THOMPSON RIVERS UNIVERSITY

School of Nursing

BSN Program Handbook

2026 - 2027

Disclaimer:
This document is updated regularly. All students, faculty, and staff associated with the Thompson Rivers University School of Nursing are responsible for reviewing this manual and ensuring they are familiar with the most current policies, procedures, and expectations.

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BScN Undergraduate Program

BScN Curriculum Framework

The TRU BScN curriculum is based on beliefs about people, health, health promotion, and registered nursing practice. The curriculum is also based upon certain visions for health care, nursing, and registered nursing education at a baccalaureate level.

TRU SON BScN Mission, Vision, Values, Beliefs & Goals

Mission

We prepare inquisitive, culturally safe, and evidence-informed nurses through innovative, collaborative, and responsive education, research, and scholarship that advances health and healing for diverse communities.

Vision

Advancing nurses as leaders who shape equitable, sustainable, and person-centered healthcare.

Values

- Belonging and Inclusion: Everyone is respected, welcomed, and supported.
- Authentic Relationships: Trust, transparency, and meaningful connections.
- Reciprocity: Learning and practice grounded in mutual respect and shared responsibility.
- Learner-Centeredness: Prioritizing student needs, engagement, and growth. Lifelong Learning**:** Continuous reflection, curiosity, and improvement.

Beliefs

- People are holistic beings with intrinsic worth whose choices are shaped by context, relationships, and culture.
- Health is influenced by biological, social, and environmental determinants; inequities must be addressed.
- Health promotion is both a philosophy and a practice that empowers individuals and communities.
- Nursing is a caring, ethical, and relational practice informed by inquiry and multiple ways of knowing.
- Education thrives in reciprocal partnerships where learners are co-creators of meaningful learning.

BScN Curriculum Goals

1. Practice nursing utilizing a framework to promote holistic health and healing within a variety of contexts and with diverse client populations.
2. Provide safe competent care based on nursing knowledge, ethics, relationships, cultural safety, and ways of knowing.
3. Anticipate, respond to, and influence the current and evolving needs of nursing and health care at the economic, political, social, environmental, and professional levels.
4. Be critically thinking, reflective, and self-directed professionals who engage in inquiry-based, evidenced informed practice.
5. Provide culturally safe and anti-racist care to promote health and wellness with Indigenous Peoples.
6. Champion health equity and advocate for systemic change in nursing and healthcare.

Foundations

Core concepts and foundational perspectives are woven through all semesters and courses in the curriculum. Exploring a variety of perspectives provides a different lens through which the concepts can be viewed. The concepts may look different depending on the perspective and these differences embrace diversity and enhance learning. (Refer to table of Curriculum Concepts)

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

The School of Nursing is grounded in a commitment to Indigenous knowledge systems and ways of being through privileging Tk'emlúps te Secwépemc knowledges. A medicine garden at the heart of our building serves as a living space for learning, reflection, and connection to the land, anchoring our community in local Indigenous teachings.

Faculty enact the Truth and Reconciliation Commission of Canada's Calls to Action through curriculum, pedagogy, and community partnerships. The program is recognized provincially and nationally for its leadership in Indigenous health education, including a required Indigenous Health course, consolidated practice experiences within Indigenous communities, and opportunities for land-based learning.

BScN Curriculum Concepts

Capacity Building	Evidence-Informed Practice	Leadership
Client	Health & Healing	Nurse
Collaboration		Politics
Cultural Safety	Health Promotion	Power/Power Relations
Culture	Illness	Relational Inquiry
Decision Making	Indigeneity	Safety
Diversity	Informatics	Scholarship
Environment	Inquiry	Spirituality
Ethics	Knowledge	Transitions and Change

Course Streams

The curriculum is organized using six streams of courses. The core concepts guide the focus of each course and direct the choice of sub-concepts and topics to be explored.

The TRU BScN course streams are:

1. Health and Health Promotion
2. Communication and Collaboration
3. Professionalism and Leadership
4. Knowledge and Critical Inquiry
5. Health Sciences
6. Nursing Practice

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

Curriculum Overview

Year One

In Year One, students explore the foundations of professional nursing practice including nursing history, nursing theory, ethics, health promotion and the role of the nurse across diverse practice settings. Students develop knowledge and skills related to holistic health assessment, communication, caring relationships and person and family centered case across the lifespan. Emphasis is placed on understanding health within social, cultural and community contexts while exploring the historical and contemporary influences that shape nursing as a professional discipline. Adopting an inquiry-based approach, student learning

is supported through classroom, lab, community, and practice experiences to provide opportunities to bridge theory into practice and develop interpersonal and critical thinking skills essential for safe nursing practice.

Year Two

In Year Two, students continue to develop their critical thinking and nursing practice skills through experiential learning in a variety of mental health, community, and acute care settings. They care for healthy populations as well as people experiencing chronic and episodic health challenges. The focus is on strengthening health assessment skills, health promotion, evidence-informed care, relational practice and clinical decision making. Learning is integrated across theory and practice courses including Pathophysiology, Pharmacology, Indigenous Health, and Ethics with an emphasis on client-centered care, social justice, diversity, and collaborative practice with individuals, families and groups.

CPE 2 (Condensed Practice Experience 2)

CPE 2 takes place at the end of Year 2 and is designed to integrate and apply the knowledge, and skills students have developed in the program. In this immersive clinical experience, students are placed in groups and supported by a dedicated clinical instructor in a variety of practice settings. CPE 2 offers valuable opportunities for students to engage in real-life nursing practice, collaborate with nurses and other health professionals, and begin to develop their professional identity. Reflection is a key component of this experience, encouraging students to think critically about their growth, learning, and contributions within the healthcare team.

By this point in the program, students can expect to have had placements in community, mental health, maternity/child and acute care.

Year Three

Students will begin Year Three in either semester 5 or semester 6. Cohorts start in different semesters to support the availability and distribution of acute care placements and community project partnerships.

In year three, students continue to build the knowledge required for safe decision making in acute care practice experiences by examining multiple sources of nursing knowledge: client presentation, pathophysiology, ethical knowledge, clinical judgement, professional supports, and nursing frameworks. Students use critical thinking and relational inquiry to assess the impact of health challenges on clients and begin participating in interdisciplinary care. The context of acute care and its effect on client health practices and health care services is examined. Students build their self-awareness and professional presence through the exploration of relational inquiry, complex communication techniques, reflexivity, trauma informed care, and clinical judgment.

Students further develop their understanding of health and healing, focusing their attention on community and societal health, examining global health issues, and the leadership role of nurses with emphasis on the socio-political and economic context of nursing. Clinical group projects provide an opportunity for students to partner with the community health care agencies to engage the processes and steps promote health. Students also increase their understanding of global health issues and nursing's' role in contributing to global health and equity.

