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Caring Matters: Creating a Holistic BSN Program and Evaluating Caring in Nursing

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Abstract

Caring is foundational to professional nursing practice and is defined by Simone Roach (2002) as "the locus of all attributes used to describe nursing". In an increasingly complex healthcare environment, the delivery of nursing care that is centered on caring is fading. Nurse educators are called to address this issue by developing a curriculum that places equal importance on caring and competence in nursing. While creating a curriculum centered on caring, educators must also develop methods to evaluate caring. Within a newly designed Bachelor of Science in Nursing (BSN) program with holistic foundations, rubrics were created to evaluate caring and competence for skills requiring validation. In these rubrics, caring is measured by attributes within Simone Roach's *Six Cs*, in addition to three supplementary attributes selected by faculty.

Keywords: evaluation, caring, holistic, rubric, nursing

Introduction

The nursing profession is commonly described as caring. Simone Roach (2002) echoes this sentiment by writing “Caring is the locus of all attributes used to describe nursing” (p. 39). Yet today’s nurses face many obstacles that prevent the delivery of nursing care that is centered on caring, including advancing technology, a shift towards evidence-based practice, and a growing need to meet budgetary demands. Nurse educators are challenged to respond to these issues by ensuring that caring remains at nursing’s core, through the development of curriculum that places equal importance on caring and competence in professional nursing practice. If caring is to be considered as significant as competence, then it requires critical evaluation. However, evaluating competence is often an easier task given that it is more objective and backed by evidential knowledge, whereas caring is more difficult to quantify. Within a newly designed Bachelor of Science of Nursing (BSN) program with a holistic focus, rubrics were created to evaluate caring and competence of skills requiring validation. These rubrics are one small attempt to enable educators to answer the question, “How do we evaluate caring in nursing education?”

New Program, New Opportunities

St. Catherine University recently started a new BSN program within the College for Adults (CfA). With the start of a new program came new opportunities for growth and development of a holistic nursing program. The purpose of this program is “to advance the study, understanding, and professional practice of the discipline of nursing. Core values of caring, diversity, ethics, excellence, holism, integrity, social justice and patient-centered care, all infuse each of the integrating concepts of context and environment, knowledge and science,

personal and professional development, quality and safety, relationship-centered care, and teamwork" (St. Catherine University, 2017).

Transitioning to a BSN Program

The new BSN program replaces the previous Associate Degree of Nursing (ADN) program. The decision to end the ADN program reflects a shift within healthcare organizations nationwide which are seeking to hire BSN prepared registered nurses (RNs). This change is likely in response to the Institute of Medicine's (IOM) report *The Future of Nursing: Focus on Education* in 2010, which established a goal for 80% of RNs to have their BSN by 2020. Reasons for this change include a better ability of nurses to adapt to a complex health care system and to provide a stepping-stone for advancement to graduate and doctoral degrees (IOM, 2010).

Benner, Sutphen, Leonard, and Day (2010) discuss the challenges new nurses must overcome in transitioning to practice:

> *To practice safely and effectively, today's new nurses must understand a range of nursing knowledge and science, from normal and pathological physiology to genomics, pharmacology, biochemical implications of laboratory medicine for the patient's therapies, the physics of gas exchange in the lungs, cell-level transport of oxygen for the acutely ill patient, as well as the human experience of illness and normal growth and development- and much more. Increasingly called on to perform highly skilled technical-scientific and relational work, nurses must draw on nursing science and the natural physical and biological sciences as well as the social sciences and humanities.* (p. 2)

In addition to receiving more education on a broader variety of subjects, BSN prepared nurses improve patient outcomes. Evidence shows a reduction in patient mortality of 2.12 deaths per

1,000 patients with each 10% increase in the number of BSN prepared nurses within a hospital (Kutney-Lee, Sloane, & Aiken, 2013). When examining the expansive knowledge base that today's nurses must possess to provide safe, excellent care, it's evident why BSN programs are becoming standardized throughout nursing education.

A Holistic BSN Program

The new BSN program is built on holistic theory and aims "to prepare nurses whose practice nurtures the unitary wholeness of persons through caring in *nursing situations* in a variety of settings" (St. Catherine University, 2017). This aim is congruent with the American Nurses Association's (ANA) *Holistic Nursing: Scope and Standards of Practice* (2013) which states, "Holistic nurses provide care that recognizes the totality of the human being (the interconnectedness of the body, mind, emotion, spirit, social/cultural, relationships, context, environment, and energy)" (p. 11).

AHNCC Endorsement

The program will be seeking endorsement by the American Holistic Nurses Credentialing Corporation (AHNCC), which designates nursing programs grounded in holistic theory and concepts consistent with the ANA's *Holistic Nursing: Scope and Standards of Practice* (AHNCC, 2018). If endorsed, this BSN program would be the thirteenth nursing program in the United States to have these credentials (AHNCC, 2018). Attaining this designation would not only give future St. Catherine University nursing students the skills needed to practice holistic nursing but the opportunity to sit for the AHNCC Holistic Nursing Certification exam after passing the NCLEX (National Council Licensure Exam).

A Growing Need for Holistic Nurses

Holistic nursing programs are needed to graduate nurses who are prepared to practice and educate patients in response to a growing interest in holistic health and complementary therapies. In 2012, the *Centers for Disease Control and Prevention* reported an estimated 55.2 million adults and 4.1 million children in the United States had an expense for at least one type of complementary health approach (Nahin, Barnes, & Strussman, 2016). Interestingly, this report demonstrated comparable out-of-pocket expenses for complementary therapies in families across all socioeconomic incomes (Nahin et. al., 2016) which may indicate the need for holistically educated nurses within all practice environments and communities. An earlier survey also revealed an increase of 20% regarding the use of complementary and alternative treatment modalities (CAM) over a range of four years (Barnes et al., 2004 as cited in Helms, 2006). In response to the rising interest in CAM, a report by the Institute of Medicine, titled *Complementary and Alternative Medicine in the United States* (IOM, 2005 as cited in AHNA & ANA, 2013) highlighted the importance of schools offering health profession programs that include adequate teaching on complementary and alternative medicine, therefore patients could be properly counseled on the availability of these therapies.

Putting the Care Back in Health Care

In general, the U.S. healthcare system needs holistically prepared RNs to help maintain the presence of caring within modern health care reform. Current health care is trending towards stricter accountability of nurses regarding health care costs and resource allocation, shifting the focus to the importance of evidence-based nursing knowledge and away from knowledge such as ethics and philosophy (Thorne & Sawatzky, 2014). This shift in the prioritization of nursing knowledge “tends to foster emotional detachment from the suffering patient, and further dehumanizes patients that are already in distress” (Bliss, Baltzly, Bull, Dalton & Jones, 2017).

