

Department of Nursing Education and Health Studies

COURSE OUTLINE – Winter 2023

NS 2250: Introduction to Acute Care Nursing Practice II

6 (1-0-2-10C) 195 Hours/15 Weeks

Northwestern Polytechnic acknowledges that our campuses are located on Treaty 8 territory, the ancestral and present-day home to many diverse First Nations, Metis, and Inuit people. We are grateful to work, live and learn on the traditional territory of Duncan's First Nation, Horse Lake First Nation and Sturgeon Lake Cree Nation, who are the original caretakers of this land.

We acknowledge the history of this land and we are thankful for the opportunity to walk together in friendship, where we will encourage and promote positive change for present and future generations.

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Office hours vary, individual appointments with instructors available on request.

CALENDAR DESCRIPTION:

This practicum in acute care settings further develops knowledge, skills, and abilities to provide safe ethical patient care for adults with episodic and chronic health challenges. Intentional clinical learning activities integrate evidence-informed knowledge from NS 2240 and NS 2160. The focus is on assessment, clinical reasoning, care planning, and documentation in paper and digital formats.

Note: Available only to nursing students in the Collaborative Program.

PREREQUISITE(S): NS2200, NS2210

COREQUISITE: NS2160, NS2240

REQUIRED TEXT/RESOURCE MATERIALS:

Astle, B.J., & Duggleby, W., Potter, P.A., Perry, A., Stockert, P.A., & Hall, A.M. (2019).

Canadian fundamentals of nursing (6th edition). Milton, ON: Elsevier

Giddens, J. F. (2021). *Concepts for nursing practice* (3rd ed.). St. Louis, MI: Elsevier

Hirst, S. P., Lane, A., M., Miller, C. A., (2015). *Millers nursing for wellness in older adults*. (Canadian ed.). Wolters Kluwer.

Jarvis, C., Browne, A., McDonald-Jenkins, J. & Luctar-Flude, M. (2019). *Physical examination & health assessment* (3rd Canadian Edition). Elsevier.

Lewis, S., Bucher, L., Heitkemper, M., Harding, M., Barry, M., Lok, J., Tyerman, J., & Goldsworthy S. (2019). *Medical-surgical nursing in Canada* (4th ed.). Elsevier.

Pagana, K., Pagana, T. Pike-MacDonald, S. (2018). *Mosby's Canadian manual of diagnostics and laboratory tests* (2nd ed.). Elsevier.

Perry, P., Potter, P. A., Ostendorf, W. & Cobbet, S. (2020). *Canadian clinical nursing skills and techniques* (1st ed.). Elsevier Canada.

Urden, L. D., Stacy, K. M., & Lough, M. E. (2022). *Critical care nursing: Diagnosis and management* (9th ed.). Elsevier/Mosby.

***Vallerand, A. H., Sanoski, C. A. (2019). *Davis's drug guide for nurses*. (16th ed.). F. A. Davis.

***A Canadian drug guide is required. It does not have to be the Davis's Drug guide.

DELIVERY MODE(S): Attend on-campus, in-person.

Attendance in all lectures, labs, and clinical is expected. Students are responsible to consult with the lab instructor to make up for missed labs (**dependent on instructor availability and discretion**).

Absences from any lecture, lab, or clinical will jeopardize overall clinical performance. Absences from clinical may result in the instructor's being unable to evaluate the student's clinical performance, resulting in a failing grade. Failure to pass any section of the CAT will result in failure of the course.

LEARNING OUTCOMES

Upon completion of this course the student must be able to:

1. Demonstrate the nursing process in clinical practice when working with clients experiencing episodic and chronic health challenges.
2. Employ relational nursing practice and inquiry skills/abilities when working with clients experiencing episodic and chronic health challenges.
3. Recognize and practice within the current nursing student scope when working with clients with episodic and chronic illness.
4. Identify and implement safety concepts within clinical settings.
5. Detect and analyze ethical issues within nursing practice.

TRANSFERABILITY:

Please consult the Alberta Transfer Guide for more information. You may check to ensure the transferability of this course at the Alberta Transfer Guide main page <http://www.transferalberta.ca>.

