



**I. COURSE DESCRIPTION:**

NURS3094 focuses on health promotion and protection with an emphasis on community and multi-disciplinary teamwork. Learning experiences take place in hospital and community settings with an emphasis on the nurse as leader and a proficient provider of client care.

**II. LEARNING OUTCOMES AND ELEMENTS OF THE PERFORMANCE:**

**Ends-in-view**

The emphasis of this nursing practice course is on the community as client. A community, defined by its population, its boundaries, its health determinants or a combination thereof, requires nurses to have different skills, attitudes and knowledge. Learners have the opportunity to experience the complexities of health promotion and protection within a variety of health care settings working with many 'communities of interest'. The sharing of learners' praxis builds upon the theories addressed in NURS3007 and on the roles and functions of nurses working in the community in Canada as identified by the Community Health Nurses Association of Canada.

**Overview**

The course content will be organized around learning activities and assignments that reflect the following content, concepts and related principles:

- Canadian Community Health Nursing Standards of Practice
- Roles of Community Health Nurse
- Ministry of Health Mandatory Programs & Guidelines
- School Health Care
- Sexual Health Care
- Rural Health Care
- Home Health Nursing
- Occupational Health Nursing
- End of Life Care - Hospice, Respite and Long Term Health Care
- Vulnerable Populations
- Clients in Correctional settings & Forensic Nursing
- Multiculturalism: Aboriginal, Immigrant and Refugee Health
- Understanding the Health of Persons of Alternative Lifestyles (GLBT)
- Disaster Management; Parish Nursing; Nurse Practitioners; Telenursing and Nurse Entrepreneurs

### **Process**

Theoretical learning to promote the application of the concepts of community as client. The course content provides the theory and concepts basic to community health nursing. Most classes will involve a short presentation, group work, and review of group work results. Case studies, class discussions and presentations will be utilized. The learner is expected to be an active learner during this course. Each student is expected to participate in class discussions and provide feedback on their learning needs. Each student is expected to share their experiences in hospital and community as related to community health nursing and the determinants of health.

The role of the course professor is to direct learning through the facilitation of class discussion and learning activities, the presentation of course material and the provision of feedback on oral and written assignments.

Students are also expected to use email through LMS to discuss ways to enhance their learning. It will be used to post information, for class questions, and to share experiences. All student emails to the course professor, faculty advisor or clinical advisor are to be sent from the students' Sault College email address.

### **Clinical Practice**

The clinical experience in NURS3094 includes 96 hours of hospital placement and 72 hours of community placement.

Failure to achieve a satisfactory in either clinical component of NURS3094 will require the student to repeat the full course.

Ensure that you review the following found in the student manual. The course professor is expecting these to be followed:

- Requirements for Clinical Learning Experiences
- Attendance in Clinical
- Clinical and Community Dress Policies
- Report of Injury for WSIB
- Clinical Incident Policy

### Community Clinical Expectations

Learners will complete a 72-hour community clinical agency placement experience. The intent of the placement is to familiarize students with community health and social services. Students will have an opportunity to apply community health theory regarding levels of prevention, determinants of health and health promotion and explore roles and responsibilities of community service personnel include community health nurses.

This experience will take place in community agencies, associations and/or service organizations. In collaboration with the assigned agency, students will identify an illness prevention, health protection, or promotion project. The projects will vary widely depending on the needs and goals of the agency and may require the learner to use a variety of strategies. The projects could include working as a resource person, organizing and carrying out health fairs or educational sessions, performing literature searches and review for developing projects or research proposals, creating project plans, developing resource material (i.e. creating a brochure) or developing and/or implementing a survey to collect health data. Projects undertaken will need to be managed within the time frame of the community placement of 6 weeks. In addition to the project the student should spend at least 15 hours during the placement participating in agency programs and services.

#### Faculty Advisor Role

The faculty advisor will provide information about the NEOCNP curriculum and placement policies. In order to facilitate student learning the faculty advisor will meet regularly with the preceptor and student and may participate in mid-term and final evaluations. The faculty advisor will also assist with conflict resolution if required. Mid-term and final grade is determined by the faculty advisor in collaboration with the preceptor and student.

#### Student Roles and Expectations

It is important that the student meet regularly with the preceptor to update them on the progress of the project. At the end of community placement, it is expected that the students will produce a product that they will present and leave with the agency. This product will represent and/or provide evidence of the work completed on the assigned project and may be in the form of a display, a pamphlet, a report, literature review, lesson plan, etc.

