

Nursing 685i
and
Social Work 856i
SPRING, 2020

CARE OF THE DYING AND BEREAVED

THROUGHOUT THE LIFE SPAN

SCHOOL OF NURSING
and
SCHOOL OF SOCIAL WORK

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Class will be held in the
School of Social Work
Tate, Turner, Kuralt Building
Room: 102

Mondays, 5:30 PM – 8:20 PM

FACULTY

Denisé Dews, MSW

Assistant Clinical Professor, School of Social Work
Tate-Turner-Kuralt Building, Suite 335
Office hours: Monday 2:00pm to 5:00pm
919-962-6439
ddews@unc.edu

Anita Tesh, PhD, CEA-II, CNE, ANEF, RN

Associate Professor, School of Nursing
543 Carrington Hall
919-966 8233
astesh@email.unc.edu

JoAn Stanek, DNP, RN

Assistant Professor, School of Nursing
5111 Carrington Hall
919-475 3989
joanwms@email.unc.edu

Nursing 685i & SOWO 856i
Care of the Dying and Bereaved through the Life Span
Spring, 2020
Syllabus

Prerequisites: None. Undergraduate and graduate students from nursing, social work, and other health science related disciplines may take the course.

Description

The overall focus of this course, designed for students from a variety of health sciences related disciplines, is to gain an understanding of issues in working with dying and bereaved individuals of all ages and their families, including families with diverse characteristics and experiences e.g., diversity in ethnicity, culture, socioeconomic status, education, and location. Various models for providing care to the dying and bereaved will be discussed.

Credit Hours: 3

Objectives

By the end of this course the students will be able to:

1. Identify their own attitudes and feelings toward death and grief and be aware of the impact of caring for dying patients and their families on themselves in their professional role.
2. Identify the impact of terminal illness, death, and grief on individuals of various ages and their families.
3. Describe the interrelationships of variables which affect the ability of an individual and family to cope with terminal illness, death, and grief (e.g. ethnicity, culture, poverty, rural location)
4. Use a variety of theoretical perspectives in assessment and intervention with dying and bereaved individuals.
5. Discuss the strengths and weakness of a variety of models of care for dying and bereaved individuals.
6. Discuss selected ethical and legal issues that are involved in the care of the dying and bereaved.
7. Critically analyze research related to the course material.

Required Textbooks/Books:

Kastenbaum, R. & Moreman, C. (2018). *Death, society, and human experience, 12th ed.* Boston: Pearson.

On the first night of class, students will be assigned to one of the following book groups:

Abraham, J. (2017). *How to get the death you want: A practical and moral guide.* Hinesburg, VT: Upper Access, Inc. (A guide for seizing control of your own death, written by an Episcopal Priest.)

Callahan, M. & Kelley, P. (1992). *Final gifts: Understanding the special awareness, needs and communications of the dying.* New York: Simon & Schuster. (This book, written by 2 hospice nurses, is a classic. A good selection for students who are fearful about talking with or working with people who are dying.)

