Thompson Rivers University is located on the Tk’emlups te Secwepemc territory that is situated in the Southern interior of British Columbia within the unceded traditional lands of the Secwepemc Nation
Dear Students:

As Dean of Nursing, I am very excited to welcome you to our School of Nursing and to Thompson Rivers University (TRU). As a student of TRU, you are among a very diverse and impressive student body. There are over 25,000 students both local and online. They represent 9.9% Indigenous and 11% international students. There are over 2,600 credentials awarded including trades, certificates, diplomas, bachelor degrees, post-baccalaureates, Master’s degrees, graduate certificates, apprenticeships, associate degrees, and law degree.

For nursing students, we are very proud to be the nursing education unit for Health Care Assistants, Practical Nurses, and Bachelor of Science in Nursing students and our new Master of Nursing program. We have Kamloops and Williams Lake campuses. We are also proud of our online learning programs offered through Open Learning including; HCA, Perinatal Nursing, Mental Health and Substance Use Certificate programs.

During your BScN program, you will learn about the history and culture of nursing education locally, nationally and internationally. Your program will provide opportunities for you to grow as an individual, and as a health professional in knowledge, skills and behaviors that will prepare you to practice as a highly qualified health professional.

Our School of Nursing is an exciting place for you to learn, to grow, and to experience local, national and global experiences. For consideration, you have study abroad opportunities, field schools, undergraduate research, volunteer and student led initiatives. Our faculty and staff are committed to your learning and look forward to getting to know you over the course of your time in our program.

A key element of being a student at TRU is actually “Finding Your TRU”. It will be wonderful to have opportunities to learn and grow together as health professionals. I hope you will take time to become involved with your student associations and organizations on campus, take time to enjoy the variety of activities available to you at TRU including social activities, physical activities, student clubs, organizations, and the community of Kamloops as well.

Donna Murnaghan RN, PhD
Dean and Professor
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BScN Curriculum Framework

The TRU BScN curriculum is based on 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.

Purpose and Learning Outcomes

Purpose
Through engagement in teaching and learning, the TRU BScN curriculum provides baccalaureate academic education of nurses. At the completion of their education, graduates will be prepared to meet the entry-level professional practice requirements, as identified by the College of Registered Nurses of BC (CRNBC). 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 Learning Outcomes
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.

**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: nurse, client, 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 were identified by nursing faculty 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 and 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.

**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 BScN Curriculum requires successful completion of 126 credits some of which may be Transfer Credit (upon approval). To view the curriculum and course outlines visit: The nursing curriculum program grid

**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 practice 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, youth, families and communities.
In Semester Two, students work in a variety of settings with older adults primarily in residential care. 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, 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.

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 (CPE 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 3 all students will have
had experience in a variety of agencies/settings (acute care, extended care, community or International) 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.

**Practice Placement Snapshot**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
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<tr>
<td>Semester 1: Groups in the community assessing health</td>
<td>Semester 3, 4, &amp; CPE 2: Groups in Medical, Surgical, Maternal/Child Health Local and out-of-town</td>
<td>Semester 5, 6, &amp; CPE 3: Groups, individual, &amp; preceptor placements Local, out-of-town, &amp; International</td>
<td>Semester 7 &amp; 8: Preceptored placement semester 8 Local &amp; out-of-town</td>
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<tr>
<td>Semester 2: Groups in local residential care</td>
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### Program Grid 2018 - 2019

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<th>Winter</th>
<th>Cr</th>
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<td>NURS 3730: Health &amp; Healing 5</td>
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<td>7 weeks</td>
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</table>

Total CPE hours: 168 hours

Total CPE3 hours: 252 hours
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. This includes TRU, SON, and agency policies.

The section on TRU Academic Policies contains excerpts from key TRU policies. Students are referred to the TRU Policy Manual for more details regarding all TRU policies. Students are also referred to the TRU Academic Calendar 2018 - 2019.

The School of Nursing has additional guidelines and policies that are outlined in this handbook. 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 is available on request at the agency and/or from the School of Nursing at Thompson Rivers University.

For your information and convenience, links to some TRU Education/Student and Program/ Course related policies are included in the following pages.

TRU Academic Policies
Refer to the TRU Policy Manual for more details regarding all TRU policies.

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<thead>
<tr>
<th>Education and Student Related Policies</th>
<th>Policy #</th>
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<td>Academic Achievement Awards</td>
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<td>Academic Recognition</td>
<td>ED 3-4</td>
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<td>Academic Renewal</td>
<td>ED 3-10</td>
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<td>Academic Integrity Policy</td>
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Excerpts from Important TRU Academic Policies:

**Student Academic Integrity Policy ED 5-0**

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 the faculty'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 faculty member, has occurred.

Please refer to the TRU Student 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

**Grading Systems Policy ED 3-5**

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

**Student Academic Appeals Policy ED 4-0**

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 TRU **Student Academic Appeals Policy ED 4-0**, the current TRU **Calendar**, and
the Student Affairs Department for information on the TRU Appeal Procedures.

**Student Attendance Policy ED 3-1**

School of Nursing follows the TRU Student Attendance-ED 3-1. This policy should be referred
to for more information regarding:

- Attendance at the start of the semester
- General attendance during a course or program
School of Nursing Requirements and Guidelines

In addition to the policies set out by TRU, the SON has a number of policies and guidelines. Students need to be responsible and accountable for abiding by these policies, as well as 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.

Criminal Record Check
The BScN program requires a clear criminal record check (CRC) in order to participate in practice courses. All students must have a clear Criminal Record Check for admission into the BScN program. As student progress into each year, you will be required to sign the TRU Statutory Declaration to declare that: you are a person of good character and that you have not been charged or convicted of any criminal offence since completion of your original criminal record check.

CPR – C Certification
A current CPR-C level classroom based certification (internet or on-line course not accepted) is required for all students upon entrance into the nursing program. This is in compliance with CRNBC practice standards. A copy must be submitted to the nursing secretary at nursing@tru.ca or drop it off at S204.

It is the student's responsibility to maintain re-certification every two years and to submit a copy of the certificate to the nursing secretary prior to the expiration of the prior certificate. Failure to do so will result in a student being denied entry into a practice course or receiving a No Credited Granted (NCG) grade for the practice course.

Fit Testing
All students are required by Interior Health to have annual Fit Testing completed prior to entering the practice area. This is a provincial mandate with the purpose to ensure all persons providing care to clients with known or suspected airborne pathogens have properly fitting masks. Fit testing is required to be updated every year starting in semester 2.

Provincial Violence Prevention Curriculum (PVPC)
The Provincial Violence Prevention Curriculum (PVPC) is a provincial mandated course for health care workers. Its goal is to provide effective violence prevention (VP) education through knowledge and activities to prevent and protect against workplace violence. It is mandatory for all students.

Electronic Mail
Students will be issued a TRU email account. Electronic communication between faculty and students will occur through the TRU email account. Students are expected to check their TRU account on a regular basis. In preparation for entrance into a profession, students are strongly encouraged to ensure that all email correspondence is respectful and courteous.
Student Records
It is the student's responsibility to notify the TRU Records Department and the Nursing office of the 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.

Graduation
After completion of all course requirements, students will qualify to graduate. All elective courses must be completed prior to the end of final semester. Failure to provide an Official Transcript for transfer credit courses by 5 weeks prior to convocation may result in an inability for TRU to grant the degree for that year’s date of convocation.

If you plan to practice nursing in BC following graduation, you will need to register with CRNBC. The School of Nursing will also submit your name to CRNBC once all course requirements have been met. This will then qualify the graduate to write the NCLEX examination. More information will be provided to final practicum students.

NCLEX
The BScN degree does not qualify the graduate to undertake employment as a registered nurse, but does qualify the graduate to write the National Council Licensure Examination (NCLEX). To become a registered nurse, graduates must write and pass the NCLEX. Students applying for the NCLEX and registration are asked to provide information regarding any convictions for criminal offenses (other than minor traffic violations). Candidates with criminal convictions may not be eligible for registration.

Students who have a disability that may adversely impact their performance on the NCLEX examination may request a special accommodation. Contact the SON Chairperson for details. Further information on the NCLEX and registration as a new graduate can be found on the CRNBC Website, CRNBC NCLEX Registration Information.

Evaluation Requirements
Conduct During Examinations
Preamble:
The School of Nursing is committed to maintaining a high standard of academic integrity during examinations in accordance with both TRU (Student Academic Integrity Policy ED 5-0) and CRNBC. CRNBC’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 has developed the following guidelines to maintain academic integrity during examinations.
• Students **MUST NOT** make arrangements to be away from TRU until the examination schedule is finalized. The SON follows the TRU Exam Policy for missed exams: [Examinations Policy ED 3-9](http://www.tru.ca/__shared/assets/Examinations5652.pdf)

• You may not disclose or discuss with anyone, including faculty, information about the items or answers seen in your examination (this includes posting or discussing questions on the Internet and/or any social media platform)

• Personal items are **not allowed** at the desk during the examination. Personal items not allowed include, but are not limited to:
  - Any electronic devices - cellular/mobile/smart phones/PDA
  - Calculators
  - Bags/purses/wallets
  - Books/study materials
  - Medical aides/devices
  - Cameras of any kind
  - Coats/hats/scarves/gloves/hoodies
  - Food or drink
  - Watches
  - Sunglasses

• No food or drink at the desk (except with a medical certificate)

• All personal items must be stored where directed by the exam invigilator

• No bathroom breaks unless you have a note from physician or nurse practitioner

• Faculty may provide you with scrap paper. You may not write on the scrap paper until the exam begins.

• Students may bring and wear earplugs

• Students will not be able to enter the room until the invigilator has completed the setup of the room

• Students will display TRU photo ID on desk and sit in assigned seat (if seats are assigned)

• 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

• 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.

• At the end of the examination, students must hand in all booklets and scrap paper with their name and student ID on it to the invigilator and sign that they have done so

• 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 away from other individuals
    - Any student caught talking will be dismissed at that time

• Students are referred to TRU policy regarding Examinations at [http://www.tru.ca/__shared/assets/Examinations5652.pdf](http://www.tru.ca/__shared/assets/Examinations5652.pdf)

**Midterm Examination Accommodations**

Students who will miss or have missed a midterm examination due to illness or domestic affliction must contact their faculty member as soon as possible.
In extraordinary circumstances, outside of illness or domestic affliction, students are to email both the faculty member and Chairperson immediately with the understanding that midterm exams will not be rescheduled for vacations or personal situations.

