



UNIVERSITY OF
CALGARY
NURSING

**NURSING 207 LEC 02
NURSING INQUIRY
COURSE OUTLINE-SYLLABUS
WINTER SESSION 2010**

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Class Times & Location for Section TWO:
Beginning January 14, 2010, held each THURSDAY,
11:00 to 13:50 in ICT* Building, Room 102

(*ICT=Information Communication Technologies Building It faces the 32nd
Avenue entrance to the campus)

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**UNIVERSITY OF CALGARY, FACULTY OF NURSING
WINTER SESSION 2010
NURSING 207 - LEC 02 COURSE OUTLINE-SYLLABUS**

SEE ALSO BLACKBOARD for N. 207, Lec 02: <http://blackboard.ucalgary.ca>, which contains a range of references pertaining to theoretical and research papers on the topics covered in each of the major sections below.

CALENDAR DESCRIPTION

Nursing 207 H (3-0)

Continuing development of a conceptual framework for nursing practice. Development of a theoretical base for understanding various human responses to health experiences.

Prerequisites: Nursing 201, 203 and 205.

Corequisites: Nursing 209 and 211.

COURSE DESCRIPTION AND PHILOSOPHICAL UNDERPINNINGS

As implied in the calendar description above, the focus of this course is three-fold: the types of human responses to disease and other stressors that affect health and well-being on the one hand, and/or ways to promote health or wellness behaviors of individuals on the other hand, as well as methods to use such knowledge in ways that will afford the development of a conceptual framework for nursing practice in diverse situations across the life span.

By way of introduction, it may be useful to review some of the key concepts that are implied in the course description. According to Johnson and Webber (2001), *Knowledge* can be conceptualized as “the culmination of the integration of what is known theoretically, experientially, and intuitively and is influenced by assigning personal and collective meaning” (p. 13), whereas *Theory* (from the Greek word, to speculate) refers to “organized information that explains facts, principles, and laws” (p. 13). They add that “discipline-specific knowledge, such as nursing, has patterns of knowing...[that] represent phenomena concerning the human lived experience within the context of health, environment, and the nurse-patient relationship...and help provide consistency in defining what is and is not nursing. Knowledge, although not synonymous with theory, is dependent on theory to have a cumulative, organized and dynamic body of information to be able to answer questions, solve problems, describe and explain phenomena, and generate new ideas that ultimately result in new theory (p.13). A *Conceptual Framework / Model*, as described by Kozier et al. (2006), is “more abstract than a theory” (p. 59), consists of “a system of concepts” (p.68), and shares the same purpose as nursing theory in that it “provide[s] direction and guidance for (1) structuring professional nursing practice, education and research; and (2) differentiating the focus of nursing from other professions” (p. 60). Finally, the concept, *Philosophy* is conceptualized by Le Navenec (ND) to refer to those theories of nursing that focus primarily on the definitions of nursing, and thereby

enable nurses “to further discuss their understanding of the values, beliefs, assumptions, and knowledge that constitute the discipline... Developing a particular philosophy of nursing involves careful clarification and reflection on what nurses are trying to do, why they do it, and what knowledge they use” (Kozier et al., 2006, p. 57)

The above focus requires the development of nursing inquiry skills. *Inquiry-based nursing practice* is the process of coming to a critical understanding about a problem, issue, concept, or phenomenon (e.g., adaptation, managing/coping versus crisis; fatigue, learned helpfulness versus learned resourcefulness, grief and loss, pain versus comfort; uncertainty versus hope, transitions that are smooth or crisis laden; resilience), and activities to address the problem or issue or phenomenon. Inquiry is a continuous feedback process in which questions are formulated and potential answers are investigated, leading in turn to new, challenging, and relevant questions. The skills and abilities of inquiry include knowing how to:

- formulate concise, clear questions and/or probes
- identify diverse sources of information
- assess in a critical manner and use information *primarily* from nursing literature
- evaluate evidence
- formulate priorities
- draw reasoned conclusions
- communicate the process, conclusions, and emergent questions to others

Nursing inquiry allows students to make the connections between what they *see* in practice and how they make decisions about what to *do* in practice. The knowledge that links assessment and action is gained from multiple sources and means. The search for this knowledge is referred to as *nursing inquiry*.

The curriculum framework for this course is based on the foundation of theory-guided, evidence-based, reflective practice. Although several of the traditional conceptual frameworks/nursing models will be reviewed during this course, it is hoped that students will find new ways of combining the component parts of two or more models. Evidence-based practice is viewed here as decisions and nursing practices that are based on the most current research, knowledge from clinical experts, and patient perspectives about ways of creating health in illness contexts. Similarly, in order to enhance the profession of nursing, critical thinking (CT) and the clinical judgments that flow from it, must be contextually grounded (i.e., change according to the situation); thus, as Alfredo-Lefevre (2009) so compelling point out, CT must involve three types of thinking:

Thinking ahead: “the ability to be proactive, to anticipate what might happen, and what you can do to be prepared...asking questions like: What can I bring with me to help jog my memory and stay focused and organized? (p. 16). Here is where Dr CLL believes there is room for developing the creative thinking component so often missing in the critical thinking continuum (Reflective-Creative-Evaluative thinking)

Thinking-in-action: “the ability to think on your feet...To improve outcomes here one needs persons that one can call on who have previous knowledge and hands-on experience in order to prevent “knee-jerk reactions” (p. 16).

Thinking Back (Reflective thinking); “the ability to reflect on your reasoning to look for flaws, gain a better understanding, and correct and improve thinking.” Strategies that might be used include journaling, chart reviews, open dialogue with colleagues, all of which have the potential for affording “new insights, more depth, and greater accuracy” (p.16) in regard to the quality of nursing care provided.

Source: Alfaro-Le Fevre, R. (2009). *Critical thinking and clinical judgment: A practical approach to outcome-focused thinking*. (4th ed.). St. Louis, MI: Saunders Elsevier.

Additional ways of infusing what is referred to here as scholarship (see definition in Course Objectives sections) in your nursing practice are outlined in Figure 1-Scholarship in Nursing: Essential Concepts and Skills on the last page of this course outline-syllabus.

The format for this course: Given the large size of the class, and limited number of seminar rooms and graduate teaching assistants, the majority of the classes will consist of case presentations by the course Professor or guest participants to highlight the key concepts and theoretical/philosophical aspects of nursing (e.g., health promotion, health and healing caring practices, and evaluation strategies). Substantial content regarding recent literature and critical thinking exercise questions pertaining to content covered in class will be provided on Blackboard. In addition to that aspect of blended learning, Elluminate Live sessions (often involving the course professor and/or GAT) will be arranged for those students who have expressed a need to develop skills in scholarly writing and in delivering oral presentations, particularly in terms of patient teaching and related nursing approaches.

COURSE OBJECTIVES

During this Nursing 207 (Lec02) course, you will have the opportunity...

- **to gain knowledge and skills in nursing inquiry and critical thinking in regard to the responses of adults to illness conditions or related human responses**

[This objective includes the following:

- (a) knowing what to look for and knowing how to look for it
- (b) formulating hunches and making analyses about what you see
- (c) making nursing decisions based on assessment, knowledge, and understanding
- (d) appreciating reflective practice as a way of being a nurse and building nursing knowledge
- (e) articulating these skills in scholarly writing assignments, oral presentations, and in ongoing small group discussion sessions

- **to learn how to apply a theoretical framework /conceptual framework to the nursing care process with people across the life span, including**

- (a) those who are experiencing an illness condition of an acute, chronic or life-threatening nature
- (b) those who are engaged in health promoting behaviors.

- **to gain knowledge about, skills in, and appreciation of nursing scholarship***

*[that is, the ability to articulate your ideas, both orally and in writing, in a manner that reflects

- (a) critical thinking (i.e., reflective, creative and evaluative thinking)
- (b) logical presentation of ideas
- (c) use of appropriate language
- (d) communicated in a compelling and eloquent manner.

