



**UNIVERSITY OF
SASKATCHEWAN**

College of Nursing

Post Degree BSN

Student Handbook

2011-2012

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Section 1 – Introduction

The purpose of this handbook is to provide information that will be useful to you as a College of Nursing student. Keep it handy throughout the program because it includes important dates, information about the program itself, and regulations and policies that apply to students in the program. Periodically, you will receive updates. You will find other useful information in the University of Saskatchewan Student Union Handbook and the U of S Calendars and Websites.

Section 2 – Important Dates

Mandatory Orientation – Monday, May 2, 2011

Term: Spring/Summer 2011

NEPS 150.3	Philosophical Framework for Nursing	May 2 – Jun 3/11
NEPS 151.3	The Profession of Nursing	May 2 – Jun 3/11
NEPS 153.3	Communication and Education for Health	May 2 – Jun 3/11

Exams June 6 – 10, 2011

NEPS 152.3	Foundations of Nursing Practice	Jun 13 – Jul 15/11
NEPS 155.3	Individual Assessment	Jun 13 – Jul 15/11

OSCE and Exams during week of July 18 – 22, 2011

NEPS 154.1	Introduction to the Practice of Nursing	Jul 26-29/11
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Term 1 - 2011-2012

Statistics .3 OR Nutrition 120.3 OR Social Science .3 **IF DEFICIENT** (Sept 3 - Dec 2, 2011)
Exam Scheduled between December 2 – 22, 2011

NEPS 250.2	Microbiology for the Practice of Nursing	Sept 6 – Nov 4/11
NEPS 251.3	Pharmacology for the Practice of Nursing	Sept 6 – Nov 4/11
NEPS 252.3	The Practice of Nursing I: Theory	Sept 6 – Nov 4/11
NEPS 254.3	Therapeutic Interventions for the Nursing Practice	Sept 6 – Nov 4/11
NEPS 255.3	Individual Assessment II	Sept 6 – Nov 4/11

Exams November 7 – 10, 2011

NEPS 253.3	The Practice of Nursing I: Clinical	Nov 14 - Dec 16/11
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Exams December 19 – 22, 2011

Term 2 – 2011-2012

NEPS 350.3	The Practice of Nursing II: Theory	Jan 4 – Feb 7/12
NEPS 354.3	Counseling for Individuals and Groups	Jan 4 – Feb 7/12
NEPS 352.3	The Practice of Nursing III: Theory	Jan 4 – Feb 7/12

Exams February 13 – 17, 2012

Family Day and February Break – Feb 20 – 24, 2012

NEPS 351.3	The Practice of Nursing II: Clinical	Feb 27–Mar 27/12 or Mar 29–Apr 27/12
NEPS 353.3	The Practice of Nursing III: Clinical	Feb 27–Mar 27/12 or Mar 29–Apr 27/12

Term: Spring/Summer 2012

NEPS 355.3	The Practice of Nursing IV: Theory	Apr 30 – Jun 29/12
NEPS 356.3	The Practice of Nursing IV: Clinical	Apr 30 – Jun 29/12
NEPS 357.3	Diversity in Families	Apr 30 – Jun 29/12
NEPS 450.3	The Practice of Nursing V: Theory	Apr 30 – Jun 29/12

Exams July 3 – 6, 2012 (tentative)

Term 1 – 2012-2013

NEPS 451.3	The Practice of Nursing V: Theory	Sept 5 – Dec 4/12
NEPS 453.3	Research for Professional Practice	Sept 5 – Dec 4/12
NEPS 454.3	Management in Health Systems	Sept 5 – Dec 4/12
NEPS 455.3	Issues in Nursing	Sept 5 – Dec 4/12
NURS XXX.3	Nursing Elective .3	Sept 5 – Dec 4/12

Exams scheduled by U of S Exam Office – dates TBA

Term 2 – 2012-2013

NEPS 456.6	Primary Health Care in the Community	Jan – Apr, 2013
NEPS 457.6	Clinical Integration	Jan – Apr, 2013

Section 3 – Program Information¹

3.1 INTRODUCTION

The Post Degree BSN Option (formerly known as the NEPS Second Degree Entry Option) is based on the NEPS curriculum which was developed as a result of a collaboration between SIAST and the College of Nursing, University of Saskatchewan. First Nations University of Canada joined the partnership in March 2003. The last intake of the collaborative program was in May 2010 and the Post Degree BSN Option will be maintained by the College of Nursing. The purpose of the option is to recognize previous university achievements of qualified students and provide them with the opportunity to receive a BSN in a shortened period of time. It is available to students who have completed a baccalaureate degree, or have made significant progress toward a degree in another field. The option provides an opportunity for full-time intensive study (six consecutive terms) with program completion in less than two calendar years. Students graduate with a Bachelor of Science in Nursing from the University of Saskatchewan and are eligible to apply for licensure with the Saskatchewan Registered Nurses' Association (SRNA). Graduates of the four-year program, as well as the Post Degree BSN Option, are eligible for recommendation to write registration examinations administered by the Saskatchewan Registered Nurses' Association (SRNA). Graduates of both options must be of good character and pass licensure exams before they are eligible to practice.

Social sciences, life sciences, and the humanities provide a foundation for the program. Nursing courses recognize that clients, students, and faculty all draw their own personal meaning from experiences and interactions, and all are valued. It is acknowledged that the student population is likely to be diverse, with a variety of previous health care or work experience; differing levels of maturity and educational preparation; cultural background, varying learning styles and preferences, family responsibilities and skills. Thus, personal meanings (learning) drawn from experiences will differ.

The curriculum is process oriented, rather than content driven. As Bevis & Watson (1989) note, this means that there is a

... shift from a focus on training to education, from technique to understanding, from strict content to critical clinical decision making, from product line thinking to value-based human caring education for an educated person, as well as an educated values driven professional.
(pp 39-40).

This change in emphasis is supported by incorporation of the concept of praxis, whereby theory informs practice, and practice informs theory. Consistent with this approach, this program fosters the centrality of clinical experience.

¹ See NEPS Curriculum Manual for reference list for this section

3.2 PROGRAM INTENTS

The program provides opportunities for students to do the following:

- Develop an understanding of caring as the essence of nursing.
- Develop an understanding of self, which is fundamental for therapeutic interaction and collaborative relationships.
- Understand and appreciate the proactive role of nursing within a changing society.
- Integrate an understanding of nursing theory, the humanities, social sciences, and life sciences as a basis for nursing.
- Develop knowledge, skills, abilities, values, and attitudes integral to judgments required for professional practice.
- Develop an understanding, respect, and valuing of the inherent worth, dignity, and diversity of individuals, families, groups, and communities and integrate these concepts into personal development and professional practice.
- Appreciate individuals, families, groups, and communities as holistic entities who have potential for growth and development and make choices based on the meaning they derive from their experiences.
- Develop critical thinking and appreciate the importance of critically examining practice.
- Value praxis, research-based practice, and life-long learning.
- Develop a commitment to promote healthier societies.
- Understand primary health care as a philosophy and a process of assisting individuals, families, groups, and communities to meet health goals.
- Develop an ethical framework to guide nursing practice in a variety of contexts.
- Meet professional and legal practice requirements.

3.3 CURRICULUM MODEL

Framework

Primary Health Care is the framework for the curriculum. Primary health care is

essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (WHO, 1978).

It is not limited to health facilities, but reaches to the home and family (WHO, 1988). Primary health care includes promotive, preventive, restorative, rehabilitative, and supportive services.

Services should not only be curative, but should also promote the population's understanding of health and healthy styles of life, and reach toward the root causes of disease with preventive emphasis. Treatment of illness and rehabilitation are important as well; communities rightly expect treatment services and indeed may be less interested in other services unless accompanied by curative services, and dealing with residual damage of illness through rehabilitation is an essential part of what health care can offer to support functionality and the dignity of life. (WHO, 1988, p. 15).

The five principles of primary health care are as follows:

1. *Accessibility:* Accessibility implies the continuing and organized supply of care that is geographically, financially, culturally and functionally within easy reach of the whole community (WHO, 1978).
2. *Appropriate Technology:* Methods, procedures, techniques and equipment, together with the people using them, adapted to individual, family, group and community health needs and acceptable to all students. Technology should be appropriately adapted to the community's social, economic, and cultural development and maintainable by resources that the community can afford (WHO, 1978).
3. *Health Promotion:* Social, education, and political action that enhances public awareness of health, fosters healthy lifestyles and community action in support of health and empowers people to exercise their rights and responsibilities in shaping environments, systems and policies that are conducive to health and well-being. It is a process of activating communities, policy makers, professionals, and the public in favour of health-supportive policies, systems and ways of living. It is carried out through acts of advocacy, empowerment of people, and building of social support systems that enable people to make healthy choices and live healthy lives (WHO, 1994, p. 9).
4. *Intersectoral Collaboration:* Collaboration among health care consumers, social, economic, political, and health sectors in the planning and coordination of health-related activities (WHO, 1978).
5. *Participation:* A social process whereby individuals, families, groups, and communities participate in assessing, planning, organizing, managing, and evaluating their health (WHO, 1978).

Themes

In addition to the primary health care framework, there are five themes which run throughout all courses: health, caring, ethics, diversity, and critical thinking.

1. *Health:* "The ability of an individual to achieve his or her potential and to respond positively to the challenges of the environment. It is a resource for everyday life and not the object of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities" (WHO, 1994, pp 119-120).
2. *Caring:* Caring is an interpersonal process, a manner of relating to another person that facilitates development of that person as well as development of the caring person (Mayeroff, 1971; Roach, 1984; Watson, 1988).
3. *Ethics:* Ethics is the systematic study of the principles and methods for distinguishing right from wrong and good from bad (Singer, 1993). The concept of nursing ethics implies a practice or orientation that is based on and includes critical, reflective thinking about one's duties and obligations in relation to clients in search of a social contract for caring (Aroskar, 1986).
4. *Diversity:* Diversity encompasses difference in individuals, families, groups, and communities; for example age, gender, values, life experiences, goals, and abilities. Valuing diversity means developing awareness, sensitivity, and appreciation of differences, as well as accepting, respecting, encouraging, nurturing, and supporting the uniqueness of each individual, family, group, or community.

5. *Critical Thinking:* Critical thinking is a disciplined reflective process used to detect and analyze the assumptions underlying decisions, judgments and actions; a process which guides beliefs and actions (Brookfield, 1987, 1991, 1992; McPeck, 1985; Meyers, 1987; Mezirow, 1990, 1991; Paul, 1990).

