



Nursing & Allied Health Studies Department  
School of University Studies, Career Programs and Academic Upgrading

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

**COURSE SYLLABUS**

**NURSING 202**

***Introduction to Nursing Practice***

***January 7 – April 25, 2019***

**INSTRUCTORS:**

Group A – Catharine Szpak

Group B – Gabby Scott

Group C – Donna MacDougall

Revised: 2018/12

# NURSING 202 Course Outline

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**NURSING 202  
NURSING PRACTICE III  
COURSE OUTLINE**

**CALENDAR STATEMENT**

**NURS 202 Introduction to Nursing Practice ★6** (*fi 12*) (either term, 0-14c-0). This course introduces students to nursing practice. Practice focuses on individuals in community and long-term care (or those awaiting placement for long term care) settings.

Prerequisites: NURS 103, 105 and 113.

Corequisite: NURS 201.

**COURSE HOURS**

**Lecture: 0**

**Seminar: 0**

**Clinical/Lab: 210**

**COURSE DESCRIPTION**

The goal of this course is to introduce the student to nursing practice. The emphasis is on practice with individuals in the community as well as in a continuing care (long-term care) setting /assisted living. This practicum takes place with individuals in diverse circumstances.

**INSTRUCTOR INFORMATION**

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**OFFICE HOURS**

Instructors are available for student consultation in their office from Monday to Friday. Please contact your instructor at the above email or contact the Nursing Office (780-791-4889) to arrange a specific appointment time.

## LEARNING OUTCOMES

(Based on the anticipated competencies of a second-year nursing student)

### LEVELS OF INDEPENDENCE:

**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:** The instructor tells the student what to do, about what steps to take.

**Information:** The instructor tells the student specifics about a concept or topic.

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

**Prompting:** The instructor 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:** Instructor provides positive feedback for correct information and direction provided by the student.

**Consultation:** The student provides instructor 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 instructor now and then.

## LEARNING OUTCOMES

Students are responsible to familiarize themselves with *Graduate Competencies and Year Outcomes Collaborative BScN*. Particular attention must be given to the competencies that are identified as being relevant to NURS 202.

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

1. College and Association of Registered Nurses of Alberta (CARNA), Entry to Practice Competencies for the Registered Nurses Profession (2013). Accessed at: [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)
2. CARNA Practice Standards for Regulated Members (2013). Accessed at:

[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)

3. Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses (2017). Accessed at: <https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf>

**It is an expectation that students bring forward competencies acquired in previous courses and that students provide safe, knowledgeable, and ethical nursing care. Students who do not meet this expectation are at risk of failing N202 prior to the end of the course.**

**In addition to maintaining competency with previous course learning outcomes, upon completion of Nursing 202, the nursing student will be able to:**

1. Demonstrate, with minimal assistance, the ability to practice according to the competencies listed for second year, described in the following document: *Graduate Competencies and Year End Outcomes Collaborative BScN*.
2. Demonstrate, with minimal assistance, the processes of self-directed learning, critical thinking, and group work employed in inquiry learning and at the practicum sites.
3. Demonstrate, with minimal assistance, the ability to use professional and therapeutic communication to collaborate with clients of all ages.
4. Demonstrate, with minimal assistance, the ability to use professional communication with colleagues, professionals, and other individuals in the clinical setting.
5. Demonstrate, with minimal assistance, the ability to establish therapeutic relationships with clients.
6. Demonstrate, with minimal assistance, the ability to engage clients of all ages in health promotion activities throughout the lifespan.
7. Demonstrate, with minimal assistance, the ability to perform assessments with individuals of all ages in the context of families.
8. Demonstrate, with assistance, the ability to engage in inquiry-based practice.
9. Demonstrate the ability to integrate knowledge and skills in a clinical setting.
10. Demonstrate, with minimal assistance, the ability to provide basic care in a safe and competent fashion (hygiene, ADLs, feeding, bed-making, vital signs, medication administration, mobility, transfer and positioning).
11. Demonstrate, with minimal assistance, client education according to the principles of teaching and learning for health promotion.

12. Demonstrate a beginning knowledge of health challenges and care of individuals, families and groups in minority situations.
13. Demonstrate knowledge and understanding of the concepts of cultural competence and cultural safety.

## **NURSING PROGRAM POLICIES**

Please refer to the Nursing Program Student Handbook for specific Nursing Program Policies, including, attendance, examinations, withdrawal dates for classes, and plagiarism.

Refer to Keyano College Calendar for Student Rights and Responsibilities, Misconduct and Discipline, and Student Appeal Procedure.

Every student is expected to review and become familiar with the matters addressed in the Student Code of conduct Policy, Student Code of Conduct Procedure and Student Rights Policy. These address student rights, responsibilities and behavior. See below to access web links.

In addition, every student is responsible for reviewing various other policies and procedures relating to enrolment at the College which can be found on the College's website. Every student is expected to adhere to these policies and to encourage other students to do the same.

Please refer to the Student Handbook and review the following:

- Student Code of Conduct Policy (Policy 110.0)  
<http://www.keyano.ca/Portals/0/Documents/Registrar/110%20Student%20Code%20of%20Conduct%20Policy%20-%20Approved.pdf>
- Student Code of Conduct Procedure (110.1).  
<http://www.keyano.ca/Portals/0/Documents/Registrar/110.1%20Student%20Code%20of%20Conduct%20Procedures.pdf>
- Student Rights Policy (Policy 111.0)  
<http://www.keyano.ca/Portals/0/Documents/Registrar/111%20Student%20Rights%20Policy%20-%20Approved.pdf>

Refer to Appendix D for Keyano College Percentage – Alpha Grading System.

Refer to Appendix A for Inquiry-based Learning (IBL) Seminar Student and Instructor Roles and

Refer to Appendix B for Expectations for Instructors and Students in IBL Labs.

## **PLAGIARISM**

All students must complete the Plagiarism/Tutorial Certificate found on Moodle. To locate this information, sign into Moodle and on the right hand side of the Moodle page under the heading 'student' the tutorial can be located.

Expectations:

1. The certificate must be shown to the instructor prior to submitting any written assignment. Failure to show the instructor the certificate of completion could result in a late written assignment penalty.
2. If you have completed this tutorial in a University Studies course you can show your instructor the certificate. The tutorial is required to be completed only once during your time at Keyano unless you have left the program and returned.