Evidenced-based practices are beneficial in ensuring standards of care are met with the goal of improving patient outcomes, however, they may deter the health care team from individualized care, further removing the patient from the center of care (Thorne & Sawatzky, 2014). Nursing tends to focus on caring for the "*particular* (in the sense of recognizing the uniqueness of particular situations, while the evidenced-based practice agenda leans toward favoring the *general* (emphasizing similarities across different situations and promoting standardization of care)" (Thorne & Sawatzky, 2014, p. 7). Therefore, nurses must be educated to critically examine evidence-based practices and note their value, while conserving the individuality of the patient and their needs.

In 2011, Nelson discussed that the act of caring is not typically considered as a "structured and scientific analysis of situations" and argues this may be a grave error. He explains how caring has the power to provide a return on investment far beyond the reaches of current healthcare knowledge and technology (Nelson, 2011). Jean Watson alludes to this same issue, stating,

> *At a time when nursing is declining and its survival threatened, nurses' satisfaction is enhanced when the practice of caring is enabled. When caring is not present in nursing practices or settings, the research indicates that nurses become depressed, robotic, hardened, oblivious, and worn down. This empirical data invite much more research into and attention to the emotional and physical healing consequences for patients when caring is present, including cost savings. The same is true from the other side of the equation, in that nurses are much more satisfied, fulfilled, purposeful, and knowledge seeking when caring is present.* (Watson, 2009, p. 17-18)

A competent, holistically educated nurse is able to further evidence-based practice while also advancing research to support the importance of caring in nursing and its positive effect on patient outcomes.

The Expectation of Nurses to Be Caring

Patients and other health disciplines expect nurses to develop relationships with their patients by exhibiting the 'caring in nursing' in addition to being competent (Brown, 2011). Nurses who are competent but non-caring may cause patients to feel helpless, uncomfortable, anxious, unsafe, and frightened (Duffy, 2005). Therefore, nursing curricula must ensure future nurses know how to care and understand its importance in developing relationships with their patients and members of the healthcare team.

A systematic review by Girvin, Jackson, and Hutchinson (2016) provides evidence that the public generally perceives the nursing profession as positive, however, there was no specific information regarding caring. In a Gallup poll, 84% of Americans ranked nursing as high or very high regarding the profession's honesty and ethical standards (Gallup, 2016). Since the Gallup polls started in 1999, nursing has been at the top of the list annually except for one year. The exception was the year following the terrorist attacks on what is now known as 9/11 where firefighters where rated the highest (Gallup, 2016). To maintain this public perception of nursing as positive, honest, and ethical, future nurses must be taught in a manner that focuses on these concepts as holistic nursing programs do.

Self-Care and Resiliency

Lastly, nurses educated with holistic foundations learn to provide self-care which may lead to increased resilience within the nursing profession in which nurses face workplace violence, ethical dilemmas, lateral violence, and patient deaths. Additionally, evidence within

the literature estimates that 30-60% of new graduate RNs leave their first job within 24 months, demonstrating a need for holistic education to provide resiliency in the workplace (Ward-Smith, 2011; Johnson & Rea, 2009). ANA's *Holistic Nursing: Scope and Standards of Practice* (2013) states within Core Value Five, "Self-reflection and self-care, as well as personal awareness of and continuous focus on being an instrument of healing, are significant requirements for holistic nurses." (p. 20). Holistic nursing programs equip students with the knowledge to engage in self-care practices such as meditation and self-reflection to maintain health and well-being.

Expectations of Nursing Students

Aside from examining the need for caring from patient and health organization perspectives, it's important to explore the perspective of nursing students as they enter the nursing profession to care for others. Rhodes, Morris, and Lazenby (2011) completed a study analyzing first year nursing students' motivation for entering the nursing profession and found that altruism was the most dominant theme. The authors noted students articulated that caring "separated nursing from other professions and is essential for providing holistic care" (Rhodes et al., 2011). The art of caring including the behaviors and actions it encompasses are an expected focus of nursing education by future nursing students.

Outcomes of Holistic Education

In a qualitative study, Goodwin and Candela (2013) investigate how teaching holistic comfort affects nursing students while they are in school and after graduation as newly practicing nurses. They found that providing education on holistic comfort facilitated effective learning, promoted a learning community, and modeled excellence in practice within the program itself. After exiting the program, the authors note that holistic education facilitated transcendence,

promoted teamwork, and affected practice outcomes in newly practicing nurses. The experiences of students within this study are summarized in Table 1 (p. 10).

Table 1. Outcomes of Teaching Holistic Comfort

	Within The Program	**Early Practice**
Personal Meaning	1. Facilitated Effective Learning Students Experienced: a. Self-motivation b. Empowerment c. Easing tension and self-care	4. Facilitated Transcendence Newly Practicing Nurses Experienced: a. Coping with anxiety b. Managing overload c. Transferability of learning
Interpersonal Meaning	2. Promoted a Learning Community Students Experienced: a. Peer support b. Faculty support	5. Promoted Teamwork Newly Practicing Nurses Experienced: a. Overcoming hostility b. Working with preceptors
Professional Meaning	3. Modeled Excellence in Practice Students Experienced: a. Inspiration b. Relevancy in learning	6. Affected Practice Outcomes Newly Practicing Nurses Experienced: a. Pride in patient care b. Educational preparedness

(Adapted from Goodwin & Candela, 2013)

Holistic education may not only positively affect students' development as nurses while in school but for years to come in their careers as nurses. Additionally, holistic programs may improve the relationships between students and faculty teaching within the program. Further research is needed in this area to demonstrate the numerous positive effects that holistic nursing programs may have on students, practicing nurses, faculty, and our healthcare environment.

New Holistic BSN Program Foundations

The new BSN CfA program is represented by the image of a tree, which illustrates the relationship between the National League of Nursing's (NLN) integrating concepts and core values. The integrating concepts represent the branches of the tree, including context and

environment, knowledge and science, personal and professional development, quality and safety, relationship-centered care, and teamwork (NLN, 2010). These integrating concepts guide the development of student learning outcomes for the program. The NLN's core values represent the roots of the tree, including caring, diversity, ethics, excellence, holism, integrity and patient-centeredness. As social justice is one of the values of St. Catherine University, it was also added alongside the core values in the roots of the tree.

The trunk of the tree is comprised of unitary concepts from *The Focus of the Discipline Revisited* (Newman, Smith, Pharris, & Jones, 2008), including health, caring, consciousness, mutual processes, presence, patterning, and meaning. The authors chose these concepts due to their prevalence in nursing theory, consistency with the development of knowledge in other disciplines, and usefulness across many cultures. These concepts build "upon the unifying construct of the nurse-patient relationship and provides a framework for its substantive content" (p. 18).

