



**THOMPSON RIVERS
UNIVERSITY**

School of Nursing

BSN Student/Faculty Handbook

2011-2012

The BSN Student Handbook provides students with information regarding TRU and School of Nursing Policies and Guidelines as well as information regarding the Curriculum. Students should refer to this handbook throughout the four years of the program. The handbook is updated on a yearly basis and is available at Bookies or on the TRU School of Nursing Web site: <http://www.tru.ca/nursing/resourcemanuals/index.html>

Welcome Messages

The faculty and staff of Thompson Rivers University (TRU) School of Nursing would like to welcome you. We congratulate you for being accepted as a student in such a prestigious program. We are delighted that you have chosen to be part of the quality program and experiences in the School of Nursing. The School of Nursing at TRU is committed to providing you with an outstanding university experience. As a TRU Nursing student you will enjoy opportunities to learn about the profession from highly respected faculty and in real-world, hands-on experiences in health care settings in Canada and internationally. Our graduates are known for their excellence as nurses and for their ability to be leaders in the profession. We look forward to sharing your learning journey with you.

Welcome to Thompson Rivers University School of Nursing, from the Nursing Undergraduate Society (NUS). As a nursing student registered in the BSN program you are a member of NUS. We invite you to consider becoming a student representative and become involved in NUS. Watch for information on our bulletin board near the Nursing Resource Center on the 3rd floor of the Science Building.

Welcome to nursing at Thompson Rivers University, from the College of Registered Nurses of British Columbia (CRNBC) Student Representatives. As student reps we provide a link between nursing students and CRNBC. Watch for Student Rep events by checking out our bulletin board on the 3rd floor of the Science Building outside the Nursing Resource Centre.

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TRU School of Nursing Curriculum Framework

The curriculum shared by the partners in the Collaboration for Academic Education in Nursing (CAEN) is based on the following beliefs about people, health, health promotion, and registered nurse practice. In an attempt to be forward thinking the curriculum is also based upon certain visions for health care, nursing, and registered nursing education at a baccalaureate level. Within the beliefs and visions there may appear to be some tensions and incongruence. These are intentional and are in line with similar tensions that are apparent within the foundational perspectives outlined later in this document. Such tensions create space for differing perspectives

Beliefs About People

People are holistic beings who have intrinsic worth and bring unique meaning to life experiences. People make choices based on the meaning they attribute to their experiences, and their choices are influenced by both internal and external factors such as genetics and biology, life circumstances, culture, context, relationships, spirituality, values, beliefs and past experiences.

People are influenced and shaped by the world that they inhabit. To understand the person one must understand their context. Inherent in this is the understanding that people have the capacity to create knowledge from their experiences and use this knowledge to resolve issues and manage their own lives and health. Although capable of free will and choice, implicit in the choices people make is the responsibility to be accountable for the consequences of their actions.

Although ultimately alone and self responsible, people live in relationships with others and are constantly evolving as they interact and strive toward health. Emancipatory relationships with people are built on the understanding that personal capacity development cannot occur in isolation and changes to social systems and relationships may need to occur in order for people to meet their full potential.

Beliefs About Health and Health Promotion

The current view of health has been transformed from one dominated by the disease-treatment model to one typified by the declaration of the World Health Organization that sees health as deeply rooted in human nature and societal structures. As identified by the WHO (1986), health is defined, in this curriculum, as “the extent to which an individual or group is able to realize aspirations, to satisfy needs and to change or cope with the environment”. Health is a resource for as well as an object of living. There are biological, sociological and environmental determinants of health. Inequities in background, geography, living conditions and access to resources (amongst other variables) have a strong influence on the ability of individuals, families, groups, communities and societies to achieve health.

Health promotion, when viewed through the lens of beliefs about people and health, becomes “a process of enabling people to increase control over and to improve their health...a mediating strategy between people and their environment, synthesizing personal choice and social responsibility in health” (WHO, 1986).

Health promotion is both a philosophy (a way of being) and a practice (a way of doing). Empowerment is central to health promotion. Empowerment is a term used to describe processes through which experiences of powerlessness are transformed and actions taken to change the physical and social conditions that create inequalities. Empowerment describes the intentional effort of creating more equitable relationships whereby there is greater equality in resources, status and authority (social justice). A relationship can be health promoting in and of itself.

Beliefs About Registered Nurse Practice

Nursing, as both an art and a science, is a practice profession and a knowledge-based academic discipline concerned with promoting health and healing including care of the sick and dying. Caring and ethics underpin nursing which is a relational practice of inquiry and action that incorporates empirical, practical, ethical, aesthetic, personal, and socio-political knowledge, including unique nursing knowledge and knowledge from other disciplines and traditions. Registered nurses work with clients (individuals, families, groups, communities and society) to promote health and healing through relational practice in a broad variety of contexts. Both caring and health promotion are key dynamics/processes within relational nursing practice.

Registered Nurses work with people (individuals, families, groups, communities and society) in diverse community settings. Registered Nurses strive to understand people’s experiences of health, illness, healing and the dying process. They consider the complexity of factors, including social determinants that influence health and healing, and engage with people to promote their health. Registered Nurses are committed to advocating for and increasing the voice of individuals, groups, and populations who are socially excluded.

Registered Nurses assume individual and collective responsibility for their decisions, their professional growth, and their care of self. They also assume responsibility for maintaining professional standards, competencies, and ethics. Registered Nurses practice with other health care providers from a collaborative perspective with an understanding of the individual scopes of practice of each profession. They are committed to egalitarian and empowering relationships with their clients, each other, and their colleagues, and are committed to mentoring students and graduates.

Registered Nurses provide care that has a high correlation with positive outcomes for clients thus providing benefits within the health care system. Registered Nurses engage in evidence-informed practice and in scholarship, contributing to professional practice and the discipline of nursing. They are leaders in health care locally, nationally, and internationally and play a vital role in shaping and responding to the challenges to health in our global society.

Vision for Health Care

The health care system should be based on the principles of primary health care and social justice. Hence the health care system must include a continuum of care available to all people across all populations and locations of care in the community, such as acute care hospitals and agencies focusing on health promotion. The health care system should be innovative and responsive to people's need for health care within a framework of responsible fiscal and ethical decision-making. Within this context there needs to be more emphasis placed on health promotion for healthier citizens now and in the future. Registered nurses have a large and leading role to play in influencing the current and future organization of health care as they are educated to create future organization of health care as they are educated to create partnerships with clients for both healing and health promotion.

Vision for Nursing

Nursing as a caring practice profession and a discipline is embedded in a social, historical, economic, environmental, and political context. Registered Nurses have the knowledge, skills and understanding for participating within these contexts as leaders and health care providers. They will continue to be influential in the construction of effective care for clients (whether individuals, families, groups, communities or society) and can positively impact a health care system that meets the changing needs of a diverse and sustainable global society.

Nurses are committed to primary health care and social and environmental justice. Nurses will continue to be flexible and creative in their practice to meet the challenges of the structural and fiscal changes within health care. Such changes may require nurses to expand their roles including recommitment to that of advocate, activist and lobbyist in partnership with their clients. Registered Nurses will take a collaborative and leadership role on the inter-professional and intra-disciplinary health care team as it works with clients to provide and coordinate effective and timely care. A continued commitment to ongoing nursing research and scholarship, transfer research, and knowledge development and translation will inform future practice.

Vision for Nursing Education

Nursing education should prepare people to practice in an ever-changing health care system and fast paced world. Nursing education should be responsive to the needs of the health care system, visionary by anticipating changes in the role of the registered nurse and, in partnership with practice, critical of hegemonic practices within health care. Hence a nursing curriculum should be designed to prepare nurses not only for the present practice context but also for the evolving context of 5-10 years in the future.

Baccalaureate education provides the learner with a breadth of perspectives and knowledge needed for a variety of practice contexts and an approach to learning that emphasizes inquiry and critical thinking. To be well prepared to meet the challenges of the complexity of care, the health care system, and evolving societal and environmental trends nurses cannot rely solely on

knowledge learned today. Curricula should emphasize a co-learning environment that promotes “learning how to learn”, the development of critical thinking and inquiry skills and a commitment to caring practice and lifelong learning.

In preparing students to become inquisitive practitioners it is important to recognize that there are multiple ways of knowing and multiple ways of approaching learning. Within this nursing education program, curriculum is envisioned as the interactions that take place between and among students, clients, practitioners and faculty in a variety of contexts with the intent that learning take place. While involved in nursing education, students need to access a variety of experiences, with a variety of clients, contexts and teachers.

Learners learn best when they feel respected and challenged and when they experience success. In this curriculum, students, practitioners, faculty and clients are equally valued as partners in the teaching/learning process. Teachers are seen as expert learners working with students in partnership, in empowering and equitable ways, drawing on student experience and on theory of various kinds to develop the content to be learned. Learners share the responsibility for identifying their learning needs, and planning and evaluating their learning experiences. The students and teacher are co-learners together in the collaborative learning process. Students have multiple responsibilities outside of their education program and enter nursing with a variety of life and employment experiences. Nursing education programs need to be flexible and endeavour to accommodate the varied learning needs of students. Different entry point options or prior learning assessment options allow some flexibility for people with a background in health care or degrees in other disciplines.

Purpose and Ends-in-View

Purpose

Through engagement in teaching and learning, the Collaboration for Academic Education in Nursing (CAEN) curriculum provides baccalaureate academic education of nurses. At the completion of their education, graduates will be prepared to meet the professional practice requirements, at the entry level, as identified by the College of Registered Nurses in BC (CRNBC) for nursing education programs in British Columbia, and the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) for schools in the Northwest Territories. Graduates in both British Columbia and the Northwest Territories will also meet the Canadian Registered Nurse Examination (CRNE) competencies. Having completed this program nurses will also be prepared to pursue further academic education at the graduate level.

The purpose of the curriculum is to educate people to become nurses to contribute to the enhancement of health for all Canadians and others in the global community. The curriculum fosters critically reflective, independent, and motivated learners and practitioners with an inquiry approach to lifelong learning in their practice. Within this curriculum, learners are prepared to work with individuals, families, groups, and communities in a variety of settings.

The curriculum assists students to develop knowledge, competencies and understanding of their own and others' (individuals, families, groups, populations, communities, society) diverse experiences of health and healing, including care of the sick and dying. By being cognizant of nurses' professional roles and the evolving health care system, students learn to work as partners with clients and other health care providers. Through their understanding of and participation in the evolving health care system, graduates will be active participants and leaders in influencing and contributing to the promotion of health.

Curriculum Ends-in-View

The following ends-in-view are achieved by the interaction among students, clients, faculty, and practice partners in a process of life-long learning. At completion of the curriculum, graduates will:

1. Practice nursing within a framework of promoting health and healing through the integration of the art and science of nursing within a variety of contexts and with diverse client populations.
2. Be accountable practitioners providing care and making decisions based on relationships with others, nursing knowledge, and different ways of knowing.
3. Influence the current reality and future of nursing practice and health care at economic, political, social, environmental, and professional levels by anticipating and responding to the changing needs of society.
4. Be critically reflective, independent and motivated practitioners with an inquiry approach to lifelong learning.

[The nursing curriculum program grid](#)

Foundational Perspectives and Core Concepts

Foundational Perspectives

The curriculum of the CAEN is informed by a number of philosophical perspectives or "world views" that shape understanding of the program's core concepts as well as the traditions and trends of nursing research, knowledge and practice. The values and beliefs inherent in each worldview form a complimentary, reciprocal discourse that enriches the breadth and depth of critical reflective and reflexive practice and holistic care resulting in a greater appreciation of diversity, and tolerance of ambiguity.

Empiricist Perspectives

An empiricist approach values observables and "careful scientific strategies that bear results that can be corroborated if not confirmed" (Im & Meleis, 1999, p.14). Empirico-analytic

perspectives may include positivism, logical positivism, logical realism, scientism, and more recently post positivism and post empiricism. Empirico-analytic or positivist perspectives are grounded in a belief that data collected through the senses is the only valid form of information. Key to the empirico-analytic tradition is the idea of objectivity as central to the judgment of truth claims and rationality.

The scientific approach whereby data is collected in controlled situations in order to demonstrate a hypothesis and hence develop knowledge has informed the evolution of both the natural and social sciences. During the early years of the development of nursing as a discipline this perspective influenced the evolution of thought about nursing science and what constitutes valid knowledge in the discipline. The development of nursing theories and models followed.

Post Empiricist Perspectives

A post-empiricist perspective accepts the emphasis on collecting information through careful scientific processes but proposes that “no common pattern is rigidly viewed as having relevance for every individual or situation and no universal laws governing all of health are believed to exist.” (Im & Meleis, 1999, p. 14). Within post empiricism situation-specific theories can be developed to assist in linking the observable to the “unobservables” (Im & Meleis). Within nursing, post empiricist thought allows for theorizing the responses of certain groups of persons under certain health and illness conditions, but denies universal application. It is important to acknowledge that empirical knowledge gained through the scientific approach can add to nursing understanding, but not at the expense of other traditions.

Post Modern Perspectives

Post modernism refers to a variety of different traditions that together reject modernist ideas about universal truths and grand narratives that endorse singular versions of knowledge produced and exhortated by positivism. Instead, postmodernisms see the social world as fluid, evolving and changing. In this environment culture can be made explicit, the person or self reflects an identity made visible through language (speech acts), ways of acting (one's agency) and other forms of disclosure especially in relationships with others. Discourse plays a major role in mediating the social, political, and cultural understandings (Lyotard, 1984) that underpin one's engagement in the world. Postmodern perspectives include the following:

Phenomenological Perspectives

The central tenet of phenomenology is the understanding of human experience as it is lived. The aim in phenomenology is to gain a greater understanding of the meaning of experience. Rather than focussing on the facts of a situation, phenomenology strives to understand what meaning those facts have for the person. This focus requires a phenomenological attitude that compels people to raise questions about the nature of human experiences in an effort to uncover the deeper meaning structures within them. Phenomenology offers a means by which human phenomena or the lived experiences of nurses and the people with whom they interact can be

understood.

Critical Perspectives

Of important significance to nursing, critical theoretical perspectives enable nurses to engage in reflective critique of their own practice and the health care cultures in which they work. Through an understanding of this perspective, nurses can participate with their clients and colleagues in empowering change processes as well as being conscious and active in their everyday practice to prevent the abuse of power, to promote respect, to be an advocate for the tolerance of diversity and support for social justice. Thus Critical Social Theorists are concerned with inequities perpetuated through for example class, race, gender, colour, and labour. Critical approaches include but are not limited to:

Feminist Perspectives

Feminism is conceptualized as a dynamic, evolving ideology. Historically, feminism focused on the valuing of women and on confronting the systematic injustices that are based on gender (Harding, 1986, 1991; Lloyd, 1989, Gilligan). Feminism now values an inclusive model of liberation for all people, with particular attention given to the status of women. Feminism includes a number of perspectives: liberal, socialist, cultural, radical and post-modern feminism. The common thread running through these perspectives relates to the oppression of women. A feminist perspective is important to nurses because of the gendered history of nursing, nursing knowledge and the gendered perspectives that continue to dominate health care and health care delivery.

Postcolonial Perspectives

Postcolonial perspectives bring our attention to the social conditions related to colonization and racism (Doane & Varcoe, 2005). Colonialism encompasses the process by which a foreign power dominates and exploits indigenous groups and more specifically refers to these processes enacted by European powers between the 16th and 20th centuries (Henry, Taylor, Mattis & Rees, 2000 as cited in Doane & Varcoe). This attention to the dominance of a “foreign power” and its taken for granted cultural norms and mores - enacted as truth and used to sustain power - provides nurses with a metaphor applicable to many experiences and forms of professional and corporate oppression associated with nursing and health care. Said (1990) for example argued that colonizing ideologies were implicit in language. Processes for dealing with and overcoming the effects of colonialism provide nurses with strengths and strategies essential to their own health and leadership potentials when working under these conditions. The multicultural nature of Canadian society and the importance of the historical experiences of the Indigenous groups in Canada make this an important lens for considering nursing practice.

Intersection of Perspectives

The Positivist tradition in nursing has given way to a post-empiricist view that stands alongside interpretive and post-modern traditions. Critical Theory or critical social science for instance acknowledges the importance of empirics but not at the expense of other ways of knowing. Recognizing that nursing needs to draw on a variety of philosophical perspectives to inform

and enrich nursing's understanding of everyday realities, has lead nursing scholars to use ideas from phenomenology, existentialism including ideas drawn from the work of existential philosophers such as Buber, Sartre, Merleau-Ponty, These philosophers, plus the ideas drawn from the work of Heidegger Gadamer and Ricoeur from a hermeneutical perspective, have enabled nursing to focus on social existence, being in the world and making meaning of it. Identifying the short comings of earlier interpretive traditions Habermas, Adorno and Marcuse, amongst others from the Frankfurt School, plus Friere and Gramsci sought to critique the historical and contemporary social worlds in the context of everyday cultural practices and social action. Scholars from the feminist traditions have added considerably to the political dimensions of knowing addressing areas such as inequities and gendered analysis of situations and bringing into the foreground those marginalized by dominant perspectives. These philosophical perspectives have all been acted to inform nursing's epistemology or ways of knowing in nursing.

Ways of Knowing and Nursing

In nursing there are many ways or patterns of knowing that inform practice (Berragan, 1998; Billay, Myrick, Luhanga, & Yonge, 2007; Chinn & Kramer, 2008; Fawcett, Watson, Newman, & Fitzpatrick, 2001; Zanders, 2007). Knowledge and “knowing” is salient to the advancement of the nursing profession and the practice of nursing. Nurses consider knowledge as the body of documented science of the profession, and the ways of knowing, as what we know and how we know it (Doane & Varcoe, 2005).

Carper (1978) introduced the idea of “knowing” to nursing by describing fundamental patterns. She identified four ways of knowing: Empirical knowing or the science of nursing; Esthetic knowing or the art of nursing; Personal knowing, the self knowledge we hold in relation to self and others; and Ethical knowing, or the moral knowledge that guides moral choices and actions in consideration of goodness and rightness.

The ways of knowing do not stand alone but create an integrated knowledge about nursing that is necessary for the holistic practice of nursing (Chinn & Kramer, 2008; Cloutier, Duncan, & Bailey, 2007). Scholars recognize the seminal work of Carper but contend that ways of knowing must be viewed along with the evolution and maturity of the profession and the advancement of scholarship that embraces evidence from both quantitative and qualitative inquiry (Cloutier, Duncan, & Bailey; Tarlier, 2005).

Empirical knowing includes knowledge development of the science of nursing through traditional research, elucidating facts, descriptions and theoretical premises. It was the dominant way of knowing for many decades in keeping with an era of positivist thought. The introduction of Carper’s work brought forward questions about empirics as the only truth or way of knowing in nursing. More recently scholars suggest expanding conceptions of empirical knowing in order to promote a closer fit between knowing and practice (Guiliano, 2003). Nursing science has moved from a positivist stance to a post-positivist place where total objectivity is questioned (Im & Meleis, 1999)

Aesthetic knowing is the art of nursing or the subjective experience of nursing (Carper, 1978). Aesthetics artfulness affords nurses the opportunity to delve into the meaning of their experience. Nurses recognize that through reflection and inquiry, into the meaning and response that occurs with each nursing encounter, there is advancement of personal knowing. The experience and perception of that experience can be learned, shared and understood through such activities as music, artistic creations, poetry etc. (Holmes & Gregory, 1998).

Carper identified personal knowing as a separate category of knowing. However Smith (1992) and Sweeney (1994) believe that personal knowing or the individual knowledge that is developed from our everyday living and experiences, personal encounters and accumulated scientific and artistic knowledge is woven throughout all ways of knowing. Smith says all knowing is woven together differently by each individual, and hence, all knowing is personal knowing to a certain degree. This way of conceptualizing knowing is similar to that of “constructed knowing” described by Belenky, Clinchy, Goldberger, & Tarule, (1986). It is also akin to the concept of praxis in which reflection on action leads to insight and development of different understandings and possibly differing actions in practice.

Ethical knowing is a way of knowing that is concerned with morality in terms of what is good and what is right to do. This way of knowing involves moral judgments that inform the practice of each nurse. From personal moral knowing and ethical knowing developed through consensus of the discipline of nursing, a way of being is created that develops responsive relationships constructed from elements of trust, respect and mutuality (Tarlier, 2004) As discussed above, ethical knowing is interconnected to other ways of knowing. Pitre and Myrick (2007) speak of ethical knowing as a reflexive way of knowing that develops reciprocity and interdependence with all the other ways of knowing.

Ethical knowing informs the development of professional codes of ethics. The Canadian Nurses Association’s Code of Ethics (2008) is identified as being a statement of the ethical values of nurses and their commitment to people receiving care. Nurses are directed to act in ways that are in the interests of social justice and the promotion of equity. Such actions are bound to sociopolitical knowing as well.

