



NURS 3313, GLB/THERAPEUTIC COMMUNICATION

COURSE SYLLABUS: FALL 2021

INSTRUCTOR INFORMATION

Instructor: Blair Daiker, MSN/MHA, RN, CCRN (Course Coordinator)

Office Location: Nursing and Health Sciences Building, Room 218

Office Hours: By appointment

Office Phone: 903-886-5315

Office Fax: 903-886-5729

University Email Address: Blair.Daiker@tamuc.edu

Preferred Form of Communication: email

Communication Response Time: Two business days

Instructor: Monica Ruff, MSN, RN

Office Location: Nursing and Health Sciences Building, Office 238

Office Hours: As posted and by appointment

Office Phone: 903-468-3306

Office Fax: 903-886-5729

University Email Address: Monica.Ruff@tamuc.edu

Preferred Form of Communication: email

Communication Response Time: Two business days

COURSE INFORMATION

Materials – Textbooks, Readings, Supplementary Readings

Textbook(s) Required:

Balzer Riley, J. (2020). *Communication in nursing* (9th ed.). Elsevier.

Textbook(s) Recommended:

Assessment Technologies Institute (ATI), LLC. (2019). *Content mastery series review module: Fundamentals for nursing* (10th ed.).

The syllabus/schedule are subject to change.

Silvestri, L. A. (2020). *Saunders comprehensive review for the NCLEX-RN examination* (8th ed.). Elsevier.

Software Required:

American Psychological Association (APA) Formatting and Style Guide (7th ed.):
https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html

<https://www.atitesting.com/> (Assessment Technologies Institute, LLC) online account with access to products and resources. For example:

The Communicator

Engage Fundamentals RN

Nurse's Touch

Optional Texts and/or Materials:

Free grammar checker such as <https://www.grammarly.com/>, <https://languagetool.org/>, or <https://www.gingersoftware.com/>

Course Description

Student Learning Outcomes

By the end of the course, the student will be able to:

1. Identify the purpose of therapeutic communication between the nurse and client. **AACN Essentials I-II, VI & VIII**
2. Apply concepts of group dynamics and communication principles to work groups. **AACN Essentials I-III, VI, & VIII-IX**
3. Discuss methods for communicating effectively in organization settings. **AACN Essentials II-III & VI-IX**
4. Describe methods to handle conflict through interpersonal negotiation when it occurs. **AACN Essentials I-II, VI & IX**
5. Identify communication barriers in professional relationships, including disruptive behaviors. **AACN Essentials I-II, IV-VI & IX**
6. Use written, verbal, non-verbal, and emerging technology methods to communicate effectively. **AACN Essentials II, VI & XIII-IX**
7. Demonstrate therapeutic communication skills and processes to affect positive changes in individuals from rural and other diverse populations. **AACN Essentials I-II & VI**
8. Identify culturally appropriate communication strategies in selected cultures. **AACN Essentials III**
9. Demonstrate caring communication responses to common emotional behaviors. **AACN Essentials II-III, VI & VIII-IX**
10. Demonstrate responsibility for own learning. **AACN Essentials X**
11. Demonstrate the acquisition of effective reading abilities essential for therapeutic

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- communication. **AACN Essentials X**
12. Identify the appropriate use of social media in the practice of professional nursing. **AACN Essentials V & VIII**
 13. Identify and utilize medical terminology essential for communication with health care professionals. **AACN Essentials IV, VI & VIII**

COURSE REQUIREMENTS

Minimal Technical Skills Needed

Using the learning management system, using Microsoft Word, Microsoft Excel and PowerPoint.

Instructional Methods

This is a blended course requiring students to complete reading assignments, online activities and independent study to be successful. Course objectives may be met through individual study using suggested resources, active involvement in classroom activities, formal, and informal exchange of ideas with classmates and colleagues regarding specific topics as well as utilizing critical thinking skills. Teaching methods include lecture, seminar, discussion, small group work, independent study of texts and library resources, computer-assisted instruction, audio-visual aids, and assignments. While the professor will provide guidance and consultation, the student is responsible for identification of learning needs, self-direction, seeking consultation, and demonstration of course objectives.

Student Responsibilities or Tips for Success in the Course

- Logging into the course website and email regularly for faculty communication (especially the night before class/clinical)
- Updating semester calendar with communicated changes
- Regular study (recommend a minimum 2-3 hours study/course credit hour per week). For example 3-credit course = 6 to 9 hours study time/week.
- Attendance at all class meetings, clinical, seminars and simulations
- Review and remediation of examinations.

Advising Statement

Before being accepted and entering the nursing program, undergraduate students may have been advised by a pre-nursing advisor. However, once admitted into nursing, the nursing faculty become the student's advisor. The nursing department subscribes firmly to the chain of command

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because, as nurses, that is how most employers will require you to resolve issues. If you have a problem with a course, you should contact your instructor, then the course coordinator, then the department head for nursing. Therefore, any advisement questions or any other concerns you have should first be discussed with your clinical or course instructor. She/he is your advisor for that semester.

GRADING

Final grades in this course will be based on the following scale:

A = 90%-100%

B = 80%-89%

C = 75%-79%

D = 60%-74%

F = Below 60%

ASSESSMENTS

Assignments	Weight
"A Nurse I Am" Reflective Essay	10%
ATI Assignments (14)	15%
Quizzes (5)	25%
Culture Presentation	15%
Evaluation of Group's Dynamics Paper	15% (5% Part I/10% Part II)
Cumulative Final Exam	20%

A minimum grade of 75 is required to pass the course.

Successful completion of the quizzes, final examination, and other required assignments will enable the student to meet the student learning outcomes.

For Standardized Exams:

Students will meet the Proficiency Level 2/ATI Recommended Cut Score. Refer to ATI RN Content Mastery Series. If you do not achieve this score, you will have to undergo remediation and retesting as indicated in the BSN Student Guide.

Late Submissions:

It is expected that you will submit all assignments on time. If you need an extension, it should be requested before the due date/time and may or may not be approved at the discretion of the course coordinator. Unexcused late assignments will be penalized 10%

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per day for each of the first two days overdue; on the 3rd day, the grade will be assigned as 0%. Communication on these matters is the student's responsibility. Multiple instances of late clinical assignments will result in receipt of a Student Performance and Behaviors Evaluation Form and, possibly, failure of clinical/course.

Paper Submissions:

All documents submitted online are to be in .docx, .rtf, or .pdf format. No other formats will be accepted (JPEG, GIF, etc.). Assignments need to be submitted in a maximum of one document per assignment. Failure to follow these guidelines will result in a grade of "0" on the assignment.

Group Work:

All members of the group will receive the same grade on any group work. However, a student can be removed from his/her team if the other students in the group come to the instructor and report that a student is not doing his/her fair share of the work. If that happens, the instructor will notify the student in writing. The student will then be responsible for doing the assignment on his/her own. It is expected that the group will make the attempt to resolve the situation within the group before instructor intervention.

Assessments

Class

View course content for each upcoming week in the Course Outline/Calendar and D2L.

"A Nurse I Am" Reflective Essay (10% of course grade):

Review the grading rubric for the criteria instructors will use during grading before watching the educational nursing documentary "A Nurse I Am" during class. Write a reflective essay (not to exceed two double-spaced pages) that meets the required criteria as described in the grading rubric. Your essay is due in the Assignment submission folder (i.e., "A Nurse I Am" Reflective Essay) in D2L by no later than **Sunday, September 12, at 2359. Learning Outcome 1, 4-5 & 7-10**

Assessment Technologies Inc. (ATI) Assignments (15% of course grade):

Faculty have assigned 14 ATI learning modules over nine weeks in this course (i.e., $1.7\% \times 9 \text{ weeks} = 15\%$ of your course grade). Refer to the Course Outline/Calendar for computer-based ATI learning activity due dates, instructions, and approximate required completion times as available.

