Clinical Placement Handbook
Four Year Baccalaureate Program in Nursing
Faculty of Nursing
University of Manitoba

2013 – 2014
Academic Year
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THE “ICE” APPROACH

Clinical courses encompass student experiences in a wide variety of sites including hospitals, community agencies, schools, personal care homes and housing complexes. The clinical courses in the Undergraduate Program of the Faculty of Nursing are designed to incorporate assessment and learning utilizing the ICE Approach (Ideas, Connections, Extensions) (Fostaty Young & Wilson, 2000) regardless of where the student is placed for 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/foundational 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 the final stage in growth of learning and occur when individuals no longer need to refer to the rules for operations and no longer make conscious connections among the pieces. 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, enables 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.

Reference


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 situation 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 solutions.

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

13. The evaluation and the learning components of clinical courses are unique; they are unique to each clinical setting.

14. Except for the issue of safety, the quantity and value of learning is personal, private and may be hidden from the learner's awareness.

15. 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.

**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 Academic Handbook and individual course syllabi for further information regarding course and student expectations. The student evaluation/assessment tool (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 of 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.

• to demonstrate professional conduct. Your primary duty is to the client, ensuring consistently safe, competent, confidential, compassionate, ethical nursing care.

ATTENDANCE IN CLINICAL COURSES

Attendance, preparation, and participation are all considered aspects of professionalism. Attendance during orientation, clinical, 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/or role in accordance with current Standards of Practice (College of Registered Nurses of Manitoba, 2013).

If you are ill and unable to attend clinical 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 certificate of illness from a recognized Health Care Practitioner. Missed clinical practice days may impact your final course grade due to a lack of opportunity for you to develop and exhibit the expected level of clinical competence. 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 4290 course), in which students would need to make up any time that is missed.

If the CEF is ill or cannot attend clinical due to unforeseen circumstances, then the CEF may need to “make-up” the clinical time with the group of students. Please check the course syllabi for specific clinical schedules, as some clinical rotations are 2 or 3 days per week and/or between 6 to 12 weeks in length. Please ensure your CEF has your appropriate contact information (email and phone number) in case they need to reach you immediately.

There are seven required clinical courses in the undergraduate nursing program. Students must remain available between the hours of 0700 and 2200 during clinical placement days. Please check the Course Syllabi regarding specific time requirements, as the expectations do vary with each clinical course.

The College of Registered Nurses of Manitoba (CRNM) requires that students complete 1000 hours of clinical practice in the curriculum (six clinical courses) plus 450 hours during the consolidated Senior Practicum (NURS 4290) totaling 1,450 hours of clinical practice prior to graduation from the program.
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 and procedure 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 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:

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 D2L) and review the PHIA information.

Uniform/Dress Code Policy, Student Name Tags and Crests

Faculty of Nursing Home Page, Student Area, Uniform Policy
http://umanitoba.ca/faculties/nursing/current/undergrad/policies/uniform.html

Accessibility Policy for Students with Disabilities

http://umanitoba.ca/student/saa/accessibility/index.html

UC, University Policies, Section 3 (Procedures are available on-line)

Please refer to the Academic Handbook for information on policies and procedures related to all courses in the Faculty of Nursing. Refer to the Course Syllabi for necessary information relating to clinical practice and specific course schedules and hours.
OVERVIEW OF CLINICAL PLACEMENTS

YEAR 2

Clinical practice is 2 days per week over a total of 12 weeks (per term) for clinical placements in second year.

In NURS 2180 Clinical Practice I, you will spend six weeks in a hospital setting (including the antepartum, intrapartum, and postpartum experience) and 6 weeks in a community setting (which will be accomplished through home visits to a family, health promotion teaching in an elementary school classroom, and spending time with a public health nurse).

In NURS 2190 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 and in seniors’ apartment blocks. You will complete 6 weeks in a Facility placement (Personal Care Home) and 6 weeks in a Community placement (Elderly Person Housing).

YEAR 3

Students in year 3 will be placed in the hospital (tertiary or community) setting for acute medical and surgical experiences (NURS 3300 Clinical Practice III and NURS 3320 Clinical Practice IV). These rotations occur over 9 – 10 weeks per term, two 9 hour days per week.

YEAR 4

In year 4, students will have a variety of clinical experiences. In NURS 4270 Clinical Practice V, students are placed in Mental Health Care settings (hospitals and agencies) and in Palliative Care (hospitals and agencies). Clinical days occur over 3 days per week. Students rotate in 4 week blocks: 4 weeks in Palliative Care, 4 weeks in Mental Health and 4 weeks where they are not assigned to a clinical area, during a 12 week time frame. This course may include evening shifts.

