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A Capstone Project: A way to Integrate Knowledge and Empower Students to Become Change Agents in the Practice Setting.

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A Capstone Project: A way to Integrate Knowledge and Empower Students to Become Change Agents in the Practice Setting.

Cover Page Footnote

The authors of this paper would like to acknowledge Dr. Pat Sevean and Dr. Sally Dampier of Lakehead University for sharing their experience with the scholarship conference of their BScN program. Their insights influenced how the capstone conference was originally conceptualized in our nursing program. Les auteures de cet article tiennent à remercier la Dre Pat Sevean et la Dre Sally Dampier de Lakehead University pour avoir partagé leur expérience d'une conférence sur l'avancement des connaissances dans leur programme de baccalauréat en sciences infirmières. Leurs réflexions ont influencé la conception initiale de la conférence des projets de synthèse dans le cadre de notre programme de sciences infirmières.

Introduction

Nursing education today calls for creative and innovative ways of preparing students for the future. Benner, Sutphen, Leonard, and Day (2010) argued that today's nursing curricula need to focus on (a) facilitating the integration of knowledge, (b) strengthening oral and written communication skills, (c) developing student projects within clinical settings that reflect the use of evidence-based and exemplary nursing practice, and (d) supporting students in their growth toward becoming change agents in the health care system. These suggestions led to our development of a *learning experience* that focuses on quality improvement in the workplace to help final-year students connect theory to practice and disseminate their projects. This capstone experience facilitated students' application of knowledge about a specific practice issue that they identified as a gap between current and exemplary nursing practice. This paper describes the a) background for the capstone learning activity, b) guiding assumptions, c) capstone project, d) assessment of learning, and e) lessons learned.

Background

The capstone learning experience was created as an outcome measure in the final theory course that ran concurrently with the students' last clinical course. The theory course was problem-based, with small groups of 20 students per class and one professor who served as the facilitator of learning. The classes were six hours in length and ran weekly for the first six weeks of term, either face-to-face or online. On week 11 of the course, students returned to the university to participate in a capstone conference. In total, 17 professors and one course planner assisted close to 350 students to complete the winter course. In these first six weeks, students were introduced to the scope of the capstone project by the professor of the theory course. Concurrently, students engaged in clinical practice with a preceptor for 24 hours per week until the end of the sixth week, after which they increased their clinical practice time to 35.5 hours per week for a total of 355 practice hours over 12 weeks. Both the clinical tutor and preceptor worked in collaboration with the student and the theory course professor to help students identify an applicable and manageable practice issue to address in their project, which was seen as the culminating, or "capstone," experience of the curriculum.

The capstone metaphor depicts strength and stability of a structure (Schroetter & Wendler, 2008). In a curriculum, it represents the keystone that connects learning across all curricular themes. The learning in the program was guided by three major curricular themes: personhood and caring; context, health and healing; and learning and knowing. It included exploration of a variety of concepts such as communication, caring, person-centered care, professionalism, advocacy, leadership, and clinical reasoning and judgement. The theory and clinical courses were developed to allow students to design and disseminate a capstone project that integrated curricular content, consolidated learning, and narrowed the gap between theory and practice.

In the theory course, students discussed the scope of the capstone project. In small groups of three, students analysed their practice, designed and tested an activity that made a difference to their patient care, interpreted the implications of their activity, and prepared to present the outcome of their project at a capstone conference to the wider practice and education community. The conception of the capstone project removes the separation between academia and practice, and facilitates an appreciation that the community of practice is also the students' community of learning.

The conference organizers invited chief nursing executives, educators, managers, and preceptors from collaborating agencies and practice settings to attend the capstone conference and to view the students' projects. The capstone conference, thus, became a way for nursing communities of

learning and practice to come together to celebrate students' accomplishments. It symbolized the students' movement from one phase of their learning (academia) to another (practice).

Guiding Assumptions

The guiding assumptions for the capstone learning activity were derived from the work of Benner et al. (2010), who recommend that nursing education promote the skills of inquiry and support the growth of students towards becoming change agents within the health care system. The skills of inquiry help students to know and understand the issues they face in practice within clinical settings. The assumptions were also derived from the ideas of Chinn and Kramer (2008), who found that knowing could be converted into knowledge as individuals engage in the creative process of transforming what they know into formal expressions or observable products.