If space is an issue it may be necessary for a student to do the work for the project off site. This must be approved by the preceptor and faculty advisor.

- Each student **must submit** their **Learning Plan** to their faculty advisor **prior to the second week** of their community placement. (Learning Plan includes: Learning Objectives; Learning Strategies & Resources; Evaluation Criteria; and Evidence of Meeting Objectives)
- Each student must submit their **Weekly Summary Report** to their faculty advisor on a weekly basis.

- Each student must provide a copy of the **Community Evaluation** form to their preceptor within the placement on the first day in the agency.
- It is the student's responsibility to track community hours on the **Time Sheet** posted on LMS. The preceptor must be kept informed weekly and sign off on the time sheet each week.
- Be on time (determine the time if you are unsure) and stay for the full period of time unless alternative arrangements have been made.
- **All the clinical time is required and all absent time is to be made up.**
- Appointments not related to the clinical placement are not to be scheduled. Hours outside of the usual clinical time are not to interfere with other classes.
- Inform preceptor and faculty advisor of illness as soon as possible. A note from a health care practitioner (physician or nurse practitioner) may be required on return to clinical.
- Keep your preceptor informed of where you will be at all times during the clinical period. For example, she or he must know when you are meeting others and must agree to your working off the premises.
- Difficulty with a community member must immediately be brought to the attention of the preceptor. Difficulties in dealing with the preceptor are to be brought to the attention of the faculty advisor. Other issues should be brought to the course professor.

#### Community Agency Expectations

The role of the preceptor at each agency will be:

- Orient the students to the goal and mission of the agency
- Work with the students to identify a project relevant to the agency
- Meet with the students on a regular basis to review progress related to learning plan and provide feedback
- Complete a mid-term and final evaluation

#### Clinical Evaluation

There is to be a mid-term evaluation (halfway point in the clinical hours) and an end of term evaluation for each placement.

For the community placement the faculty advisor may be present on-site for both evaluations and or just the final evaluation. The evaluation meeting dates are to be organized by the student in consultation with the faculty advisor and the preceptor. Determination of the final grade is done by the faculty advisor.

### Community Portfolio

A weekly portfolio is to be maintained by the student. The portfolio will contain a learning plan, weekly summary sheets, mid-term and final evaluation, time sheet, 2 reflections (one mid-term and one final) and 'evidence' learning as described in the learning plan. The reflection must be completed using John's model or another model approved by the faculty advisor. The portfolio is due one week after community placement is complete. The portfolio must be satisfactory and will be reviewed by the faculty advisor.

### **Acute Care Clinical Expectations**

In this course, a total of 96 hours has been designated for clinical practice experience in acute care hospital settings. This is a 6-week experience. This experience will occur every Tuesday and Wednesday and shifts will be scheduled. However, this schedule may be altered to accommodate unique requirements of the clinical setting.

In the acute care setting, students will be assigned to a clinical group. Schedule for acute care and community placement will be posted as well as distributed to each student. The group will have a clinical teacher who will facilitate learning and provide support for learners in gaining confidence with newly acquired clinical skills and patient experiences.

Clinical evaluation is pass/fail. Success in clinical performance will be determined by:

1. regular attendance;
2. regular submission of a satisfactory completed clinical portfolio; and
3. satisfactory demonstration of the ability to develop caring relationships, provide safe and supportive care to clients and families as outlined in the five domains of the clinical evaluation form for NURS3094.

Attendance at clinical is **mandatory**. (Refer to NEOCP Student Manual)

Evaluation in the clinical settings will be ongoing with your clinical teacher. However, clinical evaluation forms will be completed by the learner and the clinical teacher at midterm and at the end of the experience. A student must achieve a rating of two (2) on all of the indicators of clinical performance by the end of the clinical rotation for a passing clinical grade (see NURS3094 Clinical Evaluation Form).