You cannot adequately participate in application-level learning during class without prior independent study. The faculty have purposely planned these computer-based, pre-work assignments to facilitate your preparation for class. If you earn less than 80% on a posttest, remediate the lesson's content and repeat the test until you achieve a

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minimum of 80%. **NOTE:** you will **NOT** receive points for a week's assignments if you do not complete them (i.e., "all or none") by their due date/time and achieve a score at or above 80%. **Learning Outcomes 1-10**

Culture Presentation (15% of course grade) and Evaluation of Group's Dynamics Paper (Part I = 5% and Part II = 10% of course grade):

The purpose of this two-fold assignment is to apply and evaluate principles of team dynamics, including team roles, to facilitate effective team functioning. Nursing is a "team sport," so performing on and leading teams effectively is an essential job skill.

The faculty has randomly assigned you to a small group with a specified culture. Your group will prepare an oral presentation to present to the class on **Monday, December 6, from 1500-1730**. Part of the presentation requires that each group locate/select a client from their designated culture, who is 1st or 2nd generation in the United States, and willing for the group to interview them to complete a detailed cultural assessment (See attached Cultural Assessment Tool). All group members must actively participate in the client's cultural assessment/interview and face-to-face or web-based (e.g., Zoom) group meetings.

Like any work team, your group must first determine who will perform essential roles, such as formal leader and recorder/secretary, to facilitate completing this assignment. Group meetings should be organized (i.e., have an agenda), and behavior should be professional. Record minutes (official record) for each meeting. Your group's Cultural Assessment Tool and meeting minutes are due in the designated D2L Assignments submission folder by **Sunday, December 5, at 2359**.

Required Content for Meetings' Minutes include:

- First paragraph: Type of meeting (planned, impromptu, etc.); the date, time, and place of the meeting; the name of the presiding officer (leader) and recorder/secretary; names of members present; names of members absent; and length of the session (hours, minutes).
- Minutes are a record of what members do during a meeting (e.g., discussion of, voted on, agreed upon, etc.), not a script of what members said.

Note: Each group's presentation is limited to 20 minutes, so be concise and carefully plan and monitor your time to avoid unnecessary loss of points. **In the interest of limited class time, faculty will stop your presentation after 20 minutes, regardless of what you have left to present.** Each group will receive a group grade on their presentation (See attached Culture Presentation Rubric).

Culture presentations should be fun; in the past, some students have dressed in the culture's traditional dress and or prepared/shared typical foods. All students must participate to the fullest in both product preparation and presentation. If a student is not participating, the group must attempt to correct the problem. If the group cannot resolve

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the issue, the group's formal leader must notify the course coordinator. Any student who fails to participate in preparation or presentation actively will be required to prepare and present a culture individually.

After the culture presentations, post a completed Group Member Participation Evaluation form in the designated D2L Assignments submission folder by **Monday, December 6, at 2359.**

It is your group's dynamics (i.e., how you work together to accomplish your client interview and presentation) that you will describe in a two-part paper (See attached Evaluation of Assigned Group's Dynamics Paper Rubrics Part I and Part II). Submit each part of your paper in its designated D2L Assignments folder. **Part I is due by Sunday, October 10, at 2359, and Part II is due by Sunday, November 14, at 2359.**

Learning Outcomes 2, 4-8 & 10

Quizzes (Five at 5% each = 25% of course grade):

There are five computer-based quizzes in this course; refer to the Course Outline/Calendar for each quiz's due date and content information. Quizzes will contain 20 to 40 questions, which will be in multiple formats (e.g., multiple-choice, fill-in-the-blank, etc.). You will have one attempt to complete each time-limited quiz as scheduled on the Course Outline/Calendar. **There are no retakes for course quizzes (i.e., grades are final).** Learning Outcomes 1-5 & 7-13

Cumulative Final Exam (20% of course grade):

There is a 40-item cumulative final exam during Finals Week in this course (See Course Outline/Calendar for date/time). **There are no retakes for course exams (i.e., grades are final).** The test will include content from weeks 1-15. Learning Outcomes 1-5 & 7-13

TECHNOLOGY REQUIREMENTS

LMS

All course sections offered by Texas A&M University-Commerce have a corresponding course shell in the myLeo Online Learning Management System (LMS). Below are technical requirements

LMS Requirements:

<https://community.brightspace.com/s/article/Brightspace-Platform-Requirements>

LMS Browser Support:

https://documentation.brightspace.com/EN/brightspace/requirements/all/browser_support.htm

YouSeeU Virtual Classroom Requirements:

The syllabus/schedule are subject to change.

<https://support.youseeu.com/hc/en-us/articles/115007031107-Basic-System-Requirements>

ACCESS AND NAVIGATION

You will need your campus-wide ID (CWID) and password to log into the course. If you do not know your CWID or have forgotten your password, contact the Center for IT Excellence (CITE) at 903.468.6000 or helpdesk@tamuc.edu.

Note: Personal computer and internet connection problems do not excuse the requirement to complete all course work in a timely and satisfactory manner. Each student needs to have a backup method to deal with these inevitable problems. These methods might include the availability of a backup PC at home or work, the temporary use of a computer at a friend's home, the local library, office service companies, Starbucks, a TAMUC campus open computer lab, etc.

COMMUNICATION AND SUPPORT

If you have any questions or are having difficulties with the course material, please contact your Instructor.

Technical Support

If you are having technical difficulty with any part of Brightspace, please contact Brightspace Technical Support at 1-877-325-7778. Other support options can be found here:

<https://community.brightspace.com/support/s/contactsupport>

Interaction with Instructor Statement

It is expected that you will check your D2L course and email regularly for communication from the instructor(s). Be sure to check the night before class/clinical. A response to any email or message will occur within two (2) business days.

Communication between faculty and students is primary and taken seriously. Preferred communication methods are individualized office hours, email, or via cell-phone. If a phone call is not answered, please leave a message and send an e-mail using the direct e-mail link on the course home page. You will be treated with collegial respect and you are expected to communicate likewise in a professional manner.

Faculty will make every effort to return class assignments within two weeks of submission and feedback on clinical work before subsequent work is due.

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COURSE AND UNIVERSITY PROCEDURES/POLICIES

Course Specific Procedures/Policies

Nursing Student Guide

Specific information regarding the nursing program and current policies and procedures can be found in the current BSN Student Guide located at

<http://www.tamuc.edu/academics/colleges/educationHumanServices/departments/nursing/Current%20Students/BSNstudentguidebook/default.aspx>

It is the student's responsibility to review and understand the policies and procedures provided in the student guidebook as all students are held to the statutes and policies therein.

Syllabus Change Policy

The syllabus is a guide. Circumstances and events, such as student progress, may make it necessary for the instructor(s) to modify the syllabus during the semester. Any changes made to the syllabus will be announced in advance.