**Final Examination Accommodations**

Students who will miss or have missed a final examination due to illness or domestic affliction will be directed to TRU Examination Policy ED 3-9. Section IV outlines the steps to be taken, that is, students **MUST** apply to seek remedy through the TRU registrar’s office. Refer to policy Examinations Policy ED 3-9

Final exams will not be rescheduled for vacations or personal situations.

**Criteria for Written Papers/Assignments Marking Criteria for Scholarly Papers**

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

**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:


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

**Submission of Papers**

Assignments must be submitted prior to 4:30 p.m. on the due date unless otherwise directed by the faculty member.

When submitting papers, use student number, unless otherwise directed by the faculty member.

Due dates are set by individual faculty members and requests for extensions must be made at least 48 hours prior to the due date.

For every day or portion of a day a paper is late, 5% will be deducted. A weekend is considered to be 2 days.

Students who require an extension due to domestic affliction or illness may be accommodated. Extensions in these extenuating circumstances are at the discretion of the faculty member. Please email your faculty member as soon as possible.

Students should retain copies of all papers submitted as well as retain all graded papers until final transcripts have been issued.
Reflective Journaling

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

Guidelines for Clarifying and Resolving Concerns

Student Concerns Involving Faculty and Courses

Students are expected to follow the process below should they have concerns with individual faculty members and/or a course. Examples of concerns may be 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 faculty member by discussions, letter, or email.

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 is warranted.
- Chairperson examines options with the student(s) on how to proceed or advise 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 faculty member 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 (Members Advocate) at http://www.trusu.ca/advocacy/members-advocate/

Feedback Processes

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

- Course evaluations by students
- Faculty evaluation of courses
- Feedback loop documents (Program Evaluation)
- Program Completion Questionnaires from graduates
- Graduate Follow-up Questionnaires
- Practice Site Questionnaires
Surveys from the Program Evaluation Committee (faculty and students)

BScN Curriculum Committee (faculty and students)

Student opportunities to provide feedback

Faculty in the School of Nursing value student feedback. We use it to inform our own professional development and curriculum change. Faculty anticipate thoughtful comments that provide constructive ideas. The following information is intended to provide some clarity about evaluation.

• **Student Course evaluations** are an opportunity for the student to give the faculty member feedback on their experience of learning in the course. For theory courses, students receive a link to the course evaluation in their myTRU account. The evaluation is password protected and as such the faculty member will provide students with a password. Once the first student opens the evaluation form, the evaluation remains open for 48 hours only. The faculty member and the chairperson will review the student feedback after all course grades have been submitted.

• **Semester evaluations** are sometimes done by the program evaluation committee to help direct curriculum changes, including the re-positioning of courses and levelling of content across courses, semesters and years, and to determine how well courses link with one another. The feedback 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 and curriculum committees.

Thompson Rivers University School of Nursing Responsible Use of Technology and Social Media Policy

This document serves as the official policy for the responsible use of technology and social media for all programs within the School of Nursing (SON) at Thompson Rivers University (TRU).

Please refer to the following documents for further information on TRU SON student conduct and responsibilities:

• SON Student Professional Behaviour Policy in the BScN handbook, PN Handbook, or HCA Handbook


• Responsible Use of Technology: http://www.tru.ca/__shared/assets/Responsible_Use_of_IT_Facilities_and_Services5626.pdf
The following policy guidelines apply to all students creating or contributing to any kind of social media affiliated with the SON, or their role as a TRU nursing student.

The Canadian Nurses’ Association (CNA) defines the term social media as:

A group of Internet-based applications and technologies that allow users to have the same kind of “real-time” conversation that they might have with friends or neighbours with virtual friends around the globe. Social media technologies allow users to interact and collaborate with each other online in the creation and sharing of information, ideas, and opinions (CNA, 2012, p.1).

The TRU SON policy encompasses all forms of current and emerging social media platforms as well as other technology-based conversations.

All SON students are preparing for a profession/health care role, which provides services to a public that expects and requires high standards of behavior. Social media often spans traditional boundaries between professional and personal relationships and thus it takes additional vigilance to make sure one is protecting personal, professional, and university reputations.

Social media behaviors of students in the SON must be consistent at all times with the following CRNBC and CNA documents:

- [https://www.crnbc.ca/Standards/resourcescasestudies/ethics/socialmedia/Pages/Default.aspx](https://www.crnbc.ca/Standards/resourcescasestudies/ethics/socialmedia/Pages/Default.aspx)
- [https://www.inrc.com/INCR_Socia_Media_Use.pdf](https://www.inrc.com/INCR_Socia_Media_Use.pdf)

Although these documents are all RN related they apply to all students in the SON.

**GUIDELINES**

All SON students must represent TRU, the SON, and the nursing/health care professions in a professional and respectful manner online. Be aware that there are no private sites, comments can be forwarded, copied and printed, and systems can save information even if you delete a post.

**Professionalism** - SON students must meet all applicable ethical standards, professional standards and SON policies. Making disrespectful or disparaging comments, or comments which may be interpreted as disrespectful or disparaging, about clinical sites, co-workers, faculty member and/or students on social media sites, all violate the above standards and policies. This includes any comments that are bullying, threatening, harassing, obscene, sexually explicit, which target individuals based on human rights protected grounds, or otherwise deemed offensive.

**Association with TRU SON** - If you are identifying yourself as a student, consider how you wish to present yourself. Do not claim nor imply you are speaking on TRU SON’s or your classmates’ behalf unless you are authorized to do so in writing in advance. When you post or otherwise participate on a TRU SON Class social media site, you are identifying yourself as a TRU SON student.
Confidentiality- Posting any confidential content about clients, including client health information or images on social media, is strictly forbidden even if client identifiers are removed. This prohibition also applies to posting information that may appear to have been based on confidential content. The use of images that refer to clients or images of agencies requires prior written permission and written consent from the client and/or agency.

Referencing, Copyright, and Branding- When posting, be aware of the requirements of copyrights and referencing. Use of the TRU and SON logos and graphics for SON sanctioned events must be approved by administration. See the following site:
http://www.tru.ca/marcom.html

In Practice - It is expected that during practice rotations use of devices will be only used as authorized by the SON faculty member while following facility guidelines. It is prohibited to take photographs of charts or any other patient information, even if there are no patient identifiers in the photo. At no time shall patients/clients be videotaped or photographed without prior written permission of the patient/client, and the facility.

In Class- Use of technology during class is restricted to note taking and classroom activities. Do not videotape/audiotape or photograph faculty members or fellow students for any use without prior written permission. This includes taking pictures of material created in class by others. Students must obtain prior consent from the creator of a PowerPoint presentation prior to taking a photograph of in-class materials.

CONSEQUENCES:

Violation of this policy may result in the recommendation of suspension or dismissal from the program to the University President. Violation of the policy during a practicum will result in removal of the student from the practice area. If an incident occurs, you must bring it to the attention of the SON immediately. It is your responsibility to know and follow this and all policies of the SON and practice agency policies as well as your duty to report any violation to the SON should you or another student violate this, or any other policy.

School of Nursing Progression Policy Program Completion Requirements

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

Prior to graduation, students must ensure all official transcripts from courses taken outside of TRU must be submitted directly to the Admissions Department so they are documented on their TRU transcript. This includes courses that required a letter of permission. Failure to provide an Official Transcript for transfer credit courses by 5 weeks prior to convocation may result in an inability for TRU to grant the degree for that year’s date of convocation.
Progression Policy

Students must achieve a minimum 60% grade in each required course (NURS, HLSC, BIOL & upper level Nursing or Health related elective) in the BScN 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. If a student falls below a GPA of 2.33 or obtains less than a C (60%) in a required course, the Chairperson will assess the progress of the student on an individual basis. Students must also successfully complete all nursing practice courses in order to progress to the next semester of the program. The student will normally be required to repeat the theory 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 in any semester or cumulative, may be placed on academic probation.

Students must attain a minimum D (50%) grade in the required English (6 credits or two courses of University Transfer English), Philosophy (PHIL 2310), two non-nursing electives (one at the 1000 and one at 2000 level), and one 3000 level or upper level nursing or health related elective. For any course below this minimum requirement, will not count towards completing the degree requirements.

Prior to semester 8 and the final practicum, students must complete all required courses. Failure to complete these courses will interfere with the completion of the program, graduation and the writing of the NCLEX exam.

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 or theory course cannot progress in the program until the course is passed. If in repeating the 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 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 BScN 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.

Refer to TRU Satisfactory Academic Progress Policy ED 3-2

http://www.tru.ca/__shared/assets/Satisfactory_Academic_Progress5642.pdf

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

http://www.tru.ca/__shared/assets/ed03-35644.pdf
Withdrawal from BScN 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 withdrawal from one or more courses, due to illness, or due to domestic affliction, and/or course failure.

Students withdrawing from the Program are expected to:

• inform the appropriate faculty member(s)
• have an interview with the Chairperson
• meet with a counsellor from Student Services
• terminate relationships with clients
• refer to the TRU Withdrawal Policy ED 3-0 for detailed information regarding procedure and deadlines for withdrawal
• If a medical withdrawal, students are required to provide a medical note that they are leaving due to physical or mental health related reasons.

TRU Withdrawal Policy ED 3-0
• The Thompson Rivers University 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.

General Procedures/Policies for Re-entry
Due to the competition for seats in the School of Nursing, several students may be wishing to reenter 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.

Re-entry/Transfer to Practice Courses

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 BScN Chairperson. 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 BScN Chairperson 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. A student’s plan may include the following:
If re-entering Semester 1: Repeat the appropriate course(s).
If re-entering Semester 2-8: Repeat the appropriate course(s).

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

- Attend all lab sessions in the fall semester, including any return demos.
- Complete Nursing Skills Assessment (NURS 0610). This assessment demonstrates competency in skills previously attained.

• Students are reminded of the program completion requirements and the policies regarding failures and re-entry, as stated in the Thompson Rivers University Calendar.
• Students who fail a nursing theory course may be required to repeat the co-requisite nursing practice course.
• Students who fail a nursing practice course may be required to repeat the co-requisite theory course(s).
• 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.
• 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.