The *Essentials of Baccalaureate Nursing* outcomes are aligned with the student learning outcomes and the NLN's integrating concepts. Additionally, these outcomes are further categorized by a caring attribute. This new BSN program has chosen to use Simone Roach's *Seven Cs* to assist in evaluating caring within the program. Faculty at St. Catherine added another two *Cs,* including communication and consciousness. The *Nine Cs* will be discussed later in more detail.

The theoretical foundation of the program lies within Jean Watson's *Unitary Caring Science* which recognizes a relational caring for self and others, transpersonal caring relationships, multiple ways of knowing, a reflective approach, caring changes self, others, and the culture of groups and environments (Watson, 2010). Watson writes, "The whole realm of

human relationships and health and healing may be tied back to caring and compassion, agape, and universal love—*caritas* (Watson, 2008)—as the basis of any and all authentic caring-healing relationships" (Watson, 2009, p. 6). As the student works to meet the learning outcomes of the program, they will practice *Watson's 10 Caritas Processes* (Watson, 2010) in their development as a nurse, which are presented in Table 2.

Table 2. Watson's 10 Caritas Processes

1. Practicing loving-kindness and equanimity within context of caring consciousness.
2. Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for.
3. Cultivating one's own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of the expression of positive and negative feelings.
6. Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.
8. Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering 'human care essentials', which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.
10. Opening and attending to mysterious dimensions of one's life-death; soul care for self and the one being cared for; "allowing and being open to miracles."

When putting these foundational components of the curriculum together, the new BSN program demonstrates a focus on helping the student to respond in a caring manner to situations that increase in complexity throughout the program that reflect a holistic, ethical, multicultural, and unitary perspective (St. Catherine, 2017). In meeting the student learning outcomes, the student nurse will develop becoming compassionate, becoming competent, becoming confident, attending to conscience, affirming commitment, demonstrating comportment, expanding

consciousness, and demonstrating creativity (St. Catherine, 2017). These influences and foundations demonstrate the complexity that holistic nursing care embodies.

Emphasis on Caring in Nursing Education

The American Association of Colleges of Nursing (AACN) (2008) identifies caring to be central to the foundation of nursing and nursing education. Numerous articles within the literature identify a need for caring in nursing education, however, there is an absence of literature to "promote the internalization of the value of caring throughout the nursing curricula" (Cook & Cullen, 2003, p. 192). Content to teach caring is commonly integrated throughout the nursing curriculum, but it is rarely included in skills lab or other learning activities that require validation or examination to ensure competency (Duffy, 2005).

Evaluating Caring in Nursing Education

Caring is often referred to as the essence or core of nursing (Watson, 1985) and commonly viewed as elusive and immeasurable in terms of evaluation, therefore quantitative research is lacking in this area. Jean Watson elaborates upon this in her book *Assessing and Measuring Caring in Nursing and Health Sciences,* stating "The concern is that in trying to measure caring, one is drawn into a process of reducing a complex subjective, intersubjective, relational, often private, and invisible human phenomenon to a level of objectivity that exhausts, trivializes, and dilutes its authenticity and deeper meaning" (Watson, 2009, p. 3). Since caring is inseparable from nursing and even more emphasized within holistic nursing approaches, nursing programs must find a way to evaluate caring in the classroom, lab, and clinical settings to ensure student proficiency.

Although it might seem as though competency as the "hands-on" skills of nursing should precede education on caring, Wrubel and Benner (1989) argue that caring is a prerequisite for the

development of critical thinking. Similarly, Rhodes et al. (2011) note "caring in nursing curricula can translate the desire to care into motivation for competence" (p. 14). Therefore, equal importance should be placed upon caring and competency early on in nursing education.

There is a need for summative evaluation of students' caring abilities to provide longitudinal comparative analysis, benchmarking, and educational research (Duffy, 2005). Formative evaluation of caring occurs more frequently within clinical courses but not summatively (Duffy, 2005). A summative evaluation may be measured by using self-assessment tools such as the Caring Ability Index (Nkongho, 1990) at program entry, annually, and at graduation (Duffy, 2005). To help bridge the education to practice gap, Haegert (1997) suggests using the same tool to evaluate caring in education and practice. If possible, educators should use the same tool to evaluate caring in the classroom, laboratory, and clinical settings.

With further study of caring and quantitative data, there are opportunities for caring in health care to be held as highly important as evidenced based practice. Watson describes this opportunity as "access to sensitive nursing indicators of care/caring, which many of the caring instruments represent, can enable researchers and administrators alike to come closer to assessing, measuring, evaluating, comparing, and sustaining a caring orientation in the midst of health care reforms" (Watson, 2009, p.5). If the importance of care in patient outcomes and satisfaction can be quantified and presented to hospital administrators, caring may also take on economic importance, which is often a motivator for healthcare organizations.

Existing Evaluation Tools

Several tools exist to evaluate caring, many of which are discussed in Watson's (2009) book, *Assessing and Measuring Caring in Nursing and Health Sciences.* Within this book, Watson explores over twenty different tools to evaluate caring. Further exploration of the

strengths and weakness of existing tools are explored by Porr and Egan (2013) who note that most tools used to evaluate caring are self-reported, which deny the educator insight into the student's underlying thought process and "accuracy is constrained by the validity of the respondent's self-perception" (p. 4). Thus, there remains a need for evaluation tools for faculty to review student caring performance that are usable, valid, and reliable. Even with a valid and reliable tool, caring transcends observable interventions and includes unobservable factors such as intention, choices, and judgments that influence performance (Gaut, 1986). Therefore, methods such as self-reflection or discussion in which a student provides insight and rationale may be helpful to evaluate and guide students on these important aspects of caring. A review of the strengths and weakness of several existing tools are explored next.

Caring Interaction Inventory (CII)

The Caring Interaction Inventory (CII) measures three interrelated dimensions of caring, including intentionality, relationality, and responsivity (Porr & Egan, 2013). The first phase of this tool gives the nursing student the details of a patient scenario, then asks questions regarding what nursing interventions would be appropriate in the situation as well as the rationale for their decisions. The second phase requires the student to watch a video of an interaction between a patient, family members, and healthcare professionals where the encounter pauses and the student is asked to select the most appropriate caring action by interpreting visual and audio cues of the patient and family. This type of evaluation tool allows students to not only think about their responses in certain scenarios but to actually view caring actions in a video portrayal. The author notes that the patient population and complexity of the scenario could change to accommodate various topics in the nursing curricula (Porr & Egan, 2013). As a video is used,

faculty can review details of the interaction and provide productive discussions regarding professional caring.