The motivation in developing this project was to offer students the opportunity to apply knowledge in the clinical setting that may possibly initiate a difference in the workplace. The capstone experience promoted the students' abilities to scan the clinical environment and offer a different perspective to existing issues in practice. The experience also offered a way for students to learn aspects of the quality improvement process, a skill that Flores, Hickenlooper, and Saxton (2013) advocate as important to the preparation of new graduates. Finally, the professors of the theoretical course wanted to capture the extent to which students understood the curriculum themes of the program, how they applied their knowledge in practice to solve everyday issues, and how they presented themselves as professional nurses in a conference setting. Providing students with a capstone experience enabled theoretical course teachers to observe and assess these elements in student performance on the final course of their program.

Assumption 1: The fundamental learning activity within the capstone project is the application of scholarship

This type of project, in which the professional uses knowledge acquired through education and practice to inform the process of inquiry while addressing issues within a given context, involves a dynamic process of engagement between knowledge and a contextual problem (Boyer, 1990). It is useful, as Robert and Pape (2011) acknowledged, because scholarly inquiry in a practice setting can assist with finding solutions to everyday problems. From this perspective, scholarship is viewed as a way to change elements of the practice setting through inquiry and knowledge application (Riley, Beal, Levi, & McCausland, 2002; Robert & Pape, 2011).

Scholarship is also perceived as an essential capability for enacting the professional nursing role and an activity that can be undertaken by undergraduate nursing students (Sevean, Poole, & Strickland, 2005). What has been consistent in the writings about applied nursing scholarship, which include Thoun's (2009) critique of Boyer's work, is that the process can be used in search of answers to everyday questions and is not necessarily limited to the development of large research studies.

At the undergraduate level, scholarly inquiry is a fundamental skill expected of degree-seeking students (Council of Ontario Universities [COU], 2005). The desired expectations of undergraduate students include the application of knowledge, the use of methodologies to address questions, and the ability to take initiative within the scope of the student experience (COU, 2005). Students must also demonstrate behaviours consistent with academic integrity, personal/social responsibility, and accountability (COU, 2005). Elements of this assumption will be further explored in the discussion of the capstone learning activity.

Assumption 2: Engaging in an authentic conference experience and sharing quality improvement ideas creates a space for students to rehearse their future role as nurses in the context of health care teams, nursing committees, and/or as participants in future professional conferences

The literature (Reeves, Herrington, & Oliver, 2002) on authentic learning activities reflects the influence of constructivist philosophy, on which the nursing program is based. The ten characteristics of authentic activities described by Reeves et al. (2002) best capture the nature, purpose, and desired outcomes of the conference experience. For example, Reeves et al. (2002) hold that an authentic activity is one that has real-world relevance, is ill-defined, complex, takes multiple perspectives, requires collaboration, fosters reflection, and results in the creation of innovative ideas that offer multiple, diverse solutions to real-world problems. Since the students enacted their authentic learning activity in the practice setting and then presented their work to a group of peers, professors, and clinicians, the capstone experience and culminating conference reflected these characteristics of an authentic learning activity.

The Capstone Project

The aim of the capstone project was to engage students in the synthesis of their experience beyond the borders of the classroom to accomplish the following: (a) knowledge integration, by designing a creative and practical activity that addressed an area of quality improvement in their clinical setting; (b) establishing the link between the activity and the curricular themes; (c) a creative analysis and interpretation of the implications of the activity for education, practice, research, and policy; and (d) dissemination of the capstone activity findings to the wider communities of practice and education through a conference. The experience was divided into two phases: Phase 1 was comprised of seeking, designing, and implementing their change idea, and Phase 2 involved dissemination of the project findings at the capstone conference.

Phase 1: Designing a Creative and Practical Activity

In the theoretical course, students brainstormed on possible practice issues to focus upon. Since not all students within a group shared the same clinical placement, they had to determine an issue that was relevant across all their clinical settings and connect it to one of the curriculum themes in the program. Professors assisted students in thinking through their projects. Students also worked with their preceptors to identify an area of improvement in nursing practice in their setting. The students' clinical teachers helped guide the practicality of their project. The capstone experience created a shared learning space for teachers in both theoretical and clinical courses to contribute to the development of a student project.

