform an accurate appraisal of self and others
- effectively follow quality and risk management processes to enhance nursing practice

With assistance:

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

13. Demonstrate the ability to deal with ambiguity and diversity.**With guidance:**

- anticipate the need of clients
- identify effects of ambiguity and diversity in all learning environments
- identify ambiguity and diversity in selected nursing situations
- identify own pattern of dealing with the effects of ambiguity and diversity
- provide support to clients experiencing effects of ambiguity and diversity in times of transition
- *assist clients in decision making related to the effects of ambiguity and diversity in selected nursing situations*
- select appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations.

14. Demonstrate competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, client education, in the promotion, restoration, rehabilitation and maintenance of health.**With guidance:**

- apply nursing process
- use appropriate verbal communication skills:
 - using appropriate lines of communication
 - communicating and reporting relevant information in a timely manner
- use appropriate written communication skills:
 - documenting relevant information accurately and in a timely manner
- provide effective client education by:
 - applying principles of teaching and learning
 - identifying needed referrals

- prioritize nursing activities
- perform selected assessment skills in a competent manner
- perform selected psychomotor skills in a competent manner – clinical setting

Independently:

- perform selected psychomotor skills in a competent manner – lab setting.

CONTEXT-BASED LEARNING**15. Demonstrate competency with the application of the elements of context-based learning to clinical experience seminars and pre-/post-conferences.****Independently:**

- effectively use self-directed learning
- effectively use critical thinking skills to facilitate learning of the group
- effectively use group process to facilitate learning of the group:
 - respect for the values and beliefs of others
 - responsibility and accountability for the learning of the group
 - group roles
 - caring behaviours
 - communication skills (verbal or written)
 - factors which influence the group.

REQUIRED RESOURCES

1. Working Definitions
2. Map of Theoretical Labs, Clinical Labs and Clinical Seminars
3. Graduate Competencies and Year End Outcomes
4. Grade Descriptors
5. Other site-specific resources

RECOMMENDED RESOURCES:

Medical-Surgical Nursing textbook
Pathophysiology textbook
Pharmacology textbook and/or Nurses Drug guide
Other references as needed

REQUIRED LEARNING EXPERIENCES

In order to pass NURS 3910, students must demonstrate safe ethical nursing practice, professional behavior, and complete the following experiences. Students are expected to implement previously learned nursing skills.

1. During this course, students will have a continuous experience in an acute care setting with adults or children, and/or experiencing increasingly complex and more acute variances in health.
2. Where the clinical setting allows, students will co-ordinate care for 2- 3 clients. Alternately, bearing in mind the characteristics of specific placement settings such as client acuity level, students will coordinate care for 2-3 clients. The emphasis should be on learning depth and breadth and client safety.

3. Participate in site-selected lab activities (see 'Map of Theoretical Labs, Clinical Labs and Clinical Seminars').
4. Use a nursing model to assess and intervene with clients and their families.
5. Participate in client and family education.
6. Collaborate with client, family, and members of other disciplines.

SUGGESTED OPTIONAL LEARNING EXPERIENCES (site specific)

1. Participate in a follow through experience with a more complex client having a medical or surgical procedure.
2. Participate in discharge planning/referral from institutional settings.
 - 2.1 Liaise with home care nurse where possible.
 - 2.2 Follow up visit with client at home. May include a telephone follow up or home visit.
3. Involvement with specific projects within institutional based practice.
4. Observe and/or participate in a family conference.

