
CALENDAR/COURSE DESCRIPTION:

Extension and application of a conceptual framework for advanced practice in student's specialty area. Further clinical practice in assessments, interventions, and evaluation with individuals, families, or communities.

LEARNING CONTEXT:

After the issuance of at least six reports on the subject, first ministers of health endorsed primary health care (PHC) as the vehicle for renewing medicare in Canada.¹ PHC, as we know, attempts to renew medicare so as to make it more comprehensive, equitable and client-driven.

The renewal of medicare will require organizations and providers to redesign delivery systems; overcome resistance to change; win over clients/patients to new ways of thinking and resolve conflicts between and among stakeholders. However, change will only occur if the nursing profession throws its support behind the endeavour. More specifically, renewal of medicare requires leadership from nurses on all levels of administration, clinical practice and education. Fortunately, such leadership is particularly well-suited to the competencies of advanced practice nurses.

Advanced practice nurses, in the opinion of policymakers, are critical players in medicare renewal. They have the scientific and experiential knowledge to understand the complexity of various systems across the life span. They are well-situated to introduce change and overcome inertia. They are members of the single largest group of providers, whose cooperation and support is essential for change to take place. They possess the special competencies to manage linkages between and among those systems. Indeed, they are critical for strategic healthcare change.

This course has two general purposes. First, it provides future advanced practice nurses with an opportunity to place their evolving respective practice frameworks within the context of a PHC philosophy. Second, the course also provides students with opportunities to formulate a personal leadership style appropriate to their future undertaking as advanced practice nurses. That is, the course prepares students in gaining the cooperation and collaboration of stakeholders (clients and providers) to think differently about health and the delivery of health services. In summary, the course provides students with the opportunity to assume a leadership role in promoting the renewal of medicare by means of PHC.

¹ **Primary health care** [bold mine] has been defined by the World Health Organization (WHO) as: "...essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost the community can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination." (WHO, 1978) Primary health care is an approach that more broadly addresses illness prevention and health promotion. It includes services that influence health known as the determinants of health (eg. culture, education, income, environment, social support networks).

² **Primary care** [bold mine] is a core component of primary health care, although it is more narrowly focused on illness treatment rehabilitation."

([AARN](#), (2003). Primary health care. Edmonton: AARN)

This introduction is meant to provide direction to the course. However, like primary health care renewal, the outcomes of any course ultimately rely on what participants bring to the work at hand. For this reason, the instructor expects each student to participate wholeheartedly in seminar meetings. To this end, each student will actively participate in seminar discussions, contributing his or her observations and criticisms drawn from readings and clinical experiences. Providing his or her unique perspective, each student will make a meaningful contribution to the dialogues so essential to the graduate learning experience.

LEARNING APPROACHES:

The course employs three different approaches to learning. They include seminars, tutorials and clinical practicums.

Seminar Component:

There are twelve seminars, of two hours each. In these meetings, the instructor, guest lecturers and students discuss the philosophical underpinning of PHC renewal. They consider the implications of the health determinants on their respective populations of interest. They analyze how the principles of PHC affect the delivery of services to their respective populations of interest.

Tutorial Component:

There are twelve tutorial meetings, of one hour each. Four meetings are set aside for presentations by students about PHC renewal and leadership in regards to their respective populations. The remaining tutorial time is available for students to discuss their progress with their respective faculty mentors—arrangements for these meetings are left to the discretion of the students.

The formal presentations complement the seminar discussions and assignments. It is an opportunity that guarantees each student an unrestricted opportunity to discuss PHC and leadership in terms of his or her perspective. In so doing, each student will have fifteen minutes to discuss how PHC addresses the needs of his or her population of interest. In short, the presentation discusses PHC within a practice framework in regards to the needs of a specific population of interest.

Clinical Component:

Clinical practicums require a minimum of twelve hours a week. Guided by a desire to intervene on behalf of their clients with complex health issues, students will assume responsibility as self-directed learners. As such, students will actively participate in choosing their clinical learning experiences with their faculty mentor(s), practice supervisor(s), among others. Those choices will, in most cases, provide multiple opportunities for students to observe and collaborate with other disciplines. These experiences will, in turn, help students to delineate their role expectations and responsibilities as future advanced practice nurses.