Once the students' idea was established, they reviewed the relevant literature, described the identified gap in their practice, developed a small-scale activity meant to influence the issue, and created evaluation criteria to assess the strengths and limitations of their activity. For example, one group noticed that one of the issues in the workplace was the consistent use of call bells by patients. The student group wanted to determine whether hourly nursing rounds reduced the frequency of call bell use by patients and their family members. This practice was consistent with recommendations in the literature but was a practice gap in their clinical settings. As their capstone activity, each member of the student group initiated hourly rounds in their own nursing unit within a given period. They counted the frequency of call bell use prior to and during the implementation of the capstone activity, and found that hourly rounds were associated with a decrease in call bell use. Nurses also reported

that, due to this decreased call bell use, they were less frustrated when performing their nursing work (Fledderus, Muru, & Montpetit, 2013).

In another example, a group noticed that, on their clinical unit, nurses were not consistent in their use of affirming phrases towards patients. Their review of the literature suggested that empowerment promotes patients' strength and internal resources (World Health Organization [WHO], 2010). The students designed an activity using empowering phrases during their interactions with their patients such as "I am glad you are here today; have I answered all your questions?" and providing positive affirmations whenever possible (Cuyllé, McMahon, & Peddle, 2012). The students wanted to know whether these empowering phrases positively influenced the therapeutic nurse-patient relationship. They kept a record of their activity and the patient/nurse responses whenever the phrases were enacted, and they found that the patients' interaction with one of the nursing students improved after using the phrases. The activity created a positive space to address specific patient care needs and, as a result, the nursing student involved felt that her care was more patient-centered. The group summarized the experience with their clients in the following statement, cited from their report: "When I made the statement ['I am glad you are here today'] the client finally made eye contact with me and smiled. It felt like he opened up more after that" (Cuyllé et al., 2012).

In a similar vein, another student group wondered whether conducting frequent status updates with patients promoted patient comfort. The students in this group were in different clinical placements (operating room, emergency, and intensive care) and in varied organizations. They noticed that patient communication could be enhanced in all of their clinical settings. Their capstone activity involved ending their initial patient interaction with the phrase "Do you have any questions?" Throughout their shifts, they continued to provide their patients with status updates about their nursing care. Within the weeks of initiating their practice initiative, the students noticed that there was an improvement in their patient-nurse relationship, and their patient feedback validated a positive patient experience (Child, Craig, & Vanderknyff, 2013).

The various "tests of change" that the students conducted introduced the initial seed for the development of a quality improvement (QI) project that could be formally implemented in the future. *Test of change* is a term used within the "Plan Do Check Act" cycle embedded in a QI process (Langley, Nolan, Nolan, Norman, & Provost, 2009). While formal QI projects were not the aim of the capstone learning activity, the ideas generated could be viewed as precursors to such projects. The activities also provided the students with the experience of learning about the impact they can have on their organization and their patients.

Phase 2: Dissemination of Knowledge at the Capstone Conference

In week four, students chose whether to present at the capstone conference orally or by poster. They submitted their choices to their theoretical course professor, who forwarded them to the course planner. Due to the organizational logistics of the conference, a set number of oral and poster presentations were permitted. By week six of the course, students received confirmation of their presentation format, along with instructions on how to construct an oral and poster presentation. An external company assisted with printing each student group's 48" x 36" posters. While the face-to-face or online component of the course ended, students continued to work on their projects in their clinical settings. In week eight, the students submitted an abstract of their project to an online conference site situated on the program's learning management system. One week before the conference, they also submitted the presentation slides and posters to provide an opportunity for the assessors to view the presentations ahead of time.

The conference opened with a keynote speaker from academia and closed with a keynote speaker from clinical practice, further highlighting the link between the education and practice environments. Four months prior to the capstone conference, the course planner contacted the keynote speakers for the conference along with those who shared greetings, such as the Associate Dean of Education, Faculty of Health Sciences, the Associate Dean of the School of Nursing, the Assistant Dean, and the Chairs of the partner sites of the Collaborative BScN program. All those involved committed to participating in both the fall and winter capstone conferences.

