Nursing Programs Handbook

2022-2023

Welcome to the 2022/2023 Academic Year! Whether you are a new student just beginning your BScN education, or are returning student back to make progress towards graduation – we are happy to see you! We are excited to support and bear witness to all you will accomplish this year, and in years to come.

We hope you will find this new and revised Nursing Programs Handbook helpful and a valuable resource as you navigate the year.

So much has happened since many of you were on campus – including a major relocation of all the Ontario Tech the faculty and staff offices – you will find us all on the fourth floor of Shawenjigewining Hall – including everyone in the Nursing Program Office, FHSc Academic Advising, and the brand new simulation lab and the S.E. Lovell Family Innovation Suite. Be sure to drop by and say hello!

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IMPORTANT NOTE

The Nursing Program Handbook is to be used in conjunction with the Ontario Tech University Academic Calendar and is NOT a substitute for the academic calendar.

Every effort has been made to make this handbook as accurate as possible at the time of posting. In the event of an inconsistency between this handbook and the regulations and policies established by the Faculty of Health Sciences, Academic Council or Ontario Tech University Board of Governors, the regulations and policies established by the Faculty of Health Sciences, Academic Council and Board of Governors will prevail.

The Faculty of Health Sciences reserves the right to make changes to the information contained in this handbook, in its printed or electronic form, without prior notice.

It is the responsibility of the student to take the correct courses and ensure all degree and program requirements are met.

July 2022

1. ABOUT OUR NURSING PROGRAMS & COURSES

Ontario Tech University offers a variety of nursing programs in collaboration with Durham College and Georgian College. Links to individual program maps are provided below so that students can be familiar with programs and their individual program maps.

[BScN - Collaborative Nursing](#) – Ontario Tech - Durham College
This is a four-year program, and students may enter directly from high school. The program is offered in Oshawa, and is a fully integrated collaborative program (faculty from both sites teach across all four years of the program).

[RPN-to-BScN](#) – Ontario Tech - Durham College (Oshawa)
This is a three year program designed as a pathway for Registered Practical Nurses to complete their BScN and become eligible for RN licensure. Students attending school Fall, Winter and Spring in their first two years, and Fall and Winter in their final year. This collaborative is also a fully integrated program offered in Oshawa.

[RPN-to-BScN](#) – Ontario Tech - Durham College – Georgian College (Barrie)
This is a three year program designed as a pathway for Registered Practical Nurses to complete their BScN and become eligible for RN licensure. Students attending school Fall, Winter and Spring in their first two years, and Fall and Winter in their final year. This program is offered in conjunction with Georgian College from their Barrie campus. Faculty from all three institutions are engaged in delivering programming.

[Masters of Science in Nursing](#) – Ontario Tech - Trent University (Online)
The Master of Science in Nursing (MScN) program focuses on professional practice leadership and will prepare graduates to contribute to an increasingly complex health-care sector by providing an education that includes mentorship, interdisciplinary opportunities and experiential learning through research, project and class assignments. Professional practice leaders are responsible for ensuring and implementing expert practice, the facilitation of professional development, research and providing leadership; they are often charged with quality assurance and safety as well and the program is designed to develop expertise in these areas.

2. VISION, MISSION, AND VALUES & STRATEGIC GOALS

In 2018 the Nursing programs embarked on redefining and affirming our vision, mission, and values to help guide us through the upcoming years.

Vision - Lead and challenge the boundaries of nursing education, practice, and research, in order to improve and promote the human health experience

Mission - To envision, innovate, and embrace opportunities to deliver caring dynamic nursing education

Values:
- **Caring**: Have empathy, presence, expertise and embrace a caring philosophy
- **Innovation**: Create and implement new ideas that improve health
- **Collaboration**: Engage in respectful dynamic interactions
- **Integrity**: Be authentic, professional and accountable
- **Social Justice**: Value holistic care that embraces practice diversity, equity and advocacy

2.1 Strategic Goals

Four key priority areas were identified during our strategic planning that overlap our key stakeholder groups of students, program (including curriculum, staff, faculty), and partners and community (including our clinical placement partners, and community organizations or groups with whom faculty collaborate for research). These goals and priority areas are as follows:

Priority Area: Communication
- Improve communication, both internally and externally, with all stakeholders.

Priority Area: Care of Self and Others
- Develop and implement a comprehensive program of care of the self and others (physical, social, mental, spiritual) for all (e.g. create health promoting opportunities, build resiliency and responsibility in students).

Priority Area: Collaboration and Participation
- Expand and strengthen our internal and external collaborations and partnerships to benefit students (e.g. clinical placements), faculty (e.g. research collaborations), and the community (e.g. responding to continuing professional education needs).
- Continue to admit, and graduate, high quality students, positioned to respond to emerging trends and current realities, within an evolving health care environment.
- Modify governance structures to ensure that 1) the student perspective is represented at all levels of programming and decision making, and 2) to strengthen collaboration and participation of all faculty and staff in curriculum and program decisions.
- Expand engagement, collaboration, and success in scholarship and research.

Priority Area: Simulation and Technology
- Continue to develop and enact the integration and evaluation of evidence-based technology, simulation in our teaching, learning, and professional practice.

2.2   Program Goals

Graduates of the BScN Collaborative Nursing Program and the RPN-to-BScN Nursing Program will:

1. Demonstrate safe, competent, ethical, and compassionate nursing practice that is theory guided, evidence-informed, and in accordance with regulatory standards (CNO).
2. Actualize professional caring relationships with individuals, families, groups, communities and populations; and, with nursing and interdisciplinary colleagues.
3. Synthesize critical inquiry, scientific inquiry, research and other ways of knowing to develop nursing knowledge and to demonstrate the professional contributions of nursing in healthcare.
4. Champion social justice, in partnership with vulnerable populations; respecting the autonomy of individuals, families, groups, communities and populations.
5. Demonstrate leadership within the domains of practice, policy and quality of work-life for innovation and advancement of healthcare.
6. Commit to critically reflective practice and self-directed learning, within the regulatory context and accountability to the public, to support life-long learning.
7. Advocate with, and for people, (including self-advocacy), the nursing profession, the healthcare system, and the environment.

2.3   Undergraduate Program Philosophy

This program philosophy applies to both the Ontario Tech University – Durham College Collaborative BScN Program and the Ontario Tech University – Durham College – Georgian College Collaborative RPN-to-BScN Program. It is supported and enlightened by pluralistic philosophies/worldviews, including but not limited to, positivist, phenomenological, postmodernist, feminist, & critical social theories which focus on society's changing health care needs. These perspectives give rise to the core concepts of the nursing program—that of caring and nurturing relationships through being, knowing and doing (praxis). This curriculum reflects its deep roots in the Caring Curriculum (Bevis & Watson; 1989; Hills, Watson, & Cara, 2020; Cara, Hills, and Watson, 2020), as well as our own unique context and perspective.

2.3.1   Caring in Nursing

Caring is a central component of the human experience and foundational to nursing practice. While caring may be thought of as present in all aspects of everyday life, caring in nursing requires

intentionality; self- and other- awareness; and active, thoughtful, and skilled engagement in concern for others and the world around us.

Caring in nursing requires that we actively attend (both in terms of paying attention and in terms of responding) to other human beings, the world around us, and to ourselves. Caring in nursing requires that we try to bring the best of ourselves to all that we do, actively engaging in self-reflection and self-analysis so that we may continue to grow and develop in our nursing practice and in our lives. Caring in nursing requires that we recognize the position of privilege nurses hold in society, and from this position actively seek to make the world and the life experiences of others more just.

Competence in intentional human caring in nursing can be acquired, honed, practiced, enhanced, modeled, and evaluated in theory and practicum settings. Caring can be seen as a human trait, a moral imperative, an affect, an interpersonal interaction, and a therapeutic intervention (Watson, 1985; Morse, Bottorff, Neander, & Solberg, 1991). All of these facets of human caring come together as intentional caring in nursing are actualized in practice (Roach, 2002).