REQUIRED EVALUATION

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

1. **Students MUST pass the ENP in order to pass the course. If a student receives a grade of "F" in any one area of the ENP criteria it constitutes a clinical failure on the ENP, as the students has then shown unsafe, unprofessional or unethical nursing practice. If a student does not pass the ENP they will obtain an overall grade of no greater than D in the course.**
 - To encourage the development of self reflective practice, it is recommended that client preparation, reflective practice, nursing care and learning plans be evaluated through discussion during the clinical day and post conference.
 - **A formative and written summative evaluation of Nursing Practice will be completed by the student and the tutor/preceptor.** This will be accomplished through observation assessment and evaluation of the student during nursing practice. Evaluations will be made by the tutor and may be supplemented with input from peers, the staff of an agency, and the client. Tutors are directed to refer to the current Evaluation of Nursing Practice document from the Evaluation Strategies Committee.
 - **Students are required to maintain competence in math calculations and therefore must pass a written math calculation exam early in the course. A passing grade is 90% . Students will be allowed 2 opportunities to rewrite if they are not successful in the first exam. Failure to achieve a passing grade on the math calculation exam or either of the two rewrites will result in the student being asked to withdraw from the course.**

SUMMARY OF EVALUATION FOR SURGERY (4 SOUTH) and MEDICINE (3 NORTH):

Evaluation	Grade	4-point Equivalent	Percentage of Total Mark
Evaluation of Nursing Practice (includes journals)			70%
Mind Map/ Concept Map			30%
Total			100%

Grading System:

Effective July 1, 2003 Grande Prairie Regional College uses the alpha grading system and the following approved letter codes for all programs and courses offered by the College.

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

These are considered passing grades in Nursing courses

D+	1.3	Poor
D	1.0	Minimal Pass
F	0.0	Failure

These are NOT considered passing grades in Nursing courses.

Students **may** receive a grade of D or D+ in an assignment or component of a course, but must have an overall grade of C- to achieve a passing grade in a nursing course.

****Note:** Refer to the 2009-10 Grande Prairie Regional College calendar for further details regarding the grading policy and Progression Criteria in the Bachelor of Science in Nursing program.

Final Grade Assignment

Each assignment in the course will be given an alpha grade according to the grading criteria for each assignment. Grades for each assignment in NS 3910 will be translated into a 4-point equivalent; then this number will be multiplied by the weighting of the assignment to determine a score. The scores for each assignment will be added together for a total score in the course. This total score will then be used to determine the final alpha grade in the course. If you have any questions or concerns, please see your tutor/instructor.

In order to pass NS 3910, students must demonstrate safe, ethical nursing practice; professional behavior and acquire a passing grade in the Evaluation of Nursing Practice (ENP)

Students MUST pass the ENP in order to pass the course. If a student receives a grade of "F" in any one component of the ENP criteria it constitutes a clinical failure on the ENP, as the student has then shown unsafe, unprofessional or unethical nursing practice. If a student does not pass the ENP they will obtain an overall grade of no greater than D in the course.

“Unsafe clinical practice is behavior that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk.” (Scanlan, Care & Gessler, 2001, p.23)

Scanlan, J. M., Care, W. D., & Gessler, S. (2001). Dealing with the unsafe student in clinical practice. *Nurse Educator*, 26 (11), 23-27.

Attendance:

Students are expected to be punctual during their clinical experience in the agency. Attendance and participation is expected of all students in all seminars, labs and clinical days. If you must be absent from a scheduled activity in the clinical agency, the student must contact the agency directly and also inform the instructor. **If a student misses his/her off unit experience day(s), due to illness it is their responsibility to make arrangements to make up that day in consultation with your instructor.**

A student who is absent more than two clinical days in one clinical nursing course may need to make up the lost time before being allowed to continue in the program. **(See GPRC 2009-2010 calendar for policy re: Clinical Progression Criteria.)**

Professional Dress

Students are expected to abide by the dress code of the particular agency. It is expected that all students will wear a Grande Prairie Regional College name tag at all times, including clinical areas where you may be observing (eg: OR, RR, PAC, ICU, ER, Dialysis and Cancer clinic).

Preparation for Clinical Experience:

It is expected that you will prepare for each clinical day by researching procedures, medical conditions, medications, surgical procedures, etc. Required psychomotor skills may also need to be reviewed prior to clinical experiences and it is an expectation that students would reflect upon their abilities and be self-directed in reviewing any previously learned skills so they are prepared to perform them in the clinical setting.