Functions and Competencies

Another consideration in the overall model for the curriculum is the identified functions and competencies of graduates of the program. The nine functions are Accompanying, Advocating, Counseling, Educating, Managing, Providing Nursing Care, Professional, Therapeutic Use of Self, and Therapeutic Use of Group, and are described below:

1. *Accompanying:* Accompanying is a fundamental way of being with others. Demonstrates respect, caring, and unconditional positive regard, as the client moves towards a goal. Without accompaniment in one form or another, human existence would not be possible.
2. *Advocating:* Advocating is engaging in activities for the purpose of protecting the rights of individuals, families, groups, and communities while supporting their ability to be self-determined. Has a responsibility to promote community awareness and services to meet the needs and rights of clients within the health system. Promotes a climate in which individuals, families, groups, and communities can act in their own interest, and acts on their behalf when they are unable to achieve their own goals.
3. *Counseling:* Facilitates individuals, families, groups, and communities to develop competency and confidence in their ability to be self-reliant and self-determined. Utilizes knowledge, skills and attitudes gained from various helping approaches to facilitate growth and development in the individual, family, group, and community. The nurse/client relationship is the foundation for reaching the client's energies and potentials and freeing them for use.
4. *Educating:* Assists individuals, families, groups and communities to develop competency and confidence in their ability to be self-reliant and self-determined. Facilitates individuals, families, groups, and communities to acquire knowledge, values, and skills needed to achieve optimum health. Collaborates with the interdisciplinary team to access, coordinate, and manage resources and services.
5. *Managing:* Collaborates with individuals, families, groups, and communities to achieve desired health outcomes through the effective use of resources within a multidisciplinary system.
6. *Providing Nursing Care:* Through nursing practice assists individuals, families, groups, and communities to meet their health needs. Assess, plan, implement, and evaluate holistic interventions in a safe and competent manner within the context of a therapeutic nurse-client relationship. Critical thinking and sound clinical judgment are central to a caring nursing practice.
7. *Professional:* Demonstrates accountability for the quality of nursing practice. Responsibility to the public to provide safe, competent care. Demonstrates accountability for the quality of nursing practice through meeting professional standards and complying with the professional code of ethics, human rights, and legislation regarding client rights.
8. *Therapeutic Use of Self:* In order to facilitate growth and self-awareness in others, one must be prepared to first gain self-understanding. Through the process of self-exploration, gaining awareness of own strengths and limitations and how these affect others.

9. *Therapeutic Use of Group:* Utilizes therapeutic communications to facilitate healing and growth of members within a group. Utilizes group dynamics to create an environment which explores alternate ways of thinking, feeling, and behaving.

Twelve competencies pervade all functions. The common competencies, listed below, may be operationalized differently within each function:

- Interpersonal skills
- Communication
- Self-awareness
- Sensitivity to diversity
- Creative thinking
- Empowering self and others
- Adaptability
- Basing practice on current knowledge and research
- Self-direction
- Decision-making
- Problem-solving
- Health Promotion

Underlying Approaches

The approach to curriculum implementation, also included in the model, will be based on humanism, critical social theory, and phenomenology.

Critical Social Theory

Critical theories are founded on the belief that a progressive development of knowledge occurs through an ongoing critique of the status quo and oriented toward the continuous reconstruction of a more just, equitable and humane society (Campbell & Bunting, 1991). They also attempt to look at ideologies put forth by a group of people and unquestionably accepted by another group. They attempt to uncover ideologies and questions so that ideologies are raised to conscious choice (Baillie, 1993).

The central value of critical social theory is the goal of emancipation from the constraints of domination and an unreflected consciousness. Critical social theory can be used by nurses to expand their own awareness of the values and beliefs that determine their interactional patterns, and in the process of expanding their consciousness about these values; they can participate more freely in determining the normative patterns of their relationships (McLain, 1988, p. 398). Critical social theory challenges us to devise methods of investigation that are empirically sound and descriptively powerful; interpretively plausible and phenomenologically meaningful, and yet critically pitched, and ethically insightful (Forrester, 1993).

The major aim of curriculum from the perspective of the critical paradigm is to foster a spirit of what Maxine Greene (1978) calls "Wide Awakeness". Critical social theory is a potentially fruitful framework within which to analyze ethical issues in family and community health (Allen, 1987). Almost by definition, health care that focuses on families and communities is centrally concerned with social processes; that is with relationships within or among groups or groups of individuals.

Humanism

Humanism is an educational and philosophical outlook that emphasizes the personal work of the individual and the central importance of human values and experience. A humanistic approach emphasizes the involvement of a person in a conscious manner and presupposes that human experience is the primary source of knowledge. Within a humanistic paradigm, theoretical explanations and overt behavior are considered secondary to experience and meaning to the person (Elias & Merriam, 1980). Humanism avoids judgmentalism, authoritarianism, prejudice,

and the need for structure and control. Rather, humanism involves finding out what an individual's life is like from that person's point of view, and affirming choices, individuality, and self-awareness. Misiak (1973) noted that humanism values the dignity and autonomy of people and emphasizes choice, creativity, valuation, and self-realization. "A humanistic doctrine allows fluidity in nurses' beliefs and encourages us to consider the humanness of our clients along with the scientific and technological advances of their care" (Joseph, 1985, p. 138). When teachers use humanistic theory in their teaching, the student-teacher relationship is more egalitarian with students moving from teacher-directed learning to student-generated learning.

Phenomenology

Phenomenology is a school of philosophy whose principal purpose is to study the phenomena, or appearances, of human experience while attempting to suspend all consideration of their objective reality or subjective association (Wren, 1990).

Phenomenology is a philosophy and a methodological process.

As a philosophical approach, phenomenology recognizes that phenomena are social objects or events as they appear, reality is subjective and perspectival, truth is based on a multiplicity of realities, and human subjectivity shapes experiences. In this way, phenomenology is a way of thinking about what life experiences are like for those people who are experiencing the events (Powers & Knapp, 1990).

Phenomenology is a human science research method that involves inductive thinking, description, and explication of meaning of the lived experience of a phenomena. The purpose of phenomenology is to explicate meaning from practical everyday experience (Husserl, 1982). Phenomenology recognizes that each person has an individual perception of reality that is based on a unique combination of cultural, historical, and personal influences. Phenomenology is the study of the world as one experiences it rather than as one conceptualizes, categorizes, or theorizes about it (Jasper, 1994). The "task of phenomenology is to return to the familiar and re-examine what we believe we already know and understand by reflecting and bringing into awareness what has been taken for granted (Powers & Knapp, 1990, p. 106). In phenomenological research, the researcher is a subjective student. To minimize subjective biases, the researcher uses "bracketing" to suspend objective reality. Bracketing involves examination and suspension of beliefs that could affect data collection and interpretation.

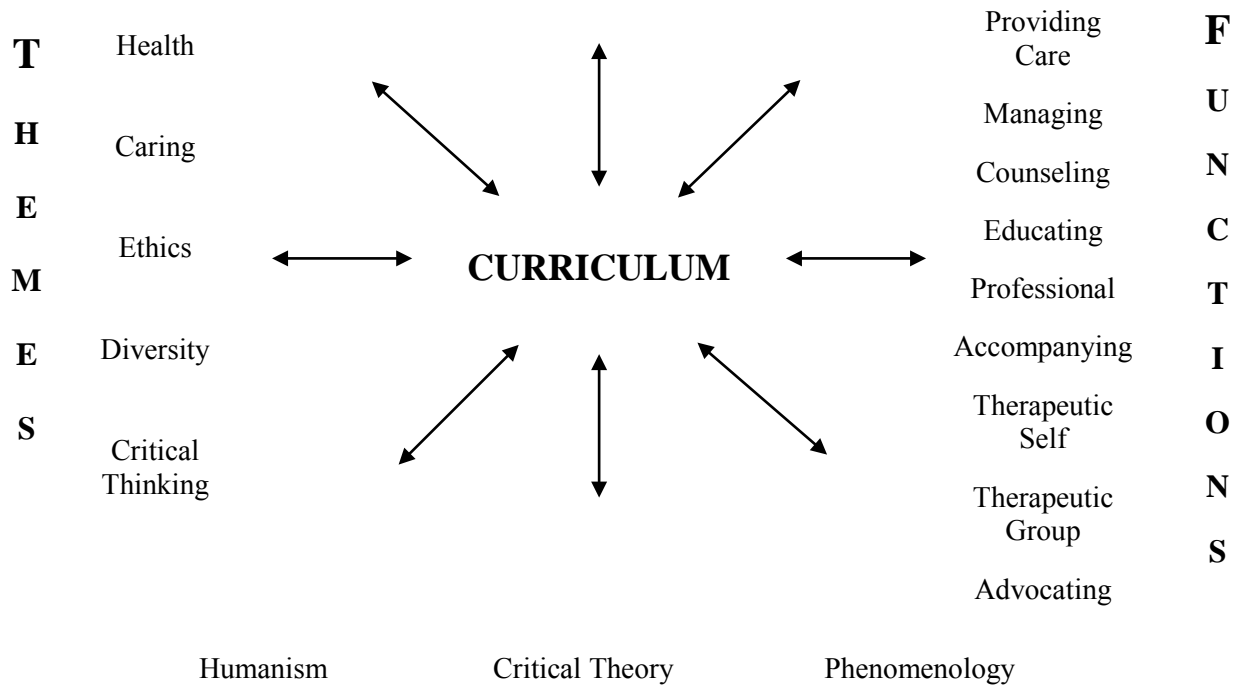
The Model

The curriculum model is a visual representation of the underpinnings of the NEPS Curriculum. It illustrates the integration of the principles of primary health care, the curriculum themes, the functions and competencies, and the curriculum implementation approaches used in the NEPS Curriculum.

NEPS CURRICULUM MODEL

PRIMARY HEALTH CARE

Services:	Promotive	Preventive	Restorative	Rehabilitative	Supportive
Principles:	Participation	Appropriate Technology	Accessibility	Intersectoral Collaboration	Health Promotion



Core Values

The Curriculum Model is the framework for the NEPS. The components of the curriculum model include the NEPS themes, functions, underlying approaches, and the services and principles of Primary Health Care. Six core values emerge from the curriculum model: caring, ethics, diversity, critical thinking, participating, and evolving. These values apply not only to the curriculum but also to all components of the program. They will be used as criteria in evaluating all components of NEPS: students, faculty, courses, curriculum, organizational processes, and program. All performance, activities, approaches, content, processes, and policies will be measured against the criteria of core values to validate the implementation of the intent of the NEPS.