Sociopolitical knowing was introduced by White (1995) and is salient to all ways of knowing, since it considers the context of both the nurse and the client. White describes this way of knowing as the “wherein” of nursing, as other forms of knowing address the “who”, “how” and “what”. The sociopolitical way of knowing centres on the culture of nursing and the politics that are part of the context that surrounds the profession. Sociopolitical knowing is closely associated with emancipatory knowing as identified by Habermas, and described by Ray (1999), as being concerned with power and oppressive social systems.

Habermas speaks of knowing in terms of cognitive interests. The emancipatory cognitive interest “sets forth the claim that concepts related to control or concepts of meaning and understanding cannot make sense unless there is rational evaluation made by participants in

community life" (Ray, 1999, p. 382). Freire (1970) speaks of a similar process of liberation from the oppressive hegemony in society through a process of dialogue: a process he calls "conscientization". Both Freire (1998) and Giroux (2006) speak of the role of educators in nurturing citizens who question the limits set by society rather than being controlled by them. As noted by Chinn and Kramer (2008) "emancipatory knowledge grows out of critical analysis of the status quo and visions of the changes that are needed to create change towards equitable and just conditions that support all humans in reaching their full potential" (p. 5). Nurses strive to understand the cultural and social contexts that impact the experience of health and illness and need to work with clients to create change in the inequities in society.

The work of Belenky et al. (1986) was mentioned above and is identified here as a form of sociopolitical knowing since many nurses are women. Their ways of knowing follow the intellectual development of women in society: Silence, the absence of voice;; Received knowing, reflecting the voice and views of others; and Constructed knowing, an integrated way of knowing interwoven of personal experience and objective knowledge.

One other way of knowing that may be considered under sociopolitical knowing is traditional knowing (Crowshoe, 2005). Traditional knowledge is a collective knowing that is passed from one generation to the next by elders (knowledge keepers) through story-telling. These culturally relevant ways of knowing are integral to indigenous people's lives and inform nursing practice in Canada and globally. Such sociopolitical ways of knowing help us to understand that the way we are located and situated, frame what we know, and how we know it.

Finally it is important to address intuition, an often controversial way of knowing, in nursing practice. Young (1987) suggests that intuitive knowing in clinical practice involves knowing something about a patient that cannot be put into words or is challenging to put into words. According to Billay et al. (2007), Polanyi identified intuition as happening when information is filtered after being triggered by the imagination. Bastick (1982) suggests that creativity springs from intuition and that creativity is an important component of the intuitive process.

Intuition has been seen as the antithesis of other ways of knowing due to its lack of empirical substance. However, McKinnon (2005) discusses the work of Smolensky (1988), Damasio (2000) and others in which certain areas of the brain, such as the amygdala, are identified as playing a role in what could be called intuition. Over time practitioners develop specialized neural connections which can be activated with increasing speed as their expertise and experience develop. According to McKinnon, "cognition is 'emotion gated'" (p. 42). The hippocampus, situated close to the amygdala, plays a role in factual recall. However the amygdala is responsible for storing and transmitting emotions related to memories and related behaviours. In situations where the person is faced with a situation similar to one encountered previously, the amygdala, working with the hippocampus, sends signals that bypass other structures of the diencephalon, producing a much faster behavioural response.

Benner, Tanner, and Chesla (1992) describe intuitive knowing as part of the practice of the expert practitioner, whereby that nurse is able to assess a clinical situation in its entirety and target specific problems without wasting time on other possibilities. Intuition is linked to tacit knowing where “particulars” are focused upon, including feelings. Intuition is also related to embodiment by which “we do not perceive the world in pieces or meaningless sensations but as a whole pre-given, pre-reflective world” (Benner, 2000, p. 6). Benner describes the embodied knowing of phronesis, as identified by Aristotle. Phronesis is knowing that requires moral agency, discernment and relationship.

Munhall (1993) identified a way of knowing that she called “unknowing”. She suggests that “knowing” actually closes nurses to the understanding of the other. “Unknowing” positions nurses to be authentic and empathetic to clients and better able to understand the person’s situation. To be fully present nurses need to situate knowledge in their own life and interact with the client from a place of full “unknowingness” (about the client). The idea appears similar to the process of bracketing in descriptive phenomenology where the researcher mentally puts aside assumptions and past knowledge of a phenomenon in order that it may be seen “precisely as it presents itself” (Giorgi, 1992, cited in Drew 1999, p.268).

From this overview of numerous ways of knowing and recognizing that it is not an exhaustive discussion, we come to understand that knowledge and knowing in nursing is dynamic, contextual and complex. Nursing inquiry that considers multiple ways of knowing requires intentionality. Cloutier et al. (2007) identify that consideration of the multiple ways of knowing is required for the complex process of praxis. In the CAEN nursing program students are encouraged to utilize various ways of knowing in their practice, and in their reflecting in and on practice. Teachers use a variety of teaching and evaluation strategies to tap into the diverse ways of knowing that students access in developing their understandings of their world and that of the client.

Core Concepts

The curriculum is based on the assumption/belief that the focus of nursing is the promotion of client health and healing through situated, relational, caring practice. Hence the curriculum is organized around the key concepts within this assumption/belief: client, nurse, health and healing, relational practice, context, and inquiry. The core concepts and foundational perspectives are woven through all semesters and courses in the curriculum. Each core concept encompasses many sub-concepts and topics which are outlined in the course blueprints. The sub-concepts and course topics were identified by nursing faculty teaching at all levels of the curriculum and are informed by the nursing literature. Each foundational perspective provides a lens through which the concepts can be viewed. The concepts may look different depending on the perspective. This difference may create tension when in discussion with students. However this tension is acknowledged and celebrated in the curriculum as it enhances learning and values diversity.

The foundational perspectives and core concepts of the curriculum are introduced early in the program and are revisited throughout the four years. With each revisiting the perspective or concept is examined in increasing depth and with consideration for the focus of the semester and the increasing complexity of practice expected of the students. The metaphor of the iceberg is useful for developing an understanding for how perspectives and concepts will be examined in the curriculum. The depth of examination of a concept will be like the tip of the iceberg in Semester One with a gradual increase in depth and breadth across the curriculum to Semester Eight, when the full size, depth and breadth of a perspective or concept will have been explored.

The curriculum is organized using four streams of courses. The courses are organized using the core concepts of health & healing, relational practice, nurse, client, context and inquiry. These core concepts guide the focus of each course and direct the choice of sub-concepts and topics to be explored. The four course streams are:

1. Health and healing practice
2. Relational practice
3. Professional practice
4. Health Sciences

Supporting these four streams of courses are courses from other disciplines such as Biology and English. All courses contribute to the development of a body of nursing knowledge as demonstrated by students in nursing practice courses and praxis seminars which occur in every semester.

References

Bastick, T. (1982). *Intuition: How we think and act*. New York: John Wiley and Sons.

Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). *Women's ways of knowing: The development of self, voice and mind*. New York, NY: Basic Books.

Benner, P. (2000). The role of embodiment, emotion and lifeworld for rationality and agency in nursing practice. *Nursing Philosophy* 1, 5-19.

Benner, P., Tanner, C., & Chesla, C. (1992). From beginner to expert: Gaining a differentiated clinical world in critical care nursing. *Advances in Nursing Science*, 14(3), 13-28.

- Berragan, L. (1998). Nursing practice draws upon several different ways of knowing. *Journal of Clinical Nursing*, 7, 209-217.
- Billay, D., Myrick, F., Luhanga, F., & Yonge, O. (2007). A pragmatic view of intuitive knowledge in nursing practice. *Nursing Forum*, 42(3), 147-155.
- Carper, B. (1978). Fundamental patterns of knowing. *Advances in Nursing Science*, 1(10), 13-23.
- Carrieri-Kohlman, V., Lindsey, A.M. & West, C.(2003). *Pathophysiological phenomena in Nursing*. Philadelphia, PA: Saunders.
- Chinn, P., & Kramer, M. (2008). *Integrated theory and knowledge development in nursing (7th ed.)*. St Louis, MO: Mosby.
- Cloutier, J., Duncan, C., Bailey, P. (2007). Locating Carper's aesthetic pattern of knowing within contemporary nursing evidence, praxis and theory. *International Journal of Nursing Education Scholarship*, 4, 1-11.
- Canadian Nurses Association. (2008). *Code of Ethics for Registered Nurses. Centennial Edition*. Ottawa: Author.
- Crowshoe, C. (2005). *Sacred ways of life: Traditional knowledge*. Ottawa: National Aboriginal Health Organization.
- Doane, G. & Varcoe, C. (2005). *Family nursing as relational inquiry*. Philadelphia, PA: Lippincott, Williams and Wilkins.
- Drew, N. (1999). A returning to Husserl and researcher self-awareness. In E. Polifroni, E. & M. Welch, *Perspectives on philosophy of science in nursing*. Philadelphia, PA: Lippincott.
- Fawcett, j., Watson, J., Newman, B., Walker, P., & Fitzpatrick, J. (2001). On nursing theories and evidence. *Journal of Nursing Scholarship*, 33(2), 115-119.

- Freire, P. (1970). *Pedagogy of the oppressed*. New York; NY Continuum Publishing Company.
- Freire, P. (1998). *Pedagogy of hope: Reliving pedagogy of the oppressed (Revised edition)*. New York, NY: The Continuum Publishing Company.
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Giroux, H. (2006). *The Giroux reader*. Boulder Colorado; Paradigm Publishers.
- Guiliano, K. (2003). Expanding the use of empiricism in nursing: Can we bridge the gap between knowledge and clinical practice? *Nursing Philosophy*, 4, 44-52.
- Harding, S. (1986). *The Science question in feminism*. Ithaca: Cornell University Press.
- Harding, S. (1991). *Whose science? Whose knowledge?* Ithaca, N.Y.: Cornell University Press.
- Holmes, V. & Gregory, D. (1998). Writing poetry: A way of knowing nursing. *Journal of Advanced Nursing*, 28(6), 1191-1194.
- Im, E.O., & Meleis, A.I. (1999). 'Situation specific theories: Philosophical roots, properties and approach.' *Advances in Nursing Science*, 22(2), 11-24
- Lloyd, G. (1989). 'Woman as Other: Sex, Gender and Subjectivity.' *Australian Feminist Studies*, 10, Summer.
- McKinnon, J. (2005). Feeling and knowing: Neural scientific perspectives on intuitive practice. *Nursing Standard*, 20(1), 41-46.
- Munhall, P. (1993). "Unknowing": Towards another pattern of knowing in nursing. *Nursing Outlook*, 41, 125-128
- Pitre, N., & Myrick, F. (2007). A view of nursing epistemology through reciprocal interdependence; towards a reflexive way of knowing. *Nursing Philosophy*, 8, 73-84.

- Ray, M. (1999). *Critical theory as a framework to enhance nursing science*. In E. Polifroni & M. Welch, *Perspectives in philosophy of science in nursing* (pp 382-386). Philadelphia, PA: Lippincott.
- Said, E. (1990). *Nationalism, colonialism and literature: Yeats and decolonisation*. Minneapolis, MN:University of Minnesota Press.
- Smith, M. (1992). Enhancing aesthetic knowledge: A teaching strategy. *Advances in Nursing Science*, 14(3), 52-59.
- Sweeney, M. (1994). A concept analysis of personal knowing: application to nursing education. *Journal of Advanced Nursing*, 20(5), 911-924.
- Tarlier,D. (2004). Beyond caring: The moral and ethical bases of responsive nurse-patient relationships. *Nursing Philosophy*, 5, 230-241.
- Tarlier, D. (2005). Mediating the meaning of evidence through epistemological diversity. *Nursing Inquiry*, 12, 126-134.
- White, J. (1995). Patterns of knowing: Review, critique, and update. *Advances in Nursing Science*, 17(4), 73-86.
- World Health Organization. (1986). Ottawa charter for health promotion. *Canadian Journal of Public Health*, 77, 425-427, 430.
- Young, C. (1987). Intuition and nursing process. *Holistic Nursing Practice*, 1 (3), 52-62.
- Zanders, P. (2007). Ways of knowing in nursing: The historical evolution of a concept. *The Journal of Theory Construction and Testing*, 11(1), 7-11.

The following table outlines the core concepts of the curriculum and sub-concepts to be explored during the program.

CURRICULUM CORE CONCEPTS AND SUB-CONCEPTS

Core Concepts	Relational Practice	Client	Context	Health and Healing	Nurse	Inquiry
<i>Course Streams:</i>	Caring	Individual	Family	Primary Health Care	Nursing	Praxis
1. Health and Healing	Relationship	Family	Community	Healing Modalities	Professional Identity	Teaching and learning
	Mutuality	Community	Society	Capacity building	Roles	Scholarship
2. Relational Practice	Capacities	Society	Global village	Epidemiology	Responsibility	Knowledge
	Collaboration	Population	Transitions and Change	Empowerment	Accountability	Ways of knowing
3. Professional Practice	Cultural Safety	Transformation	Politics	Health	Leadership	Evidence informed practice
4. Health Sciences	Power/power relations	Emancipation	Health care system	Illness	Socialization	Personal meaning
	Relational competence	Constitutedness	Legalities	Suffering	Moral agency	Diagnostics
	Perception	Situatedness	Worldviews	Healing	Decision making	Information technology
	Awareness	Social Justice	Culture	Comfort	Assessment	
	Relational lenses	Social Equity	Philosophy	Health promotion	Nursing knowledge	
		Personal meaning	Morals, values, and beliefs	Healing Initiatives	Nursing theories	
		Hardiness	Spirituality			
		Resilience	Ethics			
		Pathophysiology	Growth and development			
			Diversity			
			Environment			

Curriculum Overview and Semester Foci

Introduction

Provided here is an overview of the semester-by-semester curriculum emphasis of the program, and highlights of some of the experiences students will obtain as they progress.

Integrated throughout all the semesters is a focus on both families and community. People's lived experience is holistic, and the experiences of family and community play an integral part. It is critical that students come to acknowledge and understand the client's whole experience in order to provide holistic care.

Family is defined in the curriculum in the broadest sense. That is, any membership, configuration, or connection a person has with another whom that person considers to be family is also considered to be family within the curriculum.

Community is also defined within the curriculum from the broadest perspective. Community can be considered from a relational perspective or from a geographical perspective. From a relational perspective, community is defined as a collection of people who, through their relationships, come together to form a community. This means that the community might not be in the same geographical location, but rather it connects to fulfill a purpose or to form a bond. Thus, community is not necessarily a place, setting, or a set of defined relationships, but rather a lived experience.

The foundational perspectives and core concepts of the curriculum are introduced early in the program and are revisited throughout the four years. With each revisiting the perspective or concept is examined in increasing depth and with consideration for the focus of the semester and the increasing complexity of practice expected of the students.

Semester Foci

Semesters One and Two

Semesters One and Two of the program focus on gaining a beginning understanding of relational practice, an introduction to both the profession and the discipline of nursing, and an understanding of people's (individual, family, community) experiences with health. Students in Semester One and Two are introduced to the concept of inquiry and scholarship and the core concepts of the curriculum as well as the foundational perspectives that will provide the lens to view the core concepts. Students incorporate health-promoting approaches and prevention strategies in their discussions and practice of health assessment. Students practice health assessment across the lifespan, with individuals and families. Students also get a beginning understanding of what constitutes a community, meanings of community, and working with communities.

In Semester One, students engage with a family as a resource for learning about individuals, families, and health. This contributes to a beginning understanding of individuals, families, health, and nursing work within the community. In this semester community will be examined as a context for individual and family health. In addition, students begin to learn about the complexities of nursing work through observing or interacting with nurses in various areas of practice. Students begin to practice holistic health assessments across the life span primarily with adults, seniors, families and communities.

In Semester Two, students work in a variety of settings with older adults primarily in residential care with older adults. The focus of their practice experience is continuing to gain experience doing holistic health assessments.

Semesters Three, Four and Five

In Semesters Three, Four and Five students continue to experience and develop their nursing practice in a variety of settings. Students work with healthy populations such as maternal child health. They work with clients experiencing chronic and episodic health challenges in mental health and in traditional settings of extended and acute care. Students have an opportunity to build on their relational practice skills learned in year one through work with individuals, families and groups. In Semesters Three, Four and Five, students gain experience understanding and working with clients with more complex and advanced health challenges. The focus is on providing opportunities for students to develop competence in nursing practice and apply the foundational perspectives and core concepts in a variety of areas rather than focusing on any particular location of care. Students have opportunities to consider clients in relation to a number of curriculum concepts including illness, poverty, literacy, loss and grief, healing, health promotion, and others.

Practice placements in Nursing Practice 3,4,5 and Consolidated Practice Experience 2 (CPE 2) are in a variety of settings (home care, community, rehabilitation, extended care, transitional care, acute care) and occur in practice settings outside of Kamloops / Williams Lake. The focus continues to be on providing opportunities for students to develop competence in nursing practice and apply the foundational perspectives and core concepts in a variety of areas rather than focusing on any particular location of care.

Semesters Six and Seven

The focus in Semester Six and Seven is on increasing complexity of nursing practice. Students further develop their understanding of health and healing, focusing their attention on community and societal health, examining global health issues, and the leadership role of nurses with emphasis on the socio-political and economic context of nursing. Students learn more complex assessment skills, including community assessment, develop their competence as leaders, and engage in more advanced explorations of the discipline of nursing and nursing inquiry. The emphasis is on the growth of the student as a professional nurse who is critically reflective and an actively involved in exploring change processes and leadership roles within

nursing, health care, and society at large. In Semester Seven students also take a nursing elective that supports their area of focus as a graduate nurse.

Semester Six and Seven practice placements are in a variety of agencies such as government and non-government health care agencies and other community organizations. A range of federal, provincial, and municipal agencies/programs/projects may be selected. Placements could include such locations as hospitals, seniors' organizations, schools, industry, community health centres, etc.

In the Consolidated Practice Experience at the end of Year 3 students consolidate the knowledge, abilities, and skills learned thus far in a variety of locations of care. Students practice experiences throughout the program are tracked and by the end of CPE III all students will have had experience in a variety of agencies/settings (acute care, extended care, community) in order that they might develop entry level competencies required of a registered nurse.

Semester Eight

Semester Eight focuses on nursing practice and attends to the student moving from the student role to that of graduate professional nurse. The nursing practice component of Semester Eight is a lengthy placement that attends to the importance of the transition to the workplace and taking on the role of professional nurse. Students will have an opportunity to refine their relational practice, their professional practice, and their leadership abilities in preparation for meeting entry level competencies as defined by CRNBC and RNANT/NU.

Program Grid 2010-2011

	Fall	Cr	Hours /Wk	Winter	Cr	Hours /Wk	Spring (May-June)	Cr	Hr/Wk
Yr 1	Semester 1 NURS 1170 : Relational Practice 1 NURS 1700 : Professional Practice 1 NURS 1730 : Health and Healing 1 NURS 1740 : Nursing Practice 1 BIOL 1590: Anatomy & Physiology ENGL 1100: Composition	3 3 3 3 3 3	(0-3-0) (3-0-0) (3-0-0) (3-0-4p) (3-0-2)(L) (4-0-0)	Semester 2 NURS 1800: Professional Practice 2 NURS 1830: Health and Healing 2 NURS 1840: Nursing Practice 2 BIOL 1690: Anatomy & Physiology ENGL 1110: Intro to Prose	3 3 4 3 3	(3-0-0) (3-0-0) (2-3-2L-8p) (3-0-2) (4-0-0)			
		— 18	— 25 hrs		— 16	— 30 hrs			
Yr 2	Semester 3 NURS 2170: Relational Practice 2 NURS 2730: Health and Healing 3 NURS 2740: Nursing Practice 3 HLSC 2550: Health Science 3	3 3 4 3	(3-0-0) (3-0-0) (2-0-2L-13p) (3-0-0)	Semester 4 NURS 2830: Health and Healing 4 NURS2840: Nursing Practice 4 HLSC2650: Health Science 4 HLSC 2660: Health Science: Pharmacology PHIL 2310: Health Care Ethics	3 4 3 3 3	(3-0-0) (2-0-2-13p) (3-0-0) (3-0-0) (3-0-0)	NURS 2380: Consolidated Practice Experience (CPE 2)	4	(0-0-36p) Total CPE2 hours: 168 hours 5 weeks
		— 13	— 26 hrs		— 16	— 29 hrs			
Yr 3	Semester 5 NURS 3170: Relational Practice 3 NURS 3730: Health & Healing 5 NURS 3740: Nursing Practice 5 HLSC 3550: Health Science 5 Non-nursing Elective -100 Level	3 3 4 3 3	(3-0-0) (3-0-0) (2-0-2L-13p) (3-0-0) (3-0-0)	Semester 6 NURS 3500:Health & Healing 7 NURS 3510: Nursing Practice 6 NURS 3600: Professional Practice-Nursing Research HLSC 3830: Health & Healing-Global Health Perspectives Non-nursing elective -200 level	3 4 3 3 3	(3-0-0) (0-3-6p) (3-0-0) (3-0-0) (3-0-0) (3-0-0)	NURS 3380/3390 Consolidated Practice Experience (CPE 3)	4	(0-3-33p) Total CPE3 hours: 252 hours 7 weeks
		— 16	— 26 hrs		— 16	— 21 hrs			
Yr 4	Semester 7 NURS 4300 Professional Practice 5 NURS 4380 Nursing Practice 7 NURS 4730 Community Health Nursing: A Canadian Perspective Nursing Elective (300 level)	3 3 3 3	(3-0-0) (0-2-14p) (3-0-0) (3-0-0)	Semester 8- NURS 4210 Nursing Practice 8	10	(0-3-36p)			
		— 12	— 25 hrs		— 10	— 39 hrs Sem 468 hrs Practice			

Post-Diploma BSN Degree Program

Goals

The Post-Diploma BSN Program is designed to:

- 1) Promote the development of knowledge and skills essential to promote the health of individuals, families, groups, or communities.
- 2) Increase the nurse's ability to think critically and clearly express ideas verbally and in writing.
- 3) Enhance the nurse's ability to provide leadership for change in a diverse and dynamic health care context.
- 4) Foster the nurse's appreciation of multiple ways of knowing related to nursing knowledge development and inquiry (phenomenological, critical social, natural science, intuition) and enhance these ways of knowing in his/her nursing practice.
- 5) Facilitate individual achievement of professional development goals of the Post-RN.