***SOME NOTES ON NURSING SCHOLARSHIP:**

As viewed here, a scholar is a learned person. The attribute of a scholar is scholarship. Scholarship develops from a strong base in reading, writing, speaking, and listening skills. Other expectations of students are demonstration of those concepts and skills in **Figure 1: Scholarship in Nursing: Essential Concepts and Skills** (see last page of this Course Outline-Syllabus. The range of learning afforded by the many courses that you have in your nursing program will facilitate the development of your skills in Nursing Scholarship.

REQUIRED TEXTBOOKS, SUGGESTED READING AND EQUIPMENT

Required Textbooks (Available from Textbook Store):

Bulechek, G.M., Butcher, H.K., & Mc Closkey Dochterman, J. (Eds.). (2008). *Nursing intervention classification (NIC)* (5th ed.). St. Louis, MI: Mosby Elsevier

Frank, A. (1991). *At the will of the body: Reflections on illness*. Boston, MA: Houghton Mifflin

Books that you already have from Nursing 201 that are required:

American Psychological Association (2008). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

NOTE: There are several errors in this book. Hence, go to the Effective Writing website very frequently to check for what exactly is incorrect and where in the book you can find it: <http://efwr.ucalgary.ca/apa2008>

Kozier, B., Erb, G., Berman, A., Snyder, S.J., Raffin Bouchal, S., Hirst, S. et al (2006). *Fundamentals of Canadian nursing: Concepts, process, and practice* (2nd Canadian Ed.); Toronto, ON: Prentice Hall.

Paul, R., & Elder, L. (2006). *The miniature guide to critical thinking: Concepts and tools* (4th ed.). Dillion Beach, CA: Foundation for Critical Thinking

Tomey, AM, & Alligood, MR. (2006). *Nursing theorists and their work*. (6th ed.). St.

Louis, MI: Mosby Elsevier

Suggested Reading:

See subsequent section of this Course Outline-Syllabus entitled: *Schedule of Topics and Discussants*. There are additional references for Suggested Reading on the main Discussion Board of Nursing 207, Lec02 Blackboard.

(Equipment Needed)

Headset and microphone to plug into your computer: For those who do not have a computer with a built in microphone and speakers, please purchase a headset and microphone. This equipment will be needed for the ELLUMINATE LIVE sessions that we will hold outside of class hours. The cost of this equipment is about 12 to 15 dollars (at Future Shop/ Staples or related outlets).

COURSE REQUIREMENTS (Assignments)

In order to be successful in N. 207, students will complete the assignments indicated below. You will note that two of these assignments are to be submitted via the Blackboard Assignment box. If you need help to do this task, please make arrangements with ITsupport@ucalgary.ca (Tel: 403-220-5555 during regular business hours each weekday and 10am to 2pm on weekends). Finally, for each GROUP assignment, the Group leader from each of the nine groups is asked to submit a report of the particular roles that each member has played in terms of the completion of the assignment. Please send this report by email to: Dr CLL: cllenave@ucalgary.ca . **Dr CLL also asks that she be informed as quickly as possible, by the group leader, of those members who are not meeting the deadlines for the tasks to which he or she was assigned, and/or the content of the task is not done adequately.**

ASSIGNMENT 1: Learning and Participation Report (15%) (done by the Individual)

Please compile a 1 to 1 ½ page hand written report of the learning you gained during each of the day's presentations. Your report might refer to a particular concept mentioned by the professor or guest presenter, and/or why, or why not a specific presentation was helpful, either in your current clinical labs or in enhancing the nature of your participation and level of engagement during each class. If you were absent for a particular session(s), comment on what you did to gain knowledge about **each topic** covered on that particular day

Due Date: To be submitted at the end of each class to Dr. Le Navenec. Be sure to include in the upper left hand corner of each page, include your name, date and group number.

ASSIGNMENT 2: GROUP Presentation Report (25%)

In order to facilitate an understanding of who the patient(s) is (are) as "person" is, and learning about human responses in illness contexts, you are asked to compile a 15- minute report in which your group addresses the following items about the patients on the unit where you are doing your current clinical labs:

- (1) Discuss the social demographic characteristics of the patients:
 - age range and average age
 - gender
 - cultural considerations
 - etc.
- (2) Summarize the primary and secondary medical diagnoses of the patients (for each diagnoses, specify a short definition from a medical dictionary and include the reference on your reference list page: see below).
- (3) List the nursing diagnoses (human responses to health experiences) that you think would address the majority of the clients' concerns.
- (4) Specify 4-5 types of nursing interventions that would address the clients' needs
- (5) Specify 4-5 types of outcome indicators you could use to evaluate the clients' responses to those interventions
- (6) Indicate which of the conceptual frameworks to which you have been introduced would best help you to nurse these patients. Discuss your rationale for the choice(s) you selected.

NOTE: Prior to the start of your presentation, please submit to the professor your speaker notes for this presentation and a reference list.

Due Date:

Thursday, **February 4, 2010**

12:00 to 12:50: Class Presentations, Groups 1, 2, 3 (15 minutes for each group)

13:00 to 13:50: Class Presentations, Groups 4, 5, 6 (15 minutes for each group)

Thursday **February 11, 2010**

12:00 to 12:50: Class Presentations, Groups 7, 8, 9 (15 minutes for each group)

13:00 to 13:50: Class Presentations, Groups 10 (15 minutes)

ASSIGNMENT 3: Group Roles Assignment (15%): This form is to be completed on an **individual basis**. To be sent to via Blackboard Assignment Box (see Assignment section of the Blackboard Menu) **by 6:00 am Thursday, 25 February**.

In order to enhance your awareness of the leadership roles (and functions associated with them) that you think you assume in small group settings and why, and to promote reflection about which new roles you may wish to "try out" and why, you are asked to complete the Group Roles form (see latter part of this course outline-syllabus). You may choose any small group in which you were involved during the past 2 months. Concise and precise statements that demonstrate critical thinking is what is expected. Comment also about whether you think others might think you played the role(s) mentioned.

- ◆ Although there is resource material about this Group Role Assignment on Blackboard (see Questions About/Hints for Assignment 3 section of the Discussion Board), a listing of the roles, and functions associated with each one, is provided on the back the Group Role Form (see latter part near the end of this Course Outline-Syllabus).
- ◆ You can obtain copies of the Group Role submission form from Blackboard (see Course Documents section)

ASSIGNMENT 4: Answering the Critical Thinking Exercises on the main Discussion Board of your Nursing 207 Lec02 Blackboard [Group Assignment: 10 %]

The sets of questions that each group is to answer are indicated on the main Discussion Board. These questions will be based on concepts presented in Class (e.g., concepts related to the human health experience, nursing models/conceptual frameworks and critical thinking/critical questioning, and decision-making).

Due Date: Thursday, March 11, 2010. Your answers are to be posted in the area designated for your group on the main discussion board for N.207 lecture 02 Blackboard.

ASSIGNMENT 5: Scholarly paper (maximum 3000 words): Apply a conceptual framework to the nursing care process of a patient who you are currently nursing. (Group Assignment: 35 %)

Due Date: Thursday, 8 April 2010 by 11:30 p.m. This assignment is to be submitted via the Blackboard Assignment box. (see Assignment section of Blackboard menu). **Please ensure that your assignment is accompanied by the Assignment 5 Submission Form** (see blank copy of the form in the Assignment section of the menu for N207 Lec 02 Blackboard, as well as on the Course Documents section of our N207 Lec02 Blackboard.)