While "nursing care" typically denotes skilled practices and implies a product focus, nursing caring more fully encompasses the interpersonal/intrapersonal/transpersonal process inherent in nursing. The concept of caring in nursing serves as the organizing framework of our curriculum and is threaded throughout the nursing program, drawing upon the transformative Caring Curriculum (Bevis & Watson, 1989). The beliefs, values and assumptions underlying the concept of caring are reflected in the program's conceptualization of nursing, people (individuals, families, groups, local and global communities), health and healing, and the environment. The teaching-learning process is rooted in caring in nursing, and is informed by various teaching methods encouraging critical thinking, reflection, empowerment, problem solving and inquiry.

2.3.2 Nursing

Nursing occurs within the context of intentional human caring from the nurse to the nursed, other human beings, and all life. It requires the skilled utilization, application, and evaluation of knowledge, mediated by multiple ways of knowing/being/doing, in partnership with the recipient of nursing care. This knowledge is drawn from nursing, natural sciences, social sciences, arts and humanities, and is uniquely employed within each specific nurse-person situation to promote and preserve caring, health-healing, dignity, and comfort.

Nursing occurs exclusively within the context of intentional human caring; they are inextricably linked. Nursing praxis occurs as the reciprocal relationship between nursing theory and nursing practice is explicated, in which each influences the other and supports the continual advancement of nursing. While often the most visible component of nursing, our profession is not characterized by a list of the skills or activities in which nurses participate. Rather, nurses must be conceived as knowledge workers. They possess high degrees of expertise, education, or

experience, with the primary purpose of nursing (their work) involving the creation, distribution, or application of knowledge (Davenport, 2005). When the conception of nursing knowledge is expanded to include all ways of knowing, our understanding of nursing is enriched. It involves the constantly evolving application of all aspects of being, knowing, and doing, across a limitless range of situations, in the promotion of caring, health-healing, dignity, and comfort.

Nursing is both a profession and a discipline:
- As a self-regulated profession in Ontario, nurses are responsible and accountable to the public and the profession for their practice. Nurses practice autonomously and in partnership with other healthcare providers, contributing to a holistic perspective of caring. Nurses take on many roles, including clinician, professional, communicator, collaborator, coordinator, leader, advocate, scholar, and educator (CNO, 2020). Nurses have a professional responsibility to participate in lifelong learning through critical self-reflection (CNO, 2020), research, and innovation.
- As a discipline, the unique knowledge base of nursing and the methods for developing/expanding that knowledge are made explicit. Nursing knowledge arises out of theory, scientific inquiry, and critical reflection on practice. Nursing, as a discipline, values multiple ways of knowing, including but not limited to ethical, personal, aesthetic, empirical, and emancipatory (references). The theory base of nursing consists of grand, middle-range, and practice or situation-specific theories. The Nursing Program is committed to valuing theoretical pluralism, while recognizing nursing's philosophical orientation toward humanity and nursing's ethical global covenant with humanity to sustain human caring-healing-health for all (Watson, 2018).

2.3.3   People

People include individuals, families, groups, populations, and local and global communities, existing within the wholeness and complexities of our lives. The uniqueness of people is both limitless and a core characteristic of being human. This awareness requires that nursing champion equity, diversity, and inclusion as a moral imperative. For this to be achieved people need to have insight, and understanding when it comes to historicity, truth and reconciliation of individuals who are racialized and marginalized. People make choices about their lives and their health-healing based on many factors, including but not limited to their life experiences, values, hopes, and aspirations. We recognize and value the innate human capacity for caring (Watson, 2020), and the primal human desire to be seen and to be heard (Paterson & Zderad, 1976).

People exist within the context of their lives as lived, including but not limited to their perceptions, choices, experiences, and environments. People's lives and health-healing are affected by the relationships they have with self, others, and with all living beings. People make choices based on the unique meaning they attribute to their life experiences and are influenced by internal and external factors such as determinants of health, values and dignity. Through

intentional caring practices, nurses nurture intra/inter/transpersonal healing relationships with individuals, families, groups, and communities.

Within the Nursing Program, we champion equity, diversity, and inclusion. This involves respectful treatment of all people, leading to equality. In creating an environment of respect and opportunities for full participation by all, including equity-deserving groups, we support and strengthen the basic rights of all people. Cultural competence, cultural humility, and cultural safety are critical concepts that can be applied to help understand and interact with people effectively.

2.3.4 Environment

Environment consists of all elements, internal or external to people (individuals, families, groups, and communities) that influence people and/or the situation. Environmental elements may be experienced as positive, neutral, or negative. People both influence and are influenced by their environment. Examples of environmental factors include, but are not limited to, physical, social, psychological, and economic. Rights and freedoms, both entrenched in the law and as perceived by people, are part of their lived environment. We must acknowledge the traditional territory of Indigenous peoples in Canada.

Watson (1999) shares that a caring and healing space or environment can expand the person's "awareness and consciousness" and promote mind-body-spirit wholeness and healing (1999, p. 254). Through intentional caring relationships, the Nursing Program works to create a caring, healing space for all. Additionally, Haldorsdottir (1991) discusses five terms considering caring relationships that we apply to our understanding of environment:
- Biocidic or life destroying environments
- Biostatic or life restraining environments
- Bioactive or life sustaining environments
- Bio passive or life neutral environments
- Biogenic or life-giving environments.

Within the Nursing Program, we strive to nurture bioactive and biogenic environments, in which people, including learners, and all life is able to thrive. Nurses have a responsibility to create the healing environment, offer the human-to-human connection, creating the space where healing, life sustaining and life-giving practices in a caring environment flourish.

Environmental factors impact all aspects of health. As such, nurses must be prepared to work with people to identify relevant factors explore the meaning that they hold. Nurses must be aware of environmental factors that exist both at the individual level and beyond it (e.g., determinants of health). Nurses must engage personally and across sectors to promote healthy environments and honour our responsibility to all life and the earth.

2.3.5 Health-Healing

Health-healing is a constantly changing, holistic human experience that exists within all phases and circumstances of living, including illness and dying. Health-healing is not a singular state, but rather a process of moving towards wholeness, harmony, and balance. Health-healing has physical, socio-cultural, psycho-spiritual, political, and economic aspects, and is defined by each person, individual, group, or community. Health-healing is preserved and promoted through caring relationships that are affirming, enabling, empowering, and collaborative.

Health-healing is defined by the people experiencing it. Health-healing is a holistic, transformative process; it is multidimensional; and it involves repair and recovery of mind, body, and spirit. Promoting health-healing involves partnering with, and enabling, people to increase control over and to improve their health. Empowerment, whereby people share power, resources and authority for healing, is considered central to health promotion. It is influenced by factors that are intra/inter-personal, relational, and environmental. Nurses work to facilitate and support conditions that allow healing to occur in the lives of individuals, families, groups, and communities.

2.3.6 Teaching-Learning

Teaching-learning in nursing is a dynamic, transformative process which occurs both formally and informally, and within a context of intentional caring. Teachers, nurses, students, and people requiring nursing care are co-learners and partners in a collaborative learning process. Learning occurs over time and through a variety of approaches. It is a life-long process of personal and professional growth, which builds on experience, stimulates reflection, and transforms the meaning of life experiences. As teachers, we are committed to fostering a stance of inquiry with students.

We believe that teaching-learning is a dynamic, transformative process, based within reciprocal relationships between teachers and learners. Both teachers and learners bring valuable knowledge and experience to the learning situation. Conditions that promote effective teaching-learning in nursing education include mutual respect and safe learning environments. Student-teacher relationships that are created in a space of relational caring emphasize the uniqueness of each student as their lived experiences and their world views are accepted. "The student/teacher relationships grounded on respect, empathy and nonjudgmental stance creates the conditions for the development of an authentic caring transpersonal relationship, heightening and protecting their dignity as well as their learning" (Hills, Watson, Cara, 2021, p. 88-89).

Teaching-learning in nursing is student-centred, whereby educator and student-learner are equal partners. This rejection of "power over" relationships in nursing education does not diminish learning outcomes. Rather, it promotes active student-learner engagement in teaching-learning

processes that connect the personal and the professional. This focus does not diminish or bypass the necessity for learners to demonstrate required course and program learning outcomes. Instead, it focuses on setting these pre-defined requirements as the beginning of the learning that is necessary and possible, not the end point. It recognized that learning has impacts for the learner well beyond the acquisition of knowledge. Learning contributes to self-esteem, self-knowledge, and self-empowerment.