Admission Requirements

- 100 level University English Course (3 credits) or equivalent (e.g., LPI 5 within last 2 years)
- Official transcript of RN Diploma from an accredited institution.
- Active CRNBC Registration (must be maintained throughout program)
- Current CPR-C certification is required

BSN Degree Credit Requirements:

- Block Transfer of 75 credits given for original RN Program.
- 45 credits are required for Post RN Degree.
 - Up to 25% of credits may come from PLAR (total of 12 credits)
 - 50% of Post-Diploma B.S.N. credits may be transferred in from an accredited institution, e.g. post secondary or credentialing organization such as CNA.
- 15 credits must be at 4000 University Transfer level.

100 Level English (3 credits) must be taken in addition to 45 required program credits if Post-Diploma student did not have the university credit English or equivalent prior to admission.

The post-diploma credits consist of 19 core credit courses. Contact the Year 3/4 Coordinator for information and advising.

An additional 26 credits are to be comprised of:

- 20 credits of nursing or health science courses (3000+)
- 6 credits of electives (300+ level) which may be non-nursing or non-health science

Post-RN students may also pursue options such as Prior Learning Assessment and Recognition (PLAR) and Guided Independent Study, by special arrangement with the Year 3/4 Coordinator

and contingent on qualified faculty availability in area of interest. Credits may be granted for course work done through other recognized post-secondary institutions or through certification by the Canadian Nurses Association Certification Program.

Residency Requirements:

- 50% of post-diploma course work must be done at TRU (including TRU-Open)
- PLAR courses through TRU count towards residency requirements
- PLAR courses through other institutions count as 'transfer' credits
- Students may transfer up to 22.5 credits towards the required 45 credits
- The 75 'block credits' awarded for nursing diploma will not be considered as an element of residency requirements

Progression Requirements:

- Maintain a 2.33 grade point average throughout the program
- Maintain active CRNBC registration (if students are already active members)
- Complete degree requirements in 6 years
- Maintain updated required certificates

Introduction to TRU and SON Policies, Procedures and Guidelines

It is the student's responsibility to be aware of policies, procedures, guidelines and deadlines in effect during their attendance at the Thompson Rivers University.

The section on TRU Academic Policies contains excerpts from key TRU policies. Students are referred to the [TRU Policy Manual](http://www.tru.ca/policy.html) at <http://www.tru.ca/policy.html> for more details regarding all TRU policies.

Students are also referred to the [2011/2012 Calendar](http://www.tru.ca/calendar.html) at <http://www.tru.ca/calendar.html> for additional details regarding TRU student academic policies, regulations and procedures as well as specific information about the BSN program.

In addition to the policies and guidelines set out by the SON, students are responsible and accountable for abiding by the policies and regulations of any agency visited for the purpose of educational practice. These policies, regulations and procedures are set out in the various Agency (hospital, extended care facilities, and community agencies, etc) Policy and Procedure Manuals. A copy of agency policy and procedure manuals are available on request at the agency and/or from the School of Nursing at Thompson Rivers University.

For your information and convenience links to all TRU Education/Student and Program/ Course related policies are included on the next 3 pages. Policies, with links will also be referred to within specific sections of the Handbook.

Education and Student Related Policies at http://www.tru.ca/policy/education.html	Policy #
Academic Achievement Awards	ED 9-1
Academic Integrity	ED 5-0
Academic Recognition	ED 3-4
Academic Renewal	ED 3-10
Admission of Undergraduate Students Who Complete a Secondary School Program Not Accredited by a Province or Territory	ED 1-2
Admission of Students Sponsored by a Federal or Provincial Agency Who Pose a Safety Risk	ED 1-4
Admissions	ED 1-0
Alcohol	ADM 5-3
Animal Care Committee	BRD 21-1
Appeals	ED 4-0
Cancellation of Classes	BRD 14-0

<u>Confidentiality of Student Information</u>	<u>ADM 2-2</u>
<u>Copyright</u>	<u>ADM 3-0</u>
<u>Course Conflicts</u>	<u>ED 3-6</u>
<u>Course Outlines</u>	<u>ED 8-3</u>
<u>Course and Program Repeaters</u>	<u>ED 3-3</u>
<u>Course Subject Acronym and Numbering</u>	<u>ED03-9</u>
<u>Debarment of Students</u>	<u>ED 7-0</u>
<u>Double Programs - Degrees and Diplomas</u>	<u>ED 16-1</u>
<u>Entrance Scholarships</u>	<u>ED 9-0</u>
<u>Examinations</u>	<u>ED 3-9</u>
<u>Grading Systems</u>	<u>ED 3-5</u>
<u>Greek Organizations</u>	<u>BRD 20-0</u>
<u>Honorary Degrees</u>	<u>ED 16-2</u>
<u>Information Disclosure</u>	<u>ADM 2-1</u>
<u>Integrity in Research and Scholarship</u>	<u>ED 15-2</u>
<u>International Education</u>	<u>ED 12-0</u>
<u>Issuing Credentials by Thompson Rivers University</u>	<u>ED 2-5</u>
<u>Lost and Found</u>	<u>ADM 16-0</u>
<u>Posthumous Awards</u>	<u>ED 11-0</u>
<u>Prior Learning Assessment and Recognition</u>	<u>ED 2-0</u>
<u>Satisfactory Academic Progress</u>	<u>ED 3-2</u>
<u>Scheduling of Course Conflicts</u>	<u>ED 3-6</u>
<u>Semester Schedules</u>	<u>ED 13-0</u>
<u>Services for Students with Disabilities</u>	<u>BRD 10-0</u>
<u>Smoking</u>	<u>ADM 5-2</u>
<u>Student Admission Status</u>	<u>ED 1-1</u>
<u>Student Attendance</u>	<u>ED 3-1</u>
<u>Submission of Final Grades</u>	<u>ED 3-11</u>
<u>Transferability of University Credits</u>	<u>ED 2-4</u>
<u>Types of Undergraduate Degrees</u>	<u>ED 16-0</u>
<u>Visiting Student Status</u>	<u>ED 1-3</u>
<u>Waitlist</u>	<u>ED 3-7</u>
<u>Withdrawals</u>	<u>ED 3-0</u>

Program/Course Related Policies at http://www.tru.ca/policy/program.html	Policy #
Academic Program Review	ED 8-4
Cancellation of Classes	BRD 14-0
Course Conflicts	ED 3-6
Course Outlines	ED 8-3
Course & Program Approvals	ED 8-2
Course and Program Repeaters	ED 3-3
Course Subject Acronym and Numbering	ED03-3
Credit & Non-Credit Courses	ED 8-1
Directed Studies, Service Learning and Research Learning Courses	ED 2-2
Double Programs - Degrees and Diplomas	ED 16-1
Educational Standards in Credit Courses and Programs	ED 8-0
Examinations	ED 3-9
Grading Systems	ED 3-5
Issuing Credentials by Thompson Rivers University	ED 2-5
Posthumous Awards	ED 11-0
Prior Learning Assessment and Recognition	ED 2-0
Program Advisory Committees	ADM 20-0
Program Reductions & Eliminations	BRD 8-4
Program and Service Review	BRD 8-3
Selected Topics and Special Topics Courses	ED 2-3
Submission of Final Grades	ED 3-11
Transferability of University Credits	ED 2-4
Types of Undergraduate Degrees >	ED 16-0

School of Nursing Promotion and Progression Policies

Program Completion Requirements

Generic BSN students must complete all program requirements within 7 years of the date of entry.

Returning RNs must complete the degree portion of the program within 6 years of the date of entry into the program.

Prior to graduation, students should ensure all official transcripts from courses for which advance or transfer credit is being sought (including TRU-Open) are forwarded to the School of Nursing or the Registrar's office and are documented on their TRU transcript. Failure to provide an official transcript of advance/transfer credit courses by **APRIL 30th** may result in an inability for TRU to grant the degree for that year's date of convocation.

Progression Policy

Students must achieve at least a C grade (minimum 60%) in each required course (NURS, HLSC & BIOL) in the BSN program and maintain a cumulative Grade Point Average (GPA) of 2.33 (minimum 65%) in order to progress to the next semester of the program. Students must also successfully complete all nursing practice courses in order to progress to the next semester of the program. If a student falls below a GPA of 2.33 or obtains less than a C (60%) in a required course, the Chairperson may assess the progress of the student on an individual basis. The student will normally be required to repeat the course to achieve a C or better grade or repeat the practice course to obtain a complete (COM). Students who have a GPA below 2.33 may be placed on academic probation.

Because of the importance of safety in nursing, students who fail to achieve a C in any NURSING course will not be permitted to advance in either theory or clinical courses until they have successfully repeated the course(s). This usually means waiting until the course is offered again the following year and **is subject to a seat being available**.

A student may repeat a given course (theory or practice) one time. (Exceptions for special circumstances require written approval of Chairperson, School of Nursing for NURS or HLSC courses. The Chair of Biology must give permission to repeat a BIOL course).

A student who fails a practice course cannot progress in the program until the course is passed. If in repeating the practice course the student passes, then the student will re-enter the program at a subsequent offering of the same semester in which the failure occurred **provided there is an available seat**. If in repeating the practice course the student fails again, then the student will be removed entirely from the program and can only re-enter by going through the admission process and beginning at Semester One. A student who has already failed a practice course,

repeated it and passed, re-entered the program and then fails another practice course will be removed entirely from the program.

Nursing practice course failures are considered across the whole program. Students who have failed 2 practice courses in the BSN program, including failures prior to transferring to TRU School of Nursing will be removed entirely from the program. The student can only re-enter by going through the admission process and beginning at Semester One. Reference CAEN 2007 Curriculum Guide-updated Dec., 2009.

Refer to TRU Satisfactory Academic Progress Policy ED 3-2

[http://www.tru.ca/_shared/assets/Satisfactory AcademicProgress5642.pdf](http://www.tru.ca/_shared/assets/Satisfactory%20Academic%20Progress5642.pdf)

Refer to TRU Course & Program Repeaters Policy ED 3-3

http://www.tru.ca/_shared/assets/ed03-35644.pdf

Students must attain a minimum grade of D in ENGL (6 credits or two courses of University Transfer English), PHIL 2310 and two non-nursing 3 credit electives (one at the 1000 and one at 2000 level) prior to entering Semester 7, Year 4. In Semester 7 students must take a nursing elective, at the 3000 level. Failure to complete these courses will interfere with the completion of the program and ability to write the CRNE and graduate.

Electives

The BScN program requires that students complete a 1000 level non-nursing 3 credit elective, a 2000 level non-nursing 3 credit elective and a 3000 level nursing 3 credit elective. These electives have been scheduled for semester 5, 6 and 7. However, you may complete a non-nursing elective prior to these semesters but most 3000 nursing electives require that you be a nursing student in your third year of a program.

Most electives are eligible for a Transfer Credit, but please confirm with the appropriate Year Coordinator before you register for elective courses (Coordinators do not register you for electives). Electives taken at TRU or TRU-OL will show on your transcript as a grade and this grade will be factored into your total GPA. Courses/electives taken at other educational institutions and receiving a Transfer Credit will show as a 'T-course number' on your transcript and is not factored into your GPA.

College of Registered Nurses of British Columbia Student Registration

CRNBC only completes student registration into a class of grandparented student registrants for existing student registrants (our current Year 2, 3, 4 students) and employed student registrants.

Criminal Record Check

BScN program requires a clear CRC in order to participate in practice courses. TRU is currently developing a plan in regards to completing a CRC for the BScN students.

CPR – C Certification

All students in the nursing program are required to have current **CPR-C** certification (current within the past 2 years). A current CPR-C level certification is required prior to advancement into Semester 2.

It is the student's responsibility to maintain re-certification every two years. Failure to do so may result in a student being denied entry into a practice course or receiving a No Credited Granted (NCG) grade for the practice course.

Advance/Transfer Credit Policy

To receive advance credit (transfer credit) for any of the required courses in the Nursing Program, students must have a C (60%) minimum grade in that course. Students are required to submit official transcripts to the SON Chairperson or the Registrar's Department when applying for transfer or advance credit.

Students wishing to take courses from educational institutions other than TRU must obtain a letter of permission from the appropriate Year Coordinator or Chairperson prior to registering for the course. This includes courses taken from schools in the Collaboration for Academic Education in Nursing (CAEN) group.

Students wishing to take a course at TRU-Open and receive credit must obtain permission from the appropriate Year Coordinator or the SON Chairperson prior to enrolling in the course.

Students are encouraged to submit official transcripts as early in the program as possible. This will allow the School time to process the transcript and thus not delay program completion. Once the program is completed the student has met the requirements for graduation and is eligible to write the Canadian Registered Nurse Examination (CRNE).

Failure to provide an official transcript of advance/transfer credit courses by **April 30th** may result in an inability for TRU to grant the degree for that year's date of convocation.

Biology Transfer Credits

Advance/Transfer credit will NOT be given towards the required program credit courses Biology 1590 or 1690 if the Human Anatomy and Physiology course is taken **without** a laboratory component. For example, TRU-OL BIOL1593 and BIOL1693 courses **DO NOT** have a lab component, therefore no Transfer Credit given for BIOL1590 or BIOL1690. Equivalent Human Anatomy and Physiology courses with a laboratory component will be considered for transfer credit towards Biology 1590 and/or 1690 at the discretion of the Year Coordinator.

Transfer Credit for Courses in Human Anatomy and Physiology courses (Biology 1590 and 1690) may not be granted if course(s) more than 5 years prior to admission to the BScN program. Please consult with the Year Coordinator re: transferability of Human Anatomy and Physiology Courses.

Required English Courses

All students in the BScN Program are required to obtain 6 credits of University Transfer English. In the first year of the program, all students are pre-registered into two 3 credit English courses: ENGL1100 - Composition and ENGL1110 - Prose Fiction. Students are advised to complete English prior to entering the second year of the program but you may complete these required credits at an alternative time. Completing the English course(s) during TRU summer session or during the 2nd, 3rd or 4th year is challenging as most TRU English courses do not fit the nursing timetable. One option to assist students to complete the required English credits is to take an English course(s) on-line. Confirm with Year Coordinator that you will receive a Transfer Credit before registering.

Prior Learning Assessment and Recognition

TRU recognizes that adult learners acquire knowledge and skills through life and work experience. Through Prior Learning Assessment and Recognition (PLAR), TRU will assess this knowledge and skills and grant credit/recognition for the learning that has taken place. PLAR is the assessment by some valid and reliable means, of what has been learned through formal and non-formal education, training or experience that is worthy of credit in a course or program offered by TRU. PLAR is used to evaluate knowledge, skills and competencies which may have been acquired through, but not limited to, work experience, independent reading, hobbies, volunteer work, non-formal learning, travel and artistic pursuits. The assessment and evaluation of prior learning and the determination of competency and credit awarded will be done by instructional or faculty staff who have the appropriate subject matter expertise but other staff in an institution may have a supporting role in the process. Information on the TRU [PLAR Policy ED 2-0](http://www.tru.ca/__shared/assets/PLAR5678.pdf) http://www.tru.ca/__shared/assets/PLAR5678.pdf

Canadian Registered Nurses Examination

To become a RN, graduates are required to write and pass the Canadian Registered Nurses Examination (CRNE) administered by the Canadian Nurses Association. Students applying to write the CRNE are asked to provide information regarding any convictions for criminal offences (other than minor traffic violations). Candidates with criminal convictions may not be eligible for registration. All applicants are required to submit to a criminal record check. **See Criminal Record Review** in the School of Nursing Promotion and Progression Policies section. Students affected by this policy are responsible for contacting the Chairperson of the Nursing Program.

Students who have a disability that may adversely impact their performance on the CRNE examination may request a special accommodation. Contact the Chairperson for details.

TRU Withdrawal Policy ED 3-0

http://www.tru.ca/__shared/assets/Withdrawals5640.pdf

Thompson Rivers University (TRU) Board recognizes that students may withdraw from their courses for a wide variety of reasons. Because of the possible impact on their educational future, students are urged to seek counselling before making a decision to withdraw from a course or program. Refer to the [TRU Withdrawals Policy ED 3-0](#) for detailed information regarding procedure and deadlines for withdrawal.

Withdrawal from BSN Program

There are a variety of reasons why a student may need to leave and re-enter the nursing program. The student may need to take withdrawal from one or more courses, due to illness, or due to domestic affliction, and/or course failure.

Students who take a medical withdrawal from the nursing program will be required to submit a doctor's note which states that they are physically/mental fit to return to the nursing program.

Students withdrawing from the Program are expected to:

- inform the appropriate nurse educator
- have an interview with the Chairperson
- complete the appropriate withdrawal forms
- meet with a counsellor from Student Services
- deliver the signed withdrawal form to the Records Office
- terminate relationships with client families

General Procedures/Policies for Re-entry

Due to the competition for seats in the School of Nursing, several students may be wishing to re-enter into the same semester. If there are insufficient seats to accommodate all students, a ranking will be done to determine which student(s) are readmitted to the program. This ranking will be based on the student's reason for re-entry, cumulative GPA, number of courses that need to be repeated and the student's letter of intent.

Students who take a medical withdrawal from the nursing program will be required to submit a doctor's note which states that they are physically/mentally fit to return to the nursing program.

Process for Re-Entry:

1. At least four (4) months prior to the date of intended re-entry, submit a Letter of Intent, to the Chairperson of Nursing. The Letter of Intent should indicate the date that the student wishes to re-enter and include steps that the student has taken to ensure their success in the program (if applicable).

2. Make an appointment to see the Chairperson of Nursing for the purpose of advising. This interview should be during the month of April for the September re-entry, month of August for January re-entry, month of November for May re-entry.
3. Students are reminded of the program completion requirements and the policies regarding failures and re-entry, as stated in the Thompson Rivers University Calendar.
4. Students who fail a nursing theory course may be required to repeat the co-requisite nursing practice course.
5. Students who fail a nursing practice course may be required to repeat the co-requisite theory course(s).
6. A student who withdraws from, or receives a failing grade in any Nursing Practice course may be required to re-enter the program at an earlier level.
7. Re-admission to the program may be denied if the student does not provide evidence of the re-entry requirements. Refer to re-entry requirements for each Semester in the next section.

Re-entry/Transfer to Practice Courses

Semester 1: Repeat the appropriate course(s).

Semester 2:

Must have documentation to show completion of **ONE** of the following prior to re-entry:

1. Attend all lab sessions in the fall semester, including any return demos.
2. Complete Nursing Skills Assessment Workshop (NURS 0610) if appropriate
 - a. May be asked to demonstrate competency in skills previously attained

Semester 3:

Must have documentation to show completion of **ONE** of the following prior to re-entry:

1. Attend all lab theory and practice sessions in the fall semester, including any return demos.
2. Complete Nursing Skills Assessment Workshop (NURS 0610) if appropriate
 - a. May be asked to demonstrate competency in skills previously attained

Semester 4:

Must have documentation to show completion of **ONE** of the following prior to re-entry:

1. Repeat nursing practice course: NURS 2740 lecture/lab/practice.
2. Complete Nursing Skills Assessment Workshop (NURS 0610)

CPE 2:

Must have documentation to show completion of **ONE** of the following prior to re-entry into CPE2:

1. Repeat nursing practice course: NURS 2840 lecture/lab/practice.
2. Complete Nursing Skills Assessment Workshop (NURS 0610)

Semester 5:

Must have documentation to show completion of the following prior to re-entry:

1. Complete Nursing Skills Assessment Workshop (NURS 0610)

CPE 3 and Semesters 6, 7 or 8:

Must have documentation to show completion of **ONE** of the following:

1. Complete Nursing Skills Assessment Workshop (NURS 0610)
2. Repeat a nursing practice course preceding the course expected to re-enter/transfer into

TRU Academic Policies

Student Attendance Policy ED 3-1

http://www.tru.ca/__shared/assets/Student_Attendance5641.pdf

School of Nursing follows the TRU Student Attendance-ED 3-1. Refer to the [TRU Attendance Policy - ED 3-1](#) for detailed information regarding:

- Attendance at the start of the semester
- General attendance during a course or program

Academic Integrity Policy ED 5-0

http://www.tru.ca/__shared/assets/ed05-05657.pdf

Thompson Rivers University (TRU) students have an obligation to fulfill the responsibilities of their particular roles as members of an academic community. They are expected to be honest and forthright in their endeavours. Academic integrity is both highly valued and expected.