Helpful Guidelines for Assignment 5:

Please confirm your choice of a conceptual framework of nursing with the professor before starting the assignment. This process is to ensure that you have chosen a nursing framework. Be prepared to discuss with the professor why you have chosen the particular framework. I recommend that the following headings be provided for the various sections of your paper:

The Introduction section of the paper should include:

- a thesis statement (use Google to identify the meaning of this term if you are not familiar with it)
- a rationale for the choice of this conceptual framework

The Overview of the Model section should include

- a 1 to 2 paragraph overview of the model (Do not forget to specify the name of theorist and the model). Include short definitions for each of the metaparadigm concepts

The Case Study Section

- the case study should not exceed 1 page, which can be single spaced. Be sure to include the medical diagnoses, both primary and secondary. See N 207 Lec 02 Blackboard, forum (section) on Hints for/Questions about Assignment 5, Scholarly paper
- The Nursing Care Process section (which should constitute the bulk of your paper) should include information pertaining to the following Questions/ Statements:
 1. What is it you would Assess using this framework?
 2. What are the salient Nursing Diagnoses (be sure to include strengths)?

3. What is the focus of the Planning/Goal setting phase?
4. Discuss the most critical types of Interventions and mention one or two illustrative examples of actions you would use for each intervention and give rationale for your choice. Indicate possible barriers and how you would address same.
5. What would be the focus of your Evaluation? Specify 5 to 6 illustrative questions or comments that you would include in this step of the nursing process.
6. Conclusion: Indicate if the conceptual framework was useful or not useful in your nursing practice? Why? Would you change the particular model to make it more useful? Discuss. (e.g., combining it with another model? If so, which one, and what specific components)?

FAQs about this assignment

In the past, students have asked how much description of the model is or is to be included. I suggest a maximum of 2-3 paragraphs in which you:

1. Specify the name of the model, followed by the year in parenthesis [e.g., Orem's (1995) model].
2. Define key concepts such as those included in the metaparadigm of nursing: person, health, environment, and nursing. This component should be in the Overview of the Model Section.
3. I recommend the use of Headings and Subheadings sub headings: Introduction: in which you specify name and author of the model; rationale for choice and format of the paper; Overview of the Model, Minicase study; Assessment (e.g., When using Neuman's (1989) model, the following assessment parameters pertaining to self-care are considered important: then discuss them as they apply to your case study); Nursing Diagnosis, Planning/Goal Setting/Desired Outcomes; Types of Interventions; Evaluation; Conclusion.
4. Reference List: Specify the references used include.
5. Provide any additional details in an Appendix such as a glossary of key concepts for the model, or diagrams and related content (which would be placed after the Reference List). Appendixes do not count as pages of the body of the paper.

Several useful References for Assignment #5: see required textbooks and selected articles in the Suggested Reading List that is on the Nursing 207 Lec 02 Blackboard Menu (see Reading List).

Evaluation Criteria

- as listed in Assignment 5 submission form

- Review these criteria carefully so that you can better assess how much discussion is needed for each of the key parameters you are to address in Assignment #5

If you have additional questions, please post them to the Main Discussion Board in the Forum entitled *Questions About/Hints for Assignment 5: Application of a Nursing Model Conceptual*

Framework to the nursing process of a hospitalized client who is experiencing [specify the medical diagnosis]

Please ensure that your assignment is accompanied by the Assignment 5 Submission Form

COURSE GRADING (UNDERGRADUATE GRADING SCALE)

Your final grade will be determined by the following Faculty of Nursing guidelines.

GRADING SYSTEM FOR THEORY AND CLINICAL COURSES

Percentage	Grade	Grade Points	Grade Point Average	Description
98.0 – 100	A+	3.95 – 4.00	4.0	Outstanding -- exceptional analysis and synthesis of subject matter.
93.0 – 97.9	A	3.85 – 3.94	3.9	Excellent -- superior performance, showing comprehensive understanding of subject matter.
88.0 – 92.9	A-	3.50 – 3.84	3.7	
83.5 – 87.9	B+	3.15 – 3.49	3.3	
78.0 – 83.4	B	2.85 – 3.14	3.0	Good -- clearly above average performance with knowledge of subject matter generally complete.
73.5 – 77.9	B-	2.50 – 2.84	2.7	
69.0 – 73.4	C+	2.15 – 2.49	2.3	
63.5 – 68.9	C	1.85 – 2.14	2.0	Satisfactory -- basic understanding of the subject matter.
59.0 – 63.4	C-	1.50 – 1.84	1.7	Fail -- unsatisfactory performance or failure to meet clinical course requirements.
54.5 – 58.9	D+	1.15 – 1.49	1.3	
50.0 – 54.4	D	0.05 – 1.14	1.0	
49.9 or less	F	0.00 – 0.49	0.0	

*C is the minimum passing grade for clinical courses.

Weighted Grade Point Average Computed As Follows:

Your final grade in this course will reflect the weighting of the five course requirements. All assignments will be evaluated by assigning a letter grade. The letter grade will be converted to the university scale grade points x weighting factor for the assignment=weighted grade points. Sample: A- converted to 3.7 x 0.15*=0.555=0.56 [*15% is the weighting factor for Assignment 1]. The final grade will be a function of the cumulative Grade Point Average (G.P.A.).

Miscellaneous Information

- All assignments are due on the date specified (see above section on Course Requirements)
Unless otherwise negotiated, the final grade on late assignments will be reduced by 2% of the

final grade for each 24-hour period (or portion thereof) following the deadline for submission of the assignment. No assignment will be accepted if it is 5 or more days late.

- Students in Nursing are required to use APA (2008) format for all written assignments.
- Two of your Assignments are to be submitted via the Assignments box in Blackboard. (see Course Requirements section)
- Please check Blackboard regularly because last minute changes/important announcements will be communicated in that way.

WITHDRAWAL DATE

The last date for withdrawal from this course without penalty is April 16.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Information (such as a phone number, addresses, tracking sites of practica, etc.) that you may be asked to provide is collected under the authority of the Universities/Colleges act and Freedom of Information and Protection of Privacy Act Section 32(c). It will be used for Practicum placement and for contact purposes. Your personal information is protected by Alberta's Freedom of Information and Protection and Privacy Act and can be reviewed on request. If you have any questions about the collection or use of this information, contact Student Advisor at (403) 220-4636 or email:

STUDENT MISCONDUCT

Plagiarism is a serious offence. The penalty is academic probation or requirement to withdraw **in addition to** an F on the assignment and possibly an F in the course as a whole.

While it is recognized that scholarly work often involves reference to the ideas, data and conclusions of other scholars, intellectual honesty requires that such references be explicitly and clearly noted.

Plagiarism occurs not only when direct quotations are taken from a source without specific acknowledgement but also when original ideas or data from the source are not acknowledged.

Please refer to the University of Calgary calendar 2009-2010 for further information regarding Student Misconduct policies (pp. 48-50).

Intellectual honesty is viewed most seriously at the University of Calgary and compliance with standards of intellectual honesty is an expectation.

OTHER ACADEMIC REGULATIONS: J. Statement on Principles of Conduct, Section J.1 and J.2

Classroom Environment – Ground Rules: please review University of Calgary Calendar, section J.1-J.2, pp. 48-49

Based on the course professors' experiences, and student evaluations, the following ground rules will be implemented in the classroom:

- Mutual respect and professional behaviour between students and faculty members (including guest lecturers) is expected.
- Constructive questions and discussion are encouraged.
- Persistent and unnecessary talk by students during lectures will not be permitted. If students continue with disruptive behaviour the following action will be taken:
 - student(s) will be asked to leave the class
 - if a student refuses to leave the class the professor will leave
 - behaviour which constitutes non-academic misconduct (refer to of the University Calendar) will be documented and referred to the Dean of Nursing for further action.
- Cell phones will be turned off for the duration of the lecture.

NOTE REGARDING USE OF PERSONAL COMPPUTERS

Because Dr Le Navenec's class will have frequent guest participants, the use of PERSONAL COMPUTERS should not be used. However, if you are using your computer solely for note taking, and you are a skilled typist (and therefore can maintain eye contact with the presenter), it will be permitted.