CPE 3 (Condensed Practice Experience 3)

CPE 3 is at the end of Year 3 students consolidate the knowledge, abilities, and skills learned thus far in a variety of practice settings. This will be the students first opportunity to be in a preceptorship experience. Students practice experiences throughout the program are tracked and by the end of CPE 3 all students will have had experience in a variety of agencies/settings (acute care, extended care, community or International) in order that they might develop entry-level competencies required of a registered nurse.

Year Four

In Year Four, students consolidate and transition their acquired knowledge, skills and professional identity toward entry-to-practice level competency. Learning focuses on leadership, complexity, coordination of care, evidence informed practice, quality improvement and professional accountability. Learning experiences in theory, community and acute care provide opportunities for students to strengthen their ability to provide safe, ethical and culturally responsive care for individuals, families, groups and populations with increasingly complex health care needs. Emphasis is placed on critical reflection, change processes, systems thinking and preparing students for transition into independent professional practice and lifelong learning with a final preceptorship placement in semester eight.

Practice Placement Snapshot

Year One	Year Two	Year Three	Year Four
Semester One • Clinical groups in the community, Long-term Care and Assisted Living environments	**Semester 3** • Clinical groups may be in a variety of settings including community, maternity/child health, mental health, medical, surgical • May be local or out-of-town	**Semester 5** • Clinical groups in medical and surgical acute care • Note students take semesters 5/6 in different order	**Semester 7** • Acute and community placements Local and out of town
Semester Two • Clinical groups may be in a variety of settings (long-term care, extended care, rehabilitation etc.)	**Semester 4** • Clinical groups may be in a variety of settings including community, maternity/child health, mental health, medical, surgical • May be local or out-of-town	**Semester 6** • Community development initiatives • Note students may take semester 5/6 in different order	**Semester 8** • Final preceptorship placement • Local and out-of-town
	CPE 2: Spring and Summer sessions • Clinical groups in a variety of settings including medical, surgical, mental health, maternal/child health • May be local or out-of-town	CPE 3 • Preceptorship placements • Local, out-of-town, & international	

***Note: practice placements are subject to change based on availability and program needs**

Year	Fall	Cr	Hours /Week	Winter	Cr	Hours /Week	Spring (May-June)	Cr	Hr/Week
1	**Semester 1** NURS 1700: Professionalism and Leadership 1 NURS 1170: Communication and Collaboration NURS 1730: Health and Health Promotion 1 NURS 1740: Nursing Practice 1 BIOL 1592 + 1594 (lab): Anatomy & Physiology ENGL 1100: Composition	3 3 3 3 3 **18**	(3-0-0) (3-0-0) (3-1-1L-2P) (3-0-2L) (3-0-0) **24 hours**	**Semester 2** NURS 1800: Professionalism and Leadership 2 NURS 1830: Health and Heath Promotion 2 NURS 1840: Nursing Practice 2 BIOL 1692 + 1694 (lab): Anatomy & Physiology PHIL 2310: Health Care Ethics recommended completion prior to year two	3 3 4 3 3 **16**	(3-0-0) (3-0-0) (3-0-2L-9P) (3-0-0) **26 hours**			
2	**Semester 3** NURS 2300: Knowledge & Critical Inquiry 2 NURS 2750 Health & Health Promotion 3: Community Health Nursing NURS 2740: Nursing Practice 3 NURS 2170: Communication & Collaboration 2 HLSC 2660: Health Science 1: Pharmacology (part 1)	3 3 4 3 1.5 **14.5**	(3-0-0) (3-0-0) (3-0-2L-13P) (3-0-0) (1.5-0-0) **28.5 hours**	**Semester 4** NURS 2830: Health & Health Promotion: 4 HLTH 2300: Interdisciplinary Indigenous Health NURS 2840: Nursing Practice 4 HLSC 2550: Health Science 2: Pathophysiology 1 HLSC 2660 Health Science 1: Pharmacology (part 2) *PHIL 2310: Health Care Ethics	3 3 4 3 1.5 **14.5**	(3-0-0) (3-0-0) (2-0-2L-13p) (3-0-0) (1.5-0-0) **27.5 hours**	NURS 2380: Condensed Practice Experience (CPE 2) Spring & summer delivery	4	(0-0-22p) Total CPE2 hours: 132 hours 5 weeks
3	**Semester 5** NURS 3730: Health & Health Promotion 5 NURS 3740: Nursing Practice 5 HLSC 3650-: Health Science 3: Pathophysiology 2 NURS 3170: Communication and Collaboration 3	**3** **4** **3** **3** **3** **16**	(3-0-0) (2-0-2L-13P) (3-0-0) (3-0-0) **26 hours**	**Semester 6** NURS 3500: Health & Health Promotion: 7 NURS 3510: Nursing Practice 6 NURS 3830: Health & Health Promotion 6: Global Health	**3** **4** **3** **3** **12**	(3-0-0) (0-3-6P) (3-0-0) **15 hrs.**	NURS 3380/3390 Consolidated Practice Experience (CPE 3)	4	(0-3-33p) Total CPE3 hours: 252 hours 7 weeks

	Non-nursing Elective -1000 Level			HLSC 4650 Health Science 4: Pathophysiology 3 Non-nursing elective - 2000 level					
4	**Semester 7** NURS 4300 Professional Practice 5 NURS 4740 Health and Health Promotion 8 NURS 4380 Nursing Practice 7 HLSC 4650 Health Science 4: Pathophysiology 3 Nursing elective (3000 level)	3 3 4 3	(3-0-0) (3-0-0) (0-2-14P) (3-0-0) **25 hours**	**Semester 8** NURS 4210 Nursing Practice 8	10	(0-3-36P) **39 hours. Sem 432 hours. Practice**			

Note:

- Students will complete the Year 3 curriculum starting in either semester 5 or semester 6 courses
- HLSC 4650 will be moved to the winter semester beginning in January 2027. Students graduating in 2027 will have taken this course in the fall.

Program Completion Requirements: The BScN Curriculum requires successful completion of 126 credits some of which may be Transfer Credit (upon approval). To view the curriculum and course outlines visit: The nursing curriculum program grid. (Bachelor of Science in Nursing Courses: Thompson Rivers University (tru.ca)

Learning Pathways and Specialty Education

The TRU School of Nursing provides opportunities for students to take part in additional education and skill acquisition necessary for specialized areas of nursing practice. In partnership with the Interior Health Authority and First Nations Health Authority, BScN students are given the opportunity to apply for specialty education opportunities that can be completed concurrently alongside the BScN program. Current offerings include the following:

- Learning Pathways
- Clinical Immersion Streams

The following link provides an overview of the current and potential available opportunities for students in the BScN program at TRU. It also outlines important considerations for interested students in each year of the program. Please note that this document is updated regularly and represents the current opportunities. These may change over time.

