College of Nursing

Clinical Education Facilitator Manual

2017-2018

Adopted from Gordon State College School of Nursing and Health Sciences Clinical Instructor Manual (2014) and Harford Community College (2015)

Formatted: May 2017

Revisions: Enns/Nattress/Pruden 2017
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Welcome to the College of Nursing

Your role as a Clinical Education Facilitator (CEF) is a critical part of our students’ nursing education and we are pleased to have you join our faculty team!

You are now fulfilling one of the most important roles in the College – to provide fair and reasonable evaluation of our students in the clinical practice areas. Learning in the clinical arena is complex, and we must discern whether students can critically think and act appropriately with patients. Students must be safe and be able to prioritize problems. They must have basic clinical knowledge and be able to complete care for their patients in a variety of settings.

As a CEF, you are closely connected with the students at the bedside or in the various community agencies. The College is here to support you in this role as you are the facilitator of clinical learning and are essential role models for our nursing students.

This manual was designed to provide all CEFs with valuable information that you will need as you navigate through the University in general, and specifically, the clinical component of the Nursing program. There are many helpful resources available. If you have further questions, please contact your Clinical Course Section Leader.

We wish you success in this new role and welcome back to returning CEFs!

Carol Enns RN, MN
Executive Director, Clinical Education
Carol.Enns@umanitoba.ca

Gillian Nattress RN BN
Coordinator, Clinical Resources and Instructor
Gillian.Nattress@umanitoba.ca
Mission, Vision and Values Statement – College of Nursing

Mission Statement:

We are leaders in nursing education, research and outreach. Our goal is to advance nursing knowledge, practice and health care locally, nationally and internationally.

Vision Statement:

To create an innovative learning environment that fosters personal and professional development, appreciation for diversity, mentorship, critical thinking and reflection, development of collaborative partnerships in education, research, health care delivery and service.

Values Statement:

The College of Nursing values excellence in nursing grounded in the following:

**Leadership** that is consultative, empowering, future-oriented and inspirational.

**Collaborative Relationships** that are respectful, collegial, and build on communities of interprofessional education, practice and research.

**Learning/Work Environments** that are supportive, challenging, dynamic and creative.

**Professionalism** that is based in knowledge, ethics, competence and accountability.

**Scholarship** that is fueled by passion and creativity to further the discovery, creation, synthesis, evaluation and dissemination of new knowledge in education and practice.

**Client/patient-centered care** which focuses on the goals and values of the client and facilitates client participation and decision-making to meet health care needs.

A commitment to promoting **social justice**\(^1\) and **equity**\(^2\) in education, research, and practice.

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\(^1\)Equal opportunities for health.

\(^2\)Absence of systematic disparities in health, or its social determinants, between more and less advantaged groups in society.
The Clinical Team

The **Site Program Leader (SPL)** is responsible for supporting student clinical education at specific health care sites. SPLs will provide leadership in the development, delivery, evaluation and planning of the clinical learning program in a designated clinical site. The SPL will work closely with all the CEFs at the various sites and provide CEFs with support to ensure that the learning objectives of the clinical courses are met. The SPL will meet with students and CEFs who require Supportive Learning Contracts. The SPL is responsible to the Executive Director, Clinical Education and the Associate Dean, Undergraduate Programs.

Please be sure to **immediately report** student absences, medication errors, safety issues or any concerns regarding student behavior/conduct to the **Site Program Leader**. The Course Leader will let you know the name of the **Site Program Leader who will visit you at the clinical site**.

The Clinical **Course Section Leader** is responsible for the CEF and student orientation and the overall organization of the course. This faculty member mentors new and returning CEFs. They also develop the course objectives, assignments and work with the Clinical Placement and Resources Coordinator during the initial coordination of the clinical course/CEFs/clinical sites/student groups.

As a CEF, you will want to establish positive working relationships with the Clinical Course Section Leader, the Site Program Leader, the Nurse Manager (PTM) and the Nurse Educator (CRN) for the unit on which you will be placed.

The Clinical Course Section Leader will hold **team meetings one to two times per term**. All CEFs in the specific courses are required to attend orientation sessions and meetings.

Faculty who teach in clinical courses and all CEFs, regardless of the course they teach, have an opportunity to attend a **CEF FORUM** once in the Winter session. This is an opportunity for all CEFs to gather for discussion on topics relevant to clinical courses. Please stay tuned for details. A **CEF Bulletin/Newsletter** is circulated at the beginning of each term with information for CEFs.

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**See Appendix A**: *Rady Faculty of Health Sciences - College of Nursing Organizational Structure*
Support Services

Norma Brown, Receptionist/Building Coordinator
Tel: 204-474-7452
Email: Norma.Brown@umanitoba.ca
- Provides clerical and secretarial assistance to faculty and support staff.
- Books rooms for meetings at: nurrecep@umanitoba.ca
- Assists students with equipment sign out.
- Provides card coding for room entry.

Mark Boiteau CPA, CMA, Senior Financial Officer, Colleges of Pharmacy and Nursing
Tel: 204-474-9669
Email: Mark.Boiteau@umanitoba.ca
- Administration and control of operating, capital and other budgets (including research budgets) within the Faculty, ensuring all budgets are monitored for accuracy.
- Consults with Deans and Faculties on all human resource matters relating to UMFA members (policies, contract renewals, hiring of new faculty members) and special academics (CEF and Sessional Instructors).

Sharon Shi, Financial Assistant
Tel: 204-474-6341
Email: Yujie.Shi@umanitoba.ca
- Responsible for Concur travel claims and pagers.

Lai Chun Yee, Human Resources/PR Coordinator
Tel: 204-474-6546
Email: L.C.Yee@umanitoba.ca
- Responsible for Human Resources matters related to CEFs, including letters of offer.

Amber Kusnick, Clinical Placements and CCA Support
Tel: 204-474-6231
Email: Amber.Kusnick@umanitoba.ca
- Responsible for HSPnet entries, 2540,2542, 3540,3542 &4530 site selection
- Responsible for entering U of M email addresses to the CEF mailing list
Additional Information for Clinical Education Facilitators

Room Bookings
Please see the link below when booking meeting rooms:
http://umanitoba.ca/faculties/nursing/facilities.html

Meeting Rooms/Computer & Printer Access
Meeting rooms and access to computers/printers are available in the Helen Glass Centre for Nursing. During the FINAL Evaluations, CEFS can use Rooms 328 (the CEF Room) 424 and 425. Please contact Norma Brown (204-474-7452) nurrecep@umanitoba.ca to book the rooms.

Library Services
Your staff card is also your library card. You will have access to all the U of M libraries, including the affiliated libraries at the hospitals, including Deer Lodge and Riverview Health Centre. The Nursing Librarian is Lisa Demczuk and she can be reached at: Lisa.Demczuk@umanitoba.ca or 204-474-8204. Lisa has limited office hours in Room 389 Helen Glass Centre.

English language Centre
520 University Centre, 204-474-9251
The mission of the English Language Centre is to enhance success for students as well as potential students whose first language is not English by providing courses, tests, homestay, and individual support in order that they may achieve their academic goals and participate with confidence in the University of Manitoba community.