Caring Ability Inventory (CAI)

The Caring Ability Inventory (Nkongho, 1990) is an easy to use, self-assessment tool consisting of thirty-seven items grouped into courage, patience, and knowing (Watson, 2009). The CAI was developed based on caring literature and theoretical postulations made by the author which include caring is multidimensional, the potential to care is present in all individuals, caring can be learned, and caring is quantifiable (Watson, 2009, p. 117). This tool can be used in clinical or academic settings to aid in identifying areas where growth and guidance may be needed (Watson, 2009). Although this tool is easy to use, it is a self-assessment tool, which may deny the educator insight into the student's perceptions and judgments.

Caring Nurse-Patient Interactions Scale

The Caring Nurse-Patient Interactions Scale (CNPI) (Cossette & Pepin, 2005) is centered in the theory of human caring (Watson 1979, 1988); therefore the ten subscales of items are representative of each of the *10 Carative Factors* (Watson, 2009). There are three different versions of the CNPI with slightly different wordings of items to allow use with various groups such as patients, family members, nurses, and students (Watson, 2009). For students or nurses, the CNPI helps to measure their comfort and competence with caring in a clinical setting (Watson, 2009). The BSN CfA program is investigating using this tool at the end of the program as a form of summative evaluation to assess competency in caring prior to entry into practice.

Nurse-Patient Relationship Questionnaire

The Nurse-Patient Relationship Questionnaire (Quinn, Smith, Ritenbaugh, Swanson & Watson, 2003) measures the caring quality of the nurse-patient relationship from the patient's responses (Watson, 2009). The tool is embedded in Halldorsdottir's (1991) model of caring on a continuum from uncaring to caring (Watson, 2009). The questionnaire consists of twelve questions with five possible responses consisting of destroyed, hurt, unaffected, preserved, or enhanced. This tool is short and simple to use, making it easy for patients to complete. Other ways of using this tool could consist of students being evaluated by their patients or students evaluating one another during role play from the patient's perspective.

Need for a Different Evaluation Tool

Although these established tools are used in both educational and professional environments they do not measure caring and skill competency within the same tool. It's not to say that this is incorrect but rather to identify a need for tools that evaluate caring simultaneously with psychomotor skills in clinical, classroom, and lab settings. Additionally, evaluation tools are needed for faculty to be able to give feedback on the performance of caring in integration with skills and students need to understand that caring is inseparable from nursing skills. For example, inserting a nasogastric tube can be done competently and safely but not in a caring manner which could cause patient distress and harm the nurse-patient relationship. Evaluation tools that measure skill competency and caring can be useful in ensuring that students have the abilities to deliver safe, caring nursing care.

Evaluating Skill and Caring Competencies Using Rubrics

Rubrics are a useful tool for both students and educators to evaluate skills required in nursing. As caring is an important element of holistic nursing curriculum and the nursing profession, it requires evaluation in all aspects of nursing programs, including classroom, lab,

and clinical. Skills that require validation in the first year of the BSN CfA program include nasogastric (NG) tube insertion, sterile dressing change, urinary catheter insertion, oral medication administration, intramuscular (IM) and subcutaneous (SQ) medication administration, and intravenous (IV) secondary medication infusion administration and IV bolus medication administration. These skills are taught, practiced, and validated in the nursing lab using holistic rubrics to guide each skill. The goal of these rubrics is to integrate caring attributes with foundational nursing skills to aid students in understanding that caring and competence are interrelated and performed simultaneously.

Previous Rubrics

The previous rubrics used for skill validations consisted of the following evaluation categories: asepsis, safety, preparation, teaching and communication, procedure and evaluation of cares, and documentation. These rubrics primarily focus on the steps of the skill but neglect to address the caring behaviors that accompany the skill. Using rubrics that center around nursing skills without the inclusion of caring may mislead students to believe that being competent in their skills and competent in caring are independent of one another rather than inseparable. Examples of the previous rubric and new holistic rubrics are found in Appendix A.

Putting Caring into Action Using Simone Roach's *Seven Cs*

Simone Roach (1922-2016) was a nun and Canadian nurse theorist who is best known for her *Six Cs of Caring* from her book *Caring, The Human Mode of Being* (Villeneuve, Tschudin, Storch, Fowler, & Peter, 2016). Roach sought to answer the question, "What is a nurse doing when he or she is caring?" and developed the *Six Cs*, which include compassion, competence, confidence, conscience, commitment, and comportment (Roach, 2002, p. 43). The *Six Cs* provided the foundation for the Canadian Nurses' Association's first code of ethics,

published in 1980 (Villeneuve, et al., 2016). They have also be included in *Compassion in Practice: Nursing Midwifery and Care Staff: Our Vision and Strategy* published by the Department of Health in England in response to improve the culture of care (Cummings & Bennett, 2012). Although the date was not obvious, Roach later added a seventh caring attribute, creativity.

The *Seven Cs* were chosen to help faculty evaluate caring and aid students in developing these attributes of caring in their nursing practice. The *Seven Cs* offer a logical organization of caring behaviors and are very similar to a model of professional nurse caring created from nursing students' perspectives which included compassion, communication, providing comfort, competency, commitment, confidence, and courage (Wilkes & Wallis, 1998). The similarities between what nursing students identify caring to be and Simone Roach's *Seven Cs* allude to the ease of understanding of these concepts as caring by students. Furthermore, Gaut (1986) recognizes that a nurse cannot be considered competent or incompetent based on one activity but rather that caring is a series of actions. The *Seven Cs* also define caring as a series of actions and are summarized in Table 3 (p. 20).

Additional Caring Attributes: *Nine Cs*

In addition to Simone Roach's *Seven Cs*, two additional Cs were added to aid in the evaluation of caring within the BSN program. First, *communication* was added and defined as being "central to successful caring relationships and to effective teamwork" (St. Catherine University, 2017). Secondly, *consciousness* was added as it has become central to the nursing discipline (Newman et. al., 2008). These attributes are presented in Table 4 (p. 21). Newman explains consciousness as "the information of the pattern of the whole includes all forms of information; sensation and physiology as well as intellect, emotion and intention. A person is

identified by a pattern of consciousness, which includes awareness of self within a larger system of consciousness" (Newman et al., 2008). Consciousness was then leveled into three paradigms, increasing from simple to complex thought patterns, which are included in the rubric. The three paradigms of consciousness are presented in the Intramuscular/Subcutaneous Injection Validation Rubric in Appendix A. Consciousness was not added until the spring of 2018, therefore it does not appear on the NG tube, sterile dressing change, or urinary catheter insertion rubrics. Moreover, both consciousness and creativity appear on the rubric but do not have points assigned. They are included in the rubric to promote awareness of attributes of caring that may not be observed or quantified.