Learning Pathways Information Booklet

Canoe Journey

The Canoe Journey framework guides the partnership between the First Nations Health Authority (FNHA) and the Thompson Rivers University (TRU) Bachelor of Science in Nursing (BSN) program. It also informs how the Entry-to-Practice Registered Nurse Competencies (BCCNM, 2021) and the Professional and Practice Standards (BCCNM, 2026), including the capstone project, are understood within the program.
Within this framework, learning is approached as a relational, reflective, and developmental process, rather than a linear accumulation of skills or content. Students are supported to practice the 5Rs—respect, relevance, responsibility, reciprocity, and relationships—while engaging in protocols for respectful collaboration with First Nations communities. Students are active participants ("paddlers") in their learning, taking responsibility for their preparation, listening, reflection, and growth as they navigate increasingly complex practice contexts.

Knowledge development is grounded in multiple ways of knowing, including theory, evidence, reflection, lived experience, humility, and ethical accountability. Drawing on Indigenous perspectives, learning is understood as wholistic, experiential, place-based, and relational, connecting students with individuals, communities, and the land. The Canoe Journey begins in the second year of the program, with an emphasis on self-location and respectful engagement on Indigenous lands.

As students' progress, they deepen their understanding of context, community priorities, and FNHA values, while developing the capacity to work through uncertainty and complexity.

The journey culminates in the final capstone experience, where students integrate learning across courses and practice experiences to demonstrate readiness for entry-to-practice as registered nurses.

BSN Undergraduate School of Nursing
Program Progression and Policies

eMedley

The BScN program utilizes the eMedley software platform to support curriculum management and student evaluation processes. The platform streamlines essential student and faculty responsibilities, including course outline development, completion of Practice Appraisal Forms (PAFs), clinical learning goals and reflections, learning contracts, and incident reporting. eMedley serves as a centralized repository for curriculum and evaluation documentation, enhancing efficiency, consistency, accessibility, and continuity across the program while supporting both faculty and students in their academic and clinical learning activities. Information about how to access and utilize eMedley is sent out annually to all students and faculty.

Program Completion Requirements

BScN students must complete all program requirements within 7 years of the date of entry. Prior to graduation, students must ensure all official transcripts from courses taken outside of TRU are submitted directly to the Admissions Department, so they are documented on their TRU transcript. This includes courses that require a letter of permission. Failure to provide an official transcript for transfer credit courses at least 5 weeks prior to convocation may result in an inability for TRU to grant the degree for that year's date of convocation.

Progression Policy

Students must achieve a minimum 60% grade in all the required courses (NURS, HLSC, HLTH 2300, BIOL, ENG, PHIL), and a minimum grade of 50% in the accepted non-nursing elective courses. A 50% minimum on final exams is mandatory to pass all required courses regardless of the course grade going into the final exam.

The evaluation of components of Nursing Practice courses reflect a strong commitment to patient safety by integrating evidence-informed practice, clinical competency, and ethical decision-making aligning with the professional standards set by the British Columbia College of Nurses and Midwives (BCCNM) for Registered Nurses.

To achieve an overall passing grade in lab practice courses, students are required to successfully complete all designated mandatory assessment components. Specifically, students must obtain a passing grade in the Performance Appraisal Form (PAF) evaluation,

the Objective Structured Clinical Examination (OSCE), and the Final Examination (minimum passing grade 50%), Failure to achieve a passing grade in any one of these required components will result in a failing grade for the course, regardless of the student's overall course grade.

To progress to the next semester of the BScN program, students must maintain a cumulative GPA of 2.33. Students who do not achieve a GPA of 2.33, will meet with the Program Chairperson may be placed on academic probation for one semester. Refer to TRU Satisfactory Academic Progress Policy ED 3-2.

In addition, students must successfully complete all pre-requisites, including practice courses, to progress to the next semester of the BScN program.

Course Failures

In the event of a course failure, a student may repeat a given course (theory or practice) one time. Exceptions for extenuating circumstances require written approval of the Program Chairperson, for NURS, HLTH, or HLSC courses. The Chair of Biology must give permission for students to repeat a BIOL course.

A student who fails a practice or theory course cannot progress in the program until the course is passed. If in repeating the course the student passes, then the student will re-enter the program at a subsequent offering of the same semester in which the failure occurred **provided there is an available seat.**

If in repeating the practice course the student fails again, then the student will not be able to progress to the next semester and can only re-enter by going through the admission process beginning at Semester One. A student who has already failed a practice course, repeated it and passed, and then fails another practice course will not be able to continue in the program.

Nursing practice course failures are considered across the entire program. Students who have failed two practice courses in the BScN program, including failures prior to transferring to TRU School of Nursing will not be able to progress to the next semester. The student can only re-enter by going through the admission process and beginning at Semester One. Refer to TRU Course and Program Repeaters Policy ED 3-3.

Withdrawal from BScN Program

There are a variety of reasons why a student may need to leave and re-enter the nursing program. The student may need to withdraw from the program due to medical issues, domestic affliction, and/or course failure.

Students withdrawing from the program are expected to:

- inform the appropriate faculty member(s)
- meet with the Program Chairperson
- meet with a counsellor from Student Services
- meet with TRU academic advising
- terminate relationships with client and community field guides
- refer to the TRU Withdrawals Policy ED 3-0 for detailed information regarding procedure and deadlines for withdrawal
- students who leave the program for extenuating circumstances, will need to complete and send the Withdrawal in Extenuating Circumstances form to the Registrar's office (email and fax number on the form). Student Case Managers from the Office of Student Affairs may also assist students in understanding this process.

General Procedures/Policies for Re-entry

Students seeking re-enter into the BScN program, must meet with the Program Chairperson to discuss readiness for re-entry. This could include and/or depend on a BCCNM Requisite Skills and Abilities review, seat availability, GPA standing, a letter of intent to return to the program, a review of the length of time out of the program, including a professional performance standard of conduct assessment. Students admitted into the BScN program must complete the BScN degree within seven years.

In accordance to BCCNMs requisite skills and abilities for practice, students who have withdrawn due to extenuating circumstances, may be asked to provide a Health Care Provider's note which states that they are physically/mentally fit to return to the program. Students must submit to the nursing office their updated BCCNM Requisite Skills and Abilities form.

Re-entry/Transfer to Practice Courses

Process for Re-entry

At least four (4) months prior to the date of intended re-entry, submit a Letter of Intent to the BScN Chairperson. The Letter of Intent should indicate the date that the student wishes to re-enter, the year or semester to return, and include steps that the student has taken to ensure their success in the program (if applicable) and to confirm their ability to meet BCCNM requisite skills and abilities for becoming a Registered Nurse in British Columbia

- Make an appointment to see the BScN Chairperson for the purpose of advising. This interview should be during the month of May for the September re-entry, month of September for January re-entry, month of January for May re-entry. If a student is offered a seat, prior to starting the semester a student must register and pay tuition.