Travel & Parking
All staff are responsible for their own parking. Courses that involve travel may be eligible for travel expenses (check with Clinical Course Section Leader). Please call the Administration Clerk at 474-6341 for clarification as to what is covered.

U of M Email/CEF Mailing List
In order to receive important notifications, you must claim your U of M Staff email address and provide Amber Kusnick amber.kusnick@umanitoba.ca your email address to be added to the CEF mailing list.

Student Counselling Centre (SCC)
474 University Centre, Indigenous Student Centre, 204-474-8592
The primary goal is to facilitate the personal, social, academic and vocational development of students by providing professional counselling services, free of charge and confidential. Services include group and individual counselling, couple counselling, workshops, outreach programs, consultation and training. Students can seek help for many different problems including: anxiety, stress, depression, transitions, adjustment, family difficulties, relationships, trauma, loss, procrastination, self-esteem, decision making, and can work with students to tailor and integrate a variety of approaches to be of assistance in overcoming any difficulties.
The College of Nursing
Community Principles

The College of Nursing Community Principles consists of six principles. Faculty, staff and students who are members of the community of the College of Nursing are expected to accept and adhere to the obligations stated in the following six principles:

**Principle 1: Respect the dignity and individuality of all persons**
Students, faculty and staff are expected to be respectful of one another and their right to learn, to work, to express themselves, and be treated with dignity at all times. Disrespectful behaviour such as discrimination, offensive language or threatening behaviour will not be tolerated.

**Principle 2: Respect the rights and property of others**
Students, faculty and staff are expected to support the rights of all persons to move freely, express themselves appropriately, and to respect each others’ privacy. Compliance with the *Personal Health Information Act* (PHIA) and the *Freedom of Information and Protection of Privacy Act* (FIPPA) is required by all students, faculty and staff. Theft, vandalism, misappropriation, malicious damage, desecration or destruction of property are unacceptable under the Principles.

**Principle 3: Take responsibility for one's own actions, decisions, and for one's personal, academic and professional commitment**
Students, faculty and staff shall fulfill all academic and professional responsibilities to the best of their abilities and be accountable for their own actions.

**Principle 4: Contribute to a positive classroom, laboratory or clinical practice learning environment**
Students, faculty and staff are responsible for supporting and encouraging activities that promote teaching and learning. Unwarranted behaviours that may interfere with or disrupt any learning and teaching activity are not acceptable.

**Principle 5: Practice academic integrity**
Students, faculty and staff are expected to conduct themselves with integrity at all times. Dishonest behaviour such as plagiarism, cheating, and deceitfulness are unacceptable.

**Principle 6: Uphold the Canadian Nurses Association Code of Ethics for Registered Nurses where applicable**
The Code of Ethics for Registered Nurses is structured around eight primary values that are central to ethical nursing practice:
- Safe, competent and ethical care
- Health and well-being
- Choice
- Dignity
- Confidentiality
- Justice
- Accountability
- Quality practice environments

*October 2014*
The College of Nursing – A Culturally Safe Strategy

The College of Nursing is striving to improve our ability to address Cultural Safety concerns in the classroom, Skills and Simulation labs and in clinical practice settings.

As you are aware, the Truth and Reconciliation Calls to Action Report was recently released. There are several points that address nursing in terms of clinical practice and our educational processes. Along with this, the WRHA is also developing cultural safety training for staff.

In Year 2 of the curriculum, students enroll in a required course titled Client and Context: Human Diversity (NURS 2522) which provides students with knowledge of the social factors that enhance or diminish the health of individuals, families and communities. Students will analyze the concept of client-centred care and its relevance in professional nursing practice.

In order to assist you in understanding the dynamics around cultural safety, we have attached a document on micro-aggressions in everyday life. (retrieved https://diversity.missouri.edu/summit/session-mats/can_we_talk-microaggressions_in_everyday_life-handout.pdf). Refer to Appendix B. Further information can be found in the CEF Resources UM Learn site.

Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership (Nov 17, 2010).

**Cultural Competence** – can be seen as a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.

**Cultural Safety** – analyzes power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health care and health education.

Cultural Safety is a teachable skill and one main component of it is self-reflection. The National Aboriginal Health Organization published an information sheet on cultural safety that summarizes this concept. Teaching this skill to nurses and other health care professionals in the context of Aboriginal health is mandatory.

In order to address the continuing impact of racism, stereotyping and discrimination and other social residue left over from the unequal sharing of power for First Nations, Inuit and Metis communities in Canada, one must become adept at recognizing their influences. Cultural safety offers a chance to interrupt, advocate about and address invisible barriers that prevent advancement of health and well being First Nations, Metis and Inuit people in our community.

(Adapted from Indigenous Health and Cultural Safety – The Social Accountabilty Framework – Curriculum Renewal at the College of Medicine, November 2011).
Overview – The Role of the Clinical Education Facilitator

Effective clinical instructors help students become independent critical thinkers and competent clinicians. They are knowledgable and enthusiastic about their specialty area and instruct students in the clinical area by using various teaching strategies according to the topic and situation at hand. They evaluate fairly and interact well and equably with students.

Faculty knowledge and experience in clinical teaching are demonstrated by the exhibiton of confidence in the practice setting; teaching effectiveness is evident when an instructor uses his/her skills to enhance learning in the clinical course and shares his/her own experiences of developing as a nurse. In addition, instructors must provide students feedback about their clinical performance – what they do well and what they need to improve (Refer to Page 20-23 for information on providing feedback).

Both clinical instructors and students are evaluated in the clinical setting. Nursing students will have the opportunity to evaluate the effectiveness of their clinical instructors and the setting in each semester with a program generated evaluation survey. This is performed anonymously on UM Learn. CEFs will receive feedback from these evaluations from the Course Section Leader at the end of each term. The clinical facilities where students are assigned also provided feedback annually. Site Program Leaders who visit the CEFS and students will provide insight into both student and CEF performance.

Supervising Students
Clinical Education Facilitators are charged with balancing student supervision and patient safety. Supervision of nursing students varies according to the student’s level in the program, personal abilities and patient needs. Students, even in the same clinical group, demonstrate different levels of competence. The CEF must ensure that students have adequate clinical experiences, must closely supervise students who demonstrate an inability to provide safe patient care, and perform clinical procedures effectively. The instructor must be time savvy and use techniques and teaching strategies to ensure patients receive proper care. Students who continue to have problems in the clinical area need to be discussed with the Site Leader to determine a plan of action for assisting the student in meeting the clinical requirements for that course.

Student Relations
CEFs must initiate an environment conducive to learning nursing skills and applying theory to practice. Faculty who are more considerate and caring, and who treat students equally, believe that their students can become more successful. Creating a culture of caring in a clinical environment in order for students to achieve success is the goal of the College of Nursing. Students invest time and money into their education and expect a good return on the investment in the form of a supportive and productive clinical environment.

