



# HEALTH CARE ASSISTANT (HCA) PROGRAM

## STUDENT HANDBOOK

**2020-2021**

*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*

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## ***HCA Values, Beliefs and Principles***

**(Taken from the HCAP Provincial Curriculum, Ministry of Advanced Education, 2015)**

### **Health Care Assistants**

Health Care Assistants (HCAs) are prepared to work in a variety of health care facilities and community agencies. They are important and valued members of the health care team.

*HCAs promote and maintain the health, safety, independence, comfort and well-being of individuals and families. HCAs provide personal care assistance and services in a caring manner that recognizes and supports the unique needs, abilities and backgrounds of clients and their families. They work as members of a health care team in a variety of settings with direction and supervision from regulated health care professionals.*

(Excerpt from B.C. Health Care Assistants Core Competency Profile, Government of British Columbia, March, 2014, p.5)

The work done by HCAs is based on a set of fundamental values, beliefs and ethical principles that are consistently reflected in all aspects of their work with clients, families, team members and others. Amongst these core values, beliefs and principles, which serve as foundations of HCA practice, are those related to:

- Human Beings
- Older Adults
- Health and Healing
- Healthcare
- Caring and Caregiving
- The Family in Health and Healing

### **Human Beings**

All individual humans are holistic beings consisting of physical, cognitive, psychological, social, and spiritual dimensions. All people have unique perceptions of themselves and others that shape their experiences, responses and choices. Factors that may influence a person's perceptions include one's life experiences, values, socio-cultural/ethnic background, gender, abilities, resources and developmental level.

Humans, of all ages, are constantly changing as they interact with others and with the world around them. As well, people move through definable developmental transitions as they grow and change across a lifespan. Each developmental transition brings forth certain tasks which are defined and influenced by one's family, culture, gender, and social cohort.

Aging is a normal developmental process of human life. It involves a series of physiological, psychological and social transitions that start at birth and continue throughout life. As we age, our abilities, potentials, possibilities and goals can be expected to change. Nevertheless, each person's potential for growth and development exists throughout life.

### **Older Adults**

Later adulthood can be viewed as a potentially fulfilling and enlightened time of life. For many people, aging gives rise to insight, creativity and serenity which can provide the foundation for true self-fulfillment.

As adults move into their later years, they do not become a homogenous group. Despite social perceptions, older people are not all alike. If anything, people become less similar as they get older. Older adults have a wide variety of interests, life experiences, backgrounds and values. Each older person must, therefore, be viewed and valued as a unique individual.

The experience of a long lifetime provides an older person with a special perspective based on years of learning and living. The older adult needs to be valued for the person s/he is, as well as the person s/he has been in the past. Every older person has a life story, a wealth of experience, which is part of who that person is today.

Within Western cultural values, independence is valued and viewed as a desired goal for everyone to attain and maintain. This strong societal value sometimes makes it difficult for those older adults who experience declining health to relinquish independence. Paradoxically, however, independence is often fostered through interdependence. Interdependence involves mutually supportive relationships that acknowledge each person's capabilities and potential while also providing support when and where needed. This sort of interdependency enables older individuals to feel valued and recognized despite their need for assistance.

Negative attitudes and stereotypes about any group of people are detrimental. In the case of our older citizens, negative attitudes and stereotypes may contribute to inaccurate beliefs such as: all older people suffer from markedly diminished physical and/or mental abilities; all older individuals will become dependent on others; older individuals are incapable of change; and older people are a drain on society. How we interact with older people will influence how they see themselves. We all have a role in breaking down stereotypes and unhealthy negative attitudes.

## **Health and Healing**

The World Health Organization's (WHO) definition of health as a complete state of physical, mental, and social well-being, and not simply the absence of disease or infirmity, has gained widespread acceptance. The WHO further defines health as "the extent to which an individual or group is able on the one hand to realize aspirations or needs and on the other, to change or cope with the environment." Health, in this point of view, is seen as a resource for everyday living, not an objective of living. It is a positive concept which emphasizes psychological, cognitive, social and spiritual resources as well as physical capacity.

Health and healing co-exist. Healing is not simply viewed as movement along a continuum from illness to health. Healing is the process of enhancing health and responding to challenges. Challenges may be in the physical, psychological, cognitive, social and/or spiritual dimensions of health. During the healing process, resources are mobilized, hardiness is enhanced, and vulnerability is minimized.

## **Healthcare**

The right to comprehensive health care for all is highly valued by Canadian society. Healthcare services include health promotion along with preventive, curative, rehabilitative and supportive services. Health care consumers need to have access to those services that meet their needs at any given time.

People have the right and responsibility to be full participants in making decisions about and looking after their own health and the health of their family. The health care practitioner serves to facilitate the individual and family's ability to make informed choices and be actively involved in decision-making related to healthcare options.

## **Caring and Caregiving**

Caring, in an interpersonal context, implies a genuine concern for the well-being of another person. Caring may take the form of courtesy, kindness or compassion. It may involve acknowledgement, encouragement, and giving genuine praise. It may also show itself through interpersonal warmth, cheerfulness, and gentle humour.

A caring act is always an expression of reverence for the basic value and dignity of another person. As such, it will never be possessive or patronizing. Caring never promotes unnecessary dependency.

The need and desire to give and receive care is rooted in our very nature as human beings. Babies who are not adequately cared for have been known to experience developmental delays, physical illness and even death. Caring is essential for optimum human growth and development. Without adequate human caring in our lives, we cannot reach our potentials as human beings.

The human capacity for caring needs to be nurtured in order for it to develop and blossom. In order for us to become caring human beings, we must experience caring interactions with others. Caring brings forth caring.

Within a formalized care-giving role, opportunities to express care are many and they are seldom dramatic. Care providers display caring in a multitude of small ways – a kindly word, a caring touch, a helpful gesture. As caring blossoms, the valuing of the recipient of care is increased, as is the valuing of the care-giving role itself.

In their work with clients and families, HCAs actualize a caring approach in many ways. They:

- View the client as a whole person with a past, present and future. The client is viewed as a member of a family, a community and a culture - an entirely unique human being.
- Strive to understand what is meaningful to the client and ensure the client's values and beliefs are respected.
- Assist the client to meet any basic human needs which the client is unable to meet unaided.
- Respect the client's privacy and confidentiality.
- Communicate effectively, using active listening and empathic responses.
- Respect the client's potential and promote personal growth by offering information, choices, opportunities and assistance.
- Acknowledge the right of each client to participate in their care.
- Include the client, as much as possible, in decisions which affect them.
- Respect the role that families play in the promotion of healing.
- Act as a caring advocate on behalf of the client when necessary and appropriate.
- Display honesty and integrity in all their actions.
- Demonstrate competence, reliability, responsibility and accountability.
- Take responsibility for the safety of themselves and others.
- Display a gentle acceptance of the human imperfections of themselves and others.
- Display a commitment to their own growth and development as care providers.

## **The Family in Health and Healing**

The family is the foundation of society. It is the primary socializing force. It is within the intimacy of the family that we are fed, clothed, sheltered and protected from harm. The family provides us with our first experiences of human caring, acceptance and understanding. Within the family we initially learn values, beliefs and standards of conduct. Many of the lifestyle choices that ultimately determine our physical, psychological, social and spiritual well-being spring from our early family experience.

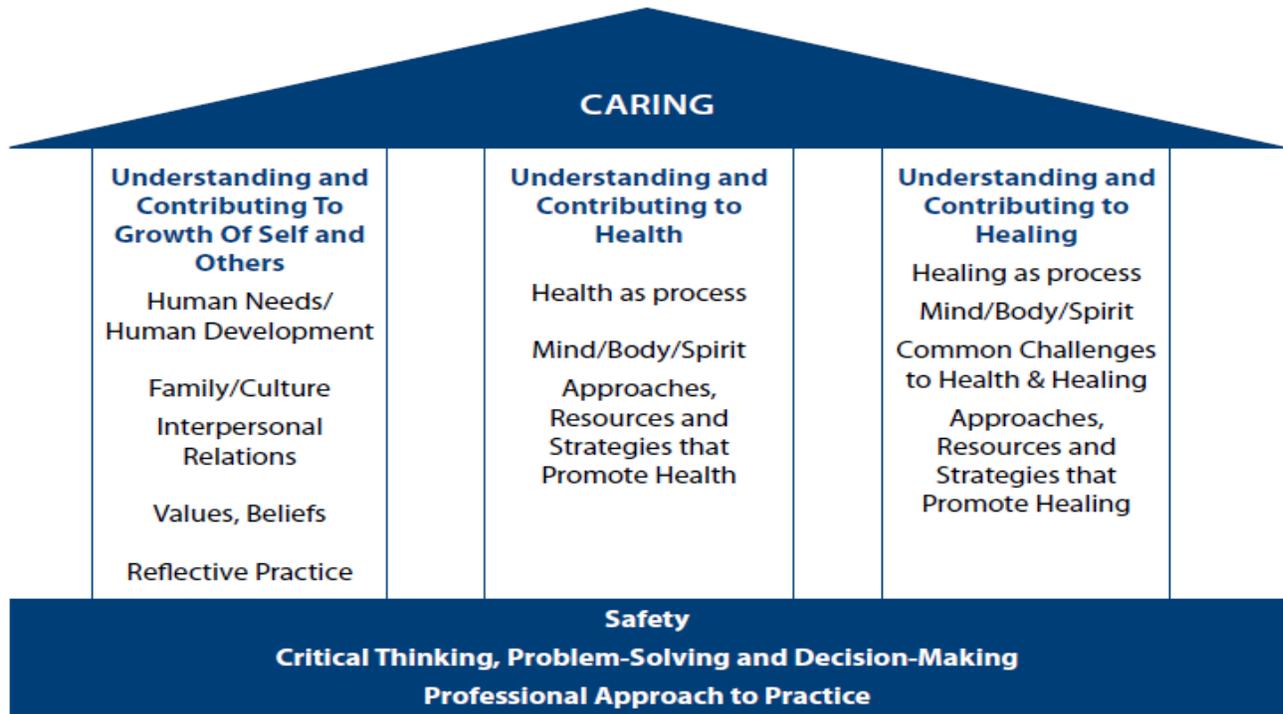
Like individuals, each family is unique. Every family has its own particular set of values, beliefs, standards and goals which are influenced by socioeconomic, environmental, educational, religious, and cultural factors. Each family influences, and is influenced by, its members and the larger socio-cultural community in which it lives and develops. Families also experience definable developmental stages that change the character, functions and size of the family unit over time.