Class

1. Class Cancellation: In the event that a class is canceled, the student is expected to do the readings and complete the objectives for that day. The content will still be included on examinations. The material in this syllabus and dates identified in the Course Calendar are subject to change.
2. Class attendance is expected. The students should notify course coordinator in advance of any absence.
3. Exam dates are listed in each course syllabus, and the student is expected to be present for exams. In the event that the student will be absent, the course coordinator must be notified in advance. Failure to do so may result in the student receiving a zero for the missed exam or quiz. Review the BSN Student Guide for the exam absence process.
4. As an adult learner and responsible professional, the student is responsible for reading and completing assignments prior to class and for being prepared to participate in discussions over the assigned material. It should not be expected that all material would be covered in class. Students are expected to come to class prepared.

University Specific Procedures

Fall 2021 COVID-19 Management and Guidance Plans

Texas A&M University-Commerce will resume a pre-pandemic schedule of classes at full capacity for the fall semester. Considering rising national infection rates and recent Centers for Disease Control and Prevention guidelines, the University asks the campus community to do its part to keep our campus and off-campus sites healthy and safe.

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Students, faculty, and staff are **strongly encouraged** to get vaccinated, wear a mask in public indoor settings, and wash hands frequently. These actions can reduce the spread of COVID-19.

The following five requirements will be in place this fall:

- Students, faculty and staff must participate in the mandatory COVID-19 testing program at intervals designated by the university.
- Students, faculty and staff who test positive or have been identified as a close contact may be required to quarantine/isolate consistent with current CDC guidance as shown here.
- Students, faculty and staff who test positive for COVID-19 are required to isolate. Those with COVID-19 symptoms or who have had close contact with someone (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24- hour period) who received a positive test result for COVID-19 are required to email the A&M-Commerce Emergency Operations Center at eoc@tamuc.edu for additional guidance on how to proceed.
- All employees who have not already done so must complete the course assignment in TrainTraq - 2114130 Protocol & Certification for System Member Employees.
- Students new to the university must confirm they've read and agree to adhere to the following guidelines. Please click the following link to complete the acknowledgment: COVID-19 Acknowledgment.

Student Conduct

All students enrolled at the University shall follow the tenets of common decency and acceptable behavior conducive to a positive learning environment. The Code of Student Conduct is described in detail in the [Student Guidebook](#).

<http://www.tamuc.edu/Admissions/oneStopShop/undergraduateAdmissions/studentGuidebook.aspx>

Students should also consult the Rules of Netiquette for more information regarding how to interact with students in an online forum:

<https://www.britannica.com/topic/netiquette>

TAMUC Attendance

For more information about the attendance policy please visit the [Attendance](#) webpage and [Procedure 13.99.99.R0.01](#).

<http://www.tamuc.edu/admissions/registrar/generalInformation/attendance.aspx>

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/academic/13.99.99.R0.01.pdf>

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Academic Integrity

Students at Texas A&M University-Commerce are expected to maintain high standards of integrity and honesty in all of their scholastic work. For more details and the definition of academic dishonesty see the following procedures:

[Undergraduate Academic Dishonesty 13.99.99.R0.03](#)
[Undergraduate Student Academic Dishonesty Form](#)

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/documents/13.99.99.R0.03UndergraduateStudentAcademicDishonestyForm.pdf>

[Graduate Student Academic Dishonesty Form](#)

<http://www.tamuc.edu/academics/graduateschool/faculty/GraduateStudentAcademicDishonestyFormold.pdf>

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/undergraduates/13.99.99.R0.03UndergraduateAcademicDishonesty.pdf>

Students with Disabilities-- ADA Statement

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you have a disability requiring an accommodation, please contact:

Office of Student Disability Resources and Services

Texas A&M University-Commerce

Velma K. Waters Library Rm 162

Phone (903) 886-5150 or (903) 886-5835

Fax (903) 468-8148

Email: studentdisabilityservices@tamuc.edu

Website: [Office of Student Disability Resources and Services](#)

<http://www.tamuc.edu/campusLife/campusServices/studentDisabilityResourcesAndServices/>

Nondiscrimination Notice

Texas A&M University-Commerce will comply in the classroom, and in online courses, with all federal and state laws prohibiting discrimination and related retaliation on the basis of race, color, religion, sex, national origin, disability, age, genetic information or veteran status. Further, an environment free from discrimination on the basis of sexual orientation, gender identity, or gender expression will be maintained.

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Campus Concealed Carry Statement

Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in Texas A&M University-Commerce buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and A&M-Commerce Rule 34.06.02.R1, license holders may not carry a concealed handgun in restricted locations.

For a list of locations, please refer to the [Carrying Concealed Handguns On Campus](#) document and/or consult your event organizer.

Web url:

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/34SafetyOfEmployeesAndStudents/34.06.02.R1.pdf>

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all A&M-Commerce campuses. Report violations to the University Police Department at 903-886-5868 or 9-1-1.

A&M-Commerce Supports Students' Mental Health

The Counseling Center at A&M-Commerce, located in the Halladay Building, Room 203, offers counseling services, educational programming, and connection to community resources for students. Students have 24/7 access to the Counseling Center's crisis assessment services by calling 903-886-5145. For more information regarding Counseling Center events and confidential services, please visit www.tamuc.edu/counsel

Department or Accrediting Agency Required Content

The Board of Nursing requires applicants, students throughout the program, graduates and licensure renewals to answer questions as to their ability to be admitted to a nursing program, sit for the NCLEX-RN exam or be re-licensed. You are responsible for checking those questions to be sure you remain in compliance. Keep in mind that your fingerprints are on file with the BON so if you should ever be arrested, they would be notified. You should notify them proactively. The link is as follows:
https://www.bon.texas.gov/licensure_eligibility.asp

COURSE OUTLINE / CALENDAR

The syllabus/schedule are subject to change.

COURSE OUTLINE / CALENDAR
NURS 3313 – Therapeutic Communication
Fall 2021

<p>Guidelines: Black print = class (theory) related information Green print = assignment deliverables (I will specify below when you must post work in D2L) and approximate completion time. ATI Learning Modules: NOTE: If you earn less than 80% on a posttest, remediate the lesson's content and repeat the test until you achieve a minimum of 80%. You will NOT receive points for a week's assignments if you do not complete all of them by their due date/time and achieve a score at or above 80%.</p>
<p style="text-align: center;">Week 1</p> <p>Pre-Class Assignment: Review syllabus</p> <p>Monday, 8/30 1500-1650</p> <p>Class (Prof. Daiker): Orientation to course Video – "A Nurse I Am" (NOTE: Reflective essay due in D2L Assignments folder Sunday, September 12 by 2359)</p>
<p style="text-align: center;">Week 2</p> <p>Monday, 9/6, Labor Day Holiday (No Class)</p>
<p style="text-align: center;">Week 3</p> <p>Pre-Class Assignments: (Due by Sunday, 9/12 at 2359)</p> <p>"A Nurse I Am" Reflective Essay (Post in D2L Assignments folder)</p> <p>Brightspace (D2L) content</p> <p>Balzer Riley textbook: Chapter 1 and 2</p> <p>ATI Nurse's Touch: Professional Communication ></p> <ul style="list-style-type: none"> Types of Communication > Complete the entire lesson/module and take the test (Approx. 50 min) <p>ATI Engage Fundamentals RN > Professional Nursing ></p> <ul style="list-style-type: none"> Communication > Complete the entire module and test (Approx. 1 hr/20 min) <p>Monday, 9/13 1500-1650</p> <p>Class (Prof. Daiker): Responsible, Assertive, Caring Communication in Nursing The Client-Nurse Relationship: A Helping Relationship</p>

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Week 4**Pre-Class Assignments:** (Due by Sunday, 9/19 at 2359)