Students should be prepared to discuss their patient plan of care (including the patient priority needs, nursing diagnosis, medication profiles, any patient teaching plan etc.) 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 patient safety. Students must demonstrate safe, ethical nursing practice.

The instructor, in consultation with the Chair, may immediately deny assignment of a student to, withdraw a student from, or vary terms or conditions or a site of a practicum/clinical placement, if the instructor has reasonable grounds to believe that this is necessary in order to protect public interest. (See GPRC 2009-2010 calendar for policy re: **Clinical Progression Criteria.**)

Assignment Policy

It is expected that ALL assignments must be completed to obtain credit in the course.

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

A penalty of one alpha grade for each working day that an assignment is submitted after the due date will be deducted from the final mark. For example, a paper marked at B+ would receive an adjusted grade of B if handed in one day late. Late assignments passed into the Nursing Office are due by 0830a.m., and must be verified (stamped with date and time) by Nursing office personnel. **If students submit assignment electronically, the student is responsible to determine that the assignment has been received. Please check with your clinical Instructor for issues related to your specific clinical assignments.**

Important Dates:

- **January 5** **First day of classes.**
- **January 18** Last day to withdraw with permission from first block classes in Nursing. Withdrawal from the course after this date will result in a failing grade.
- **February 15** **Family Day.** No classes
- **February 19** Last day of first block of winter classes in Nursing.

NS 3910 ASSIGNMENTS Medicine and Surgery

Mind Mapping/Concept Mapping Guidelines for Overview of Client Scenario:

Due Date: February 5, 2010

- Collect data relevant to clients' health status
- Health history & health assessment is comprehensive according to theoretical framework or model used.
- Highlight overview of key health challenges including pertinent anatomy & physiology.
- Identify & discuss the Determinants of Health that are evident in this client's situation.
- What are the client's/family's expectations of hospitalization?
- Include key data relating to medications, reason pt is on med, and pertinent nursing assessment/interventions
- Provide key lab values, treatments, and test results
- Identify priorities and key nursing diagnoses pertinent to this client (list 5-6 possible nursing diagnoses and provide rationale for your choice of priority)
- Identify the discharge planning considerations for this client: Consider the following:
 - What are the client's/family's hopes and desires for future health?
 - What are some appropriate short and long term goals for discharge for this client?
 - Highlight key discharge considerations for this client and link these to the principles of Primary Health Care.
- **Formatting:**
 - Use a whole separate page (11" X 17" paper, preferably in landscape orientation) to illustrate your thinking processes. You can include up to 5 additional pages (8.5"x 11", excluding reference page) to explain the nursing care plan, including outcomes, interventions and evaluation information.
 - Data forms clusters or patterns
 - Consists of a central topic (the client)
 - Placement of key ideas related to topics are either:
 - Mind mapped: Placed on lines or spokes projecting from the central topic—with branches of more detailed thought **OR**
 - Concept mapped: key concepts and linking words are arranged in hierarchical order (top to bottom)

Use color, boxes and/or circles to highlight and categorize ideas
Main concepts are grouped and related ideas are 'connected' with arrows or dots
Briefly explain your perceived connections on the back of the map. Consider potential hypotheses that arise from the client scenario.
Majority of links are well supported with references (5-10 references, including journals.)
Hypotheses development is in a separate section.

Suggested References for Critical Thinking Assignment (Mindmapping & Concept Mapping):

- All, A.C., & Havens, R.L. (1997). Cognitive/concept mapping: A teaching strategy for nursing. *Journal of Advanced Nursing*, 25, 1210-1219.
- Beitz, J.M. (1998). Concept mapping: Navigating the learning process. *Nurse Educator*, 23 (5), 35-41.
- Daley, B.J., Shaw, C.R., Balistrieri, T., Glasenapp, K., & Piacentine, L. (1999). Concept maps: A strategy to teach and evaluate critical thinking. *Nursing of Education*, 38 (1), 42-47.
- Mueller, A., Johnston, M., & Bligh, D. (2001). Mind-mapped care plans. A remarkable alternative to traditional nursing care plans. *Nurse Educator*, 26 (2), 75-80.
- Mueller, A., Johnston, M., & Bligh, D. (2002). Joining mind mapping and care planning to enhance student critical thinking and achieve holistic nursing care. *Nursing Diagnosis*, 13 (1), 24-27.