Although families come in a variety of sizes and configurations, the interdependence of members is a constant theme. Family members assume roles and responsibilities that are complimentary and interrelated. Consequently, a change in one family member affects all family members.

Health challenges faced by family members can represent a major demand for change and adjustment within the family unit. The family's response to the situation will influence the way in which the affected person will perceive their health. Likewise, the response of the family can greatly influence the course of a health challenge. As a consequence, families must be acknowledged and included as an integral part of care.

Care providers must be sensitive to and respectful of the language, culture, values and preferences of the families with whom they interact. Health care practitioners must recognize the socio-cultural and economic influences on the family, and respect the means by which the family is attempting to cope with increased stress.

*Curriculum Organizing Concepts*



The organizing concepts or themes that are pulled through the HCA curriculum appear on the diagram above. The overarching, primary concept is that of caring. This, combined with the foundational concepts, provides the underpinnings for all knowledge and abilities that learners gain within the program. The foundational concepts are: safety, thinking skills (critical thinking, problem-solving, decision-making) and professional approaches to practice.

**Caring as a Primary Concept**

Within the statement of Values, Beliefs and Principles underlying this curriculum, there is considerable discussion about what caring is and what it means in care-giver practice. Perhaps the most important statement related to caring is the following:

*A caring act is always an expression of reverence for the basic value and dignity of another person.*

This simple statement makes it clear that caring involves, always, an approach to care-giving practice that is person-centered. Each individual who is the recipient of care is unique and deserves to be viewed as such. Within a caring philosophy, a “one-size-fits-all” approach to care-giving would never be appropriate. Consequently, with caring as the overarching, primary concept of the HCA curriculum, the emphasis is always on providing care and assistance in ways that are clearly resident or client-centered.

## **Safety**

Safety is a constant and clear priority of practice for HCAs. Through safe practices, the HCA protects both self and others from injury or harm. Attending to the safety of a client is part of being a caring practitioner. Attending to the safety of self is an important part of healthy self-care. A professional approach to practice is, first and foremost, based on clear understanding and application of principles related to safety and harm reduction.

## **Critical Thinking, Problem-Solving and Decision-Making**

Effective healthcare practitioners make informed decisions that are based on a sound knowledge base. They use logical, rational, focused, purposeful thinking to come to decisions and to solve problems. They also reflect on their decisions and evaluate their choices so that they are continually gaining knowledge and expertise.

HCAs utilize an informed problem-solving approach in their practice.

The problem-solving approach used by HCAs includes: identifying and analyzing a problem; identifying priorities and options; identifying possible consequences; determining sources of assistance; utilizing the safest, most appropriate action to rectify the problem; and evaluating the outcome.

## **Professional Approach to Practice**

A professional approach to practice is one in which the HCA consistently demonstrates respect for self and others. A professional approach is also one in which the HCA maintains safe, competent practice and displays a commitment to responsible and accountable behavior. The HCA who behaves in a professional manner will function within the parameters of practice, maintain appropriate boundaries and be dependable, reliable and honest.

A professional practitioner works effectively, constructively and collaboratively with other members of the healthcare team. In addition, a professional practitioner is self-reflective, regularly identifying personal and professional development requirements and seeking effective ways to meet these needs. A professional practitioner also seeks to continually learn, grow and enhance their competence and capability.

## **HCA Program Purpose**

The HCA Program is designed to provide students with opportunities to develop the knowledge, skills and attitudes necessary to function effectively as front-line care-givers and respected members of the health care team. Under the direction and supervision of a health professional, graduates provide person-centered care aimed at promoting and maintaining the physical, emotional, cognitive and social well-being of clients.

Upon completion of the program, graduates are prepared to work in a variety of practice settings including home support, assisted living, residential/complex care, special care units, other home and community care settings and acute care.

## **Program Learning Outcomes**

Upon completion of the HCA Program, graduates will be able to:

1. Provide person-centered care and assistance that recognizes and respects the uniqueness of each individual client.
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, social, cognitive and spiritual well-being of clients and families.
3. Provide care and assistance for clients experiencing complex health challenges.
4. Provide care and assistance for clients experiencing cognitive and/or mental health challenges.
5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals.
6. Communicate clearly, accurately and in sensitive ways with clients and families within a variety of community and facility contexts.
7. Provide personal care and assistance in a safe, competent and organized manner.
8. Recognize and respond to own self-development, learning and health enhancement needs.
9. Perform the care provider role in a reflective, responsible, accountable and professional manner.

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## Program Learning Outcomes and Performance Indicators

1. Provide person-centered care and assistance that recognizes and respects the uniqueness of each individual client:
  - Describe the characteristics and qualities of caring interactions in a variety of contexts.
  - View each client as a whole, unique individual.
  - Respect the individuality, independence and dignity of clients and families.
  - Display respect and sensitivity to individuals and families from diverse backgrounds and cultures.
  - Display a non-judgmental approach in all aspects of care provision.
  - Support the autonomy and uniqueness of clients and their families.
  - Encourage clients to share their thoughts, feelings and preferences.
  - View the older person as an individual possessing a wealth of experience, knowledge and wisdom.
  - Base care and assistance functions on the client's unique needs, capabilities and interests.
  - Provide clear information to the client about the care or service to be provided and deal with questions or concerns in a calm, caring fashion.
  - Encourage clients to be involved in their own care.
  - Support client independence.
  - Encourage clients to make choices and participate in decisions about their care, as they are able.
  - Encourage family involvement, as appropriate, in the care of their family member.
  - Observe family members for signs of stress and consult with an appropriate health care professional for direction.
  - Recognize and report potential or suspected abusive or neglectful situations (including client's self-neglect) promptly to a health professional for appropriate action.
  
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, social, cognitive and spiritual well-being of clients and families:
  - Assess the client and situation using informed observation, reflection and communication.
  - Observe changes in the client's health status and report these changes to the appropriate health care professional.
  - Identify priorities for care within the care plan.
  - Be guided by knowledge of health, healing, human needs and human development.

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- Demonstrate an understanding of the interconnectedness of physical, psychological, social, cognitive and spiritual aspects of health and healing.
  - Display an understanding of the importance of the family in health and healing.
  - Display an awareness of the role of culture, diversity and life experience in health and healing.
  - Appreciate the potential value of traditional medicines and alternative forms of healing to the client and their family.
  - Utilize appropriate health team members as resources to augment one's own problem-solving and decision-making.
  - Follow the care plan for each client.
  - Consult with health team members to review and evaluate care and make modifications to the care plan as needed.
  - Carry out recording requirements in a timely fashion.
  - Use clear, current, factual, objective and relevant language when reporting or documenting client information.
  - Utilize creativity when required to adapt care and service to a variety of contexts.
3. Provide basic care and assistance for clients experiencing complex health challenges:
- Base choices and actions on a sound understanding of normal anatomy and physiology and common changes associated with aging.
  - Base choices and actions on a sound understanding of common challenges to health and healing.
  - Base choices and actions on a clear understanding of the interrelationship of the physical, social, cognitive, emotional and spiritual dimensions of health and healing.
  - Organize, administer and evaluate care and service for clients with complex health challenges.
  - Assist clients and families to maintain independent functioning within their capabilities.
  - Provide caring and supportive end-of-life care for clients in a manner that promotes comfort and dignity.
4. Provide care and assistance for clients experiencing cognitive and/or mental health challenges:
- Organize, administer and evaluate care and assistance for clients experiencing cognitive and/or mental health challenges.
  - Base choices and actions on a sound understanding of the physical and psycho-social processes of dementia.

