NIPISSING
UNIVERSITY

SCHOOL OF NURSING

Bachelor of Science in Nursing (BScN)

Scholar Practitioner Program (SPP)

Learner Handbook

2019-2020

Med-West Centre

750 Dundas Street West

Toronto, Ontario M6J 3S3

TORONTO
Public Health

SickKids®

UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehab
Michener Institute
COURAGE LIVES HERE

Acknowledgement of Traditional Land

We would like to acknowledge this sacred land on which the Nipissing University BScN Scholar-Practitioner Program is being held.

For thousands of years it has been the traditional territory of the Huron-Wendat, the Haudenosaunee, and most recently, the Mississaugas of the Credit River.

This territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee Confederacy and the Confederacy of the Ojibway and allied nations to peaceably share and care for the resources around the Great Lakes.

Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

Resource: the Indigenous Council of University Health Network, February 2018

Table of Contents

Original: Sept 1, 2011, Last Revision: 09/19

Original: Sept 1, 2011, Last Revision: 09/19

PROGRAM WELCOME

We are very pleased that you have chosen our program as an important foundation for your future nursing career goals. Many exciting opportunities and challenges await you. We offer a variety of services, activities and supports to help you succeed.

The purpose of this handbook is to assist in understanding more fully the policies, practices, and procedures of the School of Nursing. All policies in this handbook are also reflective of those at the Nipissing School of Nursing.

This handbook is not all-inclusive. In instances where there is a conflict between this handbook and another University, School, or Agency document (i.e., Code of Learner Rights, Responsibilities, and Conduct, or Course Syllabus, etc.), the more recent document shall take precedence.

Efforts have been made to ensure the accuracy of the material in this handbook. However, information is subject to change without notice as circumstances beyond our control occur. The semester curricula syllabi and session schedules are continually reviewed in efforts to provide learners with the current evidence informed information in respect to nursing education and practice environments.

Do not hesitate contact the NU School of Nursing or SPP program faculty if you have any questions. All of us wish you success!

Your Nipissing University Scholar-Practitioner Program (SPP) faculty community.

NU SPP Faculty Contact List

Adjunct/Assistant Professor	Academic Site	Contact Information
Nicole McBarron	SickKids-Adjunct Professor	nicole.mcbarron@sickkids.ca; nicolemcb@nipissingu.ca
Louela Manankil-Rankin	NU-Assistant Professor	louelam@nipissingu.ca
Salwa Musa	NU-Clinical Instructor	salwam@nipissingu.ca
Katalin Peré	UHN-Adjunct Professor	katalinp@nipissingu.ca; Katalin.Pere@uhn.ca
Krysia Thériault	UHN-Adjunct Professor	krysiat@nipissingu.ca; Krysia.Theriault@uhn.ca
Guangxia Meng	NU-Marking/Evaluation	guangxim@nipissingu.ca
Ping Zou	NU –Assistant Professor	pingz@nipissingu.ca
Baiba Zarins	Program Manager	baibaz@nipissingu.ca; Baiba.Zarins@uhn.ca

CONCEPTUAL FRAMEWORK FOR THE SCHOLAR PRACTITIONER PROGRAM

Nursing Philosophy

The NU SPP is based in the philosophies of human science, which may include interpretive, feminist, critical social and narrative inquiries.

The Scholar Practitioner Program (SPP) is grounded in a 'narrative inquiry pedagogy' curriculum. In order to facilitate your success in the program, it is important to understand the philosophical underpinnings and the teaching-learning practices typically used within a narrative inquiry pedagogy curriculum.

This philosophy is in alignment with the Nipissing University School of Nursing and of the affiliate health care organizations with respect to service, research and education.

Teaching-Learning Philosophy

The NU SPP teaching/learning philosophy embraces values and beliefs that connect teachers and learners and inform teaching/learning practices. The core elements of the philosophy influence core design and expectations in teaching/learning experiences. A spirit of inquiry is cultivated in every learner and a research culture embedded in their practice. This approach to education is what is required to produce 'scholar practitioners' for the new tomorrow of practice.

The philosophical underpinnings emerge from a human sciences perspective and as such, seek to understand the human experience in deeply personal, historical, experiential and contextual ways. Human science addresses ways in which self-reflection through the arts and language reveals the human condition.

Nursing education is an interactive process between teachers and learners within an environment that encourages self-directed learning and participant accountability. Uniqueness, open inquiry, and a commitment to continued education are promoted. Application of knowledge and skills in a professional, caring, and holistic manner is expected. Nursing education should provide a broad general education, preparation in professional nursing, and a basis for graduate study.

Curriculum development in this program embraces knowledge from a variety of disciplines. The natural sciences, social sciences, and human sciences contribute to the development of nursing knowledge in providing a broad basis for learners to understand the context of the human health experience. Faculty and learners explore curriculum content, nursing concepts, and nursing issues from a variety of perspectives. Both quantitatively and qualitatively constructed knowledge is valued.

Vision/Program Aim

The Scholar Practitioner Program's aim is to graduate nurses who are practice ready, innovative leaders within the evolving and complex health care landscape.

Mission

The mission of the Bachelor of Science in Nursing Scholar Practitioner Program (SPP) is *to graduate the next generation of nurses; practice-ready scholar practitioners, with an active voice in health care who successfully contribute to the health and well-being of individuals, families, communities, and populations through evidence-based practice*.

Program Purpose

The future of nursing practice is evolving and shifting to a new means of nursing and health care provision, necessitating a new means of nursing education. The nurse of the future as a scholar practitioner will exemplify the characteristics of ***discovery, curiosity, insightfulness, values ethical practice, technologically competent, courageous leadership and critical inquiry.***

The BScN SPP at Nipissing University (NU) represents innovation in nursing education and a strong desire on behalf of the university and affiliate academic health care delivery partners to meet the needs of the changing healthcare system.

Educational Approach

The BScN SPP follows a *Narrative Inquiry Pedagogy* and *Cognitive Apprenticeship* which emphasizes the collaborations between teacher and learner to understand experiences. *Narrative Inquiry Pedagogy* focuses on the processes of teaching, interpreting, critically thinking and analyzing concepts, ideas, and situations. This particular teaching method fosters the creation of partnerships in learning rather than the traditional hierarchy of education and is projected to meet the demands of today's changing healthcare environment. *Cognitive Apprenticeship* looks at the means of knowledge translation and uptake within the context of the health care deliver intersect between preceptor-learner-patient/client and faculty interface. The methods include modeling, coaching, scaffolding, articulation, reflection and exploration. (Dennen & Burner, 2008)

Through the unique partnership with academic health centers, a gateway for research, knowledge, and nursing education is established for learners to create valuable connections of their own. This distinctive partnership provides learners with one of the most experientially rich learning environments available to Canadian undergraduate learners with prospective employment opportunities being facilitated by the participating organizations.

In a narrative inquiry curriculum, co-learners place themselves within a social context. Co-learners become deeply interested in exploring relationships and the theoretical underpinnings of their emerging scholarship. Those involved with a narrative curriculum are co-learners and co-constructors of knowledge. The co-learners (this includes both teachers and learners) come to understand what they are experiencing and that their emerging knowledge is multi-dimensional.

Teaching-Learning Philosophy

Narrative inquiry is the overarching philosophical framework for the SPP program because using narrative inquiry affords teachers and learners a special access to the human experience of time, order, and change, and it obligates us to listen to the human impulse to tell stories (Carr, 1986; Crites, 1971; Connelly & Clandinin, 1990, 1994; Mishler, 1990; Polkinghorne, 1988). Building on Dewey's theory of experience and taking a narrative turn, Clandinin and Connelly (2000) defined narrative inquiry as a way of understanding experience. It is both a view of the phenomena of people's experiences and a methodology for narratively inquiring into experience and thus allows for the intimate study of individuals' experiences over time and in context.

The NU SPP teaching-learning philosophy embraces values and beliefs that connect teachers-faculty and learners and inform teaching/learning practices. The core elements of the philosophy influence core design and expectations in teaching/learning experiences.

Nursing Metaparadigm

Nursing is founded on four metaparadigm concepts below that are common to nursing theories and nursing program curricula. Nursing is the art and science of caring within a therapeutic relationship. The following definitions of the concepts reflect the values and beliefs of the Nipissing University Scholar Practitioner Program.

Health - is a personal and societal resource. Health is defined and redefined by each individual (family, community, population) and has a unique meaning to each. Health is affected by a variety of determinants that are dynamic across the lifespan. Wellness and illness may coexist and, in fact, may intersect. Health may be promoted at any time and may be enhanced, maintained, or destroyed by the actions of persons or environments. Health facilitates the work of individuals, families, communities and populations in working toward their life goals.

Person - is an ever-changing being in constant interaction with his/her environment. Each person is unique in that each comes with individual experiences that inform the moment and the process of dynamic and creative change. For the purposes of nursing and nursing education: persons are individuals; persons may be clients, nurses, colleagues; persons are members of and form families, groups, communities and populations.

Environment - is the ever-changing context within which we live and work and hence, experience health. Our relationship with the environment is interactive and allows for an ever-evolving perception of our potential for change and growth. Components of the environment may be political, economic, social, biological, technological, spiritual, cultural and ecological.

Nursing - is the art and science of caring within a therapeutic relationship. The nurse uses caring, communication, critical thinking and change to co-create health with clients in collaboration with interprofessional teams. Nursing is oriented to the activities of promotion, protection, maintenance, restoration, and end-of-life.

The following conceptual definitions highlight key tenets of our curriculum framework:

Client/Patient/Resident - A client is an individual person or a group of persons (family, community, population) with whom nurses partner. Clients are considered dynamic and autonomous beings, each approaching the nurse-client relationship with unique perspectives and expectations.

Co-learner Student- A nurse (as co-learner) is a knowledgeable person who comes to the nurse-client/learner-teacher interaction with intent to engage in co-creating health in partnership. The co-learner student has a unique set of experiences which inform his/her knowledge. The co-learner student explores 'self' and the influence it has on professional and therapeutic relationships, demonstrating curiosity, insightfulness, and courageous leadership.

Co-Learner Teacher – is a knowledgeable person who comes to the nurse-client/learner-teacher interaction with intent to engage in co-creating health in partnership. The

9

co-learner-teacher has a unique set of experiences which inform his/her knowledge. The co-learner teacher explores 'self' and the influence it has on professional and therapeutic relationships, demonstrating curiosity, insightfulness, and courageous leadership. The co-learner-teacher facilitates knowledge and understanding with respect to College of Nurses of Ontario Entry-to-Practice Competencies (2014), the Code of Ethics (Canadian Nurses Association, 2008), and guidelines from the Regulated Health Professions Act (1991), from which he/she practices.

Scholar Practitioner - Nurses of the future will be scholar practitioners. The practitioner of the future is client centered and partnered with patients/families on the continuum of health/illness and living/dying. Nurses are self-directed leaders for best practice and quality of care. They are using new technologies for the assessment and treatment of patients and to deliver healthcare services. They are networkers and relationship builders moving horizontally within the healthcare system. Nurses lead teams of professionals and support staff to deliver healthcare in the future.

Scholar Practitioner Program – BScN Curriculum Framework

Curriculum is defined as those transactions and interactions that take place between co-learner students and co-learner teachers and among co-learner students with the intent that learning take place (Bevis & Watson, 1989, p. 72). Curriculum-making is an "account of teachers' and students' lives together in schools and classrooms" that "erases the distinction between curriculum and instruction, between ends and mean (Clandinin & Connelly, 1992, p. 392). There is a uniqueness to nursing curricula that is seen in the combination of content and context. The framework Nipissing University BScN Scholar Practitioner Program reflects that uniqueness. It is founded on ways of knowing that value the acquisition of evidence-based knowledge and the development of critical thinking skills that lead to innovative and creative understandings of peoples' experiences of health.

The Curriculum Framework for the Scholarship Practitioner Program is based upon the models of Dahlgren and Whitehead (1991) Determinants of Health model where the health system and social determinants of health encompass the complexity of the environment where nurses practice. The original layers have been supplemented with a final layer representing the characteristics of the nurse of the future, who engages with clients to co-create health.

The four concepts of the nursing metaparadigm provide the **context** within which co-learner students will learn to acquire nursing knowledge. A second dimension of the framework is built from the **perspectives** from which nurses approach their work: health promotion, health protection, health restoration, health maintenance and end-of-life care. The third dimension provides the **processes** that nurses use in co-creating health with clients: caring, communication, critical thinking, and change. As illustrated, it can be visualized within the diagram as follows (See Figure 1).

Figure 1

Curriculum Framework - 2nd Degree Entry Program

PERSPECTIVE DIMENSION
- Promotion
- Protection
- Prevention
- Maintenance
- End of Life
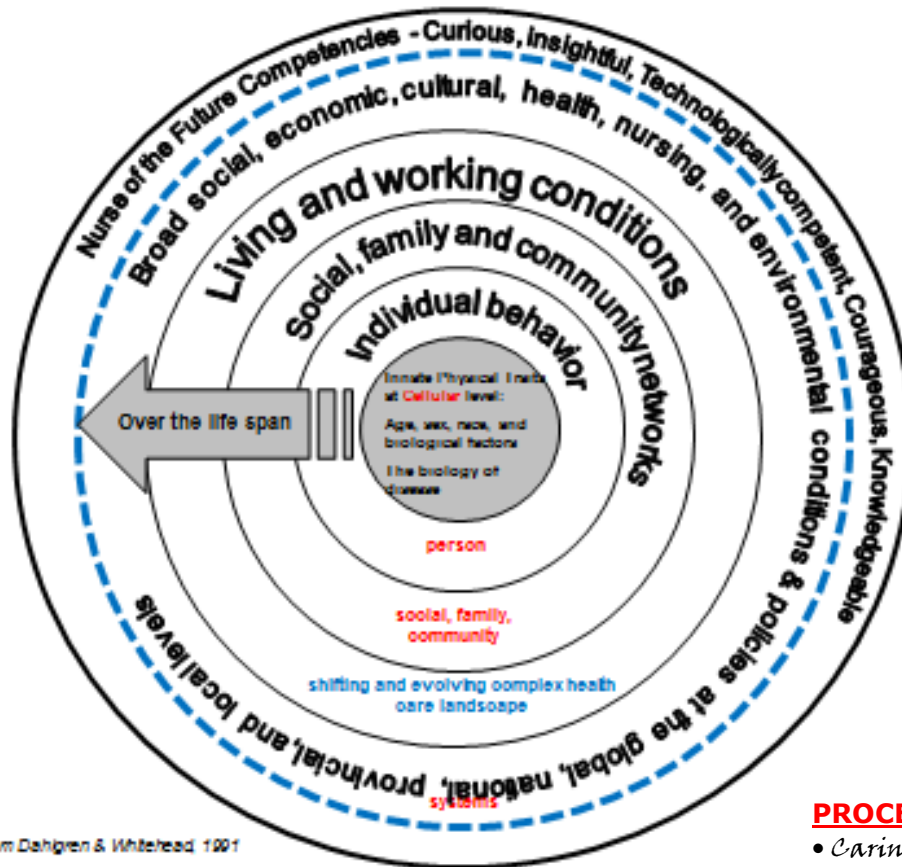
CONTEXT DIMENSION
- Person
- Health
- Environment
- Nursing

PROCESS DIMENSION
- Caring
- Critical Thinking
- Communication
- Change

Nurse of the Future Competencies - Curious, Insightful, Technologically competent, Courageous, Knowledgeable

Broad social, economic, cultural, health, nursing, and environmental conditions & policies at the global, national, provincial, and local levels

Living and working conditions

Social, family and community networks

Individual behavior

Over the life span

Innate Physical Traits at Cellular level: Age, sex, race, and biological factors The biology of disease

person

social, family, community

shifting and evolving complex health care landscape

systems

Adapted from Dahlgren & Whitehead 1991

The second model, based on the work of Schon (1983) and Schwab (1973), demonstrates that the framework for the BScN curriculum is multidimensional and complex. It is founded on the concepts of learner, faculty (adjunct professor and tenured professor status), milieu (as environment including preceptor and client) and subject matter (as content). The dimensions of the framework are connected in that each learning moment is intended to capture multiple concepts along each interface, ensuring that each learning moment and experience adds depth and meaning to, and relevance for the learner's developing practice. Nursing is a practice profession; it is the intent that all of the learning experiences contribute to and enhance professional practice.