### Acute Care Portfolio

Learners are required to maintain an ongoing clinical portfolio as a method of preparing for client assignments in the acute care setting. The clinical portfolio should include patient information with respect to: pathophysiology including lab diagnostics, medications, nursing diagnosis, nursing care plan, and reflective practice. On a weekly basis the working care plan, pathophysiology, labs, and medications are to be submitted on one client. Two nursing care plans, nursing diagnoses, and reflective practice are to be handed into the clinical instructor. If submissions are unacceptable, a third one is required. No mark will be assigned for this written work however; the clinical portfolio is evidence to demonstrate your background preparation for client assignments and must be satisfactory by the end of the rotation. During the time in the clinical setting, the emphasis is on translating your written knowledge into

practice. That is, at the Year III level you need to demonstrate safe practice (nursing process, clinical skills & procedures, critical thinking, etc.) not just write about it.

**III. TOPICS:**

**NURS3094 Class Schedule**

<b>Learning Activity</b>	<b>Date</b>	<b>Content</b>	<b>Evaluation</b>
1	Jan 15	Introduction The Canadian Health Care System (CCHNSoP; Determinants of Health)	
2	Jan 22	School Health	
3		Adolescent Sexuality, Pregnancy & Community Support Systems	
4	Jan 29	Rural Health	
5		Home Health Nursing	
6	Feb 5	Vulnerable Populations	
7	Feb 12	<b>Midterm</b> End of Life Care: Hospice, Respite, Palliative & Long Term Care	<b>Midterm</b>
8	Feb 19	Community Health Nursing: Settings and Roles (Disaster Management, Parish Nursing, Nurse Practitioners, Telenursing, Nurse Entrepreneurs)	<b>Assignment #1</b> (Students in Acute Care Placements)
	<b>Feb 23-27</b>	<b>Study Break</b> <b>Notify community preceptors prior to break</b>	
	Mar 5	<b>Presentations</b>	<b>Assignment #2</b> (Students in Community Placements)
9	Mar 12	Occupational Health Nursing	
10	Mar 19	Multiculturalism: Aboriginal and Immigrant Health	
	Mar 26	<b>Presentations</b>	<b>Assignment #2</b> (Students in Community Placements)
11	Apr 2	Clients in the Correctional Setting and Forensic Nursing	
12	Apr 9	Community Health Nursing: Putting it all Together	<b>Assignment #1</b> (Students in Acute Care Placements)

**IV. REQUIRED RESOURCES/TEXTS/MATERIALS:**

***Required Texts***

Stanhope, M., Lancaster, J., Jessup-Falcioni, H. & Viverais-Dresler, G., (2008). *Community Health Nursing in Canada, First Canadian Edition*. Toronto: Elsevier Canada.

Vollman, A., Anderson, E.T., & McFarlane, J. (2004). *Canadian community as partner: Theory and practice in Nursing*. Philadelphia: Lippincott.

***Reference Texts***

Stamler, L., & Yiu, L.(2005). *Community health nursing: A Canadian perspective*. Toronto: Pearson Education.

Stanhope, M., & Lancaster J. (2004). *Community & Public Health Nursing* (6<sup>th</sup> ed.) St.Louis: Mosby.

**V. EVALUATION PROCESS/GRADING SYSTEM:**

**Evaluation**

<b>Evaluation Strategy</b>	<b>Value</b>	<b>Due Date</b>
Midterm	15%	February 12 <sup>th</sup> , 2009
Assignment #1 – Community Client Plan of Care	20%	February 19 <sup>th</sup> or April 9 <sup>th</sup> , 2009
Assignment #2 – Community Aggregate Presentation	20%	March 5 <sup>th</sup> or March 26 <sup>th</sup> , 2009
Hospital Clinical / Community Clinical	Satisfactory	Portfolio due 1 week after end of each rotation
Final Exam	45%	Scheduled by Registrar

All relevant policies described in the Student Manual will apply to assignments. Up to 10% may be deducted for errors in APA format. Two copies of the entire assignment are required for submission of all formal papers. A second copy should be emailed to the course professor by the due date. All assignments are due at the beginning of class unless otherwise directed. If, for personal reasons, you are not able to meet the deadlines, it is your responsibility to contact the course professor prior to the due date.

