Academic and Clinical Handbook

Bachelor of Nursing Program
College of Nursing

2017 – 2018
Academic Year

REVISED NOVEMBER 2017
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ADMINISTRATION & SUPPORT STAFF

Bachelor of Nursing Program

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OVERVIEW OF THE 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.

Graduate Programs
The graduate programs in the College of Nursing will prepare nurses with advanced or specialized knowledge for leadership in diverse areas of nursing practice. The College offers a Masters of Nursing Program, Nurse Practitioner Program and PhD in Nursing.

Undergraduate Programs
The College of Nursing has offered the Baccalaureate Program for Registered Nurses (BPRN) for several years. This 45 credit hour program is intended for graduates of diploma nursing programs. Students can take courses online, face-to-face or in a blended delivery format.

The College of Nursing’s largest program is the Bachelor of Nursing (BN). The program has two intake dates: 120 students are admitted in September and 120 are admitted in January each year. Our program is also offered at University College of the North (UCN).

Teaching Philosophy of the Bachelor of Nursing Program
The Bachelor of Nursing program has a learning-centred philosophy. This philosophy assumes that each learner brings different levels of knowledge to the learning experience. Learners take responsibility for their learning and actively develop new attitudes, knowledge and skills that support their progression to entry-level practice.

The learning centred philosophy means that faculty members facilitate learning, rather than telling students what to memorize for the test. Students are expected to prepare for each class using the class preparation instructions provided by the course leader. Students who don’t prepare will find it difficult to keep up with the pace of learning and put themselves at academic risk. A part of each class will consist of learning activities, with a smaller portion being traditional lecture. Evaluation consists of tests and a variety of assignments.

Overview of the Bachelor of Nursing Program
The Bachelor of Nursing program consists of four years of university study. Students complete 30 credit hours prior to applying to the program. The remaining course work is within the nursing program. Further information about admission criteria can be found at:
http://umanitoba.ca/faculties/nursing/prospective/undergrad/entrance_4year.html

Upon admission into the College of Nursing, students will be provided with a copy of their Academic Summary. The Academic Summary shows students eligible courses that have been transferred into the College and serves as a guide for students to track their own progress in the program.
The Bachelor of Nursing Program is based on concepts, which organize knowledge into related groups. The focus is on learning to make connections between ideas, so students can apply knowledge to a variety of situations. Students will work through exemplars in many courses. An exemplar is a health related condition (e.g. pneumonia) or a situation frequently encountered in nursing practice (e.g. discharge teaching). Please go to Curriculum Concepts Handbook 2016 for the full document.

**Concepts**

**Health & Illness:**
The knowledge, skills, and attitudes that nurses use or adopt to respond to the range of health and illness processes experienced by clients (individual, family, group, Community, population).

- Acid-Base balance, Addiction, Anxiety, Cellular Regulation, Clotting, Cognition, Elimination, Fluid & Electrolyte Balance, Gas Exchange, Glucose Regulation, Immunity, Infection, Inflammation, Intracranial Regulation, Mobility, Mood & Affect, Nutrition, Pain, Perfusion, Psychosis, Reproduction, Sensory Perception, Sexuality, Sleep, Tissue Integrity, Thermoregulation

**Client & Context:**
The factors that affect the health outcomes of the client (individual, family, group, community, population).


**Professional Foundations:**
The knowledge, skills, and attitudes that form the foundations of professional nursing practice.

Courses
Courses are named according to curriculum theme and main focus. For example, the introductory course on the role of the nurse within the health care system is named Professional Foundations 1: Development of Professional Identity.

Year Two Courses provide foundational knowledge of pathophysiology, pharmacology and health assessment. Students also study growth and development, caring for the older client, and explore the concepts of human diversity and professional identity. Clinical practice focuses on personal care homes and long term care. Students will also participate in the Simulation Laboratory.

Year Three Courses build on the previous year, exploring acute and chronic illness, mental health and palliative and supportive care. The focus is on learning to think like a nurse, incorporating knowledge of health education, evidence informed practice and law and ethics. Clinical practice takes place in acute care settings, as well as the Simulation Laboratory.

Year Four Courses challenge the student to apply previous knowledge to family nursing, gender and reproductive health, and population and community health. Clinical practice enables students to build on knowledge from year two and three as well as explore community and family nursing. The program culminates in a three month senior practicum, where students are mentored by a Registered Nurse in the practice setting.
## Bachelor of Nursing Program
### Course Titles and Credit Hours

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Credit Hours</th>
<th>Name</th>
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<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td></td>
<td></td>
<td>30 credit hours (minimum) BIOL 1410 Anatomy; BIOL 1412 Physiology; MBIO 1220 Micro; 9 cr hrs science electives; 12 cr hrs social sciences or humanities Competitive admission</td>
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<tr>
<td></td>
<td>Pre-nursing</td>
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<tr>
<td><strong>Year 2</strong></td>
<td>NURS 2500</td>
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<td>Health and Illness 1: Pathophysiology/Pharmacology/Assessment</td>
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<tr>
<td></td>
<td>NURS 2518</td>
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<td>Health and Illness 2: The Older Client</td>
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<tr>
<td></td>
<td>NURS 2510</td>
<td>2</td>
<td>Client and Context 1: Human Growth and Development</td>
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<td>Professional Foundations 1: Development of Professional Identity</td>
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<td></td>
<td>NURS 2530</td>
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<td>Nursing Skills 1</td>
</tr>
<tr>
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<td>NURS 2540</td>
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<td>Nursing Practice 1</td>
</tr>
<tr>
<td></td>
<td>NURS 2514</td>
<td>6</td>
<td>Health and Illness 3: Pathophysiology/Pharmacology/Assessment</td>
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<td></td>
<td>NURS 2522</td>
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<td>Client and Context 2: Human Diversity</td>
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<tr>
<td></td>
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<td><strong>Year 3</strong></td>
<td>NURS 3512</td>
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<td>Health and Illness 4: Acute and Chronic Illness</td>
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<td>Client and Context 3: Supportive and Palliative Care</td>
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<td>Professional Foundations 2: Health Education</td>
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<td></td>
<td>NURS 3514</td>
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<td>Health and Illness 5: Mental Health and Illness</td>
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<td>NURS 3550</td>
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<td>Professional Foundations 3: Evidence Informed Practice in the Health Sciences</td>
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<td>NURS 3560</td>
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<td>Professional Foundations 4: Law and Ethics in Nursing Practice</td>
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<td>NURS 3532</td>
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<td>Nursing Skills 4 (initial offering Winter Term 2019)</td>
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<td><strong>Year 4</strong></td>
<td>NURS 4500</td>
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<td>Health and Illness 6: Gender and Reproductive Health</td>
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<td>Client &amp; Context 4: Family Health</td>
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<td>Professional Foundations 5: Interprofessional and Collaborative Practice</td>
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<td>Professional Foundations 6: Leadership and Change Management</td>
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<td>NURS 4560</td>
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<td>Professional Foundations 7: Preparation for Nursing Practice</td>
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<td>NURS 4570</td>
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<td>NURS 4580</td>
<td>9</td>
<td>Nursing Practice 7</td>
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Course Descriptions

Year Two Courses

NURS 2500 Health & Illness 1: Pathophysiology/Pharmacology/Assessment
This course provides students with a comprehensive survey of selected pathophysiological processes that produce alterations in human health, and the related pharmacological and health assessment techniques.

NURS 2510 Client & Context 1: Human Growth & Development
This course provides students with knowledge of normal human growth and development across the lifespan.

NURS 2518 Health & Illness 2: The Older Client
This course provides students with knowledge of the age related changes that occur in older adults; the interaction between age related changes and illness; the functional consequences of these interactions and the presentation of specific health problems commonly observed in this group. Nursing strategies to encourage, maintain and enhance independence in the older adult is discussed.

NURS 2514 Health & Illness 3: Pathophysiology/Pharmacology/Assessment
This course provides students with a comprehensive survey of selected pathophysiological processes that produce alterations in human health, and the related pharmacological and health assessment techniques.

NURS 2522 Client & Context 2: Human Diversity
This course provides students with knowledge of the social factors that enhance or diminish the health of individuals, families and communities. Students will also analyze the concept of client centred care and its relevance in professional nursing practice.

NURS 2520 Professional Foundations 1: Development of Professional Identity
This course provides students with an introduction to the conduct, knowledge and values that characterize a professional registered nurse.

NURS 2530 Nursing Skills 1
This course introduces students to the basic health assessment and psychomotor skills necessary to provide novice level nursing care in the practice setting.

NURS 2532 Nursing Skills 2
This course introduces students to the basic health assessment and psychomotor skills necessary to provide novice level nursing care in the practice setting.

NURS 2540 Nursing Practice 1
This course enables students to demonstrate clinical competence by applying the theoretical knowledge, psychomotor skills and health assessment skills covered in Year 1 Term 1 courses in the practice setting.

NURS 2542 Nursing Practice 2
This course enables students to demonstrate clinical competence by applying the theoretical knowledge, psychomotor skills and health assessment skills covered in Year 1 Term 2 courses in the practice setting.

Year Three Courses

NURS 3510 Client & Context 3: Supportive and Palliative Care
This course provides students with the knowledge and critical thinking skills to provide supportive and palliative nursing care to individuals and families experiencing a variety of life threatening illnesses, including end of life.
NURS 3512 Health & Illness 4: Acute and Chronic Illness
This course provides students with the knowledge and critical thinking skills necessary to provide nursing care to individuals and families experiencing acute and chronic illness.

NURS 3514 Health & Illness 5: Mental Health & Illness
This course provides students with the knowledge and critical thinking skills necessary to provide nursing care to individuals and families experiencing acute and chronic mental illness and/or mental health problems.

NURS 3520 Professional Foundations 2: Health Education
This course provides students with the knowledge and critical thinking skills necessary to provide health information to clients across the lifespan in a variety of settings in both planned and spontaneous situations. Emphasis will be placed on client assessment and the appropriate use of existing health information resources.

NURS 3530 Nursing Skills 3
This course introduces students to the basic health assessment and psychomotor skills necessary to provide intermediate level nursing care in the practice setting.

NURS 3532 Nursing Skills 4 (initial offering Winter Term 2019)
This course provides students with the opportunity to consolidate the communication, health assessment and psychomotor skills necessary to attain proficiency in the provision of complex nursing care.

NURS 3540 Nursing Practice 3
This course enables students to demonstrate clinical competence by applying the theoretical knowledge, psychomotor skills and health assessment skills covered in Year 3 Term 1 courses in the practice setting.

NURS 3542 Nursing Practice 4
This course enables students to demonstrate clinical competence by applying the theoretical knowledge, psychomotor skills and health assessment skills covered in Year 3 Term 2 courses in the practice setting.

NURS 3550 Professional Foundations 3: Evidence Informed Practice in the Health Sciences
This course provides students with the knowledge and skills to locate and critically appraise health care literature and to make decisions about how research knowledge can be transferred into nursing and health care practice.

NURS 3560 Professional Foundations 4: Law and Ethics in Nursing Practice
This course provides students with knowledge regarding the legal and ethical foundations that guide nursing practice.

Year Four Courses

NURS 4500 Health and Illness 6: Gender and Reproductive Health
This course provides students with the knowledge and critical thinking skills to provide nursing care in response to the social construction of gender; gender-related health care needs; and the reproductive health needs of individuals and families.

NURS 4510 Client and Context 4: Family Health
This course provides students with the knowledge and critical thinking skills to support the health promotion of families across the lifespan.
NURS 4530 Nursing Practice 5
This course enables students to demonstrate clinical competence by applying the knowledge and skills covered in Year 4, Term 1 courses and courses from Years 2 and 3, in the clinical setting.

NURS 4520 Professional Foundations 5: Interprofessional and Collaborative Practice
This course provides students with the knowledge, attitudes and skills necessary to collaborate with other care providers, including those from other health care disciplines, to problem solve and make decisions to enhance client care and client outcomes.

NURS 4540 Health and Illness 7: Community and Population Health
This course provides students with the knowledge and critical thinking skills to work with groups and communities to support population based health promotion and disease prevention.

NURS 4570 Nursing Practice 6
This course enables students to demonstrate clinical competence by applying the knowledge and skills covered in Years 2, 3, and 4 courses in the clinical setting.

NURS 4550 Professional Foundations 6: Leadership and Change Management
This course provides the student with knowledge regarding contemporary issues in nursing and health care, and the forces that shape contemporary and future nursing practice. Emphasis is placed on leadership development, change theory and critical inquiry.