Caring: a n interpersonal process, a manner of relating to another person that facilitates development of that person as well as development of the caring person; compassion, competence, confidence, conscience, and commitment (Glossary, NEPS Curriculum Proposal, 1995). Caring is an identified theme in the Curriculum Model for the NEPS and a metaconcept within the NEPS functions. It is also integral to critical social theory.

Ethics: the systematic study of the principles and methods for distinguishing right from wrong and good from bad (Glossary, NEPS Curriculum Proposal, 1995). Ethics is an identified theme in the Curriculum Model of the NEPS and is integral to Primary Health Care and critical social theory.

Diversity: differences in individuals, families, groups and communities which create uniqueness (adapted from Glossary, NEPS Curriculum Proposal, 1995). Diversity is an identified theme in the Curriculum Model of NEPS and is integral to Primary Health Care and critical social theory.

Critical Thinking: a disciplined, reflective process used to detect and analyze the assumptions, underlying decisions, judgments and action; a process which guides an identified theme in the Curriculum Model of the NEPS and a metaconcept within the NEPS functions, and inherent in critical social theory.

Participating: to be involved in an interactive learning process; increases the probability of positive change; leads to the sharing of power and the building of partnerships. Participating is a principle of Primary Health Care in the Curriculum Model of NEPS, is a component of critical social theory, and is expected of students in the NEPS process. It is inherent in many of the functions of nursing listed in the Curriculum Model.

Evolving: positive change; stimulated by experience, analysis, and reflection. Evolving is an assumption which underlies the concepts of health, caring, participating, and critical social theory, and is expected of students in the NEPS process. It is inherent in many functions of nursing listed in the Curriculum Model and in the common competencies.

(Revised April 1998)

3.4 Organization of Courses in the Post Degree BSN Option.

The nursing courses are organized in streams which flow across the years of the program. The streams are as follows:

- **Personal and Professional Development:** This stream involves learners as students in human interactions focusing on the development of personal and professional self to facilitate individuals, families, groups, and communities in realizing their health goals.
- **Professional Nursing and Research:** This stream will provide opportunities for exploration and development of understanding for the professional role of nursing and research-based practice.
- **Health Challenges:** This stream focuses on common health challenges of individuals, families, groups and communities across the lifespan, using the Primary Health Care Framework in the holistic approach to nursing practice.
- **Health:** This stream provides opportunities for exploration and development of understanding of health and primary health care as they relate to individuals, families, groups, and communities throughout the lifespan.
- **Life Sciences:** This stream focuses on courses in the life sciences designed to provide learners with a scientific basis which is meaningful and relevant to nursing practice.

Clinical experience is integrated in clinical courses throughout the program. There are 2 clinical practica in the final term.

3.5 Curriculum Grid

The grid of the courses within the Post Degree BSN Option Curriculum.

Post Degree BSN Option May 2011

	Spring 2011	Summer 2011	Term 1 2011	Term 1 2011	Term 2 2012	Term 2 2012	Spring 2012	Term 1 2012	Term 2 2013
	NEPS 150.3	NEPS 154.1	NEPS 250.2	NEPS 253.3	NEPS 350.3	NEPS 351.3	NEPS 355.3	NEPS 451.3	NEPS 456.6
	NEPS 151.3		NEPS 251.3	NEPS 254.3	NEPS 352.3	NEPS 353.3	NEPS 357.2	NEPS 453.3	NEPS 457.6
	NEPS 152.3		NEPS 252.3		NEPS 354.3		NEPS 450.3	NEPS 454.3	
	NEPS 153.3		NEPS 255.3				NEPS 356.3	NEPS 455.3	
	NEPS 155.3							Nursing Elective .3*	
TOTAL CREDIT UNITS PER TERM	15	1	11	6	9	6	11	15	12
KEY:	Professional Nursing & Research Stream NEPS 151.3 The Profession of Nursing NEPS 150.3 Philosophical Framework for Nursing NEPS 453.3 Research for Professional Practice NEPS 454.3 Management in Health Systems NEPS 455.3 Issues in Nursing Life Sciences Stream NEPS 250.3 Microbiology for the Practice of Nursing NEPS 251.3 Pharmacology for the Practice of Nursing			Health Challenges Stream/Practica NEPS 152.3 Foundations of Nursing Practice NEPS 154.1 Intro to the Practice of Nursing NEPS 252.3 The Practice of Nursing I: Theory NEPS 254.3 Therapeutic Interventions for Nursing Practice NEPS 253.3 The Practice of Nursing I: Clinical NEPS 350.3 The Practice of Nursing II: Theory NEPS 351.3 The Practice of Nursing II: Clinical NEPS 352.3 The Practice of Nursing III: Theory NEPS 353.3 The Practice of Nursing III: Clinical NEPS 355.3 The Practice of Nursing IV: Theory NEPS 356.3 The Practice of Nursing IV: Clinical NEPS 456.6 Primary Health Care in the Community NEPS 457.6 Clinical Integration			Health Stream NEPS 155.3 Individual Assessment I NEPS 255.3 Individual Assessment II NEPS 357.2 Diversity in Families NEPS 450.3 The Practice of Nursing V: Theory NEPS 451.3 The Practice of Nursing V: Clinical Personal & Professional Development Stream NEPS 153.3 Communication and Education for Health NEPS 354.3 Counseling for Individuals & Groups		

* Students will choose from one of the following when available: (University of Saskatchewan offerings unless stated otherwise)

- NURS 476.3 – Health & Aging
- NURS 478.3 – Rural Nursing
- NURS 483.3 – Cultural Diversity & Aboriginal Health
- NURS 486.3 – Forensic Nursing in Secure Environments
- NEPS 452.3 – Interdisciplinary Practice (*to be developed*)
- NURS 332.3 – Introduction to Nursing Informatics (Athabasca University offering)

Section 4 – Grading

A percentage grading system is used in the program. Academic or clinical performance meriting a particular grade is described by a term called a *literal descriptor*. The relationship between the literal descriptors and percentage grades is shown below. You will note that in each classification the last four statements are particular to the program. They are specifically, although not exclusively, designed for use in clinical and lab situations.

Literal Descriptors for Determination of Grades

Percentage	Literal Descriptor	Description
90-100	Exceptional	<ul style="list-style-type: none"> • A superior performance with coincident strong evidence of the following: • A comprehensive, incisive grasp of the subject matter; • An ability to make insightful critical evaluation of the material given; • An exceptional capacity for original, creative and/or logical thinking; • An excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts fluently. • Consistent superior praxis (applying, adapting and generating knowledge in practice); • Consistent accountability; • Consistent insightful and effective interpersonal relationships; • Consistent and appropriate self-direction.
80-89	Excellent	<ul style="list-style-type: none"> • An excellent performance with strong evidence of the following: • A comprehensive grasp of the subject matter; • An ability to make sound critical evaluation of the material given; • A very good capacity for original, creative, and/or logical thinking; • An excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thought fluently. • Superior praxis (applying, adapting and generating knowledge in practice); • Consistent accountability; • Consistent effective interpersonal relationships; • Consistent and appropriate self-direction.
70-79	Good	<p>A good performance with evidence of the following:</p> <ul style="list-style-type: none"> • A substantial knowledge of the subject matter; • A good understanding of the relevant issues and a good familiarity with the relevant literature and techniques; • Some capacity for original, creative and/or logical thinking; • A good ability to organize, to analyze, and to examine the subject material in a critical and constructive manner. • Sound praxis (applying, adapting and generating knowledge in practice); • Consistent accountability; • Consistent effective interpersonal relationships; • Decision making which required minimal support.

60-69	Satisfactory	<p>A generally satisfactory and intellectually adequate performance with evidence of the following:</p> <ul style="list-style-type: none"> • An acceptable basic grasp of the subject material; • A fair understanding of relevant issues; • A general familiarity with the relevant literature and techniques; • An ability to develop solutions to moderately difficult problems related to the subject material; • A moderate ability to examine the material in a critical and analytical manner. <ul style="list-style-type: none"> ◆ Reasonable praxis (applying, adapting and generating knowledge in practice); ◆ Consistent accountability; ◆ Effective interpersonal relationships generally; ◆ Decision making which requires average support.
50-59	Minimal Pass	<p>A barely acceptable performance with evidence of the following:</p> <ul style="list-style-type: none"> • A familiarity with the subject material; • Some evidence that analytical skills have been developed; • Some understanding of relevant issues; • Some familiarity with the relevant literature and techniques; • Attempts to solve moderately difficult problems related to the subject material and to examine the material in a critical and analytical manner are only partially successful. <ul style="list-style-type: none"> ◆ Inconsistent praxis (applying, adapting and generating knowledge in practice); ◆ Developing accountability; ◆ Inconsistent ability to establish effective interpersonal relationships; ◆ Decision making which requires more than average support.
<50	Failure	<p>An unacceptable performance with evidence of the following:</p> <ul style="list-style-type: none"> ◆ Poor praxis (applying, adapting and generating knowledge in practice); ◆ Lack of accountability; ◆ Inability to establish effective interpersonal relationships; ◆ Inability and/or inappropriateness in decision making.

• Denotes University of Saskatchewan general descriptors

◆ Denotes additional NEPS descriptors

Section 5 – Academic Regulations

Academic regulations of the University of Saskatchewan apply to all students and courses in the Post Degree BSN program. For general University of Saskatchewan regulations, refer to the University of Saskatchewan calendar (available online at www.students.usask.ca/academic). If you have specific questions or concerns, contact the College of Nursing Acting Associate Dean.

Specific time frames that differ from the general guidelines are as follows:

Consultation with the Instructor

- ◆ Form A – three days after grades are available

Re-Reading Written Work

- ◆ Form B – two days after result of Form A
- ◆ Notification of result within 5 days

Student Appeals in Courses

- ◆ Form A – application within 3 days of notification of clinical grade
- ◆ Form B – within 5 days after the notification of Form A

Supplemental Final Exams

- ◆ Request for supplemental within 3 days of receiving final grade.
- ◆ Dates/times for supplemental exams will be determined by the College of Nursing Acting Associate Dean.

ACADEMIC INTEGRITY

What is Academic Honesty?

The **Guidelines for Academic Conduct** from University of Saskatchewan Council gives the following description of honest behaviour at the university:

- Honesty and integrity are expected in class participation, examinations, assignments, patient care, and other academic work.
- Perform your own work unless specifically instructed otherwise.
- Use your own work to complete assignments and exams.
- Cite the source when quoting or paraphrasing someone else's work.
- Follow examination rules.
- Be truthful on all university forms.
- Discuss with your professor if you are using the same material for assignments in two different courses.
- Discuss with your professor if you have any questions about whether sources require citation.
- Use the same standard of honesty with fellow students, lab instructors, teaching assistants, sessional instructors, and administrative staff as you do with faculty.