Brightspace (D2L) content

Balzer Riley textbook: Chapter 3 and 4

ATI The Communicator > Video Interaction: Role as Interprofessional Team Member

ATI Nurse's Touch: Professional Communication >

- Therapeutic Communication > Complete the module and test (Approx. 1 hr)

ATI Engage Fundamentals RN > Foundational Concepts of Nursing Practice >

- Collaboration and Teamwork > Complete the module and test (Approx. 1hr/15 min)

Monday, 9/20 1500-1650

Class (Prof. Daiker):

Starting with YOU: Understanding yourself to build a foundation for learning
Solving Problems Together

Week 5**Pre-Class Assignments:** (Due by Sunday, 9/26 at 2359)

Brightspace (D2L) content

Balzer Riley textbook: Chapter 5 and 7

ATI Engage Fundamentals RN > Psychosocial Concepts for Nursing Practice >

- Inclusion, Equity, and Diversity > Complete the lesson and test. (Approx. 1 hr/15 min)

ATI The Communicator > Technique Identifier: Respecting Clients' Cultures

Monday, 9/27 1500-1650 Quiz 1 (Weeks' 3 and 4 content)

Class (Prof. Daiker):

Understanding Each Other: Communication and Culture
Showing Respect

Week 6**Pre-Class Assignments:** (Due by Sunday, 10/3 at 2359)

Brightspace (D2L) content

Balzer Riley textbook: Chapter 22 and 28

ATI Nurse's Touch: Professional Communication > Factors that Affect Communication with Individuals and Groups > Complete the module and test. (Approx. 1 hr/20 min)

Monday, 10/4 1500-1650

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Class (Prof. Daiker): Learning to Work Together in Groups Managing Team Conflict Assertively and Responsibly
<p style="text-align: center;">Week 7</p> <p>Pre-Class Assignments: (Due by Sunday, 10/10 at 2359)</p> <p>Evaluation of Assigned Group's Dynamics Paper (Part I) (Post in D2L Assignments folder)</p> <p>Brightspace (D2L) content</p> <p>Balzer Riley textbook: Chapter 24 and 25</p> <p>Monday, 10/11 1500-1650 Quiz 2 (Weeks' 5 and 6 content)</p> <p>Class (Prof. Daiker): Learning Confrontation Skills Refusing Unreasonable Requests</p>
<p style="text-align: center;">Week 8</p> <p>Pre-Class Assignments:</p> <p>Brightspace (D2L) content</p> <p>Balzer Riley textbook: Chapter 8 and 9</p> <p>Monday, 10/18 1500-1650</p> <p>Class (Prof. Ruff): Being Genuine Being Empathetic</p>
<p style="text-align: center;">Week 9</p> <p>Pre-Class Assignments: (Due by Sunday, 10/24 at 2359)</p> <p>Brightspace (D2L) content</p> <p>Balzer Riley textbook: Chapter 11 and 12</p> <p>ATI Nurse's Touch: Professional Communication ></p> <ul style="list-style-type: none"> Client Education > Complete the lesson and test. (Approx. 1 hr/20 min) <p>Monday, 10/25 1500-1650 Quiz 3 (Weeks' 7 and 8 content)</p> <p>Class (Prof. Ruff): Being Specific Asking Questions</p>
<p style="text-align: center;">Week 10</p> <p>Pre-Class Assignments: (Due by Sunday, 10/31 at 2359)</p>

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Brightspace (D2L) content

Balzer Riley textbook: Chapter 14 and 23

ATI Nurse's Touch: Professional Communication >

- Organizational Communication > Complete the lesson and test. (Approx. 1 hr/20 min)

Monday, 11/1 1500-1650

Class (Prof. Ruff):

Using Humor

Navigating the Expanding World of Digital Communication

Week 11

Pre-Class Assignments: (Due by Sunday, 11/7 at 2359)

Brightspace (D2L) content

Balzer Riley textbook: Chapter 15 and 29

ATI The Communicator > Video Interaction: End-of-Life-Care

Monday, 11/8 1500-1650 Quiz 4 (Weeks' 9 and 10 content)

Class (Prof. Ruff):

Embracing the Spiritual Journey of Healthcaring: Meaning Making

Communicating at the End of Life

Week 12

Pre-Class Assignments: (Due by Sunday, 11/14 at 2359)

Evaluation of Assigned Group's Dynamics Paper (Part II) (Post in D2L Assignments folder)

Brightspace (D2L) content

Balzer Riley textbook: Chapter 18 and 19

Monday, 11/15 1500-1650

Class (Prof. Ruff):

Working with Feedback

Using Relaxation Techniques to Become More Mindful

Week 13

Pre-Class Assignments: (Due by Sunday, 11/21 at 2359)

Brightspace (D2L) content

Balzer Riley textbook: Chapter 20 and 21

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ATI Engage Fundamentals RN > Psychosocial Concepts for Nursing Practice >

- Self-Concept > Complete the lesson, then the test (Approx. 1 hr/10 min)

Monday, 11/22 1500-1650 Quiz 5 (Weeks' 11 and 12 content)

Class (Prof. Ruff):

Incorporating Imagery in Professional Practice and Self Care

Incorporating Positive Self-Talk

Week 14

Pre-Class Assignments: (Due by Sunday, 11/28 at 2359)

Brightspace (D2L) content

Balzer Riley textbook: Chapter 26 and 27

ATI The Communicator > Video Interaction: Family in a Stressful Situation

ATI The Communicator > Video Interaction: Aggressive Behavior

Monday, 11/29 1500-1650

Class (Prof. Ruff):

Communicating Assertively and Responsibly with Distressed Clients and Colleagues

Communicating Assertively and Responsibly with "Difficult" Clients and Colleagues

Week 15

Pre-Class Assignments: (Due by Sunday, 12/5 at 2359)

Cultural Assessment Tool and meeting minutes (Post in D2L Assignments folder)

Monday, 12/6 1500-1730

Class (Prof. Ruff):

Culture Presentations (Group Member Participation Evaluation form due in Assignments folder by 2359).

Week 16

Monday, 12/13 1500-1650 Cumulative Final Exam (40 questions)

Course Evaluation: Evaluate the course (D2L)

The syllabus/schedule are subject to change.

CULTURAL ASSESSMENT TOOL/GUIDE

Biocultural Variations and Cultural Aspects of the Incidence of Disease

- Does the client and/or family members relate a health history associated with genetic or acquired conditions that are more prevalent for a specific cultural group (e.g., diabetes, hypertension, cardiovascular disease, sickle cell anemia, Tay-Sachs disease, G-6-PD deficiency, lactose intolerance)?

Findings: _____

- Are there socio-environmental conditions more prevalent among a specific cultural group that can be observed in the client or family members (e.g., lead poisoning, alcoholism, HIV/AIDS, drug abuse, ear infections, family violence, fetal alcohol spectrum disorder [FASD], obesity, respiratory diseases)?

Findings: _____

- Are there diseases against which the client has an increased resistance (e.g., skin cancer in darkly pigmented individuals, malaria for those with sickle cell anemia)?

Findings: _____

- Does the client have distinctive features characteristic of a particular ethnic or cultural group (e.g., skin color, hair texture)?

Findings: _____

Do his or her family members have such features?

Findings: _____

Within the family group, are there variations in anatomy characteristic of a particular ethnic or cultural group (e.g., body structure, height, weight, facial shape and structure [nose, eye shape, facial contour], upper and lower extremities)?

Findings: _____

- How do anatomic, racial, and ethnic variations affect the physical and mental examination?

- **Findings:** _____

Communication

- What language does the client speak at home with family members?