## **LATE POLICY FOR ASSIGNMENTS**

All assignments are to be submitted as indicated in the syllabus and timetable. Extensions on assignments may be granted; however, must be negotiated with the Instructor prior to the due date and with a date specified for late submissions. Assignments not submitted on the day 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; however, must provide a paper copy on the first day following the weekend.

## **SPECIALIZED SUPPORTS**

### **ACCESSIBILITY SERVICES**

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 a 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 visit their office, CC-260).

## **OVERVIEW OF REQUIRED LEARNING EXPERIENCES**

### **ORIENTATION**

It is essential that the students attend course orientation on **January 7, 2019** and clinical orientation at the NLHC on **January 9, 2019**. Students are responsible for knowing the course schedule. It is important that each student thoroughly read the course orientation manual, which will be on Moodle. Specifics about clinical practice areas and clinical expectations are outlined.

### **CLINICAL PRACTICE**

**In order to pass Nursing 202, students must demonstrate safe, knowledgeable, and ethical nursing practice, consistently demonstrate professional behavior, and complete the specified learning experiences.**

Components of this clinical experience will include:

- Labs as outlined under the 'Lab 'section.
- A scheduled nursing practice experience in the clinical setting. All N202 students will rotate through community health placements, Continuing Care Unit, and Medicine Unit (Hub A).
  - Community Placements – The focus of this experience will be communication, health teaching, and health promotion and disease prevention.
  - Continuing Care – The focus of this experience will be basic nursing care, including bathing, mobility, feeding, etc.
  - Medicine – The focus of this experience will be health assessment and medication administration.
- Clinical rotations will commence on week two. Clinical rotations may include two to three eight to 12 hour day/evening shifts each week. For Continuing Care and Medicine, resident/client review will occur on the day prior to the scheduled shift as per timetable or as directed by your instructor.
  1. Client review will prepare the student to provide safe, knowledgeable, ethical care and is essential to successful completion of this course.
  2. Complete client review on assigned resident(s)/client(s) to include a detailed plan of care consisting of nursing diagnosis, goals, interventions and rationale for intervention. If caring for a client for more than one day, update client information/assessment and nursing care plan on each successive day with the client. Plan of Care for clients are to be submitted to the instructor for review following pre-conferences or as directed by your instructor.
  3. Perform initial and ongoing assessments on assigned residents/clients.
  4. Document resident/client care in a draft form for review by the instructor prior to documenting any narrative notes in the resident/client's chart. Document on appropriate flow sheets for each resident/client.

If a student is absent from the clinical setting due to illness the following must occur:

- The student will contact their assigned unit;
- The student will contact The Nursing Office at 780-791-4889 and leave a message;
- The individual Instructor will advise students on instructor contact preference;
- The instructor may advise the student to contact the Keyano College Nurse at 780-791-4808.

Students not following these requirements will be considered absent without leave and abandoning their residents/clients. This may result in clinical failure.

If the student is absent from the clinical setting for other reasons:



- The student will contact their assigned unit;
- The student will contact the Nursing Office at 780-791-4889 and leave a message;
- The individual instructor will advise students on Instructor contact preference.

## LABS

It is the expectation that the knowledge and skills obtained from the Nursing 201 and Nursing 202 Fixed Resources and Labs will be incorporated into your Nursing 202 clinical rotation. It is an expectation that you read all the required material in preparation for the labs. Being prepared allows you more time to practice the skill portion of the lab. Please see timetable for dates and times.

The following labs will be covered as part of N202:

- Medication Administration and Calculation Theory Review.
- Parenteral Medications theory Review and Practice Lab.
- Head to Toe Assessment Practice Lab

## OVERVIEW OF COURSE EVALUATION

In order to pass Nursing 202, students must demonstrate safe, knowledgeable, and ethical nursing practice, consistently demonstrate professional behavior, and complete the specified learning experiences and assignments.

***Students must receive a grade of 60% to pass N202. As well, students must receive a Satisfactory rating in each of the 10 categories on the ENP. Students who pass both assignments by acquiring a grade of 60% or more; however, fail the clinical practicum portion will receive a grade of F in N202.***

| METHOD OF EVALUATION  | DATES  | PERCENTAGE OF FINAL GRADE |
|---|--|---------------------------|
| Medication Administration Safety Screen Exam (MASS) – Pass/Fail<br><b>January 9, 2019 (0900 – 0945)</b> |  |                           |
| Health Promotion Teaching Presentation  | Dates due may vary depending on Group (see Timetable for due date)                   | 50%                       |
| Care Plan Assignment  | March 22, 2018   | 50%                       |
| Evaluation of Nursing Practice  | April 17, 2019<br>Dates due may vary depending on Group (see Timetable for due date) | Pass/Fail                 |
| TOTAL   |  | 100%                      |

## **MEDICATION ADMINISTRATION SAFETY SCREEN (MASS) (PASS/FAIL)**

The MASS Exam consists of 20 questions and you are given 45 minutes to demonstrate proficiency in providing safe medication administration in preparation for the clinical setting. The exam content will include medication preparation, administration protocols, and dosage calculations appropriate to the course, including calculations required to administer oral, and intradermal, subcutaneous, and intramuscular medications.

The exam is scheduled to be written on **January 9<sup>th</sup>, 2019 from 0900 to 0945 hours**. Students may use a basic calculator in the exam. The pass mark is 90%. Refer to course timetable for location. Any required changes in time/room number will be communicated on Moodle. The MASS exam will not be subject to accommodations; the exam will be written within the allotted 45 minute time frame and invigilated by the instructor in the classroom.

In preparation for the MASS exam students are expected to complete the following from the text below:

Predham, B & Buchholz, S. (2010). *Henke's med-math: First Canadian edition*. Philadelphia, PA: Lippincott.

- ✓ Read Chapters 7 and 13 and complete the Proficiency Tests from each chapter.
- ✓ Review chapters 1 through 6, and chapters 12 and 13

Students who are unsuccessful will be given the opportunity to write one (1) supplemental exam, which must be completed within one week. If necessary, the student and the instructor will schedule the MASS re-write in the Skill Centre at a mutually agreed time within a minimum of one (1) day and a maximum of one (1) week. Medication administration in clinical practice will not commence until successful completion of the supplemental MASS exam. Students who are unsuccessful in the supplemental exam will be required to withdraw from Nursing 202.