Staff Relations
Changes in the health care environment have resulted in increased staff nurse demands as they care for increasingly complex patients. Staff nurses, health care aids and other members of the health care team are an integral part of student learning, and CEFs rely on staff to support nursing students in the facilities. CEFs are strongly advised to cultivate these relationships by ensuring that staff nurses have all the information they need to perform their clinical responsibilities while assisting students. The Regional Health Authorities have a mandate promoting Collaborative Care; you are expected to get to know the members of the healthcare team (SW, HCA, OT, PT, etc.). Fostering a relationship with all these professions helps the students grasp all the implicating factors that impact the clients.

(See Appendix C – Responsibilities and Expectations of Student Nurses, CEFs and Staff).
Overview – The Role of the Clinical Education Facilitator

CEF Preparation and Orientation
If the agency where the CEF will be working with the students is unknown to the instructor, the CEF needs to visit the agency before the clinical rotation. It is recommended that a new CEF spend at least two shifts on a unit before the rotation begins. The instructor should tour the institution/unit, meet the staff, and inform personnel about he students who are coming. The CEF needs to be familiar with the units, the type of patients; CEFS are encouraged to orientate themselves, shadow a staff nurse prior to the clinical rotation. You need to foster relationships with the staff to fully engage them in the learning process. They can help make your supervision of the students much easier and provide feedback to you about the students’ progress.

Professional Behavior Expectations
Students and CEFS are expected to demonstrate professional behavior in the clinical area. To require that students exhibit these professional behaviors in order to successfully pass a clinical course, it is necessary to associate these behaviors with mastery of clinical course objectives and to clearly articulate these behavior expectations.
Clinical Education Facilitator
Job Description

The Clinical Education Facilitator is responsible to the Dean, through the Executive Director, Clinical Education and the Clinical Resources Coordinator.

Responsibilities

1. Collaborates practice between the University and the clinical setting:
   - Establishes collegial relationship (at various organizational levels), facilitates understanding of course objectives for clinical practice.
   - Facilitates staff/student interactions.

2. Orientates self and students to the clinical area:
   - Works in the area to familiarize self with the practice setting.
   - Develops an orientation for students so they can function effectively in the area.

3. Selects patient assignments which are consistent with course client models:
   - Selects assignments which maximize students’ learning, in accordance with the course objectives.

4. Facilitates integration of theory and practice:
   - Fosters application of theory to the realities of nursing practice.
   - Encourages students to think independently.
   - Promotes innovative nursing care by the students.
   - Utilizes conference time for debriefing as well as integrating theory and practice.

5. Ensures safe practice by the students:
   - Develops appropriate clinical assignments which take the students’ abilities into consideration.
   - Is aware of own strengths and limitations.
   - Ensures that the student comes prepared to practice.

6. Presents her/himself as an effective role model:
   - Demonstrates effective interpersonal and nursing skills.
   - Shares clinical expertise with staff on the unit and is considered a competent resource person.
   - Maintains high professional standards.

7. Evaluates students on an on-going basis:
   - Evaluates each student objectively with appropriate validation.
   - Develops strategies to help students to maximize their clinical abilities.
   - Provides frequent and ongoing constructive feedback to students which enhances learning.
   - Utilizes peer and student feedback evaluations to improve her/his teaching performance.
   - Uses evaluation data to assess the progress of the students.
   - Identify and validate areas of strengths and weaknesses.
   - Plans alternative teaching strategies.
   - Encourages students to critique teaching strategies.
Overview of the Undergraduate Nursing Program

The information below is an overview of student course work from Year 2 to Year 4. This information will provide you with a general understanding of where your specific clinical course fits, and how you can partner with the College and your students to maximize their learning.

**YEAR 1: Pre Nursing Year**
- BIOL 1410 Anatomy of the Human Body
- BIOL 1412 Physiology of the Human Body
- MBIO 1220 Essentials of Microbiology
- **Science Electives** - 9 credit hour
- **Electives** - 12 credit hours

Any combination of the following courses for a total of 12 credits:
- Social Sciences
- Humanities
- NURS 1280 Introduction to Nursing
- NURS 1500 Preparing for Professional Nursing Education
- NURS 2610 or KIN 2610 Health and Physical Aspects of Aging
- NURS 2650 or SWRK 2650 or HMEC 2650 Social Aspects of Aging

**YEAR 2: Students are admitted into the College of Nursing**

**Term 1**
- NURS 2500 Health and Illness 1: Pathophysiology/Pharmacology/Assessment
- NURS 2518 Health and Illness 2: The Older Client
- NURS 2510 Client and Context 1: Human Growth and Development
- NURS 2520 Professional Foundations 1: Development of Professional Identity
- NURS 2530 Nursing Skills 1
- NURS 2540 Nursing Practice 1

**Term 2**
- NURS 2514 Health and Illness 3: Pathophysiology/Pharmacology/Assessment
- NURS 2522 Client and Context 2: Human Diversity
- NURS 2532 Nursing Skills 2
- NURS 2542 Nursing Practice 2
- NURS 2170 Nutrition for Health Professionals

**YEAR 3:**

**Term 1**
- NURS 3512 Health and Illness 4: Acute and Chronic Illness
- NURS 3530 Nursing Skills 3
- NURS 3510 Client and Context: Supportive and Palliative Care
- NURS 3520 Professional Foundations 2: Health Education
- NURS 3540 Nursing Practice 3 (Acute Medicine)

**Term 2**
- NURS 3514 Health and Illness 5: Mental Health and Illness
- NURS 3550 Professional Foundations 3: Evidence Informed Practice in Health Sciences
- NURS 3560 Professional Foundations 4: Law and Ethics in Nursing Practice
- NURS 3542 Nursing Practice 4 (Acute Surgery)

**YEAR 4:**

**Term 1:**
- NURS 4500 health and Illness 6: Gender and Reproductive Health
- NURS 4510 Client and Context: Family Health
- NURS 4520 Professional Foundations 5: Interprofessional and Collaborative Practice
- NURS 4530 Nursing Practice 5
- Electives
- NURS 4540 Health and Illness 7: Community and Population Health

**Term 2:**
- NURS 4550 Professional Foundations 6: Leadership and Change Management
- NURS 4570 Nursing Practice 6 – (Community)
- NURS 4560 Professional Foundations 7: Preparation for Nursing Practice 7
- NURS 4580 Nursing Practice 7 (13 week Practicum)
Overview of Clinical Placements and Simulated Experiences in the Bachelor of Nursing Program

Prior to beginning the clinical courses, students must complete several training modules such as PHIA, WHMIS, Mask-Fit testing, NVCI (Non-Violent Crisis Intervention), EPR, and PYXIS. These modules or directions are contained in a course called NURS 0500 (available on a Learning Management System called UMLearn).

It is the students’ responsibility to ensure all sections have been completed. CEFs need to verify that the students have completed their PHIA training by reviewing their card prior to the start of EACH clinical course.

YEAR 2
Students in year 2 will be placed in Long Term Care Facilities for their geriatric experience: 6 weeks in Term 1 (NURS 2540 Nursing Practice 1) and 9 weeks in Term 2 at sub acute centres. (NURS 2542 Nursing Practice 2). Simulated learning experiences or “on campus clinical” will take place at the Helen Glass Centre for Nursing in the simulation labs. The focus is on care of the elderly, communication, head to toe assessment, etc.