University of Saskatchewan. (2002). Academic honesty. January 1, 2010 from University of Saskatchewan website: http://www.usask.ca/honesty/aca_honesty.shtml

What is Academic Misconduct?

“Academic Dishonesty” is what the university calls cheating. Types of cheating are listed in the **Student Academic Dishonesty Rules of the University of Saskatchewan Council**. These rules were approved by University Council on September 16, 1999, with latest revisions approved in February 2005.

When a professor believes a student has cheated, the Rules list two procedures which can be followed. **Rule One “Informal Procedures”** are the procedures followed when a professor feels that a student has cheated inadvertently or without intending to do wrong. This can be handled between the professor and the student with a discussion and a warning. The informal procedure could result in the requirement that the student revise and resubmit an assignment before the professor will grade it. **Rule Two “Formal Allegations of Academic Misconduct”** are the procedures followed when a professor feels that the cheating requires a penalty, perhaps ranging from a mark of zero in an assignment up to being expelled from the university. The Rule Two procedures require that the student have a hearing. If the student is judged guilty of the offense, a penalty will be applied. The student may appeal.

Note: Students in the Post Degree BSN Option should be aware that the timelines provided within U of S policies regarding appeals, deferred exams and supplemental exams relate specifically to students following a regular academic schedule. Therefore students who wish to pursue any of these processes must see the College of Nursing Acting Associate Dean immediately to discuss timelines that will not jeopardize progress in this option.

The following document “Integrity Defined” was retrieved from the University of Saskatchewan website March 4, 2010. www.usask.ca/university_secretary/honesty.



INTEGRITY

defined

Integrity is expected of all students in their academic work—class participation, examinations, assignments, research, practica – and in their non-academic interactions and activities as well.

What academic integrity means for students

Perform your own work unless specifically instructed otherwise. Check with your instructor about whether collaboration or assistance from others is permitted.

Use your own work to complete assignments and exams.

Cite the source when quoting or paraphrasing someone else's work. Discuss with your professor if you have any questions about whether sources require citation.

Follow examination rules.

Discuss with your professor if you are using the same material for assignments in two different courses.

Be truthful on all university forms.

Use the same standard of honesty with fellow students, lab instructors, teaching assistants, sessional instructors and administrative staff as you do with faculty.

Integrity in non-academic activities

Misconduct that disrupts the activities of the university or harms the legitimate interests of the university community could be the cause for non-academic disciplinary action.

GUIDING PRINCIPLES

The university documents that lay out our rules and procedures are the **Student Academic Misconduct Regulations** (University Council) and the **Standard of Student Conduct in Non-Academic Matters** (University Senate). Both documents are based on the same Guiding Principles:

- Freedom of Expression
- Commitment to Non-violence
- Security and Safety
- Mutual Respect and Diversity
- Commitment to Justice and Fairness
- Integrity

ACADEMIC MISCONDUCT PROCEDURES

“Academic Misconduct” is the term the University uses to describe cheating. Types of cheating are listed in the **Student Academic Misconduct Regulations** of University Council. There is an onus on every student to become informed about academic misconduct.

When an instructor believes a student is guilty of academic misconduct, the following procedures are used:

Informal procedure:

Sometimes misconduct is the result of carelessness, misunderstanding of the rules, or miscommunication. In such cases, the instructor may discuss the matter with the student informally.

If the student concedes the misconduct, the instructor has the authority to impose one or more of the following penalties:

- reduce the grade on the assignment or exam, to as low as zero
- require the student to rewrite the assignment or exam

A penalty imposed by an instructor is not reported to the student's college and does not become part of the student's record.

A student who disagrees with the allegation of cheating or with the penalty imposed may request a formal hearing.

Formal procedure:

For more serious misconduct, or in cases where the student disputes the allegation or the penalty, a college hearing board will hear the matter. Procedures for hearings are described in the Regulations.

The hearing board has the authority to impose one or more of the following penalties:

- reprimand or censure the student
- reduce the grade on the assignment, exam, or entire course, to as low as zero
- require the student to rewrite the assignment or exam
- require the student to submit an essay or a presentation on academic misconduct
- suspend or expel the student
- postpone, deny or revoke the student degree, diploma or certificate

A penalty imposed by a Hearing Board is reported to the student's college and to the university, and becomes part of the student's record. A finding of misconduct in research funded by an external agency is reported to that agency.

Further appeal of a hearing board decision or penalty is permitted only on grounds of unfair procedure or new evidence.

FOR MORE INFORMATION

Integrity and Student Conduct website: www.usask.ca/university_secretary/honesty/ **Date: Effective January 1, 2010**

The following constitute academic misconduct that may be the subject-matter of an allegation under the **Student Academic Misconduct Regulations:**

(a) Providing false or misleading information or documentation to gain admission to the university or any university program;

(b) Theft of lecture notes, research work, computer files, or other academic or research materials prepared by another student or an instructor or staff member;

(c) Using work done in one course in fulfillment of any requirement of another course unless approval is obtained from the instructor by whom the material is being evaluated;

(d) Presenting the work of someone else as one's own;

(e) The supply of materials prepared by the student to another student for use by that student as the work or materials of that student;

(f) Alteration or falsification of records, computer files, or any document relating to a student's academic performance;

(g) Violation of the university's policy on misconduct in scholarly work as outlined at www.usask.ca/university_secretary/policies/research/8_25.php

(h) Fabrication or invention of sources;

(i) Failure to observe any stated rule with regard to the procedure used in an examination (or an activity undertaken for academic credit) where such a failure could result in the student gaining relatively greater credit;

(j) Altering answers on a returned examination;

(k) When prohibited, removing an examination from the examination room;

(l) Seeking to acquire or acquiring prior knowledge of the contents of any examination question or paper with the intention of gaining an unfair advantage;

(m) Possessing or using notes or other sources of information or devices not permitted by the course instructor in an examination;

(n) Consulting or seeking the assistance of others when writing a "take home" examination unless permitted by the course instructor;

(o) Providing false or misleading information with the intent to avoid or delay writing an examination or fulfilling any other academic requirement;

(p) Failing to observe the terms of any agreement not to disclose the contents of an examination;

(q) Misrepresenting or conspiring with another person to misrepresent the identity of a student writing an examination or engaging in any other form of assessment;

(r) Knowingly doing anything designed to interfere with the opportunities of another person to have his or her contribution fully recognized or to participate in the academic program;

(s) Preventing others from fair and equal access to University facilities or resources, including library resources;

(t) Using or attempting to use personal relationships, bribes, threats or other illegal conduct to gain unearned grades or academic advantages;

(u) Knowingly assisting another person engaged in actions that amount to academic misconduct;

(v) **Plagiarism:** the presentation of the work or idea of another in such a way as to give others the impression that it is the work or idea of the presenter. Adequate attribution is required. What is essential is that another person have no doubt which words or research results are the student's and which are drawn from other sources. Full explicit acknowledgement of the source of the material is required. Examples of plagiarism are:

(i) The use of material received or purchased from another person or prepared by any person other than the individual claiming to be the author. [It is not plagiarism to use work developed in the context of a group exercise (and described as such in the text) if the mode and extent of the use does not deviate from that which is specifically authorized].

(ii) The verbatim use of oral or written material without adequate attribution.

(iii) The paraphrasing of oral or written material of other persons without adequate attribution

(w) Unprofessional conduct or behaviours that occur in academic or clinical settings or other work placements, or that are related to the student's area of professional practice

Office of the University Secretary

212 College Building, 107 Administration Place
University of Saskatchewan, Saskatoon, SK S7N 5A2 • Telephone: (306) 966-4632
Fax: (306) 966-4530
http://www.usask.ca/university_secretary/

SCHOLARLY WRITING

The following list of resources is provided to assist you in writing scholarly papers and in determining what is meant by the term scholarly references. You are encouraged to also check with the library at your site for additional resources.

References Related to Scholarly Writing:

Latham, J.R.. (2002). Thoughts on scholarly writing. Available from:

http://drjohnlatham.com/Scholarly_Writing_files/Thoughts_on_Scholarly_Writing_091302.pdf

Hallas, D., & Feldman, H.R. (2006). A guide to scholarly writing in nursing. Back to School.

Available from: <http://www.nсна.org/Publications/Imprint/SeptemberOctober2006.aspx>

Gocsik, K. (Last modified 2005). Writing the academic paper: What is an academic paper?

University of Dartmouth. Available at:

www.dartmouth.edu/~writing/materials/student/ac_paper/what.shtml

References Related to Scholarly References:

University of Saskatchewan. (n.d.). Writing your paper: Scholarly vs. popular sources. In Guides – scholarly vs. popular sources. Available from:

<http://library.usask.ca/offcampus/guides/scholar>

Dutch, S. (Last modified 2008). References for college papers. University of Wisconsin.

Available at: www.uwgb.edu/DutchS/PAPERREF.HTM

Section 6 - Policies

These policies are consistent throughout the program with minor adaptations for the Post Degree BSN Option. As you progress through the program, you will find it helpful to keep the following policies in mind:

6.1 ATTENDANCE

1. Regular and punctual attendance is expected of all students for all orientations, classes, seminars, labs, and clinical experiences. A student who is consistently late and/or absent from classes, seminars, and/or labs may be unable to meet the course requirements, and may not be able to receive a pass in the course.
2. If a student misses more than 10% of clinical/lab experiences in a course, he/she may be unable to meet the course requirements, and may not be able to receive a pass in the course.
3. If a student is unable to attend or will be late for a lab or clinical experience, he/she must notify the facilitator *prior to the start of the learning experience*.
4. At the discretion of a course committee, attendance at classes, labs, and/or seminars for the particular course may be designated as mandatory. Students must attend these learning experiences in order to receive a pass in the course.
5. If a facilitator deems a student unsafe or unprepared for a learning experience, the student may be excluded from the experience; thus, the student may not be able to meet the course requirements.

6.2 COMPLETION OF WORK

1. Unless prior arrangements have been made with the facilitator, 5% will be deducted for each calendar day that course work is late from the earned grade of the assignment.
2. All course components must be completed to receive credit for a course.
3. Unless other arrangements have been made with the facilitator, the last day for acceptance of an assignment will be the final day of class in the affected course.
4. It should be noted that even if assignments will receive a grade of 0% because of late penalties (see above), they must still be completed in order to fulfill course requirements.

6.3 GRADE ASSIGNMENT

In the calculation of final course marks and weighted averages, failing grades resulting from absence, withdrawal, or incomplete course work will be computed with a zero for grade component(s) that were not completed and the earned mark will be submitted. This mark can range from 0-49%.