1. Using the Request for Graduate Clinical Practicum form, in consultation with his or her faculty mentor and clinical supervisor, each student will identify and negotiate his or her goals for the practicum. [The Co-ordinator of Clinical Resources in the Faculty of Nursing will complete the formal arrangements for such placements with the Educational Co-ordinator of each agency.]
2. The faculty mentor is a member of the Faculty of Nursing with expertise in a specialty area. He or she facilitates conceptual/theoretical thinking and clinical development in this course. The faculty mentor actively participates in the direction, supervision, and evaluation of the clinical experience. The faculty mentor is not necessarily the same person as the faculty supervisor – indeed, a student and their faculty supervisor can ask another faculty member with expertise in selected clinical areas to work with a student in the role of faculty mentor.
3. The practice supervisor is an expert clinician/practitioner from the Faculty and/or clinical setting. He or she serves as a role model and practice guide in the development of a student's perceptual, conceptual and intervention skills appropriate for the population within a specialization. The practice supervisor works directly with a student over the semester to facilitate learning as per the course and clinical objectives as well as the learning contract. Consequently, the practice supervisor is someone with knowledge of a student's abilities and intentions in order to facilitate learning.

Course Objectives:

In the *seminar* component, students have the opportunity to:

1. place their respective practice frameworks within the context of a PHC philosophy and model;
2. analyze the implications of primary health care on their respective populations of interest;
3. incorporate leadership competencies in their respective roles as advanced practice nurses;
4. consider the implications of their practice frameworks on policy.

In the *clinical* component, each student has the opportunity to:

1. collaborate with Faculty Mentor(s) and Clinical Supervisor(s) in selecting clinical experiences with clients requiring the knowledge and skills of an advanced nurse practitioner.
2. evaluate the effectiveness of different interventions with clients that require nursing care;
3. analyse the appropriateness of different management strategies in working with other practitioners on the health team.

Criteria and Relative Weights of Assignments

Seminar Component: 60%

The seminar component has two assignments. Together they comprise sixty percent of the final grade.

The first assignment has a relative weight of twenty-five percent. It focuses on the ongoing development of a practice framework. As such, it concentrates on the needs of a specific population of interest.

In refining his or her practice framework, an advanced practice nurse reflects on his or her personal perspective on the world. However, a practice framework is more than a list of one's metaphysical and moral beliefs about the world. A practice framework also draws on principles from nursing and/or anthropological and/or biological and/or psychological and/or sociological fields of study. The choice of principles, of course, is driven by how such principles benefit a specific population of interest. Lastly, for the purposes of this course, it is necessary to examine how the practice framework advances the principles of primary health care.

The second assignment focuses on the importance of leadership in advancing primary health care. For the purposes of this assignment, each student will provide a written analysis of the forty-five [45] minute seminar meeting, at which he or she discusses how his or her practice framework provides leadership opportunities within his or her specialization. The instructor will discuss the parameters for the presentation and the subsequent paper at the beginning of the term.

Each student can think of the second assignment as a written analysis of his or her oral presentation. In doing so, the student pays particular attention to questions raised and opinions expressed by others in the course during the presentation.

Before concluding, one last word on the development of a practice framework seems advisable. One's practice framework undergoes constant refinement, whether due to advances in the field, changes in the environment or knowledge learned from one's professional experience. As such, both assignments in this course are merely pictures or snapshots of one's thinking at a particular time. Indeed, at this point in a graduate student's career, they largely serve to help the student reflect on his or her career as well as confer with supervisors and peers so as to improve what is a long-term commitment to advanced practice nursing.

In summary, each assignment has a different purpose. The first focuses on the relationship of one's practice framework and primary health care. The second assignment focuses on the leadership opportunities, particularly with regards to innovative practice, within the specialty. This strategy can assist everyone to refine his or her practice framework and concomitantly incorporate new ideas about leadership into his or her practice.