***LATE ASSIGNMENTS WITHOUT AN EXTENSION REQUEST AHEAD OF TIME (PRIOR TO THE BEGINNING OF CLASS) WILL BE GIVEN A ZERO GRADE. TO RECEIVE APPROVAL FOR LATE ASSIGNMENTS YOU MUST PRESENT ALL YOUR WORK UP TO THE POINT OF THE DUE DATE.***

Failure to achieve a grade of “60” in the class component or satisfactory in both clinical areas **constitutes a failure in NURS3094**. The philosophical beliefs surrounding praxis preclude students from repeating parts of nursing practice courses. **Therefore, a failure in ANY component will require that the student repeat ALL areas of the course. There are no exceptions to this policy.**

### **Attendance**

Punctual and regular attendance at the various academic exercises is required of all students. After a lecture has started, learners may not be admitted to a classroom without permission of the course professor. If there are extenuating circumstances bearing upon a learners absence, the course professor should be notified by any means such as in person, voice mail, email or written.

***As active participants in the learning process, it is expected that all students will attend classes. Absence in excess of 20% may jeopardize receipt of credit for the course (refer to the Student Manual).***

**Evaluation Criteria for Assignment #1**

**Community Client Plan of Care (20%)**

**Due: February 19 or April 9, 2009**

Students will select a client from the clinical setting in week 1, 2 or 3 and prepare a community plan of care. This plan will include the different phases of transition that a client may experience as they deal with health challenges. Students will identify the necessary community resources required to support the client in dealing with the challenges identified in the case study. Students will utilize the Canadian Community Health Nursing Standards of Practice, the Determinants of Health and scholarly literature for this assignment.

Based on the information provided in the case study, the student will complete the following:

1. Assessment & analysis of data using a model or framework. (4marks)
2. List client's strengths (personal & support system) that would promote his/her wellness. (1 mark)
3. Develop 3 nursing diagnoses. These are statements that outline actual, potential and / or possible problems that could have an impact on the client's health maintenance. Include a wellness nursing diagnoses. Indicate rationale for selection of diagnoses. (6 marks)
4. Work through the top priority nursing diagnosis. Identify priority nursing interventions that would further enhance client / family's health. Each intervention requires one measurable outcome. Include rationale to support each of your nursing interventions. (5 marks)
5. State strategies to evaluate the effectiveness of your nursing interventions. These should include realistic timeframes. (2 marks)
6. Demonstrate an overall cohesive plan of care. (2 marks)

**Maximum 5 pages.** A template is provided for completion of the assigned case study. Students are to submit two one paper and one electronic.

Refer to the assignment marking scheme attached.

**NURS3094 Community Care Plan Assignment**

**Data Collection**

Social and Demographic Data (pseudonym, age, sex, ethnicity, religion, language, marital status, level of education, place of residence, family, occupation/income)

Brief history of client's health status

Other information relevant to client's discharge

**Please have above information verified by clinical teacher. This sheet MUST be included with final assignment.**

Clinical teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**NURS3094**  
**Community Client Plan of Care Marking Scheme (20%)**

Student: \_\_\_\_\_ Case Study: \_\_\_\_\_

Criteria	Well Done	Satisfactory	Insufficient
<p><b>Assessment</b></p> <p>Using a model / framework</p> <p>Marks: /4</p>	<p><input type="checkbox"/> comprehensively addresses data clusters with relevant critical analysis</p> <p><input type="checkbox"/> clearly integrates relevant relationships with determinants of health; cultural aspects</p> <p>Range: 3.75 – 4</p>	<p><input type="checkbox"/> addresses most of the relevant data clusters and analysis</p> <p><input type="checkbox"/> integrates most of the relevant relationships with determinants of health; cultural aspects</p> <p>Range: 2.75 – 3.5</p>	<p><input type="checkbox"/> misses relevant data clusters and analysis</p> <p><input type="checkbox"/> misses relevant relationships with determinants of health; cultural aspects</p> <p>Range: 0 – 2.5</p>
<p><b>Client’s Strengths</b></p> <p>Personal and support system that promote client wellness</p> <p>Marks: /1</p>	<p><input type="checkbox"/> comprehensive identification of client strengths supported by the data and justified by the literature.</p> <p>Range: 1</p>	<p><input type="checkbox"/> recognizes key client strengths supported by the data and justified by the literature.</p> <p>Range: .75</p>	<p><input type="checkbox"/> does not identify relevant client strengths and/or these are not supported by the data and / or these are not justified by the literature.</p> <p>Range: 0 - .5</p>
<p><b>Nursing Diagnoses</b></p>	<p><input type="checkbox"/> appropriately states an (1) actual nursing diagnosis with selection rationale informed by the determinants of health as supported by the literature</p> <p><input type="checkbox"/> appropriately states a (1) potential or possible nursing diagnosis with selection rationale informed by the determinants of health</p>	<p><input type="checkbox"/> states an actual nursing diagnosis but rationale lacks clarity</p> <p><input type="checkbox"/> states a potential or possible nursing diagnosis but rationale lacks clarity</p>	<p><input type="checkbox"/> ineffective statement of an actual nursing diagnosis and / or lack of congruence with data analysis</p> <p><input type="checkbox"/> ineffective statement of a potential or possible nursing diagnosis and / or lack of congruence with data analysis</p>