Figure 2
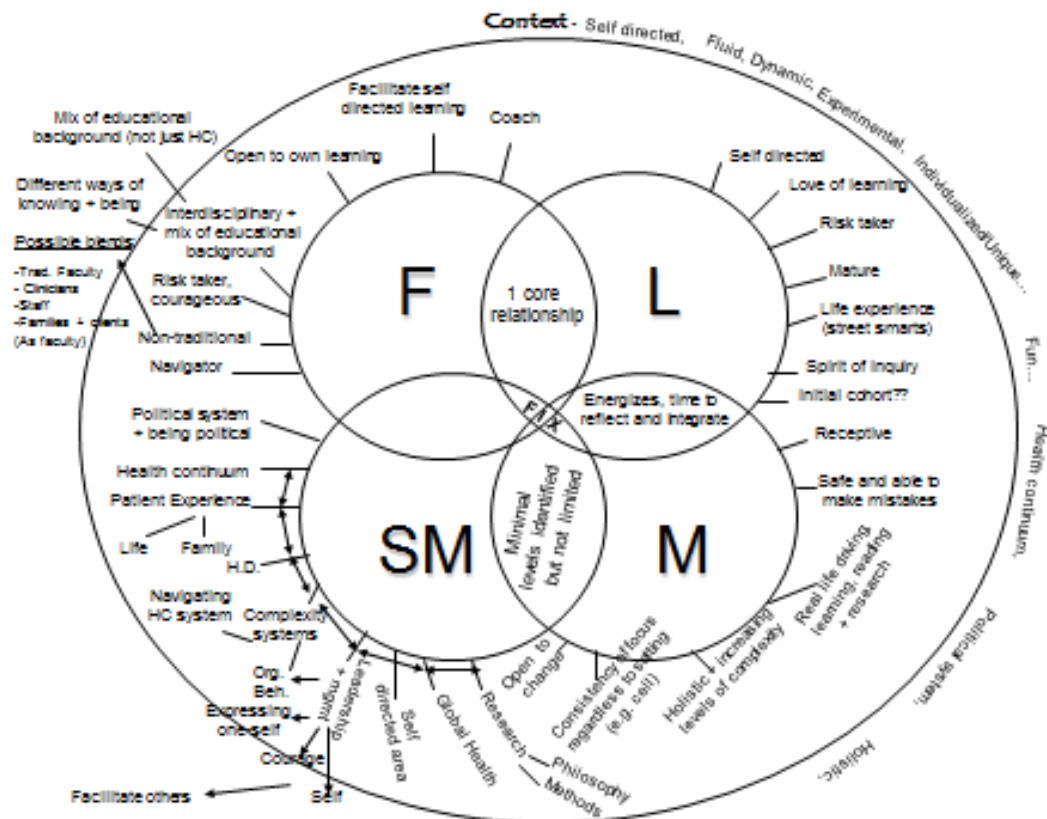
F= faculty   L= learner   SM= Subject Matter   M= Milieu

Adapted from: Schon, D. A. (1983). The reflective practitioner: How professionals think in action. New York: Basic Books

Context Dimensions

The interstices of the framework illustrate the interrelated conditions which inform the moment (learning moment, healing moment, and therapeutic interaction moment). The person describes the humanness, the narrative of the moment. The environment describes the circumstances by which one (person) is surrounded and influenced. The concept health articulates the involved persons' understanding and interpretation of this resource. Leadership, as a context dimension concept, highlights the nurse's leadership role in each moment of his/her practice/learning.

Planned Curriculum

The curriculum framework identifies the primary forces or dimensions of nursing as viewed within the Scholar Practitioner BScN program. Program content is developed to meet the knowledge needs of beginning practitioners consistent with the Statement on Baccalaureate Education from the Canadian Association of Schools of Nursing. Each of the three dimensions of the framework is explored in increasing depth and complexity as learners progress through the program. This increasing depth and complexity is reflected in the year objectives and further in the course descriptions. Content exploration and coverage is intended to ensure that all graduating learners meet the competencies set out in Ontario by the College of Nurses of Ontario. As well, courses, content,

12

and learning activities were influenced by the Regulated Health Professions Act guidelines and the Canadian Nurses Association Code of Ethics.

Lived Curriculum

Co-learner students bring with them an inquiring mind and the desire to develop the knowledge, skills, and attitudes to prepare to practice effectively in an ever-changing and complex health care environment. Co-learner students bring life experience, beliefs and values, and a knowledge base that informs and influences their learning process.

Program faculty brings both scholarly knowledge about nursing education and practice experience. Program faculty bring a desire to share this knowledge with co-learner students in a way that facilitates the acquisition of knowledge and the development of critical thinking skills in a way that has personal meaning for the co-learner students.

The essence of the nursing curriculum emerges from the interactions amongst (not merely between) faculty and student co-learners. These interactions take place in scheduled learning sessions, laboratories and predominately clinical practice settings. The subjects of these interactions are co-learner students, program faculty, practicing nurse preceptors, members of the health care team and clients. The curriculum is what actually occurs within these relationships; it comes to life through the purposeful exploration of program content. Within these interactions, the roles of program faculty and learner are fluid and dynamic, with the expectation that all involved are teaching and learning toward evolving their practice and furthering their understanding of self.

SCHOLAR PRACTITIONER PROGRAM CONCEPTUAL FRAMEWORK

A Deweyan view of experience is central to narrative inquiry pedagogy and is used to frame a metaphorical three-dimensional narrative inquiry space. Beginning with a narrative view of experience, learners attend to place, temporality, and sociality, from within a methodological three-dimensional narrative inquiry space that allows for inquiry into both learners' and participants' (ie. clients) storied life experiences (Clandinin and Connelly 2000). Within this space, each story told and lived is situated and understood within larger cultural, social, and institutional narratives. Narrative inquiry is marked by its emphasis on relational engagement between people. Narrative inquiry, across various disciplines and multiple professional fields, aims at understanding and making meaning of experience through conversations, dialogue, and participation in the ongoing lives of people (Connelly and Clandinin, 1990, 2006).
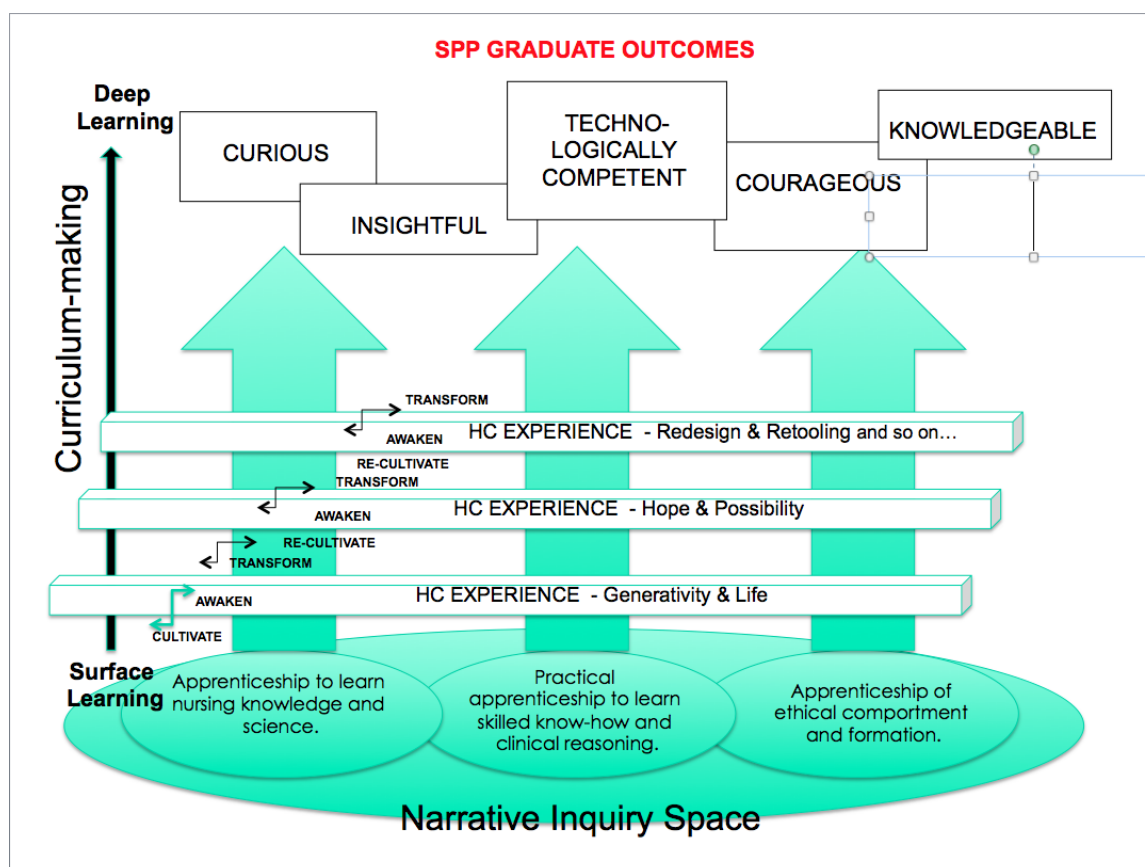
College of Nurses of Ontario Competencies

The program outcomes as mapped out against College of Nurses of Ontario Entry to Practice competencies:

NURSE OF FUTURE COMPETENCIES ⟶	CURIOUS	INSIGHTFUL	TECHNO-LOGICALLY COMPETENT	COURAGEOUS	KNOWLEDGE-ABLE
CNO ENTRY TO PRACTICE COMPETENCIES ↓					
Professional Responsibility and Accountability (1 – 23)		X		X	X
Knowledge – Based Practice: Specialized Body of Knowledge (24 – 35) Competent Application of Knowledge (36-74)	X		X		X
Ethical Practice (75 – 86)		X		X	
Service to the Public (87 – 94)				X	X
Self- Regulation (95 – 100)		X			X

College of Nurses of Ontario (2014) Competencies for entry-level Registered Nurse practice. Toronto, Author

PROGRAM OUTCOMES

The aim of this program is to graduate the next generation of nurses who are 'practice-ready scholar practitioners' able to nurse within the evolving and complex health landscape.
The graduate from this second degree program is proficient in the following skills and exhibits the following characteristics:

Curious: The SPP graduate is passionate about exploring new possibilities through their spirit of inquiry and creativity.

Insightful: The SPP graduate reflects on actions and thinking in relational practice.

Technologically Competent: The SPP graduate has the capability to locate, apply and adapt new and existing technologies and bodies of knowledge to multiple practice situations.

Courageous: The SPP graduate questions what is known in the world, seeks and discovers new perspectives, and lives dangerously in the fluidity of new and known thought.

Knowledgeable: The SPP graduate is a learned practitioner who has the capability to question and think-in-action.

Graduates of the BScN SPP are expected to:

1. Apply semester themed concepts *of Generativity & Life, Functionality of Mind, Body & Spirit, Hope and Possibility, Experiential Integration, Retooling& Redesign and Challenging the System*, to professional nursing practice, guided by professional regulation, health care, policy and professional standards.

2. Use knowledge and insightfulness to develop and sustain therapeutic relationships with clients within a complex changing healthcare environment.

3. Utilize evidence-based knowledge to co-create health with individuals, families and populations in increasingly complex and changing healthcare environments.

4. Use *multiple ways of knowing*, sciences and information technological advancements to ensure client outcomes are achieved in collaboration with the healthcare team and other partners.

5. Engage in leadership activities to courageously transform nursing practice on a local and/or global level based on relevant principles and theories.

Semester Themes:
Semester 1: Generativity and Life
Learning involves the discovery of one's own narrative and those of others through inquiry. Through concepts of narrative inquiry, scholarship and nursing, learners find meaning in embodied experiences; who they are and how they reciprocally influence the world.
Semester 2 - Functionality of the Mind, Body, Spirit
Learners refer to previous knowledge, inquiry and practicum experience to deepen the embodied experience of nursing by transitioning to novice practitioners. Learners recognize that health care needs and the nurse's practice must account for growth and change of the whole person over the lifespan.
Semester 3 - Hope and Possibility
Through authentic engagement, the learner identifies, focuses, and nurtures existing and new capabilities. Focusing on capabilities creates hope and empowers individuals, families/groups and communities to enhance health and healing.
Semester 4 - Experiential Integration
Learners integrate scholarship in new contexts to understand the complexity of health care so that an increase in scope and application to individual practice is expected. The knowledge of leadership and change is analyzed and evaluated through a nursing lens.
Semester 5 - Retooling and Redesign
Learners integrate and evaluate previous learning within their current understanding of health care. Learners recognize an opportunity for, and create an initiative for change.
Semester 6 - Challenging the system
Learners make meaning of their discoveries and expand their view of nursing as an integrated component within a larger system enabling them to question the factors which create and influence the system.