- Ellison, K.P. & Weingast, M. (eds). (2016). *Awake at the bedside: Contemplative teaching on palliative and end-of-life care*. New York: Wisdom Publications. (This book is a series of essays that offer wisdom to change the way one thinks about death, and to find meaning in death. A good fit for students with health care experience or experience with people who are dying, and for those struggling with spiritual aspects of death.)
- Farkas, Margaret (2017). *My son Rick's journey*. Bever PA: Privately published. (This book was created by a mother after the death of her adult son. It is a compilation that follows him from the time of diagnosis with cancer, through treatment and to death. It is an excellent example of a "legacy project" and also of how survivors make meaning from a death. Ms. Farkas sold the book and donated all proceeds to a charity. Used in this class with permission.)
- Gawande, A. (2014). *Being mortal: Medicine and what matters in the end, 1st ed.* Metropolitan Books/Henry Holt and Company. (Written by a physician, this book about the tension between the medicalization of dying and autonomy of living until the end is a classic, and a good selection for students in a health care field.)
- Katz, R. & Johnson, T. (2016). *When professionals weep: Emotional and Countertransference Responses in Palliative and End-of-Life Care, 2nd ed.* New York: Routledge. ISBN-13: 978-1138884540 (This book is a good selection for the person who already has personal experience with caring for the dying, or who has concerns about the intersection of their own personal issues with the needs of their patients.)
- Kalanithi, P. (2016.) *When breath becomes air: What makes life worth living in the face of death?* London: Vintage. (Written by a physician who was himself dying, this book is a good selection for any student.)
- Kramer, E., Kintz, K., Bagatell, S. & Fratello, A. (2017). *Permission to die: Candid conversations about death and dying*. Falmouth, MA: SEAK Publishing. (This book is a good fit for a health care student who is uncomfortable with the prospect of working with people who are dying.)
- Riggs, N. (2017). *The bright hour: A memoir of living and dying*. New York: Simon & Schuster. (This book is a personal memoir and is a good fit for students who have not had much direct experience with people who are dying, and who are interested in death of children.)
- Stout, J. & Horak, W. (2015). *Feel me brave: A chronical of illness, loss, and living beyond*. Woodstock, Vermont: West Woodstock Press.
- Taylor, C. (2017). *Dying: A memoir*. Portland, OR: Tin House Books. . (This book is a personal memoir and is a good fit for students who have not had much direct experience with people who are dying.)
- Volandes, A. (2015). *The conversation: A revolutionary plan for end of life care*. New York: Bloomsbury. (This book advocates for a more direct conversations about end of life, through patient stories.)

Warraich, H. (2017). *Modern death: How medicine changed the end of life*. New York: St. Martins Press. (A good choice for students who are interested in how death in modern times differs from death in the past. Written by an MD, provides an interesting perspective on medicalization of death.)

Zitter, J. N. (2017). *Extreme measures: Finding a better path to the end of life*. NYC: Avery. (This book advocates for a more direct approach to decisions about end of life care.)

Highly Recommended Books and Additional Suggested Readings: (in addition to those listed above):

Acquaviva, K. (2017). *LGBTQ-inclusive hospice and palliative care: A practical guide to transforming professional practice*, 1st edition. New York: Harrington Park Press.

Black, B.P., Wright, P.M., & Limbo, R. (2015). *Perinatal and pediatric bereavement in nursing and other health professions*, New York: Springer.

Kramer, K. (1988). *The sacred art of dying: How world religions understand death*. Paulist Press; Mahwah, NJ. (This book is a classic in the field.)

Matzo, M. & Sherman, D. (2015). *Palliative care nursing: Quality care to the end of life*, 4th ed. New York: Springer.

McCauley, R. (2018). *Ethics in palliative care: A complete guide*. New York: Oxford University Press.

Pomeroy, E. C. & Garcia, R. B. (2009). *The grief assessment and intervention workbook: A strengths perspective*. Belmont, CA: Brooks/Cole.

Puri, S. (2019). *That good night: Life and medicine in the eleventh hour*. New York: Viking.

Westberg, G. (2018). *Good grief: A companion for every loss*. Minneapolis: Fortress Press.

Methods

Didactic, seminar and experiential methods will be used to present and discuss theoretical, clinical, and research content of the course. Guest speakers will bring an added richness to the course content. Small group discussions and projects will be used to facilitate sharing and self-awareness. Various audiovisual materials will be used. Selected papers and class presentations will be expected.

Grading

Grading rubrics used for this course are provided on the last pages of this syllabus.

Graduate students are graded on an H, P, L, system.

H = 94-100

P = 80-93

L = 70-79

F = 69 and below

Undergraduate students are graded on the A, B, C, D, F system, and the School of Nursing grading scale will be used. Grading tools used for evaluation are included in the final pages of this syllabus.