NURS 4560 Professional Foundations 7: Preparation for Nursing Practice 7
This course will enable students, in collaboration with the course leader, to assess their readiness for NURS 4560: Nursing Practice 7 and to remediate any knowledge or skill deficits identified during the assessment process. Students will also complete all the requirements necessary for the selection and confirmation of the clinical setting in which they will complete NURS 4580: Nursing Practice 7.

NURS 4580 Nursing Practice 7
This course enables students to consolidate the knowledge, skills, and attitudes included in the Bachelor of Nursing program and achieve the CRNM entry-level competencies.

Inter-Faculty Option in Aging - Choosing the Option in Aging provides you with the opportunity to expand your area of study into other faculties and gain special expertise in age-related fields. See Nursing Sections of the Academic Calendar & Catalog for more details, click here.

Consult a Nursing Student Advisor as you complete each Option in Aging course to ensure you meet the requirements of the option.
ACHIEVING SUCCESS AT THE COLLEGE OF NURSING

The Bachelor of Nursing program has a learning-centred philosophy. This philosophy assumes that each learner brings different levels of knowledge to the learning experience. Learners take responsibility for their learning and actively develop new attitudes, knowledge and skills that support their progression to entry-level practice.

The learning-centred philosophy means that faculty members facilitate learning, rather than telling students what to memorize for the test. Students are expected to prepare for each class using the class preparation instructions provided by the course leader. Students who don’t prepare will find it difficult to keep up with the pace of learning and put themselves at academic risk. A part of each class will consist of learning activities, with a smaller portion being traditional lecture. Evaluation consists of tests and a variety of assignments.

Success in the Bachelor of Nursing program requires more than studying. The most successful students work to find a balance between academic life, paid employment and home life. It is common for students to experience increased stress and anxiety in a professional program. Students are encouraged to learn to recognize increased stress and anxiety and develop strategies to address these symptoms. Resources for addressing increased stress and anxiety include physical activity, counseling and strong academic skills.

Tips for Academic Success

- Students are expected to prepare for each class. Course Leaders will usually post student preparation guides on UM Learn. The prep guide will tell you what needs to be done before coming to class. In some cases students will be required to submit work prior to class or at the beginning of class.
- Students will often have to spend several hours preparing for each class. Your schedule has been created to include self-study time to facilitate your learning. Use this time wisely.
- Put the due dates of all assignments and test on your calendar. Plan your study time.
- Study with a buddy or a small group.
- Contact your Course Leader if you earn a low mark on a test or assignment. Ask for suggestions regarding how to prepare for tests and how to improve your writing abilities.
- Keep copies of all your course materials (readings, slides, notes etc) until you have finished the program and written your NCLEX-RN exam. Course Leaders will expect you to review material from previous courses or bring these notes to class. The information you learn during the program will be tested on the NCLEX-RN exam.
- Please talk to your Course Leaders if you are going through a difficult time in your life (e.g. depression, anxiety, family member dying, sick children, divorce). They care about your academic progress and will direct you to supports available at the University.
COLLEGE AND UNIVERSITY RESOURCES

Student Services Group:
200 Level, Helen Glass Centre for Nursing

Students Advisors are responsible for advising and overseeing the admission and registration of students in the undergraduate Nursing program and answering questions about courses/program planning, advice on college and university policies, procedures and regulations, registration problems, and program completion.

Note: It is not the responsibility of the Student Advisors to notify you if you have outstanding degree requirements.

Advisors are available for consultation by appointment. Please book appointments at Reception (204) 474-7452 or (204) 474-6655.

Toll-Free in Manitoba 1-800-432-1960 Ext. 6217, 6734, 6733, 9955, 6655
Toll-Free in Canada 1-888-216-7011 Ext. 6217, 6734, 6733, 9955, 6655

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Teresa Blonski
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Teresa.Blonski@umanitoba.ca
**Student Counselling**
Clinical Psychologists Tim Osachuk and Cyndi Kirupakaran are in the Helen Glass Centre for Nursing (room 269) twice a week for individual counselling. They are also available at the Student Counselling Centre at University Centre. Appointments for both locations can be made by calling (204) 474-8592. Tim holds Mid-Day Mindfulness sessions and Managing Exam Stress workshops throughout the term. Watch for posters and emails for dates and location.

The Student Counselling Centre offers individual, couple and family counselling in individual and group formats. Visit [http://umanitoba.ca/student/counselling/](http://umanitoba.ca/student/counselling/) for more information.

**Nursing Librarian: Lisa Demczuk**

As the primary contact for all research needs, your liaison librarian can play a vital role when completing academic papers and assignments. Liaisons can answer questions about managing citations, and location appropriate resources. Lisa can be reached at:
- **Tel:** 204-474-6846 or Room, 389 Helen Class Centre for Nursing (limited hours)
- **Tel:** 204-480-1053 or at Elizabeth Dafoe Library
- **Web:** [http://libguides.lib.umanitoba.ca/collegeofnursing](http://libguides.lib.umanitoba.ca/collegeofnursing)

**Academic Learning Centre**
**Tel:** 204-480-1481
**Web:** [http://umanitoba.ca/student/academiclearning/](http://umanitoba.ca/student/academiclearning/)

The Academic Learning Centre (ALC) serves graduate and undergraduate, full and part-time students at the University of Manitoba. Students are invited to access the resources available on the ALC web page, drop by the ALC to meet the learning skills instructors, and/or attend workshops in order to further develop academic strengths and skills in writing, learning and researching.

**Student Accessibility Services**
**Tel:** 204-474-7423
**Web:** [http://umanitoba.ca/student/saa/accessibility/](http://umanitoba.ca/student/saa/accessibility/)

SAS creates equal access for students with disabilities at the University of Manitoba. A range of services are offered including campus, classroom and test/exam accommodations, as well as Individualized Accommodation Plans (IAPs) for students in clinical placements.

Students who write their tests and exams at Accessibility Services are responsible for scheduling each test/exam with the SAS Exam Centre a minimum of 14 days prior to the test/exam date. Students can access the SAS Scheduler through JUMP. [Test booking tutorials](http://umanitoba.ca/student/saa/accessibility/) are found on the SAS website.

Once a student books a test/exam, instructors will receive an automated email notification before the test/exam date with a reminder to log into the SAS portal in JUMP to verify/edit test details to make sure SAS has the correct information for proctoring the test/exam (for example, if other students are allowed to bring a textbook into the exam, SAS students are as well). For more information about the accommodation process, please refer to the [Student Accessibility Services Handbook For Faculty And Staff](http://umanitoba.ca/student/saa/accessibility/), available on the SAS website. Tutorials about the [SAS Scheduler](http://umanitoba.ca/student/saa/accessibility/) (JUMP portal) can be found on the SAS website as well.

**University Health Service**
**104 University Centre**
**Tel:** (204) 474-8411
**Web:** [http://umanitoba.ca/student/health/](http://umanitoba.ca/student/health/)
The Student Advocacy Office provides confidential centralized services for students' complaints and grievances. This centre serves as a general information source for students regarding their rights and responsibilities. Students are assisted in the resolution of any problems or concerns resulting from academic and/or discipline decisions. Students are advised of the policies and procedures to follow, both informally and formally via appeals. Where appropriate, a referral will be made to other campus resources.

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.

The International Centre for students offers programs and services to help international students before and after their arrival to ease their transition to Canada and ensure their experience is enjoyable, safe, and successful.

Information and applications re Canada Students Loans, bursaries, Awards, Scholarship information.

The University of Manitoba Registrar’s office manages student ID cards, General Calendar, holds due to fees, fee assessment, admission and graduation.
I HAVE AN ISSUE - WHAT DO I DO?

Students may experience a high level of stress related to course work and the demands of school such as work and family. It is important to seek help before stress becomes overwhelming. This section outlines what to do if you have a concern about course work, health and learning.

IMPORTANT NOTE: University of Manitoba policies are revised on a regular basis. The most up to date policies are located in the University of Manitoba Academic Calendar. Policies and links to policies in this handbook are included for information purposes. However, current policies in the Academic Calendar will supersede a policy in this academic handbook. Students are responsible for familiarizing themselves with the most current policies relevant to their situation.

Student with a Theory Course Concern in the Undergraduate Programs

1. The general guideline is to discuss the issue and seek a resolution with the individual closest to the situation/issue.

2. At any time students may discuss the issue with and/or seek advice from a College of Nursing Student Advisor (204-474-7452) or Student Advocacy (204-474-7423).

I can’t make it to my test

Illness or other disruptive life circumstances can happen at any time. If you miss classes, skills lab, simulation, clinical, a test, exam or term work because of these circumstances, you need to make arrangements to deal with the academic responsibilities that you have missed. Absence from a test or the final exam without prior arrangements with the Course Leader may result in an F/failing grade for that component of the course. Each test and the final exam may be written only once. There are no make-up/supplemental tests/exams. All assignments, tests and the final exam must be completed in order to complete the course.

- Call or email your Course Leader if you are unable to attend your midterm test due to extenuating circumstances. The inability to write a test or the exam must be communicated with the Course Leader prior to the start of the test/exam. If you need a deferral for a final exam you must see a Student Advisor. The Student Advisor will start the paperwork for your request.

- Call or email your Course Leader if you are unable to submit term work or assignments by the due date. The inability to submit term work on the due date must be communicated to the Course Leader before the due date.

- Call or email your Course Leader if you are unable to attend class, skills lab, or simulation. The inability to attend should be communicated prior to learning session.

- Your Course Leader may request supporting documentation regarding your absence, deferral or late submission of term work. It is not necessary to get a note from a health care provider unless the Course Leader specifies. In most cases, students in the Bachelor of Nursing Program should make a Declaration. The Declaration is a formal statement that attests to the reasons for your absence.
The decision regarding granting extensions or deferrals is up to your Course Leader. Your request is not automatically granted even when you provide documentation.

What is a Declaration?

A Declaration is an alternative way of providing documentation in situations where a doctor’s note is not available or not appropriate to the circumstances.

Why do I Need a Declaration?

The university has policies in place to preserve the integrity of its academic programs and evaluation procedures. The university also recognizes that illness or other disruptive circumstances can occur at any time. In cases where a student is absent or unable to meet their academic commitments due to these circumstances, the university will consider a declaration in lieu of a doctor’s note.

How do I Make a Declaration?

- The forms for making a Declaration are in 262 HGCN. The form asks you to indicate what course is involved and if you need an extension or deferral. It will take less than five minutes to complete the form. The form will be witnessed by Teresa Blonski, Student Services Assistant, 262 HGCN. Teresa is available Monday –Thursday 0830 – 1630 hours. The form will confidentially stored in a locked filing cabinet.

- Teresa Blonski will email your Course Leader to confirm that you have completed the Declaration.

- The decision regarding granting extensions and deferrals is up to your Course Leader. Your request is not automatically granted even when you provide documentation.

What if my Course Leader wants me to get a note from a health care provider?

- If are required to obtain a note from a health care provider, you can ask that professional to complete the University of Manitoba Verification of Student Academic Impairment form.

I can’t make it to my final exam

Final Examinations
You must be available for final examinations. Refer to examination information in the current Undergraduate Calendar. Both preliminary and final examination timetables are available at: http://umanitoba.ca/student/examination_schedules.html. Since some examinations are scheduled and/or arranged by the instructor, please ensure you obtain the correct date, time, and location from the instructor. Double check the information carefully!

A final examination (exam) takes place after the last day of classes. You must notify your course leader if you are unable to attend the exam, as per the policy below.

Absence from a test or the final exam without prior arrangements with the Course Leader may result in an F/failing grade for that component of the course. Call or email your course leader if you are unable to attend due to extenuating circumstances. The inability to write a test or the exam must be communicated to the Course Leader prior to the start of the test/exam. A Declaration is required if a test is missed. See the Declaration process described above. Each test and the final exam may be written only once. There are no make-up/supplemental tests/exams. All tests and the final exams must be completed in order to complete the course. Students must apply to write a deferred exam within 48 hours of the schedule exam. The Undergraduate Calendar states:
The application must normally be filed within 48 hours of the scheduled date of the missed examination or, in a case where more than one examination was missed, within 48 hours of the scheduled date of the last examination missed. The application must be accompanied by a medical certificate or otherwise appropriate documentation certifying the reason for the deferral, the inability of the student to write the examination at the regular scheduled time and, where possible, an indication of the period of incapacity. Based on the evidence, the Dean or Director shall decide whether the application is approved. Based on the student’s ongoing incapacity or other exceptional circumstances a deferral may granted to a student who files an application after the 48 hour period has lapsed.

The full policy is available here.

I want to appeal my grade

Term Work Grade Appeals Policy can be found here.

Final Grade Appeals Policy can be found here.

I want to appeal a decision by my course leader or the Associate Dean

Student Appeals Guidelines can be found here.

