



## **NURS 3313, GLB/THERAPEUTIC COMMUNICATION**

COURSE SYLLABUS: Spring 2022

### **INSTRUCTOR INFORMATION**

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

**Office Location:** Nursing and Health Sciences Building, Room 225

**Office Hours:** By appointment

**Office Phone:** 903-886-5315

**Office Fax:** 903-886-5729

**University Email Address:** [Blair.Daiker@tamuc.edu](mailto:Blair.Daiker@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.). **Note:** Do not purchase-this text is included in your ATI subscription.

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

**Software Required:**

*The syllabus/schedule are subject to change.*

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://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 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

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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. Students meet course objectives 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, 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 scheduled/assigned classes, meetings, etc.
- 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 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

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nursing. Therefore, any advisement questions or any other concerns you have should first be discussed with your 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%

You must complete/submit all coursework to complete the course.

## ASSESSMENTS

Assignments	Weight
ATI Assignments	35% (Equally divided over 9 weeks)
Quizzes (5)	25% (5% each)
Culture Presentation	15%
Evaluation of Group's Dynamics Paper	15% (5% Part I/10% Part II)
Cumulative Final Exam	10%

**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:**

This course contains no proctored ATI standardized exams.

### **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% 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 the course.

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**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.

**Assessment Technologies Inc. (ATI) Assignments (35% of course grade):**

To facilitate your learning, faculty have assigned ATI learning modules in nine of the weeks of this course. 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 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)****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.

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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 as assigned on **Monday, April 25 or May 2 from 1500-1650**. 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 the essential roles of formal leader and recorder/secretary to facilitate the completion of the 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, April 24 at 2259**.

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 30 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 30 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 the issue, the group's formal leader must notify the course coordinator. Any student who fails to participate actively in the preparation or presentation 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 as instructed (See Course Outline/Calendar).

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

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each part of your paper in its designated D2L Assignments folder. **Part I is due by Sunday, February 20 at 2259, and Part II is due by Sunday, April 3 at 2259.**

**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 questions 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 (10% of course grade):**

There is a cumulative final exam during Finals Week in this course Faculty will post an announcement in D2L indicating the exam's date and time when the University's final exam schedule is available. **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](https://documentation.brightspace.com/EN/brightspace/requirements/all/browser_support.htm)

YouSeeU Virtual Classroom Requirements:

<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](mailto:helpdesk@tamuc.edu).

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**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.

## **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>

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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**

#### **COVID-19 Management and Guidance Plans**

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.

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 requirements will be in place:

- 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.
- 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

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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](mailto:eoc@tamuc.edu) for additional guidance on how to proceed.

### **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).  
<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>

### **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>

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## **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](mailto: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.

## **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.

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### **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](http://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](https://www.bon.texas.gov/licensure_eligibility.asp)

**COURSE OUTLINE / CALENDAR**  
**NURS 3313 – Therapeutic Communication**  
**Spring 2022**

**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%.**

**Week 1**

**Pre-Class Assignment:** Review syllabus

**Wednesday, January 12, 1500-1650**

**Class:**

Orientation to course

Video – “A Nurse I Am”

**Week 2**

**Monday, January 17, MLK Day Holiday (No Class)**

**Week 3**

**Pre-Class Assignments:** (Due by Sunday, 1/23 at 2259)

Brightspace (D2L) content

Balzer Riley textbook: Read Chapter 1 and 2

ATI Nurse's Touch: Professional Communication >

- Types of Communication > Complete the entire lesson/module and take the test (Approx. 50 min)

ATI Engage Fundamentals RN > Professional Nursing >

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

**Monday, 1/24, 1500-1650**

**Class:**

Responsible, Assertive, Caring Communication in Nursing

The Client-Nurse Relationship: A Helping Relationship

**Week 4**

**Pre-Class Assignments:** (Due by Sunday, 1/30 at 2259)

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Brightspace (D2L) content

Balzer Riley textbook: Read 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, 1/31, 1500-1650**

**Class:**

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

**Friday, 2/4, 0900-1200 Mandatory ATI Test Taking Strategies Workshop; 1400-1500 Mandatory Lamp of Learning Ceremony**

**Week 5**

**Pre-Class Assignments:** (Due by Sunday, 2/6 at 2259)

Brightspace (D2L) content

Balzer Riley textbook: Read 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, 2/7, 1500-1650 Quiz 1 (Content from Week 3 and 4)**

**Class:**

Understanding Each Other: Communication and Culture  
Showing Respect

**Week 6**

**Pre-Class Assignments:** (Due by Sunday, 2/13 at 2259)

Brightspace (D2L) content

Balzer Riley textbook: Read 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, 2/14, 1500-1650**