The conference also had the support of student volunteers who managed the logistics of the day's event. Leaders from the Nursing Student Society took part in organizing the conference. They attended the planning meetings and arranged for volunteers to a) take responsibility for registration on the day of the conference, b) assemble the gifts from sponsors to the participants, and c) function as timekeepers for all sessions. Practice organizations also sponsored the conference by providing the refreshments for the afternoon break. They were present at the conference and students conversed with them regarding their organizations.

Assessment of Learning

Wiggins and McTighe (2005) suggested that in any learning activity, the key areas of learning must be highlighted. In the capstone project, these were *integration* (the ability to integrate knowledge and make connections between knowledge and experience), *complexity* (the ability to address a gap between evidence and practice), and *transition* (the ability to verbally and orally present and defend ideas publicly as a rehearsal for the role of graduate nurse). These ideas were threaded into the marking rubric and represented as observable behavioural cues, which were assessed and graded using an alpha scale ranging from A to D.

The criteria embedded in the “Undergraduate Degree Level Expectations” (COU, 2005) and applicable competencies outlined in the “Entry to Practice Competencies for the Registered Nurse” (College of Nurses in Ontario [CNO], 2014) were also mapped onto the behavioural cues. The evidence of these cues demonstrated the extent to which students exhibited selected entry-to-practice competencies prior to graduation. Each of the theoretical course teachers (conference assessors) was randomly assigned seven presentations to assess throughout the conference using the marking rubric.

Oral presentations were organized as part of concurrent sessions where students presented in assigned rooms. Each presentation was 15 minutes, plus 10 minutes to field questions from the assessor and audience. Poster presentations were located in a large foyer and assessors evaluated them at their designated time. The poster presentations were 20 minutes each, 10 minutes for the students to present their work to their assessor and another 10 minutes to field questions. In one winter conference, there were 37 oral presentations and 102 posters, which were evaluated by 19 assessors (professors from the theoretical course). The conference involved 398 students.

The capstone project constituted 60% of the final grade in the theoretical course. Specifically, 30% was a group grade allocated to the presentation and another 30% derived from the interview component of individual students in the small group. The students were assessed in three categories: (a) scientific thought, (b) presentation, and (c) interview. Scientific thought was divided into four components:

1. *Explanation*, which addressed the student's ability to connect the project to curricular themes and literature and to develop statements of relevance and implications for practice;

2. *Interpretation*, which referred to the ability to interpret the meaning of the QI activity in the practice setting;
3. *Application*, which related to the skill of describing the activity and its elements; and
4. *Perspective*, which referred to the ability to identify key learning from the experience.

The indicators under these headings identified the behavioural cues for the assessment. A grade from A to D was assigned using a rubric adopted from Wiggins and McTighe (2005), who suggested an assessment of the level of a student's understanding from in-depth to naïve. An example of the indicators for the component of explanation is as follows:

Explanation: i) Demonstrates ability to describe and explain the curricular theme as it relates to the activities created; ii) Demonstrates ability to describe the significance of the activities to the community of practice; iii) Demonstrates ability to review the literature as it relates to the presentation; iv) Demonstrates ability to determine implications to education, practice, research, and policy; v) Demonstrates ability to articulate a conclusion that synthesizes all the experiences.

An example of an A grade on this component is as follows: A = In-depth

Students provide a revealing account that is well supported by best evidence; students demonstrate ability to make connections amongst different elements of the presentation with depth; students demonstrate the ability to skillfully synthesize their work with depth.

An example of a D grade on the element of explanation is as follows: D = Naïve

Students demonstrate a superficial and fragmented account of the presentation (Marking grid capstone conference, 2013).

The second component of the group grade, presentation, assessed the students' ability to present their material orally or visually through a poster display. An alpha grade level was also assigned for this category, based on global consideration of the behavioural cues under the headings of organization and style. The group mark was worth 30% of the final grade and composed both the assessment of scientific thought and oral or poster display. The scientific thought component was weighted at 60% of the overall group grade. The presentation was weighted at 40% of the group grade.