Elective Requirements
The BScN program requires that students complete two non-nursing electives (one at the 1000 and one at 2000 level) prior to entering semester 7. Prior to semester 8 students must complete an upper level nursing or health related elective or equivalent. These electives MUST be successfully completed before progressing into semester 8. Students may choose when they complete electives. A list of possible electives is posted on the Moodle site; this list is not inclusive and it is advisable to confirm with SON advisor if uncertain.

Transfer Credit Policy
To receive transfer credits for any of the required courses in the Nursing Program, students must have a C (60%) minimum grade in that course. Students must request an Official Transcripts be sent directly to the Registrar’s Department when applying for transfer credit.

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.

Most courses are eligible for a Transfer Credit from an Accredited Institution. A TRU Letter of Permission (LOP) MUST be approved by the SON Student Advisor and submitted to Admissions before you register for a course. (TRU-OL courses do not require a LOP).
Biology Transfer Credits
Transfer Credit will NOT be given towards the required courses Biology 1592/1594 or 1692/1694 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 are given for BIOL1592 or BIOL1692. Equivalent Human Anatomy and Physiology courses with a laboratory component will be considered for transfer credit towards Biology 1592 and/or 1692 at the discretion of the chairperson.

Transfer Credit for courses in Human Anatomy and Physiology courses (Biology 1592 and 1692) may not be granted if course(s) are more than 5 years prior to admission to the BScN program. Please consult with the SON Student Advisor re: transferability of Human Anatomy and Physiology Courses.

Required English Courses
All students in the BScN Program are required to obtain 6 credits (two 3-credit English courses) of University Transfer English. ONE English course MUST be a Composition or a University Writing course (or equivalent).

In the first year of the program, all students are assigned into two English courses: ENGL1100: Introduction to University Writing and ENGL1110: Introduction to Fiction. It is possible to enroll in Poetry, Drama or other English courses as equivalent to ENGL1110; however, this requires the permission of the SON Student Advisor.

Students MUST complete both English courses to progress into Year 2. In addition to the option to take these courses on campus in the regular academic year, you may complete the English course(s) during the summer session on campus or on-line. If the course is not taken at TRU or TRU-OL, a LOP is required before you register so you receive transfer credit.

Prior Learning Assessment and Recognition (PLAR)
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 faculty who have the appropriate subject matter expertise, other staff in an institution may have a supporting role in the process. For more information on the TRU PLAR policy ED 2-0 see: TRU PLAR Policy ED 2-0
Professional Conduct Policy

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 Nurses Association Code of Ethics for Registered Nurses* (2017), 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*. In addition, a student may be required to withdraw from a practicum, and from the program, for unethical and/or unsafe conduct.

Ethical and professional behaviour includes respectful communication (verbal, non-verbal, electronic, written, etc.) with peers, faculty member, health care providers, and clients. Students are expected to display both ethical and professional behaviour in the classroom as well as the practice settings.

Refer to:

- CRNBC Nursing Standards at: https://crnbc.ca/Standards/Pages/Default.aspx

Students, who in the opinion of the faculty member, 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.

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.

Professional Conduct (Classroom and Clinical Setting)
Students are expected to demonstrate professional conduct at all times instructional settings. Instructional settings include: classroom, laboratory, and clinical areas. Professional conduct is defined by the 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*.

The SON provides some general guidelines. As a faculty, we feel very strongly that 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:

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, and any behaviours that demean others;
1. Excessive talking to other students or lack of attention while the faculty member or other students are presenting information or expressing their viewpoints, and

2. The misuse of electronic devices (ie. not for classroom purposes).

It is assumed that students take ownership of their responsibility to meet all professional and educational expectations. Students who behave in a manner that disrupts educational activities and/or fails to abide by the classroom code of conduct will be:

- Directed to leave the classroom or instructional setting immediately;
- will be directed to meet with the SON chairperson, and
- will be placed on a behavioural contract.

**Gift Giving / Receiving Guidelines**

The CRNBC Practice Standard: Nurse-Client Relationships (document provides the School of Nursing with principles that may be applied to the relationships that exist between faculty member and students. The faculty member-student relationship is “based on trust, respect, … and it requires the appropriate use of power” (CRNBC Practice Standard Nurse-Client Relationships [Pub #432], 20013, p. 1). Professional boundary issues and the inappropriate use of power may arise when gifts are exchanged. Therefore, faculty member and students are discouraged from accepting or giving gifts in the student/faculty member relationship.

**Confidentiality of Client Information**

Confidentiality is an integral part of the professional Code of Ethics for Registered Nurses and the CRNBC 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 member 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 any public areas (e.g., cafeterias, elevators, public transportation, social gatherings, etc) and using utmost discretion when discussing events within a clinical 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 on a need to know basis only.

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. Students cannot take photos of charts or client information. Saving assignments that contain client information to the hard drive on any public or university computer is a breach of confidentiality.

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

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. Students must comply with agency policies at all times.
Confidentiality and/or privacy breaches are taken very seriously and can result in significant consequences including the following: the withdrawal of all student privileges; the termination of a clinical placement; other consequences as determined by the agency, the University, and the School of Nursing. Breaches of privacy and confidentiality can also result in legal action.

For more information please refer to the Practice Education Guidelines for BC, “Confidentiality of Receiving Agency and Patient Information”.

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 member 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 member are monitoring student performance to promote success in achieving the program goals (e.g. discussing strategies to facilitate student learning).

- Please note that when accepting an Employed Student Nurse (ESN) position, you may be asked by the employer to sign a release of information form. This form, when signed, allows the ESN Coordinator to communicate directly with the Nursing program to further support your learning and future development.

Discussions of confidential information will relate to the specific context of student performance and learning needs in the program. Nursing educators are bound by the same CNA and CRNBC ethical and practice standards to which students must adhere.

Authorization to Disclose Personal Information (Reference)
Students who request references from faculty member for prospective employers, education institutions and/or Award Adjudicator Panels are required to complete the Authorization to Disclose Personal Information (Reference) consent form (See Appendix E: Authorization to disclose student information). 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.

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 students with information; however, these agencies have busy schedules and need to carry on their business while at the same time assisting students. If you are going to approach a community agency for information or resources for a project or research the following guidelines are provided to facilitate the process for both students and agencies.
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.

1. 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)
Dress Code and Personal Appearance in Nursing Practice

Students are expected to maintain an appropriate and professional image and a high standard of personal hygiene and grooming. Students are required to follow the TRU SON dress code and appearance standards as well as the agency policy in the area in which they are practicing. The dress code and appearance standards are to be followed at all times that students are presenting to practice areas including researching clients prior to clinical experiences. If students, in the opinion of the faculty member, violate TRU SON Standards or agency dress code/appearance policies they will be asked to leave the practice setting.

Dress Code and Appearance Standards

1. Clothing / Uniforms
   - For consistency and clarity, a uniform policy has been implemented in the School of Nursing. This change will demonstrate equality, professional appearance, and uniformity. Additionally TRU students and faculty will be recognizable and distinct in practice placements.
   - Approved TRU School of Nursing BScN uniforms are available and can be purchased at Bookies in the TRU Bookstore. The colour chosen is slate gray for tops/pants. Uniforms should be clean and pressed; scrub ties are to be tucked inside. The top of the uniform (grey/slate in color) allows for TRU School of Nursing identification to be clearly visible and is to be worn at all times as per the policy outlined in the handbook.
   - In addition:
     - NO long sleeved apparel (e.g. shirts, sweaters, lab coat, hoodies), when providing care
     - Uniforms to be changed following practice (not worn in public)
     - Uniforms should be hemmed and wrinkle free
     - When uniforms are not required, such as in community agencies, mental health practice, or when you are obtaining practice assignment from hospitals/agencies, clothing:
       - must be washable
       - casual business attire is acceptable
       - no jeans, low cut tops, halter tops, or backless dresses

2. Footwear
   - As per WorkSafe BC Section 8.22 of the OHS Regulation: “A worker's footwear must be of a design, construction, and material appropriate to the protection required.”
   - Closed toes and closed heels with non-slip soles are recommended
   - Shoes are to be carried to and from the hospital or agency

3. Hair
   - Cranial hair must be confined (kept off collar and face). Hair in pony tails or secured otherwise must ensure that the hair is off the collar and secured.
• Facial hair should be of a length that can be completely controlled/contained by a mask

4. Jewelry
• Wrist watches are permitted (non-digital) if they can be pushed up to mid-forearm. No wrist watches allowed in Maternal Health practice placements.
• Dangling or hooped jewelry (neckwear, earrings, bracelets, watches, rings or similar articles) must NOT be worn except for medical alert bracelets.
• Facial piercings including ears are to be small studs only, with no bars, rings, etc.
• No rings allowed, including wedding bands.

5. Tattoos
• Some practice agencies may request that you cover a visible tattoo(s)

6. Fingernails
• Short, clean nails, no polish
• No acrylic or gel nails (implicated in the transfer of microorganisms)

7. Scents
• Perfumes, colognes, after-shave, and other strongly scented personal care products are not permitted in practice or on TRU Campus
• Third hand smoke is smoke that is trapped in hair and on clothes; third hand smoke is recognized as containing the same chemicals as second hand smoke. It is important for students and faculty to recognize the potential dangers of third hand smoke and to reduce exposure to clients, particularly more vulnerable clients such as babies. This includes good hand washing and changing clothes to reduce exposure. (The Canadian Lung Association).

Please see Interior Health AU0800 – Dress Code/Personal Appearance

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 – Student Placements and Practice Education Guidelines for BC – Student/PSI Educator Identification.
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, a 2nd year nursing student at TRU, my instructor is Leigh, 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.” Please note that students are not required to use their last names however may do so at their discretion.

Please see Practice Education Guidelines for BC – Consent for Student Involvement in Care

Practice Policies and Requirements

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 at their expense.** 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 nurses placements become increasingly 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 on the Blackboard Learning Management site: Practice Placement 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. Students can expect to be placed in agencies outside their campus of origin at least twice.**
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) or Pacific Blue Cross (http://www.pac.bluecross.ca/) or BCAA (http://www.bcaa.com/insurance) 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 for practice placement BScN year 3-4 are on moodle and are to be submitted to Nursing@tru.ca

  o Placement requests within BC are normally submitted 6 months ahead of practicum start date
  o Placement requests beyond BC are normally submitted 6-8 months ahead of practicum start date to ensure legal contracts are in place between TRU and the agency.