Teaching-learning in nursing requires that diverse, evidence-based, and innovative teaching foci, teaching methods, and evaluation approaches be utilized. At the same time, we must remain cognizant of the diversity of learners we will encounter through formal nursing education, informal mentoring/coaching of nursing students, and the variety of teaching-learning opportunities within nursing practice with individuals, families, groups and communities. The need to "meet learners where they are at" remains a time honoured value. Within the Nursing Program, we recognize that learning occurs over time, through a variety of approaches, which are reflected in the diversity of learning activities, informed by pedagogical pluralism, and situated within a stance of inquiry. All five dimensions of scholarship that have been described by Boyer (2000) are integral to teaching-learning in nursing education (discovery, integration, application, teaching, and engagement).

3. PROFESSIONAL FRAMEWORK

Nurses are dedicated to advocating for, and working to meet, the health care needs of the public; obtaining the best possible outcome for the patient is paramount at all times. There is an expectation throughout the program that students will perform competencies that meet the College of Nurses of Ontario (CNO) Professional standards (Revised 2002), and the College of Nurses of Ontario Entry to Practice Competencies for Registered Nurses so that they are prepared for the clinical environment upon graduation. In addition, students meet the competencies outlined by Canadian Association of Schools of Nursing National Nursing Education Framework (2015).

This section outlines a set of guidelines which form a framework of expectations for students within the classroom, lab, simulation, and practicum learning environments that supports students in meeting these professional standards as well as the expectations of the University.

3.1   Overriding Principles

The following are overriding principles that all students are expected to consistently follow through their program.

3.1.1   Accountability

Accountability is one of the seven professional standards for nurses outlined by the College of Nurses of Ontario (2002). Students are expected to ensure that their practice and conduct meet the requirements of the nursing program, the standards of the profession, and that they practice within legislative, university, and program requirements and standards at all times. Student's understanding of accountability will be developed and nurtured throughout the program.

Over the course of the program, students will make decisions that will affect their academic success and, ultimately, their success in the profession of nursing. While students may look for advice from their family and friends, nursing students enrolled in the Collaborative BScN and RPN-to-BScN programs are considered adults and are expected to be accountable and responsible for their own choices and actions. Consistent with this principle, students are expected to:
- Be accountable for their own learning and for facilitating the learning of others. In order to maximize valuable learning opportunities consistent participation and preparation is expected.
- Within the practicum setting, while engaging in patient/client care students will identify the need for, and act to obtain, appropriate supervision from instructors or preceptors.
- Submit pre-practicum requirements by the timelines communicated
- Self-assess their requisite skills and abilities and seek accommodation when required

- Be honest, and demonstrate integrity, even when a mistake has been made.
- Students must report any error, accident or incident immediately to the practicum professor/preceptor/clinical instructor/co-assigned nurse so that appropriate measures can be taken.
- Engage in the creation and maintenance of a supportive environment within which the practicum professor/preceptor/clinical instructor/co- assigned nurse(s) assist the student to problem-solve is particularly important when a mistake or incident occurs. It is the student's responsibility to learn from any error and to demonstrate consistent improvement.
- Recognize their own knowledge level, skills and abilities, limits of responsibilities, legislative authority and supervision requirements, and to understand and clarify their role in the provision of care with the professor / clinical instructor / preceptor / co-assigned nurses(s).

3.1.2   Professionalism and Respect

Students are expected to practice in a manner consistent with [CNO Professional Standards (Revised 2002)](#), clinical agencies, and the policies and regulations of Ontario Tech, and to use clear, accurate and effective communication skills in all professional interactions. Furthermore, in accordance with CNO ETP 2.2, students need to "Demonstrate[s] a professional presence, and confidence, honesty, integrity, and respect in all interactions" (CNO, 2018, p. 6) – this extends to all forms of communication.

Everyone is expected to demonstrate respect for self, clients, classmates, faculty, all members of the university and college communities, preceptors, agency staff and the community at large. Mutual respect helps to create a caring environment which supports education. Respect for one another is seen as reciprocal and is demonstrated through actions such as being punctual, active listening, authentic communication, caring connections in personal and professional encounters and constructive feedback of one another's work.

All parties are expected to behave in a manner that consistently demonstrates respect for the worth and dignity of clients and/or families, while accepting responsibility and accountability for all nursing actions consistent within their role.

It is important to remember that the student's primary role is that of a learner. As learners integration of feedback and continual growth is dependent on a student's receptivity to feedback. The integration, and utilization of suggestions and recommendations to facilitate one's own learning and growth as a student and professional is an essential component to learning, and along with self-reflection, is expected.

3.1.3 Safety

To ensure safety for the client, self, and others, nursing activities must provide a safe physical and psychosocial environment. Safety in the physical environment includes the competent practice of nursing assessments and interventions, knowledge of policies and procedures, knowledge of the client's experience, the physical set up of the environment, organization of one's own workload, setting of priorities, assignment of nursing care, and communication to relevant parties regarding work that is completed or not done.

Safety in the psychosocial environment includes maintenance of confidentiality; and freedom from racism, sexism, discrimination, harassment, and other non-caring behaviours.

3.1.4 Confidentiality

Confidentiality is of paramount importance. Students are expected to function within the limits of their role and accept responsibilities for which they have been prepared. The privacy of the patients, residents, team members, organizations and/or student information in all instances must be respected. Students are expected to realize the confidential nature of the data that they are privileged to use. Students must comply with legislation, practice standards, ethical responsibilities, and organizational policies to maintain client privacy, confidentiality, and security (Information & Privacy Commissioner of Ontario, 2015). Inappropriate access to client information may adversely affect client safety and quality of care, and undermine the client's relationship with providers. As representatives of Ontario Tech, Durham College, and Georgian College, faculty and students must work to maintain the co-operative relationships with the various community agencies utilized in our practicum partnerships.

Client information and the private information of others (including one's own personal health record) **MUST NOT** be accessed without need, nor be discussed in any public area or with any unauthorized persons, through any form of communication (including via social media). This includes material such as photos, medical/health records, and healthcare clinical applications.

Under no circumstance is information to be given to police or media. All requests for information must be referred to the designated administrative person.

Any computer access codes must only be used to access computer data for patients/clients as assigned for patient care. Students should not attempt to access any unauthorized information including information about themselves, family, friends, colleagues, or any other person whose information is not required to perform duties related to their practicum.

If for any reason a student breaches confidentiality, privacy, or security, or becomes aware of a breach the students must immediately report this to the course instructor and the placement organization via the appropriate channels. Students should have access to medical records only as assigned for educational purposes.

The importance of these overriding principles is affirmed by the [Professional Suitability Policy (Undergraduate)](#) at Ontario Tech. Any student who exhibits behaviour that is inconsistent with the norms and expectations of the program or the profession, or that places themselves, clients or others at risk will be addressed through this policy.

3.2	Additional Requirements for Registered Practical Nurses

It is essential that students who are Registered Practical Nurses are aware that they are required to practice, at all times, in accordance with the [CNO Practice Standards (Revised 2002)](#).

Recognizing our role in protecting students, patients, and the public from harm, should a student demonstrate practice or conduct that fails to meet these standards, it is the responsibility of the Nursing Program to determine if the behavior or action necessitates reporting to the College of Nurses of Ontario.

4. PRACTICUM PLACEMENTS

4.1   Overview of Placement Process

All placements are arranged by the nursing program. Members of the placement team will reach out to students throughout the year in regard to placements. This may be done in class (practicum presentations), via email, or by the phone number on record.

The program requests placements 3-4 months in advance of the practicum rotation. Agencies then evaluate need and availability and return confirmation of practicum placements. Typically, placements are released to students via HSPnet, approximately 2 weeks before the start of term, however, dependent on the clinical landscape and the realities being faced by practicum agencies this may be earlier or later.