The grades for scholarly thought and presentation were added to determine the group grade. The interview grade, worth 30% of the overall grade, was assigned as an individual grade, which provided students with an opportunity to demonstrate their own perspectives on the project. Each student was asked two questions in the areas of integration, complexity, and transition. Example questions were a) How does your project relate to the concept of integration or complexity?; b) What did you find challenging within your project?; and c) How did you overcome these issues? (See Appendix A for marking rubric.)

Lessons Learned

The capstone learning experience was resource-intensive for the course planner and professors. Each term necessitated the planning of a conference for 70 student participants in the fall and approximately 360 student participants in the winter session. Requesting the keynote speakers to attend both fall and winter conferences contributed to reducing the workload of planning. The

involvement of the Nursing Student Society in conference planning also minimized the time investment of the course planner in the preparation of the events. The current structure was assessed for sustainability, as the planning required a great deal of effort from multiple players.

Faculty development was essential to ensure consistency of grading using the marking rubric. There was confusion regarding the need for Research Ethics Board involvement in some of the projects. The projects/activities did not require ethics approval under the heading of QI with the activity referred to as a “test of change.” However, the confusion suggested the need for more faculty development to facilitate the capstone process.

As it provides students with the opportunity for integration and rehearsal of scholarly inquiry in a practice setting, this particular capstone learning activity was implemented for five terms in the BScN program, but has since been revised. Currently, the capstone conference is conducted with a different format and less ambitious delivery to address the challenges identified in this paper. The original learning activity allowed the BScN program to assess student learning against Undergraduate Degree Level Expectations and Entry-to-Practice Competencies. The conference provided an opportunity for academic teachers, practice leaders, and nurses to take notice of students’ observed gaps in practice as well as their ability to articulate this learning in a public forum.

For the students, it created a space to gather as graduating nursing students in one event prior to convocation, and provided the opportunity to experience each other’s formal expression of nursing scholarship. The conference may also have afforded the students the possibility to experience their emerging identity as “soon-to-become” nurses. For their professors, the impact of the capstone experience that includes participation in a conference towards the development of a nursing identity needs further exploration. If a course-sponsored conference may not be sustainable, then will an interprofessionally sponsored conference that focuses on a health care-specific priority, such as patient-centered care or patient safety, be a more suitable venue? This would require a change in the marking rubric, but may provide an opportunity for a different kind of learning. This idea would necessitate collaboration across programs, which poses its own strengths and challenges.

Finally, the venue also created a space for sponsoring corporations to approach potential new graduates about their organizations’ employment opportunities. This involvement further reinforced the next step in the nursing students’ educational trajectory—that is, to secure a position as a registered nurse within a recruiting organization.

Several questions continue to surface in reflecting on the experience. First, while the conference brought the multiple stakeholders of nursing education together in one event, it is important to assess whether the capstone experience, as conceived, minimized the gap between nursing education and the reality of practice. In other words, does a capstone experience facilitate the ability of students to learn essential skills critical in today’s practice? The Excellent Care for All Act (Ministry of Health and Long Term Care, Ontario, 2010) brings to the foreground a nurse’s requirement to engage in quality improvement within their organization. Did the capstone experience in this BScN program discussed in this paper prepare nursing students to address this entry-to-practice nursing skill?

Two of the College of Nurses of Ontario’s (2014) professional accountability competencies are “17. Continuously integrates quality improvement principles and activities into nursing practice; [and] 18. Participates in the analysis, development, implementation and evaluation of practice and policy that guide delivery of care” (p. 6). These competencies reinforce the need for nursing curricula to introduce quality improvement principles. The capstone experience introduced in this paper is an

attempt to address these competencies. It does, however, need further examination regarding its ability to prepare future nurses for the reality of engaging in quality improvement upon graduation. Not all capstone experiences lead to an increase in practice preparedness (Usher, Mills, West, Park, & Woods, 2015). It is essential to examine the experience in detail in order to address whether it supports the learning intention. Flores et al. (2013) suggest that nurses are full partners in redesigning health care and therefore have a responsibility to identify problems, develop a plan to study them, and take the initiative for change. Understanding quality improvement and how to engage nursing students to become change agents in the practice setting should be considered in nursing curricula.