- submit to the nursing office at nursing@tru.ca:
    - proof of up-to-date immunizations (may include influenza vaccine),
    - mask fit testing certificate, (for re-entry semesters 2-8),
    - Basic Life Support certification (yearly)
    - SPECO (for re-entry semesters 2-8)
- Successfully complete Nursing Skills Assessment (NURS 0610). This assessment includes both a written and psychomotor skills test to ensure you can demonstrate previously attained competencies for client and personal safety. *Please refer to your re-entry letter for further information*.

- Students are reminded of the program completion requirements and the policies regarding failures and re-entry, as stated in the Thompson Rivers University Calendar.

- Students who fail a nursing theory course may be required to repeat the co-requisite nursing practice course.

- Students who fail a nursing practice course may be required to repeat the co-requisite theory course(s).

- A student who withdraws from or receives a failing grade in any nursing practice course may be required to re-enter the program at an earlier level.

- Re-admission to the program may be denied if the student does not provide evidence of the re-entry requirements.

Learning Contract Policy

When a practice faculty member has concerns regarding a student's ability to meet the course competencies and domains, a learning contract **may** be initiated. In conjunction with the practice faculty member, the Program Chairperson and the student, strategies will be developed to support the student in meeting the expected domains and competencies as outlined in the learning contract. If performance is unsatisfactory at the end of the contract period the student will fail the course, receive a grade of No Credit Granted (NCG), and will be required to withdraw from all nursing courses. If there are significant safety concerns prior to the end of the practice rotation, a student may be removed from the practice area, and the student will fail the course. Refer to TRU Satisfactory Academic Progress . For more information see Appendix C Learning Contracts: Guidelines for Implementation.

BScN Program and Course Requirements

Elective Requirements

The BScN program requires that students complete two non-nursing electives (one at the 1000 and one at 2000 level) prior to entering semester 7. Prior to semester 8, students must complete an upper-level nursing or health related elective or equivalent. Students may choose when they complete electives. However, these electives **MUST** be successfully completed before progressing into semester 8. For advice on applicable electives students need to set up an appointment with an academic nursing advisor.

Email: nursing@tru.ca

Prior to semester 8 and the final practicum, we strongly suggest all required courses be completed. Failure to complete any of these courses will interfere with the completion of the program, graduation, and the writing of the NCLEX exam.

Transfer Credit Policy

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

Courses/electives taken at other educational institutions and receiving a Transfer Credit will show as a 'T-course number' on your transcript and is not factored into your GPA.

Most courses are eligible for a Transfer Credit from an Accredited Institution. A TRU Letter of Permission (LOP) MUST be approved by the SON Nursing Student Advisor and submitted to Admissions before you register for a course (TRU-OL courses do not require a LOP).

Biology Transfer Credits

Transfer Credit will NOT be given towards the required courses Biology 1592/1594 or 1692/1694 if the Human Anatomy and Physiology course is taken **without** a laboratory component. For example, TRU-OL BIOL1593 and BIOL1693 courses **DO NOT** have a lab component, therefore no Transfer Credit are given for BIOL1592 or BIOL1692. Equivalent Human Anatomy and Physiology courses with a laboratory component will be considered for transfer credit towards Biology 1592 and/or 1692 at the discretion of the chairperson.

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

Required English Courses

All students in the BScN Program are required to obtain 3 credits (one 3-credit English course) of University Transfer English. The English course **MUST** be a Composition or a University Writing course (or equivalent).

In the first year of the program, all students are assigned into one English course: ENGL1100: Introduction to University Writing.

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

Transfer Credit for courses in English courses may not be granted if course(s) are more than 5 years prior to admission to the BScN program.

Prior Learning Assessment and Recognition

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

All PLAR requests must be initiated between the time of acceptance into the BScN program and the last instructional day of semester ONE. Any semester one courses to be considered for PLAR must be done before the beginning of semester one.

For more information on the TRU PLAR policy ED 2-0 see: TRU PLAR Policy

Graduation

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

If students plan to practice nursing in BC following graduation, they will need to register with BCCNM. The School of Nursing will submit the graduate's name to BCCNM once all course requirements have been met. This will then qualify the graduate to write the NCLEX

examination. More information will be provided to students prior to Semester 8 (final practicum).

NCLEX

The BScN degree does not qualify the graduate to undertake employment as a registered nurse but does qualify the graduate to write the National Council Licensure Examination (NCLEX). Further information on the NCLEX and registration as a new graduate can be found on the BCCNM Website at BCCNM NCLEX Information.

Persons with disabilities that may adversely impact their performance on the NCLEX examination may request modifications. These students are asked to contact BCCNM prior to applying to write the NCLEX to obtain the necessary forms to request modifications.

BScN Undergraduate Practice Placement Guidelines

BScN Practice Uniform

The BScN Program requires slate gray scrub tops and pants are to be worn by students in long term and acute care practice. They are available for purchase in the TRU Bookstore at a very reasonable cost.

Practicum Placements

Students in the BScN program will have practicum placements in a variety of settings in Kamloops, Williams Lake, and surrounding areas. Students should ***expect*** to travel to locations other than Kamloops or Williams Lake, starting in semester 2 of the program. All students should expect to have at least one practice placement outside of their campus of origin in at least 2 of 8 semesters. Students are responsible for their accommodation and travel expenses. Students are expected to arrange their own transportation to clinical placements including insurance and accommodation as needed. Students should understand that changes to clinical placements will not be made if transport or accommodation is not available.

Students in semesters 1 to 5 are placed in faculty led practice groups in selected agencies, as predetermined by nursing faculty. The variety of contexts aims to facilitate the student's ability to meet the BCCNM Entry-Level *Competencies for Registered Nurses* (2021).

In semesters 2, 3, 4, and 5, practice groups are developed for placements within the Thompson Cariboo Shuswap Health Service Area. Students can expect to have practicums in the ***evenings, weekends, and / or 12-hour shifts***, and are expected to adjust their personal schedules accordingly.

Students are advised to refrain from booking work until clinical schedules have been released and finalized. Clinical practice schedules will not be changed to

accommodate student work schedules. It is strongly advised that students do NOT schedule commitments during clinical practice.