4.2   Assignment of Placements

The Nursing programs have been designed to prepare graduates who are able to meet the challenges of the expanding role of nursing within today's health care landscape and with a goal of preparing students for health care in the years to come. These challenges arise both from the increased complexity of health problems, changes in the nursing profession, expanding scopes of practice, and the needs of the healthcare system, especially in a pandemic era. The Undergraduate Nursing programs are designed to prepare generalists, who can practice within diverse settings with clients and communities from a variety of cultures, socio-economic backgrounds, and across developmental stages. The Program does not consider personal requests for placements.

Placement availability and assignments vary semester to semester and year to year. To this end, a number of elements are considered when selecting practicum placements to facilitate the student's practicum learning, including:
- Nursing Professional Practice Competencies for the year level
- Learning outcomes identified by the course
- Availability of placement sites and agencies
- Experiences the agency is able to provide

Students must be flexible in their schedules as practicum may occur any day/time of the week (e.g. day, evening, or night shifts), and may be of varying hours of duration (e.g. 8 or 12 hour shifts). The academic calendar is made available to students well in advance of the start of the academic year and students should use this to plan accordingly and keep all dates/times available until a schedule is confirmed. Students in their final year (NURS 4700 and NURS 4701) follow a preceptor schedule which is typically not available until a few weeks before the start of term.

- **Collaborative BScN Students & RPN-to-BScN Students attending programming in Oshawa –** The Nursing Program Office at Ontario Tech University has existing agreements and established processes with practicum partners. All practicum placements are organized by the Nursing Program Office for these students.

- **RPN-to-BScN Students attending programming in Barrie with Georgian College -** The Placement Offices at Georgian College organize all placements for these students. The Placement Office and GC have existing agreements and established processes with practicum partners.

Students ARE NOT TO arrange their own placements or reach out to agencies. Doing so jeopardizes their own placements, and our ability to place students in the future. Agency partners will only accept placements that are arranged through the Nursing Program Office at Ontario Tech or the s offices at Georgian College.

Students that attempt to arrange their own placements, or contact placements will first be required to meet with their year lead and/or the practicum course coordinator, develop a collaborative success plan, and dependent upon the interaction, or if subsequent actions are taken the situation may be addressed via the professional suitability policy (undergraduate).

4.3 Location & Transportation

Students are expected to be able to attend practicum as assigned for the assigned shifts. Students are responsible for arranging transportation to and from practicum and are responsible for all associated costs while attending placement.

- **Collaborative BScN Students & RPN-to-BScN Students attending programming in Oshawa –** For students attending an undergraduate nursing program in Oshawa – placement sites are located at various agencies throughout Durham and surrounding regions and typically are within 1.5 hours drive from Ontario Tech-Durham College campus.

- **RPN-to-BScN Students attending programming in Barrie with Georgian College -** In order to provide quality practicum placements, students are placed in a variety of agencies in the region serviced by the campus.

4.3.1 Changes to Assigned Placements

Changes to assigned placement are not permitted. Students may not "swap" placements among themselves.

Placement assignments may be altered by the Program, in consultation with the Dean, based on enrollment, and availability of placements.

4.3.2   Practicum Surveys & Submission of Resumes

Students will be sent a yearly practicum survey (typically in mid Fall for year 1, late Winter or early Spring for all other courses) to their @ontariotechu.net accounts. Should information collected on the survey change after it is submitted it is the responsibility of the student to notify the Nursing Program Office.

As an additional element, students in third and fourth year are required to submit resumes along with their yearly practicum survey. This facilitates placements as a number of our practicum partners request resumes to review (e.g. ER, ICU, L&D, public health, year-long placements). Students should prepare a professional resume that outline their achievements accurately. If you require assistance in preparing your resume please connect with Student Life.

4.3.3   Conflict of Interest

Students are required to self-identify any conflict of interest they may have in their assigned practicum placement. Notification must be made in writing to the Practicum Coordinator if the student has:

- Relatives or friends who are employed or volunteer (in any capacity) at a practicum agency site
- An employment or volunteer relationship at a practicum agency site
- Any other affiliation with a practicum agency site which could place them in a position of conflict of interest while attending practicum
- If an assigned preceptor is in a conflict of interest (e.g. is a relative or friend)

5. REQUIREMENTS FOR PRACTICUM

5.1   Pre-Practicum Requirements

To be eligible to participate in practicum, students must meet specific requirements for practice within the established timelines. These requirements form an integral component of a student's Professional Suitability as outlined in the Academic Calendar.

Requirements for practicum experiences include, but are not limited to, entry or returning immunization forms (and required elements), vulnerable sector criminal reference checks, BLS (for health care providers) CPR certification (first aid is highly recommended), chest x-rays (as applicable), TB testing, COVID vaccination, mask fit testing, and additional elements (e.g. health and safety training). Completion of these elements meet agreed upon elements of our agreements with our practicum agencies.

Students who do not successfully meet pre-practicum requirements within the provided timeframe will either be de-registered and/or will be required to withdraw from their respective NURS Theory and Practicum courses. Student may re-enroll the next time the course is offered according the student's program map (and placement site availability).

- **Collaborative BScN Students & RPN-to-BScN Students attending programming in Oshawa -** Pre-Practicum Checklists, and Immunization forms, and instructions for both entry (i.e. first year) and returning students are available via the Nursing Program - Pre-Placement Requirements website.

- **RPN-to-BScN Students attending programming in Barrie with Georgian College -** Pre-Practicum Checklists, and Immunization forms, and instructions for both entry (i.e. first year) and returning students are available via the Nursing Program - Pre-Placement Requirements website.

Documents must be submitted and verified every year a student remains in the program. Students with documentation that expires throughout the academic year are required to verify and update documentation accordingly and as directed by the Program. Documentation is considered to be current if it covers the entire duration of the placement.

Students are responsible for all costs associated in meeting the pre-practicum requirements. It is the responsibility of the student to keep all documentation related to pre-practicum requirements for reference or practicum purposes. **The Nursing Program does not keep copies of required documentation**. Practicum sites may require that students submit this information directly to their agencies, failure to do so will result in removal from the theory/practicum course.

5.1.1   Immunizations

As noted on the [Entry and Returning Immunization Forms](#) these requirements are required for all students entering a health care practice setting that have communicable disease surveillance protocols in place. The information required follows the standards outlined by the Ontario Hospital Association and the Canadian Immunization Guide. Compliance with the immunization is mandatory. Healthcare agencies utilized by the programs may refuse access to students who do not meet the immunization and testing requirements (and where applicable additional elements). Students must have their immunization forms completed by a registered Health care practitioner (i.e. Physician or Nurse Practitioner).

Immunizations and testing that is required includes (but is not limited to):
- Measles/Mumps/Rubella
- Diphtheria/Tetanus
- Poliomyelitis
- Hepatitis B
- Varicella (Chicken Pox)
- Two Step Tuberculosis Skin Test (or appropriate assessments as noted on the immunization forms)
- Covid Vaccination (minimum of 2 doses) – however this may be expanded to include boosters as our agencies implement new measures, failure to meet agency requirements will jeopardize a student's ability to successfully complete their practicum. Please note that what is considered to be "up to date" in relation to COVID-19 vaccines will likely be modified over time based on the availability of new vaccines in the future, potential changes in disease epidemiology and as new evidence on additional booster doses becomes available. See MOH guidelines [here.](#)
- Influenza vaccination (not mandatory but highly recommended) - If there is an influenza outbreak at the placement facility and you have not been vaccinated you may be denied access to the facility, thus jeopardizing successful completion of their practicum. Any practice placement site can make it mandatory to have an annual influenza vaccination prior to approving a placement
- Any additional vaccinations as required by the practicum agency.

5.1.2   Additional Specific Requirements for Practicum Sites

Additional requirements, and/or a variation in the expected frequency of pre-practicum requirements will be communicated to students as soon as possible (e.g. timing of TB skin tests, more frequent vulnerable sector criminal reference checks.). This information will also be posted to HSPnet for affected students. It is the students' responsibility to meet the requirements of the placement site. Failure to do so will result in removal from the theory/practicum course.