Table 3. Simone Roach's *Seven Cs*

Attribute of Caring	**Definition**
Compassion	"engenders a response of participation in the experience of another, a sensitivity to the pain and brokenness of the other and a quality of presence that allows one to share with and make room for the other." (Roach, 2002, p. 50)
Competence	"the state of having the knowledge, judgment, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities." (Roach, 2002, p. 54).
Confidence	"the quality that fosters trusting relationships." (Roach, 2002, p. 56).
Conscience	"the morally sensitive self attuned to values, is integral to personhood." (Roach, 2002, p. 58) "the medium through which moral obligation is personalized." (Roach, 2002, p. 58)
Commitment	"a complex affective response characterized by a convergence between one's desires and one's obligations, and by a deliberate choice to act in accordance with them." (Roach, 2002, p. 62)
Comportment	"is reflected in bearing, demeanor, dress and language." (Roach, 2002, p. 65)
Creativity	"having a vision of how nursing care can be, and making it better." (Roach, n.d.) "Creativity in nursing requires thinking reflectively, critically and imaginatively to create healing environments and enhance care giving practices. It requires the nurse to develop the qualities of envisioning, risk-taking, openness and resourcefulness." (Roach, n.d.)

Table 4. Additional Caring Attributes

Communication	"central to successful caring relationships and to effective teamwork" (St. Catherine University, 2017)
Consciousness	"Demonstrates the full capacity of human awareness and perception by appreciating pattern, attuning to dynamic flow, inviting creative emergence, and experiencing the infinite." (St. Catherine University, 2017)

Holistic Validation Rubrics Utilizing the *9 Cs*

To create holistic rubrics, the previous rubric design was referenced as it was successfully used in the past, however previous row headings were then exchanged for the *Nine Cs.* A step-wise, chronological skills checklist was created for each skill from *Elsevier Clinical Skills.* Then each step of the skill was paired with one of the *Nine Cs* even though many of the steps could fall into many categories of *Cs,* the most appropriate one was chosen.

The "Criteria for Performance" column lists a brief description of each caring attribute and the various steps requiring completion for full points regarding each individual skill. Table 5 illustrates each caring attribute, a brief description, and one example of a step of the skill for the urinary catheter insertion rubric. Again this excludes creativity, as it is not graded and consciousness as it was not yet added at the time this rubric was created.

Table 5. Example Rubric Language

Caring Attribute	Brief Description	Example of Step of Skill
Compassion	Demonstrates empathy, respect, dignity, and kindness towards patient.	• Secures catheter to patient's leg leaving room for movement
Competence	Correctly demonstrates skills required to perform procedure.	• Verbalizes to advance the catheter another 1-2 inches after urine begins to flow into tubing
Conscience	Adheres to standards of professional nursing practice.	• Verifies order for catheter insertion
Confidence	Trusts in one's ability to care for others.	• Demonstrates skill without hesitation
Commitment	Assures excellence of delivery in nursing care.	• Maintains asepsis while donning sterile gloves
Comportment	Behavior, attitude, and appearance are professional.	• Wears appropriate attire (scrubs, ID tag)

Communication	Verbal and nonverbal communication is respectful and therapeutic.	• Provides clear communication to guide patient through procedure
Creativity	Thinks reflectively, critically, and imaginatively to create a healing environment.	• No specific criteria for skill

Students are required to obtain 78% of the points (7.8 of 10 points) to successfully pass a skill validation. This means not only scoring at this level but also ensuring the criteria for automatic failure are avoided, including not identifying the patient, failing to verify the provider's order, leaving the environment unsafe (leaving the bed in a raised position, side rails down, or call light out of reach), and failing to self-correct when asepsis is not maintained.

Strengths

Advantages of rubrics for nursing skill validations that incorporate the *Nine Cs* include giving both students and faculty identifiable actions that qualify as professional caring. Utilizing these attributes for caring allows faculty to use a language in which to provide detailed feedback. Faculty may be able to track students' progress through many skill validations and recognize patterns to yield discussions on areas for growth and improvement. Using the *Nine Cs* as the row headings requires students to discuss various aspects of the skill in context with the caring attribute it is associated with, especially since students in this program are required to complete a peer review of the skill using the rubric as part of their practice for validation.

Weaknesses

Although the rubrics are presented in an organized manner in context with the *Nine Cs*, it may be difficult for students to follow, as the steps of the skill are not listed in chronological order. To attend to this, students received skill checklists that align with the rubrics but present the skill in a chronological, step-by-step format. Utilizing the *Nine Cs* for evaluating caring may

still be difficult as caring means different things to each individual. Many factors may influence how nurses care for their patients, including cultural influences, and personal experiences.

Additionally, it may be difficult to create a similar rubric for clinical evaluation as there is not a set skills set that will be attended to in each clinical as student's experiences will vary greatly. It may also be challenging for clinical instructors to use a rubric like this unless they are given some information and background on the *Nine Cs* prior to evaluating students.

Improvements

These rubrics may be improved following an extensive review of faculty and student experiences in working with this rubric. Further investigation may examine both validity and reliability scoring to ensure this is a proven tool for evaluation. Additionally, the areas of creativity and consciousness may need to be further developed to assess whether the simple presence of these on the rubric stimulates student thought in this area. It may be beneficial to discuss these with the student immediately following a skill validation to gain insight into how they demonstrated these attributes. This could also be assessed with the submission of a short journal entry or self-reflection from the student regarding their thought process throughout the skill validation.

Opportunities

Future opportunities include the use of the *Nine Cs* in the clinical setting as an evaluation method. This tool is currently in production for use within the BSN CfA program. Using tools based on the same theoretical foundation gives students consistency in expectations for providing professional caring in all areas of nursing education. Additionally, it allows faculty to become familiar with one tool and one language of caring for ease of use in all educational settings.

The literature also stresses the importance of faculty role-modeling professional caring; therefore both students and leadership could utilize the *Nine Cs* for staff evaluations. This could help faculty to improve their own attributes of caring and identify areas where they could improve. Using the same standards for students and faculty may enrich learning for students, knowing that faculty is held to the same standards of caring.

If proven to be effective, this tool could also be adapted for patients to use to evaluate students or practicing nurses in the clinical setting. Students may take evaluations by patients more seriously than faculty evaluations and it may provide a fresh perspective to students on their individual caring abilities.

Threats

As discussed previously, there is a shift towards utilizing evidence-based practice, which may hinder some of the caring attributes and the effort nurses place into providing individualized care for each unique patient. Nurse educators must aid students to view the concepts of competency and caring as synergistic rather than in opposition with one another. Students may also interpret attributes of caring as the “fluff” of nursing and unimportant in their practice. Therefore, educators must utilize current research to emphasize the importance of caring in providing effective nursing care that has positive influences on patient experiences and outcomes.