Apart from the responsibility of the student in not participating in an act of academic dishonesty, it is the responsibility of the TRU staff to take all reasonable steps to educate students regarding academic integrity and to prevent and to detect acts of academic dishonesty. It is an instructor's responsibility to confront a student when such an act is suspected and to take appropriate action if academic dishonesty, in the opinion of the instructor, has occurred.

Please refer to the [TRU Academic Integrity Policy ED 5-0](#) for detailed information regarding:

- Regulations and Procedures
- Procedure flowchart
- Forms of Academic Dishonesty
 - Cheating
 - Academic Misconduct
 - Fabrication
 - Plagiarism
 - Final Exams - Role of the instructor

Student Academic Appeals Policy ED 4-0

http://www.tru.ca/__shared/assets/ed04-05656.pdf

Thompson Rivers University (TRU) recognizes that although most students experience no concerns regarding their education, some occasionally experience problems with interpretations of TRU policy or procedures by TRU staff. While most differences can be resolved by an open and frank discussion with the people concerned, a process is required whereby students may bring forward for formal review, matters that have not been resolved to their satisfaction.

An appeal is an internal hearing for the purpose of reviewing and resolving matters of concern raised by students.

Students have the right to appeal decisions on grades or application of policies, procedures and regulations, and perceived unethical conduct by TRU staff or other students. Students are referred to the current [TRU Calendar](#), the Student Affairs Department and TRU [Student Academic Appeals Policy ED 4-0](#) for information on TRU Appeal Procedures.

Grading System Policy ED 3-5

http://www.tru.ca/__shared/assets/Grading_Systems5647.pdf

Two different grading systems are used in the Nursing program. The letter Grade System is used for Nursing Theory Courses. The Competency Based System, which is not counted in GPA, is used for Nursing Practice Courses. Students should refer to the current TRU Calendar for a detailed description of each system. Nursing practice courses are graded as Pass/Fail (COM or NCG). Students are expected to complete a practice self-appraisal during each practice course. Failure to complete the self-appraisal may result in an NCG (No Credit Granted) grade. The completed self-appraisal will become part of the student's ongoing practice performance record.

Letter grades do not become official until they appear on the student's transcript. Instructors may notify students of unofficial course grades, but Divisions and Departments reserve the right to correct or adjust unofficial grades in order to maintain equity among sections and ensure conformity with Divisional, Departmental and TRU-wide norms. (TRU Policy ED 3-5)

For more information on the grading system refer to the current [TRU Calendar](#) or [TRU Grading System Policy ED 3-5](#)

School of Nursing Academic Policies and Guidelines

Student Records

It is the student's responsibility to notify the TRU Records Department and School of Nursing of changes in address and/or phone number. Phone numbers will be circulated to appropriate nursing faculty and may be given to agencies where students are completing Nursing Practice Courses.

Electronic Mail

Students will be issued a TRU email account. The School of Nursing will communicate with students via their TRU email account. Students are expected to check their TRU account on a regular basis.

School of Nursing Faculty – Student Communication Board

All BSN students have access to the TRU_NURS-SON- Communication site through their Blackboard account. This site will be used to communicate information to all faculty and students. Students and faculty are expected to check the Blackboard communication board on a regular basis.

Employed Student Nurses – CRNBC Policy

Nursing students may be employed in health care facilities in British Columbia during or between semesters of the nursing education program in accordance with policies set by the CRNBC Board. See Appendix A and [CRNBC website](https://www.crnbc.ca/downloads/435.pdf) for information regarding the [CRNBC Policy: Employed Student Nurses](https://www.crnbc.ca/downloads/435.pdf) <https://www.crnbc.ca/downloads/435.pdf>

Conduct During Examinations

Preamble:

The School of Nursing is committed to maintaining a high standard of academic integrity during examinations. The College of Registered Nurses of British Columbia's Professional Standards (Responsibility and Accountability) state that a nurse:

Is accountable and takes responsibility for own nursing actions and professional conduct. Professional conduct includes demonstrating honesty, integrity and respect.

The School of Nursing have developed the following guidelines to maintain academic integrity during examinations.

Guidelines For Students

- Examinations must be written on the date indicated unless there is illness or domestic affliction. In the event the student knows in advance they will not be able

- to write the examination he/she needs to notify the faculty member (and Registrar for final examinations) immediately
- Students **MUST NOT** make arrangements to be away from TRU until the examination schedule is finalized
 - Students are referred to TRU policy regarding Examinations at [Examinations Policy ED 3-9](http://www.tru.ca/__shared/assets/Examinations5652.pdf) www.tru.ca/__shared/assets/Examinations5652.pdf
 - Students will not be able to enter the room until the invigilator has completed the set up of the room
 - Students will sit in assigned seat and display TRU photo ID on desk
 - Once seated, students cannot leave seat until the examination is completed. If you have a question raise your hand
 - Students cannot open examination booklet until told to do so
 - No bathroom breaks during the examination (except with a medical certificate)
 - No food or drink on the desk (except with a medical certificate)
 - No electronic devices, including but not limited to calculators, cells phone, iPods, watches etc, in use during the examination
 - Students cannot leave the room within the first 30 minutes
 - A student who arrives late is admitted without question during the first half hour of the examination session. Students who arrive late for an examination are not allowed additional time
 - No additional garments, e.g. hats, scarves, sunglasses, coats can be worn during the examination
 - All personal belongings will be placed at the front of the classroom or designated area
 - At the end of the examination, students must hand in all booklets and scrap paper to the invigilator, sign that they have done so and that they will not discuss or transmit information about the examination to another individual or social network site
 - In the case of a fire alarm sounding, students take examination out of room with them
 - Students are to hold the examination close to their chest and leave building single file
 - Students cannot talk to each other and should move to an area way from other individuals
 - Any student caught talking will be dismissed at that time

Criteria for Written Papers/Assignments

Marking Criteria for Scholarly Papers

See Appendix B for information regarding the marking criteria used by TRU SON faculty.

Format and Style

A scholarly format is to be followed for written papers/ assignments based on accepted convention for grammar, punctuation, style and format. A required reference for format is:

American Psychological Association (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

Note:

- Students who entered the program in 2009 or later are required to use the 6th edition of the Publication Manual of the American Psychological Association.
- Students in Semesters 5-8 may continue to use the 5th edition.

See Appendix C for TRU SON Expectations and Guidelines Relating to APA Style for Student Scholarly Papers

Submission of Papers

Assignments must be submitted prior to 5:00 p.m. on the due date unless otherwise noted by the nurse educator.

When submitting papers, use student number, unless otherwise directed by the nurse educator.

Due dates are set by individual nurse educators and requests for extensions must be made 48 hours prior to the due date.

For every day or portion of a day a paper is late, one letter grade will be deducted (e.g., "B" to a "B-"). A weekend is considered to be 2 days.

Exceptions include incidents of illness, accidents, or family affliction.

Students should retain copies of all papers submitted and should also retain graded papers until final transcripts have been issued.

Reflective Journaling

Reflective journaling is a required component of SON nursing practice courses. See Appendix D for addition information regarding Journaling (Reflective Writing).

School of Nursing Student Research Ethics Committee Protocol

(Revised June 2009/reviewed June 2010)

Nursing students are responsible for adhering to the standards for ethical research as outlined in the Tri-Council Policy Statement (TCPS): Ethical Conduct for Research Involving Human Subjects. The TRU Research Ethics Committee: Human Subjects (REC:HS) is the institutional committee for approval of research proposals. The School of Nursing: Student Research Ethics Committee (SON SREC) is a standing committee of the School of Nursing responsible for oversight of student research projects that pose minimal risk to the participants. A member of the TRU REC:HS must be a member of the SON SREC and should be the Chair of the SON committee. Other members of the committee include interested faculty/students and faculty who are teaching research-related courses.

TCPS Introductory Certification

All students considering research activities involving human subjects should complete the TCPS introductory tutorial. This activity takes approximately 2 hours to complete and can be found at the following website: <http://www.pre.ethics.gc.ca/english/tutorial/>

Course Ethics Approval Process for Student Research Activity

Faculty will apply to the TRU REC:HS for course ethics approval where students are frequently engaged in research that is likely to involve human subjects, such as Nursing 351 and 431. Course ethical approval is normally valid for two years. When course ethical approval is gained, faculty members are responsible for ensuring that students adhere to the ethical standards of the TCPS.

Students involved in a research project as part of course work must complete and submit:

- the SON "Student Request for Ethical Review" (see Appendix E)
- sample of the appropriate consent form(s) or script for verbal consent (see Appendix E and TRU Research site)
- completed telephone contact form (if applicable) (see TRU Research site)
- sample of the data collection documents
- completed SON "Agency/Institutional Ethics Review Policies/Procedures and Student Projects Involving Human Subjects Investigations" form (if research is being conducted under the auspices of an agency/institution) (see Appendix E)
- a copy of each students' *Certificate of Completion of the TCPS Introductory Tutorial*,

to the course teacher for review and signed approval. Before the student begins data collection, it is the responsibility of the faculty member teaching the course to ensure that research activities:

- are minimal risk
- have appropriate informed consent
- address assurance of confidentiality and anonymity and include an explanation of the rationale if anonymity cannot be guaranteed
- include plans for appropriate storage of data in a locked cabinet
- include plans for confidential destruction of data and other information
- use appropriate methodologies that are ethically sound.

If the faculty member is unsure about the level of risk, he/she should consult the SON SREC. If the activities are deemed likely to be more than minimal risk, students will be required to proceed to TRU REC:HS for a full ethics review.

Student Ethics Approved Research Outside Course Activity

When research is undertaken in courses without course ethics approval, nursing students are required to follow the same protocol as in the previous section EXCEPT the documents are to be submitted to the SON SREC, rather than to the course teacher, for ethics approval before the research begins.

On occasion, nursing students may be interested in collecting information from other students, faculty, or practice professionals that is unrelated to courses to help make evidence-informed decisions about policy or practice. Data collection that involves human subjects, such as distributing surveys or questionnaires, or organizing focus groups or other data collection activities must meet the TCP Standards.

In situations when students conduct research outside of course ethics approval, the SON SREC will meet to discuss the research and will notify the student of needed revisions or approval. Data collection must not proceed prior to approval.

* See Appendix E and the TRU Research site for copies of the SON and TRU student research ethics forms.

Reporting/Documenting: Evidence of TCPS Compliance

Documents providing evidence of compliance with the standards of the Tri-Council Policy must be readily available in the SON.

Students are to ensure that the certificate of completion of the TCPS tutorial is added to their Student File in the SON office.

Full-time faculty are expected to retain the data and confidential information for each research activity in locked filing cabinets in their offices. Sessional and part-time faculty are to give this

data and confidential information to the senior full-time faculty member in the course or, in the absence of a full-time faculty member, to the Year Coordinator. This data and confidential information is to be kept for one year from the end of the semester in which this research was conducted, then confidentially destroyed.

The SON SREC Chair will submit an annual report to the TRU REC:HS outlining student research projects. Faculty are to submit the following information to the SON SREC for **EACH** research project:

- a. Date of Approval of each project and Name of Course
- b. Name of Student Researcher(s)
- c. That the *SON or TRU REC Request for Ethical Review for Student Research*, the consent forms, and the on-line TCPS introductory tutorial were completed
- d. Name of Faculty Supervisor
- e. Title of the Project
- f. Project Description (Summary of project including purpose and potential benefits) (See Box 5 of the SON Student Request for Ethical Review).
- g. A statement saying that the course has Course Ethics Approval or that SON SREC or TRU REC approval was obtained for non-course-approved research.

This information may be submitted in a running document of information per project or on a separate page per project.

Student Related TRU Research Policy Documents

Departmental Student Research Ethics Committees (SREC) can be found at:

<http://research.tru.ca/documents/ethics/srec.pdf>

Guidelines for Student Projects involving human participants in research can be found at:

<http://research.tru.ca/documents/ethics/studentpolicy&guidelines.pdf>

Additional information on undergraduate research can be found on the TRU Research site at:

<http://www.tru.ca/research.html>

School of Nursing Professional Conduct Guidelines

Ethical and Professional Behaviour

Students are expected to recognize their own limitations and to take responsibility for ensuring their continued competency and learning.

All students in the Nursing program will be subject to the provisions of the *Canadian Nurse's Association Code of Ethics for Registered Nurses (2008, June)*, the *CRNBC Professional Standards for Registered Nurses and Nurse Practitioners*, *CRNBC Practice Standards* and the *CRNBC Scope of Practice for Registered Nurse, Standards, Limits, & Conditions*. A student may be required to withdraw from a practicum and from the program, for unethical and/or unsafe conduct.

Refer to:

[Canadian Nurses Association - Code of Ethics](http://www.cna-nurses.ca/CNA/practice/ethics/code/default_e.aspx) at

http://www.cna-nurses.ca/CNA/practice/ethics/code/default_e.aspx

[CRNBC Nursing Standards](https://www.crnbc.ca/Standards/Pages/Default.aspx) at <https://www.crnbc.ca/Standards/Pages/Default.aspx>

Students, who in the opinion of the nurse educator, are under the influence of alcohol or drugs will be requested to leave the nursing practice setting immediately and will be referred to the Chairperson, Nursing.

Agency property must not be removed from the premises without the permission of the person in charge of the area and must be used in accordance with agency policies and procedures.

Ethical and professional behaviour includes respectful communication (verbal, non verbal, electronic, written, etc.) with peers, faculty, health care providers and clients. Ethical and professional behaviour is expected in classroom as well as practice settings.

Professional Conduct (Classroom and Clinical Setting)

Students are expected to demonstrate professional conduct in all instructional settings.

Instructional settings include classroom, laboratory and clinical areas. Professional conduct is defined by CRNBC as "behaving in a way that upholds the profession. This includes, but is not limited to, practising in accordance with relevant legislation to CRNBC *Standards of Practice* and *Canadian Nurses Association Code of Ethics for Registered Nurses*".

Disruptive behaviour, defined as student behaviour that interferes with instruction and learning, will not be tolerated. Examples include, though are not limited to, the following:

1. Failure to respect the rights of other students to express their viewpoints by behaviours such as repeatedly interrupting others while they speak, using profanity and/or disrespectful names or labels for others, ridiculing others for their viewpoints.

2. Excessive talking to other students while the faculty member or other students are presenting information or expressing their viewpoints.
3. Use of cell phones and other electronic devices. All cell phones should be switched off before entering any instructional setting. If an urgent message is expected and cell phone needs to be left on during class, please let your nurse educator know before class begins.
4. Entering class late or leaving class early on a regular basis. Some nurse educators may post a sign on the classroom door requesting the class not be disturbed. You may be directed to enter the classroom at the next available break.
5. Use of laptop computers for purposes other than academic application.

Students behaving in a manner as to disrupt educational activities will be asked to leave the instructional setting.

Gift Giving / Receiving Guidelines

The [CRNBC Practice Standard: Nurse-Client Relationships](https://www.crnbc.ca/downloads/432.pdf) (<https://www.crnbc.ca/downloads/432.pdf>) provides the School of Nursing with principles that may be applied to the relationships that exist between faculty and students. The faculty-student relationship is “based on trust, respect, ... and it requires the appropriate use of power” (CRNBC Practice Standard Nurse-Client Relationships [Pub #432], 2006, p. 1). Professional boundary issues and the inappropriate use of power may arise when gifts are exchanged, therefore faculty and students are discouraged from accepting or giving gifts in the student/faculty relationship.

Confidentiality of Client Information

Confidentiality is an integral part of the professional Code of Ethics and the Standards of Practice. The principle of confidentiality flows from a belief in the worth of an individual and the right to privacy.

Students and faculty must take all reasonable steps to protect all confidential information from inadvertent disclosure to others not authorized to this information. This includes not discussing clients and clinical events in public areas e.g., cafeterias, elevators, public transportation, social gatherings, etc) and using utmost discretion when discussing events within the smaller group for learning purposes. Details of a client’s history may be shared discretely when required by the health care team or for educational purposes.

User IDs and passwords to practice agency data bases must not be shared.

Students must use utmost care when collecting and submitting client information for purposes of learning. Students must remove as many personal identifiers as possible to protect client

confidentiality. Saving assignments that contain client information to the hard drive on any public or university / college computer is a breach of confidentiality.

Students that make home visits and have health records or other confidential documents in their possession must return these documents immediately to the practice agency.

Confidentiality / privacy breaches are taken very seriously and can result in the withdrawal of student privileges, termination of a clinical placement, consequences to the placing agency (TRU SON) and legal action.

For more information refer to the Practice Education Guidelines for BC [“Confidentiality of Receiving Agency and Patient Information”](http://www.hspscanada.net/docs/PEG/2_1_Confidentiality_Guideline_Final.pdf)
http://www.hspscanada.net/docs/PEG/2_1_Confidentiality_Guideline_Final.pdf

Confidentiality of Student Information

In a program of studies such as the nursing program, student performance in academic and/or practice courses may be discussed among particular faculty members under certain conditions. These conditions include situations when:

- Student performance is a concern in relation to maintaining the standards of the nursing program and the nursing profession (e.g., a safety to practice issue).
- Faculty are monitoring student performance to promote success in achieving the program goals (e.g., discussing strategies to facilitate student learning).

Discussions of confidential information will relate to the specific context of their performance and learning needs in the program.

Authorization to Disclose Personal Information (Reference)

Students who request references from faculty for prospective employers, education institutions and/or Award Adjudicator Panels are required to complete the Authorization to Disclose Personal Information (Reference) consent form (See F for the consent form). Students are not obligated in any way to provide consent and may withdraw their authorization to disclose personal information at any time. The consent form will be kept in the student's file.

Dress Code in Nursing Practice

Students are required to maintain a professional well-groomed appearance in all agency, community and client home settings. Students are required to follow the dress code according to the agency policy in the area in which they are practicing. If students, in the opinion of the nurse educator, violate TRU SON or agency dress code policies they will be asked to leave the practice setting.

The following standards are to be followed:

Grooming

- special care is required for personal hygiene, e.g., body odour, halitosis (bad breath)
- do not wear perfume or perfumed products in practice settings (homes, hospitals, agencies, etc.)
- hair must be well controlled and, if necessary, pinned up with a plain clip
- moustaches, beards, and side burns should be of a length that can be completely controlled/contained by a mask.
- Nail care: short, manicured nails, clear nail polish only. False/gel nails are not allowed due to infection control concerns
- no hooped nose or eye brow piercings or stud tongue piercings allowed

Jewellery

- wrist watches are permitted (watch with a second hand is required e.g. non digital)
- plain wedding band is allowed
- plain stud earrings are allowed
- neck chains are not to be worn (safety reasons)
- visible body piercing should be small studs only and kept to a minimum

Where uniforms are not required (e.g., community agencies, client homes, obtaining client assignments from hospitals/agencies):

- all clothing must washable
- casual business attire is acceptable
- no jeans, low cut tops, halter tops, or backless dresses
- footwear must meet WCB standards for safety – closed heel/toe

Where uniforms are required:

- Uniforms:
 - clean dress or pant suits that are hemmed and wrinkle free
 - uniform fabric must be opaque (not see through)
 - plain style without elaborate frills or embroidery
 - no sleeveless dresses or shirts, no low cut tops
 - length of dresses should be mid-knee or longer
 - no white jeans
 - no long sleeved apparel (e. g. shirts, sweaters, lab coat, hoodies) when providing care to clients (due to infection control). this includes long sleeved tops under one's scrub
- Footwear:
 - white stockings or socks are recommended
 - shoes of conservative colour, meeting W.C.B. Standards (Closed heels and toes)
 - shoes are to be carried to and from the hospital or agency

Student Identification During Nursing Practice Experiences

All nursing students and faculty are required to wear current TRU School of Nursing Photo identification (ID) while attending any practice experience (Examples: hospitals, health care agencies, homes visits, community agencies). The photo ID is to be visible on their person (*above the waist*) at all times.