All students who wish to use the computers in this manner will be asked to sign a permission slip for each class day that they wish to use the computer—see Dr CLL's office assistant Allan, who will be present at the back of the classroom

ACADEMIC WRITING

The University supports the belief that throughout their University careers, students should be taught how to write well; therefore, written assignments in this course will be evaluated based on the required elements as well as quality academic writing.

For further information, please refer to the official online University of Calgary Calendar 2009-2010, Academic Regulations, E. Course Information, E.2 Writing Across the Curriculum:
www.ucalgary.ca/pubs/calendar/

EXAM POLICY

NOTE: There are no examinations or tests in this course

1. Final examinations are scheduled by the Registrar's Office, University of Calgary.

The exam period is written in the U of C calendar. A final exam can be scheduled anytime during this time period. Students must be available for examinations up to the last day of the examination period. Please see University of Calgary calendar 2009-10 for further information regarding exam policies (pp.46-47).

2. Deferred Examinations

Please see U of C calendar for policies regarding final examinations.

A student who becomes ill prior to the examination and is unable to write the examination at the scheduled time will notify the course instructor. Please call the course instructor (voice mail) and leave a message stating the date and time you called, reason for missing the scheduled examination and a phone number where you can be reached so that arrangements can be made for you to write a deferred examination. You may be expected to submit a doctor's certification prior to writing the deferred examination. Please note policies regarding deferred exams in the University of Calgary calendar 2009-10 (p.43).

REAPPRAISALS AND APPEALS

For information on reappraisals and appeals, refer to the official online University of Calgary Calendar 2009-2010, Academic Regulations, I. Reappraisal of Grades and Academic Appeals: www.ucalgary.ca/pubs/calendar/

Please note the 15 day timeline from the receipt of a mark and a request for reappraisal and/or appeal to the Associate/Assistant Dean, Undergraduate Programs.

ACADEMIC ACCOMODATIONS

It is the student's responsibility to request academic accommodations. If you are a student with a documented disability who may require academic accommodation you must officially register with the Disability Resource Centre. Students who have not registered with the Disability Resource Centre are not eligible for formal academic accommodation. You are also required to discuss your needs with your instructor within the first week of the start of this course.

Further information can be obtained at: www.ucalgary.ca/drc/ or by calling 403-220-8237.

NURSING 207 LEC 02: COURSE SCHEDULE including Lecture Topic and name of Guest Participants & Pre-class Readings / Related Learning Activities

SCHEDULE of TOPICS AND DISCUSSANTS (which includes the Course Professor*, GAT, & Guest Participants) for NURSING 207 LEC 02, WINTER SESSION 2010**

Unless otherwise stated all classes are in ICT Building, Room 102

Course Professor: Dr Carole Le Navenec (cllenave@ucalgary.ca) Secretary, Anne: Tel: 403-220-4640

Graduate Assistant, Teaching (GAT) : Mr. Khaldoun Aldiabat (kmaldiab@ucalgary.ca) Cell: 403-383-0385

Class Day #1: THURSDAY 14 January 2010

11:00 to 11:50 Orientation to the Course and the Assigned Readings by Dr CLL and GAT, including:

- (1) Application of conceptual frameworks / nursing models to the nursing process of adults in health and illness contexts;
- (2) Overview of Critical Thinking concept and process ; (3) Overview of Nursing Intervention Classification-NIC, and how it relates to NANDA Nursing Diagnoses and Nursing Outcome (NOC) classification systems; and (4) Readings and Assignments. Demonstration of use of Elluminate Live via N.207 Lec02 Blackboard and deciding on times and dates for optional Elluminate Live Sessions

Suggested Readings: see page 22 of this Course Outline-Syllabus AND following each topic listed below

Class Day #1: THURSDAY 14 January 2010

12:00 to 12:50: Nursing: A regulated profession –The role of the Registered Nurse by Donna Hogg, RN, B.ScN,

MS CAE, Policy and Practice Consultant, College and Association of Registered Nurses of Alberta (CARNA)

(Toll Free Tel: 1-800-252-9392, extension 536; Email: dhogg@nurses.ab.ca Website: www.nurses.ab.ca)

Suggested Readings/Website documents for this Topic:

- CARNA's (2005) *Scope of Practice of Registered Nurses* [document]:
http://www.nurses.ab.ca/Carna-Admin/Uploads/Scope%20of%20Practice_1.pdf
- Article on Nursing Scope of Practice: White, D., Oelke, N.D., Besner, J., Doran, D., Mc Gillis Hall, L., & Giovannetti, P. (2008). Nursing scope of practice: Description and challenges. *Nursing Research*, 21 (1), 44-57. Retrieved December 16, 2009 from:
<http://www.longwoods.com.ezproxy.lib.ucalgary.ca/home.php?cat=252&xid=4af4dalc42129686efac60755a418989>
- CARNA's (2008, September) *Primary Health Care* [document]:
http://nurses.ab.ca/Carna-Admin/Uploads/primary_health_care_2008.pdf

Class Day #1: THURSDAY 14 January 2010

13:00 to 13:50: CARNA's Nursing Practice Standards by Chris Davies, RN, BN,

CARNA Regional Coordinator for Calgary/West Email: cdavies@nurses.ab.ca Tel: 403-932-7243; Mailing address: Box 698, Cochrane, AB T4C1A8

Suggested Readings/Website documents for this Topic:

- CARNA's Nursing Practice Standards (2005, November):
<http://www.nurses.ab.ca/Carna-Admin/Uploads/Nursing%20Practice%20Standards.pdf>
- Handouts from CARNA: Nursing Practice Standards (NPS) Pocket Guide (September 2008) and Stand up for Standards: A companion resource to the CARNA Nursing Practice Standards (2009)
- CARNA's Breeze presentation on Continued Competency Program (CCP): see section on NPS:
<https://breeze.ucalgary.ca/carna/>

Class Day #2: THURSDAY 21 January 2010

11:00 to 11:50: A Family Support-Centered Care Model by Dr CLL (CFAM; Developmental Tasks; Circular Pattern Diagrams, and Ecomaps by Dr CLL (cllenave@ucalgary.ca) Tel: 403-220-6269

Suggested Readings/Website documents for this Topic:

- Le Navenec, C., & Vonhof, T. (1996). *One day at a time: How families manage the experience of dementia*. Westport, CO: Greenwood Publishing Group-Auburn House
Chapter 1: see University of Calgary Library, D space: <https://dspace.ucalgary.ca/handle/1880/46990>

Appendixes (Ecomaps, Genograms, etc): see University of Calgary Library, D space:
<https://dspace.ucalgary.ca/handle/1880/46991>

• Tapp, D. (2000). Therapeutic conversations that count. *Canadian Nurse*, 96 (6), 29-32.
<http://ezproxy.lib.ucalgary.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=381013961&sid=1&Fmt=3&clientid=12303&RQT=309&VName=PQD>

- Booklet and DVD, *Come into my world: How to interact with a person who has dementia*. The authors are from the School of Nursing, Flinders University, in Adelaide Australia. On the website is the address to write to for a free copy of the DVD that goes with this book. Info: <http://nursing.flinders.edu.au/comeintomyworld/>
(Dr CLL will likely show this DVD during class as she does not have copyright permission to put it on our Blackboard)

12:00 to 12:50: Roy's Adaptation model: Application to the Nursing Process in Gerontological Contexts by Dr Sandra Hirst (shirst@ucalgary.ca)

Suggested Readings/Website documents for this Topic:

- Rogers, C., & Keller, C. (2009). Roy's adaptation model to promote physical activity among sedentary Older adults. *Geriatric Nursing*, 30 (2) Supplement 1, 21-26 . Retrieved December 14, 2009 from:
<http://www.nursingconsult.com.ezproxy.lib.ucalgary.ca/das/journal/view/175309859-2/N/21996254?ja=693550&PAGE=1.html&sid=929300292&source=&summaryresults=true&SEQNO=1>