1. If the failure results in a computed passing percentage grade, a final grade of 49% will be submitted along with the appropriate comment for the failure (e.g. ABF, WF, or INF).

2. Students will not be eligible for a supplemental exam in the above instances.
3. Withdrawal prior to the period of a academic penalty is not included in the calculation of averages (see institutional calendars for dates).

In the case of a non-clinical course for which a component(s) must be passed in order to pass the course, the grade assigned for the course will be the grade of the failed essential component with the following exception:

1. A student failing an essential component of a course early in the term is not allowed to continue in the course. If the student withdraws before the period of academic penalty, the grade will be recorded as “W” on the transcript.
2. If the essential component is failed after the period for withdrawal without academic penalty and is a pass/fail component, the grade assigned for the course will be 30%.

In NEPS 456.6 and NEPS 457.6, for a student who completes the course and receives a failing grade, a mark of 30% will be assigned.

A student must pass each clinical component of a course in order to pass the course. In courses including mark components for both clinical experience and theory, both components must be passed in order to pass the course.

The following rules apply to supplemental examinations:

1. Supplemental examinations will not be granted for clinical experience.
2. Please refer to the University of Saskatchewan policy regarding eligibility for supplemental examinations.

6.4 DEFERRED FINAL EXAMINATIONS

Deferred final examinations may be granted in extenuating circumstances. Refer to University of Saskatchewan website <http://students.usask.ca/current/academics/exams/deferred-supplemental.php>.

6.5 SUPPLEMENTAL FINAL EXAMINATIONS

1. Supplemental examinations will not be granted for clinical experience.
2. To be eligible to apply for a supplemental final examination, a student must have obtained a final mark of 40-49% in the course. In addition, the student must have a weighted overall average and weighted nursing average of at least 60% for the academic term.
3. Supplemental examinations must be applied for within three (3) weeks of the end of the examination period.*
4. No supplemental will be granted in a course that has not had a final examination.
5. University level policies related to supplemental examinations are outlined in the University Council Regulations on Examinations (1.4.6).

*NOTE: Applications for the supplemental examination for the Post Degree BSN Option courses have a shorter time frame. Please contact the Acting Associate Dean College of Nursing.

6.6 PROMOTION AND GRADUATION

Students are required to maintain an annual weighted average of 60% in Nursing courses and an overall weighted average of 60% for Nursing and non-Nursing courses.

Students who do not achieve an annual weighted average of 60% overall and in their Nursing courses may be required to discontinue. Students who are required to discontinue will not be eligible to return to the program for one academic year.

1. Students may be required to withdraw from the program if continuation in the program is deemed to be unsafe to themselves or others.
2. To graduate, students must have passed all required courses with a minimum cumulative Nursing weighted average of 60% and a minimum cumulative weighted average of 60% overall.
3. The BSN Degree with Distinction will be awarded to students whose total cumulative weighted averages (overall and Nursing) are between 0.7 and 1.5 standard deviations above the mean of the total cumulative averages for their graduating year and who have averages greater than 75%. The BSN Degree with Great Distinction will be awarded to students whose total cumulative weighted averages (overall and Nursing) are more than 1.5 standard deviations above the mean of the averages for their graduating year and who have total cumulative averages greater than 80%.

6.7 PROGRAM COMPLETION

All courses to be counted for the degree must be completed within three years of enrolment in the program.

6.8 REPEATING A COURSE

If a student achieves a grade of 60% or higher, a course can be repeated only with permission of the Acting Associate Dean.

1. If a course is repeated, only the higher grade will be used in calculating the weighted average.
2. Students in the 4 Year BSN, Post Degree BSN Option may attempt a Nursing course twice.
3. Students who fail or withdraw from a clinical course will be required to meet with the Associate Dean prior to receiving permission to repeat the course to determine what course work will be required to prepare for the clinical course.

6.9 TRANSFER CREDIT

1. A course from another program will be considered for transfer credit into the Post Degree BSN Option as a nursing course only if the grade achieved in that course was 60% or greater. Send official transcripts from courses completed at other institutions to the College of Nursing, 107 Wiggins Road, Saskatoon SK S7N 5E5.
2. In calculating weighted averages, a grade for credit transferred from another program will be included if a single course is used for the transferred credit. If more than one course is used to transfer credit, no grade will be assigned and the course will not be used in calculating weighted averages.

6.10 FIRST AID

Students must present evidence of current (within the previous three years) Standard A First Aid Certification by May 31. Students failing to provide evidence of current Standard A First Aid Certification will be excluded from clinical practice. Once evidence of certification in First Aid has been provided, students are not required to be recertified while in the program. This policy does not apply to students who are currently licensed healthcare professionals (LPNs, RNs or RPNs, or licensed as paramedics).

6.11 CPR CERTIFICATION

Students must be certified in CPR Level C with Heart Saver AED to participate in clinical activities with clients.

All students must maintain current (within the previous two years) CPR Level C with Heart Saver AED Certification throughout the program.

1. First year students must provide evidence of current CPR Level C with Heart Saver AED Certification prior to the start of the first clinical experience.
2. Students failing to provide evidence of current CPR Level C (AED) will be excluded from clinical practice.

6.12 CRIMINAL RECORDS CHECK

Nursing students accepted for admission into the College of Nursing, University of Saskatchewan are required to provide the results of a criminal records check after admission and before registration. The results of the criminal record check must be submitted to the College of Nursing **by April 30**. Late admissions must produce the results of the criminal records check at the time of registration. Students failing to provide the results of a criminal records check **by July 22** will not be allowed to enroll in any course requiring client care.

Students are required to report criminal convictions and/or outstanding charges that occur after the date of the original criminal records check to the College of Nursing Acting Associate Dean. Failure to report criminal convictions and/or outstanding charges that have occurred will be grounds for immediate dismissal from the program.

Each reported criminal conviction and/or outstanding charge will be assessed by the Undergraduate Education Committee to determine what, if any, impact the criminal conviction and/or outstanding charge will have on the student's status in the program.

Criminal Records Check information will not be released to a third party (e.g., some clinical agencies routinely request such information) before a student has completed the appropriate release form. Failure to provide such release may result in the agency excluding the student from clinical experience.

Potential students with a criminal record will be counseled to seek a pardon before applying to the program. Current students with a criminal record will be counseled to seek a pardon. A copy of the criminal record check will be kept on file by the program and the original returned to the student. Additional criminal record checks may be required by specific clinical agencies. Any costs associated with the criminal record check will be the responsibility of the student.

6.13 DEFICIENCIES

Students who have been admitted with deficiencies will need to provide proof of completion of those deficiencies by the specified time to the Academic Advisors, College of Nursing Administrative Office. It is the student's responsibility to contact the office for acceptable courses and appropriate timelines for completion.

Prerequisite	Deficiency allowed?	Deficiency completed by
Humanities 3 cu	No	
Social Science 9cu	Yes, 3cu only	Proof of completion by January 15 of Term 2 Transcript must be provided by January 31 of Term 2
Statistics 3cu *	Yes	
Nutrition 3cu *	Yes	
Anatomy & Physiology 6cu*	No	

An extension of the completion deadline if required due to extenuating circumstances must be discussed with and approved by the College of Nursing Acting Associate Dean.

Courses in any the following subject areas are acceptable as Social Sciences. The required 9 credit units of social science do not all have to be in the same subject area.

Anthropology	Native Studies
Archaeology	Political Studies
Business Economics	Psychology
Economics	Sociology
Geography (Human)	Women's & Gender Studies

Acceptable statistics courses at the [University of Saskatchewan](#)

- STAT 244.3
- PSY 233.3
- EPSE 441.3
- PL SC 314.3
- COMM 104.3
- SIAST also offers an acceptable statistics course. The number is STAT 120.

Some of the above courses require prerequisites or special permission. Check the appropriate calendar.

****NOTE: The passing grade for students taking courses from institutions other than the U of S is the passing grade of the institution offering the course. The current passing grade at SIAST and Athabasca University is 60%.**

6.14 IMMUNIZATION

Immunizations are recommended for all nursing students prior to any contact with patients. This is to ensure the safety of both students and patients.

1. Immunizations are reviewed on admission by the Health Nurse.
2. Failure to maintain recommended immunization may delay a student's progress in his/her studies.

3. Specific immunizations may be required for certain clinical placements. Students who refuse or are unable to comply with this requirement may be at risk of not being able to complete required components of the Post Degree BSN Option.
4. Students who are applying for international clinical practicum will be required to meet the immunization requirements for the country they will be working in.

6.15 CELL PHONES

The use of cell phones during class, lab, and clinical experience is not permitted.

6.16 PERSONAL DIGITAL ASSISTANT (PDA)

PDAs will be required in Term 1. More information will be provided prior to Term 1 on required specifications. Students are advised not to purchase a device until receiving that information.

6.17 MATH ASSESSMENT

Math is an essential skill for nurses.

1. Basic math ability is a required competence for students and practitioners. Should students have a limited ability in this competence, they may be at risk for being unsafe and, therefore, unsuccessful in the program.
2. Students will be required to competently perform basic math functions such as ratios, proportions, multiplication, division, fractions, decimals, and metric system and metric conversions.
3. Students are encouraged to take the following [self-assessment math skills test](#) to determine their level of competency in math skills.
4. If you require further assistance in developing your math skills, please visit the math help center at the University of Saskatchewan <http://www.usask.ca/ulc/?q=node/10>.

6.18 DIGITAL AND SOCIAL MEDIA

As adult learners in a professional college, nursing students must be aware of and practice the highest level of confidentiality and respect regarding patients and clients they work with in clinical settings. Photographs and video recordings taken in clinical settings may result in a breach of confidentiality for the people receiving care depending on the usage and distribution of such material. If photos or video are to be taken in a clinical setting, permission from the people involved must always be obtained either verbally or in writing and the intended use must be clearly communicated.

Discretion is important when determining appropriate usage of photos and video as disciplinary action may result in cases of poor judgement. In particular, students must recognize and separate the professional and community building use of digital media from the social networking and personal uses. Students should consult with faculty supervisors or their site dean for clarity on specific projects or circumstances involving the collection and use of photos or video in a clinical setting.