The TRU SON photo ID cards will serve as security identification during School authorized practice activities (client research prior to practicums, home visits, agency practice, etc.). Agency security or relevant employees (e.g., nursing personnel) have the right to refuse TRU Nursing students, access to the agency or client confidential documents if the student is not wearing the TRU SON Photo ID.

Refer to IHA policy AU1100 – Clinical & Practice Education (Student Placements) available on the IHA intranet site and the Practice Education Guidelines for BC [“Student/Faculty Identification”](http://www.hspscanada.net/docs/peg/2_2_student_faculty_identification.pdf) http://www.hspscanada.net/docs/peg/2_2_student_faculty_identification.pdf

Consent for Student Involvement in Care

Clients and/or their substitute decision makers have the right to refuse care provided by a student. Students must always introduce themselves as a student. During the first interaction with a client the student should inform the client of who they are, the level of the program to date and how they are supervised. For example, “I’m Chris Jones, a 2nd year nursing student at TRU, my instructor is Leigh Smith, and Kerry is the nurse who is assigned to you. You can call on Leigh or Kerry at any time if you like. Both will be looking over my work throughout the day.”

Reference: Practice Education Guidelines for BC [“Consent for Student Involvement in Care”](http://www.hspscanada.net/docs/peg/4_1_consent_involve_care.pdf) http://www.hspscanada.net/docs/peg/4_1_consent_involve_care.pdf

Guidelines for Clarifying and Resolving Issues Student Issues Involving Teachers and Courses

There is a process students are advised/expected to follow should they have ‘issues’ with individual teachers and/or course. Issues may be concerns about the content of the course, teaching methods, assignments, issues of fairness, or marking processes. The following steps are intended to assist and support students in managing or resolving these perceived issues.

Step 1: the student should express concern to the teacher by discussions, letter or email. The Coordinator or Chairperson may offer strategies and support in developing this communication process or may just need to listen to the students concern as NO action may be required at the request of the student.

Step 2: if the student perceives that the issue is unresolved or if the student feels unable to approach individuals, student should consult the Chairperson:

- Chairperson will examine the claim and evidence to explore the issue to determine if further action warranted.
- Chairperson examines options with the student(s) on how to proceed or advice student(s) of other resources.

Step 3: refer issue/student to the Dean of School of Nursing

At any point in the process: during or following discussions with the teacher or Chairperson, the student may wish to:

- Seek further consultation with the Chairperson
- Consult with the Dean
- Consult with Manager of Student and Judicial Affairs
- Consult with TRU Student Union at <http://trusu.ca/section/114> (Members Advocate)

Student Issues Concerning Program/Curriculum

The School of Nursing has several processes designed to capture, evaluate and act on student, faculty, and other stakeholder concerns about the program. These processes include, but are not limited to,

- Course evaluations by students
- Teacher evaluation of courses
- Dean's Breakfast
- Feedback loop documents
- Lived Experience Day across the curriculum (forum for students and/or faculty)
- Agency evaluation of practice/students
- CAEN Program Completion Questionnaires
- CAEN Graduate Follow-up Questionnaires
- CAEN Workplace Questionnaires
- Program Evaluation Committee (student and faculty members)
- BScN Curriculum Committee (faculty and student members)

Student Opportunities to provide feedback

Faculty in the School of Nursing value student feedback. We use it to inform our own professional development as well as curriculum change. Student feedback is requested for *course*, *semester*, and *instructor* evaluations on a regular basis. Faculty anticipate thoughtful comments that provide constructive ideas for improvement or change. Evaluation questions may

be distributed as hardcopy in class or via an internet survey tool. The following information is intended to provide some clarity.

- The **course** evaluation is completed for a single course. The instructor(s) or his / her designate may illicit feedback prior to the end of the course. The information may be forwarded to a designated person. The instructor then reviews the student feedback after all course grades have been submitted. This feedback is only seen by the instructor(s) of that course.
- The **semester** evaluation helps direct curriculum changes, including the re-positioning of courses and levelling of content across courses, semesters and years, and how well courses correspond with one another. Again the information is often illicit before the end of the course. The feedback itself is reviewed after all course grades for the semester have been submitted. The feedback is organized by theme and the information is shared with faculty in that semester and with the program evaluation committee.
- The **instructor** evaluation is about the perceived quality of instruction. Another faculty member administers the standard TRU student questionnaire after a class or clinical practice. This information is included in the instructor's Performance Review as part of a larger evaluative process for all faculty.

School of Nursing Practice Policies and Guidelines

Learning Contracts

When a nurse educator has concerns regarding a student's ability to meet the course competencies and domains, a learning contract **may** be initiated. In conjunction with the nurse educator, the student will develop strategies to meet the expected domains and competencies as outlined in the contract. If performance is unsatisfactory at the end of the contract period the student will receive a grade of No Credit Granted (NCG) and the student will be required to withdraw from all Nursing courses.

For more information see Appendix G Learning Contracts: Guidelines for Implementation

Missed Practice Time

Faculty believe attendance in nursing practice courses must be a priority for nursing students. The planned total numbers of hours in the nursing program is viewed as being the minimum number of hours required to become a competent nurse. Future employers also place a high value on regular attendance at work. As a result, many employers ask for a record of time missed from nursing practice. Students are expected to attend, and be on time for, all scheduled practice, laboratory, and seminar learning experiences.

Hours absent from Nursing Practice courses (including seminars) will be recorded and documented on the final Performance Summary. See [TRU Student Attendance Policy ED 3-1](http://www.tru.ca/__shared/assets/Student_Attendance5641.pdf) http://www.tru.ca/__shared/assets/Student_Attendance5641.pdf for additional information.

1. Students scheduled for a nursing practice experience who become ill and are unable to attend are expected to telephone the appropriate agency at least one hour prior to the scheduled starting time.
2. All missed time will be critically analyzed on an individual basis. The student will be assessed and documentation on the student's performance appraisal will include the following criteria:
 - a. amount of time missed from the nursing practice area, seminars, labs and classroom
 - b. the reason(s) for missed time
 - c. presence or absence of a pattern of missed time
 - d. level of performance.
3. Missed nursing practice and seminar time is recorded and will be included on performance summaries sent to potential employers.
4. Practice absenteeism may result in faculty recommending withdrawal from the program. Students may be required to submit a statement from a physician or other professional. Recommendations will be based on an evaluation of the student's circumstances, nursing practice performance and academic records.

Attendance at a Conference as Practice Time

Students who wish to attend an external agency conference, workshop, etc., in lieu of practice time must first obtain permission to do so from their practice nurse educator.

The practice nurse educator will base his/her decision on consideration of the following:

- The student's current practice performance
- The potential for missed practice time to threaten the student's ability to successfully complete the practice course/rotation.
- The relevance of the conference, workshop, etc., to nursing practice.
- The willingness of the student to share or present their learning from the conference peers.
- The relationship of conference to student's professional activities (e.g., Nursing Undergraduate Society, CRNBC)

Transportation and Liability

Travel is a necessary component of the nursing program, particularly in community practicum placements.

- Each student must take individual responsibility for decisions regarding his/her own safety when required to travel in inclement weather.
- Students must provide their own transportation to the agencies and client homes involved in nursing practice courses.
- Students may travel with their field guide unless prohibited by agency policy.
- Students are not permitted to drive agency vehicles.
- Students are not permitted to transport clients in their own cars.

For more information refer to the Practice Education Guidelines for BC ["Vehicle Ride Along/Use"](http://www.hspscanada.net/docs/peg/2_6_vehicle_ride_along-use.pdf) http://www.hspscanada.net/docs/peg/2_6_vehicle_ride_along-use.pdf

Liability

Thompson Rivers University carries liability insurance which covers students engaged in required nursing practice under the supervision of a faculty member. This coverage **does not** include vehicles. If students use a car during practicum, any accidents must be handled under the student's insurance policy.

Students are not permitted to transport clients in their own cars. If a student were involved in an accident causing injury to a passenger who was a client, the driver might be held liable, not withstanding any insurance coverage which TRU might have.

TRU Student Accident Insurance covers accidental death and dismemberment (AD&D) and some other expenses for the student only; it does not replace medical insurance or vehicle insurance. Coverage is in effect while the student is on TRU property or participating in a TRU approved activity such as a practicum, or while travelling from TRU or a practicum office to

another TRU/practicum site. Daily commuting between the student's home and TRU campus or practicum site is NOT covered.

Immunizations

All TRU nursing students and faculty visiting health care service delivery sites for clinical placements are considered health care staff and should be protected against vaccine preventable diseases. They must follow provincial and Practice Agency immunizations guidelines and policies. Such policies are based on the Communicable Diseases and Immunization Guidelines from the BC Centre for Disease Control and the Canadian Public Health Agency.

- All TRU nursing students are expected to have a complete immunization schedule on admission to the program.
- Proof of immunity status must be available and the practice agency may request it from students and faculty at any time in preparation for or during a clinical placement.

For more information refer to the Practice Education Guidelines for BC [Immunizations](http://www.hspscanada.net/docs/peg/1_3_immunization.pdf)
http://www.hspscanada.net/docs/peg/1_3_immunization.pdf

Influenza Vaccination

Many practice agencies frequently used by the TRU School of Nursing require students to obtain an influenza vaccination annually prior to attending practice experiences.

TRU Health Services will make arrangements for students and faculty to receive free flu vaccinations annually.

Failure to provide proof of flu vaccination (upon request and in the event of an influenza outbreak) may result in missed practice time and progression in the program may be compromised.

In the event of an influenza outbreak, if a student has a known allergy to eggs, the student may be required to take an antiviral medication. Arrangements for this antiviral medication are to be made on an individual basis between the student and their physician. Written documentation from the physician is requested when a student cannot be vaccinated because of an allergy.

Blood-borne Communicable Diseases

TRU nursing students and faculty who have tested positive for a blood-borne communicable disease (i.e. Hepatitis B, C, D, HIV) are responsible to be aware of protective measures and for taking all measures necessary to protect themselves and others.

Provincial Practice Education Guidelines and Interior Health Authority Policies

Practice Education Guidelines for BC have been developed by the Practice Education Collaborative of BC (PECbc), with representation from BC health authorities, BC post-secondary education institutions, and HSPnet. In addition, the Interior Health Authority (IHA) has developed policies for students placed within IHA (AU1100 Clinical & Practice Education-Student Placements).

Many of the SON Practice policies are based on the Practice Education Guidelines of BC and the IHA AU1100 policies.

The IHA Policy AU1100 Clinical & Practice Education (Student Placements) is available on the IHA Intranet site under the Policies and Procedures Section (search by title of policy)

All of the Practice Education Guidelines of BC are available online at <http://www.hspscanada.net/managing/content-management.asp#Guidelines> or can be accessed via direct link below

Guidelines
Pre-Placement
Placement Process - <i>Draft</i>
Criminal Record Search (Criminal Record Check)
Immunization
Respiratory Protection
Orientation - On Site Faculty
Orientation - Students
On Site - General
Confidentiality of Receiving Agency and Patient Information
Identification
Copyright/Intellectual Property - <i>Draft</i>
Contract Vendor Placements
Remuneration/Reimbursement
Vehicle Ride-Along/Use
Strike/Job Action

Evaluation of Placement Experiences
Professional Behaviour of Students
Student Practice Issues
Usage of Library Services and Resources
Supervision of Students by Staff
On Site - Safety
Personal Conflict & Human Rights
Workplace Health and Safety
Incident Reporting
Communicable Diseases Outbreak -
On Site - Direct Care
Consent for Student Involvement in Care
Autopsy Viewing
Student Scope of Practice
Documentation by Students
Medication Administration
Orders - verbal/written

Specific Limitations and Policies for Students in Nursing Practice

The following policies guide practice as students progress through the program. Nursing students and returning RNs are required to familiarize themselves with the medication, psychomotor skill theory and other related policies for each agency to which they are assigned for nursing practicum experience. Nursing student (including post- RN students) are required to adhere to the guidelines and policies in this handbook.

Students must complete the required theory and psychomotor skill practice prior to performing psychomotor skills in the practice setting.

[CRNBC Scope of Practice for Registered Nurses](#)

Scope of practice refers to activities that registered nurses are educated and authorized to perform. Within the scope of registered nurse practice there are restricted and non restricted activities as well as standards, limits and conditions set by CRNBC.

Restricted activities are clinical activities that present significant risk of harm to the public. As such they are reserved for specific health professions only. Designation of these activities to certain health professions and the presence of limits and conditions help to ensure public safety. Limits and conditions can apply to both restricted activities that require an order and to restricted activities that do not require an order.

In relation to restricted activities for registered nurses that **do not require an order**, students can only perform these if:

- they have some understanding of their intended action
- they have the guidance of their nurse educator and / or preceptor and
- if the action falls within the school and agency policy.
- For example: applying and maintaining restraints does not require an order but the student will have consulted their nurse educator / preceptor, have some understanding of the implications of restraint use and confirm the agency policy about use of restraints

In relation to restricted activities that **do require orders**, students may only perform these if:

- they have some understanding (and in some cases the theory...Intramuscular Injections, blood administration, insertion of foley catheter) of their intended action
- they have the guidance of their nurse educator and / or preceptor and
- if the action falls within the school and agency policy
- For example: students can use preprinted insulin orders if they are made client specific by the health professional ordering them, if the order seems to be evidence based, if the order takes into consideration the individual client characteristics and wishes and if the client has given consent.

Safety to Practice

All nursing students are advised that it is their ethical and legal responsibility to obtain supervision from their assigned nurse educator or designate when carrying out any nursing intervention for which they have not been previously supervised or in which they are not competent. In addition, in any new practice setting and/or course, nurse educators may require students to demonstrate skills previously performed. A student who at any time throughout the educational experience feels uncertain of his/her ability to practice skills effectively and safely must ask the TRU nurse educator for supervision/guidance. If the nurse educator is not available, the responsible RN is to be consulted and the situation reported to the TRU nurse educator.

The guidelines for practice in all Hospitals and Community Agencies are the policy and procedure manuals of the facility or agency. The student is responsible and accountable for abiding by the policies and regulations of any institution visited for the purpose of educational practice. A copy of the agency's policy and procedure manuals are available on request in the agency and/or through the IHA Intra net.

Psychomotor skills testing of selected skills must be successfully completed in the Nursing Learning Resource Centre before performing the skill in the nursing practice setting. Skills requiring return demonstration must be supervised when performed for the first time in the practice setting.

Students in nursing practice courses who are deemed to be unsafe in the practice area may be asked to leave the practice area and must report to the SON Chairperson.

Refer to the CRNBC Web site for the [CRNBC Nursing Standards](#)

<https://www.crnbc.ca/Standards/Pages/Default.aspx>

1. CRNBC Professional Standards for Registered Nurses and Nurse Practitioners
2. CRNBC Practice Standards
3. CRNBC Scope of Practice Standards

Refer to the CRNBC Web site for the [CRNBC Fitness to Practice \(2008, May\)](#) document.
<http://www.crnbc.ca/downloads/329.pdf>

Schedule of Skill Theory and Practice

Students are expected to complete theory and practice of psychomotor skills prior to performing the skill in the nursing practice setting. The following table illustrates which semester the selected psychomotor skills theory and practice are taught.

Skill	Year 1	Sem 3	Sem 4	Sem 5	CPE 3
Personal hygiene	*				
Range of motion	*				
Lifts, Transfers, Positioning	*				
Physical assessment	*				
Elimination needs	*				
TPR & BP	*				
Principles of Medication Administration (PO medication admin)	*				
Medical Asepsis	*				
Standard Precautions	*				
PO, SC, IM Medication Administration		*			
Principles of Surgical Asepsis		*			
Simple dressing change, sterile gloving		*			
Intravenous Infusion – maintenance		*			
Enteral feeds – maintenance & medication administration		*			
Ostomy care		*			
Isolation precautions		*			
Oxygenation (delivery methods)		*			
IV medication (minibag, push, saline locks, IV infusion pumps)			*		
Central line & PICC line – monitor			*		
Urinary catheterization			*		
Complex wounds – Intro (drains, sutures, packing, irrigation)			*		
Chest tubes (care & maintenance)			*		
Nasogastric tubes – insertion, suction			*		
Suctioning – Oral, pharyngeal			*		
Central line (Not PICC)– Dressing change, Tubing change				*	
Blood transfusions				*	
Complex Wounds – Vacuum suction, etc				*	
Parenteral nutrition				*	
Tracheostomy care and suctioning				*	
Intravenous insertions (short-line peripheral)					*
PICC – dressing change, tubing change, accessing capped, blood draw, flushing(see PICC policy pg 61.)					*

Students are Not Permitted to:

- obtain, confirm or verify surgical or procedural consents.
- verify the dosage or witness a medication administered by a RN, LPN, student nurse, or other health care provider.
- witness narcotic wastage.
- do an official narcotic count.
- pick up controlled drugs from the pharmacy.
- administer IV push medications ordered STAT.
- give IV medications via capped central line, capped midline, or capped PICC (see PICC Policy for exceptions).
- give medications via epidural.
- remove epidural catheters.
- set up, change syringe /bag, or adjust settings on PCA or Epidural infusion pumps.
- remove chest tubes.
- interpret obstetrical non stress tests.
- administer anti-neoplastic medications intravenously.
- initiate IVs for children age 5 and under. (under review)
- access renal dialysis ports/shunts/lines. (under review)
- perform [CRNBC Section 8 Restricted Activities for Certified Practice.](https://www.crnbc.ca/Standards/CertifiedPractice/Pages/Default.aspx)
<https://www.crnbc.ca/Standards/CertifiedPractice/Pages/Default.aspx>
- Access CVADs

Documentation

- Students are required to document their care according to the practice agency's documentation standards and CRNBC Standards of Practice.
- Students are to use **only** abbreviations listed in the practice agency's policy.
- For paper based documentation student signatures will include their Given name (initial), Surname, SN/BSN, TRU (for example: D. Smith, SN/BSN, TRU). In agencies that require a "Chart Signature Record", the student will 1) print their full given name and surname, 2) indicate SN/BSN and year of study (e.g. SN/BSN -Yr2), 3) provide a sample signature and sample initials, and 4) the date the form was completed.
- For electronic based documentation, students must use their own user ID and access code.
- For more information refer to the Practice Education Guidelines for [BC Documentation by Students GL #4-4](http://www.hspcanada.net/docs/peg/4_4_doc%27n_by_students.pdf) at http://www.hspcanada.net/docs/peg/4_4_doc%27n_by_students.pdf and the [CRNBC Practice Standard for Documentation](http://www.crnbc.ca/downloads/334.pdf) at <http://www.crnbc.ca/downloads/334.pdf>

Supervision of Psychomotor Skills

The following chart reflects TRU SON policy and will provide students, faculty, and preceptors/field guides with quick reference regarding the level of supervision required for performance of specific psychomotor skills in the different semesters of the program.

Theoretical knowledge about the skill prior to the performance is an expectation. For detailed information about each skill please refer to the appropriate sections following the chart.

Key:

X	not permitted
DS	Direct Supervision (Nurse educator or Preceptor/Field Guide) each time
DS**	Insulin Pens only may be administered in Sem 2 with nurse educator's Direct Supervision each time
S	Direct supervision by nurse educator, at discretion of nurse educator may give dose of same medication to the same client independently
SI	At discretion of nurse educator or preceptor may give independently
PICC	Only students who have successfully completed the PICC learning module, quiz and return demo

	1	2	3	4	CPE 2	5	6	CPE 3	7	8
Anticoagulants (Oral & Parenteral)	X	X	DS	DS	DS	DS	DS	DS	DS	DS
Insulin	X	DS**	DS	DS	DS	DS	DS	DS	DS	DS
Digoxin (Peds)	X	X	DS	DS	DS	DS	DS	DS	DS	DS
All meds in Labour & Delivery	X	X	X	X	DS	DS	DS	DS	DS	DS
Minibags via shortline peripheral IV	X	X	X	S	S	SI	SI	SI	SI	SI
Minibags via shortline peripheral saline lock	X	X	X	DS	DS	DS	DS	DS	DS	DS
IV push (direct IV) Meds (routine)	X	X	X	DS	DS	DS	DS	DS	DS	DS
Minibags via shortline peripheral, Central line, Midline, PICC with infusion running	X	X	X	DS	DS	DS	DS	SI	SI	SI
IV push or Minibag via Capped Central Line, Midline, PICC	X	X	X	X	X	X	X	PICC	PICC	PICC
IV Push Stat or urgent	X	X	X	X	X	X	X	X	X	X
Insert shortline IV catheter	X	X	X	X	X	X	X	DS	DS	DS
Student Blood Transfusionist	X	X	X	X	X	DS	DS	DS	DS	DS
Change Central Line tubing up to the extension tube (not PICC)	X	X	X	X	X	DS	DS	DS	DS	DS
Change central line dressings (not PICC)	X	X	X	X	X	DS	DS	DS	DS	DS
Care of PICC – Dressing change, tubing change, flushing, blood draw	X	X	X	X	X	X	X	PICC	PICC	PICC

Medication Administration Limits and Conditions

- Prior to administering the initial dose (ID) of a medication, students are expected to check the original physician's order against the client's Medication Administration Record (MAR) for accuracy and RN /LPN verification (verification dependent on agency policy). ID - is the initial dose the client receives of a particular medication in a hospital/agency, not the first time the student gives a medication.
- Nursing faculty or RN preceptors must supervise the preparation and administration of all medications, fractional doses, narcotic or controlled drugs until the nurse educator or RN preceptor feels the student has successfully demonstrated competency and consistently follows the 7 rights of medication administration. (IHA Policy AU1100 and Practice Education Guidelines for BC)
- Medications dependant on laboratory values must have the dose verified by nursing faculty or a Registered Nurse. (IHA Policy AU1100)
- The preparation and administration of the following medications **require direct nurse educator or RN preceptor supervision each time the medication is given**. The medication administration record is to be co-signed by the nurse educator or RN preceptor who has verified that the drug and dose is correct.
 - oral and parenteral anticoagulants
 - insulin
 - digoxin in paediatrics
 - medications in labour and delivery
 - IV push (direct IV) (Refer to IV Therapy Limits and Conditions)
- For more information refer to the Practice Education Guidelines for BC "[Medication Administration](http://www.hspscanada.net/docs/peg/4_5_medicationadministration.pdf)" http://www.hspscanada.net/docs/peg/4_5_medicationadministration.pdf

Narcotic Administration Limits and Conditions

- Narcotic keys may be used by a student nurse for the time frame in which the student is preparing and administering a prescribed dosage to a client. (IHA Policy AU1100)
- When a fractional dose of a controlled drug is prepared by a student, the discarded portion must be witnessed by a RN or nurse educator. Students are not permitted to be the co-signer.
- 'Unofficial' narcotic counts may be done by students, but must be followed by regular end-of-shift narcotic counts by agency employees (usually RN or LPN).