Assignment # 1: Scholarly Paper (25%)

Each student will prepare a paper that essentially answers the following question: how does my practice framework support primary health care in regards to the needs of my population of interest? The instructor will discuss the organization and content of the paper in the first class.

The paper, excluding references and appendices, cannot exceed 5000 words, and has to conform to APA format. Please refer to "Criteria for Evaluating Written Assignments", found below, for information about grading standards.

DUE DATE: October 13, 2009

Assignment # 2: Written Analysis of a Presentation (35%)

For the purposes of this assignment, each student will provide a written analysis of the forty-five [45] minute seminar meeting, at which he or she answers the following question: how do leadership principles inform my practice framework as an advanced practice nurse? The instructor will discuss the parameters for the presentation and the subsequent paper at the beginning of the term.

Each student can think of this assignment as a written analysis of his or her oral presentation, including comments made by classmates and the instructor during the presentation about the aforementioned leadership role. Evaluation of the assignment hinges on the level of critical analysis and the application of ideas discussed in the course and the literature.

Each student will submit his or her assignment one-week following the presentation. Extensions are available on an individual basis.

The student has complete latitude in how he or she conducts his or her presentation. For the sake of good order, any request for a postponement calls for written permission from the course instructor.

The paper, excluding references and appendices, cannot exceed 5000 words, and has to conform to APA format. Please refer to "Criteria for Evaluating Written Assignments", found below, for information about grading standards.

DUE DATE: To Be Arranged on an Individual Basis

Clinical Component: 40%

Each student will engage in a practicum specifically designed to foster competence in undertaking the complex responsibilities of an advanced nurse practitioner in a health care organization. Each student will focus on the integration of his/her client(s) into the overall delivery of health services. Each student will design guidelines, goals and evaluation criteria in consultation with the faculty mentors and others on the Faculty and in the clinical organization.

Once the learning and evaluation criteria are negotiated, certainly no later than September 30, 2009, the student will submit them in writing to the faculty mentor(s) and clinical supervisor(s). Subject to revision, these criteria will form the basis for evaluating a student's clinical performance.

Practice Journal

Each student will keep a journal of his or her clinical experiences. It will "document" his or her ability to reflect upon various clinical experiences, to question and analyze practice scenarios, to develop hypotheses, to support thinking with current research findings and relevant literature, and to reflect on the development of a practice framework.

Each student will share his or her journals with his or her respective faculty supervisors (and possibly clinical supervisors), on a weekly basis or as negotiated. These journals will provide a forum for written and/or oral dialogue. Although there are no specific marks assigned to the journal entries, they will serve as an essential tool in the evaluation of each student's clinical performance.

REQUIRED TEXTBOOKS/READINGS

There are required readings for specific seminar classes. These readings are contained in a binder that the course professor has made available in the Graduate Room.

In addition to the required readings for specific classes, students will receive, when appropriate, Supplemental Required Readings, one week before class. These will, if necessary, accommodate other learning needs as they become evident. Also, students can suggest supplementary reading, pertinent to NURS 693 topics.

Some Course materials are available on BlackBoard - <http://blackboard.ucalgary.ca>; which is accessed through the University of Calgary, IT User Account. If you do not have an IT account, please go to this address www.ucalgary.ca/it/register and follow the instructions

Grading System (August, 2002)

If the grade on your assignment is:	The percentage will be taken from:	If the total For all assignments is:	Your final grade will be:	And the GPA for the course will be:
A+	4.0	3.95 - 4.00	A+	4.0 - Outstanding
A	4.0	3.85 - 3.94	A	- Excellent – superior performance showing comprehensive understanding of the subject matter
A-	3.7	3.50 - 3.84	A-	3.7 - Very good performance
B+	3.3	3.15 - 3.49	B+	3.3 - Good performance
B	3.0	2.85 - 3.14	B	- Satisfactory performance (Note: The grade point value (3.0) associated with this grade is the minimum acceptable average that a graduate student must maintain throughout the program as computed at the end of each year of the program)
B-	2.7	2.50 - 2.84	B-	- Minimum pass for students in the Faculty of Graduate Studies (Note: Students who accumulate two grades of B- or lower may be required to withdraw from program by the Faculty of Graduate Studies, regardless of their grade point average)
C+	2.3	2.15 - 2.49	C+	- Unsatisfactory (Note: All grades below B- are indicative of failure at the graduate level and cannot be counted toward Faculty of graduate studies course requirements)
C	2.0	1.85 - 2.14	C	2.0
C-	1.7	1.50 - 1.84	C-	1.7
D+	1.3	1.15 - 1.49	D+	1.3
D	1.0	0.50 - 1.14	D	1.0
F	0	0.00 - 0.49	F	0