Note: We gratefully acknowledge the assistance of Red Deer College Nursing Faculty who originally developed this assignment. This assignment was adapted from the RDC assignment.

- **Mid-term Evaluations the week of January 25 - 29, 2010** In order for students to evaluate their learning goals. A **mid-term** self-evaluation must be completed in consultation with the instructor.
- **Final Self-evaluation** due February 18 & 19, 2010 indicating whether the goals were achieved. Students must provide evidence on how they achieved these goals by completion of a final Self evaluation. Final evaluations will be scheduled in consultation with your instructor.

Journal Exercise:

Identifying critical incidents as a student in nursing education facilitates the integration of theory and practice and can assist the student to foster reflective practice and personal and professional development.

Rules for Journaling

- Do not breach patient confidentiality when describing a clinical incident.
- Complete a total of **three(3)** journal entries for the 7 week rotation.
- Do not use this as a LOG. It is not merely an exercise to document a day in clinical.

Journals:

Each clinical rotation will provide a range of opportunities for learning. You will be encouraged to reflect on:

- How theory relates to practice.
- How to adapt psychomotor skills to real life situations
- How to modify assessments, to develop and revise care plans;
- How to intervene and evaluate care "on your feet"
- How to handle crises; and
- How to set priorities.

Journal writing is different from keeping a diary in that the latter is primarily guided by external events and the former is directed more at internal themes. Although outer events may be recorded, the purpose of writing about them is to

reflect upon their meaning for your inner life. That is, you become more aware of the significance of these events in regards to your inner processes.

Each Journal Entry has two parts:

1. Using a notebook or computer the student will use one page to describe a situation and a separate page to critically reflect on the incident. The description should be several paragraphs and no longer than one page in length. The first page will be an objective documentation of the incident, what happened, what actions were taken, what outcomes occurred.
2. **Reflect on the event/incident** In your reflection use the following questions as a guide to your reflection.
 - How did you feel about it?
 - Identify key elements and issues both within the incident itself and relate it to your own attitudes and actions.
 - Describe why this event was important to you and what factors influenced your or someone else's decisions/actions/feelings (such as assessments, previously learned experiences, values, beliefs, stereotypes or biases).
 - Evaluate your strengths and areas needing improvement in this situation.
 - Explain why you thought those areas were strong or needed improvement.
 - Describe your significant learning. What would you do differently/investigate/ maintain if a similar incident should occur?
 - **Describe what you would teach someone else** (peer/colleague) about this incident in order to improve your nursing practice.

If the student utilizes journals or texts to support their reflections use proper APA format.

□

Journal Due Dates

January 15, 2010

January 29, 2010

February 12, 2010

Please submit assignments directly to the instructor or via Digital Drop box in Blackboard, or e-mail to the appropriate email address for your instructor or in the drop box in from of the Nursing Office.