Implications for Nurse Educators

In order to teach caring, nurse educators must show caring behaviors to their students and fellow faculty members. By role modeling professional caring, nurse educators may improve the caring capabilities of their students (Duffy, 2005). Caring can also have a rippling effect of how transmittable caring can be and the effect caring educators can have on students, the effect caring

students can have on one another, and the effect caring educators can have on students, the effect caring students can have on one another, and the effect caring students can have on their patients (Beck, 2001). In its simplest explanation, it is imperative that faculty practice what they teach to effectively help students learn the skills of professional caring.

Students enter into nursing programs with a wide variety of innate caring ability that is greatly influenced by their upbringing, culture, and personal experiences. Nurse educators must assess and hone these skills while teaching students how to become competent in professional caring. In order to reach each student, faculty must collaborate and teach caring in varying ways in the classroom, lab, and clinical environments.

Finally, a summative evaluation of caring must be completed to ensure students are ready to provide caring that is professional and beneficial to patients. Faculty should decide on an evaluation tool that fits their program and students' needs. Evaluating caring at the end of a program will allow for continued modification of curricula and improvements.

Future Research

Further areas for research regarding the evaluation of caring in nursing include the creation of similar evaluation tools for clinical and classroom experiences. Ideally, evaluation tools should use the same language and theoretical foundation for each tool to maintain consistency for faculty and students. Additional research is necessary to evaluate inter-rater reliability and validity of this evaluation tool to confirm that it is capable of assessing competency in professional caring.

Evaluation tools may also be beneficial in professional nursing practice to continually help nurses and other disciplines to develop their caring abilities. Patients or leaders within healthcare organizations could evaluate staff in direct patient care positions to identify areas for

improvement in caring. Healthcare organizations could also adopt something like Simone Roach's *Seven Cs* to be utilized within the electronic healthcare record for nurses to record their caring interventions.

Conclusion

There are numerous reasons why caring must remain at the heart of nursing in both education and professional nursing practice. Nurse educators are called to instill caring within their teaching and evaluate their students' performance in caring and competency. Infusing the nursing curricula with caring not only benefits students with a supportive learning environment but fosters the relationship between students and faculty. Additionally, teaching caring improves patient care, placing the nurse-patient relationship at the center of professional nursing practice which may have endless positive effects on patients, fellow health care providers, and nurses.

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Appendix A. Previous Rubric Example

	Dependent performance	Minimal performance	Satisfactory performance	Above satisfactory performance	Comments
Asepsis	Corrected breaks only in asepsis in self-evaluation U	Self-corrected breaks more than twice during procedure U	Maintained asepsis with 1-2 self-corrections during procedure **0.75 point**	Maintained asepsis with no self-correction during procedure **1 point**	Wash hands, does not contaminate supplies, gloves without contamination, wash hands when finished, disposes of supplies Student states to assess and clean peri-area before beginning procedure.
Safety	Corrected unsafe elements only in self-evaluation U	Self-corrected unsafe elements more than twice U	Safe procedure with 1-2 self-corrections during procedure **1.5 point**	Safe, efficient procedure. Proactive to maintain safety **1.75 point**	Assess need for catheter. Checks order, IDs patient and checks ID band, correct size of catheter selected, elevates bed at the beginning and lowers the bed at completion, client safety maintained, good body mechanics by nurse
Preparation	Corrected 2 or more missed elements of preparation only in self-evaluation U	Self-corrected missing elements more than twice during procedure or corrected in self-evaluation one time **0.75 point**	Self-corrected missing elements of preparation 1 or 2 times during procedure **1 point**	Complete and efficient preparation for procedure **1.25 point**	Verifies order, obtains correct equipment, positions client appropriately with proper draping, places disposal bag to avoid contaminating the sterile field. Put on sterile gloves without contamination, place sterile drape on bed. Place sterile fenestrated drape over patient's perineal area (Optional)
Teaching and Communication	Teaching or communication corrected in self-evaluation more than once U	Teaching and communication corrected in self-evaluation one time **0.75 point**	Teaching and communication task focused only (talking through procedure) **1 point**	Teaching and communication client and task focused **1.25 point**	Introduces self, explains procedure and why a catheter is needed. Instructs client to take slow, deep breaths when inserting catheter. Answers patient's questions.
Procedure and Evaluation of Cares	Uncoordinated but completed major elements of procedure. Evaluated cares only in self-evaluation U	Awkward procedure. Evaluated major elements of cares only during procedure. **0.5 point**	Coordinated procedure. Evaluated care given during procedure **1.5 point**	Coordinated, efficient, smooth procedure. Evaluated cares given and interaction with client **1.75 points**	Lubricate catheter, attach syringe to port, place non-dominant hand on labia, clean each labia and then external urethral meatus (from top to bottom) using each applicator once, insert the catheter until urine returns, advance catheter another 2-3 inches, secure catheter with contaminated hand and inflate balloon (using full 10mL in syringe), check placement of catheter in bladder (by giving a slight tug), remove syringe, attach drainage tubing to thigh with slack in catheter, fasten drainage bag to bed below bladder and on the non-movable portion of the bed, reposition client. Assess how patient tolerated the procedure. Gloves may be removed before or after taping tubing to the thigh.
Documentation	Did not document major elements of care U	Documented major elements of procedure only **0.25 point**	Documented procedure but not patient teaching. **0.5 point**	Documented procedure and patient teaching **1 point**	Documentation must be completed in DocuCare and submitted. Documents reason for catheter, how the client tolerated procedure, amount inserted into balloon, size of catheter, urine return, and characteristics of urine.
	Unsatisfactory Evaluation-must repeat	**Satisfactory or Unsatisfactory**	**Satisfactory Evaluation**		**Automatic Failures:** • **Contaminates sterile field, sterile gloves or catheter during the procedure without self-correct.** • **Does not ID patient**