General Information Regarding Placements in BC or Canada
- When applying for a distance practice placement in CPEs (NURS 3380, 3390) and Semester 8 (NUR 4210) students need to plan ahead to ensure that they meet the guidelines of eligibility listed below. The Practice Placement Coordinator (PPC) is available as a resource 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
Nursing 3390 – FOCUS ON INTERNATIONAL NURSING

• Students will be invited to apply for an international placement normally for CPE 3 (Nurs 3390) one year in advance of the possible placement
• Application materials include: Applicant Information and Statement of Interest and a Global Referee Form
• There is a surcharge applied to this International practicum course. Additional financial costs are the responsibility of the student (e.g. passports, visas, immunizations, travel, and accommodation, etc.)
• The SON Global Health Committee Chair 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 committee. 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 committee Chair will review the student’s status and approval may be revoked.

Missed Practice Time

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 beginning nurse. Some employers may 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 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 and /or instructor at least one hour prior to the scheduled starting time. Specific instructions will be given by individual faculty.

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 and / or physician/ NP note
   c. presence or absence of a pattern of missed time
   d. level of performance.

3. Missed nursing practice, lab and seminar time is recorded and will be included on performance summaries.
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.

**Learning Contract Policy**

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 chairperson, and the student will develop strategies to meet the expected domains and competencies as outlined in the contract. If performance is not satisfactory 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. If there are significant safety concerns prior to the end of the practice rotation, a student may be removed from the practice area, and the student will fail the course. See above for TRU SON Progression Policy and TRU Progression policy: [http://www.tru.ca/__shared/assets/Satisfactory_Academic_Progress5642.pdf](http://www.tru.ca/__shared/assets/Satisfactory_Academic_Progress5642.pdf)

For more information, see Appendix F Learning Contracts: Guidelines for Implementation

**Attendance at a Conference as Practice Time**

A written request to attend conferences must be submitted to the faculty member and Chairperson prior to committing to attending the conference (booking travel, paying for conference fees, etc.). The request needs to include learning objectives – how does this conference connect to learning in your current practice area and the relevance of the conference, workshop, etc., to nursing practice. The discussion with the faculty member regarding how to “count” time for practice hours needs to be included. Decisions about permission and practice hours will be made as a team, with faculty, chairperson, and semester leads. Time may not be granted for all requests.

The practice faculty member 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 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, Canadian Nursing Students’ Association, CRNBC, ARNBC)
- The number of previous requests and attendance at conferences or similar activities during the nursing program.
- The current year of the program or practice area the student is in.
**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, notwithstanding 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.

**Specific Limitations and Policies for Students in Nursing Practice**

The following policies guide practice as student’s progress through the program. Nursing students are required to familiarize themselves with the following policies for each agency to which they are assigned for nursing practicum experience. Nursing Student’s are required to adhere to the guidelines and policies in this handbook.
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 postsecondary 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.hspcanada.net/managing/content-management.asp#Guidelines](http://www.hspcanada.net/managing/content-management.asp#Guidelines) or can be accessed via direct link below.

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<th>Guidelines</th>
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<th>Supervision of Students by Staff</th>
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<td>On Site - Direct Care</td>
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<td>Student Scope of Practice</td>
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</table>
Immunizations
All TRU nursing students and faculty visiting health care service delivery sites for clinical placements are considered health care providers 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.
- It is strongly recommended that students follow the Health Authority guidelines for required immunizations. If students choose not to follow the set out then they may not be fit for practice at certain agencies.

For more information, refer to the Practice Education Guidelines for BC Immunizations

Influenza Vaccination
Annual influenza vaccination is required for health care providers as per the provincial policy.

TRU Health Services will arrange for students and faculty to receive free influenza vaccinations annually. Proof of vaccination must be shown to their current practice faculty. Students are strongly encouraged to keep a copy of their immunization record with them in practice in the event they are asked for proof.

Failure to provide proof of influenza 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 and / or 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 health care provider. Written documentation from the health care provider 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.
**Practice requirements** *students must complete the following before being permitted into practice.*

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>What to do with evidence of completion:</th>
</tr>
</thead>
</table>
| **Before start of practice in semester 1** | A. TRU School of Nursing Student Practice Orientation (on Moodle)  
  - Module 1: Basics for Practice; Dress Code in practice  
  ** Moodle will not be ready until August 20. You will be contacted with a passcode to access the module quizzes** | verify completion with your practice instructor |
|       | B. Hand Hygiene Basics –PICNet accessed via [https://learninghub.phsa.ca/Courses/8538/speco-curriculum](https://learninghub.phsa.ca/Courses/8538/speco-curriculum) |  |
|       | C. Current CPR C (face to face) certification |  |
|       | D. Criminal record check |  |
| **Before the start of practice in Semester 2** | A. Student Practice Education Core Education. **AKA SPECO.** accessed via [https://learninghub.phsa.ca/Courses/8538/speco-curriculum](https://learninghub.phsa.ca/Courses/8538/speco-curriculum) | Send certificate(s) of completion to nursing@tru.ca AND verify completion with your practice instructor |
|       |  
  - Introduction to Student Practice |  |
  1. Violence Prevention: Introduction to Violence Prevention  
  2. Violence Prevention: Recognize Risks and Behaviours  
  5. Violence Prevention: Respond to the Risk: Part 1 - Perform De-escalation Communication  
  7. Violence Prevention: Respond to the Risk: Part 3 - Determine When and How to Get Help  
  8. Violence Prevention: Report and Communicate Post-Incident |  |
|       |  
  - Infection Prevention and Control Practices for Direct Clinical Care Providers  
  - Provincial Code Red - Fire Safety Training (Acute & Residential Facilities)  
  - Waste Management Basics  
  - WHMIS 2015 - Provincial Course |  |
|       | **a copy of the ‘learning history’ showing courses and completion dates from Learning Hub will suffice** |  |
### 2018-2019
BScN Student – Faculty Handbook

| Before the start of practice in semester 3 | A. TRU School of Nursing Student Practice Orientation (Moodle)  
• Basics for Practice  
• Safe Medication Administration  
**Moodle will not be ready until August 20. You will be contacted with a passcode to access the module quizzes**  
B. Review of select SPECO modules accessed via [https://learninghub.phsa.ca/Learner/Home](https://learninghub.phsa.ca/Learner/Home)  
• Provincial Hand Hygiene Basics – PICNet  
• Code Red - Fire Safety Training (Acute & Residential Facilities)  
C. Current CPR C (face to face) **note: the SON requires CPR updating q2years**  
D. Current mask fit testing **renewed annually**  
E. Criminal record check disclosure  
**Send current certificate(s) of completion to nursing@tru.ca AND verify completion with your practice instructor**  
| Before the start of Semester 4 | See Semester 3 practice requirements  
**Send current certificate(s) of completion to nursing@tru.ca AND verify completion with your practice instructor**  
| Before the start of CPE 2 | A. Current CPR C (face to face) certification **note: the SON requires CPR updating q2years**  
B. Current mask fit testing **renewed annually**  
**Send current certificate(s) of completion to nursing@tru.ca AND verify completion with your practice instructor**
## Before the start of Semester 5

<table>
<thead>
<tr>
<th>A. TRU School of Nursing Student Practice Orientation (Moodle)</th>
<th>verify completion with your practice instructor</th>
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<tbody>
<tr>
<td>• Basics for Practice</td>
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<tr>
<td>• Safe Medication Administration</td>
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<tr>
<td><strong>Moodle will not be ready until August 20. You will be contacted with a passcode to access the module quizzes</strong></td>
<td></td>
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<tr>
<td>B. Review of select SPECO modules accessed via <a href="https://learninghub.phsa.ca/Learner/Home">https://learninghub.phsa.ca/Learner/Home</a></td>
<td>Verify completion to your practice instructor with a ‘learning history’ from Learning Hub</td>
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<td>• Infection Prevention and Control Practices for Direct Clinical Care Providers</td>
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<tr>
<td>• <a href="https://learninghub.phsa.ca/Learner/Home">Code Red - Fire Safety Training (Acute &amp; Residential Facilities)</a></td>
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<tr>
<td>C. Current CPR C (face to face) <strong>note: the SON requires CPR updating q2years</strong></td>
<td>(completion date within the last 6 months)</td>
</tr>
<tr>
<td>D. Current mask fit testing <strong>renewed annually</strong></td>
<td>Send current certificate(s) of completion to <a href="mailto:nursing@tru.ca">nursing@tru.ca</a> AND verify completion with your practice instructor</td>
</tr>
<tr>
<td>F. Criminal record check disclosure</td>
<td>The SON will provide this document to students</td>
</tr>
</tbody>
</table>

## Before the start of Semester 6

| See Semester 5 requirements | |

## Before the start of CPE 3

| A. Current CPR C (face to face) certification **note: the SON requires CPR updating q2years** | Send current certificate(s) of completion to nursing@tru.ca AND verify completion with your practice instructor |
| B. Current mask fit testing **renewed annually** | |

## Before the start of Sem 7

<table>
<thead>
<tr>
<th>A. TRU School of Nursing Student Practice Orientation (Moodle)</th>
<th>verify completion with your practice instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Basics for Practice</td>
<td></td>
</tr>
<tr>
<td><strong>Moodle will not be ready until August 20. You will be contacted with a passcode to access the module quizzes</strong></td>
<td></td>
</tr>
</tbody>
</table>
B. Review of select SPECO modules accessed via [https://learninghub.phsa.ca/Learner/Home](https://learninghub.phsa.ca/Learner/Home)

<table>
<thead>
<tr>
<th>Violence Prevention (8 modules)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Code Red - Fire Safety Training (Acute &amp; Residential Facilities)</td>
</tr>
<tr>
<td>• Infection Prevention and Control Practices for Direct Clinical Care Provider</td>
</tr>
<tr>
<td>• Waste Management Basics</td>
</tr>
<tr>
<td>• Infection Prevention and Control Practices for Direct Clinical Care Providers</td>
</tr>
</tbody>
</table>

Verify completion with your practice instructor with a ‘learning history’ from Learning Hub (completion date within the last 6 months)

C. Criminal record check disclosure

The SON will provide this document to students

<table>
<thead>
<tr>
<th>Before the start of Sem 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Current CPR C (face to face) certification <strong>note: the SON requires CPR updating q2years</strong></td>
</tr>
<tr>
<td>B. Current mask fit testing <strong>renewed annually</strong></td>
</tr>
</tbody>
</table>

Send current certificate(s) of completion to nursing@tru.ca AND verify completion with your practice instructor
Safety to Practice

Nursing students are responsible and accountable for abiding to the guidelines and polices of this handbook, the profession (CRNBC), and the health authority / institution visited for the purpose of educational practice. Agency policies, guidelines and regulations are available, often online, through the Health Authority / agency’s website.