5.1.3   Criminal Reference Check (CRC) with Vulnerable Sector

The completion of a criminal reference check **MUST** include a vulnerable sector screen Students are encouraged to begin this process as soon as possible. Students should be aware of the following:

- In some situations, the process of acquiring a Criminal Reference Check with vulnerable sector screening may take a minimum of 12 weeks to complete (If fingerprinting is required)
- The cost of the police record check is the responsibility of the student
- Advise the police department that you are a nursing student requiring a police record check for placement purposes. Inquire with your local police service as some police services require a letter or form to be completed by the nursing program.
- Two pieces of identification are typically required, one of which must be photo ID

Students who have not provided appropriate documentation of a completed criminal reference check with vulnerable sector check, will not be eligible for placements. The background check is only considered to be current if it covers the entire duration of the placement.

After admission, and at any time prior to completing the program, students charged with a criminal offence, are required to report this information immediately to the Nursing Program Office. Failure to do so will be considered under the [Professional Suitability Policy (Undergraduate)](), and/or as professional misconduct for RPNs currently registered with College of Nurses of Ontario.

In situations when a criminal reference check is not clear (i.e. a record has been found) this may have implications for student progression, the student will be contacted by the Associate Dean of Nursing to discuss next steps. Students should also be familiar with long term implications of [findings of guilt]() as it relates to registration with the College of Nurses of Ontario, or wherever the student plans on registering.

5.1.3.1   AUTHORIZING SIGNATURE

- **Collaborative BScN Students & RPN-to-BScN Students attending programming in Oshawa -** Students obtaining checks through their local OPP detachment or in Toronto are required to obtain the signature of an authorized University representative prior to initiating the CPIC check. Please email the Nursing Program Office ([nursingprogram@ontariotechu.ca]()) if you require an authorizing signature, application form, or supporting letter.

- **RPN-to-BScN Students attending programming in Barrie with Georgian College -** Students obtaining checks through their local OPP detachment or in Toronto are required to obtain the signature of an authorized representative prior to initiating the CPIC check.

Please email the The Placement Offices at Georgian College if you require an authorizing signature, application form, or supporting letter.

5.1.4 Respirator Mask Fit Test (N95)

Students will be respirator fit tested **EVERY 2 YEARS**, or more frequently dependent on the placement and/or reasons to update a mask fit test.

- Collaborative BScN Students - Mask Fit Testing is arranged by the Nursing Program Office (in the Fall) and is included in your Student Fees. Mask fit testing is conducted in Years 1 and 3 and typically remains valid for 2 years – dates are organized and communicated for the Fall term. Students will be notified via their @ontariotechu.net e-mail of appointment dates and times for testing. Students who fail to attend their assigned testing time will be required to make their own arrangements for testing, at their own expense, and this requirement must be met and verified prior to attending practicum. A list of approved fit testing providers is available on the Nursing Program website. Students who follow specific cultural or religious practices that have implications related to respirator fit testing are invited to speak directly with the Nursing Program Office as a first step.

- **RPN to BScN Bridging students attending programming in Oshawa** – Students who have been tested though their workplace should ensure their mask fit information is submitted to the Nursing Program Office with their pre-practicum requirements. RPN to BScN students are responsible for their own mask fit and are encouraged to use their mask fit from their employer. This requirement must be met and verified prior to attending practicum. Students who follow specific cultural or religious practices that have implications related to respirator fit testing are invited to speak directly with the Nursing Program Office as a first step.

- **RPN to BScN Bridging students attending programming in Barrie with Georgian College** – Students who have been tested though their workplace should ensure their mask fit information is submitted to as part of Clinical Permit documentation. RPN to BScN students are responsible for their own mask fit and are encouraged to use their mask fit from their employer. This requirement must be met and verified prior to attending practicum. Students who follow specific cultural or religious practices that have implications related to respirator fit testing are invited to speak directly to the Placement Office as a first step.

All students, regardless of their educational site, are expected and responsible for consistently assessing that a respirator fits properly each time they use it. It is the student's responsibility to self-identify if they need to be re-tested. Students are responsible to identify in writing to the Nursing Program Office (Collab and Oshawa based RPN-to-BScN students) or The Placement Offices at Georgian College (Barrie based Oshawa based RPN-to-BScN students) as soon as possible, if any of the following occur:
- Excess weight gain or loss (increase or decrease of 10 pounds or more)

- Change(s) in facial structure (i.e. due to facial surgery, dental work etc.)
- Change in facial hair status (i.e. facial hair growth/removal)

5.1.5   RPN Registration

Students in the RPN to BScN program are expected to maintain their College of Nurses of Ontario RPN registration, in good standing, throughout the program. Submission of current registration is a pre-practicum requirement.

5.1.6   Maintenance of Academic Competence

Students must demonstrate and maintain a consistent level of proficiency in exercising their professional responsibilities progressively within each year level in the program.

Students are expected to maintain a passing level of performance, as outlined in the Academic Calendar. In addition, ongoing competency, application, and integration of all content previously mastered and evaluated is expected.

5.2   Pre-Screening for Practicum Experiences

In order to ensure to the best of our ability that students in Undergraduate Nursing programs are able to demonstrate necessary competencies in order to be placed in practicum setting and to provide safe and competent care, the program reserves the right to pre-screen students prior to entry into a practicum setting.

5.2.1   Medication Math Assessment

All students are required to complete a mathematics screening test during orientation for each and every practicum experience. Expectations, passing grades, and consequences of failure are outlined in the course outlines and the **Nursing Pre-Practicum Math Assessment Policy**. Should a student not achieve the required grade (80% in year 2, 90% in year 3, and 100% in year 4) they are eligible to write every week until the required grade has been met up to the last day to drop courses without academic consequence as noted in the Academic Calendar. Failure to reach the passing percentage outlined by this date will result in students being withdrawn from both practicum and theory portions of the course.

For preparatory work and/or additional information please speak with your course lead. Math Specialists and peer tutors are available through Student Life.

6. EXPECTATIONS FOR PRACTICUM, LABS, AND SIMULATION BASED LEARNING

Students are expected to arrive at all learning experiences prepared with the knowledge required to perform the learned skills and required competencies. This is inclusive of all practicum situations, as well as lab-based learning, and simulation based learning. Learning experiences in the Health Care Learning Centre (SW 206), the Interprofessional Centre of Excellence in Simulation (SW 207), the Nursing Learning Lab (SHA 469), the S.E. Lovell Family Simulation Suite (SHA 472) and the and Georgian College Labs (Low fidelity nursing lab, simulation labs) ["the Labs"] are treated equally to practicum experiences within the Nursing Programs – as such all requirements and expectations within this handbook apply to learning experiences that take place in the labs.

When clients seek the assistance of a healthcare provider, they expect expertise, with the understanding that they will suffer no harm in the interchange. The clients' rights must be respected, and ethically and legally protected.

Although recognition is given to the student's status as learners, these standards are still required of the student. The client must not be subjected to a lower standard of care because a student is providing care.

As such, the following section outlines expectations for all students when participating in practicum experiences.

6.1   Agency Requirements

Placement partners and the University/College maintain signed affiliation agreement with each of the partner agencies utilized by students in practicum. This contractual agreement describes the relationship that exists between the parties, as well as their respective obligations and responsibilities. Further, the agreement outlines the terms under which the agency will accept students into its practicum area.

Each agreement recognizes that the agency has its own unique policies and regulations and expects both faculty and students to function in accordance with them.

To comply with both educational and institutional requirements for placements, the student, in collaboration with the clinical instructor, must ensure that they are familiar with, and follow, all agency regulations, policies and procedures relevant to their presence in the practicum setting.

Students are expected to:

- Understand that a contractual agreement exists between the institution and the agency
- Meet all requirements of the placement site as communicated by the placement and/or Nursing Program
- Familiarize themselves with the specific agencies or institution policies and procedures prior to engaging in direct or indirect client care
- Contact the clinical instructor, practicum coordinator/year leadin the event that the student does not feel they have adequate information regarding the agency requirements

6.2 Mandatory Orientation Sessions related to Practicum

Practicum orientation held by the agency is mandatory. Students who miss their agency based orientation may render themselves ineligible for placement, as agencies organize these to accommodate a number of student learners from various professional programs, Universities, and Colleges, and run these sessions very infrequently. Missing practicum agency orientation may result in your removal from the course.