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- Base choices and actions on an understanding of environmental influences on behaviours.
  - Base choices and actions on a clear understanding of the interrelationship of the physical, social, cognitive, emotional and spiritual dimensions of health and healing.
  - Tailor interactions and responses based on an understanding of common mental health challenges.
  - Use an informed problem-solving process when caring for or providing assistance for individuals experiencing mental health challenges.
  - Cope constructively with unanticipated or unusual situations
  - Identify when crisis intervention skills are required and respond appropriately.
5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals:
- Recognize and respect diversity within the health care team.
  - Use caring, respectful communication with all members of the health care team.
  - Base interactions on a clear understanding of the roles and responsibilities of various members of the health care team.
  - Seek clarification, guidance and assistance from other health team members when needed.
  - Contribute observations and information to care planning sessions.
  - Communicate changes in the client's health status to the appropriate health team member so that the care plan is kept current.
  - Communicate with confidence and appropriate assertiveness.
  - Offer support and assistance to other health team members as appropriate.
  - Report and record relevant information in a clear, concise and objective manner.
  - Use appropriate lines of communication in accordance with agency, facility or employer standards and policies.
  - Identify problems, concerns and conflict within the health team and discuss these with appropriate team members in a timely manner.
  - Approach problems or conflict in a non-threatening way.
  - Respond non-defensively to feedback, even when provided in a critical or confrontational manner.
6. Communicate clearly, accurately and in sensitive ways with clients and families within a variety of community and facility contexts:
- Demonstrate an ability to write and speak English in a manner that can be easily understood.
  - Use English in such a way as to be clearly understood.

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- Use appropriate volume, tone and vocabulary.
  - Use language and a communication style that is appropriate to the client, family or situation.
  - Identify barriers to communication and make efforts to improve communication.
  - Describe the relationship between self-awareness, self-concept and communication.
  - Recognize how perceptions influence one's reality and experience of situations.
  - Interact in a manner that respects the rights, needs, interests and preferences of others.
  - Observe common courtesies such as addressing the client and family members by name of choice and speaking in a manner to be readily understood.
  - Use touch appropriately and respectfully.
  - Use humour appropriately.
  - Maintain appropriate interpersonal and professional boundaries.
  - Respect and adapt to a family and client's cultural background.
  - Recognize non-verbal communication.
  - Use non-verbal attending skills including eye contact, body positioning and attentive facial expression.
  - Use active listening skills.
  - Use appropriate self-disclosure.
  - Adapt communication styles/approaches as appropriate to the client or situation.
  - Utilize effective approaches to conflict management.
  - Demonstrate an understanding of the stressors experienced by clients and families as they are reflected in communication patterns.
  - Recognize abusive communication and report in accordance with agency/ facility or employer standards and policies.
7. Provide personal care and assistance in a safe, competent and organized manner:
- Wear safe and appropriate clothing, including identification.
  - Adhere to the client's care plan.
  - Assess the client and the environment prior to commencing care.
  - Adjust environments, as appropriate, to ensure safety and to promote efficiency.
  - Set priorities or make adjustments to the care process based on client requirements.
  - Organize and implement care according to client needs.
  - Organize time and equipment for safety and efficiency.
  - Base choices and actions on a sound knowledge of asepsis and body mechanics.
  - Adhere to infection control practices.
  - Report, verbally and in writing, unsafe work environments.
  - Encourage independence of the client as much as possible.
  - Encourage family involvement in care whenever possible.
  - Recognize and make wise choices in situations of potential risk to self or others.

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- Encourage client communication and engagement during personal care.
  - Maintain client privacy and dignity.
  - Assist the client with personal hygiene and grooming.
  - Assist the client with movement and ambulation.
  - Use aids to promote comfort, relaxation and sleep.
  - Take and record vital signs (temperature, pulse, and respirations) accurately.
  - Have an understanding of basic nutrition related to the client's health needs and preferences.
  - Use safe eating/feeding techniques for clients who require assistance.
  - Assist the client with medication; administer medications only if the task is delegated.
  - Provide specialized, sensitive care for the dying client in line with palliative care principles.
  - Exhibit flexible and adaptable behavior.
8. Recognize and respond to own self-development, learning and health enhancement needs:
- Identify own learning and personal/ professional development needs.
  - Invite feedback from other health team members related to own performance.
  - Collaborate with appropriate health professionals to identify and utilize opportunities for specific learning and training enhancement.
  - Identify and utilize opportunities to learn from clients, families and colleagues.
  - Share new learning with other health team members.
  - Reflect on own choices and behaviours as they contribute to physical, psychological, social, cognitive and spiritual health.
  - Strive to demonstrate increasingly healthful lifestyle and self-care practices.
9. Perform the care-giver role in a reflective, responsible, accountable and professional manner:
- Demonstrate an understanding of the components of the health care system within the region and province.
  - Comply with legal and contractual parameters of practice for HCAs.
  - Foster and uphold the mission, policies and standards of the organization of employment.
  - Adhere to the expectations and guidelines established in one's job description.
  - Collaborate with other members of the health care team.
  - Use appropriate lines of communication.
  - Clarify one's own role to others when necessary.

- Demonstrate dependability, responsibility, accountability, reliability, honesty and integrity.
- Reflect on one's own values, beliefs and standards in relation to care-giving practice.
- Recognize how one's own beliefs, values, standards and cultural background may be different or similar to those of clients and families.
- Recognize how one's own beliefs and values influence one's responses to clients, families and situations.
- Maintain a non-judgmental position in light of difficult or unusual client or family situations.
- Advocate on behalf of the rights, needs, interests and fair treatment of clients and their families.
- Maintain client and family confidentiality.
- Set appropriate personal boundaries in interactions with clients and family members.
- Recognize ethical issues in practice and seek appropriate methods for resolving such issues.
- Challenge questionable actions or decisions made by other health team members.
- Promote own personal safety, health and well-being.
- Apply self-reflection and self-appraisal processes in order to recognize and respond to self-development needs.
- Reflect on the benefits and challenges of the HCA role.
- Champion the role of HCAs on the health care team.

In addition to these HCA Values, Beliefs and Principles and Program Learning Outcomes as outlined on the previous pages (as part of the **HCAP Provincial Curriculum, Ministry of Advanced Education, 2015**), at Thompson Rivers University (TRU) we add the concepts of teaching and learning as foundational to our program.

### **The Learner and the Learning Process**

Learning is a continuous process of change and personal growth. Learning occurs continuously over a lifetime and is influenced by a multitude of factors. Within a formalized learning environment, several factors need to be considered in order to assist learners to reach their goals.

These include the following:

- Elements external to the learning situation can influence the learner's ability to benefit from learning opportunities. An individual's self-concept as a learner; his/her physical or psychological health status; family demands; economic stressors; and availability

of interpersonal support systems may all contribute to an individual's ability to succeed.

- A person's past experience influences learning in many ways. Previous life experiences shape the knowledge, skills and attitudes the learner brings to the learning experience. Past experiences with formal education will influence an individual's self-concept as a learner.
- Learners come with preferred learning styles and strategies, all of which are valuable and need to be recognized and facilitated.
- Learning is facilitated by proceeding from simple to complex and familiar to unfamiliar.
- When learners are provided with opportunities to apply new concepts or skills in a variety of real and simulated situations, they are more likely to learn. Learners need to be actively engaged in the learning process.
- Learning opportunities that foster individual's ability to work both cooperatively and collaboratively with others will broaden the learning process and encourage the development of group skills
- A caring, respectful learning environment, which fosters success will, help learners make difficult transitions, develop confidence and maintain motivation.

### **The Teacher and the Teaching Process**

Teaching is a caring, interpersonal profession. The teacher attempts to enhance and facilitate learning by providing a supportive learning climate in which each learner feels recognized and safe. The teacher strives to get to know each learner as a unique human being and to tailor teaching/learning strategies in a creative effort to meet individual learning styles and preferences. The teacher continually invites students to become actively involved in their learning, knowing that assisting students to learn how to learn is equally as important (and perhaps more important) than assisting them to acquire knowledge. The teacher displays enthusiasm for the subject matter and for learning in general.

The teacher maintains an abiding faith in each learner's ability to learn and grow. Even when learners are unsuccessful in a formal learning environment, the teacher is still attuned to those aspects of the learner that reflect ability, interest and potential.

Teachers who assist learners to prepare for a care-giving role realize that it is important for them to model the caring approach they want their students to emulate. These teachers consistently treat learners with dignity and respect. The teacher utilizes excellent interpersonal skills including active listening and appropriate self-disclosure. As well, the teacher acts as a resource for current information and displays a deep respect for the care-giving role the learner will soon be assuming.

The teacher is a problem-solver and a crisis manager. S/he is able to give feedback effectively. S/he is organized and autonomous as well as being able to work effectively as a member of a teaching team. The teacher is a role model of lifelong learning and personal growth. As well, s/he is a role model of professional competence, behaviour and decorum.