Appendix B. New Rubric Examples

Urinary Catheter Insertion Validation Rubric

Quality	Unsatisfactory Performance	Performance Needs Improvement	Satisfactory Performance	Excellent Performance	Criteria for Performance
Compassion	Fails to provide compassionate interventions. **OR** Does not maintain patient's privacy. **0 points**	Provides 1-3 compassionate intervention including maintaining patient privacy. **0. 5 points**	Provides 4 compassionate interventions including maintaining patient privacy. **0.75 point**	Provides all compassionate interventions. **1 point**	***Demonstrates empathy, respect, dignity, and kindness towards patient.*** Maintains patient privacy, introduces self to the patient, verifies/places water proof pad under the patient, secures catheter to patient's leg leaving room for movement, positions patient for comfort following procedure, offers perineal hygiene following procedure
Competence	Inadequate demonstration of skills with more than 4 self-corrections made during the procedure. **0 points**	Demonstrates skill with 3-4 self-corrections made during the procedure. **2.1 points**	Complete demonstration of skills with 1- 2 self-corrections made during the procedure. **3.1 points**	Excellent and thorough demonstration of skills without self-corrections made during procedure. **4 points**	***Correctly demonstrates skills required to perform procedure.*** Positions patient appropriately for procedure, verbalizes perineal area has been cleansed, drapes patient appropriately, dons sterile gloves, applies water-soluble lubricant to catheter, attaches syringe to port, opens package of antiseptic solution or swabs, appropriately cleans the urethral meatus three times with dominant hand (each time with a new swab), inserts the catheter, verbalizes to advance the catheter another 1-2 inches after urine begins to flow into tubing, uses non-dominant hand to hold catheter while using dominant hand to inflate balloon, maintains pressure on the syringe, gently pulls the catheter until resistance is felt then advances slightly, and removes the syringe
Conscience	Fails to verify health care provider's order **AND/OR** Fails to ID patient by band or medical record **AND/OR** fails to ensure all elements of environment are safe. ** **0 points**	Verifies health care provider's order, ensures all elements of environment are safe, checks patient ID and compares to either the band or the medical record **AND/OR** Fails to assess for allergy. **0.5 points**	Verifies health care provider's order, checks patient ID and compares to band and medical record, assesses for allergy, and ensures all elements of environment are safe. Fails to maintain good body mechanics. **0.75 points**	Verifies health care provider's order, checks patient ID and compares to band and medical record, assesses for allergy, maintains good body mechanics, and ensures all elements of environment are safe. **1 point**	***Adheres to standards of professional nursing practice.*** Verifies order for catheter insertion, IDs patient using two identifiers and compares identifiers with ID band and medical record, assesses for allergy to latex or antiseptic, maintains good body mechanics, ensures environment is safe (bed in lowest position, side rails up x 2, call light within reach)
Confidence	Demonstrates procedure with 4 or more moments of hesitation. **0 points**	Demonstrates procedure with 3 or more moments of hesitation. **0.5 point**	Demonstrates procedure with 1-2 moments of hesitation. **0.75 point**	Demonstrates procedure without hesitation. **1 point**	***Trusts in one's ability to care for others.*** Demonstrates skill without hesitation

Commitment	Fails to correct breaks in asepsis during procedure ** **AND/OR** Did not document procedure or teaching. **0 points**	Corrects breaks in asepsis more than twice during procedure. **AND/OR** Documented either procedure or teaching only. **0.5 point**	Maintained asepsis with 1-2 corrections during procedure. **AND** Documented procedure and patient teaching. **0.75 point**	Maintained asepsis with no corrections during procedure. **AND** Documented procedure and patient teaching. **1 point**	***Assures excellence of delivery in nursing care.*** Completes hand hygiene before applying clean gloves, applies clean gloves before perineal care/inspection, appropriately sets up and maintains sterile field, completes hand hygiene before donning sterile gloves, maintains asepsis while donning sterile gloves, places drape shiny side down without contamination, keeps labial folds separated with non-dominant hand, ensures sterility of catheter prior to insertion, performs hand hygiene after removing sterile gloves, places urinary collection bag below the level of the bladder and on an immovable part of the bed frame, disposes of supplies following procedure, documents procedure in chart including catheter size, balloon fill volume, characteristics of urine, patient tolerance of the procedure, and any complications. Teaching is documented in chart.
Comportment	Does not present self in a professional manner by wearing appropriate attire. **OR** Performance indicates lack of practice. **OR** Fails to obtain more than 3 items prior to starting the procedure. **0 points**	Presents self in a professional manner by wearing appropriate attire. **AND** Performance indicates inadequate practice of skill. **OR** Fails to obtain 2 items prior to starting the procedure. **0.2 points**	Presents self in a professional manner by wearing appropriate attire. Performance indicative of practice. **AND** Fails to obtain 1 item prior to starting the procedure. **0.4 points**	Presents self in a professional manner by wearing appropriate attire. Performance indicative of practice. Obtains all needed equipment prior to starting the procedure. **0.5 points**	***Behavior, attitude, and appearance are professional.*** Wears appropriate attire (scrubs, ID tag), obtains correct equipment, performance indicates student practiced skill prior to validation
Communication	Communication is disrespectful and/or non therapeutic. **OR** Fails to explain the procedure to the patient and offer guidance during procedure. **0 points**	Communication is respectful and therapeutic. Explains the procedure to the patient but fails to offer guidance during procedure. **1 point**	Communication is respectful and therapeutic. Explains procedure to the patient but offers minimal guidance during procedure. **1.3 points**	Communication is respectful and therapeutic. Explains procedure to patient and offers thorough guidance during procedure. **1.5 points**	***Verbal and nonverbal communication is respectful and therapeutic.*** Explains procedure for catheter insertion, provides clear communication to guide patient through procedure
Creativity	Student is unable to resolve problems encountered during skill without excessive guidance from faculty or peers. **Unsatisfactory**	Student is unable to resolve problems encountered during skill demonstration without some guidance from faculty or peers. **Unsatisfactory**	Student is able to resolve any problems encountered during skill demonstration with minimal guidance from faculty or peers. **Satisfactory**	Student is able to resolve any problems encountered during skill demonstration without any guidance from faculty or peers. **Satisfactory**	***Thinks reflectively, critically, and imaginatively to create a healing environment.***
Attributes of caring are italicized.	• **Student must receive 7.8 points or higher to satisfactorily complete this skill validation.** • **Peer critique is to provide guidance. Student will receive an S (satisfactory) for**				****Automatic Failure** - **Fails to ID patient.** - **Fails to verify the provider order** - **Leaves bed in raised position, side rails down, or call light out of**

	submitting a completed peer critique.	**reach.** - **Fails to correct breaks in asepsis during procedure.**