Intravenous Therapy Limits and Conditions

- Students may perform IV maintenance and IV medication administration after they have completed the appropriate theory and lab practice, and have nurse educator supervision in the practice setting. The following policies provide additional limits and conditions.

IV Minibags

- Students are **NOT** permitted to give any IV medications via a **capped** Central Line (CL), Peripherally Inserted Central Catheter (PICC) or Midline Catheter. See PICC line policy for exceptions.
- Administration of medications via minibag through a shortline peripheral IV with infusion running:
 - Beginning in Semester 4 students may administer medications via minibag through shortline peripheral IV's (infusion running) after they have completed the lab and are directly supervised by a nurse educator.
 - At the discretion of the nurse educator, **repeated doses of the same medication to the same client** may be given independently.
 - Beginning in CPE 3, at the discretion of the nurse educator or preceptor students may administer medications independently via minibag through shortline peripheral IV's (infusion running).
- Students must be **directly supervised** by their nurse educator or RN each time a medication is given via minibag through a shortline peripheral Saline/Heparin lock device. (i.e. the saline or heparin flush prior to and following the minibag must be supervised)
- Students in Semesters 4 through 6, must be **directly supervised** by their nurse educator each time a medication is given via minibag through a:
 - CL catheter (with infusion running)
 - PICC line (with infusion running)
 - Midline Catheter (with infusion running)
- Beginning in CPE 3, at the discretion of the nurse educator or RN preceptor students may administer medications independently via minibag through a:
 - CL catheter (with infusion running)
 - PICC line (with infusion running)
 - Midline Catheter (with infusion running)

IV Push/Direct IV (including saline flushes)

- Administration of medications **via IV push**:
 - Students are **NOT permitted** to give stat or urgent medications via IV push
 - Students are **NOT permitted** to give any IV push meds via a capped CL, PICC or midline catheter. (see PICC policy for exceptions)
 - Students may administer routine IV push medications under **direct supervision of the nurse educator or RN preceptor each time the medication is given** via
 - Shortline peripheral IV catheters
 - Shortline peripheral Saline/Heparin lock device
 - CL catheter (with infusion running)
 - PICC line (with infusion running)
 - midline catheter (with infusion running)
 - For all IV push medications, the student and the nurse educator or RN preceptor will:
 - check the medication administration record to establish the time the last dose was administered
 - confirm the container from which the medication was drawn and the dosage
 - go to the bedside and verify the identity of the patient
 - verify the above steps were followed by co-signing the medication administration record
- IV insertions
 - Beginning in CPE 3, students may insert short line peripheral IV cannulas after they have completed the workshop and supervised psychomotor practice.
 - In CPE 3, all IV insertions must be supervised by a nurse educator or RN
 - After successful insertion of at least two intravenous cannulas and at the discretion of the nurse educator or RN Preceptor, the student may initiate intravenous therapy independently.
 - only two (2) attempts at initiating an IV are permitted with each client. If unsuccessful the student must ask an RN to initiate the intravenous
 - Students are not permitted to start an IV on children under the age of 5 (under review)
- Care of Central Lines
 - Beginning in Semester 5, students may change central line tubing down to the extension tubing (not including the extension tubing) and central line dressings under direct supervision of a nurse educator or RN.
 - Students are not permitted to change dressings or tubing on Midlines or PICC lines, until they have successfully completed the PICC Module, quiz and return demo..

Peripherally Inserted Central Catheter (PICC) Policy

NURS 4380 (Sem 7) & NURS 4210 (Sem 8) may be involved in care of PICCs after completing the following criteria. Students in NURS 3380 (CPE 3) may be involved with PICC care on occasion, for example in areas where the RNs have considerable experience and care for PICCs on a frequent regular basis.

- Consult with nurse educator to discuss process and determine practice feasibility
- Review the TRU Nursing PICC Manual for BSN Students (posted on BB)
- Complete the PICC post-test with a pass mark of 80%
- After successful completion of the PICC post-test and laboratory demonstration, perform a return demonstration in practice with a designated RN/preceptor.

Once students have completed the above requirements they may perform the skills listed below under the direct guidance of an RN. Agency policy and RN experience with PICC procedures varies between agencies and Health Authorities. Students are required to consult with the individual nurse educator prior to performing PICC maintenance skills. The nurse educator will decide if the student may proceed, based on the knowledge, experience and comfort level of the supervising RN.

The PICC skills that may be performed under the **direct supervision** of an RN are:

- accessing a capped line
- flushing and administering medications through a capped line
- changing a PICC dressing
- drawing blood
- changing lines

The RN must co-sign for the completion of the PICC procedures performed.

Blood Component Administration – Limits and Conditions

Beginning in Semester 5, the student can:

- be the 'student transfusionist' in which case the student can do all of the transfusionist tasks if directly supervised by the transfusionist and the transfusionist co-signs. The transfusionist must be physically present and overseeing and able to respond in the event of an adverse reaction. The transfusionist is ultimately the responsible provider;
- be the transporter;
- complete assessment checks as assigned by the transfusionist if they are not the 'student transfusionist';
- provide general care for the stable patient during transfusion under RN direction;
- provide general care for the stable patient for the first 24 hours post transfusion under RN direction.
- Students cannot be the 2nd person verifier.

Immunizations Given by Student Nurses (IHA Policy)

Due to limited time in practicum settings, the increasing complexity of scheduling and the challenges of administering new vaccines:

1. Students in IHA will not administer immunizations in Child Health Clinic (CHC) in Public Health settings. Students can participate meaningfully in CHC by obtaining informed consent and counseling about the immunizations. They can offer anticipatory guidance/teaching and counseling to families, focusing on growth/development of pre-school children. Some Health Authorities provide students with the education required for immunization certification in CHC. This provision should be established on an individual student basis by faculty at the beginning of the semester. If students successfully complete the certification requirements they may give immunizations in CHC under the close supervision of a preceptor and with the permission of the educator.
2. Students can give single dose immunizations to children in elementary and secondary school settings under the supervision of their PHN preceptor or nurse educator. Students will not be required to complete the immunization certification process, but must attend the appropriate orientation session. (IHA Policy AU1100)
 - The student should let their preceptor know how comfortable and confident they feel with this skill and prepare themselves accordingly in the TRU Nursing Resource Center.
 - For clarification:
 - 4th year nursing students, working closely with their preceptor, can give two separate immunizations in the context of a school blitz situation (as per the current recommended vaccine schedule).
 - 2nd year students, who attend flu clinics with TRU nursing faculty, may give a single vaccine only. Students must attend flu clinic orientation (also known as flu school) provided by the nurse educator before attending flu clinics.
3. Students can give single dose vaccines to adults, such as Td and pneumococcal, with preceptor support.
4. Students can administer and read Mantoux tests, with preceptor support
5. The documentation standard for iPHIS (Public Health Information System): "IH will not give PHIS ID to students. All students who provide service to clients will enter data into iPHIS under the log-in codes of their mentor or staff member

observing them. The student is to use the provider code “other” and will write “first name, last name, student nurse” in the comment lines in the IMMS screen and in the checklist screens.

Miscellaneous Practice Policies and Guidelines

- Students may witness Admission to Hospital Consents, Privacy of Information Consents as well as Patient Effects and Valuables documents.
- Verbal or Telephone Orders from authorized professionals* may be accepted beginning in Semester 5, and only when the nurse educator or RN preceptor/field guide hears the order directly as well (via speaker phone , 3 way teleconferencing, or in person). The RN verifying the order will cosign/initial the order. These guidelines are identified in the BC Practice Education Guidelines, and have been adopted by IHA. For more information refer to the Practice Education Guidelines for BC: http://www.hspscanada.net/docs/peg/4_6_orders.pdf
- * Health professionals authorized to give orders to registered nurses under the Health Professions Act are physicians, midwives, podiatrists, nurse practitioners, naturopaths and dentists.
- Beginning in Semester 5, students may transcribe and/or check orders when they are directly supervised by a nurse educator or RN preceptor/field guide and the work is checked for accuracy by the nurse educator or RN preceptor/field guide . All orders and medication cards and/or MAR's must be checked and initialed as correct by a RN. Students must have unit dose medication administration records co-signed as correct. For more information refer to the Practice Education Guidelines for BC “[Orders](http://www.hspscanada.net/docs/peg/4_6_orders.pdf)”

Library/Resources of Practice Agencies

- Due to the large number of students in a variety of health care programs and the limited resources in agencies, students are reminded to consider the impact of their request for information. Students must have the expressed permission of the agency in order to borrow resources and/or use photocopiers.

Practicum Placements

Students in the BScN program will have practicum placements in a variety of settings in Kamloops, Williams Lake and surrounding areas. Students can expect to travel to locations other than Kamloops or Williams Lake, starting in Year 2 of the program. Students in semesters 1 to 5 are in instructor led practice groups in particular agencies as

predetermined by nursing faculty in order to engage students in nursing in a variety of contexts to facilitate graduate ability to meet the *Competencies in the Context of Entry-level Registered Nurse Practice in British Columbia* (2009) requirements of CRNBC.

In semesters 3, 4, and 5, practice groups are developed for placements locally as well as other surrounding areas within the Thompson Cariboo Shuswap Health Service Area. Students may also have practicums in the evening, weekends, 12 hour shifts and are expected to adjust their schedules accordingly.

As students develop as a nurse increasingly placements become diverse and afford a degree of student choice. In particular, students can expect to be placed in practice settings outside Kamloops/Williams Lake during **NURS 3510, 3380, 4380, and 4210** to maximize placement utilization and student development while meeting the entry-level competencies required for a graduate nurse according to CRNBC. Access to Practice Placement information (processes, resources, preference forms for local, provincial, national and international placements) for Semester 6 and beyond is available the Blackboard Learning Management site: Practice Placement B.S.N. BScN Year 3-4.

All students are expected to travel to locations other than Kamloops or Williams Lake throughout the program and are responsible for accommodation and travel expenses.

Practice Placements (Sem 6, CPE III, Sem 7 & 8)

Decisions regarding placement outside of Kamloops/Williams Lake by the School of Nursing from Semester 6 onward are based on the following general principles and practical considerations:

- Placement site/healthcare agency is appropriate/available for the course and student level
- Student practice history and readiness, as assessed by faculty, for increasingly
 - independent and indirect faculty supervision.
- Transportation, living costs, and payment of any agency specific fees, additional criminal record checks, immunizations, passports, visas, and additional extended health coverage -or –out of province coverage from BC Medical Service Plan(recommended for national or international practice-education opportunities) are the responsibility of the student. Out of province placements are normally not covered by Worksafe BC or any other Worker's compensation by another province.
- Student indication of preference (provided placement office can accommodate) in combination with educational goals and supporting evidence when required by healthcare agency. (See preference forms).

- Preference forms to be submitted via the Blackboard Assignment Box under Practice Placement B.S.N. Year 3-4 by the due dates sites on this learning management system.
 - **Placement requests within BC** are normally submitted 4-6 months ahead of practicum start date.
 - **Placement requests beyond BC** are normally submitted 8-12 months in advance of practicum start date to insure legal contracts are in place between TRU and the agency.

Practice Placement Snapshot

Year 1	Year 2	Year 3	Year 4
Semester 1: groups in the community assessing health Semester 2: groups in local residential care	Semester 3, 4, & CPE 2: -groups in Medical, Surgical, Maternal/Child Health and Mental Health -local and out-of-town	Semester 5, 6 & CPE 3: -groups, individual & preceptor placements -local, out-of-town & International	Semester 7 & 8 -local & out-of-town -perceptored placement semester 8

Important student information:

- When applying for a distance practice placement in CPE's (NURS 3380, 3390) and Semester 8 (NUR 4210) students need to plan ahead to insure that they meet the guidelines of eligibility listed below. The Practice Placement Coordinator (PPC) and the Distance Practice Placement Committee (DPPC) are available as resources for students interested in pursuing this option.
- There is no guarantee that a request to an agency will be filled. Legal contracts must be in place between TRU and the agency.
- To facilitate the learning in this type of placement, the student must have strong practice performance with the ability to work independently with minimal supervision from the nurse educator.

Application Process for Distance Placements

- Students considering a distance practicum must submit of letter of application to the Practice Placement Coordinator. Deadlines will be posted via email.
- **Placement requests within BC** must be submitted 8 months ahead of practicum start date. (subject to change)
- **Placement requests beyond BC** must be submitted 12 months in advance of practicum (subject to change)
- Letter of application must be submitted by email attachment to the PPC.

Information to include in the letter:

- In the upper right hand corner of your letter outline:
 - Requested course # (e.g., NURS 3380, 3390 or 4210)
 - Student name
 - Date of application
- Identify agencies you are interested in (e.g., Kelowna General Hospital, Fraser Valley Public Health, etc.)
- For students applying for international placement, identify the country of preference
- Explain your rationale for how this placement relates to your previous experiences (e.g. employed student nurse or completed speciality courses) and to future career goals
- Describe how you will prepare for this experience (e.g., theory and practice preparation)
- Outline transportation and accommodation plans.

Nursing 3390 – FOCUS ON INTERNATIONAL NURSING

- There is a surcharge applied to this International practicum course. Additional financial costs are the responsibility of the students (e.g. passports, visas, immunizations, travel, and accommodation, etc)

Approval Process for Distance Placements

- The DPPC will review the applications and will access student files and nursing faculty for information on student academic and practice performance.
- Students will be informed via email with the decision of the DPPC. A copy of this email will be placed on the student file.
- Approval may be deferred if there are concerns regarding academic or clinical performance. The student will be notified via email of any change in status.
- Placement approval is contingent on continued strong academic and clinical performance. If at any time the student is not meeting the expected standard, the DPPC will review the student's status and approval may be revoked.

Requesting Information from Community Agencies

Many student papers and projects can benefit from the information and expertise available at community agencies. Most people are willing to provide learners with information; however, these agencies have busy schedules and need to carry on their business while at the same time assisting students in an organized fashion.

The following guidelines will facilitate this process for both students and agencies.

1. Research the topic **FIRST** at the TRU and/or public library--ask the librarians for help. (Be specific and know the library basics about your topic--outside agencies do not appreciate students who are vague and unprepared.)
2. Phone to set up an appointment. Do not just drop in. Before phoning to enquire, prepare the following information:
 - who you are and your program of studies
 - what specific information you are looking for and what it will be used for
 - flexible dates and times you are available for a meeting
 - a phone number for the contact person to get back to you
3. Phone the agency and ask who could assist you in finding the desired information, and request a meeting. If the person is too busy to meet with you, ask if there is someone else or somewhere else to obtain the information.
4. If time permits, an initial letter, email or fax, including all of the above information is also an appreciated method of professional contact, and may avoid the common problem of telephone tag.
5. **Never miss a scheduled meeting.** Phone and cancel or rebook if possible.
6. Develop a list of questions for the meeting and do not overextend your welcome by taking more time than originally determined.
7. Promptly return any materials that you borrowed.
8. Ways to thank others for contributing to your education:
 - offer to provide a copy of your assignment
 - send a thank you card or a small memento with a TRU logo
 - invite the agency contact person to your class or presentation (if applicable)

Reporting/Recording Unusual Occurrences Involving Client Safety

Any student who is responsible for, witnesses, discovers an unusual occurrence involving client safety, including medication errors or unsafe practice on any unit, is required to complete an agency unusual occurrence form (sometimes called an incident report). In collaboration with the nurse educators, students are to:

- explore potential causes of error and its relevance to current educational practice
- explore strategies in order to prevent a reoccurrence of the error, if applicable

On the recommendation of the nurse educator, any student considered to be unsafe in the practice area because of frequent occurrences of unusual incidents, such as medication errors, failure to follow policies and procedures, etc., may be:

- assessed for safety to continue practice
- interviewed by the Chairperson Nursing Program
- required to withdraw from the Nursing Program before the end of the course due to potential safety risk to clients

In the Event of an Unusual Occurrence in a Health Agency (Including Medication Errors)

A. The Student will:

1. Ensure client safety (Examples: assess vital signs/neuro signs, physical well-being, etc., assess for medication adverse reactions, assess client for any untoward outcomes as a result of the unusual occurrence) and/ or follow agency policy
2. Notify the nurse educator and the responsible RN / LPN as soon as possible
3. Notify the physician responsible for the involved client. Note physician notification on unusual occurrence form.
4. Complete an online or hard copy of the agency Unusual Occurrence or Medication Error form with the nurse educator or RN preceptor. (In IHA complete the Safety Event Report form and print a copy before submitting online). Give a printed copy (if available) to the nurse educator ensuring there are no client identifiers on it.
5. Complete the student comment section on TRU Unusual Occurrence Report form. (See [Appendix G](#))
6. Ensure that the appropriate agency personnel are aware of any follow-up.

NB: Students who have safety concerns while in the community are encouraged to leave the situation immediately, follow up with their preceptor and nurse educator.

B. The Nurse Educator will:

1. Assist the student in filling out forms if necessary.
2. Notify ward staff and/or physician, if necessary.
3. Provide the student with necessary counselling and suggested actions for improvement.
4. If applicable, sign the agency form indicating awareness of unusual occurrence.

5. If a hard copy is available, block out the client's name and photocopy the form and place this copy along with the Thompson Rivers University Unusual Occurrence form in the student's PAF. **Send one copy to the appropriate year coordinator.**
6. Submit practice agency forms to appropriate people, according to agency policy.
7. Report any serious medication errors or multiple (3 or more) medication errors to the Chairperson, Nursing.

The School of Nursing Unusual Occurrence Report can be found in Appendix G.

TRU and School of Nursing Health and Safety Policies

Workplace Hazardous Material Information System (WHMIS)

All nursing students are required to obtain WHMIS certification prior to entering the program. An online course is available through TRU. For information on enrolling in OCHS 086 contact the [TRU Continuing Studies Health and Safety](#)
<http://www.tru.ca/contstudies/courses/healthsafety.html>

Fire Emergency Procedures

In the Event of an Emergency Evacuation/Fire Alarm Do NOT PANIC. Evacuate the building, following the instructions given by the designated fire warden and/or alternate. For more information on TRU Fire Emergency Procedures go to the Occupational Health and Safety Web site: http://www.tru.ca/hsafety/emergency/incident_response_procedures/fire.html

TRU Harassment Policy – ADM 06-0

It is the policy of The Thompson Rivers University (TRU) that all employees and students have a right to work and study in an environment that asserts and supports their fundamental rights, personal worth and human dignity. Under the B.C. Human Rights Act, every person has the right to freedom from harassment, and TRU acknowledges its responsibility in protecting this freedom. TRU will not tolerate harassment in any form, and considers it to be a serious offence subject to a range of disciplinary measures.

If students, faculty or staff believe they are being harassed, contact the TRU Harassment Advisor

For more information on [TRU Harassment Prevention Policy](#) go to the [Harassment and Discrimination Prevention Committee Web site](#):
<http://www.tru.ca/committees/harassment/index.html>

WorkSafeBC

Students enrolled in Nursing Practice courses are covered by WorkSafeBC in British Columbia under the *Worker's Compensation Act*. Refer to:
http://www.worksafebc.com/claims/claims_faqs/default.asp#Claims%20basics

Students in practice at agencies located outside of B.C. are NOT covered by WorkSafeBC. However, each province has the *Worker's Compensation Act* that covers accidents to workers. TRU has a Student Accident Insurance Plan plus you should make arrangements for additional insurance independently when you have a practicum out-of-province (BC).