A = 95 - 100	B- = 83 - 85	D+ = 71-73
A- = 92 - 94	C+ = 80 - 82	D = 65 – 70
B+ = 89 - 91	C = 77-79	F = < 65
B = 86 - 88	C- = 74-76	

Policy on Academic Dishonesty:

It is the responsibility of every student to obey and support the enforcement of the UNC Honor Code, which prohibits lying, cheating, or stealing in actions involving academic processes of this class. All written work should contain a signed pledge stating: “I have neither given nor received unauthorized aid in preparing this work.” In keeping with the UNC Honor Code, if reason exists to believe that academic dishonesty has occurred, a referral will be made to the Office of the Student Attorney General for investigation and determination if further action is required. For more details, see

<https://studentconduct.unc.edu/honor-system>

It is the student’s responsibility to properly cite sources used in preparing written work. To avoid difficulties with plagiarism, ideas that are not one’s own must be credited, whether or not those ideas have appeared in print. Please refer to the *APA Style Guide*, *The SSW Manual*, and the *SSW Writing Guide* for information on attribution of quotes, plagiarism and appropriate use of assistance in preparing assignments.

Accessibility and Resources Services:

The University of North Carolina – Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability or pregnancy complications resulting in difficulties with accessing learning opportunities. All accommodations are coordinated through the Accessibility Resources and Service Office. In the first instance please visit their website <http://accessibility.unc.edu>, Tel:- 919-962-8300 or Email;- accessibility@unc.edu. A student is welcome to initiate the registration process at any time, however, the process can take time. ARS is particularly busy in the run-up to Finals and during Finals. Students submitting Self-ID forms at that time are unlikely to have accommodations set until the following semester. Please contact ARS as early in the semester as possible. It is the student’s responsibility to notify course faculty that they have and wish to use ARS approved accommodations.

Writing Support:

Clear, cogent writing is an essential skill for professionals. Writing support is available to all social work students through the School’s Writing Support Team; they can help you strengthen your writing skills by sharing strategies for organizing information, presenting a cohesive argument, ensuring clear communication, and mastering APA style. Writing Support offers a learning opportunity for students but does not merely copy edit student papers.

Writing support is available in-person, by e-mail, or by phone. E-mail a requested appointment day and time to soswritingsupport@gmail.com. In addition, see the Writing Resources and References page on the School's website (under the Current Students tab: <https://ssw.unc.edu/students/writing>).

Policies on the Use of Electronic Devices in the Classroom:

We prefer no computers in the classroom but recognize that some students prefer to take notes electronically. There is to be no recording or videotaping in the classroom unless special accommodations are required through the University's Disabilities Services. Use of electronic devices for non-class related activities such as checking e-mail, surfing, IMing, blogging or playing games is prohibited. Use of electronic devices for non-class related activities will result in a reduction of class participation grade.

Inclement Weather Policy

When possible, faculty will post an announcement on Sakai of any class cancellations. All attempts shall be made by faculty and students to attend course activities. Students are encouraged to explore alternative means of transportation (buses, carpool, walking) when they do not feel comfortable driving because of weather conditions. However, we do not want individuals to jeopardize their safety by traveling during hazardous road conditions. Given the wide geographical region from which individuals commute, individual judgment is required. The University Adverse Weather and Emergency Information Line, 919-843-1234, will provide information about conditions and closure of the University. In addition, you may go to the Alert Carolina website for university operation status, <http://www.alertcarolina.unc.edu> .

Policy on Incompletes and Late Assignments

Professional practice and administration require attention to detail as well as timely completion of assignments. The classroom serves as an environment in which to develop professional practices such as meeting deadlines and producing high quality work. As such, class assignments are expected to be completed on time and to represent the student's highest level of effort. A paper is considered late if it is submitted later than the beginning of class on the evening that it is due. If there are circumstances that prohibit the timely completion of an assignment, it is the responsibility of the student to contact the instructor at least 24 hours prior to the assignment due date. The instructor may grant an extension under certain extenuating circumstances, but may choose not to grant an extension. Typically, extensions are granted only for reasons recognized by the University as [University Approved Absences](#). If arrangements are not made in advance for an extension of the due date, a grade of zero will be assigned for work not submitted by the due date.

If an extension of the due date is granted, the grade for late papers will be reduced 10% per day, including weekend days. Therefore, a paper that would merit a grade of 100 at the time class begins on Monday would receive a grade of 90 if submitted later that evening; a grade of 81 if submitted on Tuesday; a grade of 73 if submitted on Wednesday; and a grade of 66 if

submitted on Thursday. No late work will be accepted after the Last Day of Class for the semester.