In lab theory / practice courses, students must complete the required theory and psychomotor skill practice and pass a quiz with an 80% score prior to performing psychomotor skills in the practice setting.

In 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 other words all psychomotor skills must be supervised when performed for the first time in practice setting.

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.

Unsafe practice can include things like frequent unusual occurrences / unusual incidents (ie. Medication errors, failure to follow policies and procedures, etc.), inadequate preparation for practice, being under the influence of substances, personal health situations that affect one’s ability to practice safely

Students in nursing practice courses who are deemed to be unsafe in the practice area may:
- be asked to leave the practice area immediately
- be required to report to the SON Chairperson
- be required to withdraw from the Nursing Program before the end of the course
- receive a failing grade for the course

Sources: CRNBC Professional Standards, Practice Standards and RN Scope of Practice

Restricted and Non-restricted activities, Limits and Conditions

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. CRNBC Scope of Practice for Registered Nurses

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 completed the required theory and psychomotor skill practice (i.e. Intramuscular Injections, blood administration, insertion of Foley catheter)
- 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.

### 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.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Year 1</th>
<th>Sem 3</th>
<th>Sem 4</th>
<th>Sem 5</th>
<th>CPE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal hygiene</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Range of motion</td>
<td>*</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Lifts, Transfers, Positioning</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Physical assessment</td>
<td>*</td>
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<td></td>
</tr>
<tr>
<td>Elimination needs</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TPR, BP, oxygen saturation, Blood glucose monitoring</td>
<td>*</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Principles of Medication Administration</td>
<td>*</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>□ PO/SL meds, topical agents, inhalers and suppositories</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Standard Precautions</td>
<td>*</td>
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<tr>
<td>Ostomy Care</td>
<td>*</td>
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<tr>
<td>Additional Precautions (aka isolation)</td>
<td>*</td>
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<td></td>
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<tr>
<td>Additional Precautions (decision making around…)</td>
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<td></td>
<td>*</td>
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<tr>
<td>SC, IM Medication Administration</td>
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<td>---</td>
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<td></td>
</tr>
<tr>
<td>Principles of Surgical Asepsis</td>
<td>*</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Simple dressing change, sterile gloving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venous Access Devices Level 1 □</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different types PVAD &amp; CVAD</td>
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</tr>
</tbody>
</table>

- Indications, Risks, Site assessment
- Maintenance of PVADs □ dressing changes - 
  PVAD & percutaneous CVAD 
  (non hemodialysis) □ flushing protocols - PVAD 
  □ line changes up to extension tubing and needless cap on PVAD & CVAD (percutaneous non hemodialysis & PICC) 
  □ removal PVAD 
  □ accessing capped / locked PVAD short

<table>
<thead>
<tr>
<th>Intravenous Infusion</th>
<th>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ pumps &amp; gravity, priming lines</td>
<td></td>
</tr>
</tbody>
</table>

Suture and staple removal | * |

Drain Shortening and removal | * |

Oxygenation (delivery methods, nasal & oral airways) | * |

Suctioning – Oral, pharyngeal | * |

Epidural / PCA (assessment related to…) | * |

Nasogastric tubes □ maintenance, insertion, medication administration, removal | *

Enteral feeds – maintenance & medication administration | * |

IV medication administration (minibag, direct) | *

Venous Access Devices Level 2 | *

□ Maintenance of CVADs – percutaneous, PICC, Tunneled (non-hemodialysis) □ Accessing locked / capped lines □ Flushing protocols: CVAD (PICC & percutaneous non hemodialysis) 
□ Change IV lines: PVAD & CVAD (PICC & percutaneous non hemodialysis) including extension and needleless cap

Urinary catheterization | *

Complex wounds – (packing, irrigation, VAC, products) | *

Chest tubes (care & maintenance) | *
## Code Blue

<table>
<thead>
<tr>
<th>Activity</th>
<th>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcribing and Checking orders</td>
<td></td>
</tr>
<tr>
<td>Venous Access Devices Level 3</td>
<td></td>
</tr>
<tr>
<td>PICC dressing changes</td>
<td></td>
</tr>
<tr>
<td>blood draws on CVAD (PICC &amp; percutaneous non hemodialysis)</td>
<td></td>
</tr>
<tr>
<td>CVAD removal (PICC &amp; percutaneous non hemodialysis)</td>
<td></td>
</tr>
<tr>
<td>Blood transfusions</td>
<td></td>
</tr>
<tr>
<td>Basic ECG interpretation</td>
<td></td>
</tr>
<tr>
<td>Parenteral nutrition</td>
<td></td>
</tr>
<tr>
<td>Tracheostomies – (care and suctioning)</td>
<td></td>
</tr>
<tr>
<td>Intravenous insertion PVAD – short insertions (optional lab. Paid for by students)</td>
<td></td>
</tr>
</tbody>
</table>

## Students are Not Permitted to:

- Obtain, confirm or verify surgical or procedural consents.
- administer any medications ordered “STAT” including PO, Subcutaneous, IM or IV
- give medications via epidural (under review)
- remove epidural catheters (under review)
- 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
- Access renal dialysis ports/shunts/lines. (see exception Sem 8 RDU in RIH) Perform CRNBC Section 8 Restricted Activities for Certified Practice.
- Access IVADs
- take verbal or telephone laboratory reports as related to critical values (IH AU 1100)

## 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 approved by the agency they are working in
- For paper based documentation student signatures will include their Given name (initial), Surname, SN/BScN, TRU (for example: D. Smith, SN/BScN, TRU). In agencies that require a “Chart Signature Record”, the student will 1) print their full given name and surname, 2) indicate SN/BScN and year of study (e.g. SN/BScN -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 BCAHC Documentation by Students and the CRNBC Practice Standard for Documentation
Supervision of Psychomotor Skills Limits and Conditions
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.

Key:

<table>
<thead>
<tr>
<th></th>
<th>not permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>DS</td>
<td>Direct Supervision (Nurse educator or Preceptor/Field Guide) <strong>each time</strong></td>
</tr>
<tr>
<td>SI</td>
<td>At discretion of nurse educator or preceptor may do independently</td>
</tr>
<tr>
<td>DS C</td>
<td>Direct supervision and only after certification (for PVAD short insertions this means a workshop; for needling of dialysis lines this means completion of learning modules as determined by the agency)</td>
</tr>
<tr>
<td>◊</td>
<td>Saline &amp; heparin syringes (vials) must be confirmed prior to flushing</td>
</tr>
<tr>
<td>*</td>
<td>Does not include IVADs and / or any VAD for hemodialysis purposes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Sem 3</th>
<th>4</th>
<th>CPE 2</th>
<th>5</th>
<th>6</th>
<th>CPE 3</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulants (Oral &amp; Parenteral)</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
</tr>
<tr>
<td>Insulin</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
</tr>
<tr>
<td>Digoxin (Pediatrics)</td>
<td>DS</td>
<td>X</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
</tr>
<tr>
<td>All meds in Labour &amp; Delivery</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Direct IV, Stat or urgent</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Student Blood Transfusionist</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
</tr>
<tr>
<td>PVAD short flush</td>
<td>DS</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
</tr>
<tr>
<td><strong>IV meds - minibags</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PVAD Short <strong>locked</strong></td>
<td>X</td>
<td>DS</td>
<td>DS</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
</tr>
<tr>
<td>PVAD &amp; CVAD <strong>infusing</strong></td>
<td>X</td>
<td>DS</td>
<td>DS</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
<td>SI◊</td>
</tr>
<tr>
<td>CVAD * <strong>locked</strong></td>
<td>X</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>SI◊</td>
</tr>
<tr>
<td><strong>IV meds – direct (aka push)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PVAD Short <strong>locked</strong></td>
<td>X</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>SI◊</td>
</tr>
<tr>
<td>PVAD &amp; CVAD <strong>infusing</strong></td>
<td>X</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>SI◊</td>
</tr>
<tr>
<td>CVAD* capped / locked</td>
<td>X</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>SI◊</td>
</tr>
<tr>
<td><strong>IV site dressing changes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PVAD short</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>SI</td>
<td>SI</td>
<td>SI</td>
<td>SI</td>
<td>SI</td>
</tr>
<tr>
<td>CVAD (percutaneous non hemodialysis)*</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>SI</td>
<td>SI</td>
<td>SI</td>
<td>SI</td>
<td>SI</td>
</tr>
<tr>
<td>CVAD (PICC)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
<td>SI</td>
</tr>
<tr>
<td><strong>IV line changes</strong></td>
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</tbody>
</table>
Medication Administration Students are Not Permitted to:

- 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 any medications ordered “STAT” including PO, Subcutaneous, IM or IV.
- give medications via epidural.
- set up, change syringe/bag, or adjust settings on PCA or Epidural infusion pumps.
- administer anti-neoplastic medications intravenously.
- perform CRNBC Section 8 Restricted Activities for Certified Practice. [Hit the web](https://www.crnbc.ca/Standards/CertifiedPractice/Pages/Default.aspx)

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, insulin, anticoagulants and other high alert meds as per legislation and IH policy/protocol until the nurse educator or RN preceptor feels the student has successfully demonstrated competency. (IH AU1100)
- Medications dependent on laboratory values must have the dose verified by nursing faculty or a RN. (IH AU1100)
- A student cannot conduct independent double checks on high alert meds prepared by another student. (IH AU1100)
- Cosigning if required to indicate that an action was done and carried out correctly cannot be done by another student. (IH AU1100)
• With every medication administration, two unique patient identifiers must be used (IH1500). Acceptable patient identifiers are full name, date of birth, personal health number. Room/bed number is not acceptable. (IH AU1100)

• Students may not routinely carry the narcotic keys when not directly using them. (IHA AU1100)

Narcotic Administration Limits and Conditions

• 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 witness

• ‘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 are NOT permitted to give stat or urgent medications via IV direct (push)

• Saline & heparin syringes (vials) must be confirmed by the educator or RN prior to flushing and cosigned

• For all IV direct (push) medications, the student and the nurse educator or RN preceptor will:
  o check the medication administration record to establish the time the last dose was administered
  o confirm the container from which the medication was drawn and the dosage
  o go to the bedside and verify the identity of the patient
  o verify the above steps were followed by co-signing the medication administration record
  o The exception to this is in Semester 8 the student may administer IV direct meds independently after the MAR, drug and dose have been verified by the RN and after the RN has assessed the student to be competent.