Each teacher, like each learner, is an individual who desires and deserves to be treated with dignity and respect. Teachers are most effective when they know that their unique strengths, talents and contributions are recognized and appreciated.

**The Health Care Assistant Student Handbook provides students with information regarding TRU, the School of Nursing and Health Care Assistant Program policies and procedures**

### *Introduction to Policies/Guidelines*

It is the student's responsibility to be aware of policies, procedures and deadlines in effect during their attendance at Thompson Rivers University (TRU). Students are encouraged to read the TRU Calendar, TRU Policies and Procedures, and the TRU Health Care Assistant Program Student Handbook. The TRU Calendar, which is a detailed guide to programs, courses, services, policies and procedures, may be found at <http://www.tru.ca/calendar.html> and the official TRU Policies and Procedures may be found at <http://www.tru.ca/policy.html>

The educational practice policies and procedures for the Thompson Rivers University HCA Program include both academic and practice standards and guidelines. For students in the HCA program, in addition to the TRU wide policies and guidelines, further policies and guidelines are included in the current **Thompson Rivers University, HCA Student Handbook**.

In all facilities and community agencies, policy and procedure manuals should serve as a guideline for practice. The student is responsible and accountable for abiding by the policies and regulations of any institution visited for the purpose of educational practice. Copies of the facility/agency policy and procedure manuals are available at the agency/facility.

## 1. ACADEMIC POLICIES

A list of all TRU Policies can be found at <http://www.tru.ca/policy/allpolicy.html>

(Policies\*\* to be reviewed in class)

<b>Policy</b>	<b>Policy #</b>
Academic Accommodation and Services for Students with Disabilities	<a href="#">BRD 10-0</a>
**Academic Integrity	<a href="#">ED 5-0</a>
**Alcohol	<a href="#">ADM 5-3</a>
**Examinations	<a href="#">ED 3-9</a>
Faculty Office Hours	<a href="#">ADM 14-1</a>
**Freedom of Information and Protection of Privacy	<a href="#">ADM 2-0</a>
**Grading Systems	<a href="#">ED 3-5</a>
Health and Safety	<a href="#">ADM 5-0</a>
**Respectful Workplace and Harassment Prevention	<a href="#">BRD 17-0</a>
**Satisfactory Academic Progress	<a href="#">ED 3-2</a>
Smoking	<a href="#">ADM 5-2</a>
**Student Academic Appeals	<a href="#">ED 4-0</a>
**Student Attendance	<a href="#">ED 3-1</a>
**Withdrawals	<a href="#">ED 3-0</a>

## 1.1 Academic Honesty Policy –ED 5-0

[http://www.tru.ca/\\_shared/assets/ed05-05657.pdf](http://www.tru.ca/_shared/assets/ed05-05657.pdf)

### General

The Thompson Rivers University (TRU) students have an obligation to fulfil 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 prevent and to detect acts of academic dishonesty. It is an instructor's responsibility to confront a student, when such an act is suspected, and to take appropriate action if academic dishonesty, in the opinion of the instructor, has occurred.

### 1.1.1 Forms of Academic Dishonesty

#### Cheating

Cheating is an act of deception by which a student misrepresents (or assists another student in misrepresenting) that he or she has mastered information on an assignment, test, project or other academic exercise that the student has not mastered.

#### Examples:

- a. Copying from another student's test paper.
- b. Allowing another student to copy from a test paper.
- c. Using the course textbook or other material such as a notebook brought to a class meeting but not authorized for use during a test.
- d. Collaborating during a test with any other person by receiving information without authority.
- e. Using specifically prepared materials during a test, e.g. notes, formula lists, notes written on the student's clothing, etc.
- f. Entering a building or offices or otherwise viewing a test for the purpose of obtaining or examining an unadministered test.

#### Academic Misconduct

Academic misconduct is the intentional violation of TRU academic procedures by tampering with grades, taking part in obtaining or distributing any part of a test (un-administered or otherwise), or by other means of academic deception not explicitly identified in other sections of this policy.

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Examples:

- a. Stealing, buying, or otherwise obtaining all or part of a test, answer key, grade or other document by any means.
- b. Selling, or making available to another, all or part of a test or assignment, including answers to a test.
- c. Obtaining an un-administered test, or any information about the test, from another person.
- d. Providing an un-administered test or any information about the test to another person.
- e. Entering a building or office for the purpose of changing a grade in a grade book, on a test, or on other work for which a grade is given.
- f. Changing, altering, or being an accessory to the changing and/or altering of a grade in a grade book, on a test, a "change of grade" form, or other official academic records of TRU which relate to grades.
- g. Entering a building or office for the purpose of obtaining or examining a potential test document or assignment that has not been made public
- h. Impersonating another student, or permitting someone to impersonate you, in any assessment.

Fabrication

Fabrication is the intentional use of invented information or the falsification of research or other findings with the intent to deceive.

Examples:

- a. Listing sources in a bibliography not used in the academic exercise.
- b. Inventing data or source of information for research or other academic exercise.
- c. Submitting as one's own, any academic exercise (e.g., written work, printing, sculpture, etc.) prepared totally or in part by another.
- d. Citing information not taken from the source indicated.

Plagiarism

Plagiarism is the inclusion of someone else's words, ideas, images, or data as one's own work. When a student submits work for credit that includes the words, ideas, images or data of others, the source of that information must be acknowledged through complete, accurate, and specific citations, and, if verbatim statements are included, through quotation marks or block format. By placing his/her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgements.

Self-plagiarism, which involves handing in all or part of an essay or assignment completed for another course, without the consent of the instructor of the second course, is also a form of plagiarism, and an infraction of this Academic Integrity Policy.

A student will avoid being charged with plagiarism if there is an acknowledgement of indebtedness:

- a. Whenever the student quotes another person's actual words.
- b. Whenever the student uses another person's idea, opinion or theory, even if it is completely paraphrased in the student's own words.
- c. Whenever the student cites facts, statistics, or other illustrative materials from a published source or a lecture when that material is not considered common knowledge.
- d. Whenever the student uses images produced by another person.
- e. Citing facts or statistics or using illustrative materials considered to be common knowledge is not considered plagiarism.

Visit the Office of Student and Judicial Affairs website to access more information on the academic integrity process, resources and forms.

[http://www.tru.ca/student-services/Student\\_Judicial\\_Affairs.html](http://www.tru.ca/student-services/Student_Judicial_Affairs.html)

## **2 PROMOTION AND PROGRESSION POLICY FOR THEORY COURSES**

The Health Care Assistant student is responsible for his/her physical and moral conduct at all times. If conduct or academic standing is unsatisfactory, the student may be placed on a learning contract. Each student's knowledge of the curriculum will be assessed by quizzes, examinations, written assignments, oral and written presentations as well as practice experience evaluations. Marks of exams, quizzes, papers and presentations will take 7-14 days.

## **3 GRADING SYSTEM**

Passing standard for theory courses is 70%. Students must pass each course to continue in the program. The HCA program does not provide opportunities to rewrite failed exams/quizzes/or graded assignments.

Students must also successfully complete all HCA practice courses in order to continue in the HCA program. Practice courses include: the HEAL 1150 lab days, the 1150 clinical days in facilities, the 1100 ancillary days - specifically the bed-bath day, all of the HEAL 1250 and 1300 days in Home Support and practicum. Students who do not meet the above criteria will receive an F (failure) and will be withdrawn from the program.

Vocational Trades/Non-Trades Programs			
Letter Grade	Numerical Grade	Grade Points	Letter Grade Definitions
A+	98 - 100	4.33	Excellent. First Class Standing. Superior Performance showing comprehensive, in-depth understanding of subject matter. Demonstrates initiative and fluency of expression.
A	94 - 97	4.00	
A-	90 - 93	3.67	
B+	86 – 89	3.33	Very Good. Second Class Standing. Clearly above average performance with knowledge of principles and facts generally complete and with no serious deficiencies.
B	82 – 85	3.00	
B-	78 - 81	2.67	
C+	74 - 77	2.33	Satisfactory Pass. Basic understanding with knowledge of principles and facts at least adequate to communicate intelligently in the discipline, but with definite deficiencies.
C	70 - 73	2.00	
F	0 - 69	0.00	Unsatisfactory. Fail. Knowledge of principles and facts is fragmentary; or student has failed to complete substantive course requirements.

### 3.1 Criteria for Oral Assignments and Written Assignments

#### Oral Presentation

- oral delivery: grammar, volume of voice, variation in voice, understandable English and speed of delivery
- freedom from distracting mannerisms
- attitude towards subject
- teaching aids (i.e., handout, posters, overheads, etc.)
- encouragement of class participants
- duration not less than five minutes

#### Written Assignment

1. Title page required. Include title, student number, course number and date.
2. Computer/typewritten unless instructor states otherwise.
3. Follow outline. Include headings or underlining to assist with organization and clarification of material.

