



**Nursing & Allied Health Studies Department  
School of Health, Wellness & Human Services**

**UNIVERSITY OF ALBERTA  
COLLABORATIVE BACCALAUREATE  
NURSING PROGRAM  
KEYANO COLLEGE**

**COURSE SYLLABUS**

**NURSING 495  
NURSING PRACTICE VIII**

**October 2<sup>nd</sup>, 2019 - December 18<sup>th</sup>, 2019**

**Course Instructor:  
Pamela Stockley, BNRN MN**

**Revised November 2018**

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**NURSING 495  
NURSING PRACTICE VIII  
COURSE OUTLINE**

**CALENDAR STATEMENT**

NURS 495 Nursing Practice VIII \*9 (0-1s-34c in 10 weeks)  
Comprehensive and consolidated approach to professional practice of nursing. Pre-requisite: Nursing 494.

**COURSE HOURS**

Lecture: 0                  Clinical: 350          Lab: 0

**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.

\*Portions of this syllabus have been adapted with permission from the University of Alberta Faculty of Nursing and Grande Prairie Regional College Nursing 495 syllabi.\*

**INSTRUCTOR INFORMATION**

Pamela Stockley, BNRN MN  
Phone: (780) 838-4388  
Email: [pledrew@hotmail.com](mailto:pledrew@hotmail.com)  
Office Hours: Available by request

Instructors can be contacted by telephone to arrange appointments at any time over the term. If an emergency situation occurs or an area of concern, the instructor or designate can be contacted at **anytime** by either the student or the preceptor. Appointments may also be arranged during instructor visits to the clinical area.

**LEARNING OUTCOMES**

**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.

### **Definition of terms:**

**Direction:** Instructor tells student what to do, about what steps to take.

**Information:** Instructor tells student specifics about a concept or topic.

**Clarification:** Instructor, 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:** Instructor provides 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:** Instructor provides positive feedback for correct information and direction provided by the student.

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

**Occasional:** Instructor provides input every now and then.

### **Overarching Statements:**

Students are responsible to familiarize themselves with *Graduate Competencies and Year-End Outcomes (with Cross Reference to courses) 2018-2019*. Attention must be given to the competencies that are identified as being relevant to NURS 495.

Students must regularly refer to the document entitled *Graduate Competences and Year-End Outcomes Condensed Version 2018-2019*. Attention must be given to the Year 4 Column. This document serves as the basis for the evaluation of students' clinical practice.

All students must practice in a manner that is consistent with:

- *CARNA Nursing Practice Standards (2013)* and all other CARNA standards; and
- *The CNA Code of Ethics for Registered Nurses (2017)*.

1. Demonstrate, independently, the processes of self-directed learning and critical thinking in all learning activities.
2. Demonstrate, independently, the ability to practice in accordance with Year 4 competencies, as directed in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2018-2019*.
3. Demonstrate, independently, the ability to provide competent nursing care to clients in a clinical environment.
4. Demonstrate, independently, the ability to manage health promotion and prevention activities using advanced therapeutic/interpersonal communication skills, health counseling skills, and teaching and learning principles.
5. Demonstrate independently, the ability to engage in evidence-based practice.
6. Demonstrate knowledge of primary health care and of its relevance to all areas of practice.
7. Demonstrate the ability to integrate knowledge into clinical practice.

#### NURSING PROGRAM POLICIES

Please refer to the University of Alberta Calendar for Specific Nursing Program Policies. All students enrolled in the Nursing Program at Keyano College and the University of Alberta are bound by, and shall comply with the Code of Ethics governing the profession and practice of Nursing.

Students are expected to consistently adhere to the dress code while in preceptorship according to the Student Handbook: Nursing Program Policies (2017-2018). Students must become familiar with AHS Scope of Nursing Practice for Nursing Students. (on Moodle)

**Please Note:** All work must be original in this course. Cutting and pasting from work done in a previous course is considered cheating/plagiarism.

#### POLICY STATEMENTS

This course outline acts as an agreement between the student and the instructor(s) of this class regarding the details of the course. "Policy about course outlines can be found in Course Requirements, Evaluation Procedures and Grading of the University Calendar".

- See more at: <http://calendar.ualberta.ca/content.php?catoid=6&navoid=806#course-requirements,-evaluation-procedures-and-grading> (Review section 2.a.xi)

"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 in this respect. Students are particularly urged to familiarize themselves with the provisions of the Code of Student Behavior, accessed at:

<http://www.governance.ualberta.ca/CodesofConductandResidenceCommunityStandards/CodeofStudentBehaviour.aspx> and avoid any behavior which could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University." - See more at:

<http://calendar.ualberta.ca/content.php?catoid=6&navoid=806#course-requirements,-evaluation-procedures-and-grading> (Review section 2.a.xii)

Please review the Academic Integrity page for the University of Alberta accessed at <https://www.deanofstudents.ualberta.ca/en/AcademicIntegrity/UndergraduateHandbook.aspx>

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 Code of Student Behaviour also identifies inappropriate behaviours such as disruption, discrimination or violations of safety and dignity towards members of the University community.

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, sexual orientation, and racial and ethnic background.

Audio or video recording, digital or otherwise, of lectures, labs, seminars or any other teaching environment by students is allowed only with the prior written consent of the instructor or as a part of an approved accommodation plan. Student or instructor content, digital or otherwise, created and/or used within the context of the course is to be used solely for personal study, and is not to be used or distributed for any other purpose without prior written consent from the content author(s). - See more at: <http://calendar.ualberta.ca/content.php?catoid=6&navoid=806#course-requirements,-evaluation-procedures-and-grading> (Review section 2.e)

Examinations: Please note that the use of any electronic device in examination situations, including cellular phones, smart watches, and hand-held computers, is strictly prohibited. The use of calculators is only allowed when specifically for a particular exam.

If a cellular phone is required for urgent messages, it **must** be left with an examination proctor for the duration of the examination. Please consult the 2018-2019 Keyano College Calendar for the policy statement on examinations.

### **PLAGIARISM STATEMENT**

Please note all students **MUST** complete the Plagiarism/Tutorial Certificate on Moodle and show completion to the instructor prior to submitting any written assignments. This section can be located on the right side of the page under the heading “student”, following login to Moodle.

Please note failure to show the instructor the certificate of completion could result in a late written assignment penalty as stated below. This tutorial is only required to be completed once while attending Keyano, unless the student has left a program and is returning to Keyano.

### **LATE POLICY FOR ASSIGNMENTS**

All assignments are to be submitted on their requested due date and time. This includes instructor contact as per syllabus, learning plan, scholarly paper and ENP. Extensions on assignments **may** be granted and **must** be negotiated with the instructor prior to the due date and with **a date specified for late submissions**.

Graded assignments not submitted on the date and time specified will incur a 5% deduction per day including weekends. This will be applied each day until the assignment is received by the instructor. Students can submit assignments by e-mail on weekends, but must provide a paper copy on the first day following the weekend.

### **ASSIGNMENT REAPPRAISALS**

Students may request reappraisal of marks for learning assessments (individual assignments, papers or other course components that are weighted at 20%, or greater, of the final course mark. This excludes all examinations and group assignments.