A grade of [Incomplete](#) is given on **rare** occasions and only when there is sufficient reason to warrant it. It is the student's responsibility to initiate a conversation with the instructor to request a grade of Incomplete; the instructor has no responsibility to give an Incomplete without such a request. Please note that incompletes are not given simply as a way to avoid a low grade. Students must have compelling reasons (e.g. serious medical problem; serious family crisis or medical problem of a child, partner or spouse) to warrant an incomplete.

Course Requirements and points:

Class attendance, preparation, and participation	15
Completion of 5 Online CE programs	5
Textbook chapter quizzes	15
Journal Article Critique & Class Discussion	15
Group Presentation	20
Paper and Presentation on Selected Book	15
<u>Final Exam: Discussion of Selected Chapter</u>	<u>15</u>
Total points	100

Assignments

Students are expected to turn in papers using the Assignments feature on the Sakai classroom site. **Make certain your name is on your work!**

1. Class Attendance, Preparation, and Participation

Because of the nature of this course, class participation and attendance is very important. At each class session, you are expected to read and be prepared to discuss selected theoretical, clinical, and research articles and textbook chapters related to class content. In addition, effective learning in this course requires that students explore their own attitudes, beliefs, and experiences with death, dying and bereavement. This exploration may involve sharing examples of these attitudes, beliefs and experiences in class. See grading rubric for additional details.

Carefully selected audiovisuals will be shown in class. In addition, you will be assigned out-of-class viewings. Students are urged to see other commercial, TV, and educational audiovisuals related to loss, death, and grief on their own. These audiovisuals are integral to class discussions.

2. Free online CE programs: Due dates are shown in the calendar.

These online CE programs are free, but you must create accounts to access them. Links are embedded in the calendar. Post your certificates of completion to Sakai Assignments on the assigned days noted in calendar. If "type of CE" is an option, you can select any type for your certificate.

3. Quizzes: There is a brief quiz in Sakai for each assigned chapter in the Kastenbaum & Moreman text. Quizzes are due before class starts each day, with the exception of the first week, in which the quizzes are due by 5pm on Friday. In weeks in which multiple chapters are assigned, there will be separate quizzes, one on each chapter. Each quiz is composed of ~10 forced-choice or short answer items. Students may complete the

quizzes with open book, but each student must work alone. Quizzes are timed so that students need to read the chapter before starting the quiz- do not expect to be able to find the answer in an unready chapter while taking the test!

4. Journal Article Critique: Due date is shown in the calendar

Select a research article related to death and dying. In no more than 2 double-spaced pages, describe the research problem, the methodology used by the researchers, and their findings. Then describe how these findings could be used in your clinical practice. (Obj. 7). You must also post a copy of the research article to course faculty, who will post it for the class on Sakai. Also be prepared to lead a brief discussion about the findings from the article and its usefulness in your practice. Papers and the research articles should be posted in the *Assignments* area of Sakai. PDFs of the research article should also be posted to Sakai Forum so classmates can access the articles.

See grading rubric for additional details.

5. Class Presentation on Diversity in Religious/Cultural Views of Death, Dying and Grief: Due dates are shown in the calendar

Small groups of students will work together to identify the beliefs and practices of a specific religious/cultural group that relate to illness, loss, suffering, dying, death, grief, mourning rituals, and burial. Students should select a culture or belief system (religious, ethnic, spiritual) that is different from their own.

The presentation should address:

1. What is known (from the literature) about attitudes toward dying and death (at least five references)
2. What the beliefs about autonomy or self-determination regarding treatment or end-of-life decision making are (i.e. in the belief system, how much information does the dying person want, and who makes treatment decisions)
3. What the death rituals are (i.e. burial, cremation)
4. How does bereavement play out – are there any expected practices after someone has died?
5. Are there any interventions that have been shown to be effective with individuals (dying persons and/or families) of this culture or belief system? If yes, describe them. If there is no data on this, what interventions do you believe would likely be effective, and why?