Academic Integrity
Academic integrity means honesty and responsibility in learning and research. The office of Student Advocacy has developed a number of short audio-visual tutorials designed to help all University of Manitoba students to better understand their rights and responsibilities. The tutorials are found at: http://umanitoba.ca/student/resource/student_advocacy/AI-and-Student-Conduct-Tutorials.html

IMPORTANT NOTE: University of Manitoba polices are revised on a regular basis. The most up to date polices are located at the University of Manitoba Undergraduate Calendar. Policies and links to policies in this handbook are included for information purposes. However, current policies in the Undergraduate Calendar will supersede a policy in this academic handbook.

Students are responsible for familiarizing themselves with the most current policies relevant to their situation.

Academic Calendar 2017-2018
Policies related to the students’ academic progress at the University of Manitoba are set out in the Academic Calendar (AC). The AC contains important dates, information about programs and courses, and academic regulations and requirements. Each student is responsible to be familiar with the academic regulations and requirements of the University of Manitoba in general and of the specific academic regulations and requirements of the College of Nursing. Students who have questions about these regulations and requirements should seek the advice of the college’s Student Advisors. Students are expected to familiarize themselves with regulations regarding academic integrity, including:

University of Manitoba Policies and By-laws

Plagiarism and Cheating (Academic Integrity) Policy
Debarment Policy
Student Discipline By-law
Respectful Work and Learning Environment and Sexual Assault Policy
Violent or Threatening Behaviour Policy

College of Nursing, Professional Unsuitability By-law

The Personal Health Information Act (PHIA)

Access and Privacy Policy

PHIA applies to all records containing personal health information in the custody or under the control of the University of Manitoba.

Professionalism

Being a professional nurse embodies the qualities of integrity, honesty, respect, advocacy and accountability. Professionalism is about how nurses present themselves and about the values that they hold and enact in their clinical practice. As student nurses, you are expected to display professional values in the clinical and classroom settings and to demonstrate professionalism, for example, being prepared for class (accountability) and through active listening (respect).

Policies about professionalism and respect are found in the AC and the College of Nursing Community Principles. Students need to be familiar with these policies.

Copyright Office

Issues relating to copyright have become increasingly complex and are evolving rapidly. There have been, and will likely continue to be, changes in the law, technology, and practice which impact the University as a major creator and user of copyrighted material. The University established the Copyright Office to ensure that faculty, staff, and students have the supports they require to be successful in their teaching, research, and studies.

Electronic Communications

The University of Manitoba Electronic Communications with Students Policy states that all university communications must be sent to a student’s U of M email account – no other email address can be used to communicate about official university business. This includes student communication with a faculty member, CEF, or student advisor.

The full policy is available here.

Writing a professional email to communicate with faculty members or clients is different for writing to your friends. Helpful hints can be found here.

Social Media

Social media and the use of social media within the practice of registered nurses is an emerging field. It can seem harmless to make a Facebook post about your exciting day or to tweet and Snapchat about a new experience, but it is easy to inadvertently provide information that identifies a patient or colleague. As a nursing student, you need to be aware of the guidelines for the use of social media at the University of Manitoba, the direction provided by the College of Registered Nurses of Manitoba, and potential legal ramifications as outlined by the Canadian Nurse Protective Society. Review the following links to ensure your use of social media reflects the current guidelines of professional nurses. If in doubt, “pause before you post” (CNA, 2012, p.13) and ask a faculty member for direction.

College of Registered Nurses of Manitoba Social Media & Social Networking Factsheet
Social Media at the University of Manitoba

An excellent Canadian Nurses Association document: When Private becomes Public: The Ethical Challenges and Opportunities of Social Media.

STUDENT PROGRESSION AND EVALUATION

Attendance and completing course requirements are essential for success in the undergraduate program. Regulations regarding student progress and evaluation are found in the Undergraduate Calendar.

Attendance

Regular attendance at class is expected of all students in all courses. Attendance in on-line courses will be interpreted as regular and consistent participation in the course. Attendance in the clinical practice/laboratory portions of nursing courses is mandatory to enable the student to satisfy the evaluation criteria of the theoretical and practical components of courses while completing the required number of hours (CRNM 1450hrs). Students absent from class or practice due to illness may be required to present a Declaration. See page 17 for details. Absence for compassionate reasons is considered on an individual basis. Where absence is involved, make-up time may be required.

A Course Leader may initiate procedures to debar a student from attending classes and from final examinations and/or from receiving credit where unexcused absences exceed those permitted by college regulations.

The attendance policy is found here.

Supplemental Examinations, Tests or course work

The College of Nursing does not permit supplemental examinations, tests or course work.

Grade Conversion Method

<table>
<thead>
<tr>
<th>Mark (%)</th>
<th>Posted Grade Value</th>
<th>Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>94-100</td>
<td>A+</td>
<td>4.5</td>
<td>4.25-4.50</td>
</tr>
<tr>
<td>85-93</td>
<td>A</td>
<td>4.0</td>
<td>3.75-4.24</td>
</tr>
<tr>
<td>78-84</td>
<td>B+</td>
<td>3.5</td>
<td>3.25-3.74</td>
</tr>
<tr>
<td>71-77</td>
<td>B</td>
<td>3.0</td>
<td>2.75-3.24</td>
</tr>
<tr>
<td>65-70</td>
<td>C+</td>
<td>2.5</td>
<td>2.25-2.74</td>
</tr>
<tr>
<td>60-64</td>
<td>C</td>
<td>2.0</td>
<td>2.00-2.24</td>
</tr>
<tr>
<td>50-59</td>
<td>D</td>
<td>1.0</td>
<td>1.00-1.99</td>
</tr>
<tr>
<td>&lt;50</td>
<td>F</td>
<td>0</td>
<td>0.00-0.99</td>
</tr>
</tbody>
</table>

The final course grade will be determined by adding the weighed percentage value achieved by the student in each evaluative component. Percentage values will be calculated to 2 decimal points. No ‘rounding’ of the weighted percentage values will occur until the final course percentage grade is calculated and converted to the appropriate letter grade. Rounding of the final percentage grade will be conducted as follows. A percentage grade value of ≥.50 will round up. A percentage grade value of <.50 will round down. For example, a grade of 70.49% will round to 70% and the letter grade would be a C+; a grade of 70.50% will be rounded to 71% and the letter grade will be B.

In the College of Nursing, a final grade of D in any course taken to complete the degree requirement is considered a failure and is not accepted by the College.

Voluntary Course Withdrawal (VW)

Students are encouraged to discuss their plans with a Nursing Student Advisor or the Nursing Registrar before withdrawing from required courses. Students should familiarize themselves with the College of Nursing Voluntary Withdrawal policy, found here.
Voluntary withdrawal (VW) dates vary with each course. Check the course syllabus for the VW dates.

**Authorized Course Withdrawal (AW)**
Students with valid and documented reasons for withdrawal, such as medical illness or compassionate circumstances may be authorized to withdraw from a course of courses without academic penalty. Students need to provide documentation such as a health care provider’s note, counselor or psychologist note, hospital note, obituary of an immediate family member, when applying for an AW. See Nursing Student Advisor if you wish to apply for an AW.

The [Office of Student Advocacy](#) has good resources as well.

Receipt of an AW does not necessarily result in a tuition refund.

**Failure in Nursing Courses**

**Failure in Clinical Course Rotations**

**Failing or Withdrawing from Required Course(s)**
Students’ usual progression through the program may be delayed by failing (grade of “D” or “F”) or withdrawing from a required course. **Note: Although Aurora Student defaults to “minimum met” assessment for a grade of D, this is a failure and the course must be repeated or replaced.** Students should note that if they have been given permission to “work ahead” on courses, and they withdraw from or fail a course in their current year of Nursing, the permission for the “work ahead” course(s) may be revoked.

Students who fail a course are expected to repeat that course during the next term, and are not normally permitted to proceed to the subsequent year of the program until the course has been successfully completed.

**Time for Completion of Degree**
Students must complete the program within 6 years of admission to the Undergraduate nursing program.

**Leave of Absence**
Students wishing to interrupt with their studies must submit a written request for a Leave of Absence, normally by June 1, to the Associate Dean, Undergraduate Programs, College of Nursing. Further information can be found here.

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**ACADEMIC PROGRESSION POLICY**

Students are required to obtain a minimum of “C” grade (2.0) in every course and a pass in a clinical course, and a program GPA of 2.5 in order to graduate. A final grade of “D” in any course taken to complete the degree requirement is considered a failure and is not accepted by the College. The detailed policy is here.

Students shall be evaluated at the conclusion of each academic term in which they receive a final grade in a minimum of 6 credit hours of course work, with the assessment being based on the resulting Term Grade Point Average (TGPA) in those courses. The final term of the Bachelor of Nursing Program (NURS 4290) will be excluded from Assessment providing the student meets graduation requirements. Students are required to have a minimum Program GPA of 2.5 to be eligible for graduation.

This Handbook provides an overview of the Academic Progression Policy. Students must read the entire policy for information regarding procedures. The levels of academic standing in the College of Nursing are:
**Good Academic Standing:** A student with a TGPA of 2.5 or higher is in Good Academic Standing.

**Academic Warning:** The first time a student’s TGPA drops below 2.5, the student will receive an Academic Warning.

**Academic Probation:** The second time that a student’s TGPA drops below 2.5, the student will be placed on Academic Probation. A formal remediation plan will be mandatory for students on academic probation.

**Academic Suspension:** The third time that a student’s TGPA drops below 2.5, the student will be placed on Suspension. Students who are suspended shall be ineligible to take any courses at the University of Manitoba or on a letter of permission for a minimum of eight and a maximum of 15 calendar months.

**Required to Withdraw:** Students who have been permitted to return from Suspension and whose TGPA drops below 2.5 a fourth time will be Required to Withdraw. Students who are Required to Withdraw are ineligible for re-admission to the College of Nursing.

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**What does this mean for me?**

For further information and procedures, please refer to the full procedures at: [Academic Calendar 2017-2018](#).

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**Annual Requirements**

**CPR** - After your year of admission you will be required to recertify your CPR at the HCP (Health Care Provider) Level every year by June 1st, and every year thereafter for the remainder of your program.

**Influenza Vaccine** - All students in Bachelor of Nursing Program are required to obtain an annual influenza vaccination and submit documentation confirming the vaccination by the published deadline. Students who do not submit documentation of the flu vaccination by the published deadline may not participate in clinical practice courses.

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**I’M ALMOST DONE! NOW WHAT?**

**Apply for Graduation**
In order to graduate, students must complete all college and program requirements. All students entering their graduation year should check with their advisors. It is the student’s responsibility to ensure all requirements are met before graduation.

**Applying to Graduate**

**Prepare for the NCLEX-RN Exam**
The College of Registered Nurses of Manitoba (CRNM) sets standards for education, registration and practice, supports registered nurses in meeting the standards and taking action when the standards are not met. Graduates of Canadian nursing education programs must successfully complete the computer-adaptive [National Council Licensure Examination for Registered Nurses](https://www.nclex-rn.org) (NCLEX-RN) to be eligible for registration with the CRNM. It is administered by the [National Council of State Boards of Nursing](https://www.ncsbn.org).

**What is the NCLEX-RN?**
The National Council Licensure Examination (NCLEX-RN) is a standardized exam that the [Canadian Council of Registered Nurse Regulators](https://www.ccrnc.ca) (CCRNC) and the [College of Registered Nurses of Manitoba](https://www.crmn.mb.ca)
(CRNM) has chosen to determine if a graduate is prepared for entry-level nursing practice. The NCLEX-RN is developed and managed by the National Council of State Boards of Nursing (NCSBN), an American not for profit organization.

Components of NCLEX-RN SUCCESS
Your nursing education program has prepared you for NCLEX-RN success. Faculty incorporate NCLEX-RN style questions into tests throughout the program. We also use NCLEX-RN style questions in lectures, discussing the logic behind selecting the correct answer. During the last months of your program, NCLEX-RN preparation intensifies.

College of Nursing Resources
The College of Nursing maintains a UM Learn page regarding the NCLEX-RN. Review the whole page. It contains a myriad of links and resources.

Managing Anxiety
Dr. Tim Osachuk, Clinical Psychologist, will discuss managing NCLEX-RN anxiety during a Senior Practicum information session. Students can also learn more about managing exam anxiety by contacting Student Counselling.

NCLEX-RN Workbooks
Every student has a different learning style and different learning needs, making it difficult to recommend books that will work for everyone. Graduates have provided positive feedback regarding the following books:

NCSBN resources available from https://www.ncsbn.org/NCLEX-RN.htm

Before the Test
- Drive to the test site the day before. Check your route and travel time to reduce your stress.
- Don’t cram the night before the test.
- Have a relaxing, fun schedule the day before the test.
- Don’t work the day or evening before your test.
- Plan your test taking strategy. You will have up to six hours to complete the test. You are allowed a break after two hours of testing. You may have another break after 3 ½ hours of testing.