The first step in the reappraisal process requires meeting with the course instructor to discuss the assignment mark. If, subsequently, the issue remains unresolved, a student may submit a request for an assignment reappraisal to the Program Chair.

#### **STEP 1: GROUNDS FOR REQUEST FOR ASSIGNMENT REAPPRAISAL**

Answer YES to any of the following:

- I believe there was an error(s) in calculation of a learning assessment mark;
- I believe that a procedural error occurred on the part of the Faculty of Nursing;
- I believe there was bias or discrimination against me on the part of the Faculty of Nursing.

**STEP 2: SUBMITTING A REQUEST FOR ASSIGNMENT REAPPRAISAL**

***Please Note: Your disagreement with a mark you have been awarded does not in itself, constitute a procedural error.***

You must submit Assignment Reappraisals within 10 (ten) working days of the posting date of the assignment mark in Gradebook. Late appeals will not be considered.

You will need to complete the Request for Reappraisal of an Assignment, Paper or Other Course Components and submit your form to the Program Chair. Forms can be obtained from the nursing office.

The request for assignment reappraisal must stipulate the percentage the assignment was worth and explain the grounds on which the mark is contested. The Assignment Reappraisal request will be considered by the Program Chair, who decides whether you have established grounds for the reappraisal. If the Program Chair decides you do not have established grounds, then an assignment reappraisal will not occur.

If grounds are established, the Program Chair may conduct the reappraisal or seek a blind review from a faculty member who has not been involved in marking the student in the course, and who is able to provide the assessment.

The reviewer completes an independent review of the assignment and provides a recommendation to the course instructor. Normally, the second mark, whether higher or lower, will be combined with the original mark and the two marks are averaged to become the new assignment mark.

Decisions concerning reappraisals are final and cannot be appealed to the Associate Dean Undergraduate Programs, Faculty of Nursing Academic Appeals Committee or the U of A General Faculties Council Academic Appeals Committee (GFC AAC).

**SPECIALIZED SUPPORTS****STUDENTS WITH DISABILITIES**

It is the College's goal that learning experiences be as accessible as possible. If you anticipate or experience physical or academic barriers based on disability, please let your instructor know immediately so options can be discussed. You are also welcome to contact Disability Services to establish reasonable accommodations. Please call 780-791-8934 or drop in at CC -260.

**COMMUNICATION**

Students must use their University of Alberta e-mail address and include a subject line when communicating with the University of Alberta and Keyano College. The content messages of both e-mail and voice mail must be delivered in a professional manner.

**Please Note:** When accessing Moodle at Keyano College, please use Keyano email. Inappropriate messages may be considered “harassment”. Refer to the Code of Student Behaviour Section 30.3.4(6) d. See also the University of Alberta Discrimination and Harassment Policy § 44 *GFC Policy Manual*, accessed at:

<https://policiesonline.ualberta.ca/PoliciesProcedures/Pages/DispPol.aspx?PID=110>

The use of social networking services such as, but not limited to, facebook, Instagram, snapchat, twitter, internet messaging, blogs and wikis, are subject to the professional and ethical responsibilities outlined in the:

- Canadian Nurses Association (2017) *Code of ethics for Registered Nurses*, Part I (E): Nursing Values and Ethical Responsibilities (Maintaining Privacy and Confidentiality, p 14),
- *University of Alberta Code of Student Behaviour*, Section 30.3.3 (Inappropriate Behaviour in Professional Programs).

#### REQUIRED RESOURCES (Accessed on Moodle in N495)

College and Association of Registered Nurses of Alberta (2010). *Ethical decision making for registered nurses in Alberta*.

[http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Guidelines/RN\\_EthicalDecisions\\_May2010.pdf](http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Guidelines/RN_EthicalDecisions_May2010.pdf)

College and Association of Registered Nurses of Alberta (2013). Practice standards for regulated members.

[http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/PracticeStandards\\_Jan2013.pdf](http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/PracticeStandards_Jan2013.pdf)

College and Association of Registered Nurses of Alberta (2013). *Entry to practice competencies for the registered nurses profession*.

[http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/RN\\_EntryPracticeCompetencies\\_May2013.pdf](http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/RN_EntryPracticeCompetencies_May2013.pdf)

College and Association of Registered Nurses of Alberta (2005). *Standards for supervision of nursing students and undergraduate nursing employees providing client care*.

[http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/SuperviseNurseStudents\\_ClientCare\\_Oct2005.pdf](http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/SuperviseNurseStudents_ClientCare_Oct2005.pdf)

College and Association of Registered Nurses of Alberta (2011). *Professional boundaries for registered nurses: Guidelines for the Nurse-Client Relationship*. Edmonton:

Author

[http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Guidelines/RN\\_ProfessionalBoundaries\\_May2011.pdf](http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Guidelines/RN_ProfessionalBoundaries_May2011.pdf)

**In addition, use textbooks and resources acquired since the beginning of your program.**

### REQUIRED LEARNING EXPERIENCES

**In order to pass Nursing 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 nursing practice, which will include:
  - a. Demonstration of the transition to the graduate role in providing safe nursing care for multiple and complex clients in ambiguous situations.
  - b. With increasing independence, interact with and develop collaborative partnerships with multiple clients, community members, nurses, and members of other disciplines.
  - c. Demonstrate beginning leadership, management, and administrative skills (i.e. case management, delegation, team leading, case coordination, conflict resolution, crisis management, and utilize research to support change in nursing practice).
2. Participate in nursing practice under the direct supervision 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 learning plan that will facilitate learning in assigned clinical setting.

***\*Students are expected to implement previously learned nursing skills, inability to do this may result in clinical failure.***

### CLINICAL EXPERIENCE

1. To successfully complete Nursing 495, the student **must** complete 350 hours of clinical practice over a period of 10 consecutive weeks. Clinical practice hours will begin during the week of October 2, 2018, dependent on the preceptor schedule. **Students are expected to work the same clinical hours as their preceptor.** Clinical practice may include shift and weekend rotations.

[http://calendar.ualberta.ca/preview\\_program.php?catoid=20&poid=19479](http://calendar.ualberta.ca/preview_program.php?catoid=20&poid=19479)

The instructor is 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. Students will be required to make up clinical days missed.

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. Instructor should be contacted. The student must be supervised at all times during the preceptorship.

OVERVIEW OF COURSE EVALUATION		
METHOD OF EVALUATION	DATE(S)	PERCENTAGE OF FINAL GRADE
Evaluation of Nursing Practice, which includes the midterm and final evaluations	Midterm and Final Evaluations are based on individual schedules	Pass/Fail
Scholarly Paper	November 8 <sup>th</sup> , 2019	40%
Learning Plan	One week prior to the student's final evaluation	20%
NCLEX Prep Exam #1	November 11 <sup>th</sup> , 2019	20%
NCLEX Prep Exam #2	December 9 <sup>th</sup> , 2019	20%
Total		100%

#### SPECIFICS ABOUT COURSE EVALUATION

##### Evaluation of Nursing Practice (Pass/Fail)

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

***PLEASE NOTE: STUDENTS MUST RECEIVE A PASS IN EACH OF THE INDICATORS OF THE FINAL EVALUATION OF NURSING PRACTICE IN ORDER TO PASS THE COURSE.***

A formative and summative evaluation will be completed by the student and preceptor, with input from the clinical instructor.