YEAR 3
Students in year 3 will be placed in the hospital (tertiary or community) setting for acute medical experiences (NURS 3540 Nursing Practice 3) and surgical experiences (NURS 3542 Nursing Practice 4). These rotations occur over 8 weeks per term, two 9 hour days per week. Simulated learning experiences or “on campus clinical” will take place at the Helen Glass Centre for Nursing in the simulation labs. The focus is on care of the acute medical/surgical patient, palliative care, and patients with mental health issues.

YEAR 4
In year 4, students will have a variety of clinical experiences. In NURS 4530 Nursing Practice 5, students will have a variety of nursing experiences as this clinical is based on Family Centred Care. Students will be given a choice of clinical sites to further their understanding of clients across the lifespan. The choices are Palliative Care, Mental Health, Rehabilitation, Pediatrics and Womens Health (L&DP/Post partum). These placements have variable shifts - some evening and 12 hour shifts are required. All students, regardless of their clinical placement, will have hours dedicated to labor and delivery/post partum simulation with the focus on family health.

In NURS 4570 Nursing Practice 6, students are placed in a variety of community settings (e.g. schools, day cares, community clinics, shelters, housing projects, public health offices, employment settings, correctional facilities and community outreach projects) for 2 days a week over 9 weeks in a term. The clinical experience is based on a service learning model. Students will engage in activities that both meet the needs of the agency and the learning needs of the student. Students usually work in pairs, depending on the agency needs. Simulation will include poverty scenarios.

The senior practicum course, NURS 4580, is a full time consolidated clinical course that provides students a consolidated experience in a nursing role. The practicum is a 10 credit hour course and is approximately 12 to 13 weeks (student must complete 450 hours) in length. Students will be in one clinical placement for the entire experience to assist them in becoming socialized to the role of the nurse. This course is the final requirement of the four year degree program.

Please refer to the Course syllabi for clinical hours, schedule and assignments for each clinical course.
Laboratory – Skills Lab Courses

Director, Clinical Laboratories & Simulation
Barb Goodwin RN MN
Helen Glass Rm 463
Office Phone: 204-474-8324
Barb.Goodwin@umanitoba.ca

Course Leader &Year 2 Skills Lab
NURS 2530 & NURS 2532
Lead Lab Instructor – Alia Lagace RN BN
Helen Glass Rm 479
Office Phone: 204-474-9162
Alia.Lagace@umanitoba.ca

Course Leader & Year 3 Skills Lab
NURS 3530
Lead Lab Instructor - April Ambalina RN BN
Helen Glass Rm 477
Office Phone: 204-474-7188
April.Ambalina@umanitoba.ca

Skills and Simulation Lab Equipment
Technologist Wanda Falk
Helen Glass Rm 460 & 470
Office Phone: 204-474-7344
Wanda.Falk@umanitoba.ca

The nursing skills courses have a principle-based, hands-on learning based approach. Principles are stressed, as well as resource seeking skills such as accessing procedure manuals. In the clinical setting, students must follow hospital Policy & Procedure and need to be familiar with how to access the Policy & Procedure manual in their specific setting.

Course content resources are provided for the students online via UMLearn. This includes objectives for each class, textbook readings, videos, and other required or optional activities. Students are expected to use the objectives to guide their study of the content. Medication calculations, understanding medical orders/ Kardex/Care Plan/MAR are included in these courses.

Students are expected to come prepared and able to problem solve application of the skills and answer critical thinking questions. Lab staff circulate to observe and assist students in their learning. Students purchase “lab kits” so they can practice the skills they are learning during lab as well as outside of lab time.

Attendance is mandatory, and any missed labs must be made up independently and evidence of make-up effort submitted to lab staff. It is the student’s responsibility to ensure that they have knowledge of the skill so that they are safe in the clinical setting. Students who are ready to perform a skill will be supervised by their CEF. This same method of preparation can be encouraged for clinical skill opportunities that arise, even if they have not yet been taken in lab.

Performing psychomotor skills is an integral component of the student’s clinical experience. In your role as a CEF, you will be the main person who actually observes and evaluates the student performing these skills. If you feel the student is weak in their performance and/or understanding of the skill, you can “refer them to the skills lab”. The student will return to the lab at the College and practice this skill to improve – they will also have a skills lab instructor present with them to observe their performance and provide them with feedback. Ensure that you complete the “Remediation Process Form” and clearly indicate what psychomotor (or other skills) need to be improved upon. Please refer to the Academic & Clinical Handbook on UMLearn for this form.

Inform the Course Leader and Barb Goodwin that you are referring the student to the Skills lab and have completed the remediation Form. Ensure the student contacts Barb within 24 hours to arrange a time to get assistance and brings the Remediation Form with them. Barb provides feedback on the form regarding the student’s progress/skill performance. This form is included at the end of the term when you submit the student’s evaluation documentation to your Course Leader.

Content related to health assessment is integrated into Nursing Skills 1 (NURS 2530) and Nursing Skills 2 (NURS 2532) using a general systems format. (i.e. GU assessment- care of patient with foley catheter). In each skills course students must demonstrate competency in medication calculations and performs a “skills demo”. Each Skills course has a midterm and final exam.
Curriculum: Skills Lab

Year 2

NURS 2530 Skills 1
- Resp & CVS/PVS assessment
- Medication calculation
- Medication administration (oral, eye drops, topical)
- Bedside safety and monitoring
- Bedmaking, handwashing, bedpan/incontinence briefs, feeding, oral care
- Moving lifting transferring (MLT), aids to movement, bathing
- Vital signs, oxygenation
- Urinary Drainage (management), Urinary Catheter insertion
- Skin Assessment
- Abdominal Assessment
- Wound Care

Year 2

NURS 2532 Skills 2
- Medication administration (oral, eye drops, topical)
- Medication Calculation
- Subcut, IM, Insulin, Heparin medication administration
- Introduction to Intravenous monitoring
- Ampules, vials, needles, syringes
- Enteral Tubes (Ng, PEGS, SBFT)
- CNS/PNS assessment
- MSK/EENT assessment
- Complete Head to Toe assessment

Year 3

NURS 3530 Skills 3
- IVs (peripheral IVs, insertion, management, complications, gravity, pumps, etc)
- IV Medication administration (push, secondary, backpriming, continuous)
- Central line, PICC, PCA, epidural
- Blood withdrawal
- Chest Tubes
- Complex wound care
- Blood administration
- Tracheostomy care/Oral airway management
- Code “25”, Code “Blue”
CEF Resources - Learning Management Systems and Handbooks

The University utilizes a variety of “learning platforms” or learning management systems as a method of providing course syllabus and information (announcement, notes, etc.) to students registered in the course. “Learning platforms” can be thought of as a course design layout that is accessed online. No longer do students buy a syllabus in the bookstore or get class handouts in hard (paper) copy. UM Learn is the most commonly used platform and will be used for all clinical courses. You will find course specific resources, class lists, etc. on this page.

Your Clinical Course Leader will assist you to become familiar with this system. You will need to log in to your course on the specific learning platform with a log in username and password. Your course leader will ensure you have access. It is important that you make yourself familiar with the system so that you have access to the course information you require. See CEF Resources after logging onto UM Learn (See Appendix B).