EVALUATIONS:

Evaluation	% of Final Grade	Date Due <small>*written assignment due dates are subject to change</small>
Safe Medicate Exam	Pass/Fail	January 5, 2023 (A3) January 9, 2023 (B3)
OSCE #1- Urinary Catheterization	Pass/Fail	February 13-17, 2023 Lab Instructors to schedule individual appointments.
OSCE #2- PICC/CVAD Care	Pass/Fail	March 20-24, 2023 Lab Instructors to schedule individual appointments.
Participation in lab & lecture (entry & exit tickets)	10%	April 24, 2023
Create a Next-Gen NCLEX Question	15%	February 5, 2023 @ 2359
Bad Lab Exercise	15%	A3- February 16, 2023 (in class) B3- February 27, 2023 (in class)
Compare/Contrast Case Study	25%	A3: March 6, 2023 (in class) B3: March 9, 2023 (in class)
Lab Exam	35%	L1 & L2: April 3, 2023 L3 & L4: April 5, 2023
Clinical Assessment Tool (CAT)	Pass/Fail	April 10, 2023 @ 2359

Evaluation Overview: (see rubrics below)

Safe Medicate: Students must demonstrate proficiency in medication calculation and dosing prior to administering medication in the clinical setting. Students will write a Safe Medicate Exam and must receive at least 90% to pass. The student will have three attempts total to pass the Safe Medicate Exam. Failure to obtain pass in Safe Medicate will result in a failure in the course.

Modules tested include: FNS Essential Skills, FNS Bodyweight & Body Surface Area Calculations, FNS Injectable Medicines Therapy. ****safeMedicate will only address the adult population in NS2250*

OSCE 1&2: OSCEs are pass/fail. In order to pass NS2250, the student will be required to pass the OSCEs. A total of 3 attempts to pass an OSCE are permitted. The 3 attempts include the initial OSCE test and no more than 2 OSCE re-tests. All OSCE retesting must be completed by the end of the course to receive a pass in NS2250. If the student is unsuccessful in passing the OSCEs after 3 attempts, the student will receive a course failure.

Participation in Lab & Lecture:

By the end of each lab, students are responsible to demonstrate beginning proficiency and competence with each of the skills offered in this course. Attendance at all labs is required. Lab preparation also requires student to be prepared with appropriate equipment and professional behaviour and dress as per the [student handbook](#). For optimal development of proficiency and psychomotor skills, students are encouraged to practice at home or during regularly scheduled practice labs. Lab drop-in opportunities for practice are available regularly (Tuesday/Thursdays); please consult the lab coordinators and online link for hours and sign-up information. Peer tutors will be available during lab drop-in.

Lectures in NS2250 are interactive classes designed to delve into the application of the theory and skills learned over the past week. Attendance is strongly encouraged.

Create a Next-Gen NCLEX Question:

As part of the lab component of the class, the Next-Gen NCLEX (NGN) question assignment will challenge students to develop an exam question related to lab content. The students will choose a type of NGN question, develop the information required to ask the question effectively and support the correct answer choice, as well as provide rationale for incorrect choices.

Bad Lab Exercise:

This assignment will be an in-class exercise related to critical thought and application of course content. Students will receive a diagnosis related to one of the concepts covered in previous weeks as well as a pertinent abnormal lab value. The student will have to relate the lab value to the health condition and answer a variety of questions examining and analyzing the connection. This assignment will be open-book.

Compare/Contrast Case Study:

Students will receive two scenarios of patients sharing similar symptoms and conditions. They must discuss if anticipated treatment, including medication and nursing interventions, will be similar or different and justify the answers with rationale.

Lab Exam: This cumulative exam will cover content covered throughout each lab. It will contain a variety of question types.

Clinical Assessment Tool (CAT): Formative assessment will be completed throughout the course and a midterm meeting to review the CAT will be scheduled. Students will have the opportunity to reflect on their practice with their clinical instructor and set goals for the second half of clinical. A summative assessment of nursing practice will be completed by the student and the instructor. This will be accomplished through observation, assessment, and evaluation of the student during direct patient care, through discussions of clinical preparation, pre/post conference, and other clinical activities.