A written formative evaluation will be completed after 170 hours of practice by the preceptor and student, with input from the clinical instructor. A written summative evaluation will be completed by the student, preceptor and instructor at the end of the 340 hours.

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

As part of the ENP, students will be expected to complete a comprehensive written self-reflective evaluation for the midterm and final evaluation. This evaluation will include examples to support your reflective statements, demonstrate progression in the clinical setting and provide evidence as to how learning goals have been achieved. Ensure the reflection includes the behaviours you exhibited to demonstrate your professionalism as a nursing student and a representative of Keyano College and the University of Alberta Faculty of Nursing. Statements will also reflect on any feedback that has been received from both the preceptor and instructor. Evidence identified in your self-evaluation is to be supported with literature and appropriately referenced.

**The students will submit to the instructor the self-evaluation 48 hours prior to the midterm and final evaluation.** This can be submitted either through email or a hardcopy. Students who do not complete the self-evaluation appropriately will be asked to redo this component. This could result in the student not completing the course in a timely manner. It is suggested that anecdotes be kept by the student, preceptor, and instructor throughout the rotation so that these may be used to complete the evaluation form reflective of the clinical experience.

### **Midterm Evaluation of Nursing Practice**

The midterm evaluation of Nursing Practice will occur after the completion of 170 hours and consist of the following:

- Preceptors formative evaluation of student's clinical performance
- Student's self-reflective evaluation of clinical performance

- Discussion between student and clinical instructor related to learning goals and overall performance.

### Final Evaluation of Nursing Practice

The final evaluation of Nursing Practice will occur after the completion of 340 hours and consist of the following:

- Preceptors summative evaluation of student's clinical performance
- Student's self-reflective evaluation of clinical performance
- Discussion between student and clinical instructor related to learning goals and overall performance.

Based on all of the above, the clinical instructor in discussion with the preceptor and the student will decide on a final Pass/Fail on the ENP.

**See Appendix A regarding Expectations of Students, Preceptors, and Clinical Instructor.**

**See Appendix B for summary objectives of the Evaluation of Nursing Practice (ENP) tool that will be used for both the midterm and final evaluation by the student.** A separate copy of the ENP has been prepared for the students and students' preceptor. The student can type their evaluative comments and then forward the ENP to their preceptor to add their evaluative comments. The preceptor or the students can then forward the completed ENP to the instructor.

All students will maintain **consistent contact** with the instructor by providing summary updates via email. The students who are working 12 hour shift rotation, can email the instructor after each shift cycle and students working 8 hour shifts can email their instructor at the end of each week. The instructor will make unscheduled visits to the units or departments during the clinical practicum. The midterm evaluation will be scheduled after completion of 170 hours or as previously arranged with the instructor. The final evaluations will be scheduled on the final day of the students' practicum or as previously arranged with the instructor.

Please ensure that the midterm and final evaluation times occur within a reasonable time during the day, unless an emergency exists. If the unit is extremely busy and the student and/or instructor cannot meet at the scheduled time, please notify instructor to arrange for another time during the shift.

**Please note the following:**

- Category 5 on the ENP "Self-Regulation" must be addressed in your self-reflection. This is a difficult area for your preceptor to evaluate. This means that you will read the CARNA practice standards and address how you have a developed an understanding, and used them in development of your own nursing practice and transition to the graduate role.

- Unprofessional, incompetent, unethical or unsafe practice on the part of the student will result in the student, in consultation with the Chair of Nursing at Keyano College and the Dean at the University of Alberta, being withdrawn from the clinical placement setting.
  - The preceptor will report to the instructor concerns re:
    - ❖ Unsafe behavior.
    - ❖ Demonstrated potential for causing harm.
    - ❖ Lack of progress in clinical competence.
    - ❖ Lack of improvement in practice in response to feedback from preceptor and/or instructor.
    - ❖ Ineffective self-evaluation to improve clinical behaviors.

### Learning Plan Assignment (20%) – Due 1 week prior to Final Evaluation

Self-assessment is a self-reflection and self-evaluation of your nursing practice based on the CNA Code of Ethics and CARNA Standards of Nursing Practice.

This self-assessment gives you the opportunity to:

- ✓ Identify the strengths and competencies that you choose to enhance further;
- ✓ Develop goals for your self-assessment; and
- ✓ Implement a learning plan to assist you in meeting your competency goals.

Students will develop a learning plan to guide their nursing practice in Nursing 495. The learning plan must specify a self-assessment of nursing practice including strengths and areas that require improvement; what the student intends to learn; SMART goals linked to self-assessment; resources/strategies/learning activities; evidence of achievement, target dates and criteria for evaluation. This plan will be continuously shared with the preceptor and given to the clinical instructor in a hardcopy format for marking **one week prior to final evaluation** (If your last day is December 18, 2019, the learning plan is due on December 11, 2019).

**NOTE: Please use learning plan template provided on Moodle.**

**Use one template per learning goal.**

**Minimum 3 learning goals and maximum 5 learning goals.**

### Guidelines for Developing a Learning Plan

#### 1. Reflect on and assess your nursing practice

Conduct a self-assessment of your learning needs based on the ENP

- What are your strengths?
- What are the areas that require improvement?

- Do you consistently apply the CARNA Nursing Practice Standards and CNA Code of Ethics to your everyday practice?
- How do you maintain your knowledge, skills and competence to provide safe, competent and ethical nursing care?
- What personal and professional attributes help to ensure that you establish and maintain a therapeutic nurse-client professional standard of practice?
- How can you participate effectively in health team discussions and share information about client assessments to contribute to the direction of the plan of care? What barriers exist and how can you overcome them?
- How do you demonstrate responsibility and accountability for your nursing practice?
- Do you report and complete thorough and accurate documentation of client care and its ongoing evaluation in a clear, concise and timely manner?
- Would your documentation stand up to legal scrutiny?

## **2. Set your nursing practice learning goals and outcomes**

Your self-assessment should guide you in developing your personal learning plan. Ensure the goals are SMART.

- What do I want to achieve with my learning plan?
- What areas would I like to focus on for professional development?
- What strengths would I like to develop further to enhance my practice?

## **3. Develop a plan to meet your goals and outcomes**

The learning plan outlines specific learning activities.

Examples of study/learning may include:

- Literature review: scholarly journals, scholarly books, electronic databases, internet search or secondary sources such as films, audio and/or video tapes.
- In-service education presentations
- Self-directed study course
- Consultation with preceptor, other nursing staff, etc.
- Concept Mapping
- Reviewing relevant Policies and Procedures
- Interviewing appropriate individuals with respect to the learning objective

*\*We all enhance our knowledge in various ways, so don't hesitate to list other examples if they contributed to your ongoing professional development.*

## **4. Implement the learning/action plan**

A wide variety of resources, including your preceptor, can be used to accomplish your plan. Be creative and innovative.

## **5. Evaluate the influences of your learning plan on your nursing practice in your placement**

- Did I meet my learning goals/objectives?
- How did I meet my learning goals and objectives?
- Was the outcome valuable to me? Why or why not?
- Who (aside from me) benefited from my learning plan – clients, preceptors, and other staff?
- How have I been able to maintain and/or enhance my practice?