4. Written assignments must be double-spaced, *legibly written* or typed on one side of white paper only and securely stapled. Loose pages will not be accepted. When typed, use 12 point font, no bolding other than headings.
5. Learners should endeavour to submit assignments that are well written with correct spelling, grammar, and punctuation.
6. Confidentiality of clients must be maintained by use of initials or pseudonym. Under no circumstances is a client/resident's full name to be used in any assignment. Marks will be deducted if a client/resident's name is used on an assignment.
7. Assignments are graded by:
  - addressing all main points in the assignment
  - elaborating on the main themes and ideas
  - presenting clear, consistent, logical points
  - using information selectively
  - stating conclusions clearly
8. Ensure you retain a copy of all written assignments handed in.
9. For every day or portion of a day an assignment is late, 5% will be deducted from the mark. A weekend is considered to be 2 days. To a maximum of 5 days, after which time the assignment will not be accepted and a mark of zero will be given
10. Information sources must be included in a reference list.

### **3.2 Submission of Assignments/Papers**

Assignments must be submitted on the due date, at the specified time and place discussed by the instructor.

Due dates are set by individual instructors and requests for extensions must be made 48 hours prior to the due date. Exceptions include incidents of illness, accidents, or family affliction.

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

### **3.3 Examinations and Quizzes**

All examinations and quizzes will be scheduled in advance and all students are expected to attend. In the unusual circumstance that a student is unable to write, (e.g. illness, domestic affliction, or other unexpected urgent matter) the student will phone the appropriate instructor prior to the scheduled writing time.

In the unusual event that an exam or quiz is not written, the student must make a request, as soon as possible, to the appropriate instructor, for permission to write the examination at an alternate time and the student must provide a written Doctor's note. At the instructor's discretion the student may be allowed to write at a later date.

Students are referred to TRU policy regarding Examinations. [Examinations Policy ED 3-9](#)

#### Guidelines for writing Quizzes/Exams

- Back packs are left at the front of the room
- Desks are cleared and separated
- Instructors provide scrap paper
- Students cannot leave the room during a quiz/exam
- Write quizzes/exams in pen
- Write your student number on quizzes/exams
- For multiple choice quizzes, do not write answers on quiz, use the answer card
- A ruler may be used to help track the multiple choice answers
- Instructors cannot explain the meaning of words used in the quiz/exam
- Earplugs help with noise
- When you hand in your exam/quiz and leave the room, you may not request to look at your exam/quiz again

## 4. ATTENDANCE POLICY-ED 3-1

### 4.1 Attendance at the Start of a Course or Program

#### Attendance at the Start of a Course

A registered student is **expected to attend the first class for each course** in which he or she is registered. A registered student who does not attend the first two events (e.g., lectures/labs/ etc.) of their course(s) and **who has not made prior arrangements** acceptable to the instructor(s) may, at the discretion of the instructor(s), be considered to have withdrawn from the course(s) and have his/her course registration(s) deleted.

#### Attendance at the Start of a Limited Enrolment Program

A registered student who is absent for the first two days of a limited enrolment program, and **who has not made prior arrangements** acceptable to all instructors involved, will be considered to have withdrawn from the program, and his/her program registration may be deleted. The student's seat may be assigned to a waitlisted student at the discretion of the Department Chair or designate.

## 4.2 General Attendance during a Course or Program

Future employers place a high value on regular attendance at work. As a result, many employers ask for your record of time missed from HCA practice. Students are expected to attend, and be on time for class, scheduled practice, laboratory, and seminar learning experiences.

- a) A registered student is expected to regularly attend lectures, laboratories, clinical placements, tutorials, and seminar sessions for which he/she is enrolled. Admission to a lecture, laboratory, clinical placement, tutorial, or seminar may be refused by the instructor for lateness, class misconduct, or failure to complete required work.
- b) Unless otherwise stated, a student will be expected to attend a minimum of 90% of class, lab or practica time allocated to each course. However, due to the wide variety and diverse nature of courses and programs at TRU, individual departments or programs may set their own attendance requirements which will supersede the 90% requirement.
- c) In the case of deficient attendance without cause, a student may, on recommendation of the instructor, and with the sanction of the instructor's Dean or Chairperson, be withdrawn from a course. TRU's withdrawal policy (ED 3-0) will apply. Hours absent from HCA Practice courses will be recorded and documented on the final Performance Summary. See Practice Progression Policy - Missed *Practice Time* for additional information.
- d) The TRU attendance policy states a minimum of 90% attendance to be successful in programs. This policy allows for flexibility in interpretation, for example if a student missed class time and was not doing well clinically or academically they could be asked to leave the program. In clinical/practicum, the most a student could miss would be 4 days unless there were extenuating circumstances.

## 5. STUDENT RECORDS

It is the student's responsibility to keep the both the Admission and Records Department and School of Nursing informed of their current address, phone number and email.

## 6. PRACTICE/LAB POLICIES

### 6.1 Ethical and Professional Behaviour

Students are expected to communicate and behave in a professional/respectful manner at all times, inside and outside of the classroom/ on campus/ in facilities/agencies. You are a representative of the program and the expectation is that your conduct will be professional at all times. This is of particular importance in regard to your interactions with clients/ families/ workers/ faculty/ staff **and all students**.

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

Students found in the lab or practicum area, who in the opinion of the instructor or staff, are under the influence of alcohol, cannabis, illicit drugs or impaired by prescription drugs, will be requested to leave the area immediately. They will be asked to report to the Dean, School of Nursing at TRU and will be subject to dismissal from the program. Driving your vehicle is not acceptable under these circumstances. Students will be responsible for alternate transportation arrangements.

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.

### 6.2 Confidentiality of Client Information

Confidentiality is an integral part of the professional code of ethics and the standards of practice. The principle of confidentiality flows from a belief in the worth of the individual and the right to privacy. Details of a client's history may be shared discretely, when required by the health care team, or for educational purposes. Indiscriminate use of confidential information, for purposes other than these, constitutes unethical conduct and may result in a student being placed on a learning contract.

Utmost prudence must be observed in discussions concerning the practice agency or its clients, especially in public area, e.g., facilities, buses, elevators, social gatherings, etc. Use only the client's initials when writing care plans or other assignments. This prevents identification in the event the assignment is misplaced. Any information which includes the client's name or personal information, such as client addresses, must be shredded or submitted to the clinical instructor.

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

Any use of social media communicating or referring to practice sites, clients, residents, staff, students, activities, observations etc. is a breach of confidentiality and will be taken very seriously and may result in a student being asked to withdraw from the program.

### 6.3 Safety to Practice

All HCA students are advised that it is their ethical and legal responsibility to obtain supervision from the TRU instructor, or designate, when carrying out any HCA intervention for which they have not been previously supervised, or in which they are not competent. In addition, in any new practice setting and/or course, instructors 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 instructor for supervision/guidance. If the instructor is not available, the responsible nurse is to be consulted and the situation reported to the TRU instructor.

In all hospitals and community agencies, policy and procedure manuals should serve as a guideline for practice. The student is responsible, and accountable, for abiding by the policies and regulations of any institution visited for the purpose of educational practice. Agency policy and procedure manuals are available, on request, in the agency and/or from the Learning Resources Centre (the Lab) in the TRU School of Nursing.

Return demonstration of select skills must be successfully completed in the Learning Resource Centre (the Lab), before performing the skill in the practice setting. Skills requiring return demonstration must be supervised, when performed for the first time in the practice setting. Those students who are unsuccessful in skill(s) testing will be required to demonstrate mastery in formal skill testing within 7 days of the unsuccessful skill test. Failure in a formal skill test means that a student will not be eligible to continue in the program.

***Students in practice courses who are deemed to be unsafe in the practice area will be asked to leave the practice area and must report to the chairperson of the HCA program.***

### 6.4. Promotion and Progression Policy for Practice

Each student in the Health Care Assistant Program is responsible for his/her physical and moral conduct and respectful communication at all times. The student will be evaluated by the instructor on an ongoing basis throughout the program and in the clinical setting. Numerous sources of data will be used in the lab/clinical evaluation process including: demonstration of skills, facility staff and home support worker's input, course assignments, journaling, practice charting, participation in clinical conferences and professional behaviour and appearance. **If conduct or clinical skills are unsafe, or**

unsatisfactory, the student may be placed on a learning contract or asked to leave the program.

Development of professional work habits is an important part of the HCA program. Evaluation of these habits will include student attitude, initiative, reliability and time management during program and clinical experience.

The student will be evaluated on his/her ability to cope with standards required for safe practical application of knowledge and skills. An important component of the evaluation includes daily journaling and practice charting. The BC Provincial Health Care Assistant curriculum outlines the objectives that must be learned to perform a safe standard of care.

### 6.5 Journaling/Charting

Journaling and Charting are important components of the evaluation process for HEAL 1250 and HEAL 1300 and will be submitted regularly during practicum. If regular journaling and charting is not handed in, a learning contract will be initiated. **Described in HEAL 1250/1300 courses**

### 6.6 Skill Test

**Skill Tests will be graded with a pass or fail.** Students not receiving a passing grade during a skill test will discuss this with the instructor and arrange time for further learning and demonstration of a safe level of knowledge of the failed skill. Students, who have been unsuccessful in a skill test, may be re-tested one additional time within 7 days of the original skill test. A second unsuccessful attempt of a skill test will result in failure of the course and the student will be asked to withdraw from the program.