Students will receive ongoing verbal and/or written feedback from the Clinical Instructor throughout the course to support learning. Feedback may be supplemented with input from peers, the staff of an agency, and the patient. If, at any time, a student is at risk of being unsuccessful in any area of the CAT, they will be placed on a learning plan. Students must successfully meet the plan of support by the agreed-upon date. At the final (summative), students must achieve a “Pass” on all areas of the Clinical Assessment Tool to successfully complete NS2210.

Failure to pass any section of the CAT results in a failure in the course.

Further assignment details and instructions will be included in the course syllabus and on MyClass.

GRADING CRITERIA:

Please note that most universities will not accept your course for transfer credit **IF** your grade is **less than C-**. An overall grade of 60% must be achieved to pass NS 2250.

Alpha Grade	4-point Equivalent	Percentage Guidelines		Alpha Grade	4-point Equivalent	Percentage Guidelines
A+	4.0	90-100		C+	2.3	67-69
A	4.0	85-89		C	2.0	63-66
A-	3.7	80-84		C-	1.7	60-62
B+	3.3	77-79		D+	1.3	55-59
B	3.0	73-76		D	1.0	50-54
B-	2.7	70-72		F	0.0	00-49

COURSE SCHEDULE/TENTATIVE TIMELINE:

See syllabus and MyClass for details.

	NS2240 Friday- Megan (A3)	NS2250 Monday Lab: Janice/Dayna (L1, L2)	NS2250 Concept END Thursday- Megan (A3)	NS2240 Wednesday- Megan (B3)	NS2250 Wednesday Lab: Janice/Nicole/Sarah L3, L4	NS2250 CONCEPT END Lecture-Monday Megan (B3)	Clinical Tues-Fri <small>Tues: Tamara, Susan Wed: Tamara, Jim Thursday: Dayna, Nicole Friday: Janice, Nicole</small> COW Creation
January 2-6	Addiction/Anxiety (6)	NO CLASS	Safe Medicate (Jan 5)	NO CLASS	NO CLASS	NO CLASS	Orientation
January 9-13	Fluid & Electrolytes (13)	NG Tubes/ Enteral Feeding	End- Addiction/ Anxiety	Addiction/Anxiety (11)	NG Tubes/ Enteral Feeding	Safe Medicate (Jan 9)	Clinical Judgement (Megan)
January 16-20	Acid/Base Balance (20)	Parenteral Meds (injection, IV meds, pumps)	End- Fluid/Elect.	Fluid & Electrolytes (18)	Parenteral Meds (injection, IV meds, pumps)	End- Add/Anxiety	Fluid & Electrolytes (Tamara)
January 23-27	Perfusion (27)	IV Insertion/ Venipuncture	End- Acid/Base	Acid/Base Balance (25)	IV Insertion/ Venipuncture	End- Fluid/Lytes	Acid Base Balance (Susan)
January 30- February 3	Intracranial Regulation (3)	Blood administration	End- Perfusion	Perfusion (1)	Blood administration	End- Acid/Base	Perfusion (Nicole)
February 6- 10	Midterm Review	Urinary Catheters	End-Intc. Regulation	Intracranial Regulation (8)	Urinary Catheters	End- Perfusion	Intracranial Regulation (Jim)
February 13-17	Reproduction (17)	OSCE- Catheter	Bad Lab Exercise	Midterm Review (15)	OSCE- Catheter	End-Intc. Regulation	Midterm Review
February 21-24	READING WEEK						
February 27- March 3	Midterm	Complex Wounds	End- Reproduction	Midterm	Complex Wounds	Bad Lab Exercise	Reproduction and Hormonal Regulation (Sarah)
March 6-10	Cellular Regulation (10)	PICC/CVAD	In-Class Case Study	Reproduction (8)	PICC/CVAD	In-Class Case Study (6)	Cellular Regulation (Megan)
March 13-17	Palliative	Symptom management/ Palliative Sim	End- Cellular Regulation	Cellular Regulation (15)	Symptom management/ Palliative Sim	End- Reproduction (13)	Palliative Care (Dayna)
March 20-24	Adherence/Self Manage	OSCE PICC/CVAD	End-Palliative	Palliative	OSCE PICC/CVAD	End- Cell Regulation	Adherence & Self Management (Janice)
March 27- 31	Caregiving	OSCE REPEATS	End- Adherence/Self	Adherence/Self Manage	OSCE REPEATS	End- Palliative	Caregiving (Megan)
April 3-6	NO CLASS	Lab Exam		Caregiving	Lab Exam	End- Adherence	Consolidate Topics (individual)
April 10-12	OSCE Repeat if needed						

STUDENT RESPONSIBILITIES:

To PASS NS2250 students must pass all OSCEs, Safe Medicate, and the Clinical Assessment Tool (CAT) listed in the course outline.