Injury or Incident during Practice or in the Nursing Resource Centre

Work-related injury, incident/disease is one that arises of and in the course of employment (students in practice courses) or is due to the nature of employment. For a disease, this means that the disease contracted must be caused by the work or the work environment in order to be covered by *WorkSafeBC*. This includes bloodborne pathogen or body fluid exposure.

Reporting injury or incident: Any incident that results in a worker receiving medical attention or time-loss from work must also be reported to WorkSafeBC: If the incident occurs in an Interior Health Authority agency call the Interior Health Employee incident report line.

If a worker (student) is injured on the job (in practice), the worker (student), employer (TRU) and the worker's treating physician **MUST** report the injury or incident to *WorkSafeBC* **within 3 business days. (TRU OH&S will do this once they receive the forms)**

1. An injury, incident, or blood borne/communicable disease exposure needs to be reported to the nurse educator immediately.
2. Seek immediate treatment if necessary. The student can go to the Emergency Department or else a physician's office/clinic. Inform the physician that this is a work-related injury, incident or exposure.
3. The nurse educator is to inform the SON Chairperson of the incident as soon as possible- Donna Petri 250.828.5443
4. Most original forms are sent to TRU Occupation Health & Safety within a specific time period. Copies of all forms completed should be:
 - a. attached to students PAF or file
 - b. copy to the student
 - c. copy to the Year Coordinator

Thompson Rivers University Forms

1. Complete a TRU SON Unusual Occurrence Report (see Appendix G). Original form to student's file (PAF), copies to student, and Year Coordinator.
2. Complete a [TRU Hazard/Incident Report Form](#) with the nurse educator **for all injuries, incidents (exposures) near miss incidents. This is to record and track the occurrence. Original form to TRU OH&S OM1479 within 3 days**

<http://www.tru.ca/shared/assets/hazardandincidentreportform9149.pdf>

WorkSafeBC Forms

If the student seeks medical attention (**Emergency or physician, not a First Aider**) then complete the following forms: Form 6A-Student and Form 7- Nurse Educator
Inform the physician that this is a work related injury/ incident/exposure as they must complete [Form 811](#) for *WorkSafe BC*. WorkSafeBC forms need to

3. Report the injury/incident/exposure to *WorkSafeBC* use [Form 6A: Worker's Report of Injury or Occupation Disease](#). This form must be completed by the injured person (**STUDENT**) **within 3 days, submit original copy sent to TRU OH&S.**
Do not submit Form 6A to *WorkSafeBC* as TRU OH&S will do this.

<http://www.worksafebc.com/forms/assets/PDF/6a.pdf>

4. Report the injury/ incident/ /exposure to *WorkSafe BC*, using [Form 7: Employer's Report of Injury or Occupational Disease](#). This form must be completed by the student's **NURSE EDUCATOR** (employer of TRU) **within 3 days, submit original copy to TRU OH&S.**
Do not submit Form 7 to *WorkSafeBC* as TRU OH&S will do this.

<http://www.worksafebc.com/forms/assets/PDF/7.pdf>

IHA Agency Reporting

A student or nurse educator **DOES NOT** report an incident or injury to IHA as you are a TRU employee. (complete the above forms and submit to TRU OH&S)

If there is a blood borne pathogen/communicable disease exposure to a student/nurse educator, while practicing in IHA, a report needs to be phoned into the IHA Incident Report Line at 1-866-899-7999.

Blood Borne Pathogen Exposures (IHA Employee Health and Safety)

Definition of Exposure

An employee or student with:

- A parenteral exposure (e.g., needle stick or cut) or mucous membrane exposure (e.g., splash to eye or mouth) to blood or other body fluids.
- A cutaneous exposure to blood or body fluids when the exposed skin is broken, cracked, abraded or afflicted with weeping or open dermatitis.

In the event of exposure to a blood borne pathogen students/faculty working in Interior Health Authority facilities are to follow the following steps immediately. Students working outside of IHA must consult the agency policy and procedure for exposure to blood borne pathogens. The following guidelines reflect IHA Workplace Health and Safety procedures.

Immediate First Aid and Management

An employee or student who has experienced a needle stick or blood splash must:

1. Seek assistance from fellow staff member if necessary.
2. Apply immediate first aid:
 - a. Reduce contamination by washing the wound with soap and water or flushing blood from eyes, mouth or nose with large amounts of clear water.
 - b. If blood gets on the skin but there is no cut or puncture, just wash thoroughly with soap and water. This is not considered an exposure and no report or follow-up is necessary.
3. Report the incident to your nurse educator (or unit manager/preceptor if appropriate) immediately.
4. Report to Emergency. A source risk assessment will be completed. *You will need the client's full name and correct spelling with you.* If necessary, the physician or their designate will arrange consent for blood work for HIV / hepatitis testing from the involved client. If necessary you will be offered counselling regarding the use of antiretroviral therapy.

Please note: To be most effective this therapy must be started within 2 hours of exposure. All emergency departments in IHA have packages containing the correct forms for you to fill out.

5. Call the Interior Health Employee incident report line 1-866-899-7999. If you are calling after hours leave a message and someone with IHA Workplace Health and Safety will contact you the following day. *They will also need the correct spelling of the involved client.* Again please be clear that you are a student at TRU.

Sources:

IHA inside Net / employee health & safety / occupational health / blood borne pathogen exposures

[Practice Education Guidelines for BC: Workplace health and safety
http://www.hspscanada.net/docs/peg/3_2_workplace_health_safety.pdf](http://www.hspscanada.net/docs/peg/3_2_workplace_health_safety.pdf)

SON Student Activities and Organizations

Nursing Undergraduate Society (NUS)

The NUS is the nursing student government. The NUS executive and class representatives demonstrate leadership and commitment to the organization of activities for benefit of all nursing students.

The purpose of the Nursing Undergraduate Society is to:

1. Provide a means for effective participation and implementation of Nursing Student affairs at TRU.
2. Provide an official and responsible student organization with the purpose of participating in decisions affecting Nursing Students at TRU.
3. Encourage interaction and communication amongst the various semesters
4. Promote educational and social activities of the Nursing Student body.

The executives of this society are called the Student Board. This Student Board consists of a president, vice-president, treasurer, secretary, representatives from each of the eight semesters, and a representative faculty member. NUS Web site address is under revision.

College of Registered Nurses of BC Student Representative Program

The vision of the CRNBC Student Rep Program is "Excellence in nursing through the development of visible student leadership" (CRNBC Student Representative Program Handbook, 2008, p. 1).

"The focus of the CRNBC Student Rep Program is to develop student representatives who are well informed about self-regulation, professional standards, nursing issues and CRNBC Resources. Students...are a direct link between CRNBC and their student colleagues... Student representatives are also a part of a network of CRNBC liaisons in their region" (CRNBC Student Representative Program Handbook, 2008, p. 1).

TRU Student representatives meet regularly with the CRNBC Regional Nursing Practice Advisor and the TRU SON Faculty Liaison to plan a variety of CRNBC Student Rep led activities throughout the year.

Students interested in becoming Representatives are invited to contact Catherine Johnson, Regional Nursing Practice Advisor, Joanne Jones, SON Faculty Liaison (Kamloops), Amelia Chauvette, SON Faculty Liaison (Williams Lake) or any of the current Student Reps.

School of Nursing Committees

Student participation is welcomed and encouraged on SON Committees. Requests for formal representation on SON Committees are vetted through the Nursing Undergrad Society.

Examples of various committees are:

Curriculum Committee

This is the first place program/curriculum issues may be considered. It is advisable that students write letters to the committee or request time with the committee to make presentations on issues relevant to curriculum.

Program Evaluation Committee

The mandate of this committee is to collect information about the BScN program at various points in the program from a variety of sources. This includes students, employers, preceptors, clients, graduates. This data is analyzed and used to inform changes to the curriculum and it is used to guide us in achieving the standards for program recognition by CRNBC and for accreditation from the Canadian Association of Schools of Nursing. CRNBC Program Recognition is required. CASN Accreditation is a voluntary process.

Nursing Council Committee

This committee primarily examines interorganization, interagency, provincial and national issues which influence the operations of the School of Nursing and its programming (e.g., BSN degree, Post-RN BSN degree, Primary Care Clinical Program, Mental Health Specialization in preparation for a new Tertiary Psychiatric Unit in Kamloops).

School of Nursing Advisory Committee

This committee is made up of stakeholders (employers, nurses, and students) and serves to provide the School with information about societal and health trends that shape the offering of the TRU Nursing Program. There is one student rep that is appointed by the President

Appendix A: Employed Student Nurses College of Registered Nurses of British Columbia Policy

In British Columbia, student nurses who are registrants of the College of Registered Nurses of British Columbia (CRNBC) may be employed in a health care setting and carry out nursing activities provided they work under the supervision of a named registered nurse. Employed student nurses must be enrolled during the employment period in good standing in an entry-level nursing education program. The practice of employed students is one of consolidation of current learning. Employed student nurses must work within the competencies they have attained from learning activities in their educational program. At all times, employed student nurses are responsible and accountable for their practice, and if concerns arise, they should contact CRNBC Practice Support for advice. CRNBC strongly encourages the use of the title “employed student nurse” in order to clarify to the public and others the student’s registration status as a learner not a qualified professional. (CRNBC, 2007, p. 1)

The complete policy document [Employed Student Nurses](http://www.crnbc.ca/downloads/435.pdf) is available on the CRNBC website <http://www.crnbc.ca/downloads/435.pdf>

Reference

College of Registered Nurses of British Columbia. (2007, April). *CRNBC policy: Employed student nurses* (Publication No. 433). Vancouver, BC: Author

Appendix B: TRU SON General Marking Criteria for Scholarly Papers

A Paper:

In summary, an **A paper** is work of exceptional quality that demonstrates excellent comprehension of topic, sound critical thinking, and considerable effort and personal involvement with the topic. An A paper demonstrates the following qualities:

- The paper is well organized
- Topic is clearly defined and the writing flows easily with logical sequencing of points/issues
- The content is tightly focused on the topic.
- The content includes clearly defined and accurately used relevant definitions.
- Excellent use of relevant literature is included and there is evidence of initiative and industry in reading background (original sources, recent and relevant research, critical essays).
- The topic is broadly perceived in relation to the nature of the assignment; manifests that the writer is well informed; reflects intellectual curiosity.
- Theoretical data/material is clearly used and effectively presents viewpoint.
- Conclusions and inferences are clearly established, appropriate and justified by data presented or reference used.
- Format is consistent and appropriate throughout.
- Writing is tightly constructed, clear, with not pretentious phrasing, is non-repetitive, well-edited, with pertinent examples.
- Correct APA style with good integration and accurate documentation of references.
- Punctuation, spelling and grammar is problem-free.

B Paper:

In summary, a **B paper** reflects good quality work with no major weaknesses. There is evidence of critical thinking, adequate comprehension, and personal involvement in the work. The following qualities represent a B paper.

- The paper is quite well organized.
- The topic is adequately defined and the writing generally flows easily with logical sequencing of points and issues.
- Content is focused on topic.
- Critical definitions are included.
- There is good use of relevant resource materials
- Topic is more narrowly perceived but the subject/topic is adequately covered.
- Generally uses theoretical data appropriately in developing the paper; somewhat less scope in theoretical and/or conceptual support.

- Conclusions/inferences generally supported by appropriate data.
- Format is generally appropriate.
- The paper is generally well constructed.
- Correct use of APA style with reasonably good integration and accurate documentation of references.
- Punctuation, grammar and spelling are generally good.

C Paper:

In summary, a **C paper** reflects adequate or average work, a fair level of comprehension of the topic but some weaknesses in content. There is minimal evidence of critical thinking, personal involvement with the topic, and use of the literature. The following qualities represent a C Paper:

- There are some problems with the organization of the paper.
- There are weaknesses in the sequencing of points/issues with missing linkages between and within paragraphs.
- Some of the content is off topic but in general remains focused.
- Some relevant definitions are missing.
- There is either limited use of relevant literature or over-use of references.
- There is evidence of a more superficial approach to the assignment, with a fair coverage of the topic but a tendency to only touch on some ideas (detail lacking).
- There is evidence of the use of theoretical data but application is unclear or inaccurate in some areas.
- Some conclusions and inferences are inadequately supported by the data/references.
- Format is generally adequate with some inconsistencies.
- Problems with over-repetition of ideas, inadequate examples, some areas lack clarity.
- Occasional problems with APA style and integration/documentation of references.
- A few problems in punctuation, spelling, and/or grammar.

D and F papers:

Papers at these levels are seriously flawed and generally reflect poor comprehension of the topic, incorrect or absent information, little evidence of research and/or poor use of the literature, multiple punctuation, grammar, and spelling errors, as well as poor structure.

Appendix C: TRU SON Expectations and Guidelines Relating to APA Style for Student Scholarly Papers

TRU School of Nursing requires the use of the American Psychological Association (APA) style for written assignments. Students are to refer to the Publication Manual of the American Psychological Association (APA) for information regarding how to organize a scholarly paper, express ideas, reduce bias in writing, use correct grammar and punctuation, cite reference within the text of a paper, and create a reference list, etc.

Note:

- Students entering the program in 2009 or later are required to use the 6th edition of the Publication Manual of the American Psychological Association.
- Students in Semesters 7&8 may continue to use the 5th edition.

The information found in this handout identifies TRU SON acceptable modifications to **6th edition** of the APA Manual. Students should refer to specific Course Outlines regarding additional APA requirements for assignments. The page numbers noted below refer to the Publication Manual of the American Psychological Association (6th ed.)

1. General Instructions

- Use 12 point font and acceptable typeface (Times Roman) throughout the paper (p. 228)
- 2.5 cm (1 inch) margins on all sides
- Use correct spacing and punctuation (pp. 87-90)

2. Title Page

- The title of the paper is to reflect the essence of the paper
- Page numbering begins on the title page in the upper right hand corner
- Follow APA guidelines (pp. 229-230)
- Refer to SON example in this Appendix

3. Running Head and Page Headers

- If required by nurse educator refer to APA Manual
- Running heads (pp. 23 and 229)
- Page headers (p. 230)

4. Abstracts are not required unless specifically addressed in assignment criteria

5. Table of Contents

- The APA Manual does not include formatting for Table of Contents. Refer to the example in this Appendix for formatting.
- Page numbering continues from the title page in the upper right hand corner
- No italics or bolding

- Double space between Level 1 headings
- Single space between other levels of headings
- Level 1 Headings are flush left.
- Level 3 and 4 Headings are indented. (see sample)

6. Levels of Headings

- Purpose is to orient the reader and serve as an outline for the reader (pp. 62-63)
- All topics of equal importance have the same level heading throughout the paper
- The length and complexity of your paper will determine the number of levels of headings used (pp. 61-63)
- Level 1 – used for major categories within paper
- Level 3 – related to the Level 1 heading
- Level 4 – relates to the Level 1 and Level 3 heading. First sentence starts one space after the Level 4 heading on the same line

7. Reference list and Citation in text

- Order references alphabetically by author's surname
- Double space within and between references
- List only sources cited in paper
- All sources cited within paper must be in reference list
- See quotation of sources (pp. 174-179)
- See reference citations in text (pp. 174-179)
- See citation of personal communication in body of paper (p. 179)
- See citing and referencing a secondary source (p. 178)
- For detailed information about the Reference list (pp. 180-192)

8. Appendices

- In Canada 'appendices' is correct, 'appendixes' is American English
- If using an appendix, it must be correctly cited and discussed in the body of the paper (pp. 38-39)
- Page numbering continues throughout the appendices (pp. 229-230)
- See Table of Contents example re format for listing Appendices on the Table of Contents page

9. Additional Resources

- TRU Library has a variety of [Online Reference Resources](http://www.tru.ca/library/guides/citation_styles.html) on their Web site
- [APA Style: Learning APA Style](http://www.apastyle.org/electsource.html) <http://www.apastyle.org/electsource.html>
- [TRU Writing Centre](http://www.tru.ca/arts/writingcentre.html) <http://www.tru.ca/arts/writingcentre.html>

Reference

American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

The Concept of Loss and Its Clinical Application

Jane Doe or Student Number

Thompson Rivers University

NURS XXX

Section 01

M. Smith (Nurse educator's name)

Month Day, Year (Date submitted)

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The Concept of Loss and Its Clinical Application
(note: The title is not a level heading)

Introductory paragraph would begin here and continues until the first heading. Note the paragraph is indented.

Loss and Suffering ← (Level 1)

Paragraph would begin here (indented) for a Level 1 heading

Definition ← (Level 3)

The body of the paragraph begins on this line for a Level 3 heading

Research Findings ← (Level 3)

(note: The body of the paragraph begins on this line.)

Impact of grieving on loss. ← (Level 4) The body of the paragraph begins on this line for a Level 4 heading. Note only the first word is capitalized

Health care. ← (Level 4) The body of the paragraph begins on this line for a Level 4 heading.

[Note: This is an example of the use of three different levels of headings. See APA pp. 62-63 if using less than, or more than three levels.]

Appendix D: Journaling (Reflective Writing)

Critical Thinking in Journal Writing

Writing critically involves raising questions, explicating new thinking, and transforming understandings about practice. Through critical reflection there is the potential for developing a heightened awareness by exploring the historical, socio-cultural, political, and economic context that influence nursing practice (some of which maintain the status quo). Individuals are not the only determinants of a situation. The focus shifts from nurses as passive participants to nurses as contributors to people's view of themselves and their understanding of health, healing, and health promotion experiences. Critically re-evaluating experiences is the basis for making change. Educators ask reflective questions to illuminate how interpretations are made and what influences those interpretations. Critical questions go beyond the recall of information and the uncovering of patterns and themes to an examination of the beliefs, values, and taken-for-granted assumptions underlying the experiences, with a view to prompting action.

When students and faculty reflect on what they say and think and find it inconsistent with what they do, an opportunity is created for freedom from habitual responses to situations.

Reflection helps people move to an action-oriented process of making change. Imagining the possibilities for transformation allows one to break out of the taken-for-granted assumptions and generalizations about how the world works.

A number of beliefs and assumptions about critical thinking in reflective journal writing and principles associated with reflective writing follow (Hammond, 1994).

Beliefs and Assumptions about Reflective Writing

1. Reflection can provide links between theory and practice.
2. In reflection we seek connections between theoretical approaches and our own world view.
3. Praxis or reflections in action/practice creates transformative and emancipatory knowledge, that is, realizing what is happening in the midst of action, thus changing the action based on that reflection.
4. Nursing practice is a source of knowledge.
5. Ideas, practices, experiences, and actions are never context-free.
6. Nursing is deliberate, caring, and evolving work. Critical thinkers understand the future as open and malleable, allowing many creative possibilities.

7. Nurses are well acquainted with the suffering experienced by clients and nurses themselves. Modest efforts at making change, often achievable by front-line nurses, do make a difference.
8. Challenging previously accepted beliefs, values, assumptions and behaviours may produce anxiety in the form of resistance, resentment, and confusion, as meaning is made of alternative and the consequences to alternate plans of action. However, abandoning beliefs, values, assumptions and behaviours inhibiting development creates a sense of liberation. Power is realized as attitudes, behaviours, and actions are changed.
9. To think critically about issues causes us to reveal what we think about and take for granted related to the human condition; what decisions we make based on our perception; and how justly, ethically, and caringly we perform our actions.
10. Nurses struggle toward emancipation from unjust, unethical, uncaring, irrational and unfulfilled experiences. Journal writing is an opportunity to explore this struggle.
11. Stories create movement, and move us most when we visit the story and rewrite it (add to it, delete something, just think it over) with a deeper understanding of ourselves and our experiences.
12. Dissonance or tension in our roles and responsibilities causes us to challenge established ways of thinking about and doing things. We learn when we examine the difficulties we have in our lives and try to make changes.
13. Refraining from challenging knowledge, ideas, and actions maintains the status quo. (E. Greene, personal communication, October 21, 1994)

Principles of Reflective Writing

1. Reflective journal writing is an opening; a way to explore what we can become without being judge. Stories are a gift to ourselves and others, and express the uniqueness of individuals and their circumstances, as well as the common ground shared.
2. What we bring to an experience (our situatedness) is essential to our understanding of what occurs. This is influenced by our past (memory), our future (expectations and goals), and our present world views (attention) (Hartrick & Lindsey, 1995)
3. A deeper understanding enables us to integrate former learning with experience, to form relationships between parts of knowledge, and to search for meaning (Boud, Keogh, & Walker, 1985).
4. We reflect because issues arise that need consideration both before and after we act. As nurses, we are agents of history for ourselves and others.
5. Critical reflection promotes an understanding of diversity in beliefs, values, behaviours, and social structures. Any claims to universal truth or total certainty are questioned.
6. The more we share our thoughts and feelings, the more we challenge accepted views of traditions and myths, which have kept alternate interpretations from becoming possibilities.
7. Reflection is a political act.