## **HEALTH PROMOTION TEACHING PRESENTATION – 50%**

The Health Promotion Teaching Presentation due dates (Room numbers as per timetable):

Group A: Due March 26, 2019 (0900-1200)

Group B: Due April 9, 2019 (0900-1200)

Group C: Due April 1, 2019 (0900-1200)

Students, working in pairs or groups of 3's, will develop and deliver a health promotion teaching presentation, for a specific client population. The primary goals of the health promotion teaching presentation are to improve the students' awareness and knowledge of the health needs of a population, and to improve students' abilities to communicate information based on one identifiable need within a population.

Students are expected to assess the population and identify a topic appropriate to the needs of that population. Each group is responsible to establish a topic based on the health needs of a population and discuss with the instructor prior to finalizing the topic. Each group will research

the literature from credible sources on their topic and then plan a health promotion/activity to present and deliver to their peers and the instructor. A variety of presentation methods can be used (i.e., poster, power point, handout, brochure, demonstration or a combination). Be creative and interactive in your teaching presentation. This presentation should incorporate the principles of Primary Health Care (PHC) and include the integration of nursing research-based literature.

Each group is responsible for presenting their health promotion presentation. It is an expectation that students will present as if they are presenting to their client population and will answer any questions posed during this session accurately.

### Written Component of Presentation

Each group will also submit to their instructor written documentation on their Health Promotion Teaching Presentation in the form of a paper (approximately 750 words) using APA format. The paper will include relevant components such as cover page, references, and appendices.

The paper should consist of:

- A clear, detailed overview/description of the health promotion teaching presentation including:
  - Description of the population;
  - The results of the needs assessment;
  - Rationale for why information in the presentation is important and relevant and how you applied the nursing process.
  - A critical reflection and evaluation of your presentation, such as what worked and any improvements for future.

Each student of the same group will receive the same mark for the presentation and written component, unless it is apparent that one has substantially done more of the work. All aspects of the health promotion teaching presentation will be graded according to the grading guide in **APPENDIX C**.

The following is recommended reading in preparation for this presentation:

Edgecombe, N.A. (2014). Patient education. In P. A. Potter, A. G. Perry, J. Ross-Kerr, & M. Wood, M. J. Astle, & W. Duggleby (Eds.). *Canadian fundamentals of nursing*, (5th ed.), (pp. 290-308). Toronto, ON: Elsevier.

### **CARE PLAN ASSIGNMENT (50%)**

The Case Study for this assignment is **Appendix A**.

This assignment provides you with the opportunity to:

- Utilize the nursing process, and
- Develop a care plan for a client.

The assignment must be typed (word processed) using the forms provided and following APA format for references. The forms are available electronically on Moodle. Refer to the marking guide (**Appendix B**). Please submit a copy of the Marking Guide with your assignment.

**Note:** No abstract is required for this assignment. References may include your textbook, journal articles, or reputable websites.

### Client Assessment

Read the case study on Mr. Brown. Complete a nursing assessment. Use the “Client Research Record” form to organize your data.

The following elements should be included in your client assessment:

- Organize the assessment data from the case study according to five variables (physiological, socio-cultural, psychological, spiritual, and developmental).
- Indicate if the data collected is subjective (S) or objective (O).

### Nursing Care Plan

Use the “Nursing Care Plan” form to complete your care plan. The following elements should be included in your care plan.

### Nursing Diagnosis and Planning

- Write **three** nursing diagnoses (actual/potential problems) from **two** different variables. Prioritize your nursing diagnoses in order of most important to least important and provide rationale. State with #1, #2 and #3 before each diagnosis indicating priority.
- Write one client goal/expected outcome for each nursing diagnosis. The client goal must be measurable and include a specific time frame. Remember the acronym SMART goals.

### Implementation of Nursing Interventions

- Write **two nursing** interventions for each client goal/ expected outcome. For each nursing intervention, include the level of prevention (primary, secondary, or tertiary).
- **Provide evidence from the literature** to support your rationale for each nursing interventions in the column titled “Evidence from the Literature.”

### Nursing Evaluation

- Write evaluation criteria for each nursing intervention that would be used to determine if the client achieved each client goal/expected outcome.

## **EVALUATION OF NURSING PRACTICE (PASS/FAIL)**

Students’ practice performance will be evaluated according to the criteria outlined in the Evaluation of Nursing Practice (ENP) (**Appendix D**).

- This will be accomplished through observation, assessment, and evaluation of the student during nursing practice. Evaluations will be completed by the instructor and may be

supplemented with input from peers, staff, residents, clients, and other nursing instructors.

- In addition, preparation and safe clinical knowledge will be assessed through nursing plan of care, as well as through the application of the nursing process (nursing diagnosis, goals, interventions, and evaluation of client care).
- Students are expected to be prepared for each clinical day by reviewing procedures, medical conditions, medications prior to providing client care. Required psychomotor skills may also need to be reviewed prior to the clinical experience.
- Students should be prepared to discuss their resident/client plan of care (including the resident/client priority needs, nursing diagnoses, goals, interventions, medications, resident/client teaching plan) with the instructor during pre-conference, post-conference and during clinical time.

Being adequately prepared also includes having a plan of care that encompasses the delivery of safe care to assigned resident/client(s). If a student is not adequately prepared for clinical to deliver safe, knowledgeable and ethical care to assigned resident/client(s), the student will not be allowed to care for the assigned resident/client and the instructor may request that the student either leave the unit or stay on the unit with a plan to develop learning goals and work on strategies to ensure future provision of safe care or for the assigned resident/clients in a subsequent shift.

Students are expected to pass all ten components of the ENP in order to pass the course. If you do not pass all criteria on the ENP, it constitutes a clinical failure, as the student has then shown unsafe, unprofessional or unethical nursing practice. Students must pass in a completed ENP to instructor in order to pass the course.

Students who demonstrate unsatisfactory clinical performance, indicative of clinical failure, will be informed immediately by the instructor. To facilitate progress for the student with unsatisfactory performance, a remedial plan will be developed by the instructor with input by the student within 24 hours after being advised of unsatisfactory performance. Students who do not meet the required learning outcomes will receive a failing course grade.

The evaluation of students in clinical courses will be achieved through the use of the following three elements:

- Evaluation of Nursing Practice (ENP)
- Grade Descriptors
- Levels of Independence

Weekly clinical reflection will occur at the end of each week of clinical experience. The student may email their instructor the reflection no later than 1600 hours on the day following their last clinical day of the week.

### **CRITICAL SELF REFLECTION**

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, along with personal and

professional development. Instructors will evaluate how students have shown reflective practice by asking questions during pre-conferences, throughout the clinical shifts, during post-conferences, and during midterm and final evaluations.