In NURS 4430 Clinical Practice VI, student are placed in a variety of community settings (e.g. schools, day cares, community clinics, shelters, housing projects, public health offices, employment settings, correctional facilities and community outreach projects) for 2 days a week over 9 weeks in a term. The clinical experience is based on a service learning model. Students will engage in activities that both meet the needs of the agency and the learning needs of the student. Students usually work in pairs, depending on the agency needs.

The senior practicum course, NURS 4290, is a full time consolidated clinical course that provides students a consolidated experience in a nursing role. The practicum is a 10 credit hour course and is approximately 12 to 13 weeks (student must complete 450 hours) in length. Students will be in one clinical placement for the entire experience to assist them in becoming socialized to the role of the nurse. This course is the final requirement of the four year degree program.

Please refer to the Course syllabi for clinical hours, schedule and assignments for each clinical course.
“NEW” STUDENT AFFILIATE PROGRAM FALL 2013

The Faculty of Nursing’s Clinical Partnership Program connects us with many of the largest hospitals and health care services. You have the opportunity to participate in one of the Student Affiliate positions at a health care service. Currently, we are offering this new program at the two tertiary hospitals, Health Sciences Centre and St. Boniface Hospital.

Depending on which health care service you choose, you will be able to complete the majority of your clinical placements at that hospital throughout the program. This does not mean that you would complete all of your clinical course requirements in one facility, but we are working toward a placement program where you would complete the majority of your clinical experiences at a specific hospital and/or area of the City of Winnipeg.

This model allows you to gain a rich understanding of that hospital’s environment, policies and procedures, making you a preferred applicant for employment at that hospital at the completion of your program. The hospitals may offer different benefits for students, for example a gym membership, use of library etc.

TERTIARY HOSPITALS

St. Boniface General Hospital

St. Boniface 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 sites, and maintain close relationships with other health facilities and agencies of the Grey Nun network. The website is found at: http://www.sbgh.mb.ca/home.html

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 (5.5 version) 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 class, you need to email Kim Morency at kimberly.morency@umanitoba.ca. You will receive a username and password once eHealth has activated your account. You will complete EPR training in 2nd year. 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 Sciences Centre (HSC) Winnipeg is the largest health care centre in Manitoba. This hospital is an 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/

For students placed at Health Sciences Centre, you will need to complete the **Pyxis 4000 MedStation tutorial** before the start of the clinical rotation. The Pyxis tutorial is found on the Carefusion Website [https://clp.carefusion.com/CLP/login_carefusion.aspx](https://clp.carefusion.com/CLP/login_carefusion.aspx). Students will need to register and create an account (free of cost) and then proceed with the tutorial.

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 at HSC will also need to register online for HSC Security Registration [http://www.hsc.mb.ca/students/](http://www.hsc.mb.ca/students/). 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.**

### COMMUNITY HOSPITALS AND HEALTH CENTRES

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

### STUDENT PREPARATION FOR CLINICAL PRACTICE

You must have completed the course NURS 0500 on D2L before starting a clinical rotation since completing NURS 0500 demonstrates that you have completed the preparation items required for attending clinical practice. These preparation items or ‘components’ include:

- PHIA (Personal Health Information Act)
- WHMIS (Workplace Hazardous Materials Information System)
- N95 Mask Fit Testing (NOISH N95 Respirator Mask)
- EPR (Electronic Patient Record for St Boniface Hospital)
- 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 Faculty of Nursing and the Winnipeg Regional Health Authority.
If you have not completed each of these components required for clinical practice you need to do so immediately and also notify Kim Morency: kimberly.morency@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.

**THEORETICAL PREPARATION FOR CLINICAL PRACTICE**

Underlying health issues that are experienced in the patients you will care for during the clinical rotations are varied depending on the clinical site/agency and unit. Common disease entities include diabetes, hypertension, peripheral vascular disease (PVD), and congestive heart failure (CHF). We understand that the majority of you will not have necessarily learned about many of these common illnesses, however, it is imperative that you have a general knowledge base about your patient’s underlying health issues and their relevant medications so you are prepared and safe to provide care. Please utilize your texts and resources in order to prepare for safe patient care and the understanding of diseases.

**SKILLS LABORATORY COURSES (YEAR 2 AND 3)**

There are two Skills Laboratory courses in the program. Year 2 (NURS 2130) and Year 3 (NURS 3280) are courses which span an entire year (fall and winter terms). Our state of the art skills lab simulates a hospital learning environment.

NURS 2130 and 3280 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 and 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. (2 Credit hours for each course)

Barb Goodwin ([Barb.Goodwin@umanitoba.ca](mailto:Barb.Goodwin@umanitoba.ca)) is the Coordinator of the Skills Laboratory. Her office is Room 463, across from the Skills lab.