8. Because reflective writing is a personal journey, students are to write only what they are comfortable sharing (Heinrick, 1992).
9. Journal writings are not right or wrong, they are simply a place to discuss movement in thinking.
10. Journal entries are reflections, which often evoke more questions than answers. The purpose of forming questions is to help focus on personal meaning and interpretation in the reflective moment.
11. Journals are confidential between the student and the teacher. **

Reference for Journaling:

Authors: Elizabeth Lindsey, Liaison Coordinator; Laurene Shields, Resource Development Coordinator; & Carolyn Hammond, Program Coordinator for the Collaborative Nursing Program (Revised 2002). Source: Collaborative Nursing Program in BC..

Completion of journaling may be a required component of course evaluation. Faculty will provide guidance for students as to what components of their journals will and will not be used for evaluative purposes.

Students are to clarify journaling requirements with their practice nurse educators at the beginning of each practice course/rotation.

Appendix E:

**STUDENT RESEARCH FORMS for SON STUDENT RESEARCH
ETHICS COMMITTEE (SREC)**

(Revised June 2011)

Thompson Rivers University
 School of Nursing
 Student Request for Ethical Review

Form #1

Student completion of this form is required prior to any data collection from human subjects that will be used as evidence to inform agency or group policy, practices, or decisions. As part of professional responsibility, students and faculty must remain accountable for their research activities and this document provides evidence of accountability. When completed, and before data collection begins, the following documents must be submitted to the course teacher for review and signed approval:

- a. a copy of this form**
- b. sample of the SON “Agency/Institutional Ethics Review Policies/Procedures and Student Projects Involving Human Subjects Investigation” form (if research is being conducted under the auspices of an agency/institution)**
- c. a sample of the appropriate consent form(s) or script for verbal consent**
- d. a completed telephone contact form (if applicable)**
- e. sample data collection documents**
- f. a copy of the Certificate of Completion of the TCPS-II Tutorial. must be signed by the supervising faculty member**

1. Student investigator names and signatures(s), telephone and email contact
2. Faculty Supervisor’s name
3. Project name and dates during which research will be conducted
4. Year of program for student investigator(s) and associated course or committee
5. Briefly describe the project, including purpose and potential benefits. Include plans for dissemination e.g., presentation, publication and be specific about who will receive the information to be reported and in what format.
6. Identify the process of data collection (Give specifics about what the data collection methods are and include

whether or not the data will be collected via pen-paper, online, taped format, photography, etc.).

- Questionnaires (*attach copy*)
- Interviews/Focus Groups (*attach a sample of questions*)
- Observations (*attach a brief description*)
- Tests (*attach a brief description*)
- Review of records, including medical records
- Telephone Consent Form (*for research conducted by telephone*)
- Other; explain and *attach sample*

Attach a copy of all data collection tools with the various questions, texts, or frameworks for observations and/or review of records, etc.

7. How many participants (subjects) will be in the study, how will they be recruited, and where will the data collection occur?

8. Who will be excluded from participation?

9. Who will consent?

- Competent Adult Subject* (Attach a sample Informed Consent that will be provided to adult participants and/or a sample verbal/telephone script)
- Parent / Guardian* (Attach example of consent form you plan to use)

Please NOTE that if a potentially vulnerable population such as people with mental health challenges, minors, or a non-dominant cultural group are participating in this research, the following TWO ‘signed’ informed consents are required and, as for other consents, must be submitted to the faculty member teaching the course.

*** “Consent form FOR MINORS”**

*** “Informed Consent for Minors and Captive and Dependent Populations by Parent, Guardian and/or Other Appropriate Authority to Participate in a Research Project or Experiment”**

10. What level of risk do you expect participants to be exposed to as a result of the investigative process or project outcomes? Minimal risk is defined as those risks encountered in normal, everyday life.

Physical risk:

minimal risk

more than minimal risk

Psychological/emotional risk:

minimal risk

more than minimal risk

Social risk:

minimal risk

more than minimal risk

Employment risk:

minimal risk

more than minimal risk

If you answered 'more than minimal risk' to any of the above categories you must submit a full proposal to the TRU REC:HS committee. Refer to:

http://www.tru.ca/_shared/assets/hep12876.pdf

<http://www.tru.ca/research/research/forms.html>

If your study has the potential to upset subjects, or identify distressed or disturbed individuals, you must make arrangements to mitigate such effects (e.g., provide access to TRU Counselling Services or other appropriate support service). Describe the arrangements you have made.

11. Will study participants be offered any incentives to participate and if so describe what and why you think it is necessary?

12. Estimate the amount of time each study participant will need to dedicate to the research process.

13. Who will have access to the raw data? If data that identifies individuals is to be made available to persons or agencies outside the researchers (including teacher) explain your reasons.

14. How will confidentiality of the data and other information be maintained? Describe how you will maintain the confidentiality and anonymity of participants' identity when summarizing results for use by others (e.g., agency personnel, committees, stakeholder groups). If anonymity cannot be offered, explain why.

15. What are your plans for the data when you have completed this project? How long will the data be kept? Where will the data be stored.

16. All data collection methods require an informed consent (whether written in a cover letter, introductory paragraph, or scripted for use on the telephone) and should contain the following essential information. Please check that your informed consent has all of the following information and provide a sample of your informed consent.

- a. Title of Project.
- b. Identification of investigators (including a telephone number).
- c. A brief summary that indicates the purpose of the project, including potential presentation a publication if applicable.
- d. The benefits to be derived.
- e. A full description of the procedures to be carried out in which the participants (subjects) are involved.
- f. A statement of the participant's (subject's) right to refuse to participate or withdraw at any time without jeopardizing further treatment, medical care, or class standing as applicable. NOTE: This statement must also appear on explanatory letters involving questionnaires.
- g. The amount of time required of the subject must be stated.
- h. The statement that if the questionnaire is completed it will be assumed that consent has been given.
- i. Assurance that the information that the participant (subject) provides will be kept confidential and a description of how this will be accomplished.
- j. A statement about whether or not anonymity will be offered. If so, how this will occur and, if not, why not.
- k. For surveys circulated by mail, submit a copy of the explanatory letter as well as a copy of the questionnaire.

A copy of the informed consent(s) must be attached to this Ethics Review proposal. See Box #9 for additional directions.

17. In the case of investigations carried out at other institutions/agencies, written proof that agency consent has been received is required (see Form #2). Please provide the name and contact of the person accepting responsibility for seeking permission for students' to investigate the program, policy, practice, etc. and provide the name of the agency where this person is employed or is a volunteer.

Name _____ Agency _____

Phone Number _____ E-mail address _____

Include a sample of the "Agency/Institutional Ethics Review Polices/Procedures and Student Projects involving Human Participants (Subjects) Investigations" form.

A signature is required from the Faculty Supervisor (for TRU REC approved courses) or from the Chair of the SON SREC (for non course approved student research)

Printed Name

Position

Signature

Date

This signature indicates that the Faculty Supervisor or SON SREC has approved the student research and that all required documents are included (such as data collection tools and informed consents). Students are given a copy of the original document and the Faculty Supervisor files the original document in a locked filing cabinet in his/her office. No data collection is to occur prior to approval by the faculty supervisor or SON SREC.

Agency/Institutional Ethics Review Policies/Procedures and Student Projects Involving Human Subjects Investigations.

Before Nursing Students can engage in any primary investigations beyond the daily normal practice of nursing that requires their regular engagement with clients (including access to client records) they must obtain written permission from the agency to do so. Please review this form, sign and return to the nursing student.

I am aware that _____(name of students)

are, under my guidance/direction, engaged in a project

_____ (provide title)

between _____(time period).

This project requires direct participant (subject) investigation (through questionnaires, interviews, focus groups, review of confidential agency records, etc)

I assume responsibility for seeking advice as to agency ethics review policies in relation to human subjects and will advise student in writing of any criteria they must meet before engaging in the investigation.

Name_____

Position_____

Agency_____

Date_____



Telephone Contact Form

1 Telephone contact alone makes it impossible for a signed record of consent to be kept. Indicate why you believe that such contact is necessary to achieve your research objectives.

2 Include a copy of the proposed "front end" of your telephone interview. Please check each item on the following list before submission of request for review to ensure that the front end covers as much as possible of the normal consent procedures.

- Identification of fieldwork agency, if applicable.
- Identification of researcher.
- Basic purpose of project.
- Nature of questions to be asked, especially if sensitive questions to be asked.
- Guarantee of anonymity and confidentiality.
- Indication of right of refusal to answer any question.
- An offer to answer any questions before proceeding (see below, item 3).
- A specific inquiry about willingness to proceed.

3 Indicate how interviewers will be trained to answer respondents' questions. Investigators should prepare and submit "scripted replies", which may cover, but are not necessarily limited to:

- a. Means by which respondent was selected.
- b. An indication of the estimated time to be required for the interview.
- c. The means by which guarantees of anonymity and confidentiality will be achieved.
- d. An offer to provide the name and telephone number of a person who can verify the authenticity of the research project.

Note: Investigators should be prepared, should potential respondents request it, to provide the name of a person outside the research group, as required by Section 9 of the SSHRC guidelines.

4 Sensitive Subject Matter: Respondents should be forewarned of such questions. It is not always practical to do so as part of the interview's front end. Warnings can be placed later in the interview and can take a naturalistic form as long as their content specifically refers to the sensitive matter. Indicate how you propose to deal with sensitive items, if any, in your interview.

Informed Consent by Subjects to Participate in a Student Research Project

Guidelines

An informed consent must include the following:

1. Name of the student researcher(s);
2. Name and number of the course and the Faculty Supervisor's name, telephone number, and e-mail address (to contact if any questions and/or concerns arise);
3. TRU division;
4. Short description of the study including how the data will be used (see Box 5 of the Student Request for Ethical Review);
5. Guarantee of confidentiality and how privacy will be protected. If anonymity is to be offered please provide how participants (subjects) remain anonymous. If anonymity cannot be guaranteed, explain why and ensure that this point is clear on ALL consent forms.
6. Guarantee respondent may withdraw at any time without repercussions;
7. Approximate time commitment;
8. SON SREC Chair's name, phone number, and e-mail address;
9. Name and Signature of the Participant (Subject);
10. Name and Signature of the Student and Date.
11. Ensure participants (subjects) are given a copy of the informed consent for them to keep, unless the informed consent is for some reason verbal which must be explained in the Student Request for Ethical Review for the SON SREC.

CONSENT FORM

I agree to participate in the study conducted by Nan McBlane for Sociology 375 taught by Gerry Homes (250-555-1212) in the Faculty of Arts at Thompson Rivers University.

The study is entitled Social Worlds of Older Women and Men and explores the similarities and differences in the ways that retired women and men experience their social lives. Data will be gathered through audiotape interviews and will take approximately 30 minutes to complete.

I understand that all information, including the respondents' names, will be treated in the strictest of confidence. All audiotapes will be stored in a locked cabinet in the instructor's office and will be destroyed immediately after the completion of the study.

I further understand that an initial agreement does not obligate me in any way and I can withdraw from the study at any time without any negative repercussions.

If you have any questions or concerns about this study, please contact Dr. Doe (Department Chair) at 250-555-1213.

PARTICIPANT'S NAME: _____ SIGNATURE: _____
print

DATE: _____

STUDENT'S NAME: _____ SIGNATURE: _____
print

DATE: _____

INSTRUCTOR'S NAME: _____ SIGNATURE: _____
print

DATE: _____

**THOMPSON RIVERS UNIVERSITY
CONSENT FORM FOR MINORS**

**FORM #6
Example**

I give permission to participate in the project entitled "Youth Life Survey" conducted by Gia Kola for Psychology 336 taught by Dr. Smith (250-555-2212) in the Faculty of Arts at Thompson Rivers University.

This project investigates the feelings and behaviours of young adolescents attending Kamloops Secondary School. The study was approved by Dr. Fred Smith, Superintendent of School District #73 as well as Tom Elliott, Principal of K.S.S.

I understand that I will complete a 20-minute questionnaire, during my regularly scheduled class time sometime during the week of October 24-28, 2010. I also understand that whether or not I participate will have no effect on my grades or class standing.

Furthermore, I realize that my participation is voluntary and that I may withdraw from the study at any time without any negative repercussions. Also, I am free to refuse to respond to the questionnaire or to answer any items on it.

I understand that my identity will remain anonymous and the information I provide will remain confidential. Specifically, questionnaires will be identified with a code number, and all questionnaires will be locked in a filing cabinet in the instructor's office.

Any questions or concerns I may have can be addressed by Dr. Jones (Department Chair) at 250-555-3232.

PARENT'S/GUARDIAN'S NAME: _____ SIGNATURE: _____

print

DATE: _____

STUDENT'S NAME: _____ SIGNATURE: _____

print

DATE: _____

INSTRUCTOR'S NAME: _____ SIGNATURE: _____

print

DATE: _____



Thompson Rivers University

900 McGill Road
Box 3010
Kamloops, BC
V2C 5N3
Telephone (250) 828-5000

FORM #7
Example

Informed Consent for Minors and Captive and Dependent Populations by Parent, Guardian and/or Other Appropriate Authority to Participate in a Research Project or Experiment

Note: The University, and those conducting this project, subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of subjects. This form, and the information it contains, is given to you for your own protection and full understanding of the procedures, risks and benefits involved.

Having been asked by (name of chief researcher)

_____ of the _____

Division/Department of Thompson Rivers University, telephone number _____, to

consent on behalf of (name of child/patient/other) _____, to

participate in a research project titled: _____,

encompassing the following purpose and procedures and time commitment:

I certify that I understand the procedures to be used. I have tried as fully as possible to explain the procedures to (name of child/patient/other):

_____ and to obtain the subject's consent. If

the subject displays any sign of distress or reluctance to participate in any aspect of this research she/he will be withdrawn from the research procedure, and this will be brought to my attention.

I also understand that I may ask any questions or register any complaint I might have about the project with either the chief researcher named above or with _____

Dean/Chairperson of _____, TRU.

Copies of the results of this study, upon its completion, may be obtained by contacting: _____

I agree that the participant (subject) will participate by

(state what the participant (subject) will do)

as described above, during the period _____

at _____

(place where procedures will be carried out)

NAME (Please print):

ADDRESS:

I have read and understood the above information regarding this project, voluntarily agree to participate in the project and understand that I have the right to withdraw my consent at any time. I understand that the subject's identity and any information obtained will be kept confidential through the process of

I have received a copy of this consent form and a subject feedback form.

SIGNATURE: _____

DATE _____

RELATIONSHIP TO SUBJECT: _____

I agree to have audio/visual data or other representation _____ collected which entails
(describe)

_____ and will be used for _____ and will be
(destroyed by)

(how and when)

Signature _____ **Date** _____



Thompson Rivers University Ethics Committee
For Research and Other Studies involving Humans

Research Feedback Form

Form #8
Example

Dear Participant:

The Research Ethics – Human Subjects Committee would like to thank you for participating in this study.

If you have served as a subject in a project and would care to comment on the procedures involved, you may complete the following form and send it to the Chair, Thompson Rivers University Research Ethics Committee on Human Subjects. Completion of this form is optional, and is not a requirement of participation in the project. All information will be treated in a strictly confidential manner.

Name of Principal Investigator: *type here*

Title of Project: *type here*

Department: *type here*

Did you sign an informed Consent Form before participating in the project? _____

Were you given a copy of the Consent Form? _____

Were there significant deviations from the originally stated purpose, procedures and time commitment:

I wish to comment on my involvement in the above project which took place:

_____ (Date) (Place) (Time)

Comments: _____

Completion of this section is optional

Your name: _____

Address: _____ Telephone: _____

This form should be sent to the Chair, Thompson Rivers University, Research Ethics Committee on Human Subjects, c/o Vice-President, Academic, P.O. Box 3010, TRU, Kamloops, B.C. V2C 5N3

Appendix F: Authorization to Disclose Personal Information



NB: The intent of this consent form is to facilitate timely responses to requests for references. You are not obligated in any way to provide your consent and may withdraw your authorization to disclose personal information at any time.

Authorization to Disclose Personal Information (Reference)

I, _____ voluntarily consent to the

School of Nursing at Thompson Rivers University disclosing personal information regarding my academic and practice performance, my attendance record, and my Grade Point Average in the nursing program, including recognition of service and information from letters in my file, to prospective employers, education institutions and/or Award Adjudicator Panels (who advise you that I have made an application to them) in the following formats:

- a. in a written Nursing Program Performance Summary
- b. in a verbal reference or on a written reference form, from faculty members who have agreed to provide a reference on my behalf

This consent remains in effect until revoked by me in writing.

Student Name (print): _____

TRU Student Number: _____

Signature: _____

Date: _____

Form approved by Nursing Council on January 19, 2009

M:\Nursing\forms\Authorization to Disclose

Appendix F: Learning Contracts - Guidelines for Implementation

The interaction between the student, teacher, and nurses is paramount in the development of competencies needed for professional nursing practice. For the most part, feedback given to the student verbally or in writing is sufficient for students to progress towards professional practice. Written evaluations, in the form of practice appraisals, are the primary method of recording students' progression towards professional practice. However, from time to time, learning contracts are considered necessary by teachers to clearly communicate competencies of concern and strategies to achieve quality indicators indicative of practice expectations for the course. The learning contract is one method designed to focus student and teacher attention on practice competencies of concern and specific strategies to promote student achievement of the competencies.

Process Guidelines

1. At the discretion of the nurse teacher, upon assessing student progress in practice, a learning contract (LC) **may** be initiated. The following are examples of reasons teachers may initiate a learning contract:
 - a. a high-risk or several low-risk incident(s) indicative of student performance that places client's at actual or potential risk;
 - b. a recurring pattern of unacceptable practice identified in previous practice appraisals;
 - c. below minimum student practice performance, or inconsistent performance, in one or several domains.
2. Learning contracts may be initiated by the teacher during a practice rotation or at the end of a practice rotation. The teacher consults with the Year Coordinator and Chairperson prior to initiating a learning contract.
3. In writing the contract the teacher identifies the practice domain competency(ies) and associated quality indicator(s) of concern from the course Practice Appraisal Forms (PAF's). It is advisable to list the CRNBC standards of practice or C.N.A. Code of Ethics involved as appropriate.
4. Students have the right to invite a support person to be present during any formal (end of practice appraisal interview, meetings to discuss learning contract) practice appraisal sessions between students and teachers. Students are expected to inform the teacher when a support person will be present.
5. Teachers should make every effort to inform a student of the decision to initiate a learning contract prior to meeting to discuss learning contract competencies and strategies.

6. The teacher and student develop strategies, in writing, intended to assist the student to become successful in practice during the allotted time frame.
7. The teacher, in consultation with the Year Coordinator and Chairperson, determines a timeframe in which the student ought to demonstrate competent practice (either during the rotation or into the next rotation).
8. The learning contract is signed and dated by both the student and teacher and then placed in the student file. A copy is given to the student, Chairperson and the next teacher (if the contract timeframe extends into a subsequent practice rotation). A learning contract may not be carried over into the next year of the program. For example a learning contract from CPE 2 may not be carried over into Semester 5.
9. If the learning contract is in place and the student is, or will be, with a nurse preceptor, the teacher is obliged to share the competencies of concern and strategies developed with the preceptor to promote client safety. The student's signature on the learning contract indicates that the student is aware of the concerns. The student has an opportunity to provide written feedback regarding the contract, if desired.
10. Students failing to achieve the competency(ies) at the expected level in the given time frame may not progress in the course. A No Credit Granted (NCG) will be submitted as a grade. Notwithstanding, students may fail a practice course without the initiation of a learning contract. Students may appeal an NCG grade through the office of Student Affairs. Please refer to [Appeals Policy ED 4-0](http://www.tru.ca/assets/policy/ed/ed04-0.pdf) <http://www.tru.ca/assets/policy/ed/ed04-0.pdf>

Appendix G: TRU School of Nursing Unusual Occurrence Report

1. Describe the nature of the incident (e.g., med error; safety concerns for yourself or client; physical, verbal, or sexual assault).

2. Describe the circumstances surrounding the events as noted on the hospital or agency unusual occurrence form. Include factors identified as being possible causes for the error/incident, i.e., mitigating circumstances.

3. Nurse educator comments (e.g., student's attitude, anxiety level, acceptance of responsibility).

4. Has the student been involved in previous unusual occurrences? If so, were the factors that contributed to the incident similar? Please describe.

5. Suggested follow up action (e.g., counselling, further education, referral to TRU health services).

6. Student's comments:

Date _____

Student's signature _____

Nurse educator's signature _____

N.B.: If available, attach a copy of the agency report form to the TRU SON Unusual Occurrence form.