Findings: _____

In what language would the client prefer to communicate with you?

Findings: _____

What other languages does the client speak or read?

Findings: _____

What other languages do the client's family members speak or read?

Findings: _____

- What is the fluency level of the client in English—both written and spoken?

Findings: _____

What is the fluency level of the client's family members?

Findings: _____

- Does the client need an interpreter?

Findings: _____

Do his or her family members need an interpreter?

Findings: _____

Does the health care setting provide interpreters? N/A _____ Yes _____ No _____

Who would the client and his or her family members prefer to assist with interpretation?

Findings: _____

Is there anyone whom the client would prefer not to serve as an interpreter (e.g., member of the opposite sex, person younger or older than the client, member of a rival tribe, ethnic group, or nationality)?

Findings: _____

- What are the rules and style (formal or informal) of communication?

Findings: _____

How does the client prefer to be addressed?

Findings: _____

What do his or her family members prefer?

Findings: _____

What are the preferred terms for greeting?

Findings: _____

- How is it necessary to vary the technique and style of communication during the relationship with the client to accommodate his or her cultural background (e.g., tempo of

conversation, eye contact, sensitivity to topical taboos, norms of confidentiality, and style of explanation)?

Findings: _____

How do these factors vary with family members, if at all?

Findings: _____

- What are the styles of individual and family members' nonverbal communication?

Findings: _____

- How does the client's nonverbal communication compare with that of individuals from other cultural groups?

Findings: _____

How does the client's style of nonverbal communication differ from the health care provider's style?

Findings: _____

How does it affect the client's relationships with you and with other members of the health care team?

Findings: _____

- How does communication with the family influence the care environment?

Findings: _____

- How do the client and family members feel about health care providers who are not of the same cultural or religious background (e.g., Black, middle-class nurse; Hispanic of a different social class; Muslim or Jewish care provider)?

Findings: _____

Does the client prefer to receive care from a nurse of the same cultural background, gender, and/or age?

Findings: _____

How do family members react to care providers of different cultural backgrounds, age, and gender?

Findings: _____

Cultural Affiliations

- With what cultural group(s) does the client report affiliation (e.g., American, Hispanic, Irish, Black, Navajo, American Indian, or combination)? It is becoming increasingly common for Americans to identify with two or more groups, such as Native American and African American. Tiger Woods, for example, has identified himself as being of Thai and African American heritage.

Findings: _____

Equally important, to what degree does the client identify with the cultural group (e.g., “we” concept of solidarity or as a fringe member)?

Findings: _____

- How do the views of other family members coincide or differ from the client regarding cultural affiliations?

Findings: _____

- What is the preferred term that the cultural group chooses for itself?

Findings: _____

What term does the client choose?

Findings: _____

- Where was client born?

Findings: _____

Where were his or her parents born?

Findings: _____

What are the generational similarities and differences in regards to cultural identification, language, customs, values, and so on?

Findings: _____

- Where has the client lived (country, city, or area within a country) and when (during what years of his or her life)?

Findings: _____

If the client has recently immigrated to the United States or another country, knowledge of prevalent diseases in his or her country of origin as well as sociopolitical history may be helpful. If the client is a recent immigrant, did he or she live in countries of transit?

Findings: Yes _____ No _____

For how long?

Findings: _____

Current residence?

Findings: _____

Occupation?

Findings: _____

Occupation in home country?

Findings: _____

Cultural Sanctions and Restrictions

- How does the client's cultural group regard expression of emotion and feelings, spirituality, and religious beliefs?

Findings: _____

How are feelings related to dying, death, and grieving expressed in a culturally appropriate manner?

Findings: _____

- How do men and women express modesty?

Findings: _____

Are there culturally defined expectations about male–female relationships, including the nurse–client relationship?

Findings: _____

- Does the client or family express any restrictions related to sexuality, exposure of various parts of the body, or certain types of surgery (e.g., vasectomy, hysterectomy, abortion)?

Findings: _____

- Are there restrictions against discussion of dead relatives or fears related to the unknown?

Findings: _____

Developmental Considerations

- Are there any distinct growth and development characteristics that vary with the cultural background of the client and family (e.g., bone density, psychomotor patterns of development, fat folds)?

Findings: _____

- What factors are significant in assessing children of various ages from the newborn period through adolescence (e.g., male and female circumcision, expected growth on standards grid, culturally acceptable age for toilet training, duration of breast-feeding, introduction of various types of foods, gender differences, discipline, and socialization to adult roles)?

Findings: _____

- What are the beliefs and practices associated with developmental life events such as pregnancy, birth, marriage, and death?

Findings: _____

- What is the cultural perception of aging (e.g., is youthfulness or the wisdom of old age more valued)?

Findings: _____

- How are elderly persons cared for within the cultural group (e.g., cared for in the home of adult children, placed in institutions for care)?

Findings: _____
 What are culturally accepted roles for the elderly?
Findings: _____

Economics

- Who is the principal wage earner in the family and what is the income level? (Note: These may be potentially sensitive questions.)

Findings: _____
 Is there more than one wage earner?

Findings: _____
 Are there other sources of financial support?

Findings: _____

- What insurance coverage (health, dental, vision, pregnancy, cancer, or special conditions) does the client and his or her family have?

Findings: _____

- What impact does the economic status have on the client and his or her family's lifestyle and living conditions?

- **Findings:** _____

- What has been the client and family's experience with the health care system in terms of reimbursement, costs, and insurance coverage?

Findings: _____

Educational Background

- What is the client's highest educational level obtained?

Findings: _____
What values do the family members express regarding educational achievements?

Findings: _____

- Does the client's educational level affect his or her knowledge level concerning his or her health literacy—how to obtain the needed care, teaching related to or learning about health care, and any written material that he or she is given in the health care setting (e.g., insurance forms, educational literature, information about diagnostic procedures and laboratory tests, admissions forms, etc.)?

Findings: _____

Does the client's educational level affect health behavior? As an example, in the United States, cigarette smoking and obesity have been linked to socioeconomic levels.

Findings: _____

- Can the client read and write English, or is another language preferred?

Findings: _____

If English is the client's second language, are health-related materials available in the client's primary language? **Yes** _____ **No** _____

Are all family members fluent in English? **Yes** _____ **No** _____

- What learning style is most comfortable and familiar?

Findings: _____

Does the client prefer to learn through written materials, oral explanations, videos, and/ or demonstrations?

Findings: _____

Does the client access health information via the Internet? **Yes** _____ **No** _____

If so, what, when, where, why:

- Do the client and family members prefer intervention settings away from hospitals and other clients which may have negative connotations for them?

Findings: _____

Are community sites such as churches, schools, or adult day-care centers a good alternate choice for the client and his or her family, considering they are informal settings that may be more conducive for open discussion, demonstrations, and reinforcement of information and skills?

Findings: _____

Are the client and family more comfortable in their home setting?

Findings: _____

Health-Related Beliefs and Practices

- To what cause does the client attribute illness and disease or what factors influence the acquisition of illness and disease (e.g., divine wrath, imbalance in hot/cold, yin/yang, punishment for moral transgressions, a hex, soul loss, pathogenic organism, past behavior, growing older)?

Findings: _____

Is there congruence within the family on these beliefs? **Yes** _____ **No** _____

- What are the client's cultural beliefs about ideal body size and shape?

Findings: _____

What is the client's self-image in relation to the ideal?

Findings: _____

- How does the client describe his or her health-related condition?

Findings: _____

What names or terms are used?

Findings: _____

How does the client express pain, discomfort, or anxiety?