## 7. HCA PROGRAM ATTENDANCE POLICY

### 7.1 Missed Practice Time

The TRU HCA program values practicum time to become a safe and competent caregiver. Students must meet or exceed the TRU Calendar Policy of Attendance ED 3-1 as above.

Students scheduled for a practice experience, who become ill and are unable to attend, are expected to contact the appropriate instructor via phone or text at least one hour prior to the scheduled starting time.

All missed time will be critically analysed on an individual basis. The student will be assessed and documentation on the student's evaluation will include the following criteria:

- a. amount of time missed
- b. the reason(s) for missed time and / or physician note
- c. presence or absence of a pattern of missed time
- d. level of performance.

Missed HCA practice is recorded and will be included on references given to potential employers. 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, practice performance and academic records.

## 7.2 Absences in the Clinical/Practica Setting

In the event that a student will be absent in the Clinical/Practicum setting they will inform the facility/agency and instructor a minimum of an hour prior to the start of the student shift. Informing the site and the instructor allows the staff to plan for their shift.

One unreported or unexcused absence will result in a verbal reminder to the student of their professional obligation to report absences, as a courtesy to the practice sites.

A second unreported or unexcused absence will result in a meeting with the instructor to discuss the issue. A written letter outlining instructor expectations will be given to the student in question and a copy placed in the student's file.

A third unreported or unexcused absence will result in the student being placed on a learning contract.

Practice absenteeism may result in faculty recommending withdrawal from the program. Absenteeism seriously impacts student's ability to effectively meet the learning outcomes.

Regardless of excused or unexcused absences, after four missed practice days, a letter will be given to the student outlining that he/she is at risk of failing. A copy of the letter will go to the Chairperson, HCA Program.

## 8. LEARNING CONTRACT POLICY

When an instructor has concerns regarding a student's ability to meet the course competencies and objectives, a learning contract may be initiated. In conjunction with the instructor, the student will develop strategies to meet the expected learning outcomes and competencies, as outlined in the contract. If performance is unsatisfactory at the end of the learning contract period, the student will receive a failing grade (F) and the student will be required to withdraw from all HCA courses.

## 8.1 Learning Contract Processes

When the instructor identifies a serious performance problem, he/she will discuss it with the student.

At the discretion of the instructor, upon assessing the student progress in practice, a learning contract (LC) may be initiated. The following are examples of reasons teachers may initiate a learning contract:

- a. a high-risk or several low-risk incident(s) indicative of student performance that places 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.

Additional reasons for placing a student on a Learning Contract may include:

- Behaviour - students in the field area are expected to conduct themselves in a professional, courteous and respectful manner at all times.
- Noisy and/or boisterous behaviour or the use of foul language is not acceptable.
- Eating is allowed in the cafeteria only. Students with the home support agencies are expected to provide their own meals.
- Smoking (cigarettes, vape, cannabis) and drinking of alcohol is not permitted in the client's home or practica settings.
- Inappropriate use of cell phones/texting.
- Inability to interact professionally (respectfully) with the client, resident, faculty, health care team or family.
- Excessive and/or unexcused or unreported absences and late arrivals.
- Excessive, unexcused or unreported absences during clinical/practicum courses.
- Frequently late in the clinical area.
- Failure to hand in regular journaling or charting
- Performance/safety problems (inability to perform basic skills safely).
- Inconsistent performance or regression in skills previously mastered.
- Inability to perform tasks or client/resident care assignments within a reasonable period of time.

Learning contracts may be initiated, by the teacher, during a practice rotation or at the end of a practice rotation. The teacher consults with the coordinator prior to initiating a learning contract.

The instructor, and the student, will develop a plan for the student to improve his/her performance. The plan shall clearly outline the problems in performance, the learning outcomes which must be met, targets for performance at the end of the learning contract

period, approaches the student may use to improve performance, and the date by which performance must meet the performance targets set out in the plan.

The instructor, in consultation with the chairperson, will determine a timeframe in which the student will demonstrate competence in the learning outcomes.

The instructor, and the student, will sign the plan and a copy will be forwarded to the Dean, School of Nursing and Chairperson, HCA Program.

If the student does not show substantial progress in meeting the performance targets, by the date set out in the plan, the instructor shall notify, in writing, the student and Dean, School of Nursing, of the failure to meet program performance standards. The instructor will request the student to withdraw from the program, and the Dean, School of Nursing may terminate the student's training.

Students failing to achieve the learning outcomes, at the expected level, in the given time frame, may not progress in the program. A failing grade (F) will be submitted as a final grade. Please note that students may fail a practice course without the initiation of a learning contract.

The Registrar's Office will be notified of the student's standing in relation to the program. A written record of all actions, taken under this procedure, shall be maintained by the instructor and Dean, School of Nursing, and kept in the student's file.

## **9. PROGRESSION POLICIES**

### **9.1 Program Completion Requirements**

Health Care Assistant program students must successfully complete all program requirements in order to receive an HCA certificate. Students who have left the program, prior to graduation, may re-enter the program at the discretion of the Chairperson, HCA Program and program seat availability. Students maintain credit for prior courses that have been successfully completed

### **9.2 Withdrawal from Program**

#### **TRU Withdrawal Policy ED 3-0**

Thompson Rivers University (TRU) Board recognizes that students may withdraw from their courses for a wide variety of reasons. Because of the possible impact on their educational future, students are urged to seek counselling before making a decision to

withdraw from a course or program. Refer to the [TRU Withdrawals Policy ED 3-0](#) for detailed information regarding procedure and deadlines for withdrawal.

Students withdrawing from the HCA Program are expected to:

- inform the appropriate instructor
- complete the appropriate withdrawal forms.
- deliver the signed withdrawal form to the Admission and Records Department.

### 9.3 HCA Student Re-entry Policy

Due to the competition for seats in the School of Nursing, 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, HCA course marks, number of courses that need to be repeated and the student's letter of intent. Please see TRU [Course and Repeaters Policy ED 3-3](#)

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

Process for Re-Entry:

1. At least four (4) months prior to the date of intended re-entry, submit a Letter of Intent, to the Chairperson, HCA Program. 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. At least three (3) months prior to the date of intended re-entry, make an appointment to see the Chairperson, HCA Program for the purpose of advising.
3. Students are reminded of the program completion requirements and the policies regarding failures and re-entry, as stated in the Thompson Rivers University Calendar.
4. A student who wishes to re-enter the program must show competence of lab skill tests including oral care, handwashing, bed-making, morning care with peri care, lifts, moves, transfers and feeding. Re-entry students will have to pay a fee for the lab skills testing. If a student fails to successfully demonstrate lab skills, they will be required to retake HEAL 1150, the lab skills course.

#### 9.4 Student Academic Appeals Policy

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. TRU encourages students and staff to resolve academic issues through discussion. When resolution is not reached, students may bring forward, for formal review, matters that have not been resolved to their satisfaction. The formal review process concludes with a decision that is final and binding upon all parties.

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

**TRU recognizes the right of students to appeal:**

- i. decisions on final grades (an appeal on a decision on a grade other than a final grade requires consent of the relevant Dean);
- ii. decisions on the application of Senate policies, procedures and regulations as they relate to student academic performance; and
- iii. perceived unethical conduct by TRU staff or other students.

Students are referred to the current [TRU Calendar](#), the Student Affairs Department and TRU [Student Academic Appeals Policy ED 4-0](#) for information on TRU Appeal Procedures.

## 10. HEALTH AND SAFETY POLICIES

### 10.1 WorkSafeBC (Formerly Workers Compensation Board - WCB)

Students enrolled in HCA Practice courses are covered by WorkSafeBC - formerly called Workers Compensation Board (WCB) in British Columbia.

Refer to: <https://www.worksafebc.com/en>

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

#### 10.1.1 Injury or Incident during Practice or in the Nursing Resource Centre

**Work-related injury, incident/disease** is one that arises in the course of employment (students or faculty 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 member) 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 Safety & Emergency Management Department **within 3 business days.**

#### **Interior Health Authority Reporting**

A student or faculty member DOES NOT report an incident or injury to IHA as you are a TRU student/employee.

***EXCEPTION:*** *If there is a blood borne pathogen exposure to a student/faculty member, while practicing in IHA, a report needs to be phoned into the IHA Incident Report Line at 1-866-899-7999 (press #2 for Occ. Health Services and #6 for Thompson Cariboo Region)*

**[A needle stick or blood splash incident must report to the Emergency Department within 2 HOURS of exposure](#)**

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

**Thompson Rivers University Forms**

1. Complete a TRU School of Nursing (SON) Unusual Occurrence Report. File the original form in the student's file (include with the final clinical evaluation form); provide copies to the student and the Chairperson, BScN.
2. Complete a [TRU Hazard/Incident Report Form](#) with a faculty member for all injuries, incidents (exposures) and near miss incidents.