Evaluation of Nursing Practice

A: Excellent B: Very Good C: Good, Average, Satisfactory D: Minimal Pass F: Fail

	A	B	C	D	F
<p>PROFESSIONAL RESPONSIBILITY AND ETHICAL PRACTICE</p> <p>1. Practice within the legal and ethical standards established by the College and Association of Registered Nurses of Alberta and the Canadian Nurses Association, and according to legislated scope of practice, and provincial and federal legislation.</p> <p>Independently:</p> <ul style="list-style-type: none"> ▪ demonstrate integrity ▪ demonstrate responsibility and accountability ▪ demonstrate respect for client’s values, beliefs and rights <p>With guidance:</p> <ul style="list-style-type: none"> ▪ demonstrate application of legal and ethical standards by: <ul style="list-style-type: none"> ○ practice according to policies and procedures of host agencies and educational institution ○ use knowledge of scope of practice and professional legislation and Code of Ethics ○ confidentiality ○ use informed consent ○ prepare for clinical practice to provide safe, competent care ▪ <i>take action on questionable orders, decisions or interventions of other health team members</i> ▪ demonstrate commitment to the values of nursing of the profession of nursing and support of professional development of colleagues: <ul style="list-style-type: none"> ○ <i>protect clients’ values, beliefs and rights.</i> <p>2. Engage in strategies for social and political action at a beginning level.</p> <p>With guidance:</p> <ul style="list-style-type: none"> ▪ differentiate own values/needs/rights/obligations from values/needs/rights/obligations of others ▪ discuss formal and informal power structures in the context of social/political action in nursing situations: <ul style="list-style-type: none"> ○ recognize vulnerable and/or marginalized clients/families ○ <i>identify issues of power that require investigation</i> ▪ identify nursing issues requiring social and political action: <ul style="list-style-type: none"> ○ identify programs which have arisen from social/political action ▪ discuss the role of the individual nurse in social/political action: <ul style="list-style-type: none"> ○ identify role in existing programs ○ empower clients ○ discuss client responsibilities ○ promote client autonomy and collaboration ○ <i>support client in meeting their responsibilities</i> ▪ discuss the role of professional nursing organizations in social and political action: <ul style="list-style-type: none"> ○ protection of public ○ position statements ○ <i>allocation of resources</i> ○ <i>identify decision makers</i> ○ <i>identify policy-making individuals</i> 					

<ul style="list-style-type: none"> ▪ describe the planning process for engaging in social and political action: <ul style="list-style-type: none"> ○ identify information to be provided to client/family ○ identify funding sources (re: existing programs) ○ identify the funding process ○ discuss change theory ○ identify existing programs that address client/family needs ○ identify strategies and resources for social and political action ○ <i>identify role of existing government policy</i> ○ <i>identify existing programs for transition</i> ○ <i>organize activity.</i> <p>3. Demonstrate skills and attitudes necessary for life-long learning. Independently:</p> <ul style="list-style-type: none"> ▪ demonstrate personal responsibility for learning ▪ demonstrate an attitude of inquiry to enhance own learning related to nursing practice <p>With guidance:</p> <ul style="list-style-type: none"> ▪ demonstrate the ability to develop informal (verbal) focused learning goals based on personal and/or client needs ▪ identify strengths and limitations of own competence, seeking assistance when necessary ▪ demonstrate an openness and receptivity to change: <ul style="list-style-type: none"> ○ seek and be receptive to feedback ○ act on feedback <ul style="list-style-type: none"> ● assume primary responsibility for attaining and maintaining competence using nursing practice standards. 				
<p>KNOWLEDGE-BASED PRACTICE</p> <p>4. Apply a critical thinking approach to nursing. With guidance:</p> <ul style="list-style-type: none"> ▪ apply critical thinking strategies in developing sound clinical judgment in relation to acute variances in health ▪ apply creative thinking, reflective thinking and insight in relation to acute variances in health for developing sound clinical judgment. <p>5. Apply nursing knowledge, including knowledge from the arts, humanities, medical sciences, and social sciences into nursing practice. With guidance:</p> <ul style="list-style-type: none"> ▪ utilize selected areas of nursing knowledge as well as knowledge from the arts, humanities, medical sciences and social sciences in response to acute variances in health ▪ use selected areas of knowledge related to scope of practice and professional legislation in nursing practice. <p>6. Demonstrate evidence-based practice. With guidance:</p> <ul style="list-style-type: none"> ▪ utilize credible resources (research studies, experts, and others) ▪ examine research findings related to nursing situations ▪ describe the significance of research to practice (research studies, experts, and others) ▪ identify nursing practice problems that require investigation. <p>7. Apply nursing and other relevant models/theories in the professional practice of nursing. With guidance:</p>				