Findings: _____

- What do the client and family members believe promotes health (e.g., eating certain foods, wearing amulets to bring good luck, sleeping, resting, getting good nutrition, reducing stress, exercising, praying or performing rituals to ancestors, saints, or other deities)?

Findings: _____

The syllabus/schedule are subject to change.

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-
- What is the client's religious affiliation?
Findings: _____
How is the client actively involved in the practice of religion?
Findings: _____
Do other family members have the same religious beliefs and practices?
Findings: _____
Do the client and/or family members incorporate religious practices, such as healing ceremonies or prayer, into health/illness care?
Findings: _____
 - Does the client and his or her family rely on cultural healers (e.g., curandero, shaman, spiritualist, priest, medicine man or woman, minister)?
Findings: _____
Who determines when the client is sick and when he or she is healthy?
Findings: _____
Who influences the choice or type of healer and treatment that should be sought?
Findings: _____
 - In what types of cultural healing or health promoting practices does the client engage (e.g., use of herbal remedies, potions, or massage; wearing of talismans, copper bracelets, or chains to discourage evil spirits; healing rituals; incantations; or prayers)?
Findings: _____
Do family members share these beliefs and practices?
Findings: _____
 - How are biomedical or scientific health care providers perceived?
Findings: _____
How do the client and his or her family perceive nurses?
Findings: _____
What are the expectations of nurses and nursing care workers?
Findings: _____
 - Who will care for the client at home?
Findings: _____
What accommodations will family members make to provide caregiving?
Findings: _____
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The syllabus/schedule are subject to change.

- How does the client's family and cultural group view mental disorders?

Findings: _____

Are there differences in acceptable behaviors for physical versus psychological illnesses?

Findings: _____

Kinship and Social Networks

- What is the composition of a "typical family" within the kinship network?

Findings: _____

What is the composition of the client's family?

Findings: _____

- Who makes up the client's social network (family, friends, peers, neighbors)?

Findings: _____

How do they influence the client's health or illness status?

Findings: _____

- How do members of the client's social support network define caring or caregiving?

Findings: _____

What is the role of various family members during health and illness episodes?

Findings: _____

Who makes decisions about health and health care?

Findings: _____

- How does the client's family participate in the promotion of health (e.g., lifestyle changes in diet, activity level, etc.) and nursing care (e.g., bathing, feeding, touching, being present) of the client?

Findings: _____

- Does the cultural family structure influence the client's response to health or illness (e.g., beliefs, strengths, weaknesses, and social class)?

Findings: _____

- What influence do ethnic, cultural, and/or religious organizations have on the lifestyle and quality of life of the client (e.g., the National Association for the Advancement of Colored

The syllabus/schedule are subject to change.

People [NAACP], churches [such as African American Muslim, Jewish, Catholic, and others]) that may provide schools, classes, and/or community-based health care programs.

Findings: _____

- Are there special gender issues within this cultural group?

Findings: _____

Do the client and family members conform to traditional roles (e.g., women may be viewed as the caretakers of home and children, while men work outside the home and have primary decision-making responsibilities)?

Findings: _____

Nutrition

- What nutritional factors are influenced by the client's cultural background?

Findings: _____

What is the meaning of food and eating to the client and his or her family?

Findings: _____

- Does the client have any eating or nutritional disorders (e.g., anorexia, bulimia, obesity, lactose intolerance)?

Findings: _____

Do the client's family members have any similar disorders?

Findings: _____

How do the client and family view these conditions?

Findings: _____

- With whom does the client usually eat?

Findings: _____

What types of foods are eaten?

Findings: _____

What is the timing and sequencing of meals?

Findings: _____

What are the usual meal patterns?

Findings: _____

The syllabus/schedule are subject to change.

-
- What does the client define as food?
Findings: _____
What does the client believe constitutes a “healthy” versus an “unhealthy” diet?
Findings: _____
Are these beliefs congruent with what the client actually eats?
Findings: _____
 - Who shops for and chooses food?
Findings: _____
Where are the foodstuffs purchased?
Findings: _____
Who prepares the actual meals?
Findings: _____
How are the family members involved in nutritional choices, values, and choices about food?
Findings: _____
 - How are the foods prepared at home (type of food preparation, cooking oil[s] used, length of time foods are cooked [especially vegetables], amount and type of seasoning added to various foods during preparation)?
Findings: _____

Who does the food preparation?
Findings: _____
 - Has the client chosen a particular nutritional practice such as vegetarianism or abstinence from red meat or from alcoholic or fermented beverages?
Findings: _____
Do other family members adhere to these beliefs and practices?
Findings: _____
 - Do religious beliefs and practices influence the client’s or family’s diet (e.g., amount, type, preparation, or delineation of acceptable food combinations, [e.g., kosher diets])?
Findings: _____
Does the client or client’s family abstain from certain foods at regular intervals, on specific dates determined by the religious calendar, or at other times?
Findings: _____
Are there other food prohibitions or prescriptions?
Findings: _____

The syllabus/schedule are subject to change.

- If the client or client's family's religion mandates or encourages fasting, what does the term *fast* mean (e.g., refraining from certain types of foods, eating only during certain times of the day, skipping certain meals)?

Findings: _____

For what period of time are family members expected to fast?

Findings: _____

Are there exceptions to fasting (e.g., are pregnant women or children excluded from fasting)?

Findings: _____

- Are special utensils used (e.g., chopsticks, cookware, kosher restrictions)?

Findings: _____

- Does the client or client's family use home and folk remedies to treat illnesses (e.g., herbal remedies, acupuncture, cupping, or other healing rituals often involving eggs, lemons, candles)?

Findings: _____

Which over-the-counter medications are used?

Findings: _____

Religion and Spirituality

- How does the client or family's religious affiliation affect health and illness (e.g., life events such as death, chronic illness, body image alteration, cause and effect of illness)?

Findings: _____

- What is the role of religious beliefs and practices during health and illness?

Findings: _____

Are there special rites or blessings for those with serious or terminal illnesses?

Findings: _____

- Are there healing rituals or practices that the client and family believe can promote wellbeing or hasten recovery from illness?

- **Findings:** _____

If so, who performs these?

Findings: _____
What materials or arrangements are necessary for the nurse to have available for the practice of these rituals?

Findings: _____

- What is the role of significant religious representatives during health and illness?

Findings: _____

Are there recognized religious healers (e.g., Islamic Imans, Christian Scientist practitioners or nurses, Catholic priests, Mormon elders, Buddhist monks)?

Findings: _____

Values Orientation

- What are the client's attitudes, values, and beliefs about his or her health and illness status?

Findings: _____

Do family members have similar values and beliefs?

Findings: _____

- How do these influence behavior in terms of promotion of health and treatment of disease?

Findings: _____

What are the client's or family's attitudes, values, and beliefs about health care providers?

Findings: _____

- Does culture affect the manner in which the client relates to body image change resulting from illness or surgery (e.g., importance of appearance, beauty, strength, and roles in the cultural group)?

Findings: _____

Is there a cultural stigma associated with the client's illness (i.e., how is the illness or the manner in which it was contracted viewed by the family and larger culture)?

Findings: _____

- How do the client and his or her family view work, leisure, and education?

Findings: _____

- How does the client perceive and react to change?