Intramuscular/Subcutaneous Injection Validation Rubric

Attributes of Caring	Unsatisfactory Performance	Performance needs improvement	Satisfactory Performance	Excellent Performance	Criteria for Performance
Compassion	Provides 2 or less compassionate interventions. **0 points**	Provides 3-4 compassionate interventions. **0. 5 points**	Provides 5-6 compassionate interventions including maintaining patient privacy. **0.8 point**	Provides all compassionate interventions. **1 point**	***Demonstrates empathy, respect, dignity, and kindness towards patient.*** Provides patient privacy, positions patient for comfort before injection, exposes only the injection site and surrounding skin, instructs patient to relax area of the injection site, allows antiseptic to dry prior to injection, repositions patient for comfort following procedure, places tray and personal items within reach following procedure
Competence	Inadequate demonstration of skill with 4 or more self-corrections made during the procedure or on the self-evaluation. OR Inadequate demonstration of skill with errors which are not self-corrected. **0 points**	Adequate demonstration of skill with 3 self-corrections made during the procedure or on the self-evaluation. OR Complete demonstration of skill with 1-2 errors which are not self-corrected. **1.8 points**	Complete demonstration of skill with 1- 2 self-corrections made during the procedure or on the self-evaluation. **3 points**	Excellent and thorough demonstration of skill without self-corrections. **4 points**	***Correctly demonstrates skills required to perform procedure.*** Accesses Pyxis, selects correct drug(s), completes first check and 6 rights against med room MAR, logs out of Pyxis following removal of medications, completes second check and 6 rights against med room MAR, calculates correct volume to withdraw, correctly demonstrates drawing up medication , labels medication, completes third check and 6 rights with labeled syringe against the bedside MAR, performs necessary pre-administration assessments, correctly describes three locations for possible injection sites for the medication, determines site of last injection, determines and verbalizes site for this injection, inspects and palpates injection site, verbalizes anatomical landmarks, correctly administers medication using appropriate site, technique, and needle size for IM or SQ
Conscience	Fails to verify allergies** **AND/OR** Fails to check patient ID** **AND/OR** Fails to ensure all elements of environment are safe **0 points**	Ensures all elements of environment are safe, verifies allergies, checks patient ID and compares to either the band or the medical record. **0.5 points**	Checks med expiration date, IDs patient using two identifiers and compares to band and medical record, verifies patient allergies, and ensures all elements of environment are safe. **0.9 point**	Verifies health care provider's order, checks med expiration date, double checks calculation with another RN, IDs patient using two identifiers and compares to band and medical record, verifies patient allergies, and ensures all elements of environment are safe. **1 point**	***Adheres to standards of professional nursing practice.*** Verifies health care provider's order prior to accessing Pyxis, checks expiration date of medication, verbalizes double checking dose calculation with another nurse, identifies patient using two identifiers and compares with ID band and medical record, verifies allergies, ensures bed is in lowest position with side rails up per policy and call light in reach following procedure
Confidence	Demonstrates procedure	Demonstrates procedure	Demonstrates procedure	Demonstrates procedure	***Trusts in one's ability to care for others.***

	with more than 4 moments of hesitation. **0 points**	with 3-4 moments of hesitation. **0.35 point**	with 1-2 moments of hesitation. **0.5 point**	without hesitation. **0.75 points**	Demonstrates skill without hesitation
Commitment	Fails to perform hand hygiene ** **AND/OR** does not document procedure and teaching **0 points**	Self-corrects breaks in asepsis more than twice during procedure or on self-evaluation **OR** documents procedure only **OR** documents teaching only **OR** doesn't verbalize need to observe for allergic reaction **0.5 point**	Maintains asepsis with 1-2 self-corrections during procedure or on self-evaluation, documents procedure and patient teaching, verbalizes need to observe for allergic reaction **1 points**	Maintains asepsis with no self-corrections during procedure, uses safe body mechanics by raising bed to working height, documents procedure and patient teaching, verbalizes need to observe for allergic reaction **1.25 point**	***Assures excellence of delivery in nursing care.*** Performs hand hygiene before preparing medication(s) and before entering patient's room, raises bed to appropriate working height, applies clean gloves prior to injection, correctly cleans site with antiseptic swab, documents injection in MAR including 6 rights and injection site, documents patient education, verbalizes need to stay with patient for several minutes to observe for allergic reaction, removes gloves and performs hand hygiene following procedure
Comportment	Does not present self in a professional manner by wearing appropriate attire **OR** Performance indicates lack of practice. **0 points**	Presents self in a professional manner by wearing appropriate attire **AND** Performance indicates inadequate practice of skill **OR** Fails to self-correct obtaining items prior to preparing medications or entering the patient room **OR** fails to self-correct disposing of supplies following procedure. **0.5 points**	Presents self in a professional manner by wearing appropriate attire. Performance indicative of practice **AND** Self-corrects failure to obtain items prior to preparing medications or entering the patient room **OR** self-corrects failure to appropriately dispose of supplies. **0.8 points**	Presents self in a professional manner by wearing appropriate attire, gathers necessary supplies to prepare medications and before entering patient room, appropriately disposes of supplies to prepare medication & following procedure, performance indicates student practiced skill prior to validation **1 points**	***Behavior, attitude, and appearance are professional.*** Wears appropriate attire (scrubs, ID tag), gathers supplies needed to prepare medications, appropriately disposes of supplies used to prepare medication, gathers supplies to bring into patient's room, appropriately disposes of all supplies following procedures, performance indicates student practiced skill prior to validation
Communication	Fails to offer guidance during procedure and fails to introduce self. **AND/OR** Communication is disrespectful and/or non-therapeutic **AND/OR** Fails to discuss purpose, action, and SE of medication **0 points**	Communication is respectful and therapeutic. Fails to offer guidance during procedure **OR** Fails to introduce self **OR** does not adequately discuss purpose, action, and SE of medication **0.5 points**	Introduces self. Communication is respectful and therapeutic. Discusses purpose, action, and SE of medication. Offers minimal guidance during procedure. Fails to ask if patient has questions. **0.8 points**	Introduces self. Communication is respectful and therapeutic. Discusses purpose, action, and SE of medication. Asks if patient has questions. Provides clear communication and answers patient questions **1 points**	***Verbal and nonverbal communication is respectful and therapeutic.*** Introduces self to patient, discusses medication with patient (purpose, action, possible side effects), asks patient if they have questions regarding medication and answers appropriately, provides clear communication to guide patient through procedure

Attributes of Caring not measured during skill demonstration

Attribute of Caring	**Continuum of Development**			**Criteria for Performance**
Creativity	Student is unable to resolve challenges encountered during skill without considerable guidance from faculty or peers.	Student is able to resolve challenges encountered during skill demonstration with minimal guidance from faculty or peers.	Student is able to resolve challenges encountered during skill demonstration without any guidance from faculty or peers.	***Thinks reflectively, critically, and imaginatively to create a healing environment.***
Consciousness	Paradigm 1: Attends to concepts, contexts, facts and figures. Objective quantitative data, ordinary consciousness, linear rational thought.	Paradigm 2: Includes processes of interaction and integration with paradigm 1 data. Information processing abilities include observations of mind, emotion, cultural, spiritual context, subjective, qualitative information. Subconsciousness, resonant and synchronistic moments, reflective insights.	Paradigm 3: Inclusive of paradigm 1 and 2. Integral experiences, quantum leaps of insight of unitary/holistic perception and awareness. Appreciates pattern, attunes to dynamic flow, invites creative emergence. Intuition, gut awareness, experiences the infinite (innate wisdom, wholeness, sacred moments), super consciousness (hyper synchronistic awareness). Sometimes called cosmic consciousness.	***Demonstrates the full capacity of human awareness and perception by appreciating pattern, attuning to dynamic flow, inviting creative emergence, and experiencing the infinite.***

*****Automatic Failure: fails to verify allergies, fails to ID patient, or fails to perform hand hygiene***