Students are highly encouraged to critically reflect on their nursing practice throughout the course. Confidentiality must be maintained when describing a clinical incident.

Recommended guidelines for Critical Self-Reflection (also known as Reflective Journaling):

- Describe in detail a significant experience that you had during your week. Include thoughts, feelings, and perceptions.
- Reflect on the experience. Describe why this experience was important to you, and what factors (assessment, previously learned experiences, values, beliefs, stereotypes or biases) influenced yours/someone's else's decisions/actions/feelings.
- Evaluate your strengths and areas needing improvement in this situation. What were the strengths and areas for improvement for the other health care professionals involved? Explain why you think these were areas of strength or areas needing development. How the client/family is ultimately affected?
- Describe your significant learning. How does this impact your nursing practice? Describe what you would do differently/investigate/maintain if a similar incident should occur in the future. Describe what you would teach someone else (e.g., peer) about this incident in order to improve nursing practice.
- Critical self-reflection should include evidence from the literature.

#### **MIDTERM EVALUATIONS:**

Instructors may elect to do weekly evaluations with students. Weekly evaluations will be reviewed with the student and signed by both the instructor and the student. Weekly evaluations will be attached to the back of the Final ENP.

If weekly evaluations are not done then a Midterm Evaluation will occur at or around March 6, 2019. The instructor and student will meet for the midterm evaluations at predetermined times as set up by the instructor in advance. Students must come to the meeting prepared.

Students must complete a Self-Evaluation including:

- a. Completion of each of the ten (10) sections of the ENP using the midterm section (MT) for the Student. The Student will provide one to two examples per section indicating how they met specific criteria. At the end of the ENP, the student shall write a summary that outlines strategies to improve clinical practice and recommendations for growth in the second half of the course. Strategies should be based on literature and referenced.
- b. Students must come to the midterm evaluation prepared to discuss strategies to improve clinical practice and recommendations for growth. The focus of the midterm evaluation will be reflection on practice and not assessment of grades. No grades will be discussed during midterm evaluations.

- c. Critical self-reflection may be required as part of the mid-term. The student is expected to discuss one event that occurred during their clinical experience and follow the Guidelines for Critical Self-Reflection outlined on the previous page. Students must also bring personalized article(s) used as evidence in the self-reflection.

Being unprepared for mid-term evaluation will be reflected in the ENP.

#### **FINAL WRITTEN EVALUATIONS:**

Final evaluations will be scheduled and occur after the last scheduled shift (see timetable) in the instructor's office. Appointment times will be allotted by the instructor. A final written summative evaluation will be completed by the student and the instructor based on the Evaluation of Nursing Practice (ENP) (**Appendix D**).

\Students must complete a Self-Evaluation including:

- a. Completion of each of the 10 sections of the ENP with one to two examples per section of how the student met specific criteria. At the end of the ENP, the student is expected to write a summary that outlines strategies to improve clinical practice in the next clinical course. **Strategies should be based on literature and referenced.**

Students must come prepared with all of the above or will be required to rebook an appointment with the instructor.

Please submit to your Instructor, via e-mail or hard copy, the completed ENP and your personalized article(s) three days prior to your final evaluation or on the date specified on the Timetable.

**PLEASE NOTE:** Students are to complete an on-line course evaluation for Nursing 202 which is available on Moodle. Student feedback is important to ensure continued provision of high quality education in the baccalaureate program; therefore, students are highly encouraged to complete this course evaluation.

#### **REQUIRED TEXTS**

All previously required Collaborative BScN Program textbooks will be used during this course, including all books purchased for Year 2.



## APPENDIX A

### Case Study for Care Plan Assignment

Mr. Brown is an 87-year-old man suffering from chronic obstructive lung disease (COPD), diabetes mellitus, benign prostate hypertrophy and osteoarthritis. His wife died five years ago of lung cancer. Ever since, he has found it increasingly difficult to care for himself due to his shortness of breath and limited mobility. For two years prior to his admission to an extended care facility, he was able to live at home with assistance from a home-care agency and his two adult children. He has always been an extremely independent man and he has found it very difficult to rely on his children, who, in his words, “have their own life to live.” He decided to move into an extended-care facility with goals of care designation as comfort care only (C2), in the event of a health crisis. Upon admission, Mr. Brown insists, “I will not just vegetate here; I still want to be as active as I can and have a life”.

He was a coal miner and worked underground from the age of 15 until he retired at age 60. He stopped smoking at the age of 50. After quitting, he noticed he was coughing excessively and became short of breath on exertion. He was diagnosed with “black lung,” or pneumoconiosis, shortly after that, but refused to change careers because coal mining was all he knew. His condition has progressed to severe lung disease. During his career he was very active in the coal miner’s union and became instrumental in forcing the coal industry to pay compensation to coal miners who developed lung disease. When he retired, he stated, “God is watching over me; I was 45 years underground, and only had one injury due to the job.” Mr. Brown enjoys blogging about the occupational hazards of mining with hopes to bring awareness to the workers in the mining industry so they can advocate for themselves.

On examination, Mr. Brown presents as bright and talkative who is oriented to person, place, and time. He has no short-term memory loss and, given time, can answer all questions. He is interested in current events and he frequently diverts the conversation to the daily news and the political actions of Trudeau and Trump.

Mr. Brown has a ruddy complexion, but the rest of his body is very pale. His skin is very dry and wrinkled. He is 173 cm tall and weighs 60 kg. He states that as a young man he was 183 cm tall. You note that the skin on his left leg below the knee is shiny, hard, cold, and bluish in color. He has Heberden’s and Bouchard’s nodules on his fingers. His fingernails are pale and clubbed and his capillary refill time is greater than three seconds. His toenails are very thick and hard and his feet are cold to the touch. Mr. Brown monitors his blood glucose levels at home and states they are usually between 10 to 15 mmol/L.

He has a frequent productive cough for copious thick white mucous. He has a slight barrel shaped chest. His chest sounds are diminished with prolonged expiratory time and rhonchi crackles are auscultated throughout the lungs. He is on 2L of continuous oxygen by nasal cannula and his oxygen saturation levels are maintained at 96-97%. His heart sounds are normal; you cannot palpate the dorsalis pedis or posterior tibial pulses; however, they can be heard with a Doppler; radial and apical pulses are strong and regular.