Academic & Clinical Handbook

The purpose of this handbook is to provide students and faculty with one resource that contains information about the four year undergrad program, most commonly accessed policies, and most frequently asked questions. The Academic Clinical Handbook can be accessed by logging onto UM Learn under CEF Resources or the UM Learn site for every clinical course (See Appendix D).

The handbook is provided to both students and faculty with an overview of academic policies and information related to the clinical courses (NURS 2540, 2542 3540, 3542, 4430, 4270 and 4290).

The handbook includes information regarding: overview of the ICE approach/growth model of learning, general student responsibilities, policies, information regarding attendance, clinical placement sites, preparation for clinical practice, communication strategies, CEF and faculty responsibilities, and information regarding reflective writing.

CEF Course or Year Specific Handbooks

The Course Section Leader may also have additional handbooks for CEFs that is course or year specific.

Manual for Health Sciences Centre CEF’s

Health Sciences Centre (HSC) has developed a manual for CEF’s, if you Facilitate students at HSC, please take the time to review it.http://www.hsc.mb.ca/files/NursingInst_Man_Aug2015.pdf

*The University has purchased a number of copies of “Fast Fact for the Clinical Nursing Instructor 2nd edition” it is available for CEF’s to borrow from the College of Nursing’s Library.
Communication with Students

Email
It is mandatory that students and instructors use their U of M email to communicate about all course-related activities. Do not use your “personal” email (eg. MTS, yahoo, Hotmail, gmail, etc).

There are 2 email “types” used at U of M: Webmail and Microsoft Outlook Exchange. Most employees have now “migrated” over to the Microsoft Outlook Exchange system. If you use the webmail system your email address appears: FirstName.LastName@umanitoba.ca.

You can retrieve your emails through the U of M homepage at: Umanitoba.ca. You will see the ‘webmail’ icon at the top right hand corner of the homepage. Click on that icon and it will take you to a page that asks you if you are using webmail or have migrated over to the Microsoft Outlook Exchange system. You must claim this email to utilize supports like UM Learn and access the evaluation tools. All evaluation forms should be completed electronically.

If you have any questions regarding your email account or obtaining access to your course information on the learning platform (ie. UM Learn) please contact the Help desk at 204-474-8400 or email servicedesk@umanitoba.ca.

The following is included in all College of Nursing syllabi:

Email Addresses in University Communication

The College of Nursing requires all students to use only their University of Manitoba email account to communicate (send & receive) with course section leaders, CEF’s, and other members of the College of Nursing and agencies in which students are placed for clinical experience. The College also requests that you do not forward emails from your University of Manitoba email account to other email providers.

Please note: All e-mail correspondence must be professionally written, including use of appropriate punctuation and spelling. Please use appropriate forms of address (e.g. title and name). Please provide your complete name at the end of the e-mail and avoid the use of emoticons. E-mail correspondence meeting these criteria will be responded to during regular working hours.

Social Media
Since you are engaged in a teaching/learning relationship with your students, it is imperative that this is maintained at a professional level. Please do not “friend” any of your students on Facebook, follow on Twitter, or engage in any social media contact.

Professional behavior must be maintained at all times. Although we recognize that social media tools on the internet are a common forum for students to communicate with one another. It is imperative that no information relating in any way to your classroom or clinical experiences (including students, professors, patients, CEF, unit environment, facility, etc) is shared through any of these forums. Students will have completed the PHIA oath/affirmation of confidentiality before enrolling in a clinical course.
How it is Done - Evaluation in the Clinical Setting (The Pass/Fail Process)

CEFs must use their professional clinical judgement when evaluating students' ability to perform safe and competent nursing care. Evaluations in clinical settings include assessing student nurses’ ability to apply classroom theory to their care of clients in the clinical setting. It is essential that the CEF evaluate nursing students in a fair and consistent manner. CEFs and students must also be familiar with University and the College of Nursing policies.

The College of Nursing utilizes the Pass/Fail grading method of clinical assessment. All evaluations must be typed. Please refer to the course syllabus, the Academic and Clinical Handbook for further information. Your Clinical Course Section Leader will assist you to become familiar with this tool (Clinical Evaluation Tool or CET). The CETS look similar between clinical courses, but they are specific to the clinical course.

Skills
By the time the student finishes the first term and second (in Year 2) terms, they have learned all of the basic skills. A skills list is located on page 16 of this document. Evaluation of basic skills includes observation of the correctness of the implementation of the skill, as well as the observation of the student’s abilities to apply theory to practice. Any concerns (with specific examples, dates and time) should be documented on the CET (evaluation form), discussed with the student and the Site Program Leader.

Charting
CEFs should critique charting for appropriateness, accuracy, spelling and grammar. A student whose charting is unacceptable should be provided feedback and given recommendations to improve their documentation. If this problem persists, the Site Program Leader should be informed.

Medication Administration
Students should be able to prepare and appropriately administer medications. Expect that students will be nervous. The inability to calculate dosages, contamination of supplies or omission of any of the “10 Rights” of medication administration is unacceptable and must be noted. Continued inappropriate behavior will result in the student not meeting the requirements of the course, thus a failure.

The Clinical Evaluation Process
All clinical evaluations for each student are kept in the students file (locked room by the registrar’s office). This file is considered confidential. Evaluations contain valuable information about a student’s progress throughout the nursing program. Most of the clinical courses also expect the student will write a self-evaluation of their clinical performance. These self-evaluations are also kept in the files.

It is imperative that student issues are accurately assessed and identified using the Clinical Evaluation Tools (CETs) while providing supporting documentation. Remember, that you are evaluating the student for the term, as the student has further clinical courses to complete. We want students to be aware of what areas they need to improve upon, so they can grow into confident nurses. If a student is struggling in clinical practice, a Supportive Learning Contract (refer to the Academic and Clinical Handbook and clinical course syllabi) may need to be initiated. The Course and Site Program Leaders will assist to explain this process to you.

If a student has significant learning issues during the clinical course or throughout the program, they may need to meet with the Executive Director, Clinical Education and/or the Associate Dean, Undergraduate Nursing Program. Depending on the circumstance, the students’ clinical evaluations may be reviewed, often to look for a pattern of behavior or whether the incident under discussion was an isolated event. Fair and reasonable evaluations are important.

There is a specific and important process for clinical evaluation which the College of Nursing will follow for each student. Please refer to Appendix E regarding the process for student evaluation in clinical courses.
Helpful Tips for CEFS – Providing Feedback

“Students often rate feedback as one of the highest rated teacher behaviors”

What is Feedback?
- Feedback is communication to another person which gives information about how he/she affects and is perceived by others.
- Feedback involves helping another person consider changing his/her behavior.

What’s the Difference between Feedback and Evaluation?
- Feedback is the on-going provision of information about performance, to guide and improve future efforts.
- Evaluation is a judgement about previous performance.

Why Give Feedback?
- Improves clinical performance.
  * Reinforces positive behaviors.
  * Corrects undesirable behaviors.
- Decreases learner anxiety about performance.