Students should refer to the following link for Northwestern Polytechnic policies regarding Student Rights and Responsibilities.

<https://www.nwpolytech.ca/about/administration/policies/fetch.php?ID=69>

Furthermore, all pertinent Academic and Administrative policies can be found at the link below.

<https://www.nwpolytech.ca/about/administration/policies/>

CLINICAL PRACTICE:

Professional responsibility for nursing students includes clinical practice preparation related to evidence-informed practice and patient safety. Preparation includes appropriate understanding, synthesis, and integration of relevant knowledge as well as professional behaviour and dress. Please review student handbook for guidelines regarding appropriate clinical attire.

In order to be adequately prepared for clinical experiences, students will participate in activities outside of their scheduled clinical course hours. Activities can include the following: specific clinical patient preparation, clinical site orientation, Safe Medicate, Connect Care training, patient health record review, and review of textbook and relevant evidence-informed articles.

Students who are not adequately prepared to provide safe and competent patient care will not participate in clinical activities and may be asked to leave the clinical site.

LATE ASSIGNMENT POLICY:

To obtain credit in the course ALL assignments, examinations, and quizzes must be completed. Students are expected to make every effort to complete assignments on time. Assignment submissions are expected on the date determined by faculty. If extensions are necessary, they may be requested up to 48 hours prior to the assignment due date and should be submitted in writing to the faculty member involved. Not all extensions will be granted. In exceptional situations, extension requests within the 48-hour period may be considered. Late assignments will have 5% of total marks (or one letter grade) for the assignment deducted for each day/partial day (including weekend days) beyond the due time. For example, a paper marked at B+ would receive an adjusted grade of B if handed in one day late. After 5 days, a grade of 0 will be awarded to the assignment. If the late penalty places the grade below the necessary pass grade, students will be unsuccessful in the course. When submitting assignments electronically, it is the student's responsibility to ensure the assignment has been received. Papers/assignments may not be rewritten for a higher grade. Concerns regarding grading are to be discussed with the faculty member involved.

STATEMENT ON PLAGIARISM AND CHEATING:

Cheating and plagiarism will not be tolerated and there will be penalties. For a more precise definition of plagiarism and its consequences, refer to the Student Conduct section of the College Calendar at <https://www.nwpolytech.ca/programs/calendar/> or the College Policy on Student Misconduct: Plagiarism and Cheating at <https://www.nwpolytech.ca/about/administration/policies/index.html>

**Note: all Academic and Administrative policies are available on the same page.

Bad Lab Exercise

Category	3	2	1	0
Lab value relevance and recognizing cues	Recognizes the relevance of abnormal lab value and comprehensively relates the alteration in lab value to patient presentation and medical history.	Recognizes the abnormal clinical data but relation to patient presentation and medical history is vague and/or generalized.	Unable to relate abnormal lab value to patient condition, presentation, and/or medical history.	Assignment incomplete and/or plagiarism is evident.
Assessments	Determines appropriate and focused assessments related to the abnormal lab value and patient condition with clear, comprehensive, and evidence-based rationale.	Assessment focus is vague and/or generalized. Rationale is broad and lacking relation to patient.	Assessment inappropriate and/or rationale and evidence to support rationale is absent.	Assignment incomplete and/or plagiarism is evident.
Interventions	Determines appropriate and focused interventions related to the abnormal lab value and patient condition with clear, comprehensive, and evidence-based rationale.	Interventions are vague and/or generalized. Rationale is broad and lacking relation to patient.	Interventions inappropriate and/or rationale and evidence to support rationale is absent.	Assignment incomplete and/or plagiarism is evident.
Outcome/Evaluation	Analyzes, compares, and contrasts both lab value improvement and deterioration as outcomes. Relates each to the patient. Explicitly describes evaluation of interventions.	Superficial examination of lab improvement and deterioration. Relation to patient explored vaguely. Evaluation criteria loosely determined.	Outcome exploration absent. Relation to patient and evaluation criteria are ambiguous.	Assignment incomplete and/or plagiarism is evident.