Metaparadigm (Concepts of SPP - see pg. 5)	Outcome Concept / Context expressed in Program Leveling (1 - 8)	Challenge as Identified by Curricular Framework	Characteristics of Graduate of SPP program
Person (Client)	Caring (1)	Changing Patient Demographics, Regulation, Policy and Professional Standards	Insightful, Curious
(Client) (Subject Matter)	Therapeutic Relationship and Therapeutic Communication (2)	Changing Patient Characteristics, Increasing Complexity of Health Care	Insightful, Knowledgeable, Courageous
Health (Subject Matter)	Co-Creating health and well-being (3)	Changing Patient Demographics	Knowledgeable, Curious
(Subject Matter)	Nursing Process to address Health Care Goals (4)	Increasing Complexity of Health Care	Knowledgeable, Insightful, Curious
Environment (Milieu) (Program Faculty)	Inter-Professional Team Intersection of Health Care Teams (5)	Complexities of Health Care Changing Patient Demographics	Knowledgeable, Courageous,
Nursing (Student as Co-Learner) (Subject Matter)	Scope of Practice (1)	Regulation, Policy and Professional Standards	Insightful, Knowledgeable
(Subject Matter)	New Knowledge - Ways of Knowing (6)	Science and Technology	Technologically Competent
(Subject Matter)	Critical Reflection, Critical Thinking and Clinical Reasoning (7)	Science and Information Technology Changing Patient Demographics	Curious, Knowledgeable, Technologically Competent
(Student as Co-Learner)	Leadership and Change (8)	Leadership / Globalization	Courageous Insightful

Each leveled competency is addressed in each semester as indicated below. Details of individual semester objectives and expectations are located within each NU SPP semester syllabus.

Outcome Concept Context expressed in Program Leveling (1 - 8)	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6
(1) Caring / Scope of Practice	With guidance, recognizes the application of caring and scope of practices professionally within legislative and ethical parameters.	With guidance, begins to develop the knowledge for application of caring and demonstrates new novice level scope of practice professionally within legislative and ethical parameters.	With minimal guidance demonstrates novice level caring, knowledge and skills to practice professionally within legislative and common ethical parameters.	Demonstrates safe use of caring skills and advancing beginner analytical thinking to practice professionally within legislative and common ethical parameters.	Recognizes and applies knowledge and skills of the concept of caring to practice professionally within legislative and ethical parameters	Demonstrates confidence to mastery in care and performing caring skills to practice professionally at the entry to practice level and within legislative and ethical parameters
(2) Therapeutic Relationship / Therapeutic Communication	With guidance, recognizes the importance of therapeutic communication & a relationship and/or partnership with individual adult clients.	With guidance, begins to develop a novice understanding of the principles of therapeutic communication and a relationship and/or partnership with individual adult clients.	With minimal guidance, develops novice level therapeutic communication & relationships or partnerships with individual clients and client significant others (reflects clients & significant others from	Demonstrates therapeutic communication & relationships or partnerships with individuals, families, groups, communities / populations at the novice level and within professional, ethical and legislative	Develops and with the support of analytical thinking sustains therapeutic communication & relationships or partnerships with clients (individuals, families, groups, communities and	Demonstrates confidence / mastery in the development of therapeutic communication & relationships or partnerships with clients (individuals, families, groups, communities and populations) at

			across the lifespan).	scope of practice standards.	populations) at the advanced beginner level and within professional, ethical and legislative scope of practice standards.	the entry to practice level and within professional, ethical and legislative scope of practice standards.
(3) Co-Creating health and well-being	With guidance recognizes the importance of health and fosters well-being with individual adult clients.	With guidance, begins to understand how to co-create health and foster well-being with individual adult clients.	With minimal guidance, develops knowledge and skills to co-create health and foster well-being with individual clients (across the lifespan) at the novice level of professional practice.	More independently develops abilities and skills to co-create health and foster well-being with individuals, families, groups, communities and populations at the advancing beginner level of professional practice.	Demonstrates the knowledge and ability to co-create health and foster well-being with client(s) with complex health needs at the advanced beginner level of professional practice and legislative parameters.	Demonstrates confidence / mastery in the ability to co-create health and foster well-being of client(s) with complex health needs at the entry to practice level and within professional and legislative parameters.
(4) Nursing Process to address Health Care Goals	With guidance, recognizes the nursing process and safely assists the individual adult client to identify, plan and meet desired health goals as	With guidance, begins to understand how to apply the nursing process to safely assist the individual adult client to identify, plan and meet	With minimal guidance, safely uses the nursing process at a novice level to assist individual clients from across the lifespan to	More independently develops the ability to safely and competently demonstrate use of the nursing process to assist	Demonstrates safe and clinically competent use of the nursing process to facilitate individuals, families, groups, and	Demonstrates confidence / mastery in the safe and competent use of the nursing process to facilitate individuals, families,

19

	supported through the client's perspective(s) of health promotion, health protection, health restoration and health maintenance.	desired health goals as supported through the client's perspective(s) of health promotion, health protection, health restoration and health maintenance.	identify, plan and meet desired health goals as supported through the client's perspective(s) of health promotion, health protection, health restoration and health maintenance at the novice level of practice.	families, and communities / populations to identify, plan and meet desired health goals as supported through the client's perspective(s) of health promotion, health protection, health restoration and health maintenance at the advancing beginner level of practice.	communities / populations to identify, plan and achieve desired health goals as supported through the client's perspective(s) of health promotion, health protection, health restoration and health maintenance at the advanced beginner level of practice.	groups, and communities / populations to identify, plan and to achieve health goals through the client's perspective(s) of health promotion, health protection, health restoration and health maintenance at the entry to practice level and within professional and legislative parameters of practice.
(5) Inter-Professional Team	With guidance and through observational experience can identify members of the health care team and can recognize their respective professional roles and responsibilities in accordance	With guidance, begins to participate in the health care team by recognizing the various roles / responsibilities of the health care team and initiating professional communication with selected	With minimal guidance, participates in the health care team by recognizing and reporting common and significant clinical findings for the individual client (from across the lifespan) and at the novice level	More independently develops the ability to participate in the health care team by recognizing and reporting common & significant clinical findings for individuals, families,	Demonstrates the ability to participate and effectively communicate with the health care team by recognizing and reporting common & significant clinical findings for individuals, families, groups,	Demonstrates confidence / mastery in the ability to participate and effectively communicate with the health care team by recognizing and reporting common & significant clinical findings for individuals,

Intersection of Health Care Teams	with legislative parameters.	members of the team.	can accurately communicate them to selected health team members.	groups, communities / populations and communicates them to selected health team members at the advancing beginner level of practice.	communities / populations and communicating them to selected, appropriate health team members at the advanced beginner level of practice.	families, groups, communities / populations and communicating them to selected, appropriate health team members at the entry level to practice and in accordance with professional, ethical and legislative parameters.
(6) New Knowledge - Ways of Knowing	With guidance and the development of new conceptual and theoretical knowledge begins to understand the need & importance of: critical reflection; critical thinking; and reasoning grounded within science (as selected principles and theories used in nursing	With guidance, begins to develop a novice level of understanding & level of application for critical reflection, critical thinking and reasoning. This reflects novice level integration of new nursing concepts / knowledge (as selected principles and theories in	With minimal guidance begins to apply and use critical reflection, critical thinking and reasoning as skills at a novice level in the application of science and selected principles and theories in nursing and for use in self-evaluating professional practice and decision making	More independently develops the ability to apply and use critical reflection, critical thinking and reasoning as skills at the advancing beginner level in integrating and applying selected principles and theories in nursing and in support of self-evaluation of professional	Demonstrates the ability to apply and consistently use critical reflection, critical thinking and reasoning as skills at the advanced beginner level in integrating and applying selected principles and theories in nursing and in support of self-evaluation of professional	Demonstrates confidence / mastery in the ability to apply and consistently use critical reflection, critical thinking and reasoning as skills at the entry to practice level that supports the integration of science (as appropriate principles and theories in & for nursing) in guiding

	practice) as essential foundations for integration and application in guiding professional practice and decision making.	nursing) and also begins to recognize their utility and potential congruence within professional practice experiences.	within self – directed practice learning experiences.	practice standards and professional practice decision making with clients across the lifespan.	practice standards and professional practice decision making with clients across the lifespan.	professional practice, compliance with professional practice standards and decision making with clients across the lifespan.
(7) Critical Reflection, Critical Thinking and Clinical Reasoning	With guidance, begins to develop new knowledge and understanding of the ways of knowing and the role of research in contributing to evidence-based nursing practice.	With guidance, begins to recognize the role of research and understands its integration into practice contributes an important role in the development of evidence-based practice(s) and decision-making.	With minimal guidance can successfully search for relevant research reports in support of professional nursing practice and can critique the research at a novice level of understanding	More independently is able to search, review and critique research reports at the advancing beginner level for relevance and quality / utility of reports in support of professional nursing practice.	Demonstrates the ability to apply search strategies and review critique of research reports in a reflective evaluation of research findings quality and utility as support to evidence based practice. This also includes the ability to incorporate relevant research results into nursing practice with individuals, families and groups.	Demonstrates confidence / mastery in the ability to apply and consistently use research in the validation of professional practice as evidence-based nursing at the entry to practice level and by applying and assisting others to apply appropriate research results in the continued evaluation of professional and ethical practices.

(8) Leadership and Change	With guidance begins to develop an awareness of the values, roles and the context of change as supported by nurse leadership.	With guidance, develops greater awareness and understanding of the change process(es); change theories and principles; and the perceived value(s) and role(s) of nurses as nurse leader change agents.	With minimal guidance, assumes a novice level – leadership role when working with individual clients across the life span and from critical reflection of practice in transformational experience setting is able to identify an issue or concern of importance to benefit from the development of a nurse leadership planned change.	More independently is able to assume an advancing beginner leadership role when working with individual clients, across the lifespan and practicing within the clinical practice – transformational experience setting & identifies a nurse leadership planned change initiative for environmental scan development as an advancing beginner.	Demonstrates the ability to plan and purposefully engage in the process of change development to support the application of nursing leadership at the advanced beginner level of professional and ethical practice.	Demonstrates confidence / mastery in the ability to plan and purposefully engage in the process of change development to support the application of nurse leadership at the entry to practice level of professional, ethical and research practice standards.

23

COLLEGE OF NURSES OF ONTARIO

Important Information for Individuals Enrolling in Nursing Programs in Ontario

The College of Nurses on Ontario (CNO), the body responsible for regulating nursing in Ontario, sets entry to practice requirements that nurses and practical nurses must meet to become registered in Ontario. CNO's mission is to regulate nursing in the public interest. Among CNO's entry to practice requirements are provisions specifically intended to enhance public safety. These provisions require that applicants for registration in Ontario must:

- not have been found guilty of a criminal offence or an offence under the *Narcotic Control Act (Canada) or the Food and Drugs Act (Canada);*

- not have been the subject of a finding of professional misconduct, incompetence or incapacity, whether in Ontario or in another jurisdiction and whether in relation to the nursing profession or another health profession;

- not currently be the subject of proceedings for professional misconduct, incompetence or incapacity, whether in Ontario or in any other jurisdiction and whether in relation to the nursing profession or another health profession; and

- not suffer from a physical or mental condition or disorder that makes it desirable in the public interest that he or she not practice nursing.

An applicant for registration who does not meet one or more of these requirements must inform CNO and provide details about the incident or situation. The applicant will not necessarily be refused registration because CNO's Registration Committee will review information about the incident or situation to determine if an exemption from the requirement(s) will be granted. An applicant for registration, who does not inform CNO, may have their application for registration cancelled, or any certificate of registration which may be issued revoked.

If you have any questions about these registration requirements, please contact CNO at (416) 928-0900 or 1-800-387-5526. CNO website: *www.cno.org*

GENERAL ACADEMIC GUIDELINES

Academic Calendar
http://www.nipissingu.ca/artsandsciencecalendar/

It is understood that learners, by the act of registering, agree to abide by the regulations of the University and the instructors of the course in which they are registered. Learners are expected to familiarize themselves with the general information outlined in the Calendar as well as the information provided by their instructors.

Academic Misconduct
Refer to Academic Calendar.
http://academiccalendar.nipissingu.ca/~/Catalog/ViewCatalog.aspx?topicgroupid=526

Academic misconduct includes cheating, plagiarism, unauthorized collaboration, facilitation of someone else's misconduct, and fabrication. Below is a *non-comprehensive* listing of examples of learner academic misconduct:
- ❑ Copying another person's work.
- ❑ Downloading a paper from the Internet.
- ❑ Writing a paper for another learner.
- ❑ Handing in the same paper for more than one class.
- ❑ Fabricating data to fit your results.
- ❑ Insufficiently documenting sources.

Academic Progression and Advising
Learners having academic difficulties in a particular course/semester are strongly urged to contact their program faculty as soon as possible for advice and assistance. Nipissing University Academic Advising services are also available to assist for individual consultation. Learners must complete the NU SPP (Bachelor of Science in Nursing) within three (3) years from the original date of admission.

Starting this fall, the Academic Advising Office will be doubling the number of phone appointments available for Distance students on Monday and Thursday afternoons. Students can sign up for these Same Day Phone Appointments (formerly Online Drop Ins) Monday and Thursday mornings from 9 am to 11 am, with the advisors calling students back that same day. Students can sign up through the link in WebAdvisor under "Communication" called "Academic Advising Phone Appointments".

Phone appointments are best for longer discussions, however students who have quick questions can reach out to us via email at distanceadvising@nipissingu.ca .

Attendance Policy
Punctual and regular attendance is essential for the successful completion of any semester course and the overall program. Attendance may be taken for tracking purposes and follow-up. When absenteeism exceeds 20%, the learners may be excluded from progressing to the next semester. Missed session content during inquiry, practicum or reflective phases are completed by individual arrangement with respective SPP faculty. Learner records of attendance may be shared in all letters of reference prepared by the Scholar Practitioner Program, and incorporated within program professionalism standard records.

25

Attendance Policy (for transformative practicum phase courses)

Full-time attendance is part of the value system of the professional nurse and of the nursing profession. Attendance at all clinical experiences (including lab, pre-clinical, post-conference, and community placements) is **COMPULSORY** and will contribute significantly to a learner's success in nursing. Records of attendance at clinical experience (including lab, pre-clinical, post-conference weekly reflection sessions, and community placements) will be maintained during the length of the program. Absences from clinical experience of more than 2 days due to illness require a note/documentation from a physician. Learners missing 2 days or more will have their case/name forwarded to the program Manager and/or Director for consideration. Learners must make up **all** clinical/experiential shift hours in consultation with their program faculty and preceptor. Learners are **not** permitted to work more than **three** 12 hour shifts (or any combination thereof) in any week except in **specific** authorization/consultation with program faculty and preceptor.