**Send the original form to TRU Safety and Emergency Management Department (located in HR139) within 3 days.**

**WorkSafeBC Forms**

Only if the student/faculty member seeks medical attention (**Emergency or physician, not a First Aider**) then complete both of the following forms: **TWO WorkSafeBC Forms** need to be completed.

1. Report the injury/incident/exposure to *WorkSafeBC* using [Form 6A: Worker's Report of Injury or Occupation Disease](#). This form must be completed on-line by the injured person (**STUDENT or Faculty**) **within 3 days.**
2. Report the injury/ incident/ /exposure to *WorkSafe BC*, using [Form 7: Employers Report of Injury or Occupational Disease](#). This form must be completed by the student's NURSE EDUCATOR (employer of TRU) and submitted to **TRU Safety and Emergency Management Department within 3 days.** (Do not submit Form 7 to *WorkSafeBC* as **TRU Safety and Emergency Management Department** will forward it for you).

**Inform the physician that this is a work related injury/ incident/exposure as they must complete [Form 811](#) for *WorkSafeBC***

## Blood Borne Pathogen Exposures (IHA Employee Health and Safety)

### Definition of Exposure

An employee or student/faculty member with:

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

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

### Immediate First Aid and Management

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

1. Seek assistance from a staff member if necessary.
2. Apply immediate first aid:
  - i. Reduce contamination by washing the wound with soap and water or flushing blood from eyes, mouth or nose with large amounts of clear water.
  - ii. If blood gets on the skin, but there is no cut or puncture, just wash thoroughly with soap and water. This is not considered an exposure and no report or follow-up is necessary.
3. Report the incident to your faculty (or unit manager/preceptor if appropriate) immediately.
4. Report to Emergency. *You will need the client's full name and their care card number, as well as your own care card number.* A source risk assessment will be completed. If the risk is high, someone must arrange consent from the involved client for HIV / hepatitis testing. This may be the physician, your instructor or the Infection Control Nurse or Patient Care Coordinator on the unit. If necessary, you will be offered counselling regarding the use of antiretroviral therapy. **Please note: To be most effective this therapy must be started within 2 hours of exposure.**

5. The student must call the Interior Health Employee incident report line 1-866-899-7999-Press #2 for Occupational Health and #6 for our region. The occupational health nurse will ensure that all protocols have been followed and the follow up with you if needed. If you are calling after hours, leave a message and someone will contact you the following day. *They will also need the correct spelling of the involved client's name and their care card number.* Again, please be clear that you are a student at TRU.

Sources:

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

<https://www.interiorhealth.ca/AboutUs/Policies/Documents/Management%20of%20Occupational%20Exposure%20to%20Blood%20or%20Body%20Fluid.pdf>

### 10.1.1 Injury or Incident during Practice or in the Nursing Resource Centre Quick Reference

Student and/or Faculty Member receives injury, incident, and blood borne pathogen or communicable disease exposure in Practice or in the Nursing Resource Centre

An injury, incident, blood borne or communicable disease exposure needs to be reported to your immediate supervisor: i.e. Nurse Educator for students and Chairperson for faculty.

Seek immediate treatment if necessary in the ER department or a physician's office/clinic.  
Inform the physician that this is a work-related injury, incident or exposure.

**\*\* If you experience a needle stick or blood splash incident, you must report to the Emergency Department within 2 HOURS of exposure\*\*.**

Complete a TRU School of Nursing (SON) Unusual Occurrence Report- original is placed on student's file, with a copy given to the student & Chairperson.

Complete a [TRU Hazard/Incident Report Form](#) with the faculty for all injuries, incidents, exposures and near miss incidents. Original form to TRU Safety & Emergency Management - HR139 **within 3 days** (make copies)

**If a student/faculty member seeks medical attention (not a First Aider) then complete WorkSafeBC Forms**

Report the injury/ incident/ exposure to using TRU Safety & Emergency Management specific *WorkSafe BC Form 7* at: [https://www.tru.ca/shared/assets/Form\\_7\\_-\\_Apprentice\\_Practicum\\_Report\\_of\\_Injury\\_or\\_Occupational\\_Disease25693.pdf](https://www.tru.ca/shared/assets/Form_7_-_Apprentice_Practicum_Report_of_Injury_or_Occupational_Disease25693.pdf)

This form must be completed by **the employer of TRU** (Supervisor of student or faculty member) **within 3 days**. Submit *WorkSafeBC Form 7* original copy to TRU Safety & Emergency Management & they will forward to *WorkSafeBC*.

The injured person (student or faculty member) should report the injury/incident/exposure to *WorkSafeBC* **within 3 days** using *WorkSafeBC Form 6A: Worker's Report of Injury or Occupational Disease to Employer* <http://www.worksafebc.com/forms/assets/PDF/6a.pdf>

**Blood Borne Pathogen Exposures** (IHA Employee Health and Safety)

Must report to Emergency Department **within 2 hours**

For **Blood Borne Pathogen Exposures ONLY**: call the Interior Health Employee incident report line 1-866-899-7999 (press #2 for Occ. Health Services and then press #6 –for Thompson Cariboo region)

For a needle stick or blood splash: refer to Immediate First Aid and Management in the BScN Handbook

## 10.2 Immunizations

All TRU healthcare 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. These policies are subject to change. In addition, a facility or agency may develop their own policies.

- All TRU HCA students are expected to have a complete immunization schedule on admission to the program and may NOT be allowed to enter practice settings until this is complete.
- Proof of immunity status is required and the practice agency may request proof from students and faculty at any time in preparation for, or during, a clinical placement.

For more information refer to the [Practice Education Guidelines for BC Immunizations](#)

## 10.3 Influenza Vaccination

Vaccination of health care providers is considered an essential primary prevention strategy to protect vulnerable populations. Many practice agencies serving vulnerable populations (e.g. children, elderly, people who are immunosuppressed and health care providers) frequently used by the TRU School of Nursing, require students to obtain an influenza vaccination annually prior to attending practice experiences. TRU Health Services will make arrangements for students to receive free vaccinations.

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

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.

## 10.4 Emergency Evacuation/Fire Alarm

The following points are to assist you in the event that an alarm sounds or you discover a fire. If you require any further information, please do not hesitate to contact the **TRU Safety and Emergency Management Department**.

**In the Event of an Emergency Evacuation/Fire Alarm:**

- a. **DO NOT PANIC**
- b. Follow the instructions given by the designated fire warden and/or alternate. These people have been trained in evacuation procedures and have the authority to direct an evacuation. They can be clearly identified by their vests. Please assist them in any way possible. If there is no warden present (after hours or evenings), you should supervise the orderly evacuation of people. Use the nearest exit to leave the building and take them to the upper parking lot behind the Ken Lepin (Science) building. People must NOT stay close to the building or cross the road (College Drive).
- c. Everyone must evacuate the building. If you are evacuating people, tell them to leave and, if they will not leave, note their names. Do not argue with them but do report them to the **TRU Safety and Emergency Management Department** or the Fire Department. It is a very serious offence not to leave when the fire alarms sounds.
- d. Elevators must not be used.
- e. Take injured or handicapped persons to the fire safe stairwells. Do not attempt to evacuate them yourself (unless on the ground level). If possible, get someone to stay with them. Inform the Fire Department of the exact whereabouts of the person.
- f. Close all doors (and windows if applicable) as you exit.
- g. Shut off **master** gas and **valve**.
- h. Leave lights **ON**. This will assist people exiting (a fire can produce a lot of smoke and greatly reduce visibility).
- i. **DO NOT** allow anyone to re-enter the building **under any circumstances**.
- j. Wait for the all clear sign either the **TRU Safety and Emergency Management Department** or the **Kamloops Fire Department**. **DO NOT** re-enter the building until you are told it is safe to do so.

**If you discover a fire:**

- a. IMMEDIATELY sound the fire alarm.
- b. Dial 1111 which will reach TRU Security - 24 hours a day (Kamloops Campus only) or dial 911 in Williams Lake and:
  - state your name
  - give EXACT location of the fire
  - give information about the fire (how big, people trapped, etc.)
- c. Only attempt to control the fire if it is small AND you know how to use the extinguisher.
- d. Evacuate your classroom and report to assigned fire warden or alternate.

**10.5 TRU Respectful Workplace and Harassment Policy (TRU POLICY BRD 17-0)**

Thompson Rivers University promotes teaching, scholarship and research, and the free and critical discussion of ideas. The University is committed to providing a working and learning environment that allows for the full and free participation of all members of the University community. Discrimination undermines these objectives, violates the fundamental rights, personal dignity and integrity of individuals, or groups of individuals, and may require remedial action by the University.

Harassment is a form of discrimination that is prohibited under this policy and may result in the imposition of disciplinary sanctions including, where appropriate, dismissal or permanent suspension.

This policy responds to the University's responsibility under the Human Rights Code of British Columbia ("the Human Rights Code") to prevent discrimination, to provide procedures to handle complaints, to resolve problems, and to remedy situations when a violation of this policy occurs. The University will offer educational and training programs designed to support the administration of this policy and to ensure that all members of the University community are aware of their responsibilities under the Human Rights Code and this policy.