Practicum course orientation is mandatory. Nursing students must also attend, and complete all elements of the practicum course orientation for their course. Any student who does not participate in the orientation session for their course will not be able to continue in practicum as they are not prepared to safely care for the clients of that population.

If a student misses their course orientation they must meet with the Year Coordinator/Practicum Course Coordinator as soon as possible to establish a plan of action that will facilitate continuation of the practicum experience and continued success within the program. Missing practicum course-based orientation may result in the student being engaged in a Collaborative Success Plan for the remainder of the term.

6.3 Preparation for Practicum & Labs

Students are required to arrive prepared for their practicum and lab-based experiences and to practice in accordance with University, program, course, agency, and CNO expectations including fitness to practice. All students are expected to self-assess, reflect, and determine their own fitness for practice and to share any concerns related to this with their clinical instructors. The College of Nurses of Ontario defines fitness to practice as "freedom from any cognitive, physical, psychological, or emotional condition or dependence on alcohol or drugs that impairs ability to provide nursing care" (Canadian Nurses Association as cited in CNO, 2019a, p.10) , e.g., lack of sleep, proper nutrition, and/or use of substances that affect cognition; or psychological or emotional conditions that affect the ability to safely practice nursing.

Students may not work an overnight shift the night before a practicum day and must, at all times, arrange for a minimum of 8 hours off between employment and a scheduled practicum shift.

Students who fail to abide by this or demonstrate that they do not meet the CNO's fitness to practice definition, such as being under the influence of alcohol, cannabis, and/or drug(s) will be sent home from practicum and/or lab, risk being assigned a failing grade in their practicum and/or lab course, and depending on the situation may subject to the Professional Suitability Policy (Undergraduate).

The Program takes the health and safety of students, staff, faculty, clients, and those working in practicum health care environments very seriously and reserves the right to immediately remove a student from practicum should there be ANY concerns regarding a student's Fitness to Practice.

6.4   Attendance at Practicums & Labs

Attendance in both practicum and lab based settings are both mandatory. Success in the Undergraduate Nursing programs is dependent on a student actively attending, and engaging within, the practicum and/or lab based setting.

Attendance in both the practicum and lab settings are subject to the Attendance Policy – Undergraduate Nursing programs. All students should be familiar with this policy and understand the implications of missed time, and the associated processes.

6.4.1   Illness & Absence from the Practicum Setting

The Nursing Programs have a responsibility to the practicum agencies concerning infection control. Students are responsible for assessing their individual ability to attend practicum placement; however the following must be reported immediately: Suspected exposure or diagnosed communicable disease contact (e.g. COVID, measles, chicken pox).

- **Collaborative BScN Students & RPN-to-BScN Students attending programming in Oshawa –** Please contact the Nursing Program Office immediately via email at nursingprogram@ontariotechu.ca. Also connect with your clinical sessional instructor and let them know that you will be away from clinical and are awaiting further direction.

- **RPN to BScN Bridging students attending programming in Barrie with Georgian College** – Please contact the Placement Offices at Georgian College immediately. Also connect with your clinical sessional instructor and let them know that you will be away from clinical and are awaiting further direction.

Depending upon the nature of the illness, the student may be recommended or required to notify other sources for preventative reasons (i.e. hospital, public health dept.). Situations will be assessed on an individual basis.

The following symptoms warrant absence from the clinical setting:

- **Diarrhea**: Any staff or students with diarrhea cannot attend a practicum/lab that day. If symptoms of diarrhea persist longer than 24 hours, follow-up with the appropriate Campus Health Centre or your family health care practitioner.
- **COVID:** Follow the university and/or agency process/policy for reporting covid symptoms and attending practicum (these vary between agencies) – At times students may be prohibited from attending practicum and/or be required to engage in workplace isolation.
- **Respiratory symptoms:** including a fever of greater than 38 degrees and a new or worsening cough or shortness of breath. Flu-like symptoms (e.g. gastro-intestinal upset, diarrhea, nausea and vomiting)
- Rashes
- Open or weeping wounds
- Musculoskeletal injury
- Conjunctivitis (pink eye)

Students must also comply with the established policy for each agency regarding reporting of an illness.

6.4.2   How to Report an Absence to Assigned Practicum Placement

In the rare case that a student is ill or absent from the practicum area, they must notify the agency/assigned nursing unit **prior to the beginning of the shift** when they are normally expected to be on site.

Students must follow the agency policies related to illness and absenteeism in addition to the requirements set out below. Notification is required for each practicum shift that the student is absent from.

Students must email their clinical instructor individually and follow the process outlined below.
1) Contact the practicum agency:
   a) Provide their name and student level
   b) Indicate your program (e.g. Ontario Tech–Durham College Collaborative Nursing)
   c) Provide the clinical sessional instructor's name or preceptor's name
   d) Indicate which unit they are assigned to
   e) Ask for the name of the staff member who takes your message and ask this staff member to make a note of your absence on the practicum instructors assignment sheet.

6.4.3   How to Report an Absence for Lab Settings

In the rare case that a student is ill or absent from the a lab based learning course, they must their instructor prior to the start of the lab via email.

6.4.4 Onsite Screening & Outbreaks (Including COVID-19)

Students who fail any type of agency onsite screening must not attend the practicum site. In addition, students who have been directed to quarantine may not attend practicum.

Dependent on the agency, and level of outbreak, there are situations in which students will continue to be permitted to attend practicum. These decisions are at the discretion of the agency and are made in conjunction with infection control teams. If agencies are allowing students to be present in the learning environment the expectation is that students are to attend practicum, while utilizing the appropriate and properly fitted Personal Protective Equipment provided on site and follow all applicable Infection Control Practices.

6.5   Working in a Health Care Environment

We recognize that a number of our students may be employed by a health care agency (e.g. hospital, congregate living setting, community health practice). It is the student's responsibility to know and abide by any policies and procedures of their workplace that may impact educational placements in other agencies.

Work within a health care environment is not considered a replacement for practicum hours, nor is it eligible for credit in lieu of practicum attendance.

In the event of an outbreak in either a student's practicum setting and/or work environment, the student may not be allowed to attend practicum and/or work. Students must follow the policies and procedures that apply to their specific practicum setting. Students in this situation must immediately contact their clinical instructor, who may notify individuals within the Nursing Program for guidance regarding next steps. Any missed clinical time due to outbreaks at one's place of work will be considered under the Attendance Policy.

6.6   Travel Outside Ontario

All students/staff travelling outside of Ontario and/or Canada are expected to comply with any regulations/guidelines that currently exist in regards to outbreak management (e.g. COVID, influenza, Ebola, Zika).

Depending upon the current state of travel recommendations, and destination, you may be required to provide additional documentation and/or quarantine to verify your suitability for placement or return to placement. Any missed time as a result of travel will be considered under the Attendance Policy.

6.7   Requisite Skills and Abilities & Accomodations with Practicum and Lab Settings

Within practicum and lab settings, the specific practice requirements may vary to some degree. The College of Nurses of Ontario has specific [Requisite Skills & Abilities](#) that are required for registration as an RN – we encourage students to review these. Students should self-assess their skills and abilities and seek accommodation as required.

Any student requiring accommodation (for medical reasons including accommodations related to disability) in the practicum and/or lab setting must first register with [Student Accessibility Services](#). ***Students with known accommodations needs need to register a minimum of four months prior to the start of term and must renew their accommodations every term.*** Accommodations are explored on a case-by-case basis and may include, but are not limited to, accommodation on site, or an altered program map.

All student practicum components require that students provide direct in person care to clients in accordance with the course requirements and delivery model of the practicum portion of the course. In addition, due to a concern for safe practice, any timed elements of a practicum or lab-based evaluation component or criteria **cannot** be waived or extended under any circumstances.

In the rare situation in which students are injured during the course of a term or fall ill in a manner which will affect their ability to provide safe patient care (i.e., affects their fitness to practice), and who have already started placement must stop going to clinical until assessed and an accommodation plan is put into effect. Please notify your clinical instructor and register with [Student Accessibility Services](#) as soon as possible.

Please note, accommodations are time sensitive and registration with Student Accessibility services should take place a minimum of 4 months prior to the practicum course (where possible).