Absences from Transformative Practicum (clinical)

Learners must follow the instructions given by their program faculty during orientation, for reporting absence in the clinical area.

If requesting leave for extenuating circumstances, learners **must** notify their respective clinical preceptor and program faculty. Length of leave will be discussed on an individual basis. Leave due to illness requires a primary health provider note; bereavement leave may require death certificate and travel receipts. Additional assignments may be required for learners who have missed clinical experiences.

Absences from Quizzes, Tests, or other graded components

The following guidelines apply unless indicated otherwise in the course outline. A mark of zero (0) will be given for any missed test or quiz or evaluative component, unless alternate arrangements are made with the SPP program faculty.

Absences from Final Examinations

Student co-learners who are unable to write mandatory final examinations because of illness or other circumstances beyond their control (or whose performance on the examination has been impaired by such circumstances) may, on application, be granted permission by the Dean to write a special final examination. Details regarding the application and approval of special examinations may be found in that section of the Nipissing Academic Calendar.

Academic Integrity

All courses are subject to the same rules and regulations surrounding academic integrity and academic dishonesty. Please refer to the "Policy on Academic Dishonesty" section of the current Nipissing University Academic Calendar regarding a complete listing and applicable descriptions of offences and penalties.

Appeals

The following definitions are taken from the Nipissing University calendar. Please refer to the calendar for further explanation:
http://academiccalendar.nipissingu.ca/~/Catalog/ViewCatalog.aspx?topicgroupid=526

Appeal Definitions

An *appeal to the Dean* is a request that a grade on a particular piece of work or final standing in a course or program be changed on grounds related to the accuracy or fairness of the mark assigned. These grounds must be provided by the individual making the appeal.

A *petition to the Dean* is a request that a grade be adjusted, or a course requirement specified by the instructor be waived, on compassionate grounds or because of extenuating circumstances.

An *appeal to the appeals committee* is a request that a decision of the Dean regarding an appeal or petition to the Dean be changed or a request that a decision with regard to academic dishonesty be changed.

Details regarding the appeals procedure may be found in that section of the Nipissing Academic Calendar.

Assignments

The following guidelines apply unless indicated otherwise in the course outline. All assignments must include references and follow the most recent APA Edition format (6th). Assignments must be submitted electronically via Blackboard, which automatically screens submissions through authentication programing. Print copies may be requested as per program faculty preference. Five percent (5%) of the potential mark standardized to 100% will be lost for each day of lateness. Spelling and grammar must be accurate. A maximum of 20% of the mark for each written assignment will be assigned to spelling, grammar, and format. All assignments are due on the specified date. If permission is received for a late submission, the assignment will be due on the agreed upon date.

Assignments-Writing Competency Expectations

Writing competency is an expected outcome of the nursing program and the University. In an effort to prepare learners well in this area, the faculty developed the following writing criteria to be used in assessing all learners' writing.

- ❑ The writing has a focus.
- ❑ The writing should be organized with an introduction, purpose, sense of audience, thesis, and conclusion.
- ❑ The writing shows development, organization, and detail; the writing reveals the learner's ability to develop ideas with balanced and specific arguments.
- ❑ The writing is clear.
- ❑ There is coherence within and between paragraphs.
- ❑ The writing reflects critical thinking, linking the specific to the general.
- ❑ The writing contains appropriate sentence structure, variety, punctuation, and spelling; it is free from errors in grammar and punctuation.
- ❑ The writing follows APA style and format unless another style and format is specified for a particular purpose.
- ❑ The writing follows APA guidelines and commitment to reduce bias in language.
- ❑ The writing demonstrates original work, and where ideas or materials of others are used, appropriate credit is given to original sources.

Additional expectation criteria are included in evaluation rubrics, as provided within semester syllabi. Learners are strongly encouraged to incorporate feedback of evaluated assignments into subsequent assignment submissions.

Blackboard

Nipissing University utilizes Blackboard as its communication platform. The Scholar-Practitioner Program shell is set up as a comprehensive shell which includes all three nursing

courses of each semester. Semester schedules, curricular documents and resources are posted by program faculty within the current and active semester shell. Learners are responsible to ensure their continued access to Blackboard to access materials as well as to submit semester assignments. For assistance in access and tech support, please contact NU Blackboard Technology Services at: *techsrv@nipissingu.ca*

Compensation

Learners are not to receive any compensation, financial or otherwise, for any acquisition of clinical experience hours during enrolment in this program.

Computer Services

Refer to Nipissing University website to locate guidelines for computer services.

Cardiopulmonary Resuscitation Certification (CPR)

All learners are required to maintain valid CPR – BLCS certification for the duration of their studies. All non-academic documentation is to be submitted electronically only as per instructions of NU Clinical Clearance at *clinicalclearance@nipissingu.ca*

Clinical (Practicum) Signature

Student nurses must sign their names in clinical documentation for care provided, as per CNO standards and organizational policy. The identity signature for any applicable handwritten clinical documentation is as follows:

Your name, SN, NU: SPP

In electronic documentation systems, your signature and student status will already appear as part of your user profile, therefore it will automatically appear with any e-chart entries as your electronic signature.

Evaluation-Inquiry, Transformative Practicum and Reflection Phases

Learners **must** obtain a pass in all core components and courses of each semester in order to progress within the program. The academic component is a weighted grade. The practicum and reflection pieces for the program will be assessed by a pass/fail or sat/unsat grade.

Faculty evaluation of learner performance occurs throughout each semester (academic or practicum) settings; highlighting strengths and areas of improvement, with the majority of the feedback being verbal. If at any time during the semester a learner is identified as failing to meet course and/or program standards, learner will be required to complete a written assessment contract with assigned program faculty. After program faculty and learner sign the assessment, the original is kept on file for continued review.

Evaluation-Learning Portfolio

Learners will participate in reflective activities and will submit a comprehensive portfolio for evaluation each semester. The portfolio contains, but is not limited to the individualized learning plan, required written reflections, artifacts demonstrating achievement of learning goals and required practicum documents (e.g.: signed timesheet, evaluations). The semester portfolio is used as a progressive collection of artifacts evidencing learner growth over the six semesters of the BScN SPP Program. See Appendix C for sample evaluation rubric.

Evaluation-Inquiry Phase

The inquiry course for the program will be assigned a numeric grade. The following grading scale will be used for evaluation as per the NU academic calendar. Grades are posted in NU Web

28

Advisor as a numeric, as applicable.

> A – 80-100%
> B – 70-79%
> C -- 60-69%
> D – 50-59%
> F – 0-49%

Co-learners must complete all nursing theory courses with a minimum grade of 60% in order to progress through the program. ***Although all Inquiry phase courses are considered nursing graded courses in the program, the contributing elements of this grade can occur throughout the entire semester. Any learner considering external and/or pediatric experiential practicum must maintain a minimal overall average of 75%.***

Evaluation-Professionalism

The NU SPP collaborates with students as co-learners within the profession of nursing. All SPP learners are assessed as evolving practitioners in that encompasses elements such as, but not limited to: attendance, participation, engagement in seminars and scholarly discourse, preparation for clinical placements in respect to specific domains of health care professionalism as per College of Nurses of Ontario (CNO) Standards of Practice. Each semester, a Professionalism Form will also be completed in conjunction with program faculty and will assess professional and inter professional engagement within their assigned learning sites and / or health care system continuum /organizational or agencies environment(s). This will include the ability of the learner to provide care and practice in a way that reflects consistency with College of Nurses Standards (including but not limited to Nursing Standards of Practice, Ethics, Professionalism, Documentation, and Safe Medication Management) The Faculty will determine status, as needed, with preceptor and learner consultation. A pass mark in the Professionalism Evaluation is required each semester for successful progression through the program. See Appendix D for sample form.

Evaluation-Semester and Faculty

Learners are expected to evaluate NU program faculty and the courses that they complete. At the end of every course, a learner will be asked to facilitate the distribution and collection of evaluations. The SPP Program Manager will ensure process is completed and confidential response sheets send to North Bay campus. Evaluations are reported as aggregate data and individual learner identifiers are not disclosed.

In addition to evaluation of faculty, learners are regularly asked to evaluate course content, course materials and program faculty via web based surveys. These evaluations are also confidential and used to define and make improvements in program curricula.

Final Grades

Final grades are posted and accessed through Nipissing University Web Advisor. Final grades will be withheld for learners who have outstanding accounts with the University. Such learners will forfeit their right to appeal any grades. Grade reports are not issued to learners, however unofficial transcripts can be obtained electronically through Web Advisor. Official transcripts can be ordered from the NU Office of the Registrar.

The School of Nursing encourages all learners to monitor their academic performance and to notify of any errors in grades. Faculty can only change a learner grade if there is evidence that a miscalculation was made in the computing of the grade. Faculty are responsible for informing learners of their performance on each test, assignment, and/or learning assessment as the

29

semester progresses. Learners are responsible for knowing their standing within each class, based on the grading scale outlined in the course syllabus.

Finances
Learners are responsible for all associated costs and expenses incurred for application to or while enrolled within any Nursing program. These may include, but are not limited to, the following: BCLS-HCP CPR certification, criminal reference check/vulnerable sector screening clearance, mask-fit testing, required lab/practicum equipment and/or supplies, licensure preparatory requirements, transportation to and from any theoretical and/or practicum course placement, etc.

Inclement Weather
In the event of a severe weather alert issued by Environment Canada for the Greater Toronto Area, scheduled program sessions may be cancelled and/or re-scheduled to an alternative format of delivery. (e.g.: Blackboard discussion posts, teleconference, Zoom, etc..) at the discretion of program faculty and administration. Specific alternative arrangements are provided at the time of occurrence.

As transformative practicum shifts and placement locations vary, learners are strongly encouraged to use individual assessment of risk and safety in attending or cancelling their scheduled shift. Practicum preceptor and program faculty mentor must be notified of attendance status for tracking purposes. Learners residing close to practicums and who wish to attend clinical during inclement weather conditions do so in assuming all personal risk and safety of travels.

Incident Reports
In accordance with Nipissing University and health care agency policies, an incident report must be completed within 24 hours and on file for any learner who experiences a clinical incident (e.g.: personal injury or health care intervention error) during their clinical experience. Forms and process information is available through the NU SPP website and specific health care agency.

https://www.nipissingu.ca/academics/faculties/applied-professional/school-of-nursing/Documents/BScN_Blended-SPP_Clinical-Incident-Form.pdf

Incomplete Grades
In accordance with University policy, a grade of "I" (or Incomplete) may be given in unusual situations such as serious illness or unusual circumstance beyond a learner's control. Incomplete grades are given at the discretion of the faculty after appropriate consultation.

Letters of Permission
Learners may be permitted to take professional development courses/workshops/e-learning opportunities at educational institutions or health care agencies with the permission of program faculty. Learners are responsible for any time, scheduling and costs incurred while taking alternative courses other than those specifically outlined within the Scholar Practitioner Program.

Learning Plans (LP)
Individual learning plans are the core learning journey document of each semester that outlines a co-learner's goals, objectives, identifies resources, timelines and evaluation. Learning plans are created and facilitated in collaboration with program faculty and learner research. All SPP learning plans follow SMART formatting with associated portfolio artifacts to augment individualized learning plan objectives. A sample LP evaluation rubric is located in Appendix C.

Learning Contracts (LC)

At any time during the course of the program, specific areas for improvement may be identified and documented within a learning contract. This document augments other assessments and evaluations in respect to identifying areas for improvement in order to support learners in their learning needs and overall success in the program. Learning contracts are initiated between program faculty and c-learner and may be utilized for a variety of identified needs, (e.g.: allocation of time to meet deadlines/time management, demonstrate self-directedness/initiative, preparedness for experiential placement, academic writing, and/or application of therapeutic/professional communication) on an individual basis. See Appendix B for a sample learning contract.

Any learner may utilize a learning contract to identify strategies for measure/accountability with subsequent acknowledgement and follow-up in collaboration with their program faculty.

All learners deemed on academic probation as per NU policy, must have a learning contract on file with their program faculty and/or program manager in order to proceed into the next semester.

Library

Learners and program faculty in the SPP program have access to the resources of the Libraries serving Nipissing University as well as in their affiliated academic health care organizations. The Harris Learning Library in North Bay can be contacted at: *distance@eclibrary.ca* or 1-800-655-5154 (choose library). Help is available any time the Library is open, which includes evenings and weekends from September to June. Resources can be accessed through the Library website: *http://www.eclibrary.ca/library/*

Learners can search for books (including eBooks) and audiovisual resources using the link to the Library Catalogue. Any resources that are not available online can be sent to you and returned via courier (at no cost to you). The link to E-Resources allows access to many Health Sciences resources, such as streamed video, online journal articles and interactive databases. Further information, including instructions for requesting materials, is available on the Library website under the link "for distance education".

Social Media

The Canadian Nurses Association (CNA) defines the term "social media" (i.e. Facebook, Twitter, Google, My Space, You Tube, Blogs) as "a group of Internet based applications and technologies that allow users to have the same kind of real-time conversation that they might have with friends or neighbors with virtual friends from around the globe. Social media technologies allow users to interact and collaborate with each other online in the creation and sharing of information, ideas and opinions" (CNA,2012). Social media includes: text, images, audio, video and technology conversations with a few or many people. Some examples of social media include: texting discussion forums, blogs, social networks, wikis and podcasts.

Social Media Policy

Social media behaviours of nursing learners that pertain, but are not limited to the above examples must be consistent at all times with the following College of Nurses of Ontario documents:
Practice Standard: Ethics *http://www.cmo.org/Global/docs/prac/41034_Ethics.pdf*

Practice Standard: Therapeutic Nurse-Client Relationship
http://www.cno.org/Global/docs/prac/41033_Therapeutic.pdf
Practice Standard: Documentation
http://www.cno.org/Global/docs/prac/41001_documentation.pdf

While enrolled in the BScN Scholar Practitioner Program, learners are **prohibited** from:

• Posting any private or confidential content about clients including client health information and images on any social media site (i.e., private or public Facebook pages), even if the client identifiers are removed. Images of clients or agencies require written permission and written consent, as per affiliate organization policy.
• Making disparaging comments about clinical sites, co-workers, instructors or learners on social media sites or posting audio or video recordings. This includes any comments that are viewed as threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or otherwise offensive.
• Using the Nipissing University logo on a non-University social media site.
• Using social media for non-academic purposes during any experiential practicum experience.
• Accessing agency electronic devices for the purpose of social networking.
• Using electronic devices functions during direct practicum hours, unless required for an emergency purpose and when there is no other means of contact available.