Please read this policy: [TRU Respectful Workplace and Harassment Policy \(TRU POLICY BRD 17-0\)](#)

If you believe you are being harassed, contact Hugh MacInnes, the Human Rights Officer who deals with harassment, bullying and discrimination issues for TRU. He can be reached by phone: 250-371-5800 or email: [hmacinnes@tru.ca](mailto:hmacinnes@tru.ca)

## 11. GENERAL POLICIES/GUIDELINES

### 11.1 Dress Code in HCA Practice

Students are required to maintain a professional appearance in all agency, community, and client home settings. Students are required to follow the appropriate dress code according to the agency policy. The student should present a well-groomed appearance. If students, in the opinion of the instructor, have an unprofessional appearance or violate agency dress code, they will be asked to leave the practice setting.

Students will wear the TRU navy blue scrub uniform and shoes that meet WorksafeBC standards (closed heel and toe).

#### Grooming Criteria

Admittance to HEAL 1150 (the lab) and clinical components of 1100, 1250 and 1300 courses will be denied by the instructor when uniform and grooming regulations are not followed.

The regulations are:

- |                  |  |
|------------------|--|
| Hair             | <ul style="list-style-type: none"><li>- clean and tidy</li><li>- pulled away from eyes, ears and face</li><li>- long hair tied back, braided or in bun</li><li>- beards and moustaches clean and neatly trimmed</li></ul>  |
| Nails            | <ul style="list-style-type: none"><li>- short, clean and smooth</li><li>- no nail polish or gel nails</li></ul>  |
| Jewellery        | <ul style="list-style-type: none"><li>- no rings</li><li>- earrings - small studs only. NO hoops or dangling earrings</li><li>- a lapel watch is preferable</li><li>- facial piercings including ears are to be small stud only.</li><li>- No bars, rings etc.</li></ul> |
| Tattoos          | <ul style="list-style-type: none"><li>- Some practice agencies may request that you cover a visible tattoo.</li></ul>  |
| Personal hygiene | <ul style="list-style-type: none"><li>- bathe daily, clothing clean and fresh, no unpleasant odours including the smell of smoke or bad breath</li><li>- deodorant as necessary</li></ul>  |

- 
- |                       |  |
|-----------------------|--|
| Make-up and fragrance | <ul style="list-style-type: none"> <li>- scent free environment</li> <li>- make-up to compliment professional appearance</li> <li>- “no scent makes good sense”</li> </ul>   |
| TRU Student name pin  | <ul style="list-style-type: none"> <li>- professionally engraved with first name only</li> </ul>   |
| Uniform (scrubs)      | <ul style="list-style-type: none"> <li>- clean and pressed navy blue scrubs, Pant legs are to be properly hemmed. Dragging or rolled pant legs are considered to be a safety hazard.</li> <li>- no jeans on any facility day</li> <li>- If community agencies prefer no scrubs, students will <b>not</b> wear jeans, low cut tops, halter tops, or backless dresses</li> </ul> |
| Shoes                 | <ul style="list-style-type: none"> <li>- chosen for protection, safety and comfort</li> <li>- non-slip sole, closed toe and heel</li> <li>- no mesh or cloth</li> </ul>  |
| Physical fitness      | <ul style="list-style-type: none"> <li>- must be in good health and physically fit and able to perform/practise all skills</li> </ul>  |

Student identification and uniform must be worn for all practice experience i.e. during practice experiences, during home visits, obtaining practice assignments, visiting community agencies.

## 11.2 Student Identification during Practice Experience

All HCA students will be required to have School of Nursing sanctioned identification (ID) (e.g. TRU School of Nursing Student Card) while attending any practice experience (Examples: home support agencies, assisted living homes, residential care facilities, community agencies etc.). These ID cards will serve as security identification during school authorized practice activities (client research prior to practica, home visits, agency practice, etc.).

Students will be required to produce their identification, when requested by agency security, nursing staff, relevant agency employees or faculty. Agency security or relevant employees (e.g., nursing personnel) have the right to refuse TRU HCA students access to agency or client confidential documents without School of Nursing sanctioned identification.

### 11.3 Transportation and Liability

Students must provide their own transportation to the agencies, facilities and client homes involved in HCA practice courses. This transportation could be in the form of a personal vehicle (owned, borrowed or rented), or a bonded taxi. Travel is a necessary component of the HCA 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. It is a policy of home support agencies that students may not ride with home support agency workers.

Thompson Rivers University carries liability insurance which covers students engaged in required HCA 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 **may not** transport clients in their 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.

### 11.4 Practice Placements Outside of Program Community (Kamloops or Williams Lake)

Practice placements outside of Kamloops/Williams Lake provide a unique opportunity for students to practice health care in a variety of settings. The following guidelines for eligibility have been developed to assist students in planning for the experience.

Students will be individually assessed regarding previous academic and practice performance, as well as skills required in the desired area or agency. Placements outside of Kamloops/Williams Lake require that the student have a strong practice performance.

Students are responsible for providing their own transportation, accommodation, and living costs for the desired area.

Students considering a practicum placement outside of their program community (Kamloops/Williams Lake) must discuss the possibilities with the Instructor before any contacts are made with the desired agency. The Instructor must first check with the Practice Placement Coordinator as to their use of agencies, and only then can

arrangements begin for approved practice requests outside of the program community (Kamloops/Williams Lake). These arrangements involve a formal contract between TRU and the agency, as well as agency consent for the dates, activities, and preceptors required for the practice placement.

Legal contract issues must be satisfied before students can be approved for practicing outside of program community (Kamloops/Williams Lake).

### **11.5 Confidentiality of Student Information**

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

- Student performance is a concern in relation to maintaining the standards of the HCA program and the HCA profession (e.g. a safety to practice issue).
- Faculty are monitoring student performance to promote success in achieving the program goals (e.g. discussing strategies to facilitate student learning).
- Discussions of confidential information will relate to the specific context of their performance and learning needs in the program.

### **11.6 Electronic Mail and Cell Phones, etc.**

E-mail is an efficient way of communicating. We suggest that you set up an email account to share with other students and the instructors.

The personal use of cell phones, blackberries etc. in the classroom, lab and practice areas will not be tolerated, due to the disruption of learning. If a call/message must be answered, a student will leave the room and return at the next classroom break. The student is responsible for all missed learning and practice time. If an electronic device disrupts the class or practice environment, the student will be asked to leave the classroom/lab/practicum setting. Repeat disruptions will lead to a learning contract. Use of cell phones to communicate with the instructor in the clinical setting will be at the discretion of the instructor and strict guidelines will be enforced.

Confidentiality / privacy breaches with electronic devices are taken very seriously and can result in the withdrawal from the program, termination of a clinical placement and consequences to the placing agency (TRU School of Nursing) and legal action.

### **11.7 Requesting Information from Community Agencies**

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

### **11.8 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 are not at liberty to borrow books from agency libraries or use agency photocopiers without the expressed permission of the agency.

### **11.9 Process of Evaluation for Faculty**

Each faculty member goes through both 'formative' and 'summative' evaluations as per the Faculty Association Contract. Formative evaluations are done annually and are concerned primarily with the professional development of the faculty member. Faculty members choose methods for formative evaluation. Summative evaluations are completed every five years and involve an extensive review of the faculty by students and administrators. The categories of performance evaluated include, but are not limited to: teaching, student advising, course content, administration, professional development activities, and curriculum development.

### **11.10 Student Records**

It is the student's responsibility to keep the both the TRU Admission and Records Department and School of Nursing informed of their current address, phone number and email.

### **11.11 Family Members Attending Class**

During class time, lab and clinical practice, it is not appropriate to bring your child (children) or other family members to join you, as a class is in session.

### **11.12 Gift Giving / Receiving Guidelines**

The faculty-student relationship is “based on trust, respect, and it requires the appropriate use of power” (CRNBC Practice Standard Nurse-Client Relationships [Pub #432], 2006, p. 1 and April 26, 2017). Professional boundary issues and the inappropriate use of power may arise when gifts are exchanged; therefore faculty and students are discouraged from accepting or giving gifts in the student/faculty relationship.

See the links below for additional information:

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

<https://www.crnbc.ca/Standards/PracticeStandards/Lists/GeneralResources/432NurseClientRelationshipsPracStd.pdf>

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

### **11.13 Authorization to Disclose Personal Information (Reference)**

Students who request references from a faculty member for employment purposes are required to complete the Authorization to Disclose Personal Information (Reference) consent form. Students are not obligated in any way to provide consent and may withdraw their authorization to disclose personal information at any time. The consent form will be kept for one year.



# THOMPSON RIVERS UNIVERSITY

## Health Care Assistant Program

### School of Nursing

#### Authorization to Disclose Personal Information (Reference)

**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.

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 grades in the Health Care Assistant Program for the period of one (1) year, to prospective employers and/or education institutions in the following format:

- a. 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 for one (1) year or until revoked by me in writing.

**Student Name (print):** \_\_\_\_\_

**TRU Student Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_