**Class:**

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<p>Learning to Work Together in Groups Managing Team Conflict Assertively and Responsibly</p>
<p><b>Week 7</b></p>
<p><b>Pre-Class Assignments:</b> (Due by Sunday, 2/20 at 2259)</p> <p><b>Evaluation of Assigned Group's Dynamics Paper (Part I)</b> (Post in D2L Assignments folder)</p> <p>Brightspace (D2L) content</p> <p>Balzer Riley textbook: Read Chapter 24 and 25</p> <p><b>Monday, 2/21, 1500-1650 Quiz 2 (Content from Week 5 and 6)</b></p> <p><b>Class:</b> Learning Confrontation Skills Refusing Unreasonable Requests</p>
<p><b>Week 8</b></p>
<p><b>Pre-Class Assignments:</b></p> <p>Brightspace (D2L) content</p> <p>Balzer Riley textbook: Read Chapter 8 and 9</p> <p><b>Monday, 2/28, 1500-1650</b></p> <p><b>Class:</b> Being Genuine Being Empathetic</p>
<p><b>Week 9</b></p>
<p><b>Pre-Class Assignments:</b> (Due by Sunday, 3/6 at 2259)</p> <p>Brightspace (D2L) content</p> <p>Balzer Riley textbook: Read Chapter 11 and 12</p> <p>ATI Nurse's Touch: Professional Communication &gt;</p> <ul style="list-style-type: none"> <li>• Client Education &gt; Complete the lesson and test. (Approx. 1 hr/20 min)</li> </ul> <p><b>Monday, 3/7, 1500-1650 Quiz 3 (Content Week 7 and 8)</b></p> <p><b>Class:</b> Being Specific Asking Questions</p>
<p><b>Spring Break Campus Closed March 14-18</b></p>

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### Week 10

**Pre-Class Assignments:** (Due by Sunday, 3/20 at 2259)

Brightspace (D2L) content

Balzer Riley textbook: Read Chapter 14 and 23

ATI Nurse's Touch: Professional Communication >

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

**Monday, 3/21, 1500-1650**

**Class:**

Using Humor

Navigating the Expanding World of Digital Communication

### Week 11

**Pre-Class Assignments:** (Due by Sunday, 3/27 at 2259)

Brightspace (D2L) content

Balzer Riley textbook: Read Chapter 15 and 29

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

**Monday, 3/28, 1500-1650 Quiz 4 (Content from Week 9 and 10)**

**Class:**

Embracing the Spiritual Journey of Healthcaring: Meaning Making  
Communicating at the End-of-Life

**\*\*Spring Last Day to Drop (no refund)\*\*  
March 31**

### Week 12

**Pre-Class Assignments:** (Due by Sunday, 4/3 at 2259)

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

Brightspace (D2L) content

Balzer Riley textbook: Read Chapter 18 and 19

**Monday, 4/4, 1500-1650**

**Class:**

Working with Feedback

Using Relaxation Techniques to Become More Mindful

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**Week 13****Pre-Class Assignments:** (Due by Sunday, 4/10 at 2259)

Brightspace (D2L) content

Balzer Riley textbook: Chapter 20 and 21

ATI Engage Fundamentals RN &gt; Psychosocial Concepts for Nursing Practice &gt;

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

**Monday, 4/11, 1500-1650 Quiz 5 (Content Week 11 and 12)****Class:**

Incorporating Imagery in Professional Practice and Self Care

Incorporating Positive Self-Talk

**Week 14****Pre-Class Assignments:** (Due by Sunday, 4/17 at 2259)

Brightspace (D2L) content

Balzer Riley textbook: Read Chapter 26 and 27

ATI The Communicator &gt; Video Interaction: Family in a Stressful Situation

ATI The Communicator &gt; Video Interaction: Aggressive Behavior

**Monday, 4/18, 1500-1650****Class:**

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, 4/24 at 2259)

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

**Monday, 4/25 1500-1650****Class:**

Culture Presentations (Group 1, 3, and 5)

(Group Member Participation Evaluation form due in Assignments folder by 2259).

**Week 16****Monday, 5/2, 1500-1650****Class:**

Culture Presentations (Group 2, 4, and 6)

(Group Member Participation Evaluation form due in Assignments folder by 2259).

*The syllabus/schedule are subject to change.*

**Finals Week**  
**May 9-13, 2022**

*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:**

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- 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:**

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- 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:**

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

**Findings:**

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Do his or her family members have such features?

**Findings:**

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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)?

*The syllabus/schedule are subject to change.*

**Findings:**


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

- **Findings:**

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**Communication**

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

**Findings:**


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

**Findings:**


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What other languages does the client speak or read?

**Findings:**


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

**Findings:**


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

**Findings:**


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

**Findings:**


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- Does the client need an interpreter?

**Findings:**


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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:**

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

**Findings:**

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

**Findings:**

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

**Findings:**

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

**Findings:**

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

**Findings:**

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

**Findings:**

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- 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:**

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

**Findings:**

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

**Findings:**

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### 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:**

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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:**

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

**Findings:**

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

**Findings:**

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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:**

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

**Findings:**

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- How do men and women express modesty?