Day of the Test
- Eat a good breakfast
- Arrive at the test center at least 30 minutes before the test.
- You can pack snacks. Remember that the test might take 6 hours. The snacks will be put in a locker while you are writing.
- Use the bathroom before you start the test.
- Remember your breaks. Leave the room. Have a snack. Use the bathroom.

During the Test
- Sit down at your computer station. Take a deep breath.
- Focus on the question in front of you. Read it thoroughly.
- Don’t second guess yourself. Your first response is probably correct. Change an answer only if you are confident that your first answer was incorrect.
- If you have difficulty with a question, take a deep breath. Use your anxiety reduction strategies. Focus on the next question.
After the Test
You will be notified of your results within two weeks of writing the exam. If you fail the NCLEX-RN, you will receive a Candidates’ Performance Report. This tells you how you performed on each section. Use this report for preparing for your next NCLEX-RN exam.
OVERVIEW OF CLINICAL PRACTICE COURSES

CLINICAL SCHEDULE

In general, clinical days (days in which students are in personal care homes, hospitals and agencies) run Tuesday/Wednesday or Thursday/Friday in Year 2, 3 and 4, depending on which cohort you are enrolled in. However, in one clinical course (NURS 4570 Nursing Practice 6 – see below), the clinical days are Monday/Tuesday or Wednesday/Thursday. The College of Nursing shares clinical placements with other schools so in order to accommodate everyone, clinical sites (dates, days and times) are restricted. Clinical days may also be determined by the preference of the site.

CLINICAL OVERVIEW

The College of Nursing program is designed for students to connect theory (concepts) to practice; build on knowledge they acquire and most importantly transfer knowledge from course to course and year to year. Clinical or nursing practice courses are unique and every student, regardless of where they are placed will have a unique experience. Students begin to practice basic nursing skills (bed making, vital signs, communication, physical assessments, medication administration) in personal care homes in Year 2. In Year 3, student’s progress to fast paced acute clinical environments (medical and surgical units in hospitals).

Year 4 offers students choices (e.g. obstetrics or mental health) and a variety of clinical experiences. Finally, students will complete their program working in a “nursing role” along with a Registered Nurse (preceptor); working a variety of shifts and in various areas where nurses work. Most students will gain employment immediately after completion of the program!
MAID (Medical Assistance in Dying)

In June 2016, the Supreme Court of Canada allows eligible persons to receive medical assistance in dying (MAID) under specific circumstances. Canadian nurses will continue to have a significant role in providing high-quality, person-centred end-of-life care that includes palliative care, natural death and MAID. As a student, you may encounter MAID during your clinical rotation. Like Canadian citizens, nurses and students hold a diversity of personal views on MAID. Nothing in the Criminal Code compels a nurse to participate in MAID. If the CEFs or students anticipate a conscientious objection to MAID, they must notify the clinical unit/staff as soon as possible. For further information please visit the College of Registered Nurses of Manitoba (CRNM) and/or the Canadian Nurses Association.

YEAR 2

Nursing or clinical practice is 2 days per week over a total of 6 to 9 weeks (per term) for clinical placements in Year 2. Each day is 8 hours. Clinical groups are 8 students with a Clinical Education Facilitator (CEF - Registered Nurse).

In NURS 2540 Nursing Practice 1, you will have the opportunity to work with older adults and engage in dialogue with nurses, other health care practitioners, clients and their families in a personal care facility. You will complete 6 weeks in a facility placement (Personal Care Home) and during that time, each student will spend one day in a low fidelity Simulation experience on campus.

In NURS 2542 Clinical Practice II, you will have the opportunity to work with older adults and engage in dialogue with nurses, other health care practitioners, clients and their families in a personal care facility. You will complete 9 weeks in a Facility placement (Personal Care Home) and during that time, each student will spend 2 days in a low to mid fidelity Simulation experience on campus.

YEAR 3

Students in year 3 will be placed in the hospital (tertiary or community) settings for acute medical and surgical experiences (NURS 3540 Nursing Practice 3 Medicine and NURS 3542 Nursing Practice 4 surgery). These rotations occur over 8 weeks per term, two 9 hour days per week. Evening shifts may be scheduled. Students will care for acute medical patients in NURS 3540 and acute surgical patients in NURS 3542. Clinical group sizes range between 6-7 students along with a CEF. Students will attend Simulation for 3 weeks before the clinical rotation followed by one week of Simulation at the end of the clinical experience.

YEAR 4

In year 4, there will be a variety of clinical experiences and choices. In NURS 4530 Nursing Practice 5, students will choose a clinical placement in Obstetrics, Mental Health Care, Palliative Care, Pediatrics or Rehabilitation. Clinical days occur over 2 days per week and each day is 8 hours long. The rotation is 9 weeks long. Obstetrical rotations are 12 hours in length. Evening shifts may be scheduled. Clinical group sizes range between 6-7 students along with a CEF. Simulation will occur prior to the clinical rotation. Although not all students will be placed on an obstetrical unit, all students will have Simulated experiences in labor/delivery/post-partum and family health.

If you are genuinely and seriously interested in a Shadow Day (i.e. you are contemplating a particular area for Senior Practicum NURS 4580 Nursing Practice 7) on a specific unit in a hospital, here is the process below:
Contact Amber Kusnick (Amber.Kusnick@umanitoba.ca) at the College of Nursing. Amber will email you a form which you must complete and return to her. She will submit a request to the site. The process may take several weeks and there is no guarantee. Each student is allowed only ONE REQUEST. The facility may give the student short notice to attend the shadow day. Please check your U of M email often. PLEASE consider these requests carefully.

In NURS 4570 Nursing Practice 6, students are placed in the community settings (e.g. schools, day cares, community clinics, shelters, housing projects, public health offices, employments settings, correctional facilities and community outreach projects) for 2 days a week (8 hour days) 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.

NURS 4560 Preparation for Nursing Practice 7 is a theoretical course which prepares students for their final capstone clinical experience. The capstone or Senior Practice/Practicum course NURS 4580 Nursing Practice 8 is a full time consolidated clinical course that provides students an experience in a nursing role. The practicum is a 9 credit hour course and it approximately 12 to 13 weeks (student must complete 450 hours) in length. Missed time in NURS 4580 will need to be made up. Students will be in one clinical placement for the entire experience to assist them to consolidate their learning.

NURS 4580 Nursing Practice 8 is the final requirement of the four year degree program. Selection of student placements will depend on several factors, including performance in NURS 2500, NURS 2514, NURS 3512, and all Nursing Practice or clinical courses. Matching students to clinical placements for a consolidation experience is dependent on many variables. This includes, but is not limited to, availability of sites and preceptors, academic performance in nursing courses, and previous clinical rotations. In addition, screening interviews are conducted for specialty area requests (e.g. emergency department) and students must meet specific criteria in order for placement.

Please refer to the Course syllabi for clinical hours, schedules (including Simulation) and assignments for each clinical course. You will find the syllabi on the UM Learn site for each clinical course.

CLINICAL SITE SELECTION AND CLINICAL HOURS

Students often wonder: How are the clinical sites selected for nursing practice courses? Clinical placements sites (where students connect and practice what they have learned in the classroom, skills and simulation labs) are complex. As discussed, our program shares clinical placements with other nursing programs in Manitoba, therefore, we have selected sites where College of Nursing students can practice, on certain days and times of the week.

The HSPNET Site Selector provides students (in most clinical courses) an opportunity to select where they would like to practice clinical. Generally students select 4 choices within a clinical course. The Course Leader (with information posted on UM Learn for the course) will provide you with direction on how and when to use the site selector to identify your choices. We have over 800 students to in the nursing program and while it would be ideal for each student to have their top choices, it is difficult to accomplish. Please identify (under Special Considerations) in the HSPNET Site Selector if you are a Bison athlete, if you have travel or bus challenges or if you have child care arrangements to coordinate during clinical practice days. We do our best to accommodate students!

Please refer to the University of Manitoba Academic Calendar. Students enrolled in nursing courses with clinical practice components may not register for any other course during those designated clinical days. Nursing clinical practice may be scheduled during the morning, afternoon or evening. Weekends are also used for some sections in clinical courses. Every effort is made to accommodate eligible students who register for clinical courses during the initial registration period. However, spaces in clinical are depend
upon the availability of clinical sites, which are determined by health care agencies and the availability of clinical teachers. Therefore, the College cannot guarantee that all students who registered for the course can be accommodated.

**THE “ICE” APPROACH TO LEARNING**

Clinical courses encompass student experiences in a wide variety of sites including hospitals, community agencies, schools and personal care homes. The clinical courses in the Bachelor of Nursing Program are designed to incorporate assessment and learning utilizing the **ICE Approach (Ideas, Connection, Extensions)** (Fostaty Young & Wilson, 2000) regardless of where the student is placed to a clinical experience. The ICE approach is about helping learners grow into their learning. ICE is useful in that students’ progress is compared to where they started from, regardless of their personal starting point. In this manner, clinical teachers are able to offer advice and support to students to extend their learning, no matter what point they are at. Students are expected to bring to clinical the capacity to learn and grow; focusing on learning and becoming increasingly aware of their capabilities (Gillespie, 2005).

The first step in the process is **Ideas**. Ideas are fundamental for new learning, the steps in the process, the necessary vocabulary and for introductory skills. This is information which students must gather from the classroom and textbooks. Ideas are demonstrated as:

- The fundamentals/foundation knowledge
- Basic facts
- Vocabulary/definitions
- Details
- Elemental concepts (e.g. pain)

The next step is **Connections**. Connections occur when learners are able to establish and articulate relationships among the elements of the fundamentals of nursing practice. They can tell how the ideas are connected. Connections are made when students:

- Demonstrate the relationship or connection among the basic concepts.
- Demonstrate the relationship or connection between what was learned and what they already know.
- Identify what they need to review for a better understanding: “connect the dots”.

**Extensions** are final stage in growth of learning and occur when individual no longer need to refer to the rules for operations and no longer make conscious connections among the piece. New learning occurs in unique and creative ways from old learning. Extensions are revealed when students:

- Apply their learning in novel ways, apart from the initial learning situation.
- Extend their knowledge to new scenarios.
- Answer the hypothetical questions: So, what does this mean? How does this shape my view of the world?
- Reflect on their clinical learning experiences.

The ICE framework helps to clarify the characteristics and markers that indicate where learners are along the learning continuum and, in so doing, enable teachers (CEFs) to make instructional decisions that maximize learning. This theory provides both teachers and learners with a framework to understand the process of learning from a perspective other than behavioral. Learning is viewed as a qualitative process. Learning is complex and thus, the simplicity of this model is what makes it likely for teachers and students to easily recall and apply to their nursing practice.
The nursing process is one strategy to assist nursing students (and nurses!) in understanding the steps involved in providing effective nursing care. It is an assertive problem-solving approach to the identification and treatment of patient health problems. It is a framework to organize the knowledge, judgements, and actions that nurses bring to patient care.

The basic phases are: Assessment (data collection), Diagnosis (identifying the problem), Planning (setting priorities), Implementation and Evaluation. (Lewis, S.M., Dirksen, S.R., Heitkemper, M.M., Bucher, L. and Camera, I.M. 2014. Medical-Surgical Nursing in Canada: Assessment and Management of Clinical Problems, 3rd Canadian ed. Toronto: Mosby Inc.).

Figure 13-2 Critical thinking and the process of planning care. CNA, Canadian Nurses Association.
CRITICAL THINKING AND CLINICAL JUDGMENT

“Educational practices must help students engage with patients and act on a responsible vision for excellent care of those patients and with a deep concern for the patients’ and families’ well-being” – Christine A. Tanner, 2006

The model of clinical judgement below may be relevant in clinical situations, in particular in rapidly changing situations. Noticing, Interpreting, Responding and Reflecting are four major components which will help to guide students, educators and nurses to “think like a nurse”.

(Figure from, Concepts for Nursing Practice by Giddens, 2013)

(Figure from Canadian Fundamentals of Nursing, Potter & Perry, 2014)
EXPECTATIONS FOR SAFE CLINICAL PRACTICE

A) Students are expected to **demonstrate growth** in clinical practice competence through the application of knowledge and skills from previous and concurrent courses.

B) Students are expected to **demonstrate growth** in clinical practice competence as they progress through the course and to meet the clinical practice expectations outlined in the Clinical Evaluation Tool (CET).

C) Students are **expected to prepare** for clinical practice in order to be able to provide safe, competent care. **Students who are inadequately prepared and/or are unsafe for clinical practice will be sent away from the clinical setting.**

D) Students will not attend clinical ‘incapacitated’ in any way (illness, alcohol, drugs, sleep deprivation, etc.).