Findings: _____

- How do the client and his or her family perceive changes in lifestyle related to current illness or surgery?
- **Findings:** _____
- _____
- How do the client and his/her family view biomedical care or scientific health care (e.g., suspiciously, fearfully, acceptingly, unquestioningly, with awe)?
- **Findings:** _____
- _____
- How does the client value privacy, courtesy, touch, and relationships with others?
- **Findings:** _____
- _____
- How does the client relate to persons outside of his or her cultural group (e.g., withdrawal, suspicion, curiosity, openness)?
- **Findings:** _____
- _____

* Source: Andrews, M.M., & Boyle, J.S. (2016). *Transcultural concepts in nursing care*. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins. Appendix A. pp A1 – A-6.

The syllabus/schedule are subject to change.

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“A Nurse I Am” Reflective Essay Rubric

Criteria	Level of Achievement					Score
	Excellent	Good	Fair	Poor	Not Demonstrated	
Discuss what aspects of the movie you found to be most beneficial for your future nursing practice.	20.25-22.5 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	18.25-20.24 Points Moderately addresses criteria, is concise, and primarily well written.	17.25-18.24 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	14.5-17.24 Points Poorly addresses the criteria but is too wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria.	
Discuss what surprised you about nursing portrayed in the video.	20.25-22.5 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	18.25-20.24 Points Moderately addresses criteria, is concise, and primarily well written.	17.25-18.24 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	14.5-17.24 Points Poorly addresses the criteria but is too wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria.	
Discuss what did not surprise you about nursing portrayed in the video.	20.25-22.5 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	18.25-20.24 Points Moderately addresses criteria, is concise, and primarily well written.	17.25-18.24 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	14.5-17.24 Points Poorly addresses the criteria but is too wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria.	
Discuss what aspects of nursing the movie left you wanting to hear more about and why.	20.25-22.5 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	18.25-20.24 Points Moderately addresses criteria, is concise, and primarily well written.	17.25-18.24 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	14.5-17.24 Points Poorly addresses the criteria but is too wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria.	
Mechanics and APA citations and references	9-10 Points Essay is no more than 2 double-spaced pages in length. No spelling, grammar, or punctuation errors. No errors in APA citations and references.	7-8.5 Points Essay is no more than 2 double-spaced pages in length. One to 3 spelling, grammar, or punctuation errors, and or 1-3 APA citation/reference errors.	6-6.99 Points Essay is no more than 2 double-spaced pages in length. Four to 5 spelling, grammar, or punctuation errors, and or 4-5 APA citation/reference errors.	2-5.99 Points Essay is greater than 2 double-spaced pages in length. Greater than 6 spelling, grammar, or punctuation errors, and or greater than 6 APA citation/reference errors.	0 Points Essay not completed and or contains 7 or more APA citation/reference, spelling, grammar, or punctuation errors making it unreadable.	
Total						

Evaluation of Assigned Group's Dynamics Paper (Part I) Rubric

Criteria	Level of Achievement					Score
	Excellent	Good	Fair	Poor	Not Demonstrated	
Discuss the formal leader and how and why they assumed the role.	24-26.67 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	22-23.99 Points Moderately addresses criteria, is concise, and primarily well written.	21-21.99 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	19.33-20.99 Points Poorly addresses the criteria but is wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria	
Describe the type(s) of leadership styles(s) demonstrated by the formal leader and supportive evidence (examples) for your impressions.	24-26.67 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	22-23.99 Points Moderately addresses criteria, is concise, and primarily well written.	21-21.99 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	19.33-20.99 Points Poorly addresses the criteria but is wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria	
Discuss the scribe (secretary) and how and why they assumed the role.	24-26.67 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	22-23.99 Points Moderately addresses criteria, is concise, and primarily well written.	21-21.99 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	19.33-20.99 Points Poorly addresses the criteria but is wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria	
References	9-10 Points Greater than 3 valid/reliable references utilized (e.g., textbooks, journals). No discrepancies between in-text references and the reference list.	7-8.99 Points Three valid/reliable references utilized (e.g., textbooks, journals). No more than 1 discrepancy between in-text references and the reference list.	6-6.5 Points Two valid/reliable references utilized (e.g., textbooks, journals). No more than 2 discrepancies between in-text references and reference list.	1-5.5 Points Only 1 valid/reliable reference utilized (e.g., textbooks, journals)—greater than 2 discrepancies between in-text references and reference list.	0 Points No valid/reliable references used, and or greater than 2 discrepancies between in-text references cited and reference list.	
Mechanics and APA citations and references	9-10 Points Paper is 1.5 to 2 double-spaced pages in length. No spelling, grammar, or punctuation errors. No errors in APA citations and references.	7-8.99 Points Paper is 1.5 to 2 double-spaced pages in length. One to 3 spelling, grammar, or punctuation errors, and or 1-3 APA citation/reference errors.	6-6.5 Points Paper is 2 to 3 double-spaced pages in length. Four to 5 spelling, grammar, or punctuation errors, and or 4-5 APA citation/reference errors.	1-5.5 Points Paper is greater than 3 double-spaced pages in length. Greater than 6 spelling, grammar, or punctuation errors, and or greater than 6 APA citation/reference errors.	0 Points Paper not completed and or contains 7 or more APA citation/reference, spelling, grammar, or punctuation errors, making it unreadable.	
Total						

Evaluation of Assigned Group's Dynamics Paper (Part II) Rubric

Criteria	Level of Achievement					Score
	Excellent	Good	Fair	Poor	Not Demonstrated	
Describe the informal leader(s) that arose within the group and supportive evidence for your impressions.	18-20 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	16.5-17.99 Points Moderately addresses criteria, is concise, and primarily well written.	15.75-16.49 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	14.5-15.74 Points Poorly addresses the criteria but is wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria	
Describe your group's cohesiveness and supportive evidence for impressions.	18-20 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	16.5-17.99 Points Moderately addresses criteria, is concise, and primarily well written.	15.75-16.49 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	14.5-15.74 Points Poorly addresses the criteria but is wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria	
Differentiate the roles (i.e., task, maintenance, and hindering roles) that each member played within your group, and provide supportive evidence for your impressions.	18-20 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	16.5-17.99 Points Moderately addresses criteria, is concise, and primarily well written.	15.75-16.49 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	14.5-15.74 Points Poorly addresses the criteria but is wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria	
Describe conflict(s) that arose within your group and how your group addressed conflict.	18-20 Points Addresses criteria in detail, is concise and demonstrates evidence of quality writing.	16.5-17.99 Points Moderately addresses criteria, is concise, and primarily well written.	15.75-16.49 Points Somewhat addresses criteria; is not concise (too wordy) but is mostly well written.	14.5-15.74 Points Poorly addresses the criteria but is wordy (not concise). Narrative lacks evidence of quality writing.	0 Points Does not address the required criteria	
References	9-10 Points Greater than 3 valid/reliable references utilized (e.g., textbooks, journals). No discrepancies between in-text references and the reference list.	7-8.99 Points Three valid/reliable references utilized (e.g., textbooks, journals). No more than 1 discrepancy between in-text references and the reference list.	6-6.5 Points Two valid/reliable references utilized (e.g., textbooks, journals). No more than 2 discrepancies between in-text references and reference list.	1-5.5 Points Only 1 valid/reliable reference utilized (e.g., textbooks, journals)—greater than 2 discrepancies between in-text references and reference list.	0 Points No valid/reliable references used, and or greater than 2 discrepancies between in-text references cited and reference list.	
Mechanics and APA citations and references	9-10 Points Paper is 4 to 4.5 double-spaced pages in length. No spelling, grammar, or punctuation	7-8.99 Points Paper is 4 to 4.5 double-spaced pages in length. One to 3 spelling, grammar, or punctuation errors,	6-6.5 Points Paper is 3 to 3.5 double-spaced pages in length. Four to 5 spelling, grammar, or punctuation errors,	1-5.5 Points Paper is less than 3 double-spaced pages in length. Greater than 6 spelling, grammar, or punctuation errors,	0 Points Paper not completed and or contains 7 or more APA citation/reference, spelling,	

	errors. No errors in APA citations and references.	and or 1-3 APA citation/ reference errors.	and or 4-5 APA citation/ reference errors.	and or greater than 6 APA citation/ reference errors.	grammar, or punctuation errors, making it unreadable.	
Total						