NCLEX Question

Exemplary - 3	Good- 2	Fair- 1	Unsatisfactory- 0
<p>Question demonstrates a deep understanding of the topic and shows analytical and original thought and strong connection to one of the six cognitive domains of the NCJMM.</p> <p>Question is well developed, appropriate to level of learner, and appropriate to lab content.</p> <p>Answers to question (both correct and incorrect) are comprehensive and direct, provided and supported with quality evidence and rationale.</p>	<p>Question demonstrates good grasp of the topic depth and complexity. Original thought and moderate connection to one of the six domains of the NCJMM.</p> <p>Question is fairly focused, appropriate to level of learner, and relates to lab content.</p> <p>Answers to question (both correct and incorrect) provided and supported with quality evidence and rationale.</p>	<p>Question demonstrates minimal knowledge or depth of the topic. Minimal connection to NCJMM.</p> <p>Question relates to assignment but is overly broad or narrow.</p> <p>Answers to question ambiguous. Not supported with quality evidence and rationale.</p>	<p>NCJMM domain is absent or posed as a yes/no question.</p> <p>Question is vague and unrelated to lab content.</p> <p>Or.</p> <p>Question is unoriginal or evidence of plagiarism exists.</p>

Compare/Contrast Case Study (Instructor rubric only; template utilizing the rubric to be provided for assignment in class)

Criteria	5	4	3	2	0
<i>Present Problem/History</i>	All relevant data from history is identified. Explanation of clinical significance is complete, clearly stated, and concise	Most relevant data from history is identified. Explanation of clinical significance is mostly complete, clearly stated, and concise.	Some relevant data from history is identified. Some Explanation of clinical significance is provided, less clear.	Relevant data identified is inadequate. Explanation of clinical significance is unclear.	Data identified is not relevant. No Explanation of clinical significance provided.
<i>Assessment/Cue Identification</i>	All relevant assessment data identified. Explanation of clinical significance is complete, clearly stated, and concise. All relevant lab data is identified. Clinical significance and trends are correctly identified.	Most relevant assessment data identified. Explanation of clinical significance is mostly complete, clearly stated, and concise. Most relevant lab data is identified. Clinical significance and trends are correctly identified.	Some relevant assessment data identified. Some Explanation of clinical significance is provided, comparison weak. Some relevant lab data is identified. Clinical significance and trends contain some errors.	Relevant assessment data identified is inadequate. Explanation of clinical significance is unclear and comparison attempts are not made. Substantial relevant lab data is missing. Clinical significance and trends are incorrectly identified.	Assessment data identified is not relevant. No Explanation of clinical significance provided. None of the relevant lab data is identified. Clinical significance and trends are absent.
<i>Problem Comparison and Contrast</i>	Comparison of manifestations of problem (in each patient) identified with rationale, and demonstrates excellent depth, clarity, and insight.	Primary problem identified with rationale, and demonstrates very good depth, clarity, and insight.	A primary problem identified but lacks some relevance to the scenario. Rationale lacks depth, clarity, and insight.	A primary problem identified however, its relevance is weakly linked, and the rationale offers minimal support.	Unable to clearly identify the primary problem or provide rationale. No attempt at comparison made.