E) Refer to [College of Nursing Community Principles](#).

ASSUMPTIONS

1. The clinical area is a political arena. The clinical learning experience is a political activity.

2. Much of the practical (clinical) knowledge is unable to be captured by classroom theory because of the highly spontaneous and “fuzzy” nature of situations and events which occur in the clinical area.

3. The **student is the owner of his/her learning experience**. As such, the student must put effort into planning and implementing learning experiences, making decisions about the involvement of others, including the Clinical Education Facilitator (CEF).

4. Students learn differently, their learning needs are different, and they have different expectations and abilities to achieve learning goals.

5. The CEF is a connoisseur of teaching in nursing; the competent or expert staff nurse is a connoisseur of the practice of nursing.

6. Living through experiences is not enough to learn: the events or situations become “known” to the individual only when he/she reflects upon it.

7. The skill of being able to **reflect critically** about a situation or event in clinical practice must be learned.

8. Grasping the meaning of a situation/event is the pathway to understanding a problem and its significance, as well as envisioning possible situations.

9. The elements of nursing practice can be delineated in a few select practice arenas. Students do not require clinical experience in all fields or nursing to learn and practice these elements.

10. Students, nurses, patients/clients and CEFs are equal partners in the clinical learning experience; each with significant contributions to the learning to the other.

11. Caring is the moral imperative of nursing and is an integral part of the relationships between the players in the clinical learning experience.

12. The evaluation and the learning components of clinical courses are unique; they are unique to each clinical setting.
13. Except to the issue of safety, the quantity and value of learning is personal, private and may be hidden from the learner’s awareness.

14. An integral part of professional practice is to constructively evaluate one’s own practice, to receive constructive criticism from others, and to revise one’s practice as necessary.

15. Reflecting on critique of performance and making changes

**GENERAL NURSING STUDENT RESPONSIBILITIES**

The following information is a general overview of the responsibilities of students in a nursing role. However, it is not an inclusive list. Please refer to the course syllabi for further information regarding course and student expectations. The **student Clinical Evaluation Tool (or CET) (Pass/Fail)** for clinical courses is included with each clinical course syllabi. The tool is based on the Code of Ethics for Registered Nurses and the Competencies for New Registered Nurses, as outlined by the College Registered Nurses of Manitoba (CRNM). The following expectations include:

- to collaborate and discuss the plan of care at the start of the day and throughout each shift/practice day, as necessary, with the nursing staff, community agency supervisors and the Clinical Education Facilitators (CEFs).
- to attend clinical practice prepared to provide safe and professional care for your assigned patient(s)/group(s)/client(s) according to the plan of care, including administration of medications and any treatments.
- to ask questions to enhance your learning experience on the unit or in the 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 your experience.
- to develop and demonstrate knowledge and skill in assessment, planning, implementation and evaluation of all nursing care required by the patient, client or community.
- to communicate effectively with clients, groups, other students and health care staff as required to provide optimal, safe client care.
- to document care provided and update assessments with the collaboration of the nursing staff and CEF, as appropriate.
- to inform the staff when you are away from/leaving the unit or clinical placement area for other activities/breaks.
- to act in a professional manner at all times as consistent with the Code of Ethics and PHIA.
- to demonstrate professional conduct. Your primary duty is to the client. Ensuring consistently safe, competent, confidential, compassionate, ethical nursing care.
- Reflecting on critique of performance and making changes
CLINICAL COURSE EVALUATION

Refer to the Clinical Evaluation Tool (CET) in each clinical course; the expectations in each tool/course are slightly different. As students’ progress in clinical courses throughout the program, the expectations increase. For example, students begin in Year 2 with support/assistance from their CEF. As they progress to Year 3 and 4, students must be independent or have minimal assistance with their performance and behaviors. It is an expectation that “significant growth” and consistency be demonstrated as students move along the program before they enter their final capstone practicum course. Please take the time to read through each of the CETs; as a student you want to ensure you understand the expectations of the course! Please refer to the course syllabi for course objectives, policies and procedural information related to clinical courses.

Clinical evaluation is assessed as a Pass or Fail. There are no clinical grades. CEFs will meet with each student at mid-point (midterm) in the clinical course and again at the end (final). At the final, the CEF will check off a box indicating if the student has Passed as Adequate or Exemplary (for outstanding students!). This box assists with student placements in the Senior Practicum course.

CLINICAL EVALUATION PROCESS

In this handbook (see Appendix A) is a “sample” (e.g. NURS 2540) of a CET and a glossary of terms which are used in the form. It is important that you take time to understand the requirements/criteria of the course and understand the terminology that is used in the form (see Appendix B). The form is based on Entry Level Competencies of Registered Nurses (College of Registered Nurses of Manitoba, 2013). For students requiring further development or who are not meeting the requirements of a clinical course, a supportive Learning Contract will be implemented (refer to the Appendix C) as a formalized tool to assist and guide the student.

In clinical practice courses, students will receive midterm and final evaluations (utilizing the CET for the clinical course) from the CEF. The CEF will email the CET to each student prior to the midterm and final evaluation meeting (i.e. CEF and student meeting). Each student is asked to read the CET, print it and bring it to the meeting with the CEF for review of their performance in the clinical course. Students are asked to sign the form at midterm and final evaluation. Students will have the opportunity to receive feedback from their CEFs regularly; formally (CET and meeting) and informally during the rotation (during each clinical day/week). The clinical courses (along with the CET) are designed to provide feedback to students during the midterm period of a clinical rotation and during the final time frame.

The Clinical Course Section Leader and the CEF will assist you to become more familiar with this assessment tool and the course requirements. As student’s progress through the year (Year 2 to 4), the expectations increase and growth in the clinical area must be consistently demonstrated by students in order to “Pass” the clinical course. Please refer to the objectives for each clinical course, which is outlined in the specific syllabi.

Students must submit a Self-Evaluation of their clinical rotation using the assigned form (refer to the Course Syllabi). The self-evaluation will be printed by the student and attached to the final CET for submission to the Course Leader.
In order to facilitate your progress in the program, a brief summary of your clinical performance may be provided to your next clinical Course Leader in order to support your learning and growth in the clinical area.

IMPORTANT: Student Opportunity to Evaluate Nursing Practice Courses

At the end of each clinical rotation in a Nursing Practice Course, students are encouraged to provide feedback to the faculty regarding their experience in clinical practice. The College of Nursing would like you to complete an anonymous survey (UM LEARN NURS CLIN EVAL) while providing valuable feedback regarding the site, the course and the CEF. The College takes this feedback seriously and we make recommendations and changes based on what you have to say! Please take the time to complete the surveys on UM Learn.

ATTENDANCE IN CLINICAL COURSES

Attendance, preparation, and participation are all considered aspects of professionalism. Attendance during orientation, clinical, simulation, de-briefing and seminar time is mandatory. It is expected that you will conduct yourself in a professional manner in any practice setting, domain and/in role in accordance with current Standards of Practice (College of Registered Nurses of Manitoba, 2013).

Clinical (agency/hospital placements or traditional clinical experiences) and Simulation (on campus clinical) hours are mandatory. The College of Registered Nurses of Manitoba (CRNM) requires that each student complete 1000 hours of clinical practice time (including simulation) in the curriculum plus 450 hours during the consolidated Senior Practicum totaling 1,450 hours prior to graduation from the nursing program.

If you are ill and unable to attend Simulation, you must notify the Simulation Facilitator or the Course Leader. Facilitator names/contact information will be available on the course UM Learn site. Attendance will be documented and counted as required clinical hours.

If you are ill and unable to attend clinical practice, you must notify (by phone) both your CEF and your clinical unit/agency prior to the shift start time. Clarify with your CEF the procedure for “calling in sick.” You may be required to present a Declaration (see below) or Certificate of Illness from a recognized Health Care Practitioner. Missed clinical practice days may impact your final course grade (Pass/Fail in clinical course) due to a lack of opportunity for you to develop and exhibit the expected level of clinical competence. Students must meet the clinical course requirements and competencies, within a given time frame of the clinical course, regardless of the time missed.

What is a Declaration?

A Declaration is an alternative way of providing documentation in situations where a doctor’s note is not available or not appropriate to the circumstances.

Why do I Need a Declaration?

The university has policies in place to preserve the integrity of its academic programs and evaluation procedures. The university also recognizes that illness or other disruptive circumstances can occur at any time. In cases where a student is absent or unable to meet their academic commitments due to these circumstances, the university will consider a declaration in lieu of a doctor’s note.

How do I Make a Declaration?

- The forms for making a Declaration are in 262 HGCN. The form asks you to indicate what course is involved and if you need an extension or deferral. It will take less than five minutes to complete the form. The form will be witnessed by Teresa Blonkski, Student Services Assistant, 262 HGCN. Teresa
is available Monday – Thursday 0830 – 1630 hours. The form will confidentially stored in a locked filing cabinet.

- Teresa Blonski will email your Course Leader (who will discuss this with your CEF) to confirm that you have completed the Declaration.

- The decision regarding granting extensions and deferrals is up to your Course Leader. Your request is not automatically granted even when you provide documentation.

**What if my Course Leader wants me to get a note from a health care provider?**

- If are required to obtain a note from a health care provider, you can ask that professional to complete the University of Manitoba Verification of Student Academic Impairment form.

**NOTE:** There is no scheduled individual student make-up time for absenteeism in most clinical courses. The only exception would be in the Senior Practicum (NURS 4580 course: students must complete a minimum of 450 hours), in which students would need to make up any time that is missed in order to complete the hours required.

If the CEF is ill or cannot attend clinical due to unforeseen circumstances, the CEF may need to “make-up” the clinical time with the group of students. Make-up time may include an extension of the clinical day(s) or a weekend. Please check the course syllabi for specific clinical schedule. Please ensure your CEF has your appropriate contact information (U of M email address and phone number) in case they need to reach you immediately.

The clinical courses in the undergraduate nursing program are required and are a major component of the curriculum. Students must remain available between the hours of 0700 and 2200 during clinical placement days. Evening and weekend shifts may be required. Please check the clinical Course Syllabi regarding specific time requirements, as the expectations do vary with each clinical course.

**STUDENT POLICIES RELATED TO CLINICAL PLACEMENTS**

**Student Injury**

If you experience a workplace injury (e.g. needle-stick, body fluid spill, eye injury) during your clinical rotation you must follow the institutional policy as well as complete the Notice of Injury-(green form) immediately. Your CEF will assist you with this procedure. The CEF will contact the Site Program Leader who is also required to report the incident to the University of Manitoba and the Executive Director, Clinical Education. It is imperative that this paperwork is completed immediately following the incident to adhere to post exposure protocol as outlined by the Winnipeg Regional Health Authority (WRHA). Please refer to the Course Syllabi for specific information regarding this procedure.

The green form is sign by your supervisor and FAXED to 204-474-7629. The green form is located on the EHSO website [here](#).

**Personal Health Information ACT (PHIA)** – PHIA is the Government Act that guides the use and distribution of health information of patients. It is mandatory that every student sign and uphold the WRHA pledge. Amendment of this Act came into effect May 1, 2010 (link to PHIA information posted on D2L.). Please follow the link (posted on UMLEARN) and review the PHIA information.
DEPARTMENT POLICY

A student may be debarred from class, laboratories, clinical practice, and examinations by action of the Dean for persistent non-attendance, unsafe clinical practice, and/or failure to produce assignments to the satisfaction of the instructor.

Once the debarment policy has been initiated, the student will not be able to voluntarily withdraw from the course that is presently under investigation. Students so debarred will have failed the course.

The debarment policy will be invoked when the student demonstrates unsafe clinical practice. Unsafe clinical practice is behaviour which places the client, staff or CEF in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or a pattern of behaviour involving unacceptable risk (Scanlan, Care & Gessler, 2001).

PROCEDURE FOR STUDENTS EXPERIENCING DIFFICULTY IN CLINICAL COURSES

Occasionally, a student experiences difficulty meeting the expectations of a clinical practice course. When such a problem arises, the clinical teacher (CEF) will make a reasonable effort to assist the student to grow and develop competence and hopefully succeed in the course. At times, a student may require continual monitoring; however the CEF and staff may not be able to accommodate students given the acute nature of the clinical area. Patient safety is first! Therefore CEFS need to put the appropriate processes in place to help the student or request debarment.

A supportive Learning Contract may be developed for each student who is in jeopardy of receiving a failing grade in a clinical practice course (Refer to Appendix A) or for students who are experiencing difficulty.