6.19 SOCIAL NETWORKING

The NEPS has adopted the University of Saskatchewan Social Networking Guidelines for the use of faculty and students for instructional purposes. The guidelines are available at the link provided below. Students are reminded that there are privacy requirements, including

maintaining patient/client/clinical practice confidentiality, that must be adhered to when using social network applications and web sites (e.g., blogs, Facebook, MySpace, YouTube, Twitter, etc.) in association with a course. Please note that postings must be professional, respectful, and appropriate. Please also note that policies regarding academic integrity and provincial/federal laws may be breached if social networking is used inappropriately, whether used for a course or personal communication, resulting in serious consequences.

http://www.usask.ca/university_secretary/council/committees/academic_support/report_files/socialnetworking.pdf

Please also note that inappropriate use of social networking applications and websites reflects not only on the individual but also on the program and institutions offering the program. Although there is a perception of anonymity and privacy, once a message is posted it no longer is private. Please see the links below for more information regarding privacy concerns.

Video: <http://blog.privcom.gc.ca/index.php/privacy-on-social-networks/>

Link to site (good resources): <http://youthprivacy.ca/en/index.html>

6.20 COMMUNICATIONS

All communications (electronic or otherwise) should be clear, courteous, accurate, appropriate, and timely. Students are expected to keep their personal contact details up to date, and to know where to look for, and how to find, information relevant to them (including print material, course websites, college webpages, usask email, and other means as defined during their program).

Important information from the college administration office and from faculty instructors will be sent to students frequently throughout their time as students in the college. All such communication will be sent to students using their University of Saskatchewan email accounts at mail.usask.ca. It is the responsibility of students in the college of nursing to check their U of S email account on a regular basis while enrolled in programs at the college. If students choose to set up mail forwarding on their email account, they are responsible for ensuring that mail forwarding is set up correctly and that they are able to receive emails sent to their usask email account.

For more information about student email accounts, please contact the CoN Elearning Centre or visit the ITS website at http://www.usask.ca/its/services/email/email_uofs/

6.21 RESPIRATORY PROTECTION

To protect students from infection when providing care or service to clients with acute respiratory infections, and to comply with health region policies, all nursing students will be fitted with a respiratory mask and educated on its use when required during the program.

1. Arrangements will be made by the College of Nursing for each student to attend a session to be fitted for the most appropriate type and size of respiratory mask.
2. Students who fail to attend their scheduled session, or are unable to comply with this requirement, may be at risk of not being able to complete required components of the program.

6.22 WORKERS' COMPENSATION BENEFITS

To ensure that all nursing students are eligible for workers' compensation benefits if they sustain an injury during the course of a work-based learning assignment (practicum), and to comply with health region policies, all nursing students will complete the 'Consents and Agreement' section of Schedule "B"- Work-Based Learning Consent and Agreement form for each placement during the course of their program.

1. WCB forms will be provided to each student for each placement.
2. WCB forms must be signed by the student and returned to the College of Nursing prior to the start of each placement.
3. In the event of an injury sustained during a placement, procedures and related consent and claim forms are available from the course coordinator.

The Worker's Compensation Board (the Board) has signed a memorandum with Saskatchewan Learning and has passed a policy under authority of *The Worker's Compensation Act, 1979* (the Act) with a view to ensure that a student participating in Saskatchewan in a program and for whom consents and agreements are completed, is eligible for worker's compensation and is subject to legal rights, benefits, obligations and restrictions while placed with a local employer, as if the student was a worker in the course of employment.

Note: Coverage is not applicable to any placement or portion of a placement that takes place outside of Saskatchewan.

6.23 ACCIDENTS/INCIDENTS/UNUSUAL OCCURRENCES in CLINICAL PRACTICE

The College of Nursing and clinical agencies have policies and procedures to ensure safety of clients, staff, students, and visitors. However, accidents/incidents/unusual occurrences can occur, and include such things as medication errors, student or client accidents, client falls, loss of personal possessions, and needle-stick injuries. Reporting of incidents is essential from the perspective of accountability of the student, the educational institution, and the clinical agency. Usually you are directly involved with the incidents you report, but not always, as would be the case if you found a client who had fallen while getting out of bed by themselves.

If you are involved in a reportable incident in clinical experience, you must notify your instructor or preceptor immediately, and he/she will assist you with the appropriate reporting process. Agency policy regarding reporting incidents must be followed. Your instructor or preceptor will assist you with completion of necessary forms, such as '*Unusual Occurrence Report*' or '*Accident Investigation Report*'. All reportable incidents must also be reported to the College of Nursing Acting Associate Dean.

If you have an accidental or client-induced injury to yourself while in the clinical area, you will ALSO need to complete the appropriate WCB forms. Refer to Policy 6.21, section 3, for more information.

Section 7 – Other Things You Should Know

7.1 WITHDRAWAL FROM COURSES

Withdrawal from a course will jeopardize your completion of the Post Degree BSN Option.

In addition, withdrawal from a course may mean you do not have the necessary pre/co-requisites to continue in other courses in which you are registered (that is, you may be required to drop other courses as well). If you are considering withdrawing, you must meet with the College of Nursing Acting Associate Dean to discuss your situation.

7.2 WITHDRAWAL FROM PROGRAM

While we hope you will complete the Post Degree BSN Option, some students, for a variety of reasons, choose not to do so. If you are considering withdrawing from the option, please contact the College of Nursing Acting Associate Dean. You should be aware that readmission to the program is on a “space available” basis.

7.3 SCHOLARSHIPS, AWARDS, AND BURSARIES

A number of scholarships, awards, and bursaries are available to students. Contact the Administrative Office for the Post Degree BSN Option for information. Information is available at University of Saskatchewan website at <http://www.usask.ca/nursing/students/awards.php> or at the Saskatchewan Health at www.health.gov.sk.ca

7.4 GRADUATION/CONVOCATION

In order to be awarded your degree from the University of Saskatchewan, you must complete an Application to Graduate Form, whether or not you plan to attend the convocation ceremony in Saskatoon. Further graduation information is available on the U of S website at <http://students.usask.ca/current/academics/convocation>

7.5 TRANSFER CREDIT

When students apply for admission and are accepted to the Post Degree BSN Option, any previous course work will be reviewed for possible credit. If you have any questions or concerns, please contact your academic advisor.

7.6 TRANSCRIPTS

While you are a student in the Post Degree BSN Option, you can request program transcripts through PAWS using your NSID. A fee is charged.

7.7 STUDENT CARDS AND NUMBERS

You will have an identification number for the U of S. It is your responsibility to ensure that you use the correct identification number on exams.

****NOTE: You should be prepared to produce picture ID if requested to do so during an exam.**

7.8 STUDENTS WITH SPECIAL NEEDS

Students with special needs may request extension of time for examinations. The University of Saskatchewan provides services for students with disabilities. Contact the appropriate offices directly or check with the program. If you have special needs, contact DSS at <http://students.usask.ca/current/disability>

NOTE: Human and/or electronic translators/dictionaries may not be used during exams.

NOTE: Students with English as a second/additional language should be aware that extra time is not allowed for writing of nurse registration examinations for licensure.

7.9 HARASSMENT

The University of Saskatchewan has policies regarding harassment. For specific information, see the U of S harassment policies. http://www.usask.ca/dhps/_nav02_Policy_and_Procedure/.

7.10 EDUCATION EQUITY SERVICES

Education equity services are available for all the Post Degree BSN Option students. For specific information, please contact the College of Nursing Acting Associate Dean.

7.11 NATIVE ACCESS PROGRAM TO NURSING (NAPN)

NAPN is a support and retention service for all Aboriginal nursing students enrolled in all nursing programs. The mandate of NAPN is to promote success and excellence for Aboriginal nursing students. Aboriginal nursing advisors provide academic and personal advisement, tutoring, mentorship and culturally appropriate counseling through NAPN. NAPN is also available for support and advocacy with childcare, housing, and funding concerns. There are computers available (with internet access) to assist students with papers and assignments. NAPN also posts a monthly newsletter and organizes monthly luncheons for Aboriginal nursing students.

NAPN offers a weeklong fall orientation for students who are accepted into nursing. Students have an opportunity to meet NAPN staff, faculty and staff, and other Aboriginal nursing students. In the fall orientation, NAPN offers CPR (AED Level C) and Standard First Aid.

For more information or assistance, call 966-1480.

7.12 LIBRARY SERVICES

As a student of the University of Saskatchewan, you have remote access to a number of electronic resources through the University of Saskatchewan Library.

Health Sciences Library website (<http://library.usask.ca/hsl>)

The Health Sciences Library website has links to all of the library databases, electronic journals and the library catalogue. The website also includes online reference, library hours, staff contacts, and a link to renew your library materials.

Guide to U of S databases and Electronic Journals

A complete list of databases is located on the website, as well as a list of databases that are specific to the health sciences. The Library also maintains a database of online journals at <http://library.usask.ca/ejournals/> in which you can retrieve full text articles anywhere there is an Internet connection. In order to access these resources remotely, users must be validated through a Proxy Server.

Library Proxy Server

What is a Proxy Server? A Proxy Server is a computer located on campus that performs your Internet requests on behalf of your usual Internet connection. Using the Proxy Server is mandatory when accessing the library resources remotely so that our system can verify that you are a valid university user.

Who can use the Remote Access Proxy Server? Registered students, faculty, and staff who have a valid NSID can access the library resources remotely.

How do I set up my Internet browser so use the Library Proxy Server? The instructions for accessing the Proxy Server are on our website at Connect from Home (Remote Access): <http://library.usask.ca/connectHome>.

If you have any problems with the Proxy Server, please do not hesitate to notify the University of Saskatchewan Help Desk at 966-4817.

7.13 CLINICAL ID BADGES

Students are required to wear an approved picture name tag in labs and clinical areas. The program will arrange for you to get a name tag made. The name tag is required for as long as you are in the program. There will be a charge for replacements. ID badges are available at the U of S Bookstore, Monday to Friday, 0830 to 1630 hrs.

7.14 UNIFORMS

Uniforms will be required for all lab and clinical experiences unless otherwise specified. Please refer to your acceptance letter and our website for information about uniform purchase. See Professional Appearance for Clinical under Section 8: Clinical Experience Guidelines.

7.15 PORTFOLIO DEVELOPMENT RECOMMENDATIONS

This is a recommendation for your professional development. Participants in the Post Degree BSN Option will keep a program portfolio throughout the program to track their individual learning experiences and reflect on their professional growth. Although portfolio development is common to other occupations and professions (architecture, modeling, teaching), it is relatively new to nursing. Professional nursing regulatory bodies are beginning to incorporate portfolios as evidence of ongoing competence as part of annual licensure. Portfolios are also a focus for reflective self-evaluation and can be used when applying for jobs. Your portfolio development will be part of your assessment of your own growth and development as a nurse.

There are many conceptions of portfolios, but in the Post Degree BSN Option, a portfolio is viewed as a “collection of evidence which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding, and achievement. It is both retrospective and prospective” (Brown, 1995, p. 2). It is “a comprehensive document completed by the nurse that details the current state of his or her practice, background, skills, expertise and perhaps most important, a working plan for professional growth” (Trossman, 1999).