6.8   Dress Code – General Requirements

We value the spectrum of human diversity, self-expression, and experiences of our students and academic community and strive to foster environments that respect difference and empower students to achieve their potential. We also recognize that there are requirements related to infection control practices, expectations of the profession, and there may be specific requirements of our partner agencies in relation not dress code requirements. Failure to comply with the requirements established within the program handbook may be asked to leave the practicum setting.

Students are expected to observe the following dress code requirements **AT ALL TIMES** whether they are in a lab based experience or practicum environment:
- Student identification badge (as well as agency identification if applicable) is to be worn on the upper body and be visible at all times

- Long hair must be tied back to prevent inadvertent contamination. Where allowed scrub hats may be used.
- Facial hair may interfere with mask seals, please consider this as a potential health and safety risk. Students are encouraged to keep facial hair clean and tidy.
- All practice settings are to be considered scent-free and students should use scent-free personal products
- For infection control reasons – nails must be kept short, **gel nails and artificial nails, are not permitted.**
- Jewelry should be kept to a minimum, and is subject to the safety/infection control policies set by the specific agency.
- Stethoscopes, if owned, should be carried in the pocket and **NOT** worn around the neck for student safety and infection control. Stethoscopes should be cleaned between every patient interaction.
- Footwear must be closed toe and heel and be in accordance with agency policy. Shoes should provide good support, be clean, and in good condition
- Please ensure your undergarments are properly concealed at all times
- With the exception of nursing caps/head covering – hats and other head coverings, including scarves, are not to be worn in the clinical area.

Students who follow specific dress for cultural or religious reasons are invited to speak directly with their professor/clinical instructor to ensure that their needs are met within this policy and remain with the protocols of infection control established by the agency.

6.8.1   Uniforms in Practicum & Lab Settings

In addition to the requirements above, students attending labs or practicum settings that require uniforms are to ensure that uniforms are:
- Scrubs, that fit properly and are clean
- Navy blue in colour (BScN program requirement) *exception is during the final year practicum placements (NURS 4700 and NURS 4701) where students may wear other colours providing they are in accordance with the practicum agency's dress code

Any garment worn underneath a uniform must be professional and have sleeves no longer than ¾ length. Lab coats may be worn **except** when giving direct client care.

Uniforms (or any part thereof) **should not** be worn off agency property. When there are no facilities available for changing at a specific agency, follow the directions of their preceptor and/or clinical sessional instructors and agency policy.

It is recommended that students have an extra uniform available in the practicum agency.

6.8.2   Practicum Settings Not Requiring Uniforms

Students may be placed in practicum settings where uniforms are not required. In this case, students must follow dress code requirements as per specified by the agency's policy.

7. COMPETENCIES & ASSESSEMENTS – PRACTICUM & LAB ENVIRONMENTS

The Information presented here applies to students in both the RPN-to-BScN Bridge programs as well as the 4 Year Collaborative Nursing Program.

7.1 Collaborative BScN Programs Skill Requirements

In nursing practice environments, it is essential that nurses are able, **in a timely manner**, to complete the following broad scope of activities:

- Appropriately determine what action is to be taken based on analysis of complex contextual information and verbalize this understanding
- Provide clients with appropriate information and opportunity to either consent or not to the proposed nursing action
- Undertake the nursing action safely, competently, and ethically
- Evaluate its effectiveness (if possible)
- Document the action taken

Students can expect that one or more of the evaluation components or criteria for all practicum courses (including lab courses) will involve timed elements. Due to a concern for safe practice, timed elements of an evaluation component or criteria **cannot** be waived or extended under any circumstances.

7.2 Nursing Program Skills List

Nursing skills are acquired throughout the program, as such an up to date skills list is available on your practicum course Canvas Site that outlines skills that students are expected and allowed to perform in the clinical setting. However, students must always have the knowledge, skill and judgement, to complete such acts. An up to date Skills List is included in Appendix A.

7.3 Regulatory Acts during all Practicum Placements

If you have questions related to regulatory acts and controlled acts, including medication administration, please consult directly with your clinical instructor or course lead. In nursing practice environments, it is essential that nurses are able, **in a timely manner**, to complete the following broad scope of activities. The purpose of this section is to clarify guidelines for nursing students during practicum. This guideline has been adapted from the CNO Entry to Practice Competencies (2021). The Regulated Health Professions Act (RHPA) provides for nursing students to perform Controlled Acts under the following exception: "When, under the supervision or direction of a member of the profession, a student is learning to become a member of that profession and the performance of the procedure is within the scope of the profession's practice"

(CNO, 2020, p. 4) Under the RHPA, Nursing is authorized to perform five of the 14. controlled acts:

 i.   Perform a prescribed procedure below the dermis or a mucous membrane.
 ii. Administering a substance by injection or inhalation
 iii. Putting an instrument, hand, or finger:
       a. Beyond the external ear canal
       b. Beyond the point in the nasal passages where they normally narrow
       c. Beyond the larynx
       d. Beyond the opening of the urethra
       e. Beyond the labia majora
       f. Beyond the anal verge
       g. Into an artificial opening in the body
 iv. Dispensing a drug.
 v.   Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

These controlled act procedures must be ordered by a physician, dentist, midwife, chiropodist, midwife or Nurse Practitioner [NP or RN (EC)] or if it is initiated by an RN or RPN in accordance with conditions identified in the regulation (CNO's Legislation and Regulation RHPA: Scope of Practice, Controlled Acts Model, 2020). Nursing students are responsible to analyze and take action to resolve questions about unclear, incorrect, or unsafe orders, decisions, actions, or treatments.

Nursing students cannot initiate, or delegate (as defined below), controlled acts authorized to nursing. Nursing students cannot accept delegation of a controlled act authorized to another profession.

When in doubt regarding the performance of a controlled act or practicum procedure, students must familiarize themselves with the agency/institution policy and procedures prior to engaging in direct or indirect client care. Students are required to apply knowledge of pharmacology and safe medication practice and resources, as students are accountable to prevent and reduce the possibility of medication errors.

Prior to engaging in a controlled act, the student must
 • Review the guidelines as outlined in this document
 • Review policies of the student's practicum agency
 • Consult with the appropriate individuals: Clinical Instructor and/or Preceptor, Year Coordinator, Clinical course coordinator
 • Ensure that they have the knowledge, skills, and abilities to perform the act

Delegation: Delegation is the transfer of authority established in the legislation to a person not otherwise authorized to perform a controlled act procedure.

Initiation: Initiation refers to the authority from regulations under the Nursing Act to independently decide to order and perform a procedure in the absence of a specific order or medical directive from a physician. If initiating is within the role and the nurse is competent, the initiating RN may perform the procedure, or may write the order for another nurse to perform. This authority is only granted to those who meet certain conditions outlined in regulations under The Nursing Act, 1991 and the Regulated Health Professions Act, 1991.

In general, students should familiarize themselves with relevant College of Nurses of Ontario practice documents specific to the student's learning needs and practice context. All students should review the current versions of the following Standards and Guidelines from the College of Nurses of Ontario and documents – available on the [CNO Standards & Guidelines webpage](#):

- Practice Standard: Medication
- Practice Standard: Documentation
- Practice Guideline: Authorizing Mechanisms
- Practice Guideline: RN and RPN Practice: The client, the nurse, and the environment
- Practice Standard: Professional Standards, Revised 2002
- [The College of Nurses of Ontario, Legislation and Regulation RHPA: Scope of Practice, Controlled Acts Model (2020)](#)

Please note the College of Nurses of Ontario has a wealth of learning resources available for all standards and practice guidelines available with the documents above.

7.4	Practicum Evaluation Process

Practicum evaluations are used to evaluate students against expected outcomes of the practicum experience. Evaluations are both formative and summative in nature. Formative evaluation includes the day-to- day informal feedback. This may include regular debriefing, encouragement, direction, constructive feedback, clarification, teaching and revision of action, values, beliefs, and conceptualizations. It may be provided verbally or in written form [e.g. Reflective Critical Analysis (RCA), Learning Plans, Collaborative Success Plans (CSP), Clinical Updates (CU) or other documents]. Summative evaluations are the formal evaluations that take place at midterm and final evaluation meetings.