#### 6. If the goals of your learning plan have not been met, reflect on why

- What circumstances influenced the implementation of my learning plan?
- Was my learning plan realistic and doable?
- Are there alternative ways that I could meet my learning goals?
- Do I need to re-assess my learning needs and revise my goals?

In summary, identify your strengths going into preceptorship; what are your learning needs (give description why you have chosen the learning need and why it is important to your preceptorship and how accomplishing this learning need will enhance your practice); identify your learning goals (ensuring they are in SMART format); develop a plan of how you are going to accomplish your goals; and then evaluate whether or not you met your goals (be descriptive with examples AND INCORPORATE LITERATURE). Remember this assignment is worth 20%, so start early and progress through the stages of the learning plan. The guidelines above are just that 'guidelines', meaning they are questions to think about when developing your learning plan.

See [Appendix C](#) for Learning Plan Template

See [Appendix D](#) for Marking Guide for Learning Plan

#### Personal Philosophy of Nursing (40%) Due November 8th, 2019 by 2200 hrs

This assignment is to enable you to articulate your personal philosophy of nursing to assist you to clarify your nursing role within the nursing profession. It is a tangible way to understand **WHY** you want to be a nurse, **WHAT** you believe about being a nurse, and **HOW** you will strive to be the best nurse you can be. Your philosophy of nursing may change with experiential knowledge and experience; however, this can be your starting point.

Critical reflection on your nursing experience is the key to developing your philosophy of nursing. Critically examining your clinical practice over the past three years will help you to identify your assumptions, beliefs, and values. Then you can begin to formulate your personal philosophy of nursing within the metaparadigm concepts of person, health, nursing, and environment.

The scholarly paper should demonstrate:

- integration of a breadth of materials, including course literature, to support the discussion
- use of examples from nursing practice to illustrate the discussion
- clarity in the meaning of key terms
- personalized, original approach
- logical links within each section of the paper
- logical links among the sections of the paper
- Maximum of 12 pages (3000 words), excluding the title page, abstract, and references.
- **APA must be strictly adhered** to throughout this scholarly paper. Please see Bloom's Taxonomy for competency level 4.

### **Guide to develop your personal philosophy of nursing**

**Step 1: Reflect on your clinical experiences** in the past three years. Remember this takes time!

**Step 2: Write down actual client care experiences/interactions** with patients, family members, and other healthcare personnel; include experiences with nursing peers or instructors. Write down as much detail as you can remember, including what you did, asked or said, how you felt about your work, clients, the situation, etc.

**Step 3: Critically examine each clinical narrative.** Start by looking at each sentence and identify which metaparadigm concept is represented: nursing, person, health, or environment. Then identify whether the sentence reflects an assumption, belief, or value. Then review the sentences and identify the metaparadigms first, then go back and see whether the sentence reflects a belief, assumption, and/or value for that specific metaparadigm.

**TIP:** You could use symbols to mark up your narrative or highlight in different colors. For example, use B, A, V to identify my beliefs, assumptions, and values and N, P, H, E for the metaparadigms. Or underline or highlight the metaparadigms in a different color and then identify the BAVs. Use what works for you. The point is to be able to look at your work and get an overall view of your BAVs about the nursing metaparadigm concepts.

*For example,* let's say one of your sentences includes "Upon assessment ...."; or you gave assessment details: "Skin was cool and clammy; vital signs were ... ". I would mark that sentence as the Nursing metaparadigm because it was something you DID for the client (you assessed the client). Then try to figure out whether the sentence reflects a belief (B), assumption (A), or value (V). Your underlying assumption for the assessment sentence related to the nursing metaparadigm might be that *Nurses' observations of patients are valid and reliable*. A belief related to the nursing metaparadigm is that *Nurses are skilled in physical assessment* and a value could be that *Nurses should care about*

*patients.* When you are writing the BAVs, it might help if you start with the metaparadigm concept you are writing about – Nurses, Persons, Health, the Environment ....

**Step 4:** Once you've identified your beliefs, assumptions or values from your narratives, look at the data as a whole. You might want to group your beliefs, assumptions and values (BAV) for each nursing metaparadigm concept together. Then you can identify your core BAVs about Nurses/Nursing, Persons, Health, and the Environment. ***This big picture should give you insight into your personal philosophy*** – what you really believe and value about nursing practice.

**Step 5: To conclude your paper, construct your personal philosophy statement** by reflecting on your core BAVs. Summarize or combine the main ideas, and then bring them all together into a relevant statement. Your philosophy statement should contain information about each of the four nursing metaparadigm concepts. Be as concise as possible — one or two paragraphs at the most for your philosophy statement.

#### References

Thompson, C. (2017). How to figure out your personal philosophy of nursing [Blogpost]. Retrieved from <https://nursingeducationexpert.com/personal-philosophy-nursing/>

See **Appendix E** for marking guide for Personal Nursing Model

**NCLEX Prep Exams (20% each)**  
**Exam #1: Date TBD Online in Moodle**  
**Exam #2: Date TBD Online in Moodle**

The purpose of these exams are to assist the student in preparation for the NCLEX-RN. The exams are comprised of 100 multiple-choice based questions and will be online in Moodle. These exams offers an assessment of the students' basic comprehension and mastery of basic principles including fundamentals of nursing; pharmacology; adult medical-surgical nursing; maternal newborn care; mental health nursing; nursing care of children; nutrition; leadership and community health nursing.

The questions cover all the major NCLEX client need categories (management of care, safety and infection control, health promotion and maintenance, psychosocial integrity, basic care and comfort, pharmacological therapies and parenteral therapies, reduction of risk potential and physiological adaptation). The student has 3 hours to complete each exam and can review the detailed rationale for each question for 90 minutes after exam is closed.

#### **ASSIGNMENT OF FINAL GRADE**

**All evaluation components must be completed and submitted.**

The assignments are marked as raw scores according to the percentage weight assigned to each. At the end of the course, all 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 descriptions of grade points according to the 2017/2018 University of Alberta Calendar.

Excellent	A+, A, A-
Good	B+, B, B-
Satisfactory	C+, C, C -
Poor	D+
Minimal Pass	D
Failure	F

**Please Note: Marks are not final until they are placed on Bear Tracks by the University of Alberta.**

**APPENDIX A**  
**Expectations of Student, Preceptor, and Clinical Instructor**

**The student will:**

1. Adhere to the CARNA Standards of Practice (2013).
2. Adhere to the University of Alberta Code of Behavior.

3. Adhere to the dress code identified in the Keyano College Student Handbook, and policies of agency in which they are practicing.
4. Develop achievable clinical objectives and share them with the preceptor and clinical instructor.
5. Negotiate with the preceptor and instructor to meet clinical objectives.
6. Be self-directed in acquiring and understanding knowledge needed to practice competently in the clinical setting.
7. Ask for guidance as needed.
8. Maintain consistent contact with the clinical instructor.
9. Complete a self-reflective evaluation of clinical performance at mid-term (once 170 hours have been completed) and at the end of Nursing 495 (at the completion of 340 hours).
10. Complete and submit all course requirements.