**Findings:**

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

**Findings:**

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- 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:**

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

**Findings:**

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### 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:**

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- 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:**

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

**Findings:**

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

**Findings:**

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- 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:**

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What are culturally accepted roles for the elderly?

**Findings:**

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*The syllabus/schedule are subject to change.*

### Economics

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

**Findings:**

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Is there more than one wage earner?

**Findings:**

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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:**

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

- **Findings:**

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

**Findings:**

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### Educational Background

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

**Findings:**

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What values do the family members express regarding educational achievements?

**Findings:**

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*The syllabus/schedule are subject to change.*

- 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:**

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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:**

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- 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:**

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

**Findings:**

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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:**

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

**Findings:**

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### **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:**

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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:**

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

**Findings:**

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

**Findings:**

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What names or terms are used?

**Findings:**

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

**Findings:**

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- 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:**

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- What is the client's religious affiliation?

**Findings:**

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How is the client actively involved in the practice of religion?

**Findings:**

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Do other family members have the same religious beliefs and practices?

**Findings:**

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Do the client and/or family members incorporate religious practices, such as healing ceremonies or prayer, into health/illness care?

**Findings:**

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- Does the client and his or her family rely on cultural healers (e.g., curandero, shaman, spiritualist, priest, medicine man or woman, minister)?

**Findings:**

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Who determines when the client is sick and when he or she is healthy?

**Findings:**

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Who influences the choice or type of healer and treatment that should be sought?

**Findings:**

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- 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:**


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Do family members share these beliefs and practices?

**Findings:**

- How are biomedical or scientific health care providers perceived?

**Findings:**


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How do the client and his or her family perceive nurses?

**Findings:**


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What are the expectations of nurses and nursing care workers?

**Findings:**


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- Who will care for the client at home?

**Findings:**


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What accommodations will family members make to provide caregiving?

**Findings:**


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

**Findings:**


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

**Findings:**


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### Kinship and Social Networks

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

**Findings:**

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What is the composition of the client’s family?

**Findings:**

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

**Findings:**

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

**Findings:**

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

**Findings:**

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

**Findings:**

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Who makes decisions about health and health care?

**Findings:**

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- 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:**

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*The syllabus/schedule are subject to change.*



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

**Findings:**

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- 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 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:**

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- Are there special gender issues within this cultural group?

**Findings:**

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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:**

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### **Nutrition**

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

**Findings:**

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

**Findings:**

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*The syllabus/schedule are subject to change.*

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- 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:**

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- With whom does the client usually eat?

**Findings:**

What types of foods are eaten?

**Findings:**

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What is the timing and sequencing of meals?

**Findings:**

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What are the usual meal patterns?

**Findings:**

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- What does the client define as food?

**Findings:**

What does the client believe constitutes a "healthy" versus an "unhealthy" diet?

**Findings:**

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Are these beliefs congruent with what the client actually eats?

**Findings:**

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- Who shops for and chooses food?

**Findings:**


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Where are the foodstuffs purchased?

**Findings:**


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Who prepares the actual meals?

**Findings:**


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How are the family members involved in nutritional choices, values, and choices about food?

**Findings:**

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- 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:**


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Who does the food preparation?

**Findings:**

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- Has the client chosen a particular nutritional practice such as vegetarianism or abstinence from red meat or from alcoholic or fermented beverages?

**Findings:**


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Do other family members adhere to these beliefs and practices?

**Findings:**

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- 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:**


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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:**

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Are there other food prohibitions or prescriptions?

**Findings:**

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- 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:**

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

**Findings:**

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

**Findings:**

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

**Findings:**

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- 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:**

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Which over-the-counter medications are used?

**Findings:**

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### **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:**

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

**Findings:**

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

**Findings:**

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

- **Findings:**

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If so, who performs these?

**Findings:**

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

**Findings:**

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

**Findings:**

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

**Findings:**


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**Values Orientation**

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

**Findings:**


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Do family members have similar values and beliefs?

**Findings:**


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

**Findings:**


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

**Findings:**


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- 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:**


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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:**


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

**Findings:**

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- How does the client perceive and react to change?

**Findings:**

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- How do the client and his or her family perceive changes in lifestyle related to current illness or surgery?

- **Findings:**

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- How do the client and his/her family view biomedical care or scientific health care (e.g., suspiciously, fearfully, acceptingly, unquestioningly, with awe)?

- **Findings:**

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- How does the client value privacy, courtesy, touch, and relationships with others?

- **Findings:**

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- How does the client relate to persons outside of his or her cultural group (e.g., withdrawal, suspicion, curiosity, openness)?

- **Findings:**

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\* 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.

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

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

*The syllabus/schedule are subject to change.*



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

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

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

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### Culture Presentation Rubric

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

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

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	about individuals within a culture.					
Total						

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