<p>Marks: /6</p>	<p>as supported by the literature</p> <p><input type="checkbox"/> appropriately states a (1) wellness diagnosis with selection rationale informed by the literature</p> <p>Each box = 2 Range: 5.5 - 6</p>	<p><input type="checkbox"/> states a wellness diagnoses but rationale not informed by the literature</p> <p>Each box = 1.5 Range: 4.25 – 5.25</p>	<p><input type="checkbox"/> does not state a relevant wellness diagnoses</p> <p>Range: 0 – 3</p>
<p><b>Criteria</b></p>	<p><b>Well Done</b></p>	<p><b>Satisfactory</b></p>	<p><b>Insufficient</b></p>
<p><b>Planning Interventions</b></p> <p>Identifies intervention strategies; considering CHN Standards of Practice and including referral &amp; accessibility needed to support the client / family in the community context. Recognizes challenges and facilitators.</p> <p>Marks: /5</p>	<p><input type="checkbox"/> identifies priority interventions to facilitate resolution of the nursing diagnoses (to enhance client/family health)</p> <p><input type="checkbox"/> all interventions are measurable</p> <p><input type="checkbox"/> all interventions are community focused reflecting the CHN Standards of Practice</p> <p><input type="checkbox"/> clearly identifies key community agencies / programs including referring process and accessibility criteria</p> <p><input type="checkbox"/> rationale for interventions informed by the literature</p> <p>Each box = 1 mark Range: 4.5 - 5</p>	<p><input type="checkbox"/> identifies relevant interventions to facilitate resolution of the nursing diagnoses. (to enhance client/family health)</p> <p><input type="checkbox"/> most interventions are measurable</p> <p><input type="checkbox"/> most interventions are community focused reflecting the CHN Standards of Practice</p> <p><input type="checkbox"/> identifies some community agencies / programs</p> <p><input type="checkbox"/> rationale for some interventions may not be informed by the literature</p> <p>Each box = .75 mark Range: 3 – 3.75</p>	<p><input type="checkbox"/> misses relevant interventions to facilitate resolution of the nursing diagnoses. (to enhance client/family health)</p> <p><input type="checkbox"/> interventions are not measurable</p> <p><input type="checkbox"/> interventions lack community focus not reflecting CHN Standards</p> <p><input type="checkbox"/> does not identify community agencies / programs</p> <p><input type="checkbox"/> rationale for interventions not informed by the literature</p> <p>Range: 0 – 2.75</p>

<b>Evaluation Strategies</b>  Marks: /2	<input type="checkbox"/> effective evaluation strategies outlined with clarity  <input type="checkbox"/> timeframes are realistic  Range: 2	<input type="checkbox"/> general evaluation strategies outlined  <input type="checkbox"/> timeframes in some cases are unrealistic  Range:1.5	<input type="checkbox"/> evaluation strategies not outlined  <input type="checkbox"/> timeframes are unrealistic  Range 0 – 1
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**Overall Cohesiveness** Marks: /2

- comprehensiveness demonstrated in care plan
- critical analysis demonstrated in care plan
- logical flow demonstrated in care plan

**Comments:**

- Format and page limit followed with appropriate use of APA formatting. Up to 4 mark deduction.

**Total** / 20

### Evaluation Criteria for Assignment #2

**Community Aggregate Presentation (20%)**  
(Presentation mark 17% + Group process mark 3%)

**Due: March 5 or March 26, 2009**

Students will be assigned to groups and to an aggregate in week one. Student groups will prepare a 20 minute presentation on their aggregate based on the following criteria. The emphasis of this assignment is to enable students to share their experiences with one another in developing community nursing practice skills relevant to working with clients in the community. The focus is on the “how to” deliver content to the assigned aggregate in a succinct presentation.