**The preceptor will:**

1. Contribute to the student's orientation in the clinical setting.
2. Assist the student in developing achievable clinical objectives.
3. Facilitate suitable learning experiences.
4. Act as a role model for clinical practice.
5. Provide ongoing feedback and guidance to the student.
6. Consult with the clinical instructor regarding any concerns about the student's clinical abilities and performance.
7. Provide a written evaluation of the student's clinical performance at midterm (once 170 hours have been completed) and at the end of Nursing 495 (at the completion of 340 hours).

**The instructor will:**

1. Assist with initial arrangements for clinical placements of students.
2. Contribute to the student's orientation to the clinical agency (setting).
3. Facilitate tutorial and laboratory content when needed.
4. Maintain contact with students and preceptors.
5. Consult with preceptors regarding concerns about the student's clinical performance and provide guidance, where appropriate, for handling concerns.
6. Consult with students and preceptors regarding student's clinical evaluations.
7. Mark student assignments.
8. Review clinical evaluations and assign final grade.

**APPENDIX B**

**Nursing 495 – Midterm/Final Student Evaluation of Nursing Practice (ENP) 2018**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Excellent	Very Good	Good	Expected/	Fail
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			Satisfactory	
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**\*Student’s overall performance will be assessed in each category of the ENP.**

**\*The student must demonstrate progression in levels of independence in meeting the requirements as outlined in the ENP during this clinical experience.**

**Excellent:** Student meets the objectives at a “Level of Independence” greater than identified on the ENP, all of the time.

**Very Good:** Student meets the objectives at a “Level of Independence” greater than identified on the ENP, the majority of the time.

**Good:** Student meets the objectives at a “Level of Independence” greater than identified on the ENP, some of the time.

**Expected/Satisfactory:** Student meets the objectives at a “Level of Independence” required on the ENP.

**Fail:** Student fails to meet the objectives at a “Level of Independence” required on the ENP.

**Not Observed:** Not observed

**RC = Relevant Competency:** Please refer to the Graduate Competencies and Year End Outcomes Condensed Version 2017-2018.

**LEVEL OF INDEPENDENCE:** In evaluating (clinical performance) objectives, the following level 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.

**DEFINITION OF TERMS**

**Direction:** preceptor tells the student what to do, about steps to take

**Information:** preceptor tells student specifics about a concept, topic

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

**Prompting:** preceptor provides 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:** preceptor provides positive feedback for correct information and direction provided by the student

**Consultation:** student provides preceptor with information and/or direction and asks specific questions about the information or direction which the preceptor confirms.

**Occasional:** indicates that input is provided by preceptor now and then

**RELATED COURSE OBJECTIVE:**

Demonstrate the ability to practice in accordance with Nursing 495 competencies, as described in the document entitled:

*Graduate Competencies and Year-End Outcomes Condensed Version 2017-2018.*

<b>1. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY</b> <b>Demonstrates professional conduct and that the primary duty is to the client to ensure safe, competent, compassionate, ethical care.</b>								
RC	Objective	E	VG	G	S	F	NO	

1.4	<ul style="list-style-type: none"> <li>➤ Independently represents self by first and last name and professional designation (protected title) to clients and the health care team.</li> <li>➤ (Professional Qualities and Attributes) Independently, demonstrates attributes of: accountability and responsibility, beginning confidence and self-awareness, a professional presence, initiative, collaboration with the care team and significance of professional activities.</li> </ul>						
2.4	<ul style="list-style-type: none"> <li>➤ (Critical thinking and problem solving) Independently demonstrates skills and judgments in critical thinking re: new knowledge, the organization of workload and time management.</li> </ul>						
3.4	<ul style="list-style-type: none"> <li>➤ (Professional accountability and responsibility for safe practice) Independently understands, promotes, and enacts all aspects of safe practice for self, clients and others, including awareness of individual competence within the legislated scope of practice and professional responsibility to take action on recognized unsafe health care practices and workplace safety risks.</li> </ul>						
4.4	<ul style="list-style-type: none"> <li>➤ (Promoting excellent and healthy workplaces) Independently promotes a healthy culturally safe practice environment, including the use of basic conflict resolution strategies and the critical assessment, application, evaluation and improvement of protocols, policies and procedures.</li> </ul>						
Clinical Examples/Comments:							

<b>2. KNOWLEDGE - BASED PRACTICE</b> <b>A. Specialized Body of Knowledge</b> <b>Has knowledge from nursing and other sciences, humanities, research, ethics, spirituality, relational practice, and critical inquiry.</b>							
RC	Objective	E	VG	G	S	F	NO
5.4	<ul style="list-style-type: none"> <li>➤ Independently demonstrates knowledge in current and emerging health care issues and challenges, including relevant related knowledge of: workplace health and safety, community development and population health, global and community health and safety, primary care, determinants of health, health disparities and inequities and population health.</li> </ul>						
6.4	<ul style="list-style-type: none"> <li>➤ Independently demonstrates knowledge in current population and health care research, nursing and health informatics and information communication technology.</li> </ul>						
7.4	<ul style="list-style-type: none"> <li>➤ Independently develops an increasing knowledge about human growth and development of persons, groups, communities and populations.</li> </ul>						
8.4	<ul style="list-style-type: none"> <li>➤ Independently demonstrates knowledge in health sciences: physiology, pathology, pharmacology, epidemiology, genetics, and immunology.</li> </ul>						

9.4	➤ Independently demonstrates knowledge in nursing science, social sciences and humanities, including theoretical and practical knowledge of relational practices foundational to nursing care and the contribution of registered nurse practice to the achievement of positive health outcomes.						
10.4	➤ (Evidence informed practice) Independently accesses, critiques and uses research in care with colleagues; collaborates and participates in knowledge development to support current, competent, safe care and practice.						
Clinical Examples/Comments:							

<b>3. KNOWLEDGE - BASED PRACTICE</b>							
<b>B. Competent Application of Knowledge</b>							
Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas regarding the provision of nursing care (Ongoing comprehensive assessment; health care planning; providing nursing care, and evaluation).							
The provision of nursing care is an iterative process of critical inquiry and is not linear in nature.							
Area 1: Ongoing Comprehensive Assessment - Incorporates critical inquiry and relational practice to conduct a comprehensive client-focused assessment that emphasizes client input and the determinants of health.							
<b>RC</b>	<b>Objective</b>	<b>E</b>	<b>VG</b>	<b>G</b>	<b>S</b>	<b>F</b>	<b>NO</b>
11.4	➤ (Client engagement) Independently reduces effect of positional power and personal bias while actively engaging the client in holistic, capacity-based assessment and goal setting.						
12.4	➤ (Critical Thinking) Independently uses anticipatory planning, analyzes and interprets data and collaborates with the health team during ongoing assessment of the client's actual and potential health status and identification of their needs, capacities and goals.						
13.4	➤ (Tools and techniques) Independently uses appropriate, comprehensive assessment tools and information and communication technologies to assess clients and support information synthesis, complying with evidence-informed practice, agency policies and protocols and completing assessments in a timely manner.						
Clinical Examples/Comments:							