Learners must discuss their need for appropriate cell phone/electronic device use with Program Faculty and Preceptor prior to its use as applicable, and in compliance with affiliate organization policy.

Unauthorized use of social media, electronic devices or the internet in the practicum setting may result in removal of the learner from the clinical area. The failure of any learner to conform to this policy pertaining to the appropriate use of social media may result in removal/dismissal from the program. **Additional information pertaining to the Social Media Policy is located within the NU SoN website home page**.

Student Accessibility Services

Nipissing University Student Accessibility Services assists learners with permanent and temporary disabilities, and is pleased to discuss academic accommodations and supports available to SPP learners. Disabilities supported include, but are not limited to:

Learning Disabilities
Mental Health
Attention Deficit/Hyperactivity Disorder
Vision Impairments
Medical Disabilities
Physical Disabilities
Acquired Brain Injury
Hearing Impairments

Academic accommodations are based on functional limitations and information provided in the learner's disability-related documentation, and may include: Test and Exam Accommodations, Adaptive Technology, Classroom and/or Clinical Accommodations. For more information visit *www.nipissingu.ca/sas*, or connect with SAS at 705 474 3450 x 4362, or via email at *SAS@nipissingu.ca*. Nipissing University is committed to serving all learners. If learners believe they need any special accommodations due to a disability, we encourage them to please contact: Disability Services at 705-474-3450 ext. 4362.

It is the learner's responsibility to ensure the status of accommodation status is communicated to Nipissing University Student Accessibility Services each semester in order for accommodations to be instituted by program faculty.

Student Learning and Transitions

Student Learning and Transitions (SLT) is a group of services and programs aimed at helping students engage in their academic studies and student life at Nipissing University. We teach essential academic skills and study techniques that help students more effectively express their intelligence, apply their knowledge and communicate their ideas. We facilitate activities and programs to build a peer support network, an engaged Laker community, and support students throughout their multiple transitions in, through, and out of their academic careers.
https://www.nipissingu.ca/departments/student-development-and-services/slt

Vulnerable Sector Screen (VSS) and Police Check

In compliance with requests from nursing placement partner organizations, all learners enrolled in the SPP are required to have VSS police checks completed annually. These reference checks are done to protect clients in the nursing practice setting and meet the requirements of nursing practice partners. Please note that police checks filed in Toronto can take 8 weeks or longer, therefore your form should be submitted well in advance. For other municipalities, please refer to your local police station. A clear police check is required every year in order to attend practicum placements.

If a vulnerable sector screen police check is positive, the learner may be required to disclose this information to their assigned nursing practice agencies through arrangements made by the Nipissing University Central Placement Office. This will be required for every nursing practicum placement until your police record has been cleared. In the event of a positive vulnerable sector screen police check, the placement facility has the final decision whether or not to accept the learner for placement.

Workplace/Education Placement Agreement – (WEPA)

Work/Education Placement agreements provide learners with insurance coverage in the event of an accident while attending clinical placement. All learners in a clinical placement must complete a WEPA form prior to commencing placement. Additional information in regards to completing WEPA forms will be made available each year during learner orientation.
In the event of a learner accident or injury, requiring more than first aid, the learner must submit the appropriate paperwork to the Workplace Safety and Insurance Board within seven working days from the incident.

PROGRAM PARTNERS

Toronto Based Academic Site Partners

This program is embedded within point of care practice environments within three core Toronto based academic health care teaching facilities. Learners will have an opportunity to engage and move through various practice settings within the following agencies and other affiliates.

SickKids Hospital is recognized as one of the world's foremost pediatric health-care institutions and is Canada's leading centre dedicated to advancing children's health through the integration of patient care, research and education. Founded in 1875 and affiliated with the University of Toronto, SickKids is one of Canada's most research-intensive hospitals and has generated discoveries that have helped children globally. *http://www.sickkids.ca/*

Toronto Public Health works in many ways to improve the overall health of the population and to overcome health inequalities. The organization provides services to individuals and communities, and advocate for public policies that make the city of Toronto healthier. Extensive community program centres provide learning environments.   *http://www.toronto.ca/health/*

Providing care to the community for more than 200 years, ***University Health Network (UHN)*** is a major landmark in Canada's healthcare system and a teaching hospital of the University of Toronto. As of 2017, UHN amalgamated with the Michener Institute as one of Canada's largest academic health sciences education centres. Building on the strengths and reputation of each of our health care sites, UHN brings together the talent and resources needed to achieve global impact and provide exemplary patient care, research and education. *http://www.uhn.ca/*

ADDITIONAL RESOURCES
Acceptable Use Policy
Provide guidelines for the appropriate use of Nipissing University's computing resources. *https://www.nipissingu.ca/departments/technology-services/acceptable-use-policy*

Communication
In order to ensure learners are accountable and successful in their studies, many modalities of communication are utilized; most notably, via e-mail or posted to the NU SPP semester based Blackboard. Learners are expected and held accountable to review communication received via Nipissing University email account and respond accordingly.

Code Of Learner Rights And Responsibilities
All Nipissing University students-learners are individually responsible for reading and understanding the information within this policy. Please refer to applicable resources and process as outlined. *http://www.nipissingu.ca/departments/student-development-and-services/Pages/Code-of-Student-Rights-and-Responsibilities.aspx*

Dress Code-Uniform and Equipment Policy
Learners must abide by organizational policy in respect to dress code in the practicum environments to ensure personal safety and infection control. Attire and footwear, as required, must be clean, appropriate and professional in overall appearance. Uniforms, if required by the organization, are the personal responsibility of each learner in respect to purchase and upkeep. A valid NU SPP photo ID Badge must be worn at all times while in the practicum environment. In addition, any practicum equipment/device requirements such as, but not limited to, stethoscope, pen light, pocket watch, etc., are the responsibility of the learner in purchase and upkeep.

Process for Resolving Conflict

34

The value of resolving or managing a conflict at the lowest level opens the lines of communication between learners and faculty. There may be times when learners and/or members of the faculty have concerns regarding a particular academic situation. It is extremely important for individuals to have a process where conflict can be resolved in a constructive manner.

The following are identified as constructive steps to be used in resolving conflicts that may arise:

❑ Identify and document the essence of the problem, clearly stating objective as well as subjective data.
❑ Meet with the person(s) involved in the conflict to seek resolution of the issue(s) at hand. If the conflict is with a faculty member, it is recommended that the learner meet with faculty during office hours or arrange an appointment at a mutually convenient time.
❑ Dialogue with Toronto based program coordinator/manager to facilitate a meeting to address concerns.
❑ If the conflict is not resolved after the initial meeting, contact the School of Nursing for assistance with the next level of the conflict resolution process.
❑ Remember that objective information, a constructive approach, and seeking the appropriate resource person are most likely to result in constructive conflict resolution.

Learner- Student Accessibility Services

Student Accessibility Services assists learners with permanent and temporary disabilities, and is pleased to discuss academic accommodations and supports available to SPP learners. Disabilities supported include, but are not limited to:

Learning Disabilities
Mental Health
Attention Deficit/Hyperactivity Disorder
Vision Impairments
Medical Disabilities
Physical Disabilities
Acquired Brain Injury
Hearing Impairments

Academic Accommodations are based on functional limitations and information provided in the learner's disability-related documentation, and may include: Test and Exam Accommodations, Adaptive Technology, Classroom and/or Clinical Accommodations. For more information visit www.nipissingu.ca/sas, or connect with SAS at 705 474 3450 x 4362, or via email at SAS@nipissingu.ca. Nipissing University is committed to serving all learners. If learners believe they need any special accommodations due to a disability, we encourage them to please contact: Disability Services at 705-474-3450 ext. 4362

Learner Responsibilities
Learners are expected to take responsibility for understanding their course requirements and maintaining their pace of study. This responsibility includes being aware of all applicable dates and deadlines pertaining to courses that they are registered in. Learners are also expected to have a basic understanding of the internet and email, which will enable them to successfully navigate through both in class and online course content to interact with both fellow learners and program faculty. Participation in activities such as group discussions and projects are a very important part of every semester, therefore learners are expected to participate within all applicable

35

learning activities as provided. Further information regarding learner responsibilities is located within applicable NU policies, such as Code of Student Rights and Responsibilities (available from NU Student Affairs), the NU Acceptable Use Policy and the Academic Calendar.

Program Fees, OSAP and Financial Aid

Program fees are calculated by Nipissing University and invoiced to learners individually. Any questions or concerns regarding fee calculation and disbursement is to be addressed directly to Nipissing University Student Financial Services.
https://www.nipissingu.ca/departments/student-financial-services

Public Transit and Travel Discounts

Learners need proof of enrollment and fee payment for any discounts. However, must register on-line, as per transit web links. The valid NU photo ID card is also utilized for discounts on travel and qualifying discounts. In rare and unforeseen circumstances, learners may be required to travel up to 100 km for practicum placements.

https://studentid.gotransit.com/Metrolinx.StudentIDRequest/en/studentid/Home/IDRequest

https://www.ttc.ca/Fares_and_passes/Fare_information/Seniors_students_and_children/Post_Secondary_Students/index.jsp

My Nipissing

The My Nipissing Portal provides access to learners" Web Advisor and Google Mail accounts. Web Advisor can be used to view registration and financial information, while Google Mail can be used to communicate with Nipissing University. Please ensure to keep your password confidential. *http://my.nipissingu.ca*

Web Advisor

Web Advisor is Nipissing University's course registration system. Through Web Advisor you manage your course registrations, review your examination details, check your final grades, verify your enrolment, and manage your personal information (addresses, passwords, etc.). In summary Web Advisor provides an up-to-the-minute picture of course registration, as well as links to course-specific details. *https://webadvisor.nipissingu.ca*

NU e-Mail Account

Nipissing University issues an email account to all learners. This account is accessed through the Nipissing University Portal which is password protected and requires a username to login. It is the policy of Nipissing University to send all official communication to learners' Nipissing University accounts. It is the learner's responsibility to check email in a timely manner. Failure to read communications sent to the University e-mail address in a timely manner does not absolve learners from knowing, responding to, and/or complying with, the content of these communications.

Retention and Use of Course Related Work

In order to comply with accreditation guidelines, it is necessary for the School of Nursing to retain samples of program learner work. Additionally, faculty may request a submission by a learner for use as a sample within a future class. Regardless of the purpose, retention and use of

a learner's work by a program faculty requires the learner's consent. Consent to retain learner work is voluntary and decline of consent will not affect the learner's current status or grade.

APPROPRIATE COMPUTER CONDUCT and E-mail ETIQUETTE

Legal Use

Computing resources and network capacity may not be used for illegal purposes. Examples of illegal purposes include:

❑ Intentional harassment of other users.
❑ Intentional destruction of or damage to equipment, software, or data belonging to IU or other users.
❑ Intentional disruption or unauthorized monitoring of electronic communications.
❑ Unauthorized copying of copyrighted material.

Ethical Use

Computing resources and network capacity should be used in accordance with the high ethical standards of the University. Examples of unethical use follow; some of them may also be illegal.

❑ Violations of computer system security.
❑ Unauthorized use of computer accounts, access codes, and network identification numbers assigned to others.
❑ Intentional use of computer telecommunication facilities in ways that unnecessarily impede the computing activities of others (randomly initiating interactive electronic communications or e-mail exchanges, overuse of interactive network utilities, and so forth).
❑ Use of computing facilities for private business purposes unrelated to the mission of the University or University life.
❑ Academic dishonesty (plagiarism, cheating).
❑ Violation of software license agreements.
❑ Violation of network usage policies and regulations.
❑ Violation of another user's privacy.

Confidentiality

Patients/clients entrust health care professionals (HCP) with personal information about themselves and their relationships with others. They are willing to reveal this information because:

- They understand that it is needed for rendering quality health care and
- They trust that it will be used only for this purpose and kept in confidence by the professionals and institutions to which it has been entrusted.
- Virtually all professional codes and directives in the health care field contain provisions acknowledging the importance of protecting confidentiality

Confidentiality is a basic trust that personal health information is considered 'safe', between the patient/client and the nurse.

General Guidelines

- Information disclosed to a HCP during the course of the relationship between the nurse and patient is confidential to the greatest possible degree.

- The patient should feel free to make a full disclosure of information to the nurse in order to provide the best care possible. The patient should be able to make this disclosure with the knowledge that the nurse will respect the confidential nature of the communication. The nurse should not reveal confidential communications or information without the express consent of the patient, unless required by law to do so.
- The obligation to safeguard patient confidences is subject to certain exceptions which are ethically and legally justified because of overriding social considerations. Where a patient threatens to inflict serious bodily harm to another person and there is a reasonable probability that the patient may carry out the threat, the nurse should take reasonable precautions, such as notification of law enforcement authorities. Also, communicable diseases are to be reported as per agency guidelines.
- Confidentiality is a fundamental tenet of care. It is a matter of respecting the privacy of patients, encouraging them to seek medical care and discuss their problems candidly, and preventing bias on the basis of their medical conditions. The nurse must not release information without the patients consent. However, confidentiality, like other ethical duties, is not absolute. It may be overridden to protect individual persons or the public, for example to alert public health if a communicable disease, such as HIV infection, occurs.
- Discussion of the problems or issues with an identified patient by nurses in public places (for example, in elevators or in the cafeteria) violates confidentiality and is unethical. Outside of an educational setting, discussions of a potential identifiable patient in front of persons who are not involved in that patients care are unwise and impair the public's confidence in the nursing profession.