*Note: Not all students may receive the same mark for this group assignment, as this will depend on the group process and individual contribution to the completion of the assignment.*

- Describe the aggregate using relevant demographics, determinants of health, theorists. (2 marks)
- Identify a specific health issue relevant to the aggregate based on a review of the literature and epidemiological investigation. (3 marks)
- 3. Address this health issue using the population health promotion approach. (2 marks)
- 4. Comment on two (2) CHN’s role in working with this aggregate (e.g. educator, counsellor, manager, advocator etc.) with examples. (2 marks)
- 5. Demonstrate the techniques/skills necessary when working with this aggregate. For example, a student group might demonstrate the assessment and counselling strategies for use with adolescents who suspect they are pregnant. (6marks)
- 6. Presentation  
All group members are expected to participate equally in the presentation.  
Marks will be deducted for presentations that do not adhere to time allotted.  
Bonus mark will be given for strong, insightful responses to class questions. (5 marks)

Refer to the assignment marking scheme attached.

**The presentation will be recorded on a DVD by students and submitted following the presentation. Students are responsible for arranging the equipment from instructional media & must provide their own DVD.**

#### **Group Process Evaluation**

Each group member will identify their contribution to the assignment by rating themselves and each group member. Each group member is required to provide justification for marks assigned. Self and peer assessment forms are to be handed in following the presentation. Refer to the assessment tool and guidelines attached (Adapted from Elliott & Higgins (2004).

**NURS3094  
Community Aggregate Presentation Marking Scheme (20%)**

Group: \_\_\_\_\_ Aggregate Health Challenge: \_\_\_\_\_

Criteria	Well Done	Satisfactory	Insufficient
<p><b>Describe the aggregate</b></p> <p>relevant demographics, relevant DOH, relevant theorists,</p> <p>Mark: / 2</p>	<p><input type="checkbox"/> clear, effective description emphasizing relevant information</p> <p>Range: 2</p>	<p><input type="checkbox"/> general description but lack of emphasis on relevant information</p> <p>Range: 1 – 1.5</p>	<p><input type="checkbox"/> difficult to understand, unclear / confusing</p> <p>Range: 0 - 0.5</p>
<p><b>Identify a specific health issue relevant to this aggregate</b></p> <p>based on a review of the literature, epidemiological investigation</p> <p>Mark: / 3</p>	<p><input type="checkbox"/> clearly defines a specific health issue</p> <p><input type="checkbox"/> concise overview of literature to support specific health issue as relevant to aggregate</p> <p>Range: 3</p>	<p><input type="checkbox"/> specific health issue identified but definition lacks clarity</p> <p><input type="checkbox"/> literature review provides some support of the relevance of the health issue to aggregate</p> <p>Range: 2 – 2.5</p>	<p><input type="checkbox"/> a specific health issue not identified</p> <p><input type="checkbox"/> insufficient literature review to support of the relevance of the health issue to aggregate</p> <p>Range: 0 – 1.5</p>
<p><b>Address this health issue</b></p> <p>using the population health promotion approach. Refer to the population health promotion model</p>	<p><input type="checkbox"/> clearly identifies the relevance between theory and practice for this health issue</p> <p><input type="checkbox"/> effective application of PHPM to address health issue</p>	<p><input type="checkbox"/> identifies the relevance between theory and practice for this health issue</p> <p><input type="checkbox"/> application of some aspects of the PHPM to address health issue</p>	<p><input type="checkbox"/> does not identify the relevance between theory and practice for this health issue</p> <p><input type="checkbox"/> PHPM not applied to address health issue</p>