- Phillips, K.D. (2006). Chapter 17. Sister Callista Roy adaptation model. In A.M. Tomey & M.R. Alligood (Eds.), *Nursing theorists and their work* (6th ed., pp. 355-385) St. Louis, MI: Mosby Elsevier

13:00 to 13:50: Quick overview of Nursing intervention classifications by Dr CLL (will also skim Nsg Dx and NOC also) and then Individual Groups to meet to discuss assignments

Class Day #3: THURSDAY 28 January 2010

11:00 to 11:50: Supportive Care Model used in Neurological Nursing practice with Pam Sweeney, RN, MN, NP

Suggested Readings/Website documents for this Topic:TBA

12:00 to 12:50: Library Search Methods _CLINICAL focus by Dr. Alix Hayden, Nursing Librarian Specialist

13:00 to 13:50: Session on Effective Writing _To be confirmed.Otherwise Individual Groups to meet to discuss assignments

Class Day #4: THURSDAY 4 February 2010

11:00 to 11:50: Becoming an insanely great presenter, Less is more: Tips for your powerpoint presentation: by Dr

Manuel Mah (MD, MPh) Email: Manuel.Mah@albertahealthservices.ca Tel: 403-241-7882

12:00 to 12:50: Class Presentations, Groups 1, 2, 3 (15 minutes for each group)

13:00 to 13:50: Class Presentations, Groups 4, 5, 6 (15 minutes for each group)

Class Day #5: THURSDAY 11 February 2010

11:00 to 11:50: Leininger's Nursing Process by Professor Chris King-Talley (Faculty of Nursing, UofC)

Suggested Readings/Website documents for this Topic:

12:00 to 12:50: Class Presentations, Groups 7, 8, 9 (15 minutes for each group)

13:00 to 13:50: Class Presentations, Groups 10 (15 minutes) (Add any other group not yet finished)

Class Day #0: THURSDAY 18 FEBRUARY 2010

11:00 to 11:50: READING WEEK, NO CLASSES

12:00 to 12:50: -----

13:00 to 13:50: -----

Class Day #6: THURSDAY 25 February 2010

11:00 to 11:50: Orem's Self-Care Deficit Model with Dr. CLL and Alisa Poon (Email: sincerdedevotion@gmail.com; Cell: (403) 667-6889; Tel: 403-277-4340. Alisa will focus on her role as a nurse at the Sheldon Chumir Wound Clinic, Home Care Unit (1213-4th St SW)

Suggested Readings/Website documents for this Topic: TBA

12:00 to 12:50: My responses to a life threatening illness by Dr. Art Fran, Department of Sociology, University of Calgary (email: frank@ucalgary.ca)

Suggested Readings/Website documents for this Topic: Frank, Art: At the Will of the Body and visit his website: <http://people.ucalgary.ca/~frank/>

13:00 to 13:50: Developing skills in scholarly writing AND Getting it published: Some hints from an ex-BN student by Ms. Jacqueline Smith, RN, BN, Email: jsmith@aacrc.ab.ca
Alberta Adolescent Recovery Center (AARC Family Therapist), 303 Forge Road SE, Calgary, AB T2H 0S9
Phone (403) 253-5250 Ext. 275; Fax (403) 640-2520 www.aarc.ab.ca

Class Day #7: THURSDAY 4 March 2010

11:00 to 11:50: Transition Model with Dr. Judy Boychuk Duchscher (Faculty of Nursing)

12:00 to 12:50: Comfort Model with Dr. Kathy Kolcaba (Contact is Dave Wood: woodd@ucalgary.ca re arranging the videoconference. Will reconfirm room in Biosciences)

13:00 to 13:50: query (to be confirmed). Application of the Comfort Model with Persons experiencing treatment for reproductive organ cancer with Darlene Whyte or else Linda Watson

Class Day #8: THURSDAY 11 March 2010

11:00 to 11:50: Nursing Model for Care of People with Epilepsy by Christopher Murray, Supervisor, Ambulatory Neurosciences, Psychiatry Clinics & Brain Injury Program, FHH, Tel: 403-944-5933; Pager: 403-212-8223 #01812 Email: Christopher.murray@albertahealthservices.ca

12:00 to 12:50: query: Nursing model in Neuromuscular treatment by Ms. Roula Simmons, RN, BSc, BN, Neuromuscular Clinical Facilitator and Patient Care Coordinator, Neuromuscular Clinic, Area 3, Health Sciences Centre; Email: Roula.simmons@albertahealthservices.ca Tel: 403-944-4454; Pager: 212-8223 #03653; Fax: 403-270-8830

13:00 to 13:50: Individual Groups to meet to discuss assignments

Class Day #9: THURSDAY 18 March 2010

11:00 to 11:50: Using Drama to illustrate Issues that impact Immigrant Seniors by Sybil Braganza, Seniors Division, City of Calgary (Tel: 403-974-3128) Email: Sybil.braganza@calgary.ca

12:00 to 12:50: Creating Health despite my experience with Schizophrenia by Jamal Ali, BA (Political Science) (jamal.ali@yahoo.ca),

13:00 to 13:50: Individual group work to discuss assignments

Class Day #10: THURSDAY 25 March 2010

11:00 to 11:50: query Treatment Model for People with Alcohol Addiction by Lynn McLean, Treatment Supervisor, Renfrew Recovery Centre 1611 Remington Road N.E. Calgary, Alberta T2E 5K6
Email: lynn.mclean@aadac.gov.ab.ca Tel: 403-297-3337; Fax: 403-297-4592

12:00 to 12:50: Using Peplau's Nursing Process to understand one should use Humor in Mental Health Nursing by Outi

Mc Eachern (Email: ohm65@telus.net Tel: 403-244-8664

13:00 to 13:50: Individual group work to discuss assignments

Class Day #11: THURSDAY 1 April 2010

11:00 to 11:50: Holistic Nursing and Interventions based on that model by Betty Pedersen, RN, BScN Tel: 403-474-7399; Fax: 403-2752 therapeuticbalancing@gmail.com

12:00 to 12:50: Continued : Betty Petersen

13:00 to 13:50: Chronic Disease Management Approaches (Guest to be sought: try for Shirley Daniel, RN, BN, CARNA, Rising Star April 09 award winner Tel: 403-943-1667; Fax: 403-943-1668;

Macleod Place, 5920 Macleod Trail SW followed by presentation on Acupuncture by an RN who is registered also As an Acupuncturist. LILY ZHANG , RN, PhD , MN student (lily1234zhang@hotmail.com)

Class Day #12: THURSDAY 8 April 2010

11:00 to 11:50: Nursing Care Model with Post-Stroke Patients: TBA: query Cydnee Seneviratne, Email: ccsenevi@ucalgary.ca Tel: 403-220-4643

12:00 to 12:50: Forensic Nursing Care Models: TBA. Waiting to hear from Pamela Buschgens Clarke: (Pamela.Buschgens@albertahealthservices.ca Cell: 403-831-4638 Tel: 403-944-6802

13:00 to 13:50: Association for Rehabilitation of the Brain Injured (ARBI) Care Model: TBA __query Randy Fowler; info@arbi.ca Direct: 403 217-4229 Main: 403 242-7116 Fax: 403 242-7478 Email: judy@arbi.ca Website: www.arbi.ca

Class Day #13: THURSDAY 15 April 2010 (LAST CLASS)

11:00 to 11:50: Health Link Nursing Model by Lara Mazzei, Manager, Calgary Health Link Email: lara.mazzei@albertahealthservices.ca Tel: 403-943-1518; Secretary: 403-943-1518

12:00 to 12:50: Enhancing the Level of Creativity in Nursing Practice AND / OR Public Perspectives about Healthy Aging (or as Dr CLL calls it: Creative Aging) and Quality Nursing Care: To be confirmed: Louise Guy (Faculty Women's Club), Senator Marlene and music therapist Jennifer Buchanan, a dance/movement therapist, and drama therapist

13:00 to 13:50: Each of the 9 groups of students will present their concept of nursing now that they have finished this course and their very first clinical course.