Policy recommendations

1. For educational purposes, learners and program faculty will exercise care and discretion in obtaining information about specific patients/clients and discussing it with others.
2. Health Care Record (Medical Record) – The purpose of the health care medical record is to serve as an instrument of communication between members of the health care team. Access to patient/client documents must adhere to applicable health care organizational policy. Access to documents is restricted to individuals directly involved in a given patient's/client's care with valid reason in doing so. Access to any patient/client health care record is restricted to information directly relevant to ones' specific function on the health care team.
3. Personal concern or curiosity – It is inappropriate to gain information about patients/clients in order to satisfy personal curiosity or as an expression of personal concern unrelated to one's institutional role
4. Discussion with Family and Friends of the patient/client: It is a breach of confidentiality to pass on information about specific patients/clients to their family, friends, and acquaintances without the person's express permission
5. Clinical Encounters – When participating in clinical activities, it is common practice to keep anything that one sees or hears regarding the patient /client confidential, to be shared only among the caregivers on a 'need to know' basis.
6. Educational Conferences – In educational conferences, the standard practice will be to avoid identifying the patient/client by name, unless identification is essential to the educational purpose or to promote continuity of care. Information that is presented containing patient/client identification is to be considered confidential and treated by all persons in attendance in the same manner as information from the clinical record.
7. Informal Discussions – In informal discussions about specific patients/clients, no mention should be make of either the patients/clients name or any reference such as room number, personal or social information which might serve to identify him/her to any who overhear

Original: Sept 1, 2011, Last Revision: 09/19

a. To describe specific patients/clients, staff members or units of the institutions may breach confidentiality even if the name is not used – i.e. if the information you provide would allow the hearer to make the identification

b. In general, discretion should be used in discussion patients/clients in areas of the institution accessible to the public, even if the anonymity of the patients/clients has been assured.

c. Further, similar discretion should be used whenever one may be overheard by employees and health care workers who do not have a 'need to know' with respect to the patient/client about whom you wish to speak.

8. In discussions that take place outside the institution, and in any written materials referring to specific cases, one should:
   a. Strictly avoid identifying any patient/client or staff member by name
   b. Describe individual cases in a way that disguises the identity of the patient/client, staff members who are involved with the case, or specific dates of treatment, and
   c. Include only the information about the patient/client as is essential for the scholarly purposes of the discussion or essay

9. Computerized information – The possibility of access to information is greater with a computerized data system than with information stored in the traditional written form. Therefore follow agency guidelines to guard against unauthorized access to computer-stored information and follow guidelines above to guard patient/client confidential information.

Learners must abide by all individual health care institution policies related to professionalism, confidentiality and privacy in addition to broader personal health information access legislation.

Health and Protection of Learners

Universal Precautions

Universal precautions is a term used for particular procedures that must be followed by healthcare workers, including learners, during patient care activities in order to prevent transmission of infectious agents from one individual to another. A universal precaution is the primary strategy for preventing the transmission of such infectious agents, including blood-borne pathogens, from one individual to another in the process of providing health care-related services. *Learners must receive training in universal precautions, including use of personal protective devices (PPD) before beginning their practicum placements and on an annual basis thereafter.* This mandatory training will include the appropriate use of hand washing and protective barriers (e.g.: face shield/mask, gloves and/or gown), as well as proper disposal of needles and other sharp instruments.

Immunizations and Clinical Clearance

Immunizations are required to protect both learners and clients. Each learner must have a current copy of his/her updated and valid immunization record on file with the School of Nursing, which can be released to the health institution, upon request.

Upon admission to the program, and on an annual basis, each learner is required to submit their nonacademic clinical placement requirements.

KEEP ALL ORIGINALS! Some agencies may require original documents and it is the learner's responsibility to provide originals, if requested. Access to all forms is through the

Nursing Student Clinical Clearance Website.
https://selfservice.nipissingu.ca/Student/Student/NursingApplication

All completed forms must be uploaded into the website system for department review.
Document Submission Guidelines:
- Documents must be scanned, saved as a .pdf type document, and uploaded to the clearance website. Photos of completed documents will not be accepted.
- All required documents must be uploaded to the site prior to having the option to 'Submit' the completed file.
- Each complete document must be scanned separately (both sides if applicable) and ensure the image is clear and the information is legible. For example, most Police Vulnerable Sector Check (PVSC) documents are legal size, therefore must scan the full document as one complete legal sized file and not as two separate documents. It is not acceptable to scan the top and bottom of documents.
- All documents must be uploaded into the Nursing Clearance Website, *https://selfservice.nipissingu.ca/Student/Student/NursingApplication*
- Paper copies, emails and/or faxes will not be accepted. The NU Web Advisor username and password is used for access to the website.

Patient-Client-Resident Care
No nursing learner may refuse to treat an individual solely because the individual is at risk of contracting, or already has contracted, an infectious condition such as, but not limited to, HIV, AIDS, or Hepatitis B. Appropriate use of universal precautions should prevent exposure to infection and should be incorporated into clinical practice as appropriate. Learners are held responsible for appropriately implementing universal precautions in caring for individuals.

Medication Administration
To assess and ensure competency in the medication administration process, a medication administration drug dose calculation test is administered during NURS 1276 Inquiry. The purpose of this test is to assess knowledge related to safe and accurate math calculations related medication administration. The threshold to pass is 90%; learners must pass this test prior to being given permission to administer medications during the clinical practicum. In addition, all learners must pass this test in order to successfully progress from year one winter semester to year one spring-summer semester courses in the Scholar Practitioner Program.

Latex Allergies
Latex allergies involve any physical reaction from the exposure to latex products (including rubber products). The symptoms may range from localized skin reactions to non-localized reactions. Symptoms may include any of the following:

- Contact dermatitis (skin reactions) including dry, crusting, thickening, or peeling skin, scabbing sores, swelling and raised areas of skin that may be pink or blanched (white).
- Non-localized reactions such as the development of hives over parts of the body that did not come into contact with the latex, tearing, itchy eyes, swelling of the eyelids, lips or face, runny nose, cough, or wheezing.
- Increased symptoms of a non-localized reaction may include nausea, abdominal cramps, difficulty breathing, rapid heart rate, sudden decreased blood pressure, and shock.
- Anyone has the potential to be latex sensitive. However, the following seem to have an increased risk of being latex sensitive:

- ❏ Anyone who is frequently exposed to latex products such as healthcare workers or persons with a history of several surgical or urological procedures.
- ❏ Persons with chronic conditions requiring continuous or intermittent catherization.
- ❏ Persons with myelomeningocele or meningocele.
- ❏ Persons with a history of allergies or asthma--allergies to avocados, bananas, chestnuts, kiwi, and other tropical fruits are at particularly high risk for a latex allergy.
- ❏ Persons with a history of reactions to latex products (balloons, condoms, gloves).
- ❏ Those who are female gender - 75% with latex allergy are female.

Many people believe that they are allergic to powder because they have had problems (coughing, wheezing, skin reactions) when they are around powdered latex gloves. It is actually the latex proteins that are carried by the powder through the air that causes reactions in most people.

Once a person has developed a latex sensitivity of any form, it is impossible to predict if the allergy will continue to cause only localized symptoms or if more serious reactions may occur at a later date.

Learner should notify program faculty of the need for latex exposure accommodations.

Basic Cardiac Life Support (BCLS) Requirements

Current certification in Basic Cardiac Life Support (BCLS) for cardiopulmonary resuscitation (CPR) is required. In addition, learners must be certified through an approved course or instructor on an **annual basis**. BCLS certification must remain valid while enrolled in the program. Evidence of certification must be filed with the School of Nursing Clinical clearance prior to commencing practicum experiences. Learners must also file evidence of recertification prior to entering the second year of studies. All non-academic documentation must be submitted electronically as per instructions of NU Clinical Clearance *clinicalclearance@nipissingu.ca*

PRECEPTORSHIP

Please refer to the NU BScN Scholar Practitioner Program Preceptor Manual (located on program Black Board) for additional information regarding preceptor ship during the transformative practicum (clinical) phase of each semester. Learners are accountable for all actions and behaviors while in practicum placements.

Self-Assessment Question: When is a clinical skill deemed competent and/or completed? When a learner can answer "yes" to the following questions:

1. Do I know the underlying policy and procedure, rationales and/or scientific principles behind the steps of the clinical skill?
2. Do I have the ability to independently perform the entire process smoothly and safely?
3. Am I able to use my knowledge, skill, judgement and ethical component to adapt the steps in the process to different clinical situations?
4. Have I done the clinical skill often enough to feel comfortable doing it?

If a learner has answered "no" to one or more of the questions above, they must notify their preceptor or another experienced staff member before proceeding.

(Adapted from the Ryerson Polytechnic Institute Preceptor Orientation Manual).

Learners' Scope of Practice

Original: Sept 1, 2011, Last Revision: 09/19

Learners within the SPP program are expected to immerse themselves within authentic settings where nursing care and services occur. It is imperative that the practicum experience be initially gradual and under the close supervision of the preceptor. Learners are expected to gain experiences along the continuum of observing, interacting and provision of care within a holistic approach while inquiring, reflecting and discussing the observations, interactions and interventions with their preceptor and program faculty mentor.

As suggested by Dennen and Burner in their work on cognitive apprenticeship (2009), once learners have a grasp of the broader setting/environment, the learner is encouraged to engage in a slightly more active role, by beginning to complete small task or component parts of a larger procedure or process, while receiving frequent feedback from the preceptor, continually inquiring and reflecting on their experiences. Through guided participations, learners are acquiring new knowledge and skills which are just slightly beyond their current ability level, and which they could not otherwise demonstrate or perform alone.

Support from preceptors must be tailored to learners' individual knowledge, skill and judgement levels As learners become more competent support may be gradually reduced and change from direct to indirect.

Learners in the Nipissing University SPP are permitted to perform activities only if all of the below conditions are met:

- ✓ The activity is within the scope of practice of registered nurses
- ✓ The performing of the activity in that practice setting is permitted by Agency policy and practice standards
- ✓ The preceptor supervising the learner in the performance of the activity is competent and qualified to perform the activity
- ✓ The preceptor is available to directly supervise and coach the learner until the learner is deemed to have the knowledge, skill, and judgement to perform the activity safely, effectively, and with a consistent level of competence. Afterwards the performance of the activity depends on the availability of adequate supervision

Please note that some activities must be performed under direct and continuous supervision each and every time – please refer to Agencies policies.

The learner may NOT perform the activity if:
- ✓ the learner has not had the theory or practice and the preceptor is not available to teach or directly supervise the activity
- ✓ The preceptor does not feel comfortable with the learner performing the activity in the context of the situation
- ✓ The preceptor deems that the learner is not ready to perform the activity
- ✓ There are not adequate supports to safely manage the outcomes of the activity

The activities listed below must never be performed by SPP Nursing Learners:
- ✓ Perform delegated medical acts
- ✓ Act as a witness
- ✓ Provide second check for controlled drugs, blood products, and medications listed as requiring independent double checking, double signing and documentation*
- ✓ Provide telephone advice to discharged clients

- ✓ Take verbal or telephone orders
- ✓ Carry narcotic keys
- ✓ Be left in sole charge of a unit or a client
- ✓ Transport patients alone when the presence of a nurse is required
- ✓ Perform controlled acts <u>without</u> close supervision by a nurse

*Please note that learners are encouraged to always document care and services provided and this includes documenting when participating as a third party in an independent double check with their preceptor and another healthcare provider.

Decision Tree for Engaging Students in Procedures

```
Does the CNO and the Agency allow nursing students to    ──NO──>   Learner does not perform
perform this procedure?
        │ YES
        ▼
Is the learner familiar with the procedure, client       ──NO──>   Learner does not perform
population, etc?
        │ YES
        ▼
Is the Preceptor confident in the learner's knowledge and ──NO──>  Learner does not perform
skills required for this procedure?
        │ YES
        ▼
Has the preceptor observed the learner perform this       ──NO──>  Preceptor continues to work with learner to guide
procedure safely and effectively before?                           development of skills /abilities until preceptor is
        │ YES                                                      confident learner will be able to perform procedure
        ▼                                                          safely & effectively.
Are there any other factors that could negatively impact   ──YES──>
on the learner's ability to perform. Consider context of
the situation – e.g. client acuity, learner too anxious or
overwhelmed, client unable to cooperate.
        │ NO
        ▼
Learner performs procedure under direct or indirect       <──>     Preceptor continues to monitor learner's activities
supervision as per agency policies AND preceptor's                 directly, by observing periodically, or by having the
comfort level                                                      learner report back regularly. Preceptor provides
                                                                   appropriate feedback to learner.
```

PLACEMENT PROCESS

The process by which transformative practicum placements are requested, confirmed and secured is dependent upon organizational capacity, leaner fit to placement and availability of a preceptor/s. HSP-Net is the web based platform used to view placements, unit based contact information, preceptor assignment and unit orientation documents, if applicable.

It is the learners responsibility to ensure access log in, set up and maintaining an updated profile. Platform access is through NU e-mail only for set-up and tracking processes.

Activating your Access
- Learners will receive an email from noreply@hspnetcanada.net that will provide you with your user ID and temporary password and instructions on accessing HSPnet ™
- Once you log in you will be required to provide a new password and a forgotten password question
- Review of Student Access to HSPnet™ document, once disseminated.
  - Learners will not see anything in current placements and/or placement history upon initial access. Once a placement is confirmed, all relevant required pre-practicum education information will be accessible.

Pre-Practicum Education and Document Completion
- Learners are responsible to ensure all pre-practicum required documentation is accessible within their profile, as requested by the placement coordinator. This includes proof of e-learning module completion, uploading of current CV and/or learning objectives, and requests for documents by practicum organization administration.

Learner Rotations

All learners are affiliated with an academic health care organization upon admission and each semester of the SPP. Organization change or rotation, both within the scheduled course of rotation or outside the regular course of rotation is based on specific assessment, which includes but is not limited to the following elements:

- Learner academic standing in the program to date
- Organizational capacity to accommodate learner placement request. Organizations reserve the right to require additional qualifying criteria for specific placement requests.
- Clinical placements at SickKids are highly competitive, therefore have instituted minimum criteria to allow for merit-based placement distribution. SickKids **requires** undergraduate nursing students to have a minimum B grade-average (75%) **and** demonstrated strong clinical and academic performance in order to qualify for a practicum placement at SickKids.
- Learner request based on statement of learning needs. While this process is initiated independently, learners are encouraged to explore the many opportunities within their base agency as well as consider the broader context of learning within other affiliated organizations.
- Nipissing retains the right to change experiential placement at any time due to circumstances beyond our control. This can include, but is not limited to:
  - Clinical performance
  - External circumstance (agency request, labour dispute, natural disaster, etc...)
  - Organizational request
- In the event of one academic health care agency receiving more requests than capacity to accommodate, alternative placement process will be instituted at the discretion of program administration and the placement coordinator.
- Learners will be required to rotate to another health care agency outside their assigned or current agency for at least one semester.

External Agency Practicum Placement Requests

Learners may have opportunity to engage in transformative practicum placements outside the affiliated health care organizations during the course of program study. These opportunities are voluntary and with the mutual understanding and individual assessment between Nipissing University, the external agency, SPP program faculty and learner.