Two Critical Roles we Play in Clinical Teaching
1. COACH: Feedback/Formative Evaluation: Information provided during the rotation, describing performance, with the intent to guide and improve future performance.
2. JUDGE: Summative Evaluation:Judgement provided at the close of a rotation assessing whether the learner met performance standards (with suggestions for improvement).

8 Steps in Delivering Feedback:
1. Build an environment of support and trust.
2. Plan ahead and negotiate.
3. Choose an appropriate time and place.
5. Focus on the positive, not just the negative.
6. Select specific changeable behaviors (2-3).
7. Use a feedback model: i.e. ARCH, PNP sandwich, Bayer Model
   (ARCH- A: Ask for self-assessment, R: Reinforcement of what was done well, C: Correct H: Help the learner with a plan for improvement).
8. Include follow up plans (*be sure to speak to your Site Program Leader and Clinical Course Section Leader for assistance).

Reference: Power Point Presentation: “Fair and Effective Feedback in the Clinical Setting” by Joanne Hamilton MEd, RD, CDE. April 14, 2015. Rady Faculty of Health Sciences. Department of Medical Education; College of Medicine, Winnipeg, Manitoba.
Health Professional Teaching Skills Levels 1,2,3. University of Toronto edX (free courses online) https://www.edx.org/course/subject/health-safety
Quick Tips for CEFS - Clinical Evaluation

- On a daily basis, jot a few notes down on each student. Carry an anecdotal record for each student, maintaining privacy of data. Make specific notes, focusing on specific details of the student’s behavior.

- Document patterns of behavior over time through compilation of records.

- Use multiple sources of data for evaluation (e.g. the student, buddy nurses, patients, peer evaluator, written and verbal work, documentation, nursing care plans, etc.).

- Assist the student to identify weekly goals, and assess during the midterm evaluation in order to help the student progress through the course.

- Use the Pass/Fail Evaluation Tool to help students understand what knowledge and skills they will need to demonstrate.

- Ensure you provide positive reinforcement, as well as provide constructive criticism, when required. Provide “mini-evaluations” (daily, weekly) in order to provide ongoing suggestions, find time to check in with each student each week.

- Provide evaluation “sandwiches”, commenting first on a strength, then a weakness/area of improvement, and then a strength of student behavior.

- Present feedback and evaluation in non-judgmental language confining comments to student behavior.

- Be specific with the use of examples (dates, times, patient initials, etc.)

- Ask for feedback of the student’s performance from the health care team (e.g. staff nurses, physiotherapist, unit managers, etc.)

- Midterm evaluation is very important as it is a stepping stone, and provides students with vital information regarding what they need to improve upon. However, do not wait until then to provide feedback: this should be ongoing during the clinical weeks.

- Invite students to complete self-assessments and summarize what they have learned.

- Help students to prioritize learning needs with specific goals for each day.

Tips for a New CEF from an Experienced CEF

- CEF and students should always take their coffee and lunch breaks.
- Drink plenty of water.

Getting to know your unit……..
- If you are not familiar with the unit, you must shadow with a nurse and HCA on the unit, get to know the Unit Clerk and unit manager and get them invested in the learning process.
- Be very familiar with the ward routine (how they give report, what time trays come, where supplies are etc.).
- Meet with the nurse manager to review expectations of students on the unit.
- Invite the Nurse Manager and Nurse Educator to meet the students on orientation day.
- Ensure you know who all the interdisciplinary team members are on your unit-consider having them meet with the students during pre or post conference.
- Ensure ongoing communication with the buddy nurse, your student and yourself is maintained.

Skills on the unit with the student……..
- In pre-conference have students identify any pre-planned skills they will be doing with their patients.
- Allow plenty of time to complete a skill with the student-there is time involved doing a dry-run, prep time, and doing the skill itself.
- With the dry-run have the student explain step by step how they will do the skill, offer support and suggestions as they explain their intentions.
- Encourage the student to problem solve-ask “what if” questions (i.e., bladder irrigation-what if you can’t instill the saline).
- When the student is performing the skill encourage them not to be “skill focused”, remind them there is a person/patient involved in the skill-the CEF can also be a role model here as well.
- Review with the student post–skill, ask them how they feel they did, would they do anything different next time, any suggestions that can enhance the experience.
- Ensure you give the student positive feedback as well as areas to improve on “You did that very well and next time you might want to …”
- Review with the student where this will be documented.
- If you are not able to do all skills with the students-have them tell you what skill they are performing and do a dry run with them prior to doing it, get feedback from the staff member who was there with them while doing the skill.
Helpful Tips for CEFS - Clinical Questions and Reflective Activities

- What was the most important thing you heard in report?
- What else do you need to know before proceeding with that procedure?
- What do you think will be my first question to you about this client?
- What do you hope I will ask you about because you know the answer?
- What do you hope I won’t ask you about because you don’t know or couldn’t find the answer?
- What else do you need to know about the patient?
- What factors are contributing to this lab value?
- Based on what you assessed, what should you do next?
- What might happen if you did…?
- What can you delegate to other health team members?
- What evidence supports the effectiveness of this plan of care?
- What is the most important thing that you learned from your patient today? How will you use this information for future care?
- What surprised you about your patient? Why was this a surprise? What did you learn?
- What surprised you about yourself in clinical today? Why was this a surprise? What did you learn?
- What will you change about your nursing care tomorrow? Why is this important?


APPENDIX B

“Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership. In many cases, these hidden messages may invalidate the group identity or experiential reality of target persons, demean them on a personal or group level, communicate they are lesser human beings, suggest they do not belong with the majority group, threaten and intimidate, or relegate them to inferior status and treatment.” Sue, Derald Wing (2010, November 17) “Microaggressions: More than Just Race” https://www.psychologytoday.com/blog/microaggressions-in-everyday-life/201011/microaggressions-more-just-race