<p>(PHPM).          (see Figure 1-2 p. 12          in course text)</p> <p>Mark:        / 2</p>	<p>Range: 2</p>	<p>Range: 1 – 1.5</p>	<p>Range: 0 – 0.5</p>
<p><b>Criteria</b></p>	<p><b>Well Done</b></p>	<p><b>Satisfactory</b></p>	<p><b>Insufficient</b></p>
<p><b>Comment on          Community Health          Nurses Roles</b></p> <p>e.g. educator,          counsellor, manager,          advocator ect. with          examples          Refer to CHN          Standards of Practice</p> <p>Mark:        /2</p>	<p><input type="checkbox"/> insightful comment          on one priority role in          context of community          health nursing with this          aggregate</p> <p><input type="checkbox"/> insightful comment          on second priority role          in context of          community health          nursing with this          aggregate</p> <p>Range: 2</p>	<p><input type="checkbox"/> comment on one relevant          role in context of community          health nursing with this          aggregate</p> <p><input type="checkbox"/> comment on second relevant          role in context of community          health nursing with this          aggregate</p> <p>Range: 1.5</p>	<p><input type="checkbox"/> limited comment on          one general role in          context of community          health nursing</p> <p><input type="checkbox"/> limited comment on          second general role in          context of community          health nursing</p> <p>Range: 0 - 1</p>
<p><b>Demonstration of          techniques/skills          necessary when          working with this          aggregate</b></p> <p>Mark:        /6</p>	<p><input type="checkbox"/> creative use of          necessary          techniques/skills with          this aggregate</p> <p><input type="checkbox"/> clear demonstration          of link between          evidence-based practice          and use of          techniques/skills with          this aggregate</p> <p>Range: 4-6</p>	<p><input type="checkbox"/> use of necessary          techniques/skills with this          aggregate</p> <p><input type="checkbox"/> some demonstration of link          between data on evidence-          based practice and use of          techniques/skills with this          aggregate</p> <p>Range: 2-4</p>	<p><input type="checkbox"/> limited or no use of          necessary          techniques/skills</p> <p><input type="checkbox"/> limited or no          demonstration of link          between data on          evidence-based practice          and use of          techniques/skills</p> <p>Range: 0-2</p>
<p><b>Presentation</b></p>	<p><input type="checkbox"/> confident, fluent,          polished group effort</p> <p><input type="checkbox"/> clear concise logical          flow</p>	<p><input type="checkbox"/> comfortable but frequently          relies on notes</p> <p><input type="checkbox"/> most ideas flow logically</p>	<p><input type="checkbox"/> awkward group          presentation</p> <p><input type="checkbox"/> ideas do not flow</p>

<p>Mark: /5</p>	<p><input type="checkbox"/> excellent use of teaching-learning strategies</p> <p><input type="checkbox"/> excellent use of evaluation strategies (to determine learners understanding of content)</p> <p>Each box = 1.25 Range: 4.25 – 5.0</p>	<p><input type="checkbox"/> effective use of teaching-learning strategies</p> <p><input type="checkbox"/> effective use of evaluation strategies</p> <p>Each box = 1 Range: 3.25 – 4.0</p>	<p>logically</p> <p><input type="checkbox"/> ineffective use of teaching-learning strategies</p> <p><input type="checkbox"/> ineffective use of evaluation strategies</p> <p>Range: 0 - 3</p>
<p><b>Total / 20 =</b> <b>/ 17</b></p>			

**Bonus mark for strong, insightful response to class questions**

**Overall Comments:**

**Community Aggregate Group Presentation – Group Feedback Sheet**      **Name:** \_\_\_\_\_

Name of student being assessed						
	Well below average 0	Below average 1	Average 2	Above average 3	Well above average 4	Outstanding Contribution 5
Attended scheduled meetings.						
Completed agreed tasks on time.						
Submitted individual work that was accurate and did not require major revision by other participants.						
Was open to other peoples' ideas and responded positively to feedback on own work.						
Generated ideas suggestions and solutions that were imaginative, yet realistic and workable.						
Helped the group address individual differences in a constructive manner.						
Shared the responsibility for getting the project completed in accordance with the assignment guidelines.						
Made an overall positive contribution to the group work.						
<b>Total</b>						

Final Mark Awarded:

Signature of the assessor:

Date:

\* Adapted from Elliott & Higgins (2004)

## Guidelines for the self and peer assessment process for the Group Project

### *Instructions*

- On your own, complete a separate assessment form for each member of the group, including yourself.
- Please consider each member's individual contribution to the *whole* group project.
- Ask yourself questions like:
  1. Did the person contribute above or below average to the effective functioning of the group?
  2. Did the person contribute above or below average to the workload?
  3. Was the quality of their (my) work above or below average?
- Try to be positive but rigorous. Try to be aware of any personal bias for or against any member of the group.

### *Remember*

- It is unlikely that each member of the group contributed equally or above to all the areas identified.
- In the event of you awarding yourself the top or bottom mark, the assessment form must be accompanied by a written rationale for the mark given. (The written rationale must be a minimum of 100 words).
- Please remember to write your own name and the name of the student being assessed on the top of the assessment form and sign the form once completed.
- The completed forms should be submitted to the course professor in a sealed envelop with the completed assignment.
- The Student's right to confidentiality will be maintained. Students will only be given a summative breakdown of their results.