You may interview an individual of that faith or culture, or patient/family of that faith/culture experiencing an illness crisis. If you choose a formal religion, interviewing a clergy person of that faith would be helpful.

All members of the group will participate in making a 35 minute class presentation on your findings; prepare a handout and bibliography to give to other students. Be sure to make enough copies for each student in the class. We do not have access to a copy machine before class. Handouts and bibliographies should also be posted in the *Assignments* area of Sakai. See grading rubric for additional details.

6. Final Examination: The final examination for the course will consist of posting discussion questions on one of the chapters from the Kastenbaum & Moreman textbook. Discussion questions for the chapters have been developed and are posted on Sakai. Students are responsible for selecting the book chapter for discussion that will be most valuable to them. (Note: these are individual discussions, not part of a “conversation” through Discussion Board.) Responses should be posted in the *Assignments* area of Sakai.

7. Selected Book Reflection Paper and Presentation: Due date is shown in the calendar

Each individual student should provide a paper of no more than 4 double spaced pages describing the individual's response to the assigned book. APA format is not required, but the paper should be grammatically correct, use a RSIP format with the four sections (reaction, sources, implications, and plan) clearly identified.

A. Reaction: Discuss the book and your reactions to it, including both your intellectual and your emotional responses. Consider the following questions:

- A.1 In health care we tend to focus on safety and promoting or preserving health. This has allowed us to dramatically decrease infant mortality rates, extend life spans, and transform the trajectories of accidents, infections, and of many diseases. What is your response to the idea that this focus also sometimes runs counter to the interest of the human spirit? Do you think this happens rarely, or often? Only with the elderly, or with people across the lifespan? If you agree that this happens, how can this be changed?
- A.2 . Because of concerns about safety, hospitals and nursing homes restrain patients, restrict the food they can eat, restrict visitors, and do tests and treatments and measure vital signs when they may not change the outcome, and when they may impair quality of life. How can we decide when these processes are warranted, and when they are inappropriate?
- A.3 Doctors, and probably the rest of us, tend to define themselves by their successes, not their failures. Is this true in your life? At work, in your family, at whatever skill you have? Should we define ourselves more by our failures? Do you know people who define themselves by their failures? (Are they fun to be with?) How can doctors, and the rest of us, strike a balance?
- A.4 After reading the book, what are your thoughts about working with someone who is or may be dying, and your thoughts about with someone whose decision to pursue or decline life-prolonging treatment differs from what you feel is best.

B. Sources: After writing the description above, describe how your reactions to the book illustrative of your own individual background, experience, and view of the profession of nursing/social work. Did your reaction differ from what you expected of yourself? How did your background and perspective shape or influence these differences? Consider these questions:

- B.1 Your background with death: How is/was loss in general and death in particular viewed in your family of origin, your faith group, community, and peers (both growing up and now)? What are your experiences with death and loss, both personal and professional? What are your positions on advance directives and end of life care?
- B.2 Your view of nursing, social work, child life specialist (or your professional field)- Think about your own personal definition of your profession (e.g. nursing, social work, child life specialist, etc.) and the definitions of your professional association (see below for nursing and social work. We will help you find the definition for your profession if necessary). How does working with a dying person fits into the "proper role" of a member of your profession, according to your view of the profession? According to your own view?

C. Implications: Keeping in mind what your reactions and the sources of those reactions reveal about your perspective on working with a person who might be dying, analyze both the positive and negative implications of this perspective for how you might work with patients in the future. What are the implications of your perspective for a dying patient? For the family of a dying patient? For yourself, while and after working with a dying person? For other members of the health care team? Are there things that you think a nurse/social worker should do, but that would be difficult for you? Are there things that you think you would be well prepared and well suited to do? What would you do differently in the future, after reading the book? Are there things that you feel you should be able to do, but you do not feel prepared or able to do?