Procedure for the Supportive Learning Contract:

1. The CEF and/or the Site Program Leader will meet with the student to discuss the situation.

2. The Site Program Leader, in collaboration with the CEF (and the Course Section Leader when required) will initiate a Supportive Learning Contract. This contract includes:
   - the reason that the performance has been unsatisfactory
   - a course of action to assist the student to overcome the clinical difficulties
   - specific expectations for the students to achieve
   - a time frame of 4 shifts for achieving these expectations will be granted.

3. The student will be given the opportunity to review the written contract. Modifications to the contract are made at this time.
4. The student and faculty member will sign the plan, thereby agreeing to the conditions outlined.

5. In the event that the student refuses to sign written contract, the issue will be forwarded to the Executive Director, Clinical Education for inclusion on the student’s file.

6. The student will receive a copy of the contract. A copy of the contract will be forwarded to the Executive Director, Clinical Education for inclusion on the student’s file.

7. An evaluation of the student’s performance will take place at the end of the time frame specified in the contract.

8. The period of specified time within the learning contract will be curtailed at the discretion of the Site Program Leader, CEF, and/or the Executive Director, Clinical Education should the student’s performance continue to be unsafe so that the patient safety continues to be a concern.

Possible outcomes of a Supportive Learning Contract

If this evaluation occurs **within the term:**
1. The performance is considered adequate and the contract is completed.
2. The student shows some improvement in clinical performance and another contract is developed.
3. The student’s performance does not improve and there is evidence of unsafe clinical practice resulting in the initiation of the debarment policy and course failure.
4. This initiation of debarment policy may occur any time during the learning contract period if the CEF, the Site Program Leader, and Executive Director, Clinical Education do not see student improvement in clinical competence and/or patient safety continues to be a concern.

If this evaluation occurs at the **end of term**, there are two options available to faculty members:
1. The student performance is adequate and s/he receives a passing grade in the course.
2. The student’s performance is unsatisfactory and s/he fails the course.

*Notwithstanding the above and the time frame set as part of the Learning Contract, the debarment policy may be invoked at any time there is evidence of unsafe clinical practice.*

Remediation Process for Nursing Student Success

The purpose of the Remediation Process is to assist students in the identification of strengths and areas requiring further development in clinical practice course. If the student is experiencing difficulty performing nursing skills, they will return to the skills lab to practice and demonstrate skill(s) with a lab instructor. A referral form – **Remediation Process (refer to Appendix D)** will be completed, identifying which areas need practice (i.e. reconstitute IV medications and administer with secondary set via piggyback, sterile dressing change, management of an NG tube or professionalism issues, time management or communication/documentation) and date practice needs to be completed by. The instructors in the Skills Lab will expect to see the student practice in the lab and will provide written comments to the student on the skill(s) demonstration. This information will be shared with the CEF and the Site Program Leader and/or Course Section Leader.

*The Canadian Nurses’ Association Code of Ethics (2008) will serve as a reference when ethical behavior is being evaluated.*
Clinical Based Experiences

The College of Nursing’s clinical program connects us with the largest hospitals and health care services in Manitoba. It is important that students have the opportunity to experience a variety of clinical settings. Some students may have the opportunity to complete more than one clinical experience in a facility (i.e. St. Boniface Hospital or Health Sciences Centre).

Year 2 clinical experiences will occur in Long Term Care (Personal Care Homes) facilities and sub-acute medical units caring for elderly residents/patients (e.g. hospitals) Year 3 will focus on acute care experiences caring for patients in hospitals. Year 4 will be a combination of hospital, agency and community based experiences.

Clinical Education Facilitators (CEFs) must be present with students in care homes and hospitals (Year 2 and 3). Students cannot attend clinical if the CEF is not present. During Year 4 nursing/clinical practice courses, there are some exceptions (e.g. community agencies).

Tertiary Hospitals

St Boniface General Hospital

St. Boniface General Hospital, a work of charity of the Sisters of Charity of Montreal "Grey Nuns", is a Catholic tertiary health care facility affiliated with the University of Manitoba. As one of Manitoba’s largest health care facilities, St. Boniface maintains a campus comprised of more than 180 departments and services, located in seven separate buildings and situated on 20 acres of land. The hospital operates several satellite facilities located at off campus site, and maintain close relationship with other health facilities and well as the health facilities and agencies of the Grey Nun network. The website is found at http://www.sbgh.mb.ca/

For students placed at St. Boniface General Hospital, you will utilize the Electronic Patient Record (EPR) computer system. You will need to have EPR training and be familiar with the system PRIOR to starting your clinical rotation. It is important that you attend your scheduled EPR class. If you have not been scheduled for an EPR, you need to email Pat Pruden at Pat.Pruden@umanitoba.ca. You will receive a username and password one eHealth has activated your account. You will complete EPR training in Year 3. It is highly recommended that you review the videos and the manual found on NURS 0500 prior to starting on the unit.

Health Sciences Centre (HSC)

Health Science Centre (HSC) Winnipeg is the largest health care centre in Manitoba. This hospital is in interdisciplinary team of nearly 8,000 staff and volunteers who serve people in Manitoba, northwestern Ontario and Nunavut.

HSC is the designated Trauma Centre for Manitoba, as well as the centre for transplants, burns, neurosciences and pediatric care. Our highly skilled teams of professional staff provide acute care and continuing care. HSC website is http://www.hsc.mb.ca/

Pyxis MedStation is an automated medication dispensing systems which many hospitals use. All hospitals are phasing in the Pyxis ES and this will be completed this year. Students need to log their WRHA email address which activates students in the system. Students can then log onto the WRHA LMS LearnFlex and complete the PYXIS ES learning modules.

Students are expected to have completed the WRHA modules on the newly phased in Pyxis ES Med station located on the Manitoba eHealth Learning Management System (LMS) – LearnFlex.
Please be aware that your pop-up blocker must be turned off in order to access the modules. Further instructions are available in the document eHealth LMS FAQ found on UM Learn. Any technical issues with the LearnFlex site, please contact Manitoba eHealth directly at 204-940-8500 or via email at servicedesk@manitoba-ehealth.ca.

Once you have completed the tutorial, print off the list of completed modules found on “Learning History” Section on LMS. Photocopy at least two copies and file in a safe place. Please print two copies of the certificate before the start of the clinical rotation; one copy is for the unit facility educator and the other is for your personal records.

Students will be required to carry their University of Manitoba student ID card with them at HSC. Students at HSC will also need to register online for HSC Security Registration. For further information/details, please refer to the NURS 0500 syllabus. If you have registered with HSC Security for a previous rotation, do NOT repeat the registration process.

**Long Term Care Homes, Community Hospitals and Health Centres**

Listed below are examples of some of the facilities/agencies which are utilized by the College of Nursing:

- Deer Lodge Health Centre
- Concordia General Hospital
- Riverview Health Centre
- Victoria General Hospital
- Misericordia Health Centre
- Grace General Hospital
- Seven Oaks General Hospital
- Selkirk Mental Health Centre

**Long Term Care Homes** – Southeast Personal Care Home, St. Norbert Care Home, Charleswood Care Home, Kildonan Place, Beacon Hill Lodge and Golden Links Lodge are examples of some of the homes utilized.

**STUDENT PREPARATION FOR CLINICAL PRACTICE**

You must have completed the course **NURS 0500 on UM LEARN** before starting a clinical rotation, since completing NURS 0500 demonstrates that you have completed items required for attending clinical practice. These preparation items or ‘components’ include:

- PHIA (Personal Health Information Act)
- WHMIS (Workplace Hazardous Materials Information System)
- EPR (Electronic Patient Record)
- Non-Violent Crisis Intervention (NVCI)
- Pyxis 4000 tutorial

These elements are all important components of preparation for clinical practice; and required for clinical practice both by the College of Nursing and the Winnipeg Regional Health Authority (WRHA). If you have not completed each of these components required for clinical practice, you need to do so immediately and also notify the Course Leader (Pat Pruden at Pat.Pruden@umanitoba.ca). If these elements are not completed, you will not be permitted in the clinical setting and/or will be removed from practice. For PHIA and NVCI, you will be provided with cards; you may be required to produce them at any time during your clinical experience.
Skills Laboratory Courses (Year 2 and 3)

As nursing is a practice profession, there are Skills Laboratory courses in the program for students to learn nursing “psychomotor” skills (e.g. making beds, performing baths, administering medications, needles, etc.). Year 2 includes NURS 2530 Nursing Skills 1 and NURS 2532 Nursing Skills 2. In Year 3 (NURS 3530 Nursing Skills 3), students will learn higher level nursing skills including complex dressing changes, blood administration, etc. Our state-of-the-art skills lab simulates a hospital learning environment.

NURS 2530, 2532 and 3530 are scenario/practice based courses with an emphasis on provision of safe, competent, ethical care in the context of provision of psychomotor nursing skills. Content is current, evidence-based and deals with individuals across the lifespan and across cultures. The essential nursing skills you will learn in the lab play an integral role in your clinical nursing practice. Development of independent learning strategies and evaluation of learning needs are integral to the course.

Barb Goodwin (Barb.Goodwin@umanitoba.ca) is the Director of the Skills and Simulation Laboratory. Her office is Room 463 across for the Skill lab.

Lead Lab Instructors include Alia Legace Alia.Legace@umanitoba.ca in Year 2 (NURS 2530 and 2532) and April Ambalina April.Ambalina@umanitoba.ca in Year 3 (NURS 3530). You will find Alia and April working in both year 2 and 3 labs. Alia’s office is Room 477 and April is Room 479. Wanda Falk is the Learning Lab Technician (Room 440) and the Simulation Lab Technician.

The majority of our lab instructors, who will be working closely with you, work in the CEF role and are RN’s working in the field. We have experienced and expert nurses to assist you!

Simulation Laboratory (S.A.G.E. – Simulation Advancement Generativity Education)

Further information about the Simulation or on campus clinical experiences will be available on UM Learn for each clinical course. There will be some “pre-learning activities” for students to complete prior to the experience. Simulation is part of clinical course hours and therefore mandatory. Simulation is clinical; therefore, students are expected to wear uniforms and perform as they were in clinical!

COMMUNICATION STRATEGIES

If you are unsure regarding any aspect arising during the clinical learning experience, it is imperative that you discuss this with your CEF. The chart below outlines the Clinical Communication Pathway for students.

Students with a Clinical Practice Concern in the Undergraduate Programs

1. The general guideline is to discuss the issue and seek a resolution with the individual closest to the situation/issue.

2. At any time students may discuss the issues with and/or seek advice form a College of Nursing Student Advisor (204-474-7452) or Student Advocacy (204-474-7423).
Conflict Resolution Strategies

Conflict resolution occurs when problems among students are solved so that everyone in the group feels good about working together. Students who are able to resolve their problems generally obtain more positive results. At times, guidance is required from someone outside the situation.

Conflict resolution strategies help promote new ideas and increase group productivity and encourage a greater understanding between students and supervisors. Conflict resolution is a positive strategy that can strengthen relationship and improve self-esteem.

The following strategies may help students to reach an agreeable solution for all parties involved:

Define the situation – This occurs when both sides have the opportunity to express their concerns openly which will help clear the issue and avoid further miscommunication or misunderstandings.

Brainstorm Options – Work together to generate ideas on how to resolve the issue.

Try the What If approach - Try to predict the likely results of the options and evaluate as a group which option is most viable. Sometimes it might take time to make a decision. Often a quick decision can do more harm than good.

Do Not Intimidate – Yelling or using manipulative techniques is not a long term solution to the problem, nor is it professional.

Own your Feelings – Use “I” statements, rather than “you”, to reduce defensiveness.

Avoid Backstabbing – Encourage group members to speak with whomever they are experiencing problems with rather than complaining to others and increasing the problem.

The “24 Hour Rule” – Addressing misunderstanding within 24 hours prevents gossip, rumors, and assumptions from growing into uncomfortable escalating issues. However, at times it is best to wait at least 24 hours before addressing the certain issues. When emotions are running high, it is better to cool down, wait 24 hours before addressing the concern. In this manner, the issues will be addressed constructively, the mind will be clear and emotions will be calm.

(adapted from Office of Students Activities)

CLINICAL EDUCATION FACILITATOR (CEF) RESPONSIBILITIES

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

Responsibilities

1. Collaborates practice between the University and the clinical setting:
   - Establishes collegial relationship (at various organizational levels).
   - Facilities understanding of course objectives for clinical practice.
   - Facilities 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. Select patient assignments in collaboration with students which are consistent with course client models:
   - Select 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 conferences time for debriefing as well as integrating and practice.