### *Grading the Project*

- The mark awarded by the professor for the presentation is a group mark. Each student in the group will receive the same mark for the written submission.
- The % of the overall mark awarded by the professor = 15%
- The mark awarded by the students is an individual mark, which will be used to adjust the group mark so that each student gets an individual mark.
- The % of the overall mark awarded by the students = 5%

### *Calculating the Final Mark for the Group Project*

$$\frac{\text{sum of the individual scores awarded from assessment}}{\text{Student mark from the self and peer assessment}} = \text{number of students in the group}$$

For example:

Group Project is **20%** Final Grade

Group mark awarded by Professor for presentation is **15%** (15 marks out of 20)

Self and peer assessment mark for the group process is **5%** (5 marks out of 20)

Individual student mark

If there are 5 member in the group  $\frac{40+35+30+35+30}{5} = 34$

34 out of a maximum of 40 points, which is 4.2 out of a maximum of 5 marks.

Adapted from Elliott & Higgins (2004)

**VI. GRADING SYSTEMS**

<u>Grade</u>	<u>Definition</u>	<u>Grade Point Equivalent</u>
A+	90 – 100%	4.00
A	80 – 89%	
B	70 - 79%	3.00
C	60 - 69%	2.00
D	50 – 59%	1.00
F (Fail)	49% and below	0.00
U	Unsatisfactory achievement in field/clinical placement or non-graded subject area.	
X	A temporary grade limited to situations with extenuating circumstances giving a student additional time to complete the requirements for a course.	
NR	Grade not reported to Registrar's office.	
W	Student has withdrawn from the course without academic penalty.	

**NOTE:**

For such reasons as program certification or program articulation, certain courses require minimums of greater than 50% and/or have mandatory components to achieve a passing grade.

It is also important to note, that the minimum overall GPA required in order to graduate from a Sault College program remains 2.0.

All NURS courses require 60% for a passing grade.

All science courses, including BIOL2105, BIOL2111, CHMI2220 and elective courses require 50% for a passing grade.

**VII. SPECIAL NOTES:**

Disability Services:

If you are a student with special needs (e.g. physical limitations, visual impairments, hearing impairments, or learning disabilities), you are encouraged to discuss required accommodations with your instructor and/or the Disability Services office. Visit Room E1101 or call Extension 2703 so that support services can be arranged for you.

Retention of course outlines:

It is the responsibility of the student to retain all course outlines for possible future use in acquiring advanced standing at other postsecondary institutions.

Communication:

The College considers *WebCT/LMS* as the primary channel of communication for each course. Regularly checking this software platform is critical as it will keep you directly connected with faculty and current course information. Success in this course may be directly related to your willingness to take advantage of the *Learning Management System* communication tool.

Tuition Default

Students who have defaulted on the payment of tuition (tuition has not been paid in full, payments were not deferred or payment plan not honoured) as of the first week of March will be removed from placement and clinical activities. This may result in loss of mandatory hours or incomplete course work. Sault College will not be responsible for incomplete hours or outcomes that are not achieved or any other academic requirement not met as a result of tuition default. Students are encouraged to communicate with Financial Services with regard to the status of their tuition prior to this deadline to ensure that their financial status does not interfere with academic progress.

Plagiarism:

Students should refer to the definition of “academic dishonesty” in the *Student Code of Conduct*. Students who engage in “academic dishonesty” will receive an automatic failure for that submission and/or such other penalty, up to and including expulsion from the course/program, as may be decided by the professor/dean. In order to protect students from inadvertent plagiarism, to protect the copyright of the material referenced, and to credit the author of the material, it is the policy of the department to employ a documentation format for referencing source material.

Course outline amendments:

The Professor reserves the right to change the information contained in this course outline depending on the needs of the learner and the availability of resources.

## **VIII PRIOR LEARNING ASSESSMENT:**

Students who wish to apply for advance credit transfer (advanced standing) should obtain an Application for Advance Credit from the program coordinator (or the course coordinator regarding a general education transfer request) or academic assistant. Students will be required to provide an unofficial transcript and course outline related to the course in question.

Credit for prior learning will also be given upon successful completion of a challenge exam or portfolio.