D. Plan: Develop a realistic plan (not a goal, a plan) to mitigate the negative and enhance the positive implications described in your implications section. What will you do to change those things that might have negative impact on your patient, your patient's family, or yourself? On other members of the health care team? What will you do to enhance those things that might have positive impact on your patient, your patient's family, yourself, or the health care team? How can you use this new knowledge about yourself to improve interacts with patients, families, and staff, or your family and friends? Could a mentor or support person help you develop the areas you identified for growth? How would you find such a mentor or support person?

*RSIP format adapted from [Reflective Practice: Improving Healthcare through Introspection](#) Selected details of assignment guidelines adapted from <http://reflectivepractice.net/courses/rp101-session-4-death-dying/>

Papers should be posted in the *Assignments* area of Sakai. Groups of students who read the same book will prepare a 15 minute class presentation in which they describe a brief summary of the book, plus an overview of group members' RISP.

See grading rubric for additional details.

Sample Definitions for Use in B2 above:

American Nurse's Association's Definition of Nursing

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

<http://www.nursingworld.org/FunctionalMenuCategories/FAQs#def>

Virginia Henderson's Definition of Nursing

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. <http://www.stitch.edu/Library/Doing-Research/Research-by-Subject/Health-Sciences-Nursing-Theorists/Virginia-Avernal-Henderson---Definition-of-Nursing-/>

International Council of Nurses Definition of Nursing (short version)

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health,

prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

<http://www.icn.ch/who-we-are/icn-definition-of-nursing/>

Global Definition of Social Work

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.

<http://ifsw.org/policies/definition-of-social-work/>

NASW Definition of Social Work

...who use their knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organizations, or society in general). Social workers help people increase their capacities for problem solving and coping, and they help them obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies.

<http://www.naswdc.org/practice/intl/definitions.asp>

Definition of Child Life Specialist

Certified Child Life Specialists are educated and clinically trained in the developmental impact of illness and injury. Their role helps improve patient and family care, satisfaction, and overall experience.

Infants, children and youth confront a wide variety of stressful and potentially traumatic events that can impact their ability to cope. These experiences related to healthcare can lead to feelings of fear, confusion, loss of control and isolation that can inhibit their development and have negative effects on their physical and emotional health and well-being.

In both healthcare and community settings, Certified Child Life Specialists help infants, children, youth and families cope with the stress and uncertainty of acute and chronic illness, injury, trauma, disability, loss and bereavement. They provide evidence-based, developmentally and psychologically appropriate interventions including therapeutic play, preparation for procedures, and education to reduce fear, anxiety, and pain.

<https://www.childlife.org/the-child-life-profession>

N685/S856 RUBRIC FOR CLASS PARTICIPATION*

* adapted from iRubric Class Participation Rubric

“Class participation” sometimes means attending and contributing to a class, in this course, the bar is higher. Achieving the learning objectives for this course requires that students fully engage with the experiential learning opportunities presented in the course, and that they be open to attitudes and beliefs that are different from their own. Here are the expected behaviors to be evaluated as part of participation, worth a total of 20 points:

	Excellent 3 pts	Good 2 pts	Fair 1 pts	Poor 0 points
Attendance	No more than one absence	Absent two times.	Absent three times.	4 absences in the semester.
Punctuality	Consistently on time and ready to start class at designated time.	On time but always not ready to start class at designated time.	Usually on time and ready to start class at designated time.	Late multiple times and/or disrupts class when entering late.
Level of Engagement	Consistently contributes to class and group discussions.	Frequently contributes to class and group discussions.	Occasionally contributes to class and group discussions.	Rarely or never contributes to class and group discussions.
Class Preparation	Always prepared for class. Completion of readings is evident from comments and questions. Assignments submitted on time.	Usually prepared for class. Completion of readings is usually from comments and questions. Assignments submitted on time.	Occasionally unprepared for class, possibly attempting to submit some materials late.	Frequently unprepared for class and/or frequently attempts to submit materials late.
Reflection and Respect for Diversity	Examines own beliefs and expectations in depth to provide foundation for expanded knowledge and growth. Demonstrates evidence of adjustment in own attitudes and beliefs because of learning from diverse communities and cultures. Promotes others ‘engagement with diversity.	Reviews own beliefs and expectations in depth, clarifying meanings or developing broader perspectives. Reflects on how own attitudes and beliefs are different from those of other cultures and communities. Exhibits curiosity about what can be learned from diversity of communities and cultures.	Reviews own beliefs and expectations with some depth, revealing slightly clarified meanings or developing a somewhat broader perspective. Has awareness that own attitudes and beliefs are different from those of other cultures and communities. Exhibits little curiosity about what can be learned from diversity of communities and cultures.	Reviews own beliefs and expectations at a surface level, without clarifying meaning or developing a broader perspective. Expresses attitudes and beliefs as an individual, from a one-sided view. Is indifferent or resistant to what can be learned from diversity of communities and cultures.