Microaggressions in Everyday Life

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<td>Alien in own country. When Canadians who look different, have different names, or are dressed differently from the dominant culture are assumed to be foreign-born.</td>
<td>“Where are you from? No, I mean, where are you really from?” “You speak good English.” “What are you? You’re so interesting looking!” Continuing to mispronounce a person’s name after being corrected many times and finally giving them an English name. Not willing to listen for the correct pronunciation. “What colour is your hair under that scarf?” “Why are you wearing a turban?” “Aren’t you cold wearing that sari?”</td>
<td>You are not really a Canadian. You are a foreigner. Your ethnic/racial identity makes you exotic.</td>
<td>There is a fine line between being offensive and wanting to engage with people. Ask yourself why you want to know about someone’s culture or ethnicity and if it is out of curiosity or starting up conversation maybe ask about the weather, work, pets, etc. Or if out of genuine interest to get to know someone re-phrase your question, May I ask, “What is your ethnic identity?” “Please don’t be offended but could I ask you more about …” A colleague says, “I get asked these questions all the time even though I have been born in Canada. I don’t mind because I think people are just trying to get to know me but it’s usually only my white friends. Sometimes I do get annoyed.”</td>
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<td>Attribution of Intelligence or ability Assigning intelligence to a person based on their race, color, or gender.</td>
<td>“You are a credit to your race.” To an Asian person: “You must be good in math, can you help me with this problem?” “Blacks are good athletes. Are you a good runner, too?” “You don’t act like a normal native.” “Gay men are the best hair stylists.” “You have a French name, can you help me with my French?”</td>
<td>First Nations people are not as intelligent as Whites. All Asians are good in science. Africans are known only for their athletic abilities How do normal First Nations people act? Are they giving me a compliment or insult? Gay men can only be hair stylists? All people with French names can speak French.</td>
<td>The Canadian Multiculturalism Act states, “It is hereby declared to be the policy of the Government of Canada to; (a) recognize and promote the understanding that multiculturalism reflects the cultural and racial diversity of Canadian society and acknowledges the freedom of all members of Canadian society to preserve, enhance and share their cultural heritage;” <a href="http://laws-lois.justice.gc.ca/eng/acts/C-18.7/page-1.html#h-2">http://laws-lois.justice.gc.ca/eng/acts/C-18.7/page-1.html#h-2</a></td>
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<td>Colour blindness Statements that indicate that a white person thinks they are being polite or complimentary by not acknowledging race.</td>
<td>“I don’t think of you as being brown” “In Canada, we are all the same”</td>
<td>Denying a person of colour’s racial/ethnic experience Denying the person as a racial/cultural being “foster the recognition and appreciation of the diverse cultures of Canadian society and promote the reflection and the evolving expressions of those cultures;”</td>
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<td><strong>Criminality/assumption of criminal status</strong>&lt;br&gt;Muslims are assumed to be a terrorist or dangerous.&lt;br&gt;First nations are assumed to be thieves.</td>
<td>A white man or woman hears someone speaking Arabic on the plane and says to the flight attendant, “I think they have a bomb.”&lt;br&gt;A Metis man walking through a liquor store is followed by a security guard.&lt;br&gt;A group of First Nations teenagers walk into a 7/11 and the worker who is Asian says, “I have no cash here. Get out or I will call the police.”</td>
<td>Arabs are all terrorists&lt;br&gt;First Nations people are drunks and thieves.&lt;br&gt;You are going to steal, you are poor/you’re dangerous.</td>
<td>“ensure that all individuals receive equal treatment and equal protection under the law, while respecting and valuing their diversity;” *</td>
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<td><strong>Denial of individual racism/sexism/sexual prejudice</strong>&lt;br&gt;A statement made when bias is denied.</td>
<td>I’m not Anti-Semitic. I have many Jewish friends. Being a woman, I know what it’s like for you to be a racial minority. Homosexuals are the best friends a woman could have.&lt;br&gt;“Really, you waited for half an hour to be served because you’re black? We don’t do that here.”</td>
<td>I could never be Anti-Semitic because I have friends who are Jews.&lt;br&gt;Your racial oppression is no different than my gender oppression so I can’t be a racist because we are experiencing the same thing.&lt;br&gt;I am not prejudiced against gays. Denying individuals’ personal experience of bias</td>
<td>“promote policies, programs and practices that enhance the understanding of and respect for the diversity of the members of Canadian society;” *</td>
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| **Myth of Meritocracy**<br>Statements asserting race, religion, or gender does not play a role in personal and professional life. | “Of course she’ll get tenure, even though she hasn’t published much---she’s First Nations.”<br>“Men and women have equal opportunities for achievement.”<br>A construction company owner: “Gender plays no part in who we hire for high rise construction but we prefer men.”<br>“Everyone can succeed in this society if they work hard enough.”<br>“Affirmative action is racist against Whites” | First Nations people are given extra unfair advantage because of their race.<br>The playing field is equal so if women cannot make it, the problem is with them.<br>Women are less physically capable in certain jobs.<br>First nations, refugees, new immigrants are lazy and/or incompetent and need to work harder.<br>Everyone else gets better jobs and benefits and we Whites get nothing. | The Canadian Human Rights Act of 1977 states that all Canadians have the right to equality, equal opportunity, fair treatment, and an environment free of discrimination on the basis of sex, sexual orientation, marital status and family status. It protects Canadians from discrimination when they are employed by or receive services from:  
- the federal government;
- First Nations governments; or
- private companies that are regulated by the federal government like banks, trucking companies, broadcasters and telecommunications companies. |
| **Pathologizing Cultural Values/Communication Styles**<br>The idea that the values and communication styles of the dominant culture are ideal/normal. | To First Nations, Africans, or Asian people: “Why are you so quiet? I want to know what you think. Speak up more.”<br>“Asking a Filipino person: Why do you have to be so loud when you get together with your friends? Why do you have to speak in your language?”<br>Dismissing an individual who brings up race, religion, gender issues, or culture in work/ school setting.<br>“I want to see a doctor who is white and speaks English.” | This is Canada, act like a Canadian. | “foster the recognition and appreciation of the diverse cultures of Canadian society and promote the reflection and the evolving expressions of those cultures;”  
“recognize and promote the understanding that multiculturalism reflects the cultural and racial diversity of Canadian society and acknowledges the freedom of all members of Canadian society to preserve, enhance and share their cultural heritage;” |
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<td>Environmental microaggressions: Macro-level microaggressions which are more apparent on systemic and environmental levels.</td>
<td>Educational institutions, buildings, parks, cities etc. named after famous people who were known for their racism or cultural bias or are White heterosexual upper class males. Television shows, games and movies that are predominantly white or have a token representation of another race or culture or show them as the murderers and bad guys. Neighbourhoods protesting low income housing, group homes for people with disabilities, ex-convicts, First nations, people on social assistance.</td>
<td>You don’t belong/you won’t succeed here. You are an outsider. You are not a good, honest person.</td>
<td>The Canadian Charter of Rights and Freedoms “(1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.”.</td>
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<td>Sextist/Heterosexist language Terms that exclude or degrade women and LGBT persons.</td>
<td>Use of the pronoun “he” to refer to all people. “I would never have known you are lesbian, gay, bisexual, or queer.” “When did you discover that you were gay?” “I saw people holding religious signs against LGBT people that said, “Faggots are going to hell.”</td>
<td>Heterosexual male experience is universal. Female, LGBT experience is invisible. “When did you discover you were heterosexual?”</td>
<td>The Canadian Human Rights Act of 1977 states that all Canadians have the right to equality, equal opportunity, fair treatment, and an environment free of discrimination on the basis of sex, sexual orientation, marital status and family status.”.</td>
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<td>Traditional Gender Role Prejudice and Stereotyping Occurs when expectations of traditional roles or stereotypes are conveyed.</td>
<td>“Guys curse, burp, act drunkenly, but if a woman does that she is called a slut, trashy, and why is she demeaning herself?” “So what else do you do?” Asked of women who are “just” homemakers. “You are a stay at home dad? Wow must be nice! So tell me, what’s the deal?”</td>
<td>Women should be feminine: polite and dainty. Being a homemaker/stay at home mother is seen as not important. Men are the bread winners.</td>
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| Denial of personal identity             | "I can’t believe you are married."  
"Wow, you have kids?"                                                            | No part of your life is normal or like mine.  
The only thing I see is your disability.                                          | Canadian Charter of Rights and Freedoms.  
Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability. |
| Denial of disability experience         | "Come on, we all have some type of disability."                                 | Your thoughts and feelings are probably not real and are not important to me. |                                                                                  |
| Denial of privacy                        | "What happened to you?"  
"Have you been blind all your life?"  
"How do you manage with one leg?"                                                    | You are not allowed to maintain privacy on your disability.               |                                                                                  |
| Helplessness, infantilization, patronization | "Here, this is too hard for you. Let me do it."  
"CAN YOU SEE ME?"                                                                  | You are not really capable. They know better than you how to do things.  
While I am blind, I am not deaf or intellectually challenged.                     | You can’t do anything yourself because you have a disability.                      |
|                                           | Someone helps you on to the bus or cross the street even though you have not asked and can do it yourself.  
"You people are so inspiring. It’s amazing how you can get around in that wheelchair."  
"I’m so sorry for you."  
"Oh what a hard time for you as a mother to have a child in a wheelchair. What’s wrong with him, anyways?" |                                                                                  | Thank God, I don’t have a disability.  
My child understands what you are saying and really it is none of your business.  |
| Spread effect                            | "Deaf people are retarded."  
"Your other senses must be better than mine."                                      | Your disability invalidates you in all areas of your life.  
You must be special in some way.  
You’re not normal.                                                                |                                                                                  |
| Second class citizen                     | People don’t make eye contact and physically avoid a person with disabilities.  
There is no wheelchair access into a restaurant or bathroom.                      | These people expect too much and are so difficult to work with.  
Your rights to equality are not important to me.                                  |                                                                                  |
| Table adapted with permission (July 2017) from: "Racial Microaggressions in Everyday Life" Sue, Derald Wing et al, American Psychologist, Vol. 62, no.4, May-June 2007, pp 271-286 |                                                                                  |                                                                                  |                                                                                  |
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APPENDIX C