Your portfolio will not be used by your facilitators to evaluate your progress in the nursing program. However, you may choose to share elements of your portfolio with faculty when you are discussing your learning goals and achievements. There are a large variety of ways to

organize and develop your portfolio. Remember, your portfolio is a reflection of yourself, so be as creative as you can.

Guidelines for Selecting Entries

When selecting entries, nursing students should bear in mind that each piece is part of a much larger whole and that together, the item and rationale make a powerful statement about individual professional development. Ask the following:

1. What do I want my portfolio to show about me as a nurse? What are my attributes as a nurse?
2. What do I want my portfolio to demonstrate about me as a learner? How and what have I learned?
3. What directions for my future growth and development does my self-evaluation suggest? How can I show them in my portfolio?
4. What points have others made about me as a nurse and learner? How can I show them in my portfolio?
5. What effect does my nursing have upon my clients? How can I show this in my portfolio?
6. What overall impression do I want my portfolio to give a reviewer about me as a learner and as a nurse?

When decision-making about what to include becomes a challenge, it may be helpful to look at each item and ask yourself, “What would including this item add that has not already been said or shown?”

The following are suggestions for possible ways to organize your portfolio. You may use any, all, or none of them as you wish (Winsor, 1997).

1. Use a good-quality three-ring binder or some other format that helps organize and protect the items in your portfolio. Begin with an identification page that includes name, address, and telephone number. Pictures are optional.
2. Place care plans, papers, or otherwise irregularly shaped entries in plastic sleeves or pockets. Do not damage any item in order to include it. For example, do not hole-punch a certificate; rather, put in a plastic sleeve.
3. Remember that portfolios are representative, not comprehensive. For example, choose one or two representative cards from clients. Make sure all entries are securely attached within the portfolio. Bulky items should not be included. A picture may be substituted for real items (e.g. a picture of your Infectious Disease Fair display or other poster presentations).
4. Include a Table of Contents that identifies the overall organization of the portfolio. Indicate and label the sections clearly. Colour-coding and/or oversized dividers may be helpful.
5. Within each section, include a Table of Contents for each entry, and include a statement explaining why you have included that item.
6. If using journal entries, facilitator’s observations, or other written documents as evidence, highlight the sentence or two on the page that directly applies to the point made in your accompanying rationale or reflection.
7. If using academic papers as evidence of subject area knowledge, include a brief abstract of the paper and insert the whole paper in a plastic sleeve.
8. In general, arrange your portfolio in a way that makes it easy for you to identify the goals you set and your subsequent progress or achievement.
9. Remember that portfolios are dynamic. To facilitate easy changes, set up word processing files for your statements of rationale, reflections, and tables of contents etc.

References:

Brown, R. (1995). *Portfolio Development and Profiling for Nurses*. (2nd ed.). Lancaster, England: Quay.

Trossman, S. (1999). The professional portfolio: Documenting who you are, and what you do. *The American Nurse* 31(2):1-3.

Winsor, P. J. T. (1997) *A Guide to the Development of Professional Portfolios in the Faculty of Education (Revised Edition) Appendix E-1*. Field Experience Office, Faculty of Education, University of Lethbridge, Lethbridge, Alberta.

Section 8 – Clinical Experience Guidelines

Clinical and lab experiences are a very important part of the program. The University of Saskatchewan has contracts with the major agencies in which you will have experience. All of your clinical experiences, regardless of where they are, will be arranged by the program. During your experiences, you will be supervised by either a College of Nursing facilitator or agency staff. Students are not counted as “staff” during clinical experiences.

NOTE: Many policies in Section 6 apply to clinical experience. Please be familiar with them.

8.1 PLACEMENTS

The program will assign you to clinical placements according to your educational needs and the availability of experiences. **Experiences may take place at sites other than Saskatoon.**

In order to facilitate learning experiences, lab/clinical experiences may be scheduled at a variety of times. Twelve-hour shifts and weekends will be included in some rotations.

8.2 PREPARATION

You are expected to be prepared for your clinical experiences. Often this preparation will include chart research or other activities prior to actual client care. For chart research and other activities in the clinical area other than your actual experience, you are expected to wear appropriate street clothes and your picture identification tag. Some areas may require lab coats. In addition, you should identify yourself and your purpose to staff in the area. When doing chart research you should not take charts out of the charting area.

8.3 ATTENDANCE

Clinical experience is an integral part of the program. It is expected that you will participate in all clinical experiences in your courses. It is recognized that absence may be unavoidable (e.g., illness), and policies [see policies under 6.1] are in place to deal with this. Students who have been absent from clinical due to health problems may be required to produce a medical certificate stating they may return to clinical.

Avoidable or repeated absence is not acceptable. You should be aware that employers often ask about attendance when seeking references.

In cooperation with agency staff, your client assignments will generally be selected prior to the clinical experience. Agency staff take these assignments into consideration when organizing their own workloads. Therefore, if illness or other unavoidable circumstances prevent you from being present for clinical experience, it is important for you to let people know as soon as you can **before** you are scheduled to begin your clinical experience. Unless your facilitator otherwise informs you, you should notify **both** the facilitator and the clinical practice area that you will be absent.

8.4 PROFESSIONAL CONDUCT

If a facilitator is in the area with you, you should report to him/her when you arrive in the area. You should also report to the appropriate staff before beginning your assignment, and continue to collaborate with both the facilitator and appropriate staff during your experience.

If you are in an institutional setting, you must report to the appropriate RN/RPN regarding your assigned clients before you leave the clinical area for any reason (e.g., coffee, end of experience, going out of the area with a client). In community settings, the facilitator (if on site) or appropriate staff must be advised of your whereabouts.

In your role as a student, you may *NOT* act as a witness for legal documents such as wills, surgical consents, or release of hospital responsibility.

8.5 AGENCY MANUALS AND POLICIES

Most agencies have manuals dealing with policies, procedures, and charting specific to that particular agency. You should familiarize yourself with the manuals in the area of your clinical experience, and follow policies and procedures of the agency in which you are having experience. If in doubt, refer to your facilitator.

8.6 CHARTING

Through your classes you will become familiar with the principles of documentation. During your clinical experience, you must follow charting policies of that specific agency (you will find them in the charting manual). This documentation includes use of agency specific abbreviations. When charting, use the letters **NS (Nursing Student)** after your name when it is necessary to identify your designation.

8.7 PERFORMANCE OF TECHNICAL SKILLS

Clinical experience provides an opportunity for you to develop your nursing skills and knowledge. While you are encouraged to seek learning experiences, you must not perform any procedure for which you do not have adequate preparation.

You **may** perform certain special nursing procedures under **direct** supervision of a facilitator or RN/RPN who is certified for the procedure **if** you have been provided with theoretical background. You **may not** perform procedures which are a transfer of medical function. Designation of procedures as special nursing procedures or transfer of medical function vary from area to area. Consult with your facilitator.

Regardless of where you have your clinical experience, you must not perform any procedure for which you do not have adequate preparation.

8.8 PROFESSIONAL APPEARANCE FOR CLINICAL PRACTICE

This policy provides guidance in presenting a professional image in the clinical practice setting. Students who are not displaying a professional image may be asked to leave the clinical setting. In this case, the time away will be considered under the missed Clinical Practice Policy. Considerations may be made for individual dress that is specific to cultural or religious beliefs.

This policy is based on principles of **professionalism, infection control, personal safety and role identification.**

Professionalism

Principle: To enhance professionalism by presenting a professional image

Appearance is a form of non-verbal communication and is essential in projecting a professional image. Therefore in the clinical settings students are required to:

- Wear a College of Nursing standard uniform for all clinical settings unless otherwise specified. Uniforms must be clean and neat and pants should be hemmed above the heel line. Uniforms are not to be worn to and from the clinical setting. The College of Nursing uniform consists of a white top/jacket and a green pant with the College of Nursing logo embroidered directly on the front upper left of the top/jacket. Please go the following link for more detailed information about the uniform and ordering instructions.
- In clinical settings where the standard College of Nursing uniform is not required, it is expected that the students would continue to display a professional image while following the specific dress requirements of the agency.
- In settings where the standard uniform is not worn, students should demonstrate good judgment in selecting appropriate size of clothing. Clothing should not be low cut at the neck or tight across the chest and hips. Ensure that there is no exposure of the chest, midriff, lower back, or shoulders. Undergarments should not be visible at any time. Avoid casual clothing such as sweat shirts as over garments, yoga pants, jeans.
- Wear a College of Nursing photo ID badge at all times. ID badge is to be worn at chest level
- Tattoos should be covered
- Use good judgment in wearing appropriate quantity of make up
- Scented products cannot be worn in clinical settings

Please Note: A jacket is not mandatory. If students choose to wear a jacket, it must be the standard College of Nursing crested jacket which can be purchased at the same location as your uniform.

Infection Control

Principle: To prevent the spread of infection

Hair

- Must be conservative, clean and well groomed. Long hair must be tied up and away from the face.
- Beards and moustaches must be clean, trimmed, well groomed and short.

Fingernails

- Short and clean
- No nail polish
- No artificial nails

Jewelry

- Minimal jewellery to allow for good hand washing technique (e.g. gold band only)
- Clothing
- In agencies where uniform is required the standard College of Nursing uniform is worn (add link here)
- Footwear used in the clinical setting is not to be worn outside of the clinical setting

Personal Safety

Principle: To maintain personal safety while in the clinical setting.

Shoes

- In accordance to the Occupational Health and Safety standards, shoes must be closed toes and closed heel with a non-slip sole and low heel.
- Must be clean and in good repair
- Must be made of an impermeable (water-proof) material

Jewelry

- No lanyards
- Earrings must be small studs in any visible piercing, no dangling earrings or hoops.
- No necklace or bracelets

Stethoscope

- When not being used, stethoscopes must be kept in your pocket

Role Identification

Principle: To promote communication of students or faculty role by clearly identifying name and position.

- Wear a College of Nursing photo ID badge at all times. ID badge is to be worn at chest level.
- Photo ID is also necessary for liability purposes.

University of British Columbia <http://www.nursing.ubc.ca/CurrentStudents/policies/ProConduct.aspx>

University of Manitoba http://umanitoba.ca/faculties/nursing/media/Dress_code_policy.pdf

University of Calgary, (BNAT) <http://www.ucalgary.ca/pubs/calendar/current/nu-4-2.html>

We wish to specifically acknowledge and thank the University of British Columbia for the work they have done and shared with the College of Nursing, University of Saskatchewan.