Any placement must have a valid affiliation agreement on file between Nipissing University and the placement organization/agency. Placement location/organization options are facilitated through the NU Placement office and subject to change, based on availability.

All placement requests are subject to assessment by Nipissing University administration and final decision. Decisions are based on feasibility, quality of learning experience and assessment risk/safety of both learner experience and Nipissing University.

External agency learner requests are assessed on the following criteria:

- *Learner academic standing in the program (minimum 75%)*
- *Appropriateness of external agency for learner learning*
- *Program faculty and learner collaborative assessment of learner fit to learning objectives*
- *Availability of host site to secure a placement and preceptor for learner mentoring*
- *Availability of program faculty to engage in distance mentoring with learner*
- *Length of external placement and scheduling of such within existing program timelines*

It is the understanding that learners are responsible for any incurred costs in respect to travel, accommodation and any other personal expenditure associated with external agency requests.

Learners will assume all risk and liability associated with external agency placements.

Learners will adhere to both Nipissing University policy as well as any applicable host agency policy governing learner placements. In the event of conflict, specific communication between Nipissing University and host organization representative shall occur to resolve to a mutual agreement amongst all stakeholders.

Follow-up with learners and program faculty will determine status of request and overall assessment, based on the above criteria.

A Letter of Agreement may be required and signed by applicable stakeholders. (See Appendix A for sample agreement)

Appendix A: Sample letter of Agreement for Learner Placements

NIPISSING UNIVERSITY
SCHOOL OF NURSING

Learner Experiential Placement
Letter of Agreement

Between

Name of organization (herein referred to as "Institution")
And
Nipissing University Scholar Practitioner Program (herein referred to as "NU: SPP")
In the matter of the placement of ***learner name*** (herein referred to as "learner")

ARTICLE 1   – TERM

1.1   This Agreement shall be effective from ***start date*** to ***end date*** unless terminated earlier in accordance with this Agreement.

ARTICLE 2   - PATIENT CARE

2.1   The NU: SPP acknowledges and agrees that the Practicum is subordinate to the patient care and service objectives of the Institution and that the Institution staff are the final authority for all aspects of integrating the Practicum into NU: SPP learner experience.

2.2   The Institution agrees to take reasonable measures to advise patients and/or their legal guardians of the Institution's involvement in the Practicum. The Institution acknowledges the right of a patient/client and/or his/her legal guardian to refuse to participate in the Practicum.

ARTICLE 5   – RESPONSIBILITIES OF INSTITUTION

5.1   The Institution shall provide appropriate resources, as determined in the Institution's sole discretion, to meet the objectives of the Practicum.

5.2   The Institution shall permit learners to become involved with patient care but shall only assign learners the degree of responsibility commensurate with their level of ability and provided that such involvement does not adversely affect the quality of patient care or patient safety, as determined in the sole discretion of the Institution.

5.3   In addition to any other rights the Institution may have, Institution has the right at any time to, a) delay the start of any Placement, b) terminate any Placement, c) disallow admittance to any learner, or d) require immediate withdrawal of any learner from Institution premises because of the learner conduct.

5.4   The learner is not to receive any payment, financial or otherwise, for this voluntary Placement as per NU policy and its affiliated health care organizations in the acquisition of clinical hours while enrolled in the NU: SPP.

46

ARTICLE 8 – INDEMNITY AND INSURANCE

8.1 Each party ("indemnitor") shall indemnify and hold harmless the other, its officers, faculty, learners, employees, and agents from and against any losses, claims, damages, liability, expenses and costs to the extent such loss, claim, damages, liability, expense or costs results from any act, omission, or negligence of the indemnitor, its officers, faculty, learners, employees, or agents.

ARTICLE 9 - LEARNER AGREEMENT

Prior to commencing your external agency voluntary experiential placement at the Institution, you are required to sign this Agreement. This document describes your responsibilities during your Placement and other important information. By signing, you agree to the following:

1. Your Placement cannot compromise the patient care and/or service objectives of the Institution. The Institution staff is the final authority for the integration of your practical educational experience. If your placement is within clinical care, each patient has the right to refuse to be a participant in your practical educational experience.

2. You must comply with all rules, regulations, guidelines, policies and procedures of the Institution (e.g.: policies, procedures) and maintain appropriate behavior, as designated by the Institution, for the duration of your placement. The Institution has the right at any time to terminate your Placement, require you to leave or refuse you admission to its premises because of your conduct.

3. You must respect the private and confidential nature of all patient/client information, including without limitation patient records, and must maintain the confidentiality of all records which you will encounter in the course of your placement. If confidentiality is breached, in addition to any rights and legal remedies of the Institution, your Placement may be terminated immediately. The obligation of confidentiality created under this section shall survive termination or expiration of this Agreement.

4. Unless otherwise instructed by the Institution experiential preceptor, it is a condition of your Placement that you provide Occupational Health and Safety Services with satisfactory current CPR, immunization documentation and required police/vulnerable sector checks, as per NU policy and/or Institution policy.

5. You are responsible for the following:
a. all financial costs you incur arising from your Placement including, but not limited to, the cost of meals, uniforms, uniform laundering, accommodations, parking, transportation and emergency medical care;
b. attending any Institution orientation session and orienting yourself to the Institution, your assigned practice area , policies and your assigned preceptor;
c. developing, maintaining and completing your learning plan, assignments and any other requirements as per NU: SPP program semester outline in respect to this Placement to ensure satisfactory academic status.
d. developing, maintaining and communicating with your affiliated NU: SPP program faculty in any and all mutually agreed upon terms/conditions and processes.

6. The Institution may not carry insurance that would provide you coverage in the event of accidental injury and does not accept any responsibility for any accidental injury you may incur during your Placement. You are responsible for obtaining such coverage for yourself.

I have read, understood and agree to abide by the above terms and conditions of my voluntary experiential placement within the external Institution through my enrolment in the NU: SPP.

Learner's Signature: _____Print Name: _____
Date: _____
We the undersigned agree that this agreement shall be construed, interpreted and enforced in accordance with, and respective rights and obligations of the parties shall be governed by, the laws of the Province of Ontario and the laws of Canada. We irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom.

We, the below, agree to and support the terms of this voluntary experiential placement.

47

On behalf of the Institution: *name and contact information*
Signature: _____ Print Name: _____
Position: _____ Date: _____

On behalf of the Nipissing University Scholar Practitioner Program:
Program Faculty Signature: _____ Name: _____Date: _____
Program Manager Signature: _____ Name_____ Date: _____

Appendix B: Sample Learning Contract

Learning Contract: Semester __

Learner Name

Date

Program Faculty mentor name

Nipissing University BScN Scholar Practitioner Program

Semester XX Learning Contract

Areas of Development:
- ❖ Accountability and responsibility for self and learning
- ❖ Ability to effectively utilize technology
- ❖ Expansion of knowledge base transitioning into an RN role (being prepared for seminars, teaching others)
- ❖ Scholarly work (APA Format, using appropriate terminology)

Goals for Improvement	Indicators of Success
1. To gain a better level of comprehension towards the course expectations in order to improve my accountability and responsibility towards my independent learning objectives.	By seeking clarity and a thorough understanding of what is expected of me in an academic and clinical setting, I believe that I will be able to appropriately organize my time. With effective time management strategies, I will be able to demonstrate a higher level of accountability and self-direction in my academic assignments and clinical skills. I will develop and complete clinical experiential objectives in a timely fashion in collaboration with my preceptor and followed up through my learning plan tracking. I will demonstrate a higher level of self-direction in respect to my learning and communication with my preceptor, learner colleagues and AP. I will seek feedback from both my preceptor and AP on a per-shift and weekly basis to assess my progress.
2. To develop a greater level of comfort in effectively utilizing technology in order to expand on my knowledge base, skills set and academic course work.	By spending more time on the computer (e.g. practicing typing, conducting research through online search engines for scholarly resources, appropriately utilizing academic discussion boards, etc.) there will be a positive improvement upon my independent learning and assigned course work. This goal for improvement will coincide with the goal that is targeted towards my accountability and responsibility for self-learning. I will submit all required assignments, documents in an electronic format to both my

49

	preceptor and AP and follow-up with paper formats for discussion, feedback and sign-off, as necessary.
3. To allocate time to adequately prepare for seminars and teaching opportunities by reviewing weekly skills/knowledge expectations and conducting independent review to expand on my individual competencies.	As RN learners, we have been provided with a weekly schedule of expected skills and knowledge requirements. This schedule will guide my independent review, by giving me the opportunity to plan ahead in order effectively engage in each seminar and share my current and new knowledge. I will meet all timelines in respect to document submissions, clinical shift requirements and organizing my time in an efficient and effective manner.
4. Improve the level of my scholarly work by thoroughly reviewing the current APA guidelines for academic writing and utilizing appropriate material to improve my use of medical terminology.	By utilizing an accredited APA format guide, such as OWL (Online Writing Lab) Purdue (http://owl.english.purdue.edu/owl), I will be able to successfully submit academic work without breaching academic integrity. I will submit my required assignments using correct formatting and incorporating evidence of scholarly research.

Acknowledgement:

I, _____ hereby acknowledge the above areas of development as outlined by my program faculty,_____, and have created the above goals for improvement and indicators of success as the basis of my Semester __ Learning Contract. I am committed to achieving these goals in order to improve my status as an RN learner as I enter my second semester of this program.

Learner Acknowledgement: _____

Date: _____

Program Faculty Approval: _____

Date: _____

50

Appendix C: Sample Learning Plan Evaluations

Learning Plan First Submission Rubric

Criteria for evaluation	Excellent (7-8)	Good (5-6)	Fair (3-4)	Poor (0-2)
Format & Presentation Weighted x 1	Learning plan begins with a title page in APA 6th ed. format. The plan is organized in a table format that is visually pleasing and facilitates understanding on the part of the reader. The plan concludes with a separate reference page(s) that is formatted according to APA 6th ed. Supplementary materials (if any) are included in appendices to the main document.	The learning plan begins with a title page which may have up to two APA 6th ed. formatting errors. The plan is laid out in a format that facilitates the reader's understanding. The plan concludes with a separate reference page(s) that is formatted according to APA 6th ed.; there may be one or two minor errors I the APA formatting. Supplementary materials (if any) are included as appendices.	The learning plan has a title and other identifying information at the top of the first page OR the title page has more than 3 errors in formatting. The contents of the learning plan are laid out in one or more tables but alignment is inconsistent. References are not on a separate page OR up to 2 references are not formatted according to APA 6th edition style. Body of the learning plan may include extraneous or repetitive information.	The learning plan does not include a title page. The plan is not laid out in a table or is difficult to follow. Header lines for the LP do not continue from page to page. Reference page is missing OR 3 or more references are not formatted according to APA 6th edition style. No supplementary material OR extraneous information included in the body of the document.
Learning Goal Weighted x 1	The plan contains one to three broad, overarching goals that represent substantive growth in knowledge/skill/ judgment over the semester. The goal(s) is expressed in SMART format. The goal(s) is relevant to the practicum setting and	The plan contains one to three broad goals. The goal(s) are expressed in SMART format, but one or two SMART elements are missing. The relevance of the learning goal(s) to the practicum setting and learner's current	The plan contains one to two goals that represent modest attainment of knowledge/ skill/judgment. The goal(s) is not stated in SMART format. A discerning reader will be	The plan contains one goal or more than three goals that represent modest attainment of knowledge / skill / judgment. The goal(s) is not easily measurable. The connection between the learning goal(s) and the practicum setting and learner's

51

Criteria for evaluation	Excellent (7-8)	Good (5-6)	Fair (3-4)	Poor (0-2)
	learner's learning needs. These links may be expressed in a brief comment.	learning needs is not perfectly clear.	able to identify a link between the learning goal(s) and the practicum setting and learner's current needs.	learning needs is tenuous or absent.
Learning Objectives Weighted x 2	3 -5 different objectives **related** to each Learning Goal have been identified. Each objective is realistic, measureable and can be achieved in the given time frame. The SPECFIC link between each objective and course outcomes and CNO Entry to Practice Competencies is **clearly** documented.	3 to 4 learning objectives are identified for each learning goal; some objectives may not directly relate to the stated learning goal. Up to three objectives are excessively ambitious or difficult to measure. A link between each objective and course outcomes and CNO Entry to Practice Competencies is made but it is not specific.	3 learning objectives are identified for each learning goal. The link between the objectives and the goal is difficult to discern and/or the objectives are excessively ambitious, not measurable, insignificant or lacking in depth for a Semester 5 learner. A link between objectives and course outcomes or CNO Entry to Practice Competencies is attempted in a non-specific fashion.	Fewer than three learning objectives are identified for each learning goal. There is no discernable link between objectives and the learning goal. The objectives are not substantive and lack the depth expected of a learner in Semester 5. No link between objectives and course outcomes/CNO Entry to Practice Competencies is attempted.
Strategies/ Resources Weighted x 2	For each learning objective, three or more varied learning strategies/approaches or resources are identified. Some strategies or resources are imaginative, innovative or creative. Strategies can be realistically	For each learning objective, at least one specific learning strategy or learning resource has been listed. Over the entire learning plan, there is variety and creativity in the approaches taken to learning. Most strategies are	Learning strategies/ approaches are listed for the entire learning goal with little or no differentiation between learning objectives. Strategies are complicated or unrealistic to	Some learning strategies/approaches and resources are suggested. No specific resources or strategies have yet been located, or suggested resources are primarily intended for a lay audience. Strategies and resources are repetitive and lack variety or specificity