In practice courses **NURS 3510, 3380, 4380, and 4210** students can expect placement in increasingly diverse settings, and in settings outside of Kamloops and Williams Lake. Access to Practice Placement information (processes, resources, preference forms for local, provincial, national, and international placements) for Semester 6 and beyond is available on the Moodle Site. To access, search for the following in Moodle: BScN Class of ___ (Year) -Required Documents

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

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

- Placement site/healthcare agency is appropriate/available for the course and student level.
- Student practice history and readiness, as assessed by faculty members, for increasingly independent and indirect faculty member supervision.
- Transportation, living costs, and payment of any agency specific fees, additional criminal record checks, immunizations, passports, visas, and additional extended health coverage or out-of-province coverage from BC Medical Service Plan (recommended for national or international practice-education opportunities) or Pacific Blue Cross (http://www.pac.bluecross.ca/) or BCAA (http://www.bcaa.com/insurance) are the responsibility of the student. Out of province placements are normally not covered by WorkSafe BC or any other Worker's compensation by another province.
- Student indication of preference (provided the placement office can accommodate) in combination with educational goals and supporting evidence when required by healthcare agency (see preference forms).
- Preference forms for practice placement BScN year 3-4 are on Moodle BScN Class of ___ (Year X) site and are to be submitted to nursingpractice@tru.ca as directed on the preference forms. ***Students should understand that preferences are not guaranteed and are subject to change. Requests are subject to professional, academic and clinical performance reviews in addition to fitness to practice language as outlined by BCCNM.***

    - **Placement requests within BC need** to be submitted 4-5 months ahead of practicum start date. Students should monitor their myTRU email and Moodle for communication from the practice placement team.
    - **Placement requests beyond BC** are normally submitted 6-8 months ahead of practicum start date to ensure legal contracts are in place between TRU and the agency. The student is also responsible for meeting any other agency

specific requests. Students should monitor their myTRU email and Moodle for communication from the practice placement team

General Information Regarding Placements in BC or Canada

- When applying for a distance practice placement in CPE 3 (NURS 3380, 3390,) and Semester 8 (NUR 4210) students need to plan ahead to ensure that they meet the guidelines of eligibility discussed below. The Practice Placement Coordinator (PPC) is available as a resource for students interested in pursuing this option.
- There is **no guarantee** that a request to an agency will be filled. Legal contracts must be in place between TRU and the agency.
- To facilitate the learning in this type of placement, the student must have strong practice performance with the ability to work independently with minimal supervision from faculty member. The student is responsible to meet any other agency specific requests.

Focus on Intercultural Nursing

(consolidated practicums, field school and study abroad)

- International placements are not guaranteed to be offered every year, and destinations are subject to change.
- Students will be invited to apply for an intercultural placement in the fall of year 3 in advance of the possible placement. This usually involved NURS 3390 (CPE 3 - international), NURS 3380 (CPE 3 – Indigenous / Hazelton), Semester 7 or 8 (study abroad)
- To learn about previously offered intercultural nursing opportunities in the School of Nursing visit https://www.tru.ca/nursing/global-health/placements.html
- Other information about the field school and study abroad experiences can be found at https://www.tru.ca/studyabroad/programs/field-school.html
- Students may be able to use this experience to earn credit for Global Competency Certification Global Competency (tru.ca) There are considerable additional costs related to these types of practicums which are the responsibility of the student (e.g. passports, visas, immunizations, travel, and accommodation, etc.)
- Students who are interested can expect to attend several information sessions to discuss opportunities and requirements
- The opportunity to partake in these types of experiences is contingent on the student's continued strong academic and clinical performance. Students who do not meet this standard may have their previous approval to partake in this type of practicum withdrawn.

Enrichments- Observation Requests for Student Practice

Individual student *observations* may occur when a BScN student wishes to gain more exposure to a practice setting because they are interested in the nature of the RNs role in this area. This **may** be possible for practice settings where there are not practicum opportunities, the student has not had the opportunity to spend time in this area, or the student would like more exposure. Students must complete these observations outside of clinical and class hours and are limited with the number of requests they can make. Requests must be made 30 days in advance. Students are in an observation role only and will not be involved in patient care.

Please note: Students should NOT organize observations on their own, or approach practice partners to inquire about observations/practice placements independently of the TRU SON practice placement office.

Process:

1)Students are to contact the TRU SON Practice Placement Coordinator to discuss the request.

2)Requests will be assessed and made based on appropriateness for student development, timing, and purpose.

Practice requirements

*Students must complete the following before being permitted into practice areas.

Upload all the completed practice requirement certificates/record of completion to the appropriate Moodle site. **This information can be found in the program acceptance letter and includes the course name and the enrollment key.**

Review the following sites:

https://www.tru.ca/nursing/programs/bsn/accepted.html

https://www.interiorhealth.ca/careers/student-career-opportunities/student-placement

YEAR ONE – Semester ONE

When required	**What is required –** for instruction on how to complete, see the required document Moodle site	**What to do with evidence of completion:**
<u>To be completed Before</u> the **start** of Semester 1	☐ Basic Life Support Certificate (BLS) ****renewed annually**** ☐ Mask fit testing ****renewed annually**** ☐ Criminal record check (CRC) ☐ TB Skin Test ☐ Photo for TRU ID ☐ Advising Appointment ☐ Immunization history ☐ WHMIS ☐ IHA Confidentiality Form ☐ HSPnet Form ☐ BCCNM Requisite Skills and Abilities Form ☐ Provincial /Hand Hygiene Basics module	Upload certificate(s) of completion or document to the Moodle site: Required Documents
	Student Practice Education Core Orientation (SPECO) Courses. ☐ #8558 Introduction to Student Practice ☐ #24610 Infection Prevention and Control Practices for Direct / Professional Clinical Care Providers	Upload certificate(s) of completion or document to the Moodle site: Required Documents

To be completed Before the **start** of Semester 2	☐ #10853 Provincial Code Red - Fire Safety Training (Acute & Residential Facilities) ☐ #9114 Waste Management Basics ☐ # 29687 Code Silver Active Attacker ☐ Violence Prevention Modules (1-8)	

YEAR ONE – Semester TWO

When required	What is required – for instruction on how to complete, see the required document Moodle site	What to do with evidence of completion:
To be completed Before the **end** of Semester 2	☐ Gentle Persuasion Approach (GPA) - this course is offered by TRU ☐ Provincial Violence Prevention Curriculum (PVPC) ☐ Meditech Access - Activate Meditech access through IHA access e-mail, **you will receive this email approximately 2nd/3rd week of March.** • Upload Mnemonic **by March 31st**	Upload certificate(s) of completion or document to the Moodle site: Required Documents

YEAR TWO – Semester THREE

When required	What is required – for instruction on how to complete, see the required document Moodle site	What to do with evidence of completion:
To be completed Before the **start** of Semester 3	☐ Current Basic Life Support BLS ☐ Current mask fit testing - mask # must align with what is available at TRU and practice placement sites ☐ Statutory Declaration Form ☐ Update COVID/Influenza Immunization history	Upload certificate(s) of completion or document to the Moodle site: Required Documents