8.9 PROCESSES RELATED TO STUDENTS WHO DEMONSTRATE UNSAFE PRACTICE

Definition of Unsafe Practice

From the literature: “Unsafe clinical practice is behaviour that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behaviour involving unacceptable risk” (Scanlan, J., Care, W.D., Gessler, S. (2001). Dealing with the unsafe student in clinical practice. *Nurse Educator* 26(1), 23-27).

From faculty and student focus groups: Unsafe practice is any practice that poses an actual or potential threat to the health of a client, including physical, psychosocial, or cultural safety. Unsafe practice includes harm not only to client but also to colleagues or oneself.

The recent literature on patient safety identifies that a number of factors can come together to create an error. Therefore, an individual may be involved, but may not be solely responsible. When examining a situation(s) deemed as involving unsafe practice, it may be useful to examine it in terms of “what happened?” “why did it happen?” and “what could be done to prevent it from happening again?”

As a profession, nursing faces significant challenges in terms of creating and maintaining a safe practice environment. The CNA identifies that additional challenges to safe nursing care include: nursing practice environment and workforce issues, teamwork and communication, nursing perspective on patient safety, and the patient perspective on patient safety, technology, and culture of blame. Students who are learning to be nurses are learning to adapt to working within the present health care system; therefore, they may also be affected by some of the additional systemic factors that impact patient safety. In the interest of creating and maintaining safe practice environments for patients and nurses, students must meet the standards of safe practice.

The following themes and behaviors were synthesized from the focus group feedback.

Behaviors that may be indicators of unsafe practice

It should be noted that students and faculty identified the importance of context and patterns in relation to unsafe clinical performance. These behaviours are examples and are not meant to be inclusive of all behaviours.

1. Lack of accountability, unprofessional practice
 - Does not accept responsibility for own actions, does not admit mistakes, covers up errors
 - Is dishonest
 - Does not recognize potential for doing harm, lack of insight
 - Is reluctant to assume a professional role
 - Doesn't make the effort to learn, is not interested
 - Breaks confidentiality
 - Does not ask for help when unsure
 - Demonstrates inappropriate boundaries
2. Patterns of behaviour
 - Demonstrates a pattern of problems in clinical areas
 - Disregards policy, does not know policies
 - Is frequently late or absent
 - Does not change behaviour in response to feedback; repeats mistakes even after feedback
3. Unmet competencies
 - Has a poor knowledge base
 - Is unable to apply concepts and theory in practice
 - Poor and/or inconsistent skills in assessment and client care
 - Is unable to apply concepts and theory in practice
 - Poor and/or inconsistent skills in assessment and client care
 - Unable to set priorities; unable to care for clients at level of complexity expected for the course
4. Inconsistent communication and lack of respect
 - Lack of respect for clients, aggressive with clients
 - Ineffective communications with client and staff
5. Lack of judgement
 - Poor clinical judgment
 - Goes beyond own scope of practice
 - Evidence of impaired judgment due to drugs, alcohol, or lack of sleep
 - Demonstrates extreme anxiety that is disproportionate to the situation

Sources of information when identifying students who may be practicing unsafely:

1. For faculty:
 - Direct observation and supervision.
 - Information from patients, families, staff members, other students.

- Intuition – unable to trust student.
 - Student care plans, charting, and journals.
 - Poor performance in previous rotations.
 - Student avoids instructor.
 - Critical incidents such as medication errors, client injury.
2. Feedback from students re what they think they should do if another student is practicing unsafely:
 - A student who is practicing unsafely is responsible to admit his/her own mistakes.
 - It is important, as a peer, to provide feedback when one sees another student practicing unsafely. Ask the student if he/she needs help.
 - If reporting the behaviours to the instructor, do so privately and not in front of the rest of the group.
 - Do not help the student cover up by doing his/her work or always checking to see if he/she has done what needs to be done.

Suggestions for risk management in relation to students who may be practicing unsafely:

1. Keep anecdotal notes on all students and encourage students to keep their own notes about clinical situations.
2. Look for patterns of performance from other clinical courses.
3. Equal distribution of weak students among clinical groups.
4. Adjust assignment so that client safety is not compromised.
5. Provide explicit expectations at beginning of course (verbally and in writing), explicit guidelines for process that will be used if there are problems with safe practice. For example, have discussions in orientation and in post conference about safe practice. Discuss common areas for students to make mistakes.
6. Have another faculty facilitator help with assessment/evaluation of weaker students.

Suggestions for fairness to the student in the process of helping him/her practice safely:

1. Discuss with student in private, try to identify cause of the problem, level of insight and self-awareness. Give the student a chance to explain.
2. Acknowledge level of student and clinical expectations at that level. Don't compare one student with another.
3. Provide timely feedback.
4. Set out an action plan with student and identify specific criteria that must be met.
5. Increase one-on-one contact between student and teacher.
6. Validate information that comes from another student.

SECTION A

PROCESSES TO BE USED BY FACILITATORS WHEN THERE IS UNSAFE OR POTENTIALLY UNSAFE PERFORMANCE IN THE CLINICAL/LAB SETTING.

Underlying principle:

The student and the program have a joint responsibility for facilitating student success in providing safe and competent nursing care.

These processes are predicated by the following standards of evaluation:

Clear direction of performance expectations, course intents, policies, and evaluation processes, which have been provided to the student during orientation; provision of the opportunity for growth; timely feedback (verbal and/or written).

In a situation where a student's performance places the client, facilitator, or staff at a foreseeable risk, the student may be dismissed immediately from the clinical site. Dismissal from the clinical site is not indicative of clinical failure.

Processes:

1. The clinical facilitator will document all aspects of performance, which may include anecdotal notes, descriptive narrative, examples of student's charting, discussions with health personnel, and student's written plan of care.
2. Discuss and provide written documentation of performance issues with student.

Performance issues may be resolved at this juncture or may move to process #3 or in some cases it may be necessary to move directly to process #4

3. Create a written performance contract with the student when this is deemed appropriate. A performance contract is a written agreement between the student and facilitator in which the performance issues are described and actions are identified that a student must complete within a specified time frame. The contract will specify the consequences if the performance plans are not met.

The Acting Associate Dean will be notified that a performance contract has been initiated.

Performance issues may be resolved at this juncture or continue on to process #4

4. A formal meeting with the student, clinical facilitator, and program head/assistant dean or designate will be held to discuss performance issues. An action plan to meet course intents within a specified time frame appropriate to course completion date will be identified. Counselors, academic advisors, student support persons may be present. Meeting notes will be kept. Issues and agreed-upon success strategies will be reviewed with the student. The student will sign and receive a copy of these meeting notes.
5. In the event a student receives a minimal pass on the final evaluation, the clinical facilitator may initiate a performance contract with the student to facilitate communication and student progress in the next clinical course.
6. Based on the literal descriptors, the student will be given a failure in the course if course intents are not met.

SECTION B: FAILURE IN OR WITHDRAWAL FROM A CLINICAL COURSE**Underlying principle:**

Refer to Section A.

1. Failure in a clinical course**Process:**

1. Documentation should include clear rationale for the failure. Include:
 - description of any untoward incidents during the clinical experience.
 - documentation of any meetings that were held with the student that outline the clinical difficulties being experienced, the possible consequences of no improvement in performance, plans for improving, and evidence that the student has been informed and has identified a plan for improvement.
 - literal descriptors should be used and student performance should match the descriptor for "fail".
 - clinical evaluations.
2. At the time of the assignment of a failing grade:
 - the student, clinical facilitator, and program head (SIAST), assistant dean (First Nations University), primary teacher and assistant dean (U of S) or designate will meet with the student to discuss the failure. The student can bring a support person, if desired.
 - the following will be discussed:
 - i. evidence leading to the decision to assign a failing grade
 - ii. exploration of possible reasons for the failure

iii. strategies the program may initiate in order to support the student if s/he repeats the course

- document the meeting and provide copies to all parties.
- Inform the student of the right to appeal a failing grade and the appeal process.
- provide direction on how to reapply for the course, if eligible.

2. Withdrawal from a clinical course in anticipation of a failure in the course

Process:

1. Documentation should include:
 - description of any untoward incidents during the clinical experience.
 - documentation of any meetings that were held with the student that outline the clinical difficulties being experienced, the possible consequences of no improvement in performance, plans for improving, and evidence that the student has been informed and has identified a plan for improvement.
 - clinical evaluations.
2. The program will:
 - identify any further actions the student needs to take prior to re-entry, as necessary.
3. If the student is allowed to repeat the clinical course, s/he must:
 - notify the program, in writing, of the intent to repeat the course.
 - meet with the appropriate administrative person and identify success strategies.

There are policies in place for faculty and students to refer to in relation to unsafe clinical practice. While it is important to review and understand this policy in its entirety, students should pay specific attention to the use of written performance contracts. A performance contract is a written agreement between the student and facilitator in which the performance issues are described and actions are identified that a student must complete within a specified time frame. The contract will specify consequences if the performance plans are not met.

STUDENT PERFORMANCE CONTRACT

Name	Date	Distribution
Address	Course Term 1 2 3	_____ Copy on student file
		_____ Student
		_____ Faculty/Facilitator copy

PART 1

1. Reason(s) for Performance Contract

Attendance	
Clinical Performance	
Other	

2. Faculty Comments: (include consequences)

3. Student Response:

4. Student Plan for Performance Improvement (e.g., Counseling, Tutorial Support, Time Management)

Performance Contract Review Date: _____

Signatures Required:

The student signature is required. It does not mean that you agree with the advisement, but only that it has been discussed with you. If we cannot reach you within five days, we will mail the form to your home address.

Student	Faculty
Date:	Date:

REVIEW OF STUDENT PERFORMANCE CONTRACT

PART II

1. Results of Plan:

2. Faculty Comments:

3. Student Response

4. Further Action Required: Yes _____ No _____

It is a student's responsibility to disclose the contract to subsequent instructors; however the present instructor reserves the right to disclose the existence and content of the contract to the subsequent instructor.

Signatures Required:

The student signature is required. It does not mean that you agree with the advisement, but only that it has been discussed with you. If we cannot reach you within five days, we will mail the form to your home address.

Student	Faculty	Administrator (if further action required)
Date:	Date:	Date:

Section 9 - Conclusion

Your journey through the Post Degree BSN Option will be interesting and challenging. You will graduate with the Bachelor of Sciences in Nursing (BSN) and you will be well prepared for a rewarding and exciting career in nursing.

We hope the information in this handbook has been helpful. If there is other information you think should be included, please let us know.

WE WISH YOU THE BEST OF LUCK IN THE FUTURE!