• IV insertions. Beginning in CPE 3 students:
  o may insert PVAD - short cannulas after they have completed the workshop, successfully passed an IV theory quiz and supervised psychomotor practice
  o Will be directly supervised by an RN or faculty member for all IV insertions o Are only allowed two (2) attempts at initiating an IV a with each client o Students are not permitted to start an IV on children under the age of 5

• Please note agency policy(s) around IV therapy, IV insertions, care of CVADs varies between agencies and Health Authorities. As such the student must make themselves aware of and follow the policies set out by each agency they practice in.
Blood Component Administration – Limits and Conditions

Students in Sem 8 must be supervised by their on-site academic educator or designated supervising staff member during the following permitted components of the procedure (as per IH Transfusion Practices Manual):

• Transporter of blood products
• Assessment checks as assigned by the Transfusionist (Physician, Registered Nurse, Nurse Practitioner, Registered Midwife)
• General care (vital signs, IV flow rate and site condition, comfort and warmth, adverse effects) for the stable patient/client/resident during transfusion.
• General care for the stable patient/client/resident for the first 24 hours post transfusion
• The Transfusionist is ultimately the responsible provider, must be physically present, and must co-sign on the patient record Students cannot be the second person verifier (patient, product and pre-transfusion sample checks).

Immunizations Given by Student Nurses (Incorporates IH Policy AU1100 – 2015)

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

• Students may provide single dose (containing one or more antigens) immunizations to adults and children five years of age and older (see limits below) if the student has been deemed competent (has the knowledge and skill) either by the Education Institution or the clinical practice site. Providing immunization to infants, children less than five years old and special populations involves complex scenarios that require a more inclusive level of competency. Therefore, because of the time required to demonstrate competency for this immunization practice, students will not be permitted to immunize infants, children less than five years old and special populations.
• Students can give single dose immunizations to children in elementary and secondary school settings under the supervision of their PHN preceptor. Students must complete immunization education prior to administering immunizations in the school setting as determined by the health authority.
• For students in Interior Health settings see IH requirements in the conditions below. IH Limits:
  o Students do not provide immunizations to children under five years of age with the exception of BScN students within the IH Promotion & Prevention Program who may provide single dose immunizations to clients four years of age and older.
  o BScN students may provide single dose immunizations to IH Promotion & Prevention program clients identified as Select Populations in Section III - Immunization of Special Populations, item 3.0.
• Students do not provide immunizations in the IH Workplace Health and Safety (WHS) staff immunization or peer immunization program.

**IH Conditions:**

- Students must successfully complete the British Columbia Centre for Disease Control Immunization Competency (BCCDC) course prior to providing immunizations to IH Promotion and Prevention Program clients.
- Students may provide single dose immunizations to IH Promotion & Prevention Program clients identified as Select Populations in *Section III - Immunization of Special Populations, item 3.0.*
- Students can give single dose vaccines to adults, such as Td and pneumococcal, with preceptor support.
- Students can administer and read Mantoux tests, with preceptor support.
- Immunizations will be documented on the electronic Panorama documentation system. Students will follow the Interior Health policies for electronic documentation.

• For students in health authorities outside of Interior Health follow the health authority policies and procedures for student administration of immunizations. If the policies are not available or are not written continue to follow the above TRU SON policy based on approved policy from Interior Health.

**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 in the following circumstances:
  - The situation and patient circumstances necessitate it (ie. there is no other option)
  - 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 cosigns the order.

* Health professionals listed to give orders to registered nurses under the Health Professions Act are dentists, midwives, naturopaths, physicians, podiatrists, pharmacists, certified practice Registered Nurses and Nurse Practitioners.

• 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
  - the work is checked for accuracy by the nurse educator or RN preceptor/field guide.
  - the orders and/or MAR's are checked and initialed as correct by the nurse educator or RN preceptor / field guide.
  - Students must have unit dose medication administration records co-signed as correct.
Naloxone Administration
Please be advised that in response to the current opioid overdose public health emergency, all School of Nursing students have had the following change in their scope of practice:

Effective immediately, all School of Nursing students are permitted to administer STAT naloxone in community practice settings to clients with suspected opioid overdose. Students must have completed the SON approved training and follow practice agency policy and protocol in order to administer naloxone.

Of Note:

- This policy has been designed primarily to address student practice in community settings and is therefore not applicable to the acute care setting
- Students in practice settings are to administer naloxone provided by the practice agency only
- Students wishing to obtain a personal THN kit can present their certificate of completion to the Wellness Centre, however are not to use this kit in the practice area
- SON approved training can be found at: http://www.naloxonetraining.com/training
- Effective Fall 2018, all students entering semester 3 will be required to complete the training
- Training takes approximately 15-20 minutes to complete and is to be done on student’s own time (clinical time is not granted for this). Please print a certificate of completion at the end.

Student Responsibilities:

- Complete the SON approved training and print off certificate of completion (all current sem 3-8 students)
- Present your certificate of completion to your clinical instructor on your first day of orientation
- Be informed of all practice agency policies and protocols related to naloxone administration and operate within these policies

Faculty Responsibilities:

- Complete the SON approved training
- Check all students certificates of completion on the first day of orientation
- Be aware of all practice agency policies and protocols related to naloxone administration and communicate this to students

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.
Health and Safety Policies

Workplace Hazardous Material Information System (WHMIS)
All nursing students are required to obtain WHMIS certification prior to entering the program.

Fire Emergency
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. More information is available at TRU Fire Emergency Procedures

TRU Respectful Workplace and Harassment Policy – ADM 06-0
At Thompson Rivers University (TRU) we believe 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 (Local 5800).

More information is available at TRU Respectful Workplace and Harassment Prevention Policy

WorkSafeBC
Students enrolled in Nursing Practice courses are covered by WorkSafeBC in British Columbia under the Worker’s Compensation Act.

Students in practice at agencies located outside of BC 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 outside of BC.

Injury or Incident during Practice or in the Nursing Resource Centre
A work-related injury, incident/disease is one that arises out 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 blood borne pathogen or body fluid exposure.

Reporting injury, incident or blood borne pathogen/communicable disease exposure:
Any injury, incident, blood borne pathogen, or communicable disease exposure that results in a worker (student or faculty) receiving medical attention or time-loss from work must also be reported to WorkSafeBC.
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* and TRU Occupational Health & Safety (OHS) **within 3 business days.**

**IH Reporting**

A student or faculty person **DOES NOT** report an incident or injury to IH.

*****EXCEPTION: If there is a blood and body fluid exposure to a student/faculty while practicing in IH facilities. In this case a report needs to be phoned in to the IH Incident Report Line at 1-866-899-7999*****

**Reporting an Injury, Incident, Blood Borne, or Communicable Disease Exposure:**

1. An injury, incident, blood borne, or communicable disease exposure needs to be reported to the faculty member immediately
2. Seek immediate treatment if necessary. The student can go to the Emergency Department or a physician’s office/clinic. Inform the physician that this is a work-related injury, incident, or exposure.

*** A needle stick or blood splash incident must be reported to the Emergency Department ASAP. If there is a high risk of being infected with a blood borne pathogen, treatment must be started within 2 HOURS of exposure***

3. The faculty is to inform the BScN Chairperson of the incident as soon as possible.
4. Forms need to be completed **within a specific time frame** and submitted to specific personnel. Copies of all forms need to be included in the student’s file and forwarded to the BScN Chairperson

**TRU Reporting:** [http://www.tru.ca/hsafety/incident_reporting.html](http://www.tru.ca/hsafety/incident_reporting.html)

If a student injures themselves and / or is exposed (ie. BBFE, TB etc.) , **the student (with help from faculty must):**

1. Complete *Worksafe BC Form 7- Apprenticeship/ Practicum Report of Injury or Occupational Disease.*
2. Complete the TRU Incident Report form
3. Complete the SON Unusual Occurrence Form (Appendix H)
4. Scan & send copies of Worksafe BC Form 7 & TRU incident form to:
   - Gord Maurits, OH&S gmaurits@tru.ca, **Within 3 days.** He will report any student injury / incidents to the Ministry of Advanced Education who will send to *Worksafe BC*. This will allow any follow up costs to be covered for the student in the event further treatment needs to happen
If a faculty member injures themselves and / or is exposed (ie. BBFE, TB etc.), they must:

1. Complete Worksafe BC Form 6A : Report the injury/incident/exposure (in addition to the above)
2. Complete the TRU Incident Report form
3. Forward these forms to gmaurits@tru.ca within 3 days.
4. Inform any care providers that this is a work related injury/ incident/exposure
5. Inform the BScN chairperson Andrea Sullivan asullivan@tru.ca

**Blood Body Fluid Exposures (BBFE)**

**Definition:** An employee or student/faculty 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 a BBFE students/faculty working in Interior Health facilities are to follow the following steps immediately. Students working outside of IH must consult the agency policy and procedure for exposure to blood borne pathogens. The following guidelines reflect the Center for Disease Control and IH Workplace Health and Safety Policy and guidelines.

**Immediate First Aid and Management**

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 / puncture / abrasion, just wash thoroughly with soap and water. This is not considered an exposure and no report or follow-up is necessary.
3. Immediately report the incident to your faculty (or unit manager/preceptor if appropriate)
4. Report to Emergency. You will need the client’s full name, patient’s PHN and birth date. In the ER, the student may have bloodwork drawn and / or be counselled regarding post exposure prophylaxis / anti-retroviral therapy. Please note: To be most effective this therapy must be started within 2 hours of exposure.
5. The nurse in charge / case manager will:
   • Complete a source risk assessment (In IH, the form is available on InsideNet (also see appendix)
   • Obtain source consent for blood work (if source is known and / or available)
   • Document the source’s consent for bloodwork / completion of bloodwork
   • Forward the risk assessment to the Emergency department where the student is reporting.