Conclusion

As our health care system becomes increasingly complex, the need for scholarly inquiry in practice settings is essential. Nursing curricula, therefore, need to ensure that students are sensitive to and prepared for initiating better patient care by improving their nursing practice. Engaging in a capstone learning experience designed with the intent to help make a difference in clinical practice provided the students with an opportunity to rehearse their role as change agents in a practice setting. The experience gave students exposure to real-world, authentic practice setting issues, for which they developed creative solutions. Although brief, the students' capstone projects were precursors to quality improvement initiatives that could be undertaken in health care organizations. This learning experience provided an opportunity for many of the stakeholders in nursing education to gather at one event and observe future nurses enact their scholarship. It also created a space for nursing students to experience how to become change agents in their practice setting.

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Appendix A

Marking Grid - Capstone Conference: *Seeing possibilities: Hope through design*

Group Mark: 30% of final grade (Composed of scientific thought and oral or poster display)

Individual Mark: 30% of Final Grade (Composed of interview)

Part A: Scientific thought (Weighted 60% of overall Capstone group mark)

<p>Explanation</p> <p>ability to describe and explain the curricular theme as it relates to the activities created</p> <p>ability to describe the significance of the activities to the community of practice</p> <p>ability to review the literature as it relates to the presentation</p> <p>ability to determine implications to education, practice, research, and policy</p> <p>ability to articulate a conclusion that synthesizes all the experiences</p>	<p>A= In-depth</p> <p>Students provide a revealing account that is well supported by best evidence. Students demonstrate ability to make connections amongst different elements of the presentation with depth</p> <p>Students demonstrate the ability to skillfully synthesize their work with depth</p> <p>B= Developed</p> <p>Students provide a clear explanation of the facets of the presentation but insufficient or inadequate use of evidence or argument.</p> <p>Students have developed personalized ideas</p> <p>C=Satisfactory</p> <p>Students demonstrate an incomplete account of the elements of the presentation. The account has limited use of resources to anchor the experience on the literature</p> <p>D=Naïve</p> <p>Students demonstrate a superficial and fragmented account of the presentation</p>
<p>Interpretation</p> <p>ability to interpret meaning of activities to the unit level paying particular attention to the difference they make within the context</p>	<p>A= Revealing</p> <p>Students insightfully demonstrate how activities have influenced their context</p> <p>B= Perceptive</p> <p>Students demonstrate a clear interpretation of the importance and significance of the activities on their community of practice contexts</p>

	<p>C=Interpreted Students demonstrate plausible interpretation of the importance and meaning of the experience</p> <p>D=Literal Students demonstrate simplistic interpretation of the meaning of the activities to their contexts</p>
<p>Application ability to succinctly describe activities and their elements</p>	<p>A= Competent Students use their knowledge in different areas in designing activities that influence their community of practice. Students demonstrate a highly original project</p> <p>B=Able Students are able to use their knowledge in designing their activities. Students demonstrate a well thought out approach and show creativity</p> <p>C=Apprentice Students demonstrate limited use of personal judgment in designing the activities. The activities are standard approaches with limited discussion on the creative impact of the design on the contexts</p> <p>D=Superficial Students demonstrate a lack of understanding of the activities and their aims</p>
<p>Perspective ability to articulate insight or critical/key learning from experience</p>	<p>A= Thorough Students are able to demonstrate an insightful coordinated view of the critical/key learning from their experience</p> <p>B=Considered Students demonstrate a reasonable identification of key learning from the experience</p> <p>C=Aware</p>

	<p>Students can somewhat demonstrate the insights learned from the experience</p> <p>D=Uncritical</p> <p>Students unable to identify key learning from the experience</p>
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*Adapted from Wiggins and McTighe (2005).