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

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

7. Evaluate students on an on-going basis:
   - Evaluate each student fairly and objectively using appropriate clinical evaluation tools.
   - Develops strategies to help students to maximize their clinical abilities.
   - Provides frequent and ongoing constructive feedback to students’ which enhances learning, including preparation of supportive Learning Contracts for students experiencing difficulty.
   - Identifies at risk students and works collaboratively with students and resources experts to develop and implement learning plans.
   - Utilizes peer and student feedback evaluations to improve her/his teaching performance.
   - Uses evaluation data.
   - Identifies and validates areas of strengths and weaknesses.
   - Encourage students to critique teaching strategies.

**FACULTY MEMBERS’ ROLES AND RESPONSIBILITIES**

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.

The Course Section Leader (CSL) is responsible for the student orientation to the clinical course. This faculty member mentors new and returning CEFs. They also develop the course objectives, assignments and the initial coordination of the clinical course/CEFs/clinical sites/student groups. The CSL assists when necessary with the final Pass/Fail (Clinical Evaluation Tool) grade for the clinical course.

College Advisors will be assigned as an academic advisor for students enrolled in NURS 4580 Senior Practicum prior to the start of their placement. The role of the College Advisor is a unique academic role. The advisor is responsible for:
• helping students to develop their overall plan for meeting the course goal
• assessing and approving students’ introductory letters and practicum proposal
• being available to students for discussion of their practices and their experiences
• assisting the student and the preceptor to develop a productive working relationship;
• being available to the preceptor and unit manager to provide information, discuss concerns and deal with problems
• monitoring the students’ progress and identifying problems and assisting students to resolve these
meeting with the preceptor prior to or early in the placement to help prepare them for the
preceptor role and being available to them to discuss the students’ progress
• in collaboration with the Preceptor, determining the final grade and recommending same to the
CSL
• informing the CSL of any issues or concerns related to the practicum site or problems with the
students’ clinical performance;
• the advisor will assist the students and the preceptors as needed, with the mid-practicum and final
evaluations

Preceptors are experienced and expert nurses who enjoy teaching and interacting with students. They are identified and assigned by the unit manager, program director or program supervisor. All preceptors are offered an opportunity to attend a preceptor workshop, sponsored by the College of Nursing.

Preceptors are responsible for:
• providing an orientation for their students to the clinical area.
• coordinating students’ patient/client assignments, increasing it as appropriate. At first, the preceptor will work closely with the students. The extent of the students’ reliance on the preceptor is expected to decrease as the students gain experience and confidence in their abilities.
• assisting students in reviewing previously learned skills and developing new ones in the practice area.
• providing students with guidance and assistance in organization and performing nursing care and in making clinical judgments.
• providing informal daily feedback to the students, helping the students to identify both accomplishments and areas that require further attention.
• providing mid-practicum and final formal evaluations using the Clinical Evaluation Tool
• making any concerns known to either the student or the College Advisor, as soon as possible.
• participating in the development of a supportive Learning Contract, if required.

SELF-EVALUATION/REFLECTION

Written assignments, projects and student group work varies throughout the nursing program; however, Reflective Journal Writing or blogs is a(n) assignment/requirement in many courses. Reflection is a way of assessing yourself, identifying areas that require development, and prioritizing these areas to determine how you will achieve learning.

In keeping with the standards of the College of Registered Nurses in Manitoba and the Standards of Practice for Registered Nurses (2013), continuing competencies for Registered Nurses includes self-assessment and self-development, which is achieved through reflection and journal writing. Students may be required to complete and submit a reflective journal during the clinical course in certain situations. For example, if a student makes a medication error or has encountered a difficult clinical situation, the CEF and the Site Program Leader/Course Leader may require the student to explore the situation through a reflective writing opportunity.
Purpose:
• to describe and explore the experiences of clinical nursing and the context in which these experiences occur;
• provides an opportunity for students to relate clinical experiences to their past and present life experiences;
• to promote on-going-dialogue between the student and the CEF;
• to assist in self-identification of attitudes and feelings related to the clinical experience and nursing general (i.e. confusion, satisfaction); and
• to define and articulate the lived experience of the student.

Journal writing is not just a narrative account of your clinical experience, nor is it just listing the day’s events. You are encouraged to reflect on your feelings and insights regarding your experiences. The point of journal writing is to develop and to express your thoughts as fully as possible. Do not simply write “what you think your CEF wants to hear.” Dialogue with your facilitator is a major purpose of journal writing; therefore, responding to your facilitators comments is encouraged. Dialogue can only be achieved when both student and teacher respect each other’s comments. In many ways, journal writing is a written conversation about clinical nursing practice.

Resources for Reflective Journal Writing


Non-Reflective Writing is an impersonal report on the event with no analysis of the experience. Non-reflective action is characterized as a habitual action such as typing or checking of a patient’s armband without deliberate appraisal of it. You will be asked to **re-do the assignment**.

Reflective Writing demonstrates insight into one’s experience, the linkage of theory to clinical practice, and the identification or new learning opportunities. Reflective action is based on looking back on experience and focusing on assumptions about a problem or the problem solving process. This is an acceptable piece of reflection.

Critical Reflective Writing includes a continual examination of experience that draws on resources such as prior knowledge, existing information and the literature. Critical reflective action is the focusing on our presuppositions of our thought, feelings and actions involved in an experience. Nothing is taken for granted. Questions are raised. Consequently new methods may be suggested and tried, resulting in a change perspective. This is an **excellent critically reflective journal piece! This type of writing demonstrates that you are thinking in a way about care that supports the development of your clinical judgment**.

How do I journal?

Use the following guidelines to assist with the reflection process (DeYoung, 2009):

1. Describe a critical event or case that took place during your clinical day, providing some background information. Remember, this is not an “itinerary” of your day/what you did—you need to choose a specific event. Examples of ‘a critical event or case’ may include: death of a patient, your operating room observation experiences, medication error/near miss, significant change in your patient’s condition, interaction with patient’s family, ethical issue, etc.
2. Why was this event or case important?

3. What did you learn from this situation?

4. What nursing theory helps you understand what happened?

5. What might you do differently if you encountered this situation again?

You might also ask yourself the following questions to guide your journal writing:

- What were your personal reactions to your clinical experience? Have you experienced something comparable in your school or personal life?
- What thoughts and feelings did you experience?
- What new ideas, concepts, and theories did you explore?
- What insights did you gain?

REFERENCES


**Glossary of Terms adapted from: College of Registered Nurses of Manitoba. (2007). Entry Level Competencies for Registered Nurses in Manitoba.**
CLINICAL EVALUATION TOOL – NURS 2540 Nursing Practice 1

Student Name: ________________________  Student Number: ________________________  Absences: __________
CEF Name: ________________________  Clinical Site: ________________________  Clinical Dates: __________

Attended Simulation: ☐ Yes  ☐ No

These performance indicators can be applied to a range of nursing roles and clinical sites and are based on the College of Registered Nurses of Manitoba (CRNM) Entry Level Competencies for Registered Nurses in Manitoba. The competencies can be found on the CRNM website. This tool was guided by essential components of a clinical evaluation tool by DeYoung, S.(2009). Teaching Strategies for Nurse Educators, 2nd Ed (p. 256).

Mid-Term Evaluation: Please indicate the level of performance by placing a check mark in the appropriate box at the top of each section of the evaluation tool and provide examples in the space beside the descriptors. NARRATIVE COMMENTS ARE REQUIRED.

- **Meets Early Developmental Requirements**: Students meeting requirements at the mid-term are those who demonstrate safe and competent performance of all indicators with occasional assistance or supervision by the Clinical Education Facilitator (CEF).

- **Further Development Required**: Students who have deficits identified are demonstrating safe and competent performance in most areas but either require more than occasional assistance from the Clinical Education Facilitator (CEF) in order to do so, or have a specific area where they are demonstrating growth but have not yet achieved the performance indicators.

- **Does Not Meet Requirements**: Students who are not meeting requirements require constant monitoring and frequent assistance from the Clinical Education Facilitator (CEF) in order to achieve performance indicators. A Supportive Learning Contract will be put in place when students are not able to meet the performance indicators.

Final Evaluation: Please indicate the level of performance by placing a check mark beside either PASS or FAIL at the top of each section of the evaluation tool and provide examples in the space provided. NARRATIVE COMMENTS ARE REQUIRED.

- **PASS**: Student demonstrates consistent achievement of all performance indicators (1-6) either independently or with direction from his/her CEF. Student is safe and competent in his/her delivery of care. Student demonstrates consistent growth throughout the clinical placement.

- **FAIL**: Student does not demonstrate the achievement of all of the indicators, or requires frequent or constant CEF direction in order to do so. Student is unable to provide safe and competent care. Student shows little or no growth, is inconsistent, or has declined in his/her performance while completing the clinical placement.
### PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

The nursing student demonstrates professional conduct and that the primary duty is to the client to ensure safe, competent, compassionate, ethical care by:

- Adheres to agency policies for dress and conduct in the workplace.
- Completes pre-clinical preparation as required to provide safe and competent care.

**Critical Element:** Organizes own workload and demonstrates developing time management skills with direction.

- Displays awareness of the need for sensitivity in respect to age, diversity, and individuality.
- Able to work well with others: attempts to use conflict resolution strategies to achieve healthy interpersonal interactions with direction.

**Critical Element:** Accepts responsibility and is accountable for their own actions and decisions; including, but not exclusive to, attendance, punctuality, completion of assignments, and completion of workload.

**Critical Element:** Respects client safety and best-practice guidelines; reports near misses and errors and questions unclear directives.

<table>
<thead>
<tr>
<th>MID-TERM EVALUATION Examples Required</th>
<th>FINAL EVALUATION Examples Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Meets early developmental requirements</td>
<td>☐ PASS</td>
</tr>
<tr>
<td>☐ Further development required</td>
<td>☐ FAIL</td>
</tr>
<tr>
<td>☐ Does not meet requirements (Supportive Learning Contract required)</td>
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</tbody>
</table>
## 2. KNOWLEDGE-BASED PRACTICE: SPECIALIZED BODY OF KNOWLEDGE

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATORS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begins to incorporate fundamental knowledge from previous courses in the planning of care.</td>
</tr>
<tr>
<td>Beginning to apply specific knowledge including health promotion strategies relating to the health care needs of the older adult with direction.</td>
</tr>
<tr>
<td>Actively seeks out evidence to support the provision of safe, competent, compassionate and ethical care.</td>
</tr>
</tbody>
</table>

**Critical Element:** Able to provide rationale to guide decision-making.

- Able to individualize care planning and interventions based on collaboration with clients and health care team.
- Demonstrate beginning competency in communication skills.
- Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care (ISBARR).

**Critical Element:** Demonstrates effective communication with staff nurse, CEF, support staff, etc.
### 3. KNOWLEDGE-BASED PRACTICE: COMPETENT APPLICATION OF KNOWLEDGE

The nursing student demonstrates competence in the provision of nursing care.

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATORS:</th>
<th>MID-TERM EVALUATION Examples Required</th>
<th>FINAL EVALUATION Examples Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Meets early developmental requirements</td>
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<td>☐ PASS</td>
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**PERFORMANCE INDICATORS:**

- Develop beginning skills using the nursing process to guide the provision of care:
  - Assessments are completed utilizing appropriate tools and techniques with minimal direction.
  - Collects information from a variety of sources, including observations, chart and lab value reviews, physical examination, etc.
  - Collaborates with CEF, staff, and client to identify actual and potential health care needs.

**Critical Element:** Reviews Medication Administration Record (MAR), resident care plans, ADL sheets to formulate a plan of care in a timely manner, with direction.

- Beginning to develop skill performing basic psychomotor skills in a safe, competent and efficient manner with direction.

**Critical Element:** Develop beginning skill performing a complete Respiratory Assessment in a safe, competent and efficient manner with minimal direction.

- Able to prioritize and provide timely nursing care in stable situations.
- Able to evaluate, modify, and individualize client care with direction.
- Develop beginning skills to document in a clear, concise, accurate, and timely manner.
4. ETHICAL PRACTICE

The nursing student engages in critical inquiry to inform clinical decision-making, and establishes therapeutic, caring, and culturally safe relationships with clients and the health care team.

<table>
<thead>
<tr>
<th>MID-TERM EVALUATION</th>
<th>FINAL EVALUATION</th>
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<tbody>
<tr>
<td>Examples Required</td>
<td>Examples Required</td>
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<tr>
<td>☐ Meets early</td>
<td>☐ PASS</td>
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<td>☐ Further</td>
<td>☐ FAIL</td>
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<td>☐ Does not meet</td>
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<tr>
<td>(Supportive Learning</td>
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<tr>
<td>Contract required)</td>
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</tbody>
</table>

PERFORMANCE INDICATORS:

- Accepts and provides care for all individuals regardless of gender, age, health status, lifestyle, beliefs, or health practices.

