

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. 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. They possess the skill set with which to evaluate evidence-informed practices and the experience on all levels of care with which to identify the impact of evidence-informed practice on the health of their populations and the health care delivery system respectively.

Advanced practice nurses, in the opinion of policymakers, are critical players in medicare renewal. More specifically, they have the scientific and experiential knowledge to understand the complexity of various systems across the life span. As administrators, educators and providers, they are well-situated to introduce change and improve the quality of care. They are members of the single largest group of providers, whose knowledge and support are 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 renewal.

With renewal of medicare in mind, this course has four general purposes. First, it provides future advanced practice nurses with an opportunity to place their evolving respective practice frameworks within the context of a Primary Health Care¹ approach. Second, the course also provides students with opportunities to formulate a personal leadership style appropriate to their future undertaking as advanced practice nurses. Third, the course promotes the concept that the practical "integration of knowledge" or improving the practice of nursing represents a critical element in nursing leadership. Fourth, the course supports the idea that any practice framework has to incorporate public participation and trans-disciplinary collaboration. In summary, the course provides students with the opportunity to assume a leadership role in promoting the renewal of medicare by means of PHC. Stated differently, this course emphasizes *cognitive praxis* or nursing as a practical, human science that improves the health of its people and ultimately the health of the nation.

This introduction is meant to provide direction to the course. However, the outcomes of any course ultimately rely on what participants bring to the work at hand. For this reason, the

instructor expects students to participate wholeheartedly in seminar meetings. That is, the instructor expects students to participate fully in seminar discussions, contributing their observations and criticisms drawn from readings and clinical experiences. To this end, students want to make meaningful contributions 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 thirteen seminars of two hours each. At these meetings, the instructor, guest lecturers and students discuss the philosophical and practical underpinnings 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 effectiveness and efficiency of services to their respective populations of interest. (The instructor plans to distribute copies of the exact schedule on the first day of class.)

Tutorial Component:

There are thirteen tutorial meetings of one hour each. Two meetings are set aside as class tutorial sessions for discussions about how students can incorporate leadership principles into their respective frameworks. (The instructor plans to distribute copies of the exact schedule on the first day of class.) 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 student-presentations complement the seminar discussions and assignments. The presentations insure that all students have an opportunity to discuss PHC and leadership from their respective perspectives. In so doing, students discuss how PHC addresses the needs of their respective populations of interest.

The tutorials in N693 benefit students in yet another way. Sharing ideas about how to improve the quality of care for different populations, students have multiple opportunities to learn from one another about the commonalities of nursing practice and how improvements in one specialty area can improve practice in another.

Clinical Component:

Clinical practicums require a minimum of twelve hours a week. As self-directed learners, students actively participate in designing their clinical learning experiences with their respective faculty mentor(s), practice supervisor(s), among others. Those choices—one assumes—are driven by the students' long-term goal to delineate their role expectations and responsibilities, with specific populations, as future advanced practice nurses.

Using the Request for Graduate Clinical Practicum form, in consultation with their respective faculty mentor and clinical supervisor, students identify and negotiate their respective goals for the practicum. [The Co-ordinator of Clinical Resources in the Faculty of Nursing, of course, completes the formal arrangements for such placements with the Educational Co-ordinator of each agency.]

Faculty mentors are members of the Faculty of Nursing with expertise in a specialty area. They facilitate conceptual/theoretical thinking and clinical development in this course. The faculty mentors actively participate in the direction, supervision, and evaluation of the clinical experience. The faculty mentors are not necessarily the same persons as the faculty supervisors – indeed, students and their faculty supervisors can ask other faculty members with expertise in selected clinical areas to work with students as required.

The practice supervisors are expert clinician/practitioner from the Faculty and/or clinical settings. They serve as role models and practice guides in the development of their students' perceptual, conceptual and intervention skills appropriate for the population within different specializations. The practice supervisors work directly with students over the semester to facilitate learning as *per* the course and clinical objectives as well as the learning contracts. Consequently, practice supervisors, working with knowledge of their students' abilities and intentions, 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. interpret research findings as they apply to decisions about their populations of focus and the health care delivery system;
4. incorporate leadership competencies in their respective roles as advanced practice nurses;
5. consider the implications of their respective practice frameworks on policy.

In the clinical component, students have the opportunity to:

1. collaborate with Faculty Mentor(s) and Clinical Supervisor(s) in selecting experiences with clients requiring the knowledge and skills of an advanced nurse practitioner.
2. evaluate the effectiveness of different administrative, clinical and educational interventions;
3. analyze the appropriateness of different 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 that focuses on a specific population of interest.