52

Criteria for evaluation	Excellent (7-8)	Good (5-6)	Fair (3-4)	Poor (0-2)
	implemented in the time frame. Resources are specific, from scholarly or professional sources, and cited in-text using perfect APA 6th edition formatting.	realistic and achievable; most resources are specific and scholarly or authoritative. All resources are cited in text with minimal errors in APA 6th ed. formatting.	achieve in the time frame. Resources are suggested and include a mix of specific and nonspecific sources. In-text citations are missing or incomplete according to APA 6th edition formatting.	to the practicum setting.
Success Indicators / Evaluation Criteria Weighted x 2	For each learning objective, the co-learner states how he/she will know that the objective will be met and a mechanism for evaluation. Over the entire learning plan, evaluation criteria are varied, substantive.	The co-learner states how he/she will know how the majority of the objectives will be met. The majority of objectives have a stated mechanism for evaluation. Over the entire learning plan, evaluation criteria demonstrate adequate progress.	Success indicators and/or evaluation mechanisms are muddled or unclear. Evaluation criteria show limited variation. Evaluation criteria are inconsequential. It is difficult to discern a link between success indicators and the learning objective.	Success indicators and/or evaluation mechanisms are missing. Evaluation criteria show limited or no variation. Evaluation criteria are insignificant and/or are not related to the learning objective.
Evidence / Artefact Planning Weighted x 2 **Please note: You may not re-submit previous assignments as an artefact**	For each learning objective, the co-learner identifies a preliminary plan for the evidence or artefacts that will demonstrate to an external reader that the objective (and its overarching goal) has been met. Over the entire learning plan, planned evidences are varied, substantive and	Three to six specific evidences/artefacts are planned; some learning objectives are not associated with a specific artefact. The artefacts will demonstrate to the reader that the *objective* has been met; it may not be clear that the learning *goal* has	At least three artefacts are planned; some learning objectives are not associated with a planned artefact. The planned artefacts are not well aligned with the learning objective and/or goals; a	Some or all evidences/artefacts are not specified. Planned artefacts are superficial and/or repetitive. Planned evidences will not demonstrate that the learner is curious, insightful, technologically competent, courageous and knowledgeable. An external reader will

53

Criteria for evaluation	Excellent (7-8)	Good (5-6)	Fair (3-4)	Poor (0-2)
in your portfolio.	reflective. Taken together, the artefacts will demonstrate that the co-learner is curious, insightful, technologically competent, courageous and knowledgeable.	been achieved. Over the entire plan, a variety of artefacts have been planned. The artefacts will demonstrate adequate achievement and reflection. Taken together, the artefacts will demonstrate that the co-learner is curious, insightful, technologically competent, courageous and knowledgeable.	reader may have difficulty discerning how the artefacts demonstrate adequate achievement or reflective learning. The planned artefacts do not demonstrate a variety of approaches to learning. The artefacts demonstrate in a limited way that the co-learner is curious, insightful, technologically competent, courageous and knowledgeable.	not be able to discern that the co-learner has achieved the learning objective and its associated learning goal.
Required documentation **Pass/fail**	Co-learners must write a short (1 page) reflection on their learning strategies to close identified learning gaps after completion of the Practice NCLEX. This should be included as an appendix to the learning plan.			

Total points available in rubric = 80. This submission is worth 5% of the Semester 5 Final Grade

54

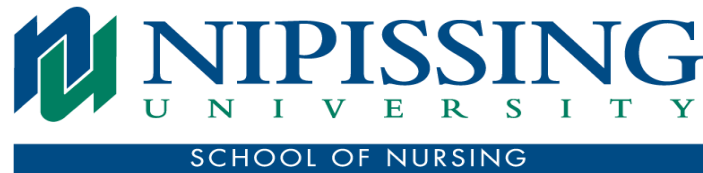**Learning Plan and Portfolio Submission Rubric (Sample)**:

The final learning plan and artefacts/evidences may be presented in varying formats (e.g.: artistic, print or verbal), as per program faculty approval.

Criteria for evaluation	Excellent (7-8)	Good (5-6)	Fair (3-4)	Poor (0-2)
Format & Presentation **Weighted x 2**	The portfolio includes title page in perfect APA 6th ed. format. The portfolio is organized and professional, and includes a table of contents and index tabs or hyperlinks. A reader will be able to discern an obvious relationship between sections of the learning plan and sections of the portfolio. The portfolio concludes with a single separate reference page (or a separate reference page for each sub-section) that is formatted according to APA 6th ed.	The portfolio includes a title page in APA 6th edition format. The portfolio is organized, including both a table of contents and discernable subsections. There are links between most sections of the learning plan and the portfolio. The portfolio concludes with a single separate reference page (or a separate reference page for each sub-section) that is largely formatted according to APA 6th ed.	The portfolio includes a title page that is not in APA 6th edition formatting. There is a table of contents or discernable subsections. There are some links between the artefacts and the learning plan, but some material is out of place or there are organizational gaps. References are inconsistently recorded and/or there are several errors in the use of APA 6th edition formatting.	The portfolio does not include a title page. The organizational structure is not readily apparent to the reader. The link between the artefacts and the learning plan is difficult to make and/or the learning plan is absent. References are scattered throughout the portfolio and/or are not formatted according to APA 6th edition formatting.
Updated Learning Plan & Introductory Reflection **Weighted x 2**	The portfolio includes both the original learning plan and an updated plan that reflects the actual learning journey undertaken by the co-learner. (Note: Learning plans are living documents; variations between the first LP and the final	The portfolio includes the original learning plan and an updated plan that is minimally different from the original. The portfolio also includes a brief but adequate introductory reflection describing the practicum setting	The portfolio includes the original learning plan and a final plan that has been modified but does not necessarily reflect the full learning journey experienced during the practicum. The introductory	The portfolio includes the original learning plan. No updates have been made to the plan after the first submission. The introductory reflection is missing entirely, or is missing key components.

55

Original: Sept 1, 2011, Last Revision: 09/19

Criteria for evaluation	Excellent (7-8)	Good (5-6)	Fair (3-4)	Poor (0-2)
	LP are expected and acceptable). The portfolio also includes an insightful introductory reflection describing the practicum setting, and summarizing key aspects or highlights of the learning experience.	and highlights of the learning experiences.	statement is superficial.	
Artefacts/Evidences **Weighted x 4** **Please note: You may not re-submit previous assignments as an artefact in your portfolio**.	Each learning objective is linked to an artefact. Every artefact is accompanied by a reflective or narrative statement and description of how the learning contributed to the co-learner's knowledge and practice of nursing or to client care, and how it has contributed to the co-learner's journey toward entry to practice as a Registered Nurse In-text citations are in APA 6th edition format and reflect the use of rich and varied sources for learning during the practicum. All sources are cited.	Each learning objective is linked to an artefact that is accompanied by a statement. Some statements do not address the learning process or the learner's journey. Artefacts are varied and demonstrate adequate depth of learning. Sources are cited in text using APA 6th edition formatting; sources include several scholarly (research-based) resources, authoritative sources intended for a professional audience, and standard textbooks.	Most artefacts are accompanied by a statement and a link to learning objectives and be discerned. The learning process or learning journey is addressed in a superficial fashion. Artefacts are similar and or repetitive and/or demonstrate a superficial level of learning. Sources are cited in text with APA 6th edition formatting errors; resources cited are authoritative and largely intended for a professional audience.	The links between learning objectives are artefacts are unclear; some learning objectives are not linked to any learning evidence. Artefacts are not all accompanied by a reflective statement. Resources used are not cited using correct APA 6th edition formatting. Resources are limited to beginning-level text books and content intended for a lay audience.

56

Criteria for evaluation	Excellent (7-8)	Good (5-6)	Fair (3-4)	Poor (0-2)
Closing Reflection **Weighted x 1**	The portfolio concludes with a brief but substantial closing reflection on the learning goals for the practicum, the learning process, the meaning of the learning, and a consideration of the preceptor's evaluation and co-learner's self-evaluation. The reflection includes a summary of key knowledge gains and articulates plans to address any un-met goals or objectives in Semester 6.	The portfolio concludes with a closing reflection that addresses the majority of, but not all of the "excellent" criteria. The reflection is thoughtful and includes a consideration of unmet goals or objectives, and how they may be met in the future.	The portfolio concludes with a closing reflection that is insubstantial. Reflection on the meaning of the learning process and/or consideration of the evaluation data is missing or superficial. Plans for addressing unmet learning goals or objectives are nonspecific.	The closing reflection is absent or superficial. Knowledge gains and/or the meaning of the learning process are not adequately addressed. Unmet goals are not addressed and or plans to address un-met goals or objectives are not included.
Required documentation **Pass/Fail** **(SAT/UNSAT)**	The portfolio includes a section with following REQUIRED documentation: Professionalism evaluation form completed by learner and preceptor All Mid-term and Final evaluations (4 documents in total) Nursing practice attendance record signed by learner and preceptor			

Original: Sept 1, 2011, Last Revision: 09/19

Appendix D: Professionalism Assessment Form

Scholar Practitioner Program: Professionalism Evaluation Form

Name of Learner:_____**Name of Preceptor:**_____

Name of Faculty Advisor:_____**Date:**_____

Evaluation completed by: Preceptor ☐ **Program Faculty** ☐ **Other**_____ ☐

Altruism	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional or unprofessional behaviour (N/A)
Demonstrates sensitivity to patients'/clients' and others' needs.				
Takes time and effort to explain information to patients/clients and others.				
Takes time and effort to comfort others in difficulty.				
Listens sympathetically to patients'/clients' and others' concerns.				
Puts patients'/clients' interests before his/her own.				
Protects patients/clients through recognizing and reporting unsafe practices when patient/client or staff safety or well-being is potentially or actually compromised.				
Recognizes and reports near misses and errors (own and others) and takes action to stop and minimize harm arising from adverse events.				
Identifies, reports, and takes action on actual and potential safety risks to patients/clients, self, or others.				

58

Duty: Reliability and Responsibility	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional or unprofessional behaviour (N/A)
Attends all sessions or provides appropriate reason for absence in a timely fashion.				
Arrives at sessions on time.				
Demonstrates responsibility in completing assigned work and communicates honestly about work completed and not completed.				
Takes on appropriate share of team assignments.				
Organizes own workload and develops time-management skills for meeting responsibilities.				
Informs Faculty Advisor when faced with a conflict of interest.				

Excellence: Self Improvement and Adaptability	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional or unprofessional behaviour (N/A)
Is accountable and accepts responsibility for own actions and decisions.				
Accepts constructive feedback.				
Exercises beginning professional judgment when using agency policies and procedures, or when practicing in the absence of agency policies or procedures.				
Recognizes limitations of practice and seeks assistance as necessary.				
Incorporates feedback to make changes in behaviour.				
Adapts well to changing circumstances.				
Displays initiative, a beginning confidence, self-awareness, and encourages collaborative interactions within the healthcare team.				
Demonstrates critical inquiry in relation to new knowledge and technologies that change, enhance or support nursing practice.				
Attends rounds, seminars and a variety of other professional activities related to the practice of professional nurses.				
Integrates quality improvement principles and activities into nursing practice.				
Participates in the analysis, development, implementation and evaluation of practice and policy that guide delivery of care.				

Original: Sept 1, 2011, Last Revision: 09/19

Respect for Others: Relationships with Learners, Faculty and Staff	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional or unprofessional behaviour (N/A)
Establishes rapport with fellow learners.				
Maintains appropriate boundaries in work and learning situations.				
Articulates the role and responsibilities of a professional nurse as a member of the nursing and health care teams.				
Demonstrates a professional presence and models professional behaviour.				
Relates well to fellow learners in a learning environment.				
Relates well to faculty in a learning environment.				
Relates well to other health care professionals in a learning environment.				

Honour and Integrity: Upholding Learner and Professional Responsibility and Accountability	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional or unprofessional behaviour (N/A)
Represents self by name and status (nursing learner) to clients and health care team members.				
Uses professional language in discussing patients/clients and colleagues.				
Uses basic conflict resolution strategies in which situations of conflict are transformed into healthier interpersonal interactions.				
Behaves honestly.				
Respects diversity of race, gender, religion, sexual orientation, age, disability, intelligence and socio-economic status.				
Demonstrates leadership in patient/client care by promoting healthy and culturally safe work environments.				
Adheres to duty to report unsafe practice in the context of professional self-regulation.				
Maintains appropriate boundaries with others (clients, patients and hospital staff).				
Dresses in an appropriate professional manner (context specific).				

Critical Event: Yes ☐   No ☐

If there was a critical event, please document it here:

Areas of praise:

Areas for growth:

Adapted from the University Of Toronto Faculty Of Medicine Preclerkship Professionalism Evaluation Form, used with permission.

Original: Sept 1, 2011, Last Revision: 09/19

References

Bevis, E.O. & Watson, J. (1989). Toward a caring curriculum: A new pedagogy for nursing. National League for Nursing, Publ. #15-2278. New York: NLN.

Canadian Nurses Association (2008) Code of Ethics. from https://www.cna-aiic.ca/~/media/cna/files/en/codeofethics.pdf

Carr,D. (1986) Time, Narrative and History. Cambridge University Press.

Clandinin, D.J. & Connelly, E.M. (2000). Narrative inquiry. San Francisco: Jossey-Bass.

Clandinin, D. J., & Connelly, F. M. (1994). Personal experience methods. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research (pp. 413-427).

Clandinin, D.J., & Connelly, F.M. (1992). Teacher as curriculum maker. In P. W. Jackson, (Ed.), Handbook of research on curriculum. New York: MacMillan Publishing.

Clandinin, D. J., & Connelly, F. M. (1994). Personal experience methods. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research (pp. 413-427). London: Sage.

Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. Educational Researcher, 19 (5), 2-14.

College of Nurses of Ontario (2014) Competencies for entry-level Registered Nurse practice. Toronto, Author. From www.cno.org

Crites, S. (1971). The narrative quality of experience. Journal of the American Academy of Religion, 39(3), 391-411.

Dahlgren and Whitehead (1991) What can be done about inequalities in health? *The Lancet* vol 338 (8874). Pgs. 1059-1063.

Dennen, V & Burner, K. (2002). The cognitive Apprenticeship Model in Educational Practice. In Spector,JM, Merril, DM, van Merrianboer, J & Driscoll, M. (Eds). Handbook of Research in Educational Communications and Technology. 3rd Ed. New York: Springer

Dewey, J. (1938). Experience and education. New York: MacMillan.

Nipissing University (2014) Academic Calendar. From http://www.nipissingu.ca/artsandsciencecalendar/

Mishler, E.G. (1990). Validation in inquiry-guided research: The role of exemplars in narrative studies. *Harvard Educational Review*, 60(4), 415-442.

Ontario Ministry of Health and Long Term Care.(2013) Regulated Health Professions Act 1991. From http://www.health.gov.on.ca/en/pro/programs/hhrsd/about/rhpa.aspx

Polkinghorne, D. (1988). Narrative Knowing and the Human Sciences. New York: State University of New York Press.

Ryerson Polytechnic Institute (1986). Preceptor orientation manual. Internal document. Used with Permission.

Schon, D. A. (1983). The reflective practitioner: How professionals think in action. New York: Basic Books

Schwab, J.J. (1973). The practical 3: Translation into curriculum. *School Review*, 81, 501-522.

University of Toronto Faculty of Medicine (2012) Preclerkship professionalism evaluation form, Internal unpublished document. Used with Permission.