<b>4. KNOWLEDGE - BASED PRACTICE</b>							
<b>B. Competent Application of Knowledge</b>							
Area 2: Health care planning: Within the context of critical inquiry and relational practice, plans nursing care appropriate for clients which integrates knowledge from nursing, health sciences and other related disciplines, as well as knowledge from practice experiences, clients' knowledge and preferences, and factors within the health care setting.							
<b>RC</b>	<b>Objective</b>	<b>E</b>	<b>VG</b>	<b>G</b>	<b>S</b>	<b>F</b>	<b>NO</b>
14.4	➤ (Client Engagement) Independently minimizes positional power and promotes client ownership by involving clients in identifying and						

	outcomes of care, exploring care alternatives and accessing appropriate resources.						
15.4	➤ (Anticipatory planning skills) Independently uses critical inquiry and principles of primary health care to initiate appropriate planning for clients' anticipated health problems, client and staff safety concerns and the need for consultation with the client and team to promote continuity of care and manage complex problems.						
Clinical Examples/Comments:							

<b>5. KNOWLEDGE - BASED PRACTICE</b>							
<b>Area 3: Providing Registered Nursing Care: Provides client-centered care in situations related to:</b>							
<ul style="list-style-type: none"> <li>• health promotion, prevention and population health;</li> <li>• maternal/child health;</li> <li>• altered health status including acute and chronic physical and mental health conditions and rehabilitative care;</li> <li>• Palliative care and end-of-life care.</li> </ul>							
<b>RC</b>	<b>Objective</b>	<b>E</b>	<b>VG</b>	<b>G</b>	<b>S</b>	<b>F</b>	<b>NO</b>
16.4	➤ (Safety) Independently performs effectively in rapidly changing client condition; applies bio-hazard and safety principles to all aspects of preventive, supportive, diagnostic, therapeutic procedures and care.						
17.4	➤ (Prevention) Independently incorporates principles of population health and engages prevention strategies when providing client care and promoting the health and safety of clients, groups, self and others.						
18.4	➤ (Evidence-Informed Care) Independently incorporates knowledge of current theory, best practice clinical guidelines, and research in carrying out decisions and implementing care.						
19.4	➤ (Supportive client-centered care) Independently provides culturally safe, competent, client-centered care (during acute, chronic or palliative health challenges) that is supportive of and attends to client: development and role transition, decisions re health outcomes, informed choices re care, and the use of learning plans and strategies for promoting optimal health by accessing and building upon capacities and available resources.						
20.4	➤ (Organization, skill and clinical judgment) Independently recognizes, seeks help and assist in rapidly changing, unstable client situations.						
21.4	➤ (Organization, skill and clinical judgment) Independently prioritizes and provide timely care and consult as necessary in complex and rapidly changing client situation.						
22.4	➤ (Organization, skill and clinical judgment) Independently provides knowledgeable, competent assistance to clients throughout all phases of diagnostic procedures and treatment processes.						
Clinical Examples/Comments:							

6. KNOWLEDGE - BASED PRACTICE							
B. Competent Application of Knowledge							
Area 4: Evaluation of client care: Monitors the effectiveness of client care to inform future care planning							
RC	Objective	E	VG	G	S	F	NO
23.4	➤ (Evaluation) In consultation with the client and health care team, engages in timely, critical monitoring of the client's care outcomes, verifying client knowledge and skills, modifying and individualizing care as required.						
24.4	➤ (Documentation) Provides concise, accurate, timely reports and documentation of care.						
Clinical Examples/Comments:							

7. ETHICAL PRACTICE							
Demonstrates competence in professional judgment and practice decisions guided by the values and ethical responsibilities in the CNA Code of Ethics for Registered Nurses (2017), and the CARNA document Ethical Decision-making-for Registered Nurses in Alberta: Guidelines and Recommendations (2010). Engages in a critical inquiry to inform clinical decision-making and establishes therapeutic, caring, and culturally safe relationships with clients and health-care.							
RC	Objective	E	VG	G	S	F	NO
25.4	➤ (Ethical competence) Independently promotes a safe, ethical, caring environment for clients and colleagues characterized by: self-awareness, understanding of appropriate boundaries, competent relational practices and ability to use principled ethical reasoning.						
26.4	➤ (Knowledgeable ethical practice) Independently practices according to the CNA Code of Ethics including care for all persons, inclusive of culture and religious beliefs and based on knowledge and understanding of: ethical responsibilities and legal obligations, informed consent, client autonomy, advocacy privacy, confidentiality and security.						
Clinical Examples/Comments:							

8. SERVICE TO THE PUBLIC							
Demonstrate an understanding of the concept of public protection and the duty to provide nursing care in the best interests of the public.							
RC	Objective	E	VG	G	S	F	NO
27.4	➤ (Team Work) Independently demonstrates leadership in coordination of health care, promotion of interprofessional collaboration, team communication and development, including knowledge of the scope of practice of members and the appropriate assignment, delegation and supervision of work within the team to facilitate continuity of care.						

28.4	➤ (Knowledge of systems and change) Independently uses knowledge of all levels of the health care system to: assess and improve organizational culture, enhance the quality of professional and safe practice environment, use established policies and protocols within and across health care sectors, advocate for access to resources, and assess and promote effective change.							
29.4	➤ (Knowledge of systems and change) Independently supports planning and professional efforts for a healthier, safer society, including awareness of public health policy and emergency preparedness.							
30.4	➤ (Workplace health and safety) Independently applies principles of workplace health and safety to protect the public, the environment, clients, self and colleagues from all forms of injury or abuse; safely and effectively manages resources.							
Clinical Examples/Comments:								

<b>9. SELF-REGULATION</b>								
<b>Demonstrates an understanding of professional self-regulation by developing and enhancing own competence, ensuring consistent safe practice, and ensuring and maintaining own fitness to practice.</b>								
RC	Objective	E	VG	G	S	F	NO	
31.4	➤ (Self-Regulation) Independently understands the unique role and mandate of CARNA and the nursing profession as legislated and self-regulating.							
32.4	➤ (Self-regulation) Independently assumes individual responsibilities for all aspects of professional-legal privilege and public trust by assessing and maintaining competence and fitness to practice.							
Clinical Examples/Comments:								

<b>10. INQUIRY LEARNING</b>								
<b>Demonstrate competency with the application of the elements of inquiry learning in theory, and clinical experiences.</b>								
RC	Objective	E	VG	G	S	F	NO	
33.4	➤ Independently demonstrate competency with the application of the elements of inquiry learning in theory, laboratory and clinical experiences.							
34.4	➤ Independently demonstrates the ability to deal with ambiguity and diversity.							
35.4	➤ Independently demonstrates mentorship in professional practice							
36.4	➤ Independently demonstrates understanding of content through scholarly writing across the curriculum.							
Clinical Examples/Comments:								

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**APPENDIX C – Learning Plan Template**

<b>Student Name:</b>	<b>Date:</b>
<b>Learning Needs</b>	

<b>SMART Learning Goal</b>
<b>Learning Activities/Strategies</b>
<b>Evaluation of SMART Learning Goal</b>