In refining their practice frameworks as future advanced practice nurses, students first ought to reflect on their respective metaphysical and moral beliefs about the world. This is an important initial step, if they are to commit themselves to the work.

A practice framework next 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 for students to reflect how their respective, practice frameworks advance the principles of primary health care. Such reflections are useful when delineating their objectives.

The second assignment focuses on the importance of leadership in advancing primary health care. For the purposes of this assignment, students provide a written analysis of their respective forty-five [45] minute seminar meetings, at which they discuss how their practice frameworks provide leadership opportunities within their respective specializations. (The instructor plans to discuss the parameters for the presentation and the subsequent paper at the beginning of the term.)

Students can think of the second assignment as a written analysis of their respective oral presentations. In doing so, students pay particular attention to questions raised and opinions expressed by others during the presentation.

Before concluding, one last word on the development of a practice framework seems advisable. Over the life of a career, a practice framework undergoes constant refinement, whether due to advances in the field, changes in the environment or knowledge learned from professional experience. As such, both assignments in this course are merely pictures or snapshots of thinking at a particular time. Indeed, practice frameworks largely provide students, at this point in their careers, with opportunities to think about their respective careers in an academic setting conducive to reflection.

In summary, each assignment has a different purpose. The first focuses on the relationship of a practice framework and primary health care (health policy), with a specific population, with its peculiar wants and needs. The second assignment focuses on the leadership opportunities, particularly with regards to innovative practice, within different specialties. This strategy can assist students to refine their respective practice frameworks and concomitantly incorporate new ideas about leadership into their respective practices.

Once the learning and evaluation criteria are negotiated, certainly no later than **September 30, 2011**, students 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 clinical performance.

Practice Journal

Students will keep a journal of their clinical experiences. It will “document” their 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 assist in the development of a practice framework.

Student will share their respective journals with their 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 clinical performance.

FACULTY OF NURSING GRADUATE PROGRAM
Revised Grading Scale

Legend: *Italics - Criteria extracted from Faculty of Education grading scale.*

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:	
A+	4.0	3.95 - 4.00	A+	Outstanding <i>Elegant exposition of publication quality work that would make a significant, scholarly contribution to the area of investigation.</i>
A	4.0	3.85 - 3.94	A	Excellent - Superior performance showing comprehensive understanding of the subject matter. <i>Exceptional performance that goes beyond the specified requirements of the assignment, and demonstrates a comprehensive understanding of the subject matter that includes the ability to critically assess and creatively apply knowledge to new situations.</i>
A-	3.7	3.50 - 3.84	A-	Very good performance <i>Clarity of thought and expression that reveals the rich meaning of and complex relationship between assumptions, ideas and actions, and includes a critical examination of the topic. Relevant reference material has been correctly documented and effectively integrated into a well developed line of thought.</i>
B+	3.3	3.15 - 3.49	B+	Good performance <i>Subject matter is generally understood at the literal level. Wide reading, critical questioning and creative insights may be absent. Prose style reveals a clear, logical, concise and coherent expression of ideas. Work displays conventional grammar, punctuation and spelling, with a minimum of errors.</i>
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 registration anniversary year of the program. <i>Subject matter is generally understood, but the work displays minimum scholarship. Some gaps in knowledge and inconsistencies in thinking may be evident. Lapses in clarity of expression and the development of a clear line of thought might be evident. Work may display consistent errors in conventional form and require heavy editing on the part of the instructor.</i>
B-	2.7	2.50 - 2.84	B-	Minimum pass for students in the Faculty of Graduate Studies <i>Work submitted at this level lacks understanding, absence of clarity of expression or insufficient command of conventional form such that content cannot be effectively conveyed.</i>
C+	2.3	2.15 - 2.49	C+	All grades below B- are indicative of failure at the graduate level and cannot be counted toward Faculty of Graduate Studies course requirements. A student who receives a grade of F will normally be required to withdraw unless the program recommends otherwise.
C	2.0	1.85 - 2.14	C	
C-	1.7	1.50 - 1.84	C-	
D+	1.3	1.15 - 1.49	D+	
D	1.0	0.50 - 1.14	D	
F	0	0.00 - 0.49	F	

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 2011-2012 (pp. 48-50). Of course, the university expects intellectual honesty at all times.

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

CRITERIA FOR GRADING WRITTEN ASSIGNMENTS

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

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- 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 F11.doc
SMR: ang