His abdomen is concave in shape, and his bowel sounds are active in four quadrants. He has a reduced appetite and does not like the bland facility food. Instead, he snacks on sweets and often orders spicy fast foods. He states his “water intake is poor to decrease the number of times I need to void.” He is wearing an incontinence product due to urinary and fecal incontinence. On questioning, you find that he does have the urge to both void and defecate but does not want to ask someone to transfer him to the toilet because it is too much of a “bother” to the staff. When he does request assistance, it is often too late, and so he is incontinent. He finds this humiliating. This skin in his perineal area is reddened.

Due to his osteoarthritis, he has severe spine, hip and knee pain that results in limited movement. He does weight bear to transfer from the bed to the wheelchair but is very unsteady at times. He states that he dreads the day “I am so useless I have to be lifted up by that human crane.” He had a right leg below the knee amputation 7 years ago, due to severely infected and necrotic foot ulcers, from uncontrolled diabetes. States he occasionally has phantom limb pain in his right leg. His left leg is severely affected by osteoarthritis and he is unable to weight bear for more than a few minutes due to joint pain. Left knee ligaments are lax, below knee atrophy and reduced sensation are present. He becomes short of breath when transferring to the wheelchair.

Mr. Brown’s medications include the following:

- Symbicort 2 puffs PO BID
- Ventolin 2 puffs PO QID
- Humulin 30/70 3 units ac breakfast and supper SC BID, hold if blood glucose is less than 3.5 mmol/L
- Metformin 500 mg PO BID
- Naproxen 500 mg q12h PO BID for osteoarthritis
- Calcium carbonate – 500 mg BID

Mr. Brown is visited frequently by many friends and family, is still active with the coal miner’s union, and participates in their social functions. He is particularly close to and proud of his grandson, a mining engineer, who visits him frequently. His grandson has accepted a job in Ontario and will be moving soon. Mr. Brown has joined the residents’ council of the extended-care facility and gets quite frustrated by the lack of interest paid by the other intellectually competent residents.

Mr. Brown does not profess to be a member of any church but states that he is a Christian. He states he is not interested in attending church services except for Easter Sunday and Christmas Eve.

## APPENDIX B

### Nursing Care Plan Assignment Marking Guide

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#### Key Content

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#### Client Assessment

Organized assessment data according to five variables:

|  |           |              |         |      |
|--|-----------|--------------|---------|------|
| • Physiological (20 marks)                           | Excellent | Satisfactory | Minimal | None |
| • Psychological (2 marks)                            | Excellent | Satisfactory | Minimal | None |
| • Socio-cultural (2 marks)                           | Excellent | Satisfactory | Minimal | None |
| • Developmental (2 marks)                            | Excellent | Satisfactory | Minimal | None |
| • Spiritual (2 marks)                                | Excellent | Satisfactory | Minimal | None |
| Identified data as subjective or objective (2 marks) | Excellent | Satisfactory | Minimal | None |

**/30**

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#### Comments:

---

**Points:**          5              3              1              0    

---

#### Nursing Diagnoses and Planning

|   |           |              |         |      |
|---|-----------|--------------|---------|------|
| Wrote three nursing diagnoses from at least two different variables   | Excellent | Satisfactory | Minimal | None |
| Prioritized nursing diagnoses from most important to least important and provide rationale                                    | Excellent | Satisfactory | Minimal | None |
| Wrote one goal/expected outcome for each nursing diagnosis that is measurable and includes a specific time frame (SMART Goal) | Excellent | Satisfactory | Minimal | None |

**/15**

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#### Comments:

---

**Key Content**

---

**Points:**          **5**              **3**              **1**              **0**    

---

**Implementation of Nursing Interventions**

|  |           |              |         |      |
|--|-----------|--------------|---------|------|
| Wrote two nursing interventions for each goal/expected outcome   | Excellent | Satisfactory | Minimal | None |
| Indicated level of prevention for each nursing intervention  | Excellent | Satisfactory | Minimal | None |
| Using more than one source provide evidence from the nursing literature to support rationale for nursing interventions | Excellent | Satisfactory | Minimal | None |

/15

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**Comments:**

**Nursing Evaluation**

|  |           |              |         |      |
|--|-----------|--------------|---------|------|
| Wrote evaluation criteria for each goal/expected outcome | Excellent | Satisfactory | Minimal | None |
|--|-----------|--------------|---------|------|

/5

---

**Comments:**

**Format:**

|  |           |              |         |      |
|--|-----------|--------------|---------|------|
| Correctly formatted the assignment, following APA formatting (e.g., title page, reference page, grammar, and in text citations). | Excellent | Satisfactory | Minimal | None |
|--|-----------|--------------|---------|------|

/5

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**Total**

**/70**

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**Legend:**

|   |   |
|---|---|
| <b>5</b> – Excellent work, comprehensive information or analysis included, great attention to detail throughout | <b>1</b> – Minimal required information included, incomplete work |
| <b>3</b> – Satisfactory work, most required information included at an adequate level                           | <b>0</b> – Required information not identifiable                  |

## APPENDIX C

### Health Promotion Presentation Grading Guide

**Instructor Name:**

**Student Name:**

**Content (Written Component 20% and Presentation 20%) /40**

- A clear, detailed overview/description of the health promotion teaching presentation
- Description of the population including health determinants, strengths and risks.
- Succinctly covers the assigned topic and is appropriate for the assigned community population.
- Use of the nursing process is evident
- Incorporation of the principles of Primary Health Care
- Integration of nursing research-based literature
- Credible resources used and cited according to APA formatting.
- No grammar or spelling errors
- A critical reflection and evaluation of your presentation, such as what worked and any improvements for future in the paper.