6. If in practice in IH, the student must call the IH Employee incident report line 1-866-8997999. The Occupational Health Nurse will ensure that all protocols have been followed and will follow up with you if needed. 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, PHN, birthdate. Again please be clear that you are a student at TRU. Students working outside of IH must follow the protocols of that agency*

Sources:  [http://insidenet.interiorhealth.ca/infoResources/forms/Documents/807471.pdf](http://insidenet.interiorhealth.ca/infoResources/forms/Documents/807471.pdf)

**Practice Education Guidelines for BC: Workplace health and safety**

**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 or patient safety learning event) as well as any required TRU forms. To ensure that learning happens, the student along with the nurse educators, 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

**In the Event of an Unusual Occurrence / Incident in a Health Agency (Including Medication Errors) The Student will:**

• 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 follow agency policy for reporting and follow up of events
• Notify the nurse educator and the responsible RN / LPN as soon as possible □ Notify the physician responsible for the involved client.
• With the assistance of faculty complete the necessary agency forms:
  ○ In IH this is referred to as a ‘Safety Event Report’. It is part of the provincial Patient Safety & Learning System (PSLS).
  ○ TRU School of Nursing Unusual Occurrence Report form. (See Appendix H). Include the PSLS report number
• Ensure that the appropriate agency personnel are aware of any follow-up.
The Nurse Educator will:

- Assist the student to ensure client safety and to follow agency policy for reporting and follow up of events
- Support the student to notify the RN/ LPN / PCC / manager and/or physician, as necessary.
- if necessary direct students to TRU counselling services
- Assist the student in filling out forms ○ In IH this is referred to as a ‘Safety Event Report’. It is part of the provincial Patient Safety & Learning System (PSLS).
  ○ TRU School of Nursing Unusual Occurrence Report form. (See Appendix H).
  Include the PSLS report number
- Sign / witness the agency & SON forms indicating awareness of unusual occurrence. There is space in the PSLS reporting system for the faculty member’s name
- Report any serious incidences / multiple medication errors to the Chairperson, Nursing.

Students who have safety concerns while in the community are encouraged to leave the situation immediately, and to follow up with their preceptor and nurse educator.
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 the 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. Please see: https://www.tru.ca/nursing/students/currentstudents/nus.html

Canadian Nursing Student Association
The Canadian Nursing Students Association (CNSA) is the national voice of Canadian nursing students and is an affiliate member of the Canadian Nurses Association (CNA). CNSA is actively dedicated to the positive promotion of nursing and as a member you have an opportunity to interact with other nursing students on educational, professional and social levels. All BScN students at TRU are members of the CNSA.

School of Nursing Committees
Student participation is welcomed and encouraged on SON Committees. Requests for formal representation on SON Committees will be notified of vacancies in September and as positions become available.

Examples of various committees include:

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, and 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
Faculty council is the governance body for the TRU School of Nursing. The purpose of faculty council is to provide a forum for school wide dissemination of information, discussion, and academic decision making related to the governance, and management of the school and its activities. The council is governed by TRU policies. Student representatives, 2 per year, are voting members of the council. Student representatives are selected through TRUSU each year. TRUSU will send out information about the opportunity and contact details for questions.

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.
Nursing students are responsible for adhering to the standards for ethical research as outlined in the Tri-Council Policy Statement 2 (TCPS-2): Ethical Conduct for Research Involving Humans. The TRU Research Ethics Board (REB) is responsible for approving research proposals involving humans.

**TCPS-2 Tutorial Certification**

All students considering research activities involving humans should complete the TCPS-2 Tutorial. This activity can be found at the following website: [http://www.pre.ethics.gc.ca/eng/education/tutorial-didacticiel/](http://www.pre.ethics.gc.ca/eng/education/tutorial-didacticiel/)

A copy of the student’s Certificate of Completion of the TCPS-2 tutorial is to be placed in the student’s file in the SON office.

**Cultural Safety and Research**

Past research practices involving Aboriginal people have not always been addressed from a place of respectful relationships and as such promoted distrust between researchers and Aboriginal people (TCPS-2, 2010). Increasingly First Nations, Inuit, and Métis engage in research as members of particular communities or as academics. The TCPS-2 offers several principles to guide researcher considerations when engaging in knowledge development and distribution concerning Aboriginal people such as respect for persons, concern for welfare, and justice. These principles are intended to guide a researcher and not override specific community guidelines that exist or develop as a result of research engagement. Engagement, collaboration, and building of reciprocal relationships that foster trust and understanding are key qualities in developing research relationships that abide by Aboriginal knowledge development and dissemination principles (TCPS-2). Chapter 9 of the TCPS-2 provides several guidelines to facilitate research conversations with Aboriginal communities. Student researchers are to review this chapter in order to increase their understanding and ability to apply an ethical framework in an Aboriginal context. See also: [http://www.pre.ethics.gc.ca/eng/policypolitique/initiatives/tcps2-epc2/chapter9-chapitre9/#toc09-1](http://www.pre.ethics.gc.ca/eng/policypolitique/initiatives/tcps2-epc2/chapter9-chapitre9/#toc09-1)

**Course Ethics Approval Process for Student Research Activity**

Faculty member will apply to the TRU REB for course ethics approval for students to engage in research that is likely to involve humans, such as Nursing 3510. Electronic applications are available to the Romeo database (see [http://www.tru.ca/research/romeo.html](http://www.tru.ca/research/romeo.html)). Course ethics approval is normally valid for one year. When course ethics approval is gained, faculty member members are responsible for ensuring that students adhere to the TCPS-2. The TRU REB must be informed of any changes to the course ethics application (e.g. names of faculty member teaching the course) by completing an amendment on Romeo. Students involved in a research project as part of course work must complete and submit the appropriate ethics forms as applicable to the research to the course teacher for review and signed
Students must also complete:

- A SON “Agency/Institutional Ethics Review Policies/Procedures and Student Projects Involving Humans” form if research is being conducted under the auspices of an agency/institution beyond TRU (see Appendix D)

Before students begin data collection, it is the responsibility of the faculty member teaching the course to ensure the students’ research activities:

- Are minimal risk
  *If the faculty member is unsure about the level of risk, he/she should consult the TRU REB. If the activities are deemed likely to be more than minimal risk, e.g. if they involve vulnerable populations, students will be required to apply to the TRU REB for a full ethics review and approval.*
- 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 management and secure storage of data
- Include plans for confidential destruction of data and related information
- Use appropriate methodologies that are ethically sound
- Consents are to be securely stored for five years. If, however, research is conducted under the auspices of another agency such as Interior Health, plans for retaining data and consents are to be described in the original application to the TRU REB for ethics approval or in an amendment to the TRU REB.

**Student Ethics Approved Research, Outside Course Activity**

When research is undertaken in courses without course ethics approval, nursing students are required to follow the TRU REB protocol and submit an ethics application via Romeo. Students are to identify their faculty member supervisor who normally would be the course teacher.

On occasion, nursing students may be interested in collecting information from other students, faculty member, or practice professionals that is unrelated to courses to help make evidence-informed decisions about policy or practice. Data collection that involves humans, such as distributing surveys or questionnaires, or organizing focus groups or other data collection activities must meet the TCPS-2 for ethics approval or exemption. If in doubt about the need for ethics approval, consult the TRU REB Chair or TRU Ethics and Compliance Officer in the Research and Graduate Studies Office (see Appendix E for additional information). When ethics approval is needed, data collection must not proceed prior to approval.
Reporting/Documenting: Evidence of TCPS-2 Compliance

Documents providing evidence of compliance with the TCPS-2 and, when applicable, with the TRU-REB, must be readily available in the SON.

Students are to ensure that the certificate of completion of the TCPS-2 tutorial is added to their Student File in the SON office.

Full-time faculty member are expected to retain the data and confidential information for each research activity in a secure place in the SON. Sessional and part-time faculty member are to give this data and confidential information to the senior full-time faculty member member in the course or, in the absence of a full-time faculty member member, to the Chairperson. This data and confidential information is to be kept for one year from the end of the semester in which this research was conducted, and then confidentially destroyed.

Consents are to be securely stored for 5 years, as stated above. If, however, research is conducted under the auspices of another agency such as Interior Health, plans for retaining data and consents are to be described in the original application to the TRU REB for ethics approval or in an amendment to the TRU REB.

Each faculty member who teaches courses with course ethics approval must complete an annual report of student research conducted within the course and submit this information on Romeo to the TRU REB.
Appendix A: 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, welledited, 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:
In summary, D or F papers are seriously flawed and have no evidence of critical thinking or understanding of the topic. There is usually incorrect or absent information, little evidence of research and/or adequate use of the literature, multiple punctuation, grammar, APA, and spelling errors, as well as poor overall structure.

Appendix B: 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, how to cite references within the text of a paper, and how to create a reference list.

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.)
General Instructions

• Use 12-point font size and typeface, Times Roman. □ 2.5 cm (1 inch) margins on all sides.
• Double-space throughout the paper
• One space after a comma, semicolon, colon, and a period in a reference citation (p. 87). Two spaces after a punctuation mark at the end of the sentence (p. 88).
• The title page must include five components: title of the paper, running head, student identification, institutional affiliation, and departmental affiliation (p. 229). Refer to title page example in this Appendix.
• Page numbering begins on the title page in the upper right hand corner.

Headings and Table of Contents

• Abstracts are not required unless specifically addressed in assignment criteria.
• The APA Manual does not include formatting for Table of Contents. Refer to the example in this Appendix for formatting.
• The purpose for the different levels of headings is to serve as an outline for the reader (p. 62).
• 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 (p. 61).
• The introduction section of the paper does not require a heading as the title of the paper is assumed to be the introductory heading.

Citations in Text

• “Cite the work of individuals whose ideas, theories, or research have directly influenced your work” (p. 169).
• When directly quoting, use double quotation marks around the text, and include the author, year, and page or paragraph number in parenthesis at the end of the quotation. If the quote is greater than 39 words, block the quote and omit the quotation marks (p. 171).
• If paraphrasing an individual’s work, quotation marks are not required, however the author and year is, however you are encouraged to include the page number (p. 171).
• Use "and" in text and "&" inside parentheses. Kerry and Jones (2007) noted... but ...
The results indicated a significant relationship (Kerry & Jones, 2007).
• Use et al. in a citation the SECOND time you cite a reference with 3 to 5 authors. Use et al. in a citation the FIRST and EVERY time you cite a reference with 6 OR MORE authors (p. 175).
• Personal communications are cited only in text and are not included in the reference list. The initials, surname of the communicator, and the date must be included (p. 79).
• When a publication date is not available, write n. d. in parenthesis (p. 185).