APPENDIX A: GROUP LEADERSHIP ROLES ASSIGNMENT FORM AND INFORMATION ABOUT THE FUNCTIONS ASSOCIATION WITH EACH ROLE

Name of Student: (Surname, 1st name): _____

Date & Type of Group Session: _____

Directions: Review the next page for the definitions of group leadership roles and illustrative examples of functions associated with each role. Place a √ in the column corresponding to the role(s) you played during the group session. In the Comments section, provide a statement about how satisfied you were with the role(s) you played and why. Indicate with an 'X' what role(s) you are considering for the next time you meet with this group and why.

A. GROUP TASK ROLES		√	COMMENTS
1.	Initiator		
2.	Information Seeker		
3.	Information Giver		
4.	Elaborator		
5.	Coordinator		
6.	Feasibility Tester		
7.	Summarizer		
8.	Appraiser		
9.	Evaluator		
A-0	Other (specify)		
B. GROUP MAINTENANCE ROLES			
10.	Encourager		
11.	Follower		
12.	Standard Setter		
13.	Mood Evaluator		
14.	Tension Reducer		
15.	Consensus Tester		
16.	Harmonizer		
17.	Gatekeeper		
18.	Evaluator		
19.	Feedback Seeker		
B-0	Other (specify)		
C. ANTI-GROUP ROLES			
20.	Blocker		
21.	Recognition Seeker		
22.	Sympathy Seeker		
23.	Special Cause Pleader		
24.	Distracter		
25.	Aggressor		
26.	Avoider		

Appendix A (cont'd)

**INFORMATION ABOUT THE LEADERSHIP ROLES IN THE GROUP NOMINATIONS FORM
AND THE FUNCTIONS ASSOCIATED WITH EACH OF THEM ***

* [Note: The #'s preceding each example of a role corresponds to the #'s on the previous page]

A. Group Task Roles (#1 to #9), which, as the name implies, focus on the Task to be done, and include:

(1) *Initiator* (e.g., proposing tasks or goals, suggesting new ideas/definitions of the problem, or new ways to address the problem); (2) *Information Seeker* (e.g., asking for clarification of suggestions, requesting additional information or facts); (3) *Information Giver* (e.g., stating an opinion or belief about a suggestion(s) given by others, particularly concerning its value rather than its factual basis); (4) *Elaborator* (e.g., clarifying/ clearing up confusions, giving examples or developing meanings, trying to envision how a suggestion might work out if adopted); (5) *Coordinator* (e.g., showing relationships among various ideas or suggestions, trying to pull the ideas and suggestions together, trying to draw together activities of various subgroups or members); (6) *Feasibility Tester* (e.g., testing feasibility by making application of suggestions to real situations, examining practicality and workability of ideas, pre-evaluating decisions); (7) *Summarizer* (e.g., pulling together related ideas or suggestions, restating suggestions after the group has discussed them); (8) *Appraiser* (determining sources of difficulties, appropriate steps to take next, offering hunches about the main blocks to progress); (9) *Evaluator* (e.g., submitting group decisions or accomplishments to comparison with group standards, measuring accomplishments against goals); (A-O) *Other Role* (specify it and give an illustrative example that makes explicit why you consider it different from the ones mentioned above).

B: Group Maintenance Roles (#10 to #18), which focus on ways to promote the group's growth and maintain group or organizational viability as indicated by a "team spirit", cooperation, interdependence, and member satisfaction, include: (10) *Encourager* (e.g., being friendly, warm, responsive to others, praising others and their ideas, and other related ways of acknowledging the contributions of others); (11) *Follower* (e.g., going along with the decisions of the group, somewhat passively accepting ideas of others, serving as an audience during group discussion and decision making); (12) *Standard Setter* (e.g., expressing standards for the group to use in choosing its content or procedures or in evaluating its decisions, reminding the group to avoid decisions that conflict with group standards); (13) *Mood Evaluator* (e.g., summarizing what 'group feeling' is sensed to be, describing reactions of the group to ideas or solutions); (14) *Tension Reducer* (e.g., draining off negative feelings by jesting, putting a tense situation in a wider context); (15) *Consensus Tester* (e.g., tentatively asking for group opinions in order to find out if the group is nearing consensus on a decision; sending up "trial balloons" to test group opinions); (16) *Harmonizer* (e.g., mediating, conciliating differences in points of view, making compromising solutions); (17) *Gatekeeper* (e.g., trying to make it possible for another member to make a contribution to the group); (18) *Evaluator* (see # 9 in Task Roles); (19) *Feedback Seeker* – asking other(s) about how you might modify your group role(s) to enhance group functioning (B-0) *Other Role* (specify it and give an illustrative example that makes explicit why you consider it different from the roles mentioned above).

C: Anti-Group Roles (#20 to #26), which, as the name implies, refer to behaviours that impede both the growth and vitality of the group or organization, and the work/task it is attempting to do. The occurrence of such behaviour is a sign that the Group Maintenance Roles are inadequate. Some illustrative examples of anti-group roles include: (20) *Blocker* (e.g., interfering with the progress of the group by going off on a tangent, citing personal experiences unrelated to the problem, arguing too much on a point, rejecting ideas without consideration); (201) *Recognition Seeker* (e.g., vying with others to produce the best ideas, talk the most, play the most roles, gain favour with the leader); (22) *Sympathy Seeker* (e.g., trying to induce other group members to be sympathetic to one's problems or stressors); (23) *Special Cause Pleader* (e.g., introducing or supporting suggestions related to one's own special interests or philosophies, lobbying); (24) *Distracter* (e.g., clowning, joking, and related ways of disrupting the work of the group); (25) *Aggressor* (e.g., working for status by criticizing or blaming others, showing hostility against the group or some individual, deflating the ego or status of others); (26) *Avoider* (e.g., withdrawing, acting indifferent or passive, doodling, whispering to others, dozing off/napping during the group activity, working on another task such as reading notes for an upcoming exam)

* Assembled by Dr. C. Le Navenec over several years, based on an analysis of numerous textbooks on Group Dynamics, articles and her clinical experiences.

APPENDIX B: LIST OF MEMBERS FOR EACH CRITICAL INQUIRY GROUP

♦Group leader is in bold
♦Co-Group leader can be the
2nd person in each group

GROUP 1

- 1.1 **Ali, Shelley**
- 1.2 Anokyw, Evelyn
- 1.3 Aragon, Erika
- 1.4 Arndt, Aimy
- 1.5 Avila, Anna
- 1.6 Baginda, Chiarra
- 1.7 Barlow, Nicole
- 1.8 Brown, Stephanie
- 1.9 Campbell, Lauren
- 1.10Chenard, Chantal

GROUP 4

- 4.1 **Hull, Lauren**
- 4.2 Hungar, Sarah
- 4.3 Huynh, Raymond
- 4.4 James, Kerianne
- 4.5 Jang, Jisoo
- 4.6 Jaques, Catherine
- 4.7 Johnston, Darcie
- 4.8 Kirk, Brittany
- 4.9 Knoll, Jocelynn
- 4.10Kozlowski, Sylvia

GROUP 7

- 7.1 **Mounga, Charles**
- 7.2 Munir, Fadi
- 7.3 Muponda, Marietta
- 7.4 Najm, Maisaa
- 7.5 Nguyen, Antony
- 7.6 Oszust, Melanie
- 7.7 Park, Youngkyung
- 7.8 Pasadilla, Jenna
- 7.9 Pashkoski, Melanie
- 7.10 Phee, Vanessa
- 7.11Prediger, Megan