	☐ Meditech/ ACE YouTube training videos (IHA): ☐ IHA iLearns: • #1331 Privacy and Security Documentation • #596 Respiratory Protection Program (N95) • #922 Medication Administration Independent Double Checks • #1397 Anywhere RN Nurse Training #1799 Omnicell ADC Competency Validation #1505 Patient Care in a Profiled Environment ☐ Complete SPECO modules • #10853 Code Red - Fire Safety Training (Acute & Residential Facilities) • #31208 Hazardous Drugs Safety Awareness	

YEAR TWO – Semester FOUR

When required	What is required – for instruction on how to complete, see the required document Moodle site	What to do with evidence of completion:
To be completed Before the **end** Semester 4	☐ Provincial Violence Prevention Curriculum Refresher	Upload certificate(s) of completion or document to the Moodle site: Required Documents

YEAR THREE – Semester FIVE

When required	What is required – for instruction on how to complete, see the required document Moodle site	What to do with evidence of completion:
To be completed Before the **start** of Semester 5	☐ Current Basic Life Support BLS ☐ Current mask fit testing – mask # must align with ones available at TRU and practice sites ☐ Statutory Declaration Form ☐ Update COVID/Influenza Immunization history ☐ Complete SPECO modules ☐ #24610 Infection Prevention and Control Practices for Direct / Professional Clinical Care Providers ☐ #10853 Provincial Code Red - Fire Safety Training (Acute & Residential Facilities)	Upload certificate(s) of completion or documents to the Moodle site: Required Documents

YEAR THREE – Semester SIX

When required	What is required – for instruction on how to complete, see the required document Moodle site	What to do with evidence of completion:
To be completed Before the **end** Semester 6	☐ Provincial Violence Prevention Curriculum Refresher	Upload certificate(s) of completion or documents to the Moodle site: Required Documents

YEAR FOUR – Semester SEVEN

When required	What is required – for instruction on how to complete, see the required document Moodle site	What to do with evidence of completion:
To be completed Before the **start** of Semester 7	☐ Current Basic Life Support ☐ Current mask fit testing – mask # must align with ones available at TRU and practice sites ☐ Statutory Declaration Form ☐ Update COVID/Influenza Immunization history ☐ Complete SPECO modules #10853 Provincial Code Red - Fire Safety Training (Acute & Residential Facilities)	Upload certificate(s) of completion or documents to the Moodle site: Required Documents
To be completed Before the **end** Semester 7	☐ Provincial Violence Prevention Curriculum Refresher	Upload certificate(s) of completion or documents to the Moodle site: Required Documents

BScN Undergraduate Program: Schedule of Skill Theory and Practice

Skill	Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	CPE 3
TPR, BP, Oxygen Saturation,	*					
Personal Hygiene Includes catheter care	*					
Body mechanics, Lifts, Transfers, Positioning	*					
Infection Prevention and Control – intro	*					
Nutrition, swallowing and feeding	*					
Physical Assessment / Mental Health Assessment		*				
Range of Motion		*				
Infection Prevention and Control - PPE		*				
Introduction to Principles of Medication Administration • Topical creams • Suppositories		*				
Oxygenation (delivery methods, nasal & oral airways)		*				
Blood Glucose Monitoring		*				
Principles of Medication Administration • PO/SL / IM / subcutaneous meds, • Inhalers • Transdermal			*			
Infection Prevention and Control • Decision making for additional precautions			*			
Principles of Surgical Asepsis • Simple dressing change, sterile gloving			*			
IV Therapy Level 1 • Different types **of** PVAD & CVAD & Midline catheters			*			

• Indications, Risks, Site assessment ○ maintenance of PVAD short **including** dressing changes and flushing ○ line changes up to extension tubing and needleless cap on PVAD short & CVAD (percutaneous non-hemodialysis & PICC) ○ removal PVAD short ○ accessing capped / locked PVAD short ○ Intravenous Infusion ○ pumps & gravity, priming lines						
Suture and Staple Removal			*			
Suctioning – Oral, Pharyngeal			*			
Epidural / PCA (assessments and monitoring)			*			
Nasogastric (NG) Tubes / PEG / PEJ • Maintenance, insertion, medication administration, removal • Enteral feeds – maintenance • Weighted NG tubes – check health authority policy. Permitted in IHA				*		
IV Therapy Level 2 • Maintenance of CVADs and midline catheters percutaneous, PICC, Tunneled (non- hemodialysis) ○ Accessing locked / capped lines ○ Flushing protocols: CVAD (PICC & percutaneous non-hemodialysis) ○ Change IV lines: PVAD & CVAD (PICC & percutaneous non-hemodialysis) including extension and needleless cap IV medication administration (mini-bag, direct)				*		
Urinary Catheterization				*		
Complex Wounds – (packing, irrigation, VAC, products)				*		

Drain Shortening and Removal				*		
Chest Tubes (care & maintenance)				*		
Code Blue					*	
IV therapy Level 3 • PICC dressing changes • CVAD dressing changes • Blood draws on CVAD (PICC & percutaneous non-hemodialysis) • CVAD removal (PICC & percutaneous non-hemodialysis)					*	
Blood Transfusions					*	
Basic ECG interpretation					*	
Parenteral Nutrition					*	
Tracheostomies – (care and suctioning)					*	
Transcribing and Checking orders						*
Intravenous Insertion PVAD – short insertions (optional lab. Paid for by students)						*

Supervision of Psychomotor Skills Limits and Conditions

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

Key:

X	Not permitted
DS	Direct Supervision **(every time)** by the clinical instructor OR a nurse educator OR Preceptor/Field Guide OR an RN who accepts the responsibility of overseeing the skill with the student
SI	**At discretion of nurse educator or preceptor** may do independently
DS C	Direct supervision and only after certification (for PVAD short insertions this means a workshop; for needling of dialysis lines this means completion of learning modules as determined by the agency)
◊	Saline & heparin syringes (vials) must be confirmed prior to flushing
*	Does not include IVADs and / or any VAD for haemodialysis purposes
∞	Requires an independent double check (IDC) by an RN

	4	CPE 2	5	6	CPE 3	7	8
Anticoagulants (Oral & Parenteral)	DS∞	DS∞	DS ∞	DS ∞	DS ∞	DS ∞	DS ∞
Insulin	DS∞	DS∞	DS ∞	DS ∞	DS ∞	DS ∞	DS ∞
All meds in Labour & Delivery	X	DS∞	DS ∞	DS ∞	DS ∞	DS ∞	DS ∞
STAT medications	X	X	X	X	X	X	X
Student Blood Transfusionist	X	X	DS	DS	DS	DS	DS
Fentanyl patches	DS∞	DS∞	DS ∞	DS ∞	DS ∞	DS ∞	DS ∞
Methadone	DS∞	DS∞	DS ∞	DS ∞	DS ∞	DS ∞	DS ∞
PVAD short flush	SI◊	SI ◊	SI◊	SI ◊	SI◊	SI ◊	SI◊
IV meds - minibags							
PVAD Short **locked**	DS	DS	SI ◊	SI◊	SI ◊	SI ◊	SI ◊
PVAD & CVAD **infusing**	DS	DS	SI ◊	SI ◊	SI ◊	SI ◊	SI ◊
CVAD * **locked**	DS	DS	DS	DS	DS	DS	SI ◊