<ul style="list-style-type: none"> ▪ explain the use of nursing models/theories/metaparadigms ▪ explore models/theories from other disciplines and their application into nursing ▪ explore the application of selected nursing models/theories into nursing practice. <p>8. Demonstrate competence in health care informatics. With guidance:</p> <ul style="list-style-type: none"> ▪ use a variety of selected information technology and other technology to support all scholarly activities and clinical practice. 					
PROVISION OF SERVICE TO PUBLIC					
<p>9. Apply concepts and principles of primary health care (accessibility of health services, use of appropriate technology, individual and community participation, increased health promotion and disease prevention, intersectoral collaboration). With guidance:</p> <ul style="list-style-type: none"> ▪ apply principles and concepts of primary health care with clients and families experiencing acute variations in health ▪ apply knowledge of health determinants in client situations ▪ apply selected health promotion activities with individuals, families and groups: <ul style="list-style-type: none"> ○ develop professional skills needed for taking action (e.g., teaching/learning) ○ create supportive environments <p>With minimal assistance:</p> <ul style="list-style-type: none"> ▪ <i>apply selected strategies with aggregates:</i> <ul style="list-style-type: none"> ○ <i>participate in existing programs.</i> <p>10. Demonstrate caring relationships in professional situations. With guidance:</p> <ul style="list-style-type: none"> ▪ recognize how caring behaviors can influence health and healing ▪ <i>demonstrate commitment to the ideal of caring</i> ▪ recognize the uniqueness, worth and dignity of self and others ▪ <i>demonstrate awareness and concern for individuals in the health care setting</i> ▪ demonstrate caring behaviors in interpersonal activities with clients, peers and others in the health care setting ▪ demonstrate ability to engage in caring relationships with clients and colleagues in nursing practice: <ul style="list-style-type: none"> ○ initiate, maintain and terminate professional relationships in a supportive manner ○ social vs. therapeutic ○ recognize situations requiring client advocacy. <p>11. Collaborate with clients, community agencies, community members, and members of other disciplines in a variety of settings. With guidance:</p> <ul style="list-style-type: none"> ▪ promote client participation, choice and control ▪ promote colleague participation, choice and control ▪ develop partnerships with colleagues, community members, community agencies and members of other disciplines ▪ interact with clients experiencing acute variations in health ▪ engage in inter-professional interaction. 					
<p>12. Demonstrate beginning leadership, management and administrative skills. With guidance:</p>					

<ul style="list-style-type: none"> ▪ use effective time management strategies in coordinating client care ▪ describe leadership and management roles and competencies ▪ use decision-making processes ▪ effectively lead a small group ▪ perform an accurate appraisal of self and others ▪ effectively follow quality and risk management processes to enhance nursing practice <p>With assistance:</p> <ul style="list-style-type: none"> ▪ apply principles of delegation (right: task, circumstance, person, direction, supervision). <p>13. Demonstrate the ability to deal with ambiguity and diversity. With guidance:</p> <ul style="list-style-type: none"> ▪ anticipate the need of clients ▪ identify effects of ambiguity and diversity in all learning environments ▪ identify ambiguity and diversity in selected nursing situations ▪ identify own pattern of dealing with the effects of ambiguity and diversity ▪ provide support to clients experiencing effects of ambiguity and diversity in times of transition ▪ <i>assist clients in decision making related to the effects of ambiguity and diversity in selected nursing situations</i> ▪ select appropriate strategies for dealing with the effects of ambiguity and diversity in selected nursing situations. <p>14. Demonstrate competence in clinical reasoning in relation to verbal and written communication, psychomotor skills, nursing process, priority setting, client education, in the promotion, restoration, rehabilitation and maintenance of health. With guidance:</p> <ul style="list-style-type: none"> ▪ apply nursing process ▪ use appropriate verbal communication skills: <ul style="list-style-type: none"> ○ using appropriate lines of communication ○ communicating and reporting relevant information in a timely manner ▪ use appropriate written communication skills: <ul style="list-style-type: none"> ○ documenting relevant information accurately and in a timely manner ▪ provide effective client education by: <ul style="list-style-type: none"> ○ applying principles of teaching and learning ○ identifying needed referrals ▪ prioritize nursing activities <p>Independently:</p> <ul style="list-style-type: none"> ▪ perform selected psychomotor skills in a competent manner – lab setting <p>With guidance:</p> <ul style="list-style-type: none"> ▪ perform selected assessment skills in a competent manner ▪ perform selected psychomotor skills in a competent manner – clinical setting. 					
<p>CONTEXT-BASED LEARNING</p>					