	Underlying cause/pathophysiology of problem correctly identified and comprehensively examined within the appropriate context.	Underlying cause/pathophysiology of problem correctly identified and mostly examined. Mostly accurate correlation between conditions.	A plausible underlying cause/pathophysiology of problem identified. Comparing and contrasting superficial.	Underlying cause or pathophysiology of problem in correctly identified.	Underlying cause/pathophysiology of problem not identified
<i>Nursing Diagnoses Between each Presentation</i>	Priority concern is developed into a comprehensive Nursing diagnosis, is client specific and correctly written. “Related to” and “as evidenced by” statements are included. Demonstrates comprehensive insight, clarity, depth, and understanding of nursing practice.	Priority concern is developed into a Nursing diagnosis, is mostly client specific, correctly written. “Related to” and “as evidenced by” statements are included.	Priority concern is developed into a Nursing diagnosis, is somewhat client specific, is incorrectly written and one of the following statements “related to” or “as evidenced by” is missing.	Priority concern is developed into an irrelevant Nursing diagnosis, is not client specific, is incorrectly written and both the “related to” and “as evidenced by” statements are missing.	Priority concern is not developed into a Nursing diagnosis.
<i>Nursing Interventions and Rationale for Similarities and Differences</i>	Nursing interventions are clearly stated, specific, relevant, comprehensive, and supported by relevant and credible evidence/rationale.	Nursing interventions are clearly stated, specific, and relevant, however they are less comprehensive. Evidence/rationale to support interventions bears some relevance to scenario.	Most obvious nursing interventions are stated, but are not specific. Evidence to support the interventions lacks relevance, is unsupported opinion or personal experience, often has lapses in logic, or is not applicable.	Some nursing interventions stated however, some relevant nursing interventions are missing and the evidence provided to support nursing interventions lacks credibility, eg: sources are questionable or depth of research is lacking, or offers little evidence.	Nursing interventions identified are irrelevant. No evidence or sources cited to support the interventions identified.

<p><i>Expected Outcomes- Compare and Contrast</i></p>	<p>Expected outcomes for the interventions are comprehensive, relevant, and related to the interventions.</p>	<p>Expected outcomes for the interventions are generally comprehensive. Most outcomes are relevant and related to the interventions.</p>	<p>Expected outcomes for the interventions are incomplete. Some expected outcomes are relevant or related to the interventions.</p>	<p>A few expected outcomes for the interventions are identified, however, they are less relevant or related to the interventions.</p>	<p>Expected outcomes are absent or are unrelated to the interventions.</p>
<p><i>APA</i></p>	<p>Exceptionally well written, Almost entirely free of errors in grammar, punctuation, and spelling. References and citations formatted using correct APA format.</p>	<p>Well written. May contain a few errors in grammar, punctuation and spelling but does not impede understanding. References and citations formatted using correct APA format most of the time.</p>	<p>Adequately organized, Several errors in grammar punctuation and spelling which may be confusing, but does not impede overall understanding. References and citations formatted using correct APA format some of the time.</p>	<p>Content is present, however, lack of structure and organization is evident. Many grammar, punctuation, and spelling errors that impede understanding. APA format is inconsistent and incorrect.</p>	<p>Disorganized, difficult to read. Errors in grammar, punctuation, and spelling prohibit clear readability. APA is poorly done and requires major revisions.</p>

Participation (Lecture)

Students to hand in “Entry and Exit Tickets” at the end of each lecture. Students will be provided a form based on each concept of the week at the beginning of lecture. To achieve full participation marks, the student must complete the Entry and Exit Tickets for each week. Participation will be graded based on the number of “Entry and Exit Tickets” submitted throughout the duration of the course (maximum 9 submission overall).

Sample Entry Ticket questions:

- Explain the difference between concepts x and y
- Define [term/concept] in your own words.
- Describe your preparation and work process
- 30 second ‘brain dump’ activity re: concept of the week

Sample Exit Ticket questions:

- Write/ask one question about today's content - something that has left you puzzled.
- Name one important thing you learned in class today.
- Read this problem, and tell me what your first step would be in solving it.
- Which of the readings you did for class today was most helpful in preparing you for the lesson? Why?

Participation (Lab)

Things going well:	Criteria:	Areas for Improvement:
	I attend labs. If I cannot attend a lab, I reach out to my instructor to try to make alternate arrangements.	
	I come prepared: A) I've read the required lab readings B) I engage in critical thought about the readings and have prepared questions to ask my instructor ahead of time	
	I utilize lab time effectively, engaging with material and practicing the skills required.	
	I am professionally dressed and demonstrate professional behaviour.	
	I engage respectfully with my peers and instructor.	