Infusions (IV, SC, epidural) on adults–of high alert meds (chemo, heparin, ketamine, magnesium sulfate, opioids, oxytocin, PCA, 3%NaCl, local anesthetics, insulin	DS∞						DS∞	DS ∞	DS ∞	DS ∞	DS ∞	DS ∞
IV meds – direct (aka push)												
PVAD Short locked	DS						DS	DS	DS	DS	DS	SI ◊
PVAD & CVAD **infusing**	DS						DS	DS	DS	DS	DS	SI ◊
CVAD* capped / locked	DS						DS	DS	DS	DS	DS	SI ◊
IV site dressing changes												
PVAD short	DS						DS	SI	SI	SI	SI	SI
CVAD (percutaneous non-hemodialysis) *	DS						DS	SI	SI	SI	SI	SI
CVAD (PICC)	X						X	DS	DS	DS	DS	SI
IV-line changes												
PVAD & CVAD* tubing changes up to the needless cap	DS						SI	SI	SI	SI	SI	SI
PVAD & CVAD* tubing change including the extension tube & needless cap	DS						DS	DS	SI	SI	SI	SI
Transcribing and checking orders	X						X	DS	DS	DS	DS	DS
Renal Lines - needling	X						X	X	X	X	X	DS C
Insert PVAD short	X						X	X	X	DS C	DS C	DS C

BScN Undergraduate Students Practice Limitations

Interventions and Procedures

Students are <u>Not Permitted</u> to:

- Pronounce death
- Confirm surgical or procedural consents
- Witness, confirm or sign any medical consent form
- Give medications via epidural
- Remove epidural catheters
- Remove chest tubes
- Interpreting obstetrical non-stress tests
- Initiate IVs for children aged 5 and under
- Access renal dialysis ports/shunts/lines. (See exception Sem 8 RDU in RIH)
- Access IVADs
- Take verbal or telephone laboratory reports related to critical values
- Perform Restricted Activities designated for Certified Practice

Medication Administration

Students are <u>Not Permitted</u> to:

- Verify the dosage or witness a medication administered by an RN, LPN, student nurse, or other health care provider.
- Conduct an independent double check (IDC) of high alert medications prepared by another student or nurse
- Co-signing to indicate that an action was supervised and carried out correctly
- Witness narcotic wastage.
- Do an official narcotic count.
- Pick up controlled drugs from the pharmacy.
- Administer any medications ordered “STAT” including PO, Subcutaneous, IM or IV
- Give medications via epidural.
- Set up, change syringe /bag, or adjust settings on PCA or Epidural infusion pumps.
- Administer anti-neoplastic medications intravenously.

Medication Administration Limits and Conditions

- Prior to administering the initial dose (ID) of a medication, students are expected to check the original prescriber’s order against the client’s Medication Administration Record (MAR) for accuracy and RN /LPN verification (verification dependent on agency policy). ID - is the initial dose the client receives of a particular medication in a hospital/agency, not the first time the student has given a medication.

- Faculty members or RN preceptors must supervise the preparation and administration of all medications, fractional doses, narcotic or controlled drugs, insulin,

anticoagulants, and other high alert meds as per legislation and IH policy/protocol until the nurse educator or RN preceptor feels the student has successfully demonstrated competency. (https://www.interiorhealth.ca/sites/default/files/PDFS/clinical-practice-education-student-placements.pdf)

- Medications dependent on laboratory values must have the dose verified by the nursing faculty member or supervising staff member. (IH AU1100)
    - Examples: titrating heparin, warfarin, correcting electrolytes
- With every medication administration, two unique patient identifiers must be used (AU1100). Acceptable patient identifiers are full name, date of birth, personal health number. Room/ bed number is not acceptable. (IH AU1100)
- Students may not routinely carry the narcotic keys when not directly using them. (IH AU1100)
- Students may engage in dispensing medications under the supervision of an RN (IH AU 1100)

****** When in different health authorities' students are required to be familiar with the site-specific policies and procedures. *****

Limits and conditions for specific populations

Neonatal Patients

Note: Newborns require specific unique identifiers - see Policy AH1600 - Identification of Newborns. **(source: IH AH 1600)** Students must follow the IDC procedure for:
All medications
All vitamins
Expressed breast milk
Parenteral nutrition

Pediatric Patients

Students must follow the IDC procedure for:

- all anticoagulants
- all cardiac medications
- all controlled drugs (e.g., opioids, benzodiazepines, ketamine)
- all electrolytes
- all hypoglycemics (insulins and oral hypoglycemics)
- IV medications (prepared by RN)
- parenteral nutrition

Narcotic Administration Limits and Conditions

- When a fractional dose of a controlled drug is prepared by a student, the discarded portion must be witnessed by an RN or faculty member. Students are not permitted to be the witness.
- 'Unofficial' narcotic counts may be done by students but must be followed by regular end-of-shift narcotic counts by agency employees (usually RN or LPN).

Intravenous Therapy Limits and Conditions

- Students are **NOT permitted** to give STAT or urgent medications via IV direct (push)
- All prefilled medication syringes (anticoagulants, antibiotics, insulin, etc.) must be confirmed by the faculty member or RN prior to flushing and cosigned

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

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

  Please note agency policy(s) around IV therapy, IV insertions, care of CVADs varies between agencies and health authorities. As such the **student must make themselves aware of and follow the policies set out by each agency, they practice in.** Students should review the decision support tools for medication administration that require/do not require an order for licensed RN's and the appropriate decision support tool as recommended by the BCCNM.

Blood Component Administration – Limits and Conditions

Beginning in Semester 5, RN students may participate in transfusion practices (i.e., provide general care, monitor vital signs) if they:

- Have completed the theory in their education program
- Have previously practiced the skill in the lab or clinical setting
- Are deemed competent by the RN responsible for regulatory supervision

During all transfusions, students must be supervised by their clinical instructor or registered nurse for the following:

- Transporter of blood products
- Assessment checks
- General care (vital signs, IV flow rate, and site condition, comfort and warmth, adverse effects) for the stable patient during transfusion
- General care for the stable patient for the first 24 hours post transfusion

Limitation: student RNs cannot be the 2nd person verifier. Within IHA, student nurses do NOT have access to the TAR documentation on ACE therefore, two nurses with TAR access must complete all the transfusion checks.

Immunizations Given by Student Nurses

(Incorporates IH Policy AU1100)

Students may provide immunizations to adults and children five years of age and older (see limits below) if the student has been deemed competent (has the knowledge and skill) either by the faculty member or RN field guide / preceptor and the client agrees.