Part B: Oral Presentation or Poster Display (Weighted 40% of overall Capstone group mark)

	A	B	C	D
<p>Organization</p> <p>ability to organize material according to necessary headings with a sense of organization and planning</p> <p>ability to logically thread story in a smooth and developed way</p>	<p>Clearly and succinctly outlines agenda/orients audience at the outset</p> <p>Carefully and skillfully adheres to agenda and time limits</p> <p>Engaging introduction and thoughtful conclusion</p> <p>Logical and smooth flow and development of ideas</p> <p>Conveys a sense of organization and planning and is in control of presentation at all times</p>	<p>Agenda outlined at outset</p> <p>Generally adheres to agenda and time limits</p> <p>Introduction clearly orients the audience to the topic</p> <p>Conclusion summarizes main ideas</p> <p>Maintains flow and development of ideas</p> <p>Conveys a sense of organization and preparation</p>	<p>Agenda outlined at outset</p> <p>Effort apparent in adhering to agenda and/or time parameters</p> <p>Adequate introduction and conclusion</p> <p>Occasional lack of clarity in flow/development of ideas</p> <p>Occasional inattention to organizational details</p>	<p>Agenda unrealistic</p> <p>No effort evident to adhere to agenda and/or time-constraint, dull or ineffective introduction and conclusion</p> <p>Frequent gaps in flow and development of ideas</p> <p>Conveys a sense of disorganization and gaps in planning</p>
<p>Dramatic Value and Style</p> <p>ability to capture the attention of the</p>	<p>Engaging style-idea captures attention and interest of audience</p> <p>Accurate and extensive vocabulary consistently</p>	<p>Audience attention is maintained</p> <p>Audience can see and hear with little effort</p>	<p>Audience interest captured for the majority of the presentation</p> <p>Audience experiences</p>	<p>Ongoing difficulty capturing audience interest</p> <p>Frequent over-reliance on audiovisuals to deliver</p>

<p>audience</p> <p>ability to present a coherent presentation</p> <p>clear and cogent use of language to articulate ideas</p>	<p>evident</p> <p>Accurate and smooth pronunciation</p> <p>Effective use of voice and humour</p> <p>Audience can easily see and hear all elements of the presentation at all times</p> <p>Creative and effective use of audiovisual aids to augment presentation</p> <p>6th edition APA style followed</p> <p>Conveys enthusiasm, interest, and familiarity with topic</p> <p>Verbal and non-verbal mannerisms contribute to presentation</p> <p>Professional deportment</p> <p>Appears very confident in presenter role</p>	<p>Audio visual usage is appropriate and effective</p> <p>6th edition APA style followed</p> <p>Correct use of terms and pronunciation</p> <p>Conveys enthusiasm, interest, and familiarity with topic</p> <p>Professional deportment</p> <p>Appears confident in presenter role</p>	<p>occasional difficulty in seeing and/or hearing the presentation</p> <p>Occasional over-reliance on audiovisuals to deliver message</p> <p>Occasional difficulty with pronunciation of words</p> <p>Limited use of vocabulary and language</p> <p>Professional deportment</p> <p>Inconsistent demonstration of confidence in presenter role</p>	<p>message</p> <p>Difficulty with pronunciation of words and use of terminology</p> <p>Contributing to apparent lack of familiarity with terms and topic</p> <p>Ineffective use of audiovisual</p> <p>Verbal and/or non-verbal mannerisms detract from presentation</p> <p>6th edition APA style is not followed</p>
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*Based on McMaster Mohawk Conestoga BScN Program (2011).

Part C: Interview (Individual Mark: 30% of Capstone Final Grade)

<p>Each student will be expected to respond cogently and logically to questions posed by the assessor in relation to their project. The questions by the tutor will relate to the topics of complexity, integration, and transition.</p>				
<p>ability to clearly articulate the message of the presentation</p> <p>ability to respond to complex questions</p> <p>ability to respond to questions that relate to integration, complexity, and transition</p>	<p>A: In-depth</p> <p>Students provide a revealing, clear, and in-depth account that is well supported by best evidence</p> <p>Students demonstrate ability to make connections amongst different elements of the presentation</p> <p>Students demonstrate the ability to skillfully synthesize their work</p>	<p>B: Developed</p> <p>Students provide a clear explanation of the facets of the presentation but insufficient or inadequate use of evidence or argument</p> <p>Students have developed personalized ideas</p>	<p>C: Satisfactory</p> <p>Students demonstrate an incomplete account of the elements of the presentation</p> <p>The account has limited use of resources to anchor the experience on the literature</p>	<p>Naïve</p> <p>Students demonstrate a superficial and fragmented account of the presentation</p>

*Adapted from Wiggins and McTighe (2005).