**Presentation Medium /20**

- Attractive, creative, vivid visual image, legible
- Variety of teaching formats (power points, handouts, quizzes, games etc.)
- Engages audience
- Age & Agency appropriate
- Appropriate text font in teaching methods

**Presentation /20**

- Avoids reading notes – use notes only as a guide
- Knowledgeable of presentation content
- Ability to interest and engage audience
- Dress and demeanor professional
- Appropriate pace-not rushing through
- Enthusiasm

**Organization****/20**

- Time frames
- Presentation contains a clearly defined introduction, body, and conclusion with natural transitions between segments
- Presentation flows logically and smoothly
- Group members share in presentation delivery
- Group members demonstrate support to each other
- Summary
- Question and Answer Component

**Instructor Comments:****Total: /100**

| Legend |   |
|--------|---|
| 20     | Excellent work, comprehensive information or analysis included, great attention to detail throughout with credible resources    |
| 15     | Very Good work, required information included at a satisfactory level with credible resources                                   |
| 10     | Good work, most required information included at an adequate level; majority of information had credible resources              |
| 5      | Minimal required information included, incomplete work, need to elaborate for further understanding; minimal credible resources |
| 0      | Required information not identifiable or without credible resources   |

## APPENDIX D

### Nursing 202 Evaluation of Nursing Practice – 2018-2019

|   |  |
|---|--|
| Student:<br>ID:   | Clinical Faculty:<br>Section #:  |
| Placement:<br>Health Centre   | Posting Dates:<br>From: _____ To: _____  |
| Days Absent/Sick:   | Provided student with copy of evaluation: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Final:</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/> |  |

*\*Student's overall performance will be assessed in each of the categories from Graduate Competencies and Year-End Outcomes Condensed Version 2018-2019*

|             |                        |   |
|-------------|------------------------|---|
| <b>PASS</b> | <b>Excellent :</b>     | Student meets the objectives at a "Level of Independence" greater than identified on the ENP, all of the time.      |
|             | <b>Very Good:</b>      | Student meets the objectives at a "Level of Independence" greater than identified on the ENP, majority of the time. |
|             | <b>Good:</b>           | Student meets the objectives at a "Level of Independence" greater than identified on the ENP some of the time.      |
|             | <b>Satisfactory:</b>   | Student meets the objectives at a "Level of Independence" required on the ENP.                                      |
| <b>FAIL</b> | <b>Unsatisfactory:</b> | Student fails to meets the objectives at a "Level of Independence" required on the ENP.                             |

Note:

- Refer to the *Graduate Competencies and Year-End Outcomes Condensed Version 2018-2019*. All courses contribute to the acquisition of each competence. All students are responsible for integrating all knowledge and skills covered in previous and concurrent coursework.
- If a section is grayed out, it indicates that a competency partially applies in this particular clinical course.

**LEVEL OF INDEPENDENCE** (There is an expected progression within a course and between levels).

The following levels of independence will be utilized (unless otherwise indicated):

| Levels               | Levels of independence<br>(beginning of term → end of term) | Description<br>(beginning of term → end of term)   |
|----------------------|---|--|
| Level 1,<br>junior 1 | With assistance → with minimal assistance                   | The student requires direction and information → The student requires <i>occasional</i> direction and information. |

**Definition of terms:**

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

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

**Clarification:** faculty, 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:** faculty provides student with a cue the answer is incomplete and how to resolve the lack of information. Prompting is generally used to add breadth or depth.

**Confirmation:** faculty provides positive feedback for correct information and direction provided by the student

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

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

**Student is to complete ENP and submit to faculty as outlined in timetable prior to final evaluation. One to two examples required for each main section.**

**Faculty documentation with specific examples are required if faculty disagrees.**

**RELATED COURSE OBJECTIVE:**

Demonstrate the ability to practice in accordance with NURS 202 competencies as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2018-2019.*

| 1. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY  |  |   |   |   |   | Final Mark         |
|--|--|---|---|---|---|--------------------|
| Demonstrates professional conduct and that the primary duty is to the client to ensure safe, competent, compassionate, ethical care. |  |   |   |   |   |                    |
| RC   | Objective  | Student Objectives Met (Yes/No)                             |   | Faculty Assessment (Yes/No)                                 |   | Student's examples |
|  |  | MT  | F   | MT  | F   |                    |
|  | <b>Levels of independence</b> (beginning of term → end of term): <b>With assistance → with minimal assistance</b>  |   |   |   |   |                    |
| 1.3.1  | ➤ <b>Independently</b> represents self by first and last name and professional designation (protected title) to clients and the health care team.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| 1.1  | ➤ (Professional Qualities and Attributes) Demonstrates attributes of: accountability and responsibility, beginning confidence and self-awareness, a professional presence, initiative, collaboration with the care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |

|  |  |   |   |   |   |                   |
|--|--|---|---|---|---|-------------------|
|  | team and significance of professional activities.  |   |   |   |   |                   |
| 2.1  | ➤ (Critical thinking and problem solving) Demonstrates skills and judgments in critical thinking re: new knowledge, the organization of workload and time management.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| 3.1  | ➤ (Professional accountability and responsibility for safe practice) 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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| 4.1  | ➤ (Promoting excellent and healthy workplaces) 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.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|  | <b>Faculty's comments</b>  | <b>MT:</b>  |   |   |   |                   |
|  |  | <b>F:</b>   |   |   |   |                   |
| <b>2. KNOWLEDGE-BASED PRACTICE</b>   |  |   |   |   |   | <b>Final Mark</b> |
| <b>A. Specialized Body of Knowledge</b><br>Has knowledge from nursing and other sciences, humanities, research, ethics, spirituality, relational practice, and critical inquiry. |  |   |   |   |   |                   |



| RC   | Objective   | Student Objectives Met (Yes/No)                             |   | Faculty Assessment (Yes/No)                                 |   | Student's examples |
|--|---|---|---|---|---|--------------------|
|  |   | MT  | F   | MT  | F   |                    |
| <b>Levels of independence</b> (beginning of term → end of term): <b>With assistance</b> → <b>with minimal assistance</b> |   |   |   |   |   |                    |
| 5.1  | ➤ 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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| 6.1  | ➤ Demonstrates knowledge in current population and health care research, nursing and health informatics and information communication technology.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| 7.1  | ➤ Develops an increasing knowledge about human growth and development of persons, groups, communities and populations.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| 8.1  | ➤ Demonstrates knowledge in health sciences: physiology, pathology, pharmacology, epidemiology, genetics, immunology.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| 9.1  | ➤ Demonstrates knowledge in nursing science, social sciences and humanities, including theoretical and  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |

|  |  |   |   |   |   |                           |
|--|--|---|---|---|---|---------------------------|
|  | practical knowledge of relational practices foundational to nursing care and the contribution of registered nurse practice to the achievement of positive health outcomes.     |   |   |   |   |                           |
| 10.1   | ➤ Accesses, critiques and uses research in care with colleagues; collaborates and participates in knowledge development to support current, competent, safe care and practice. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| <b>Faculty's comments</b>  |  | <b>MT:</b>  |   |   |   |                           |
|  |  | <b>F:</b>   |   |   |   |                           |
| <b>3. KNOWLEDGE – BASED PRACTICE</b>   |  |   |   |   |   | <b>Final Mark</b>         |
| <b>B. Competent Application of Knowledge</b><br>Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas about 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.<br>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>Student Objectives Met (Yes/No)</b>                      |   | <b>Faculty Assessment (Yes/No)</b>                          |   | <b>Student's examples</b> |
|  | <b>Levels of independence</b> (beginning of term → end of term): <b>With assistance</b> → <b>with minimal assistance</b>   | <b>MT</b>   | <b>F</b>  | <b>MT</b>   | <b>F</b>  |                           |
| 11.1   | ➤ (Client engagement) Reduces effect of positional power and personal bias while actively engaging the client in holistic, capacity-based assessment and goal setting.         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| 12.1   | ➤ (Critical Thinking) Uses anticipatory planning, analyzes and interprets data and collaborates with the health team during ongoing assessment of the                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |

|  |   |   |   |   |   |                           |
|--|---|---|---|---|---|---------------------------|
|  | client's actual and potential health status and identification of their needs, capacities and goals.  |   |   |   |   |                           |
| 13.1   | ➤ (Tools and techniques) 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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| <b>Faculty's comments</b>  |   | <b>MT:</b>  |   |   |   |                           |
|  |   | <b>F:</b>   |   |   |   |                           |
| <b>4. KNOWLEDGE-BASED PRACTICE</b>   |   |   |   |   |   | <b>Final Mark</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>Student Objectives Met (Yes/No)</b>                      |   | <b>Faculty Assessment (Yes/No)</b>                          |   | <b>Student's examples</b> |
|  | <b>Levels of independence</b> (beginning of term → end of term): <b>With assistance</b> → <b>with minimal assistance</b>  | <b>MT</b>   | <b>F</b>  | <b>MT</b>   | <b>F</b>  |                           |
| 14.1   | ➤ (Client Engagement) Minimizes positional power and promotes client ownership by involving clients in identifying and outcomes of care, exploring care alternatives and accessing appropriate resources.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| 15.1   | ➤ (Anticipatory planning skills) Uses critical inquiry and principles of  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |

|   |   |   |   |   |   |                           |
|---|---|---|---|---|---|---------------------------|
|   | 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. |   |   |   |   |                           |
|   | <b>Faculty's comments</b>   | <b>MT:</b>  |   |   |   |                           |
|   |   | <b>F:</b>   |   |   |   |                           |
| <b>5. KNOWLEDGE-BASED PRACTICE</b>  |   |   |   |   |   | <b>Final Mark</b>         |
| Area 3: Providing Registered Nursing Care: provides client-centered care in situations related to: <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>Student Objectives Met (Yes/No)</b>                      |   | <b>Faculty Assessment (Yes/No)</b>                          |   | <b>Student's examples</b> |
|   | <b>Levels of independence</b> (beginning of term → end of term): <b>With assistance → with minimal assistance</b>   | <b>MT</b>   | <b>F</b>  | <b>MT</b>   | <b>F</b>  |                           |
| 16.1  | ➤ (Safety) Performs effectively in rapidly changing client condition; Applies bio-hazard and safety principles to all aspects of preventive, supportive, diagnostic, therapeutic procedures and care.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| 17.1  | ➤ (Prevention) 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.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |

|      |   |   |   |   |   |  |
|------|---|---|---|---|---|--|
| 18.1 | ➤ (Evidence-Informed Care)<br>Incorporates knowledge of current theory, best practice clinical guidelines, and research in carrying out decisions and implementing care across the lifespan.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| 19.1 | ➤ (Supportive client-centered care)<br>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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| 20.1 | ➤ (Organization, skill and clinical judgment) Recognizes, seeks help and assist in rapidly changing, unstable client situations.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| 21.1 | ➤ (Organization, skill and clinical judgment) Prioritizes and provides timely care and consult as necessary in complex and rapidly changing client situation.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| 22.1 | ➤ (Organization, skill and clinical judgment) Provides knowledgeable, competent assistance to clients throughout all phases of diagnostic procedures and treatment processes.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|      |   | MT:   |   |   |   |  |

|  |  |   |   |   |   |                           |
|--|--|---|---|---|---|---------------------------|
|  | <b>Faculty's comments</b>  | <b>F:</b>   |   |   |   |                           |
| <b>6. KNOWLEDGE-BASED PRACTICE</b>   |  |   |   |   | <b>Final Mark</b>   |                           |
| <b>B: Competent Application of Knowledge</b><br>Area 4: Evaluation of client care: Monitors the effectiveness of client care to inform future care planning.   |  |   |   |   |   |                           |
| <b>RC</b>  | <b>Objective</b>   | <b>Student Objectives Met (Yes/No)</b>                      |   | <b>Faculty Assessment (Yes/No)</b>                          |   | <b>Student's examples</b> |
| <b>Levels of independence</b> (beginning of term → end of term): <b>With assistance → with minimal assistance</b>  |  | <b>MT</b>   | <b>F</b>  | <b>MT</b>   | <b>F</b>  |                           |
| 23.1   | ➤ (Evaluation) In consultation with the client and health team, engages in timely, critical monitoring of the client's care outcomes, verifying client knowledge and skills, modifying and individualizing care as required. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| 24.1   | ➤ (Documentation) Provides concise, accurate, timely reports and documentation of care.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
|  | <b>Faculty's comments</b>  | <b>MT:</b>  |   |   |   |                           |
|  |  | <b>F:</b>   |   |   |   |                           |
| <b>7. ETHICAL PRACTICE</b>   |  |   |   |   | <b>Final Mark</b>   |                           |
| 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 team. |  |   |   |   |   |                           |
| <b>RC</b>  | <b>Objective</b>   | <b>Student Objectives Met (Yes/No)</b>                      |   | <b>Faculty Assessment (Yes/No)</b>                          |   | <b>Student's examples</b> |
| <b>Levels of independence</b> (beginning of term → end of term): <b>With assistance → with minimal assistance</b>  |  | <b>MT</b>   | <b>F</b>  | <b>MT</b>   | <b>F</b>  |                           |
| 25.1   | ➤ (Ethical competence) Promotes a safe, ethical, caring environment for clients and colleagues characterized by: self-awareness, understanding of  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |

|   |   |   |   |   |   |                           |
|---|---|---|---|---|---|---------------------------|
|   | appropriate boundaries, competent relational practices and ability to use principled ethical reasoning.   |   |   |   |   |                           |
| 26.1  | ➤ (Knowledgeable ethical practice) 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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| <b>Faculty's comments</b>   |   | <b>MT:</b>  |   |   |   |                           |
|   |   | <b>F:</b>   |   |   |   |                           |
| <b>8. SERVICE TO PUBLIC</b><br>Demonstrate an understanding of the concept of public protection and the duty to provide nursing care in the best interests of the public. |   |   |   |   |   | <b>Final Mark</b>         |
| <b>RC</b>   | <b>Objective</b>  | <b>Student Objectives Met (Yes/No)</b>                      |   | <b>Faculty Assessment (Yes/No)</b>                          |   | <b>Student's examples</b> |
|   | <b>Levels of independence</b> (beginning of term → end of term): <b>With assistance → with minimal assistance</b>   | <b>MT</b>   | <b>F</b>  | <b>MT</b>   | <b>F</b>  |                           |
| 27.1  | ➤ (Team Work) 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.        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |

|  |  |   |   |   |   |                           |
|--|--|---|---|---|---|---------------------------|
| 28.<br>1   | ➤ (Knowledge of systems and change)<br>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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| 29.<br>1   | ➤ (Knowledge of systems and change)<br>Supports planning and professional efforts for a healthier, safer society, including awareness of public health policy and emergency preparedness.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| 30.<br>1   | ➤ (Workplace health and safety) 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.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |
| <b>Faculty's comments</b>  |  | <b>MT:</b>  |   |   |   |                           |
|  |  | <b>F:</b>   |   |   |   |                           |
| <b>9. SELF-REGULATION</b>  |  |   |   |   |   | <b>Final Mark</b>         |
| Demonstrates an understanding of professional self-regulation by developing and enhancing own competence, ensuring consistently safe practice, and ensuring and maintaining own fitness to practice. |  |   |   |   |   |                           |
| <b>RC</b>  | <b>Objective</b>   | <b>Student Objectives Met (Yes/No)</b>                      |   | <b>Faculty Assessment (Yes/No)</b>                          |   | <b>Student's examples</b> |
|  | <b>Levels of independence</b> (beginning of term → end of term): <b>With assistance</b> → <b>with minimal assistance</b>   | <b>MT</b>   | <b>F</b>  | <b>MT</b>   | <b>F</b>  |                           |
| 31.<br>1   | ➤ (Self-Regulation) Understands the unique role and mandate of CARNA   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                           |



|   | and the nursing profession as legislated and self-regulating.   |   |   |   |   |                    |
|---|---|---|---|---|---|--------------------|
| 32.1  | ➤ (Self-regulation) Assumes individual responsibilities for all aspects of professional-legal privilege and public trust by assessing and maintaining competence and fitness to practice. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| Faculty's comments  |   | MT:   |   |   |   |                    |
|   |   | F:  |   |   |   |                    |
| <b>10. INQUIRY LEARNING</b>   |   |   |   |   |   | <b>Final Mark</b>  |
| Demonstrate competency with the application of the elements of inquiry learning in theory, laboratory and clinical experiences. |   |   |   |   |   |                    |
| RC  | Objective   | Student Objectives Met (Yes/No)                             |   | Faculty Assessment (Yes/No)                                 |   | Student's examples |
| Levels of independence (beginning of term → end of term): <b>With assistance → with minimal assistance</b>                      |   | MT  | F   | MT  | F   |                    |
| 33.1  | ➤ Demonstrates competency with the application of the elements of inquiry learning in class, laboratory and clinical experiences.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| 34.1  | ➤ Demonstrates the ability to deal with ambiguity and diversity.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| 35.1  | ➤ Demonstrates understanding of mentorship in professional practice   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| 36.1  | ➤ Demonstrates understanding of content through scholarly writing.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                    |
| Faculty's comments  |   | MT:   |   |   |   |                    |
|   |   | F:  |   |   |   |                    |

**Midterm further comments/recommendations for growth:**

**Student's comments and recommendations:**

**Faculty's comments and recommendations:**

**Student (PRINT NAME):**

**Student (SIGNATURE):** \_\_\_\_\_

**Date:**

**Clinical Faculty (PRINT NAME):**

**Clinical Faculty (SIGNATURE):** \_\_\_\_\_

**Date:**

## Nursing 202 Evaluation of Nursing Practice - FINAL RECOMMENDATIONS

|  |   |
|--|---|
| Student: <span style="float: right;">ID:</span>  | Clinical Faculty: <span style="float: right;">Section #:</span> |
| Placement:<br>Health Centre  | Posting Dates:<br>Days Absent/Sick:                             |
| Electronic copy to student      Yes <input type="checkbox"/> No <input type="checkbox"/> |   |

**Final recommendations to support student development in further clinical courses (specific to the student’s clinical practice):**

Student Recommendations:

Faculty’s recommendations:

*Student is to share and discuss these recommendations with their next clinical faculty.*

**Student (PRINT NAME):**

**Student (SIGNATURE):** \_\_\_\_\_ **Date:**

Please Note: Student signature on this document denotes that the student has read the evaluation. It does not mean that the student necessarily agrees with all of its content.

**Clinical Faculty (PRINT NAME):**

**Clinical Faculty (SIGNATURE):** \_\_\_\_\_ **Date:**

Please Note: This information is collected for the purpose of appraising student performances; assigning a course mark; and monitoring student progress under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. For further information, please contact the Associate Dean Undergraduate Programs in the Faculty of Nursing.

## APPENDIX E

### Keyano College Percentage – Alpha Grading System

| <b>Descriptor</b>   | <b>Percentage Scale</b> | <b>Alpha Scale</b> |
|---------------------|-------------------------|--------------------|
| <b>Excellent</b>    | <b>96-100</b>           | <b>A+</b>          |
|                     | <b>90-95</b>            | <b>A</b>           |
|                     | <b>85-89</b>            | <b>A-</b>          |
| <b>Good</b>         | <b>80-84</b>            | <b>B+</b>          |
|                     | <b>76-79</b>            | <b>B</b>           |
|                     | <b>72-75</b>            | <b>B-</b>          |
| <b>Satisfactory</b> | <b>68-71</b>            | <b>C+</b>          |
|                     | <b>64-67</b>            | <b>C</b>           |
| <b>Minimum Pass</b> | <b>60-63</b>            | <b>C-</b>          |
| <b>Poor</b>         | <b>55-59</b>            | <b>D+</b>          |
|                     | <b>50-54</b>            | <b>D</b>           |
| <b>Failure</b>      | <b>0-49</b>             | <b>F</b>           |