<p>15. Demonstrate competency with the application of the elements of context-based learning to clinical experience seminars and pre-/post-conferences. Independently:</p> <ul style="list-style-type: none"> ▪ effectively use self-directed learning ▪ effectively use critical thinking skills to facilitate learning of the group ▪ effectively use group process to facilitate learning of the group: <ul style="list-style-type: none"> ○ respect for the values and beliefs of others ○ responsibility and accountability for the learning of the group ○ group roles ○ caring behaviors ○ communication skills (verbal or written) ○ factors which influence the group. 					
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Comments:

Student signature:

Date:

Faculty signature:

Date:

**Student signature means the student has read the above information*

Grading guide for Mind Map/Concept Map NS 3910

	A Excellent	B Very Good	C Good	D Marginal	F Unsatisfactory
Assessment Data – Includes subjective and objective data patient data; includes determinants of health related to this client's situation	Assessment data is comprehensive, clearly stated, concise, quite specific and factual with evidence of a systematic process used.	Assessment data is quite thorough but less specific or factual in some areas; evidence of a systematic process used.	Assessment data includes most key areas, but is less thorough, less specific and less factual. Some evidence of a systematic process used.	Some relevant data missing, assessment incomplete; data vague or not specific in many areas. Systematic assessment process difficult to determine.	Assessment data is inadequate, irrelevant or ambiguous. Does not provide evidence of a systematic process used in data collection.
Nursing Diagnoses	Nursing diagnoses are relevant and clearly identified; written in problem/related to etiology format. Priority nursing diagnoses are supported with sound rationale. Rationale demonstrates comprehensive insight, clarity, depth and understanding of nursing practice.	Nursing diagnoses identified are realistic but not clearly written in problem/related to etiology format. Priority nursing diagnoses with rationale demonstrate very good depth, clarity and insight.	Nursing diagnoses identified but not clearly written or etiology and evidence is not clearly supported by assessment data. Priority nursing diagnoses are identified but rationale lacks some depth, clarity and insight.	Identification of probable nursing diagnoses is unclear, ambiguous or irrelevant. A nursing diagnosis is identified but rationale does not support it as a priority.	Nursing diagnoses identified are not nursing diagnoses. Unable to clearly identify the priority nursing diagnosis or provide rationale.

	A Excellent	B Very Good	C Good	D Marginal	F Unsatisfactory
Goals including discharge planning	Goals are clearly written, relevant and S (single, specific), M (measurable, observable), A (achievable) R (realistic) and T (timely, includes time frame). Goals are clearly related to the priority nursing diagnoses.	Most goals are relevant, specific, achievable and related to the nursing diagnoses.	Some goals are related to nursing diagnosis, but are not measurable or specific.	Goals are identified but may not be related to nursing diagnosis. Most goals are vague or non-specific or do not include a time frame.	Goals unrelated to nursing diagnosis, not measurable or specific; are stated as nursing interventions rather than patient focused.
Interventions including rationale	Nursing interventions are clearly stated, specific, relevant, comprehensive and supported by credible evidence	Nursing interventions are clearly stated but less comprehensive or specific. Evidence to support interventions not as clearly stated or supported by evidence.	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. Evidence provided to support nursing interventions lacks credibility, eg: sources are questionable or depth of research is lacking.	Nursing interventions identified are irrelevant. No evidence or sources cited to support the interventions identified.