**To be posted on the Unit’s Bulletin Board**

Responsibilities and Expectations of Student Nurses,
Clinical Educational Facilitators (CEFs) and Staff for Clinical Practice Courses
(University of Manitoba – College of Nursing)

1. Student Nurses are responsible:
   - To attend clinical practice prepared to administer medications, any treatments, and ultimately the plan of care for the assigned patients/groups in a safe manner.
   - To ask questions to enhance their learning experience on the unit or agency as necessary.
   - To be able to respect and adhere to agency policies and procedures.
   - To communicate any concerns and provide feedback to the CEF and staff about their experience.
   - To develop and demonstrate knowledge and skill in assessment, planning, implementation and evaluation of all nursing care required by the client or community.
   - The student will communicate effectively with clients/residents, groups, other students and health care staff as required to provide optimal client care.
   - To document provided care and updated assessments with the collaboration of the nursing staff and CEF as appropriate.
   - To inform the staff when they are off the unit or clinical placement area for other activities/breaks.
   - The student will act in a professional manner at all times as consistent with the Code of Ethics.

2. Clinical Educational Facilitator (CEF) is responsible:
   - To ensure students are prepared for clinical to ensure safety standards are met.
   - To assess student's abilities and delivery of the plan of care.
   - To be involved in addressing any concerns staff or students discuss.
   - To be present on the unit throughout the day to collaborate with staff and students.
   - To be a resource to staff in working with students ie: clarification of roles, scope of practice, etc.
   - To be available to assist students with skills as required.
   - To be accessible to staff and students in a timely manner.

3. In partnership with the CEF, Nursing Staff can assist student learning by:
   - Collaborating and discussing the plan of care at the start of each shift, on a daily basis and throughout the shift as necessary with the student(s) and CEF.
   - Collaborate with the student and the CEF to ensure the medications, any treatments and the plan of care is completed for the client in a safe manner.
   - To report any concerns and provide feedback to the CEF.
   - To provide feedback to student nurses on the unit as necessary.

The College of Nursing would like to thank all those who participate and assist to provide learning opportunities for nursing students. (July 2015)

The CEF on your Unit is: ________________________________

Clinical Days/ Evenings are: ___________________ From_______ To_______
APPENDIX D
APPENDIX E
Clinical Evaluation Process - Meeting with each Student at Midterm and Final

The CEF must schedule a meeting time with each student at MIDTERM (approximately half way through the rotation) and at the FINAL (following the last week of the rotation) to discuss their performance. The findings of the clinical evaluation are shared with the student individually at midterm and at the end of the course (as well as ongoing and continuous verbal and written feedback during the term!). No surprises should be presented.

The Evaluation Process - The CEF will email the completed CET form at MIDTERM and FINAL (it is up to the student to print the form and bring it to the meeting) to each student individually prior to the meetings. At MIDTERM, the form is reviewed by the CEF along with each student. The form does not need to be submitted to the Course Leader at midterm. MIDTERM evaluations should be conducted at the clinical site. The environment in which the evaluation conference takes place should be private and comfortable for the student, perhaps toward the end of the clinical day.

The FINAL Clinical Evaluation Tool (CETs) will be emailed to each student prior to the final evaluation meeting. FINAL evaluations can be conducted at the Helen Glass Centre for NURSING (re books rooms). Once the evaluation/meeting is completed, the CEF and student must sign the form and the form is submitted to the Course Leader (not the Site Program Leader). The Course Leader submits each form to Student Services to be filed in each student’s personal record. The student name and student number, clinical sites and dates, and any absences must be included.

Meeting rooms and access to computers/printers (during MIDTERM use CEF Room 328) are available in the Helen Glass Centre for Nursing. Please contact Norma Brown (204-474-7452) nurrecep@umanitoba.ca to book Room 328 (the CEF Room). During the FINAL Evaluations, CEFS can use Rooms 328, 424 and 425. You can also book rooms at the facility/hospital if this is convenient for you and the students.

Student Self-Evaluation/Reflection

Students are required, in most clinical courses, to submit a written summary of their experience in clinical based on the Outcome Criteria of the Evaluation Tool (refer to the Clinical Evaluation Tool on UM Learn and Student Self Evaluation). Students will use the evaluation tool indicators to guide their self-assessment as much as possible and provide “lots of examples” to justify their comments. Students need to understand that this assignment is not an “itinerary of events” but a true reflective opportunity of their clinical practice experience. Students should identify “What will they take from this experience to the next clinical experience? Students can use the Evaluation Form or their own format, as long as all indicators are addressed (Emerson 2007). Students must provide specific and sufficient examples of how they have demonstrated achievement of each objective and what they might need to improve upon. Having students write anecdotal notes of their own clinical performance is another means of encouraging reflection of practice (O’Connor 2006; Emerson 2007).

This is an opportunity for students to participate in their clinical evaluation. Faculty use this approach primarily to help both students and faculty stay on the same page in their interpretation of how students are progressing in the course (Emerson 2007).

The Student Self-Evaluation is an evaluation of the student performance over the entire rotation. If the form is considered inadequate and lacking examples, then the student will be asked to re-do the self-evaluation until adequate. The Self-Evaluation will be submitted before the FINAL evaluation and will be discussed at this time. The Self-Evaluation should be attached to the CET, which is then submitted to the Course Leader at the end of the rotation.