Culture Presentation Rubric

Criteria	Level of Achievement					Score
	Excellent	Good	Fair	Poor	Not Demonstrated	
Submit Cultural Assessment Tool and meeting minutes by due date/time	3.5-4.25 Points Submit detailed Cultural Assessment Tool and meeting minutes by due date and time.	2.5-3.5 Points Submit moderately detailed Cultural Assessment Tool and meeting minutes by due date and time.	2-2.4 Points Submit somewhat detailed Cultural Assessment Tool and meeting minutes by due date/time.	1-1.99 Points Submit past due and or incomplete Cultural Assessment Tool or meeting minutes.	0 Points Cultural Assessment Tool and or meeting minutes not submitted before presentation.	
Dress professionally for presentation (i.e., no denim, caps, flip flops, etc.) and limit group's presentation time to 20 minutes	3.5-4.25 Points Entire group dresses in business casual attire; kempt, professional appearance. Time limited to 20 min.	2.5-3.4 Points Group dresses in business casual, but some members appear unkempt. Time limited to 20 min.	2-2.4 Points Group dresses in mixture of business casual and casual attire, but kempt in appearance. Time limited to 20 min.	1-1.99 Points Group dresses in mixture of business casual and casual dress, but some members disheveled (e.g., wrinkled) in appearance. Time limited to 20 min.	0 Points Entire group dresses in casual attire (e.g., denim, caps, flip flops, etc.) and or time exceeded 20 min.	
Use clear and coherent speech, good eye contact with audience, do not read directly from notes, and provide audience opportunity to ask questions.	3.5-4.25 Points Presenters speak clearly and have good eye contact with audience; glance minimally at speaker notes, and provide audience opportunities to ask questions throughout presentation.	2.5-3.4 Points Presenters speak clearly and have fair eye contact with audience. Moderate reliance on speaker notes by some. Adequate question session at end of presentation.	2-2.4 Points Some presenters somewhat difficult to hear and or understand; moderate to heavy reliance on speaker notes by some. Minimal time planned for audience questions.	1-1.99 Points Difficult to hear and or understand majority of presenters and heavy reliance on speaker notes by most group members.	0 Points Audience not given the opportunity to ask questions.	
Include use of audio-visual aids (e.g., handout, PowerPoint, trifold construction board, food, clothing) to enhance presentation	3.5-4.25 Points Impressive use of high quality audio-visual aids, easy to hear/see and helped engage audience.	2.5-3.4 Points Good use of audio-visual aids to enhance presentation of oral content. Aids were easy to hear/see.	2-2.4 Points Used fair quality audio-visual aids that were easy to hear/see.	1-1.99 Points Used poor quality and or difficult to hear/see audio-visual aids.	0 Points Used no audio-visual aids.	
Reference informational sources including your interviewee during the presentation	3.5-4.25 Points Complete and accurately formatted APA reference information included in presentation materials and discussed throughout.	2.5-3.4 Points Moderate mention of informational reference sources during presentation; included interviewee.	2-2.4 Points Minimal mention of informational reference sources during presentation; no mention of interviewee as source.	1-1.99 Points No mention of informational reference sources except interviewee.	0 Points No informational reference sources included in presentation.	
Introduce group members at start of presentation	3.5-4.25 Points Professional introduction of group members by one member at presentation's onset and by each speaker at start of their section.	2.5-3.4 Points Professional introduction of group members by one member at presentation's onset.	2-2.4 Points Self-introduction of group members at onset of their portion of presentation.	1-1.99 Points Haphazard (disorganized) introduction of group members; some missed introductions.	0 Points No introduction of group members.	

Describe information about your assigned culture's location, geography, government, socioeconomic status, education, and spirituality/ predominant religions and their effect on its population's health	13.8-14.8 Points Demonstrates high quality analysis and interpretation of criteria.	13-13.7 Points Demonstrates moderate quality analysis and interpretation of criteria.	12.5-12.99 Points Somewhat addresses criteria, but weak connection made between information presented and effect on population's health.	10.75-12.4 Points Response poorly addresses the criteria; no connection made between information presented and effect on population's health.	0 Points Does not address the required criteria.	
Describe information about your assigned culture's food (preparation and nutrition) and traditions/holidays and their influence on its population's health	13.8-14.8 Points Demonstrates high quality analysis and interpretation of criteria.	13-13.7 Points Demonstrates moderate quality analysis and interpretation of criteria.	12.5-12.99 Points Somewhat addresses criteria, but weak connection made between information presented and effect on population's health.	10.75-12.4 Points Response poorly addresses the criteria; no connection made between information presented and effect on population's health.	0 Points Does not address the required criteria.	
Discuss significant verbal and nonverbal communication considerations for clients from your assigned culture experiencing hospitalization in the U.S.	13.8-14.8 Points Demonstrates high quality analysis and interpretation of inpatient cultural communication considerations.	13-13.7 Points Demonstrates moderate quality analysis and interpretation of inpatient cultural communication considerations.	12.5-12.99 Points Demonstrates fair quality analysis and interpretation of inpatient cultural communication considerations.	10.75-12.4 Points Demonstrates poor quality analysis and interpretation of inpatient cultural communication considerations.	0 Points Does not address the required criteria.	
Differentiate nursing care necessary to provide culturally sensitive care to clients of your assigned culture experiencing hospitalization in the U.S.	13.8-14.8 Points Demonstrates high quality analysis and interpretation of inpatient cultural communication considerations.	13-13.7 Points Demonstrates moderate quality analysis and interpretation of inpatient cultural communication considerations.	12.5-12.99 Points Demonstrates fair quality analysis and interpretation of inpatient cultural communication considerations.	10.75-12.4 Points Demonstrates poor quality analysis and interpretation of inpatient cultural communication considerations.	0 Points Does not address the required criteria.	
Describe your interviewee and how they compare/contrast with others of their culture who are traditionally grounded	13.8-14.8 Points Describes interviewee and clearly differentiates their retained traditional cultural practices from those not practiced. Discusses why nurses should or should not generalize about individuals within a culture.	13-13.7 Points Describes interviewee and clearly differentiates their retained traditional cultural practices from those not practiced.	12.5-12.99 Points Minimally describes interviewee and compares/contrasts their cultural practices with tradition-based others of their culture.	10.75-12.4 Points Poorly describes interviewee and or compares/contrasts their cultural practices with tradition-based others of their culture.	0 Points Does not address the required criteria.	
Total						

GROUP MEMBER PARTICIPATION EVALUATION

Scale: Strongly Disagree Disagree Neutral Agree Strongly Agree
 1 2 3 4 5

Group Member's Name _____

Participates in all meetings/discussions involving presentation	1	2	3	4	5
Contributes ideas	1	2	3	4	5
Promotes positive group environment	1	2	3	4	5
Completes assigned portion of Presentation	1	2	3	4	5
Presents assigned portion appropriately	1	2	3	4	5

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The syllabus/schedule are subject to change.