Lead Lab Instructors include Eileen Klaus ([Eileen.Klaus@umanitoba.ca](mailto:Eileen.Klaus@umanitoba.ca) - 2nd year NURS 2130) and Rebecca Cameron ([umcamerr@cc.umanitoba.ca](mailto:umcamerr@cc.umanitoba.ca) - 3rd year NURS 3280). Wanda Falk is the Learning Lab Technician. They will be located in Room 440, just around the corner from the 4th floor Skills Laboratory. You will find Eileen and Rebecca working in both year 2 and 3 labs.

The majority of our lab instructors, who will be working closely with you, also work in the CEF role (CEFs from year 2 and 3) and many also teach in the labs for the Health Assessment course (NURS 2120). We have experienced and expert nurses working with you!
CLINICAL EVALUATION

In Fall 2013, the Faculty of Nursing will be implementing the Pass/Fail assessment and grading method of clinical assessment. The Pass/Fail tool is utilized in all seven clinical courses. Please refer to the course syllabi for course objectives and refer to the Academic Handbook for policy and procedural information relating to clinical courses.

In the Appendix of this handbook is a “sample” (NURS 2180) of a Pass/Fail Evaluation Form, 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. The form is based on Entry Level Competencies for 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) as a formalized tool to assist and guide the student.

The Clinical Course Section Leader and the CEF will assist you to become familiar with this assessment tool and the course requirements. As student’s progress through the years (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 will have the opportunity to receive feedback from their CEFs regularly; formally and informally during the rotation. As well, the courses are designed to provide feedback to students during the midterm period of a clinical rotation and during the final time frame.

Students will also be provided an opportunity to evaluate the clinical course (midterm and final), the orientation, the syllabus, the clinical placement site, the CEF and the course leaders/Site Program Leaders who all support clinical education.
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.

Communication Pathway  
Faculty of Nursing  
University of Manitoba

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 Faculty 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 relationships 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 misunderstandings 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 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 Student Activities – www.getinvolved.wustl.edu)

CLINICAL EDUCATION FACILITATOR (CEF) RESPONSIBILITIES

The CEF model requires working closely with students in the clinical (hospital and community agencies) and laboratory settings. The CEF is responsible to the Dean through the assigned Site Program Leaders, Course Section Leaders, the Clinical Laboratory Coordinator, the Director, Clinical Education and the Associate Dean, Undergraduate Programs.

Responsibilities

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

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

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

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

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

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

7. Evaluates students on an on-going basis:
   • Evaluates 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.
   • Plans alternative teaching strategies.
   • Encourages students to critique teaching strategies.

FACULTY 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 Director, Clinical Education and the Associate Dean, Undergraduate Programs.

The Course Section Leader 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 grade for the clinical course.
**Faculty Advisors** will be assigned as an academic advisor for students enrolled in NURS 4290 Senior Practicum prior to the start of their placements. The role of the Faculty Advisor is a unique academic role. The advisor is responsible for:

- helping students to develop their overall plan for meeting the course goals
- assessing and approving students’ introductory letters and practicum proposals
- being available to students for discussion of their practice 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 SPL 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.

**Note:** Regretfully, due to faculty workload, expense, and other teaching responsibilities, faculty advisors are generally not able to make on-site visits for out-of-Winnipeg placements. Contact will normally be maintained by phone, possibly the use of SKYPE and/or E-Mail.

**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 Faculty 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 organizing 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 Form.

• making any concerns known to either the student or the Faculty Advisor, as soon as possible.

• participating in the development of a supportive Learning Contract, if required.

REFLECTIVE JOURNALS

Written assignments, projects and student group work does vary thought the nursing program, however, Reflective Journal Writing is a common assignment/requirement in the clinical 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 of 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 will require the student to explore the situation through a reflective writing opportunity.

Purpose:
• to describe and explore the experience 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 in general (ie. confusion; satisfaction)

• 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 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 the 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 of 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 experience, 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?

**FINAL THOUGHTS**

Professional nursing practice is an essential and required component throughout the undergraduate program. The Faculty, along with numerous clinical partners, wish you the “best for success” during all components of learning. The clinical arena is exciting and challenging for nursing students. The Faculty are here to support your learning and guide you through!

Carol Enns RN MN  
Director, Clinical Education
APPENDIX

Sample Evaluation Form

Learning Contract

Glossary
These performance expectations 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 (2009)\(^1\).

**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 providing exemplars in the space beside the descriptors. NARRATIVE COMMENTS ARE REQUIRED.

- **Meeting Requirements:** Student meeting requirements at the mid-term are those who demonstrate safe and competent performance of all indicators with occasional assistance or supervision by the Preceptor.