Reference List

• Order references alphabetically by authors surname (p. 181).
• Double space within and between references.
• The first line of the reference source is flush against the left margin. The second and subsequent lines of the reference source are indented five spaces.
• All sources cited within the paper must be included in the reference list.
• The date of publication determines the order of the same author’s work in the reference list. The earliest publication is listed first (p. 182).
• Provide a DOI for electronic sources (p. 189).
• Do not include the date of when the URL was retrieved (Unless source will change over time). Do not include a period after the URL. The URL is not italicized and is displayed in black font (p. 192).

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 (p. 38).
• Page numbering continues throughout the appendices (p. 230).
• See Table of Contents example re format for listing Appendices in the Table of Contents page.

Additional Resources
• TRU Library has a variety of Online Reference Resources on their Web site http://www.tru.ca/library/guides/citation_styles.html
• APA, 6th edition, on-line version
• TRU Writing Centre  http://www.tru.ca/writingcentre.html

Reference

You should have a running head and page number on every page of your paper.  

**Only write “Running head” on the title page**. The running head is an abbreviated version of your paper’s title (or the whole title). The running head should not be longer than 50 characters, counting letters, punctuation, and spaces between words. It should all be in caps.

Formatted Title Page Example

Student Name

T00010001

NURS 3500 Section 2

Thompson Rivers University

Faculty Member Name

March 10, 2018

Roughly 1/3 of the way down include, on separate lines, double spaced and centered, the title of your paper, your name, your student number, the course and section number, the institution where you are taking the course, the name of the faculty member, and the date you submitted the paper. **Do not** include an “author’s note” or any other information on the title page.
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Please note not all papers will require a Table of Contents. Please refer to your faculty members instructions for the assignment in the course outline.
Appendix C: 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 members 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 be used to 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; 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 members 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.

** Limits of confidentiality are extended when the student or others are considered to be at risk for safety or health and/or professional conduct is questioned under the College of Registered Nurses of British Columbia (CRNBC) professional practice standards. In these cases, reporting structures of faculty member to the Nursing Chair will be utilized to address issues of this nature.
Appendix D: School of Nursing Student Research Ethics

1. Algorithm for TRU School of Nursing - Student Research Ethics Reviews

2. Agency/Institutional Ethics Review Policies/Procedures and Student Projects Involving Humans, Vulnerable populations, First Nations, Inuit and Metis Peoples of Canada

(Revised June 2018)

The purpose of this document is to promote student and faculty member awareness of when ethics approval for student activities IS needed and when ethics approval IS NOT needed. At times this line is blurred.

There is an on-line introductory tutorial available at http:/www.pre.ethics.gc.ca that provides information on the Goals of the Human Ethics policy, and the Context of an Ethics Framework (including the first five sections: Ethics Review; Free and Informed Consent; Privacy and Confidentiality; Conflict of Interest, and Inclusion in Research).

In addition, the Guidelines for Health Research Involving Aboriginal Peoples’ is located in Chapter 9 of the Tri-Council Policy Statement 2: Research Involving the First Nations, Inuit, and Métis Peoples of Canada. The following citations from the Tri-Council Policy Statement: Ethical Conduct for Research Involving Aboriginal Peoples (2nd ed.) (TCPS-2) provide clarity:

This chapter on research involving Aboriginal peoples in Canada, including Indian (First Nations1), Inuit and Métis peoples, marks a step toward establishing an ethical space for dialogue on common interests and points of difference between researchers and Aboriginal communities engaged in research.

First Nations, Inuit and Métis communities have unique histories, cultures and traditions. They also share some core values such as reciprocity – the obligation to give something back in return for gifts received – which they advance as the necessary basis for relationships that can benefit both Aboriginal and research communities.

Research involving Aboriginal peoples in Canada has been defined and carried out primarily by non-Aboriginal researchers. The approaches used have not generally reflected Aboriginal world views, and the research has not necessarily benefited Aboriginal peoples or communities. As a result, Aboriginal peoples continue to regard research, particularly research originating outside their communities, with a certain apprehension or mistrust.

The landscape of research involving Aboriginal peoples is rapidly changing. Growing numbers of First Nations, Inuit and Métis scholars are contributing to research as academics and community researchers. Communities are becoming better informed about the risks and benefits of research. Technological developments allowing rapid distribution of information are presenting both opportunities and challenges regarding the governance of information. This chapter is designed to serve as a framework for the ethical conduct of research involving Aboriginal peoples. It is offered in a spirit of respect. It is not intended to override or replace ethical guidance offered by Aboriginal peoples themselves. Its purpose is to ensure, to the extent possible, that research involving Aboriginal peoples is premised on respectful relationships. It also encourages collaboration and engagement between researchers and participants.

For additional information please refer to the following website as well as consult with your faculty member: http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/
The following excerpts from the *Tri-Council Policy Statement: Ethical Conduct for Researchers Involving Humans* (TCPS-2), (2010) may provide further clarity on this topic.

**“Article 2.1, Application”** In some cases, research may involve interaction with individuals who are not themselves the focus of the research in order to obtain information. For example, one may collect information from authorized personnel to release information or data in the ordinary course of their employment about organizations, policies, procedures, professional practices or statistical reports. Such individuals are not considered participants for the purposes of this Policy. This is distinct from situations where individuals are considered participants because they are themselves the focus of the research. For example, individuals who are asked for their personal opinions about organizations, or who are observed in their work setting for the purposes of research, are considered participants” (p. 16).

**“Article 2.5”** Quality assurance and quality improvement studies, program evaluation activities, and performance reviews, or testing within normal educational requirements when used exclusively for assessment, management or improvement purposes, do not constitute research for the purposes of this Policy, and do not fall within the scope of REB review” (p. 20).

Reference:


Please see the Algorithm on the next page to assist in deciding if TRU REB approval will be required. If formal REB approval is not required, students are still required to demonstrate sound ethical practice as described in the TCPS-2.
Algorithm
REB Review and Approval

Gathering information for:
- Research
- Surveys
- Needs Assessments
- General Data Collection within an Agency

Research, determine if:
1. >Minimal Risk or
2. Minimal Risk
3. Aboriginal Peoples or vulnerable populations

Survey or Needs Assessment, determine if data will be gathered from people (e.g. patients, residents, clients, consumers) other than authorized personnel within an agency.

1. If for quality assurance quality improvement, program evaluation, performance review and testing and NOT for research, no ethics approval is needed.
2. If for research, ethics approval is needed

If >Minimal Risk:
1. Nurse Educator assist student to submit request for ethics review to TRU-REB via Romeo
2. Guidelines for Health Research Involving Aboriginal Peoples

If Minimal Risk in Course WITH Ethics Approval:
1. Nurse Educator assists student to follow TCPS-2 and manages review

If Minimal Risk in course WHITHOUT Ethics Approval:
1. Nurse Educator assists student to submit request for ethics review to TRU REB via Romeo

General Data Collection within an Agency, determine if:
1. E.g. gathering data from authorized personnel within an agency for quality assurance: No ethics approval is needed.
2. Brainstorming session and/or discussion with authorized personnel within agency, No ethics approval is needed.

Developed by Marion Healey-Ogden & Cheryl Zawaduk with feedback from the SON – Student research Ethics Committee, October 2011
(Revised by Marion Healey-Ogden June 2013)
Thompson Rivers University
School of Nursing

Agency/Institutional Ethics Review Policies/Procedures and Student Projects Involving Humans

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, and sign and return to the nursing student.

I am aware that the following student(s):

_____________________________________________________________________________

is/are under my guidance/direction while engaged in a project titled:

_____________________________________________________________________________

during the following time period: ________________________________________________.

This project requires direct participant 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 participants and will advise students in writing of any criteria they must meet before engaging in the investigation.

Name______________________________________________________________

Position__________________________________________________________

Agency____________________________________________________________

Date________________________
Appendix E: Authorization to Disclose Personal Information

THOMPSON RIVERS UNIVERSITY
School of Nursing

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
Appendix F: Learning Contracts - Guidelines for Implementation

The interaction between the student, faculty member, 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 a faculty member to clearly communicate competencies of concern and clearly identify strategies to achieve quality indicators indicative of practice expectations for the course. The learning contract is one method designed to focus student and faculty member attention on practice competencies of concern and specific strategies to promote student achievement of the competencies.

Process Guidelines

1. At the discretion of the faculty member, upon assessing student progress in practice, a learning contract (LC) may be initiated. The following are examples of reasons faculty may initiate a learning contract:
   a. a high-risk or several low-risk incident(s) indicative of student performance that places clients 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.
   d. disruptive behaviour in a classroom / not adhering to the classroom code of conduct

2. Learning contracts may be initiated at the discretion of a faculty member or the Chairperson for behaviours outside of the classroom code of conduct

3. Learning contracts may be initiated by the faculty member during a practice rotation or at the end of a practice rotation.

4. The faculty member consults with the Chairperson prior to initiating a learning contract.

5. In writing the contract, the faculty member 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.

6. 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 the faculty member. Students are expected to inform the faculty in advance of the meeting, who the support person is and when the support person will be present.

7. Faculty members 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.
8. The faculty member and student develop strategies, in writing, intended to assist the student to become successful in practice during the allotted time frame.

9. The faculty member, in consultation with Chairperson, determines a timeframe in which the student ought to demonstrate competent practice.

10. The learning contract is signed and dated by both the student and faculty member and then placed in the student file. 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.

11. A copy of the LC is given to the student and the Chairperson. In some circumstances a learning contract may be carried over into the next year of the program with consultation from the Chair.

12. If the learning contract is in place and the student is, or will be, with a nurse preceptor, the faculty member is obliged to share the competencies of concern and strategies developed with the preceptor to promote client safety.

13. 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.

14. 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
Appendix H: 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, bullying, harassment, discrimination 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. Please provide reference number for the unusual occurrence form: __________________________ If this is a harassment, bullying or discrimination please refer to: www.tru.ca/avphrp/respectful-workplace/resources.html

3. Faculty member’s comments (e.g., student’s attitude, anxiety level, acceptance of responsibility and access of resources: reporting, counselling etc).

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 of incident:
Student's signature: Date: Faculty Member’s signature: Date:

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