GROUP 2

- 2.1 **Cheung, Cherie**
- 2.2 Chin, Thomas
- 2.3 Cho, Esther
- 2.4 Crane, Janelle
- 2.5 Darменова, Gulzhan
- 2.6 DeGama-Blanchet, Holly
- 2.7 Doi, Kiberly
- 2.8 Doland, Lindsey
- 2.9 Doorn, Kelsey
- 2.10Drenna, Laura

GROUP 5

- 5.1 **Kwon, Seyoung**
- 5.2 Lathroop, Jennifer
- 5.3 Lathwell, Alysia
- 5.4 Lau, Christine
- 5.5 Lee, Petrina
- 5.6 Liao, Tsai-Wei
- 5.7 Lindemulder, Tracey
- 5.8 Linsangan, Marvin
- 5.9 Locking, Breanne
- 5.10 Lodge, Elyse
- 5.11 Luong, Jenna

GROUP 8

- 8.1 **Romero, Sarah**
- 8.2 Rowland, Jessica
- 8.3 Saindon, Carolyn
- 8.4 Sangalang, Karen
- 8.5 Scullion, Brianna
- 8.6 Stevenson, Samantha
- 8.7 Stewart, Teri
- 8.8 Sweeney, Meghan
- 8.9 Sykes, Lindsay
- 8.10Tan, Kevin
- 8.11Terrazas, Estefania

GROUP 3

- 3.1 **Drvodelic, Ana**
- 3.2 Egate, Yonas
- 3.3 Gallant-Sova, Emma
- 3.4 Gasparini, Kaitlyn
- 3.5 Gaul, Karisa
- 3.6 Goral, Natalia
- 3.7 Gunn, Christianne
- 3.8 Ho, Tracey
- 3.9 Hodges, Gavin
- 3.10Holmes, Jaclyn

GROUP 6

- 6.1 **Luzentales, Mariah**
- 6.2 Ma, Kayla
- 6.3 MacDonald, Madeline
- 6.4 Mallard, Jennifer
- 6.5 Maruyama, John
- 6.6 Mathew, Justiena
- 6.7 McCartney, Leah
- 6.8 McClain, Shanae
- 6.9 McGrath, Meryk
- 6.10 Moghadam, Megan
- 6.11 Moran, Kaleigh

GROUP 9

- 9.1 **Thomsen, Jayden**
- 9.2 Tiberio, Karli
- 9.3 Tran, Cindy
- 9.4 Truong, Linh
- 9.5 Turner, Clare
- 9.6 Es, Amy
- 9.7 Weltzin, Nikolas
- 9.8 Wenaas, Kaylee
- 9.9 White, Kaitlynn
- 9.10 Wong, Mandy
- 9.11 Zhou, Yu

SUGGESTED READINGS FOR NURSING 207, LEC 02

See additional references following each presenter's topic AND a few additional ones on the Nursing 207 Lec02 Blackboard, section on *Resources for addressing the critical thinking exercise questions* that each group will be assigned). The full reference for each citation listed below is located on the next page.

- **Frank, A. (1991): *At the Will of the Body: Reflections on Illness*:** review the key themes of the book that he conveys in Ch 1: Illness as a dangerous opportunity (pp. 1-7) and Becoming Ill (pp. 8-15). As you review the rest of the book, pay particular attention to the assumption that: "Critical illness leaves no aspect of life untouched" (p. 6) and that "He will suffer and have losses, but suffering and loss are not incompatible with life... Do not curse your fate; count your possibilities". Think to yourself how you would use this knowledge, and related information in your nursing practice.
- **Paul & Elder (2008): *The miniature guide to critical thinking*:** review section on Universal Intellectual Standards: And questions that can be used to apply them (pp. 8-10)
- **Kozier et al. (2010). *Ch.4: Nursing philosophies, theories, concepts, frameworks, and models*** (pp. 55-71).

Kozier et al. (2010). *Ch. 20: Critical thinking* (pp. 368-382): review carefully section on Applying critical thinking to nursing practice including Table 20.4: Phases of the Nursing Process and Clinical Examples of Critical Thinking and the Canadian Nurses Association perspectives of it in terms of problem solving and decision making

Kozier et al. (2010. *Ch. 22: The nursing process* (pp. 412-469): Note especially the following: Box 22.4 Gordon's typology of 11 Functional Health Patterns (p. 426), Box 22.5 Roy's Adaptation Model (p. 426); Box 22.6: Data for AA organized according to Functional Health Patterns; section on Diagnosing (pp. 429-438); and The Nursing Intervention Classification_NIC (pp. 452- 455)

- **Bulechek, Butcher, & Mc Closkey Dochterman (2008): *Nursing intervention classification (NIC)* (5th ed):** review Preface (v-vii); Strengths of the Nursing Intervention Classification (p. ix-x); Definition of Terms (pp. xxi-xxii); How to find an intervention (xxiii); Table of Contents (p. xxv); Part 2 Taxonomy of Nursing Interventions (pp.71-91);
- **Tomey & Alligood (2006). *Nursing theorists and their work* (6th ed).** Review Preface (xv-xvi); Ch1, Introduction to nursing theory: Its history, significance and analysis (pp. 3-15); Ch.2, History and philosophy of science (pp. 16-24); Ch. 3: Logical reasoning (pp. 29-34); Ch. 4: Theory development process (pp. 35-49); Chapter 5: Nursing theorists of historical significance (pp. 54-67).

NOTE: It is recommended that you review additional references on GUIDELINES FOR SELECTING A CONCEPTUAL MODEL OF NURSING. One very old, and still very much relevant article on this topic is: (see the full reference AND link to it below)

Fawcett, J., Archer, C.L., Becker, D., Brown, K.K., Gann, S., Wong, M.J., & Wurster, A.B. (1992). Guidelines for selecting a conceptual model of nursing: Focus on the individual patient. *Dimensions of Critical Care Nursing*, 11(5), 268-277

FULL REFERENCES FOR ARTICLES/BOOKS CITED IN THE SUGGESTED READING LIST

Bulechek, G.M., Butcher, H.K., & Mc Closkey Dochterman, J. (Eds.). (2008). *Nursing intervention classification (NIC)* (5th ed.) . St. Louis, MI: Mosby Elsevier

Frank, A. (1991). *At the will of the body: Reflections on illness*. Boston, MA: Houghton Mifflin

Kozier, B., Erb, G., Berman, A., Snyder, S.J., Raffin Bouchal, S., Hirst, S. et al (2006). *Fundamentals of Canadian nursing: Concepts, process, and practice* (2nd Canadian Ed.), Toronto, ON: Prentice Hall.

Paul, R., & Elder, L. (2006). *The miniature guide to critical thinking: Concepts and tools* (4th ed.). Dillion Beach, CA: Foundation for Critical Thinking

Tomey, AM, & Alligood, MR. (2006). *Nursing theorists and their work*. (6th ed.). St. Louis, MI: Mosby Elsevier

ASSIGNMENT 5 EVALUATION FORM: SCHOLARLY PAPER [Student's Name & Group #: _____] Date: _____								
Presentation of Ideas	F	D range	C range	B range	A range	WT	SCORE	COMMENTS
CONTENT Introduction & conclusion of paper, including overview of the model and the case study	Two or more elements from left column are not addressed		Introduction & conclusion limited to presentation of basic elements (see left column)		Introduction & conclusion are comprehensive and presented in greater depth and complexity.	4	/16	See all comments at end of the form
Assessment	Assessment is lacking, very limited, or inappropriate		Assessment is somewhat limited but is generally accurate according to the conceptual framework used		Assessment is comprehensive and accurate according to the conceptual framework used	4	/16	
Goal Setting/ Planning, including Nsg Diagnosis statements	Goal setting/planning is lacking or is limited or is inappropriate		Goal setting/planning is somewhat limited but is generally accurate according to the assessment and conceptual framework used		Goal setting/planning is comprehensive and is accurate according to the assessment and to the conceptual framework used	4	/16	
Interventions	Intervention types are not specified or are inappropriate for the conceptual model chosen		Intervention types somewhat limited but are generally appropriate according to the conceptual framework used and are generally validated		Interventions types are clearly specified according to the conceptual framework used and are validated (including prioritization)	4	/16	
Evaluation	Evaluation criteria are lacking or inappropriate		Evaluation criteria are somewhat limited but are generally appropriate according to the conceptual framework used		Evaluation criteria are concisely specified and are fully appropriate according to the conceptual framework used.	4	/16	
FORM Flow of Ideas	Flow of ideas is not logical; is difficult to follow		Ideas generally flow in a logical, easy to follow sequence		Ideas flow in a very logical and easy to follow sequence	2.5	/10	
Approach to discussion	Approach is very limited in scope		Approach is generally holistic. It generally reflects the assignment		Approach is holistic, comprehensive and appropriately reflects the assignment	2.5 Sub-total >	/10	
								2.7