Providing immunization to infants, children less than five years old and special populations involve complex scenarios that require a more inclusive level of competency. Because of the time required to demonstrate competency for immunization practice, students will only be permitted to immunize infants, children less than five years old and special populations if:

1. The student is practicing at an IHA site

2. The student has completed the BCCDC Immunization Competency course. At this time, educators and CICCs within IH feel that it is best practice for students to complete the course prior to immunizing, even though it isn't a mandatory part of the pathway.

3. The student must have a PHN present if they are immunizing.

4. And the student, preceptor and /or instructor, and family feel competent in the student providing the immunization.

*(Communicable Disease Control Manual Chapter II, Immunization Program. Section III – Immunization of Special Populations) For students in Interior Health settings see IH requirements in the conditions below.

IH Limits:

- Students do not provide immunizations to children under five years of age with the exception of BScN students within the IH Promotion & Prevention Program who may provide single dose immunizations to clients four years of age and older.

- BScN students may provide immunizations to IH Promotion & Prevention program clients identified as Select Populations in *Section III - Immunization of Special Populations, item 3.0*.

IHA Conditions

- Students must successfully complete the British Columbia Centre for Disease Control Immunization Competency (BCCDC) course prior to providing immunizations to IH Promotion and Prevention Program clients
- Students will follow the Interior Health policies for electronic documentation.

RN Students providing immunizations outside of the IH Promotion and Prevention Program must meet the IH Immunizing Agents competency standards (currently under development); and must be directly supervised by a qualified RN who is immediately available to respond to unintended consequences

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

Miscellaneous Practice Policies and Guidelines

- Verbal or Telephone Orders from authorized professionals* may be accepted beginning in CPE 3 and only in the following circumstances:
  - The situation and patient circumstances necessitate it (i.e. There is no other option)
  - The faculty member or RN preceptor/field guide hears the order directly as well (via speaker phone, 3-way teleconferencing, or in person).
  - The RN verifying the order co-signs the order.

  * Health professionals listed to give orders to registered nurses in Interior Health are dentists, midwives, naturopaths, physicians, podiatrists.

- Beginning in CPE 3, students may transcribe and/or check orders when:
  - they are directly supervised by a nurse educator or RN preceptor/field guide
  - the work is checked for accuracy by the nurse educator or RN preceptor/field guide.
  - the orders and/or MAR's are checked and initialed as correct by the nurse educator or RN preceptor / field guide.
  - Students must have unit dose medication administration records co-signed as correct.

Student Opportunities to Experience Skills Outside Those Taught in Lab Practice Curriculum

During the course of clinical practice, situations may arise where students are provided opportunity to practice and participate in skills that are not directly listed within the above table or directly taught in theory in laboratory settings on campus.

Clinical instructors and preceptors are encouraged to use the following guidelines to navigate these opportunities with their students.

- If the skill is scheduled to be taught later in the student's program progression, participation is to be deferred until the skill has been learned in the formal program setting.
- The skill must fall within the scope of practice of the student nurse role and provide minimal and mitigatable risk of harm.
- The clinical instructor or preceptor should feel confident and competent in both teaching and supporting the skill in practice and be able to stay with the student during the skill.
- The student should be able to articulate related principles and concepts that would guide and direct navigation of the new skill.
- A relevant resource should be reviewed prior to the student participating in this skill (i.e. Facility skills manual).
- If either the clinical instructor / preceptor or student do not feel safe or comfortable the skill should not be performed.

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

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

The information here identifies TRU SON acceptable modifications to **7th edition** of the APA Manual and a few pointers to get students started. Students should refer to each course assignment for specific APA requirements. Students should know that APA information is available through a textbook and many free on line abbreviated resources including some from the TRU library, including APA 7th in a Nutshell. Below are some general instructions to get you started

General Instructions

- Papers must be typed with a consistent font throughout the paper. Font can include any of the following: 11 pt. Calibri, 11 pt. Arial, 10 pt. Lucinda Sans Unicode, 11 pt. Georgia ,12 pt. Times New Roman, or 10 pt. Computer Modern.
- 2.5 cm (1 inch) margins on all sides.
- Double-space throughout the paper including the title page and reference list.
- Align your content to the left margin, leaving the right margin uneven, do not use full justification, like a newspaper column, for your assignments.
- The title page should seven pieces of information: title of the paper (bolded), author(s) full name(s) and / or student identification number, institutional affiliation, course name and number, instructor's name, assignment due date.
- Page numbering begins on the title page in the upper right-hand corner.
- APA Style and grammar guidelines can help you figure out how to use commas, hyphenation, spacing after a period.
- See sample student paper

1. Headings, Abstracts and Table of Contents
    - If headings are required in your paper, remember they serve as an outline for the reader. The length and complexity of your paper will determine the number of headings used.
    - All topics of equal importance have the same level heading throughout the paper.
    - The introduction section of the paper does not require a heading as the title of the paper is assumed to be the introductory heading.
    - Abstracts are not required unless they are specifically asked for in the assignment criteria.

- Table of Contents are not required unless specifically asked for in the assignment criteria. The APA Manual does not include formatting for Table of Contents. Refer to the example in this Appendix for formatting.

2. In-text Citations
    - An easy way to decide if you need to provide a citation is: If it's not your idea, it needs referencing.
    - When directly quoting another source, use double quotation marks around the text, and include the author, year, and page or paragraph number in parenthesis at the end.
    - If the quote is 40 words or more, block the quote and omit the quotation marks.
    - If paraphrasing an individual's work, quotation marks are not required, however the author and year are necessary.
    - When there are 2 authors, use "and" in text and "&" inside parentheses. For example: Kerry and Jones (2007) noted… but … The results indicated a significant relationship (Kerry & Jones, 2007).
    - If there are 3 or more authors, cite only the first author followed by "et al." and a year.
    - When a publication date is not available, write n. d. in parenthesis after the author(s).

3. Reference List
    - Start the reference list on a new page, after the body of the assignment.
    - Type the word References at the top of the page, **bold it**, and center it.
    - Order references alphabetically by author's surname
    - The first line of the reference source is aligned with the left margin. The second and subsequent lines of the reference source are indented 2.5 cm.
    - All sources cited within the paper must be included in the reference list.
    - If you are using multiple works from the same author, the date of publication determines the order in the reference list. The earliest publication is listed first.
    - Electronic sources each require specific referencing and is different from print sources.

4. Appendices:
    - If using an appendix, it must be correctly cited and discussed in the body of the paper.
    - Page numbering continues throughout the appendices.
    - See Sample Table of Contents re format for listing Appendices in the Table of Contents page.

Reference

American Psychological Association. (2020). *Publication Manual of the American Psychological Association* (7th ed.). American Psychological Association