- **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 Preceptor in order to do so, or have a specific area where they are demonstrating growth but have not yet achieved the outcome indicators.

- **Not Meeting Requirements:** Students who are not meeting requirements require constant monitoring and frequent assistance from the Preceptor in order to achieve performance indicators. A supportive learning contract will be put in place when students are not able to meet the mid-term 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 providing exemplars in the space provided. NARRATIVE COMMENTS ARE REQUIRED.

- **PASS:** Student demonstrates consistent achievement of all performance indicators (I-VI) either independently or with minimal assistance 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 assistance in order to do so. Student is unable to provide safe and competent care. Student shows little or no growth, or has declined in his/her performance while completing the clinical placement.

# NURS 2180 Clinical Evaluation Form

## I. 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.
- Organizes own workload and demonstrates developing time management skills.
- 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.
- 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.
- Respects client safety and best-practice guidelines: reports near misses and errors and questions unclear directives.

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<th>MID-TERM EVALUATION</th>
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22
The nursing student applies knowledge from nursing and other sciences, humanities, research, ethics, spirituality, relational practice, and critical inquiry.

- Incorporates knowledge from previous courses in the planning of care.
- Beginning to apply specific knowledge including health promotion strategies relating to the health care needs of childbearing and childrearing families with minimal direction.
- Actively seeks out evidence to support the provision of safe, competent, compassionate and ethical care.
- Able to provide rationale to guide decision making.
- Able to individualize care planning and interventions based on collaboration with clients and the health care team.
- Developing communication and client teaching skills with minimal direction.

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<th>II. Knowledge-Based Practice: Specialized Body of Knowledge</th>
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### NURS 2180 Clinical Evaluation Form

#### III. Knowledge-Based Practice: Competent Application of Knowledge

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<th>The nursing student demonstrates competence in the provision of nursing care.</th>
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- Uses 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 client to identify actual and potential health care needs.
- Demonstrates ability to perform psychomotor skills 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 minimal direction.
- Demonstrates ability to document in a clear, concise, accurate, and timely manner.
### IV. 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.

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- Accepts and provides care for all individuals regardless of gender, age, health status, lifestyle, beliefs, or health practices.
- Demonstrates honesty, integrity and respect in all professional interactions.
- 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.
- Participates as part of the health care team.
### NURS 2180 Clinical Evaluation Form

#### V. 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.

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- 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.
- 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.
## VI. Self-Regulation:

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

### MID-TERM EVALUATION

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### FINAL EVALUATION

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- 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.
- 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.
# NURS 2180 Clinical Evaluation Form

## CEF Mid-term Comments:

*Areas of Strength:*

*Areas for Development:*

Student Signature: _______________________________

CEF Signature: _______________________________

Date: _________________________________

## CEF Final Comments:

*Areas of Strength:*

*Areas for Development:*

*Final Grade:*

  □ PASS  □ FAIL

Student Signature: _______________________________

CEF Signature: _______________________________

Course Leader Signature: _______________________________

Date: _________________________________

## Optional Comments:

Student Signature: _______________________________

CEF Signature: _______________________________
LEARNING CONTRACT
University of Manitoba - Faculty of Nursing

Part A

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

On (date), you met with (Clinical Education Facilitator) and (Site Program Leader) to review your clinical performance in this course. At this point in the course your clinical performance has been unsatisfactory for the following reasons:

Part B

In order to assist you in improving your performance 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 Learning Contract.

___________________________________  _________________  
Student       Date

____________________________________ _________________  
Clinical Education Facilitator    Date

___________________________________  _________________  
Site Program Leader     Date
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 action 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, ethnic, cultural, occupational origin or geographic location (Canadian Public Health Association, as cited in CNA, 2004).

**Competence**: The ability of a registered nurse to integrate and apply the 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 relationships and social organizations are transformed and that conflict has the potential to change parties' perceptions of self and others. Transformative effects of conflict should be channelled 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, conclusions, 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).

Cultural Safety: A manner that affirms, respects, 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 relationships between the service provider and the people who use the service (Papps & Ramsden, 1996; Smye & Browne, 2002).

Delegation: The act of transferring to a competent individual the authority to perform a selected nursing task 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 (CNA, 2004).

Evidence-Informed 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 include 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 a 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, implementation, 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 (CNA, 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 (CNA, 2004; WHO, 1978).

Relational Practice: An inquiry that is guided by conscious participation with clients using a number of relational 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 nonblaming 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 in 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).
REFERENCES


**Glossary of Terms adapted from: College of Registered Nurses of Manitoba. (2007). Entry Level Competencies For Registered Nurses in Manitoba.