	A Excellent	B Very Good	C Good	D Marginal	F Unsatisfactory
Evaluation of goals	Clearly describes how goal achievement would be evaluated; includes date to be evaluated; whether goal is met or not met. If partially met or not met discusses why not or how plan might be revised in future.	Identifies how goals will be evaluated, but lacks some clarity ,depth or specificity.	Evaluation criteria are undeveloped, lack specificity or are unrelated to goals.	Evaluation criteria are incomplete, not related to goals, irrelevant or underdeveloped.	No evaluation criteria stated.

	A Excellent	B Very Good	C Good	D Marginal	F Unsatisfactory
Critical thinking and linkages	<p>Clear and highly effective indication of the connection between ideas and central image is present. A highly effective effort has been made to appropriately connect main ideas/themes together. Map shows complex thinking about meaningful relationships between ideas.</p>	<p>Clear indication that ideas are connected and radiate out from the central image from most complex to least complex. An effective effort has been made to connect main ideas/themes together with a good degree of effectiveness. Map shows effective thinking about meaningful relationships between ideas.</p>	<p>Some indication that ideas are connected and radiate out from central image and for the most part ideas are moving from most complex to least complex. A good effort has been made to connect main ideas/themes together with an adequate level of effectiveness. Map shows definite thinking about relationships between ideas.</p>	<p>Little or no indication that ideas are connected to or radiate out from centre from most complex to least complex. A limited effort has been made to connect main ideas/themes together with limited effectiveness. Map shows some thinking about relationships between ideas.</p>	<p>Ideas do not radiate outward from centre from most complex to least complex or no apparent connection between ideas and central image. No real effort has been made to connect main ideas/themes together. Thinking process is not clear about relationships between ideas.</p>

	A Excellent	B Very Good	C Good	D Marginal	F Unsatisfactory
Formatting, including references cited in APA format	<p>Central concept stands out, very clear and a high degree of imagination and creativity involved.</p> <p>There is highly effective use of color, codes or symbols that help to clarify and highlight the connections for all aspects of the map.</p> <p>Easy to follow, very clear and useful. Exceptionally well organized and legible. Relationship between ideas evident. Minimal errors in grammar and spelling. References cited using correct APA format.</p>	<p>Clear central concept, relates well to topic at hand, some imagination and creativity involved.</p> <p>There is good use of color, codes and/or symbols that help to clarify and highlight the connections for most of the aspects of the map.</p> <p>Most ideas are easy to follow, some ideas not as clearly followed. Well organized and legible. Some errors in grammar and spelling.</p> <p>References cited using correct APA format.</p>	<p>Central concept somewhat clear, but lacking in suitability with topic at hand.</p> <p>There is an obvious attempt to use color, codes and/or symbols to clarify and highlight connections for some aspects of the map, however it is not totally effective. Acceptable effort but somewhat difficult to follow. Legible, adequately organized although relationship between ideas unclear in places. Several errors in grammar and spelling. References cited, APA format needs some revisions.</p>	<p>Central concept not very clear and difficult to separate from other images and words in the map.</p> <p>Some evidence of use of color, codes and/or symbols however these efforts lack clarity and do not bring clarity to the map. Understandable but very difficult to follow.</p> <p>Content is present, however lack of structure and organization is evident. Many errors in grammar or spelling. APA format needs major revisions.</p>	<p>Central concept not present or not clear at all and cannot be separated from other images with any degree of success.</p> <p>No or very little evidence for effective use of color, codes and/or symbols to clarify understanding of map but do not add clarity or understanding to the map.</p> <p>Unable to follow, very unclear. Disorganized, difficult to read. Errors in grammar and spelling prohibits clear readability.</p> <p>No references cited for resources.</p>