**APPENDIX D: Marking Guide for Learning Plan N495**

96-100	Outstanding	Outstanding writing ability demonstrated with integration of theoretical and research literature. All required components outlined in the learning plan were complete. Conducted a comprehensive self-assessment of learning needs based on the ENP and appropriate to preceptorship practicum. Goals were clearly linked to self-assessment, specific, measurable, attainable, realistic and within an appropriate time frame and do not repeat the ENP objectives. Learning activities are varied, creative, credible and specifically linked to learning goals. Content is logically developed and specifically aligns with self-assessment and learning activities. Comprehensive evaluation of learning plan according to guidelines in the syllabus including
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		reassessment of learning needs and revision of goals as applicable. Substantive insightful, comprehensive analysis of significant points. Grammatical presentation and APA format required no revisions.
90-95	Excellent	Excellent writing ability demonstrated with integration of theoretical and research literature. All required components outlined in the learning plan were complete. Conducted a comprehensive self-assessment of learning needs based on the ENP and appropriate to preceptorship practicum. Goals were clearly linked to self-assessment, specific, measurable, attainable, realistic and within an appropriate time frame and do not repeat the ENP objectives. Learning activities are varied, creative, credible and specifically linked to learning goals. Content is logically developed and aligns well with self-assessment and learning activities. Thorough evaluation of learning plan according to guidelines in the syllabus including reassessment of learning needs and revision of goals as applicable. Insightful, thorough analysis addresses significant points. Grammatical presentation and APA format required no revisions.
85-89	Very Good	Very good writing ability demonstrated with integration of theoretical and research literature. All required components outlined in the learning plan were complete. Conducted a very good self-assessment of learning needs based on the ENP and appropriate to preceptorship practicum. Goals were clearly linked to self-assessment, specific, measurable, attainable, realistic and within an appropriate time frame and do not repeat the ENP objectives. Learning activities are varied, credible and appropriately linked to learning goals. Content is logical and aligns appropriately with self-assessment and learning activities. Detailed evaluation of learning plan according to guidelines in the syllabus including reassessment of learning needs and revision of goals as applicable. Insightful, analysis addresses significant points. Grammatical presentation and APA format required minimal to no revision.
80-84	Very Good	Sound writing ability demonstrated with integration of theoretical and research literature. Majority of components outlined in the learning plan were complete. Conducted a very good self-assessment of learning needs based on the ENP and appropriate to preceptorship practicum. Some minor details missing but clear direction established in terms of what is to be learned. Goals are linked to self-assessment, specific, measurable and attainable but occasionally repeat ENP objectives. Learning activities are appropriate, credible & reflect student's intent to meet learning goals. Content aligns with self-assessment and learning activities. Evaluation of learning plan outlined according to guidelines in the syllabus including reassessment of learning needs and revision of goals as applicable. Thorough analysis addresses significant points. Some specificity missing. Grammatical presentation and APA format required some revision.
76-79	Good	Good writing ability demonstrated with integration of theoretical and research literature. Majority of components outlined in the learning plan were complete. Conducted a good self-assessment of learning needs based on the ENP and appropriate to preceptorship practicum. Some detail missing but clear direction established in terms of what is to be learned. Majority of goals are linked to self-assessment, specific, measurable and attainable but occasionally repeat ENP objectives. Learning activities are appropriate & reflect student's intent to meet learning goals; however not fully supported by literature. Content aligns with self-assessment and learning activities. Evaluation of learning plan outlined according to guidelines in the syllabus with some reassessment of learning needs and revision of goals as applicable. Analysis in addressing significant points evident. Some specificity missing. Grammatical presentation and APA format required some revisions.
72-75	Good	Good writing ability demonstrated with integration of theoretical and research literature. Majority of components outlined in the learning plan were complete. Conducted a good self-assessment of learning needs appropriate to preceptorship practicum; however, not fully based on the ENP. Some detail missing but provides direction in terms of what is to be learned. Goals are missing some SMART components and are somewhat linked to self-assessment, measurable and attainable but occasionally repeat ENP objectives. Learning activities are limited but appropriate, credible & reflect student's intent to meet learning goals. Content generally aligns with self-assessment and learning activities. Evaluation of learning plan is generally outlined according to guidelines in the syllabus with some reassessment of learning needs and revision of goals as applicable. Adequate analysis of major points. Some information missing. Grammatical presentation and APA format required some revisions.
68-71	Satisfactory	Acceptably written with appropriate integration of theoretical and research literature. Some components outlined in the learning plan were incomplete; lacked some structure and organization. Self-assessment of learning needs is ambiguous and/or required more detail to link to the preceptorship practicum and was not fully based on the ENP. Some detail missing but provides some direction in terms of what is to be learned. Goals are missing some SMART components, somewhat linked to self-assessment and occasionally repeat ENP objectives. Learning activities are limited but adequate & reflect student's intent to meet learning goals. Minimal integration of credible sources. Content does not always align with self-assessment and learning activities. Evaluation of learning plan is superficially outlined according to guidelines in the syllabus. Minimal reassessment of learning needs and revision of goals as applicable. Acceptable analysis

		of major points. Some information missing. Grammatical and spelling errors were present. APA format required revisions.
64-67	Satisfactory	General content was present; however there was a lack of structure and organization within the learning plan. Superficial integration of theoretical and research literature. Required components of the learning plan outlined in the syllabus were missing. Self-assessment of learning needs was ambiguous and superficial; lacks enough detail to clearly identify intent of learning plan. Evidence of some attempts to link learning needs and learning goals. Not specific to preceptorship practicum. Goals are missing some SMART components, not accurately linked to self-assessment and frequently repeat ENP objectives. Learning activities are limited and not specific to goals; superficially reflects what the student intends to learn. Superficial evaluation of learning plan. Minimal reassessment of learning needs and revision of goals. Minimal analysis, some insight into learning needs. Grammatical and spelling errors were present throughout the learning plan. APA format required numerous revisions.
60-63	Minimal Pass	General content was present; however, there was a lack of structure and organization within the learning plan. Superficial integration of theoretical and research literature. Required components of the learning plan outlined in the syllabus were missing. Self-assessment of learning needs was ambiguous and superficial; lacks detail to clearly identify intent of learning plan. Evidence of some attempts to link learning needs and learning goals. Not specific to preceptorship practicum. Goals are missing some SMART components, not accurately linked to self-assessment and frequently repeat ENP objectives. Learning activities are limited and not specific to goals; superficially reflects what the student intends to learn. Superficial evaluation of learning plan. Minimal reassessment of learning needs and revision of goals. Minimal insight into learning needs. Grammatical and spelling errors were present throughout the learning plan. APA format required numerous revisions.
55-59	Poor	General content presented was superficial. There was a lack of structure and organization within the learning plan. Required components of the learning plan outlined in the syllabus were missing. Self-assessment of learning needs was ambiguous and superficial. Minimal attempt to establish a link between learning needs and learning goals. Not specific to preceptorship practicum. Goals are missing some SMART components, minimally linked to self-assessment and repeat ENP objectives. Learning activities inappropriate, minimal and superficially reflects what the student intends to learn. Superficial evaluation of learning plan. No reassessment of learning needs and revision of goals. Minimal to no insight into learning needs. Major revisions called for with respect to flow of ideas and grammatical errors. Limited application of APA format.
50-54 0-49	Fail	Content and organization were inadequate. Assignment directions were not carried out. Overview of the learning plan was ambiguous and superficial. Information was misinterpreted. No self-assessment completed. No analysis or insight into learning needs. Evaluation strategies inappropriate, lack of specificity or are difficult to measure. Did not portray a flow of ideas. Grammar and format required major revisions. Assignment was plagiarized or assignment was not handed in.