**Critical Element: Consistently demonstrates honesty, integrity and respect in all professional interactions and maintains professional boundaries.**

- Engages in relational practices utilizing a variety of approaches that demonstrate caring behaviors appropriate for their clients: listening, questioning, empathy, sensitivity to emotional contexts, etc.
- Displays awareness of cultural differences.
- Recognizes roles of health care team members appropriate to meet client health care needs.
- Participates as part of the health care team.

**Critical Element: Consistently supports residents in making informed decisions about their health care and ensures informed consent is obtained prior to providing care with direction from CEF.**
5. SERVICE TO THE PUBLIC

The nursing student demonstrates an understanding of the concept of public protection and the duty to provide nursing care in the best interest of the public.

<table>
<thead>
<tr>
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<th>FINAL EVALUATION Examples Required</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>☐ Further development required</td>
<td>☐ FAIL</td>
</tr>
<tr>
<td>☐ Does not meet requirements (Supportive Learning Contract required)</td>
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</tr>
</tbody>
</table>

PERFORMANCE INDICATORS:

- Demonstrates a positive attitude and contributes to a positive work environment.
- Provides and accepts constructive feedback.
- Recognizes when they are beyond their scope of abilities and requests assistance.
- Puts client needs ahead of own needs.

Critical Element: Practices in accordance with agency policies and procedures.

- Maintains client safety; recognizes and reports unsafe practices, medication errors, and critical occurrences.
- Maintains confidentiality (PHIA) in all forms of communication, including use of social media.
- Advocates for clients to address issues that impact client(s) health.
### 6. SELF-REGULATION

The nursing student demonstrates understanding of the principles of self-evaluation/self-regulation as an important part of professional practice.

<table>
<thead>
<tr>
<th>MID-TERM EVALUATION</th>
<th>FINAL EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples Required</td>
<td>Examples Required</td>
</tr>
</tbody>
</table>

- ☐ Meets early developmental requirements
- ☐ Further development required
- ☐ Does not meet requirements (Supportive Learning Contract required)
- ☐ PASS
- ☐ FAIL

#### PERFORMANCE INDICATORS:

- **Understands the significance of fitness to practice in the context of nursing practice, self-regulation, and public protection; identifies and implements activities that maintain one’s fitness to practice.**

- **Assesses own practice and able to identify areas of strength and areas requiring improvement with direction.**

**Critical Element:** Consistently accepts formative feedback in a professional manner and incorporates into practice.

- **Seeks out new knowledge and learning experiences to enhance, support, or influence competence in practice.**

- **Actively engages in their own learning experience; motivated and shows initiative.**

**Critical Element:** Consistently respectful and assists fellow students to enhance and support professional growth.
<table>
<thead>
<tr>
<th>Critical Element: At Mid-term, the student has had the opportunity to be integrated to the nurses’ role and the health care team environment. The student is beginning to demonstrate basic care for residents with direction.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CEF Mid-term Comments:</strong></td>
</tr>
<tr>
<td><strong>Areas of Strength:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Areas for Development:</strong> Click here to enter text.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Critical Element: At Final, the student is consistently able to prioritize and provide care for one resident with direction.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CEF Final Comments:</strong></td>
</tr>
<tr>
<td><strong>Areas of Strength:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Areas for Development:</strong> Click here to enter text.</td>
</tr>
</tbody>
</table>

| **Final Grade:** |
| ☐ PASS  |
| ☐ FAIL  |

| Self-Evaluation Attached: |
| ☐  |

| Student Signature: |
| ____________________ |
| CEF Signature:    |
| ____________________ |
| Date:              |
| ____________________ |

| Optional Comments: |
| Click here to enter text. |
| CEF Signature: |
| ____________________ |
| Student Signature: |
| ____________________ |
APPENDIX B

GLOSSARY OF TERMS**

Accountability: The obligation to answer for the professional, ethical and legal responsibilities of one’s activities and duties (Ellis & Hartley, 2005).

Adverse Event: An unintended injury or complication that results in disability at the time of discharge, death or prolonged hospital stay, and that is caused by health care management rather than by the patient’s underlying disease process (Baker et al., 2004; CRNBC 2005c).

Boundary: Professional boundaries are the defining lines which separate the therapeutic behavior of a registered nurse from any behavior which, well-intentioned or not, could reduce the benefit of nursing care to clients, families and communities (CRNNS, 2002).

Capacity Building: A wide range of strategies and processes which build on strengths and increase skills, knowledge and willingness to take actions both in the present, and the future. The ultimate aim is improved and sustainable health practices. (CHNC, 2011).

Client: Individuals, families, groups, entire communities who require nursing expertise. In some clinical settings, the client may be referred to as a patient or resident (CRNBC, 2005a).

Community: An organized group of persons bound together by ties of social, ethical, cultural, occupational origin or geographic location (Canadian Public Health Association, as cited in CAN, 2004).

Competence: The ability of a registered nurse to integrate and apply knowledge, skills, judgments, and personal attributes required to practice safely and ethically in a designated role and setting. Personal attributes include but are not limited to attitudes, values and beliefs (NANB, 1998).

Conflict Resolution: The various ways in which people or institutions deal with social conflict; it is based on the belief that conflict is valued and valuable and moves through predictable phases in which relationship and social organizations are transformed and that conflict has the potential to change parties’ perceptions of self and others. Transformatory effects of conflict should be channeled toward producing positive systematic change and growth. Conflict transformation begins before there is conflict in a group by practicing critical reflection and practicing ways of valuing diverse perspectives, interests and talents (Barsky as cited in Hibberd, Valentine & Clark, 2006; Chinn, 2004; Lederach, 1995).

Critical Inquiry: This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusion, beliefs and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

Culture: Includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability (New Zealand Nurses Organization, 1995).

Culture Safety: A manner that affirms, respect, and fosters the cultural expression of clients. This usually requires registered nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practice in a way that affirms the culture of clients and registered nurses. Unsafe
Cultural practice is any action which demeans, diminishes or disempowers the cultural identity and wellbeing of people. Cultural safety addresses power relationship between the service provider and the people who use the services (Papps & Ramsden, 1996; Smye & Browne, 2002).

**Delegation:** The act of transferring to a competent individual the authority to perform selected nursing tasks in a selected situation, while the registered nurse retains accountability for the delegated task.

**Determinants of Health:** At every stage of life, health is determined by complex interactions among social and economic factors, the physical environment, and individual behaviour. These factors are referred to as determinants of health. They do not exist in isolation from each other. These determinants, in combination, influence health status. The key determinants are income and social status, social support networks, education, employment or working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture (CAN, 2004).

**Evidence-Inform Practice:** Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (CRNBC; 2005d; 2005e, CHSRF, 2005).

**Fitness to Practice:** All the qualities and capabilities of an individual relevant to his or her capacity to practice as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practice nursing (CRNBC, 2006).

**Health Care Team:** Clients, families, health care professionals, paraprofessionals, students, volunteers and others who may be involved in providing care (CRNBC, 2005a).

**Leadership:** Process of influencing people to accomplish common goals. The attributes of leadership includes self-awareness, commitment to individual growth, ethical values and beliefs, presence, reflection and foresight, advocacy, integrity, intellectual energy, being involved, being open to new ideas, having confidence in one’s own capabilities and willingness to make an effort to guide and motivate others. Leadership is not limited to formal leadership roles (CRNNS, 2004).

**Nursing Process:** Is a systematic decision making method using clinical judgment and critical thinking to determine actual or potential alterations in the client’s health and a course of action. The nursing process is comprised of assessment, nursing diagnosis, planning, implementations, and evaluation. Assessment consists of objective and subjective data collection by such means as interviewing, physical examination, and observation. Nursing diagnosis is a clinical judgment about the client’s responses to actual or potential health problems/life processes and provides the basis for selection of nursing interventions. Planning requires the establishment of outcome criteria and nursing interventions for the client’s care. Implementation involves executing the plan of action with the client to achieve the expected outcomes of care. Evaluation compares the client’s current state with the expected outcomes and revises the plan of care to enhance progress toward the stated outcomes. (Herdman, 2008).

**Population:** All people sharing a common health issue, problem, or characteristic. These people may or may not come together as a group (CAN, 2004).

**Primary Health Care:** Primary Health Care (PHC) is essential health care (promotive, preventive, curative, rehabilitative, and supportive) that focuses on preventing illness and promoting health with optimal individual and community involvement. It is both a philosophy and an approach that provides a framework for health care delivery systems. The five principles of PHC are accessibility, public participation, health promotion, appropriate technology, and inter-sectorial collaboration (CAN, 2004; WHO, 1978).
Relational Practice: An inquiry that is guided by conscious participation with clients using a number of relationship skills including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection and a sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse client relationships and relationships among health care providers (Doane & Varcoe, 2005; Fletcher, 1999).

Safety: The reduction and mitigation of unsafe acts within the health care system, and refers to both staff and patient safety. Staff safety includes but is not limited to, prevention of musculoskeletal injury, prevention and management of aggressive behaviour, and infection control. Patient safety is the state of continuously working toward the avoidance, management and treatment of unsafe acts. Patient and staff safety can only occur within a supportive and non-blaming environment that looks at systems issues rather than blame individuals. The health and wellbeing of all clients and staff is a priority in a culture of safety environment (CRNBC, 2005b; CRNBC; 2005c, National Steering Committee for Patient Safety, 2003; Nicklin, et al. 2004).

Spirituality: Values, beliefs, practices and concerns about meaning and purpose of life.

Therapeutic Relationship: A relationship that is professional and therapeutic, and ensures the client’s needs are first and foremost. The relationship is based on trust, respect, and intimacy, and requires the appropriate use of the power inherent in the care provider’s role. The professional relationship between registered nurses and their clients is based on a recognition that clients (or their alternative decision makers) are in the best position to make decisions about their own lives when they are active and informed participants in the decision making process (College of Nurses of Ontario, 2004; RNABC,2000).
APPENDIX C
Supportive Learning Contract

University of Manitoba - College of Nursing

Part A

The purpose of this supportive Learning Contract is to assist (student name and number) a nursing student in the College of Nursing, to meet the clinical objectives and competencies of nursing course NURS XXXX Clinical Practice.

On (date), you met with (Clinical Education Facilitator) and (Site Program Leader) to review your clinical performance. At this point in the course you are not meeting/have not met the requirements of the clinical course for the following reasons:

Part B

In order to assist you to meet the requirements of the course to a PASS level, the following plan has been implemented:

Part C

It is understood that by (date(s) – indicate a specific time frame from when the contract was signed/discussed), (student name) will have achieved the above level of safe performance in order to fulfill the requirements of the course at a PASS level.

I understand the terms and conditions of this Supportive Learning Contract.

_________________________________________  Date

Student

_________________________________________  Date

Clinical Education Facilitator

_________________________________________  Date

Site Program Leader
APPENDIX D

REMEDICATION PROCESS FOR NURSING STUDENT SUCCESS
University of Manitoba – College of Nursing

The Nursing Skills lab at the College of Nursing is available for all nursing students to practice. Students can self-identify (or be referred by clinical faculty) that they require additional practice and confidence building with psychomotor skills, student knowledge base, prioritization, etc. (see below).

Faculty and Clinical Education Facilitators (CEFs) will develop a Supportive Learning Contract for students who are not meeting the requirements in a clinical course. The purpose of the Remediation Process is to assist students in the identification of strengths and areas requiring further development in clinical practice courses. In order for students to have the best opportunity to successfully complete the clinical course and have the knowledge, skills and attitude required for entry level competencies for professional nursing practice, the Remediation Process will be applied.

REASON FOR REFERRAL: Additional Practice and Confidence Building (CHECK BOXES)

Remediation/Supportive Learning Contract

STUDENT NAME: CLINICAL COURSE:

CLINICAL FACULTY: UNIT:

SELECT ALL THAT APPLY:

<table>
<thead>
<tr>
<th>Psychomotor Skills/Procedures/Equipment</th>
<th>Knowledge Base/Priority of Care/Critical Thinking</th>
<th>Organization/Time Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication/Documentation</td>
<td>Physical Assessment</td>
<td>Crisis Management/Prioritizing</td>
</tr>
<tr>
<td>Medication Knowledge</td>
<td>Professionalism</td>
<td>Delegation</td>
</tr>
<tr>
<td>Other:</td>
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</tbody>
</table>

DETAIIL OF THE ISSUE(S) OR REFER TO THE SUPPORTIVE LEARNING CONTRACT

STUDENT SIGNATURE: FACULTY SIGNATURE:

DATE RESOLVED:

February 25, 2016 - Enns/Goodwin/Hrabowych/Pruden – College of Nursing – University of Manitoba

Adapted from Harford Community College Nursing Student Handbook – www.harford.edu