Research Article Critical Appraisal Grading Guideline

Criteria for Review	Points Possible	Points Earned
1) Is it clear what the research study is about? (explain) Describes purpose of the research study and critically appraise whether the purpose statement matches the description of the research. Why did you select this article for critique? Justify selection of articles > 5 years old, set in other countries, or published in “popular” magazines rather than professional journals.	1	
2) Is the sample and setting adequately described? (explain) Describe the sample (who participated, what were their characteristic(s), how many participants, how many people declines to participate) and setting (where did study take place). Critically appraise the adequacy of researchers’ sample and setting.	1	
3) What is the study design? (e.g. Qualitative, Quantitative Descriptive, Experimental, Quasi-experimental, etc). What were the main variables or concepts that were studied? Identify the variables or main concepts that were studied. Distinguish between independent and dependent variables, or describe why this distinction is not relevant in this study.	1	
4) Were the data collection methods & measures well described? (explain) Critically appraise the level of description and fit between the data collection methods/measures and study purpose.	1	
5) What were the main findings of the study? (List). Which of the findings are of particular importance to you?	1	
6) What were the strengths of the research design (consider design, measures, analysis, sample, etc.). Use analytic thinking to explore beyond the strengths stated by the authors.	1	
7) What were the limitations or weaknesses of the study? Use analytic thinking to explore beyond the limitations stated by the authors?	1	
8) What can you use from this this research in your setting and practice? If yes, how? What finding could not be used in your setting/practice? Why not? Thoroughly consider translation of the research into your practice setting, comparing your populations & setting characteristic to those used in the study. Suggests alternatives or next steps in research needed to translate this study into your practice.	1	
9) Overall content, including organization, spelling and grammar	2	
10) Discussion in class. Preparation, clarity	5	

RUBRIC FOR PRESENTATION ON DIVERSITY IN RELIGIOUS/CULTURAL VIEWS OF DEATH, DYING AND GRIEF*

Elements to be evaluated are listed below:

	Capstone 4	Milestones		Benchmark 1
		3	2	
Organization of presentation	Organization (specific introduction & conclusion, sequenced material within body, & transitions) clearly & consistently observable, makes content of presentation cohesive, & includes substantial contribution by each team member.	Organization (specific introduction & conclusion, sequenced material within the body, & transitions) typically observable within the presentation. Presentation includes adequate contribution by each team member.	Organization (specific introduction & conclusion, sequenced material within the body, & transitions) is intermittently observable within the presentation. Presentation includes some contribution by each team member.	Organization (specific introduction & conclusion, sequenced material within the body, & transitions) is not observable within the presentation and/or contribution by each team member is not apparent.
Delivery of presentation	Delivery techniques (posture, gesture, eye contact, & vocal expressiveness, use of media) make the presentation compelling, & speakers appear polished & confident. Presentation 40-45 minutes long.	Delivery techniques (posture, gesture, eye contact, & vocal expressiveness, use of media) make the presentation interesting, & speakers appear comfortable. Presentation 40-47 minutes long.	Delivery (posture, gesture, eye contact, & vocal expressiveness, use of media) makes the presentation understandable, but speakers appears tentative. Presentation 35-50 minutes long.	Delivery detracts from understandability of presentation; speakers appears uncomfortable and/or presentation ≤ 30 minutes or terminated due to length.
Content: attitudes about death & dying, EOL decision making, death rituals, bereavement, interventions; handouts & bibliography.	All components of assignment are fully explained in presentation. Handout & bibliography are correct, accurately reflect presentation content, & include complete information on sources used.	Components of assignment are explained in presentation, with varying degrees of depth. Handout & bibliography reflect presentation content, and include complete information on sources used.	Most components of assignment are addressed in presentation; rare component missing or addressed superficially. Handout & bibliography include most information on presentation & sources.	Few components of assignment are fully explained; multiple components missing or addressed superficially. Handout & bibliography do not represent presentation content or include inadequate information on sources used.
Synthesis of Knowledge about selected group's cultural worldview on illness, loss, suffering, dying, death, grief, mourning rituals and burial	Demonstrates sophisticated understanding of complexity of elements for group in relation to group history/context, values, beliefs & practices. States organized conclusions that are logical extrapolations from synthesis of the information examined (literature & interview).	Demonstrates adequate understanding of complexity of elements for group in relation to group history/context, values, beliefs & practices. Organizes information to reveal important patterns derived specifically from the information examined.	Demonstrates partial understanding of complexity of elements for group in relation to group history/context, values, beliefs & practices. Conclusions stated are so general they apply beyond the scope of the the information examined. Not organized to reveal patterns specific to group.	Demonstrates surface understanding of complexity of elements for group in relation to group history/context, values, beliefs & practices. Lists information & evidence, and states ambiguous, illogical, or unsupported conclusion from the information examined (literature & interview).
Information sources selected (≥ 5 references, can include interview)	Synthesizes in-depth information from relevant sources representing various points of view/approaches/approaches.	Uses in-depth information from relevant sources representing various points of view/approaches/information.	Uses information from relevant sources representing limited points of view/approaches/information.	Uses information from inappropriate sources representing limited or inaccurate points of view/approaches/information.

*This rubric is based upon the AAC&U VALUE Rubrics for Oral Communication, Inquiry and Analysis, and Intercultural Knowledge and Competence. For more information, see value@aacu.org

Grading Rubric for Reflective Paper for Assigned Book.

	3 Exemplary	2 Acceptable	1 Developing	0 Unacceptable
Understanding Self	Insights from the assignment are combined with prior knowledge of self to create a coherent “picture of self” with both strengths and weaknesses.	Insights from the assignment are combined to create a “picture of self” which includes both strengths and weaknesses.	Insights from the assignment are combined to create a “picture of self” that focuses overly on either strengths or weaknesses.	Insights from the assignment are either rejected or accepted outright without critical analysis, or are considered separately but not combined to create a picture.
Evaluate Changing Behavior/ Identity	Reflects on the impact of this assignment on their professional or personal identity. Able to clearly and concisely articulate how their practice or behavior potentially will change.	Minimal reflection on impact of this assignment on developing their professional or personal identity. Able to clearly and concisely articulate how their practice or behavior potentially will change.	Minimal reflection on impact of this assignment on their professional or personal identity. Minimally addresses ability to implement change or potential to implement change.	Unable to clearly articulate how their behavior/practice will potentially change. Did NOT reflect on the impact of this assignment on their professional or personal identity.
Practice Plan	Clearly outlines how practice or behavior can be modified to address practice concern/issue	Well-developed plan to modify practice/behavior. Plan does not adequately address practice concern/issue. or Partially developed plan to modify practice/behavior. Plan addresses practice concern/issue.	Plan to modify practice/behavior is vague and does not address the practice concern/issue.	Unable to identify area in which practice or behavior could be improved, and/or unable to identify a plan to modify practice/behavior that addresses a concern/issue.
Conventions/ Mechanics	Few, if any errors, in conventions and mechanics of writing that do NOT interfere with reader’s understanding.	Occasional errors in conventions, APA format or mechanics that do NOT interfere with reader’s understanding.	Some errors in conventions, APA format and mechanics of writing which interferes with reader’s understanding	Numerous errors in conventions, APA format and mechanics of writing with interferes with reader’s understanding

Adapted from iRubric: Reflective Practice Assignment rubric <http://www.rcampus.com/rubricshowc.cfm?sp=yes&code=N3XBX2&>