	F=0	D range	C range	B range	A range	WT	SCORE	COMMENTS
STRUCTURE APA	Fails to use APA format in body of paper		Generally APA format is used in the body of the paper		APA format is used consistently and appropriately in the body of the paper	2	/ 8	see all comments below 2.8
	Fails to use APA format in reference list		Generally APA format in reference list is correct		APA format is consistently correct in the reference list	2	/ 8	2.9
Grammar and Spelling	Many grammatical and/or spelling errors		Generally grammar and spelling are correct		Grammar and spelling are consistently correct	2	/ 8	2.10
Language	Language inappropriate		Generally language is appropriate		In addition to "C" criteria, language is interesting, precise and eloquent/articulate	2	/ 8	2.11
SOURCES OF INFORMATION	Fails to use credible sources of information		Cites appropriate primary sources		"C" criteria plus augments discussion with additional sources (including 1 or 2 Internet sources) which add depth and breadth to the discussion	2	/ 8	2.12
					TOTAL			x 35 = 35%
						35	140	

Comments (overall summary):

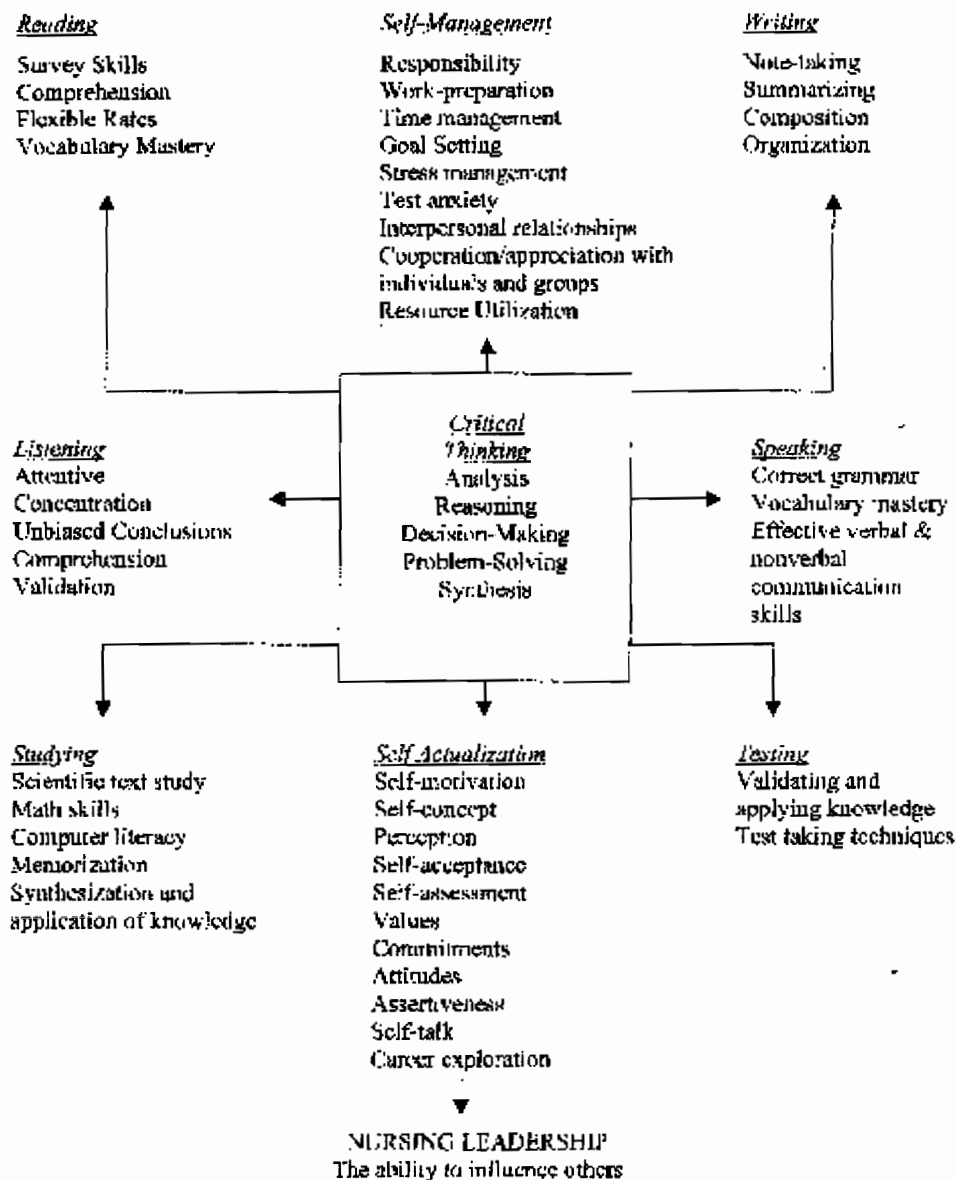
Signature/Names of the Evaluator(s):

Date:

NUMBERED COMMENTS FROM ABOVE

(Continued): Student's Name and Group #:	Date:
Comment #2	
Comment #3	
Comment #4	
Comment #5	
Comment #6	
Comment #7	
Comment #8	
Comment #9	
Comment #10	
Comment #11	
Comment # 12	

Scholarship in Nursing: Essential Concepts and Skills



Source Modified from: Coker, L.S. (1990) Success in nursing: A primary intervention course. *Nurse Educator*, 15(6), 14,19

1

2



Course Outline Checklist Undergraduate Programs

N207 L02
winter.

In developing a Course outline the following information should be included by the individual developing the course:

	YES	N/A
1. Course number, section, academic term, course date and time, location of course; Instructor/Faculty name, office number, phone and email address, office hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Calendar Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Course Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Course Objective	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Required/recommended readings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Statement of assignments and weights <ul style="list-style-type: none"> • term work not less than 50% YES • tests in last 2 weeks not greater than 10% of final grade NO TESTS, JUST A FINAL PAPER • final exam, yes or no NO FINAL EXAM • statement as to whether or not a passing grade or any component is essential NOT APPLICABLE 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Grading system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Class schedule for term	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Course standards as per U of C calendar standards: <ul style="list-style-type: none"> • academic accommodation • academic integrity • assignments* (i.e. APA format; penalty for late assignments; electronic submission) • attendance* • Freedom of Information and Protection of Privacy • Reappraisals and Appeals • Withdrawal *Faculty Instructor decision	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Standard Absence Statement (implemented Nov. 2008)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

In summary, the course outline should be approximately 6 pages in length. If there are assignment rubrics these should be included in a Course Syllabus.

Once outline has been finalized by Faculty/Instructor, they will forward an electronic copy to Administrative Assistant, Undergraduate program, to archive.

Course name and number: NURSING 207, LEC 02 (BNRT)

Course Coordinator's signature: will put a hard copy in your mailbox with signature

Dr. Carole-Lynne Le Navenec (cllenave@ucalgary.ca) 16Jan/10

Associate Dean's signature: _____

Date: _____