In addition, the student can refer to a handout, entitled N693 Criteria for Grading Written Assignment, which is found below, and posted on Blackboard.

Academic Regulations and Student Misconduct:

Students have a responsibility to comply with the academic regulations regarding intellectual honesty, plagiarism and academic misconduct as spelled out in the University of Calgary Calendar 2009-2010 (pp. 54-57). Of course, the university expects intellectual honesty at all times.

NURSING 693 – Fall 2009
CRITERIA FOR GRADING WRITTEN ASSIGNMENTS

LETTER GRADE CRITERIA: Content, Organization, Style, & Mechanics

- A+** Reserved for work that meets all the criteria for an "A", and then goes beyond what faculty ordinarily expect of students in the course. Words like "exceptional", "innovative" and others that describe "extra-ordinary" work characterize an "A+" accomplishment. Consequently, the "A+" conveys special recognition for a student's performance.
- A** Ideas clearly and concisely articulated
Discussion reflects critical analysis of ideas.
Paragraphs are logically and clearly related.
Writing exhibits logical and analytical thought.
Organization and development of ideas demonstrate understanding of the topic
Paper critically uses a variety of resources.
Writing presents sound arguments for conclusions.
Writing displays an extensive and accurate vocabulary.
Word usage is precise and efficient.
Sentences are varied and engaging.
Mechanics of good writing are evident through skilful and creative use of format.
The format of the paper leads the reader easily through the writer's thinking.
- B** Writing contains some interesting ideas.
Writing displays a good grasp of the topic.
Evidence in support of arguments presented clearly and accurately.
Writing occasionally contains vague statements or disorganized passages.
Writing occasionally supports the central ideas of the discussion.
Writing displays lapses in argument, organization, style or mechanics.
Writing generally presents a properly developed and coherently organized discussion of ideas, but requires some revisions to achieve the quality of an "A" paper.
Writing regularly displays the proper use of syntax and appropriate vocabulary.
Writing consistently uses correct spelling, punctuation, and grammar.
- C** Paper contains some interesting ideas, but ideas are not fully discussed, either because of poor understanding of the topic or from a lack of critical assessment.
Documentation of resources is limited in scope.
Uneven quality of writing, occasionally exhibiting a tentative grasp of elements of style and mechanics
Vocabulary appears limited.
Paper occasionally contains serious grammatical errors and/or several minor errors.
Writing demonstrates a grasp of English usage, but some erratic application in punctuation, spelling, grammar and the like exists.
- D** Treatment and development of ideas are rudimentary, and exhibit a poor grasp of the topic.
Arguments appear superficial, and display weak use of the problem-solving process.
Paper makes some attempt to document argument, but resources are limited.

Introduction and conclusions are vague, weak, or cursory.
Argument is discernible, but inadequately developed.
Use of paragraphs and sentences is repetitive, and the paper does not read smoothly.
Writing displays an inappropriate use of words.
Writing displays a limited vocabulary.

F Text mainly summarizes ideas on the topic.
Paper presents ideas in a superficial or platitudinous manner.
Writing gives no evidence of logical, problem-solving or critical skills.
Paper lacks continuity and logical development.
Language usage is limited.
Writing exhibits errors in common English usage.
Writing displays impoverished vocabulary.
Writing fails to observe minimum standards of form syntax, grammar, and spelling.

Outlines: N693 Advanced Nursing Practice II F09.doc
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