Final Mark: \_\_\_\_\_

Instructor Comments:

**APPENDIX E**  
**KEYANO COLLEGE – SENIOR SCHOLARLY PAPER MARKING GUIDE**

The following marking system utilizes the numerical system for the evaluation of Senior level students (Years 3 and 4):

<b>Grade</b>	<b>Status</b>	<b>Criteria</b>
<b>96-100</b>	<b>Outstanding</b>	Outstanding integration of theoretical and research literature in developing, analyzing, and synthesizing own ideas with objective application of evidence to support conclusions. Extraordinary and creative writing ability demonstrated in development and presentation of own ideas. Consistently identifies prominent theoretical argument(s) and ideas throughout paper; includes opposing points of view where relevant. Paper has a solid structure that is concise, logical, and very well-organized. Format requirements are met as per APA 6 <sup>th</sup> edition with minimal grammatical and spelling revisions.
<b>90-95</b>	<b>Excellent</b>	Excellent integration of theoretical and research literature in developing and analyzing ideas with application of evidence to support conclusions. Excellent and creative writing ability demonstrated in development and presentation of own ideas. Well-organized, linkages evident, logical conclusions/arguments. Format requirements are met as per APA 6 <sup>th</sup> editions with minimal grammatical and spelling revisions.
<b>85-89</b>	<b>Very Good</b>	Very good integration of theoretical and research literature in developing and analyzing ideas with application of evidence to support conclusions. Very good creative writing ability demonstrated in development and presentation of own ideas. Well-organized, linkages evident, logical conclusions/arguments. Format requirements are met as per APA 6 <sup>th</sup> editions with minimal grammatical and spelling revisions.
<b>80-84</b>	<b>Very Good</b>	Very good attempt to integrate theoretical and research literature; however, ideas are not fully developed with minimal analysis, synthesis and evaluation. There is adequate demonstration of creative and critical thinking, comprehension and interpretation of the topic and incorporation of own ideas. Overall, key ideas are presented in a concise, logical, and well organized manner; presents some major alternative points of view and supports own conclusions with literature. Minor format revisions are required as per APA 6 <sup>th</sup> edition with a few grammatical and spelling errors.
<b>76-79</b>	<b>Good</b>	A good attempt to integrate theoretical and research literature; however, ideas are not fully developed with minimal analysis, synthesis and evaluation. There is adequate demonstration of creative and critical thinking, comprehension and interpretation of the topic and incorporation of own ideas. Overall, key ideas are presented in a concise, logical, and organized manner; presents

		some alternative points of view and supports own conclusions with literature. Minor format revisions are required as per APA 6 <sup>th</sup> edition with a few grammatical and spelling errors.
<b>72-75</b>	<b>Good</b>	Presents a good review of theoretical and research literature. Own ideas and literature are understood and applied, but not fully developed, analyzed, synthesized or evaluated. Identifies key concepts, alternative arguments, however discussion and conclusions are inadequate. Revisions required with respect to presenting ideas in a concise, logical, and well-organized manner. Format requirements, grammar, and spelling expectations are inconsistently met as per APA 6 <sup>th</sup> edition.
<b>68-71</b>	<b>Satisfactory</b>	Demonstrates satisfactory superficial theoretical and research integration. General content areas identified; discussion lacks creative development of ideas, analysis, synthesis, and evaluation of topic. Definite revisions required in presentation of ideas in a concise, logical and well-organized manner. Format requirements, spelling and grammatical expectation inconsistently met as per APA 6 <sup>th</sup> edition.
<b>64-67</b>	<b>Satisfactory</b>	Demonstrates very superficial theoretical and research integration. General content areas identified; discussion lacks creative development of ideas, analysis, synthesis, and evaluation of topic. Definite revisions required in presentation of ideas in a concise, logical and well-organized manner. Format requirements, spelling and grammatical expectation inconsistently met as per APA 6 <sup>th</sup> edition.
<b>60-63</b>	<b>Minimal Pass</b>	Demonstrates marginal theoretical and research integration in discussion. Lacks structure, development, analysis, synthesis and organization of ideas. Major revisions required with respect to flow of ideas and grammatical errors. Limited application of required format APA 6 <sup>th</sup> edition.
<b>55-59</b>	<b>Poor</b>	Demonstrates poor theoretical and research integration. Minimal structure, development, analysis, synthesis and poor organization of ideas. Major revisions required with respect to flow of ideas and grammatical errors. Limited application of required format as per APA 6 <sup>th</sup> edition.
<b>50-54 0-49</b>	<b>Fail</b>	Content requirements not fully reviewed or addressed; minimal integration of theoretical/research in discussion. The assignment has no structure or organization. Ideas are not logically or clearly presented. Consistent errors in grammar, spelling and/or format as per APA 6 <sup>th</sup> edition. Paper is plagiarized or not handed in.

Competency Levels and Year End Outcomes		
Bloom's Revised Taxonomy		
<i>Scholarly Writing Year End Outcome: Demonstrates understanding of content through scholarly writing across the curriculum.</i>		
Year	Year End Outcome	Bloom's Revised Taxonomy
One	With minimal assistance, uses scholarly writing skills to understand and provide written descriptions of knowledge from nursing and other related disciplines.	Remember <ul style="list-style-type: none"> <li>Identifies relevant prior knowledge from nursing and related disciplines.</li> <li>Identifies new knowledge about the concept/issue from nursing and related disciplines.</li> </ul> Understand <ul style="list-style-type: none"> <li>Identifies the components of the concept/issue.</li> <li>Summarizes knowledge from the selected literature.</li> <li>Explains the relevance of the concept/topic to nursing practice.</li> </ul>
Two	With guidance uses scholarly skills to apply knowledge derived from nursing and related disciplines.	Apply <ul style="list-style-type: none"> <li>Explains how the concept/issue is applicable in nursing practice.</li> <li>Demonstrates, with supporting exemplars, the application of the concept/issue in a specific nursing practice situation.</li> </ul>
Three	With minimal guidance uses scholarly writing skills to analyze and synthesize knowledge from nursing and other related disciplines.	Analyze <ul style="list-style-type: none"> <li>Explores the interrelatedness of the components of the concept/issue.</li> <li>Discusses the theoretical foundation of the concept/issue.</li> </ul>
Four	Independently uses scholarly writing skills to critically evaluate knowledge from nursing and related disciplines.	Evaluate <ul style="list-style-type: none"> <li>Critiques the evidence relative to the concept/issue.</li> <li>Describes gaps/ inconsistencies in the evidence.</li> <li>Compares the perspective of theorists from nursing and related disciplines.</li> </ul> Create <ul style="list-style-type: none"> <li>Presents a convincing argument for the importance of the concept/topic to client care and nursing practice.</li> <li>Draws conclusions about the concept/issue and its potential to shape the profession of nursing.</li> </ul>

Assumption:

The year-end outcomes of years two, three and four include the taxonomy criteria of the years previous to it.

#### References

Duan, Y. (2006). Selecting and applying taxonomies for learning outcomes: A nursing example. *International Journal of Nursing Education Scholarship*, 3(1), 1-11.