Students are strongly encourage to provide the evaluation documents from their previous practicum rotation to their practicum instructors in each subsequent semester, for the purpose of establishing effective learning goals and to maximize the educational experience.

7.4.1   Practicum Evaluation and the Relationship to the Caring Philosophy

In keeping with the philosophy of the caring curriculum, the evaluation process will be collaborative and interactive, empowering, and student-centered. It follows that the student is an active participant within the evaluation process.

The following points are inherent in the evaluation process philosophy:
- A caring approach is fundamental to helping the student achieve success
- The review process must be based in praxis
- Learning outcomes in psychomotor, cognitive and affective domains
- Learning is internalized and is a personal experience unique to every student. However, course competencies must be consistently demonstrated for a student to be successful
- What is gained from each learning experience varies from learner to learner
- Recognition of mastery and excellence is as important as recognizing areas that need improvement
- Ongoing feedback is necessary for growth and to reinforce the development of accountability and professionalism

The ultimate goal of the nursing program is to graduate caring, safe, ethical and competent practitioners who are accountable to the CNO Professional Standards, Revised 2002 (CNO, 2018) as well as responsive to the needs of the consumer and society at large.

7.4.2   Practicum Evaluation Process

Evaluation is an ongoing process that involves a review of the student's progress in the practicum in each semester. This includes regular written feedback and/or verbal dialogue between the student and their practicum professor specifically about the student's progress towards achievement of the learning outcomes and leveled competencies for their year of study.

In preparation for formal midterm and final evaluation meetings, students are to submit all components of the evaluation tool and the learning plan with appropriate evidence by the assigned due date. This provides the practicum professor (and preceptor where applicable) with the opportunity to consider the students' self-assessment when they complete the evaluation.

The student and clinical sessional instructor (and preceptor where applicable) will meet thereafter to discuss the evaluation and the feedback. At both midterm and final evaluation, the preceptor and clinical sessional instructor must sign a copy of the evaluation (electronic signatures are to be utilized). A copy of the evaluation, including both midterm and final evaluation feedback will be archived electronically.

7.4.3 Basis of Practicum Evaluation

The midterm and final evaluation documents used in the Undergraduate Nursing Programs follow a consistent format, however they are modified for each level of the program. The tool is intended for use by students for self-evaluation purposes for each practicum course. The form is also used by clinical sessional instructors, and preceptors where applicable, to evaluate students in the practicum setting.

Evaluations of practicum performance are based on the following:
- Consistently and safely meeting the practicum course learning outcomes and associated practice competencies as outlined in the associated evaluation document
- Consistently following the overriding principles, outlined in Section 1 of the Practicum Handbook, and other guidelines set out in the Practicum Handbook
- Submission of a learning plan (outlined in the section below), inclusive of personal learning goals related to the practicum area and completing all identified evidences of accomplishment
- Completion and submission of practicum requirements such as CSPs, RCAs, CUs
- All criteria of the course syllabus have been successfully met
- Expectation that the allotted number of hours for the course have been fulfilled by the end of term.

8. ADDRESSING PERFORMANCE-RELATED ISSUES

Students, Clinical Sessional Instructors, Sessional Instructors, and Faculty should refer to the Professional Suitability Policy (Undergraduate) for further information on University regulations on addressing issues of unsafe practice and professional suitability as these issues may be handled through administrative processes as well as the initiation of Collaborative Success Plans.

Please note that in the case of serious/critical safety concerns and/or breaching of overriding principles or policies and in consultation with the Associate Dean of Nursing, the student may be removed from the practicum experience.

Every effort will be made to support the success of the student, through a Collaborative Success Plan (CSP), when an issue or problem related to performance or safe practice is raised by:
the student
- a faculty or sessional instructor
- a clinical sessional instructor
- the agency or community partner
- the preceptor and/or
- a delegate of the agency at any time during the practicum experience

During practicum, student progress is assessed in the following areas on an ongoing basis:
- Achievement of the learning plan
- Meeting the Overriding Principles
- Meeting program learning outcomes
- Achieving course and year level competencies

If the student is not progressing satisfactorily in any of these areas, the clinical sessional instructor/preceptor will identify concerns with the student as they present themselves in the practicum environment and may choose to implement (or recommend in the case of a preceptor) a Collaborative Success Plan. When concerns are raised, the student must be notified as soon as possible, in person where possible, followed by written documentation.

8.1   Collaborative Success Plans

A Collaborative Success Plan (CSP) is a collaborative tool, developed in consultation with the student, with the goal of assisting the student to be successful in the practicum experience.

Potential situations that would require a Collaborative Success Plan include, but are not limited to:
- Failure to progress satisfactorily or failure to achieve learning outcomes
- Not meeting required Entry to Practice Competencies for appropriate year of studies within the time frames

- Being is at risk for failing to meet the course outcomes consistently
- Concerns with attendance/punctuality issues or as required under the Attendance Policy
- Difficulty with application of knowledge, skills, and judgement
- Professional accountability issues that are not grave

The CSP identifies areas of unresolved difficulty, sets goals for improvement, outlines an action plan to facilitate the student's learning, and sets a target date to review the student's progress. A part of the process is mandatory reflection by the student with a due date assigned by the faculty/sessional/clinical sessional instructor.

At the time the CSP is issued, the student may be struggling and identified as at risk of not meeting the requirements of the practicum experience. If the goal(s) are not met, the student will receive a failing grade for that practicum experience.

The Collaborative Success Plan is completed collaboratively by the student, practicum professor/clinical instructor and/or preceptor, and may have input from the Course Lead. **Please note that a Collaborative Success Plan may be initiated at any time (by Instructor or Student), including prior to the course commencing in some situations (e.g. failure to adhere to placement protocols).** The intent is to help identify areas of difficulty and to review the options available to address these difficulties. The plan will help the student to clarify responsibilities and direct the learning effort. The student is expected to play an active role in planning and implementing the Collaborative Success Plan. Once completed, the Plan along with the remaining aspects of the course expectations will be used to evaluate clinical performance. Failure to fulfill the Plan may result in a "Fail" grade in the course. Students who fail the practicum portion are required to take the entire course again (theory and practicum).

The Collaborative Success Plan form can be found on you Canvas site.

| 8.2 | Practicum Failure |

Failure in practicum occurs when students, at final evaluation, have failed to perform *consistently* at a competent level and/or failed to meet expected course learning objectives and competencies.

Specifically, a practicum failure will occur when a student:
- Demonstrates a level of performance such that on evaluation they rate below a PASS on meeting course learning objectives
- Received a failing assessment, prior to the final evaluation (e.g. midterm) and has not demonstrated consistent improvements in the areas of concern that were identified and/or in events when a student fails to meet the requirements outlined in Collaborative Success Plan

- Receives a failing grade as a result of sanctions applied in accordance with university policies and/or standards outlined in the Academic Calendar

In courses with a theoretical component, students must successfully achieve a "passing" grade in both practicum and theoretical components to receive credit in the course. Students who receive a practicum failure will receive an overall grade of 'F' for the entire course, regardless of the numeric grade received in the theory component. If the student is provided with the opportunity to repeat the course, they must repeat both the practicum and theory components of the course.

9. GENERAL INFORMATION

9.1 Communication

As outlined in the practicum framework, students, staff, and faculty in the nursing programs are expected to always conduct themselves professionally, and that this extends to all forms of communication (verbal, non-verbal, written, and through social media).

Students are expected to request meeting times with staff and faculty with appropriate notice and are expected to request any change to meeting times, including cancelling meetings, with the same courtesy.

Email communication is also considered a means of professional communication. It is expected that students will include appropriate greetings/signatures, utilize full sentences, and demonstrate a respectful, professional tone at all times. Program staff and faculty will only use student's @ontariotechu.net account. This includes clinical Sessional Instructors, Faculty, Staff, and agency personnel.

Students should not consider email that they send to faculty members or clinical instructors to be confidential. If, in the potential interest of the safety of a student, a patient, or the public, or correspondence potentially concerning in any way, faculty will be required to share this information with appropriate individuals.

All communication will take place directly with students **ONLY**. It is up to the student to decide how much information they wish to share with their family and support network. Faculty members and staff in the Program will only communicate directly with students.

9.1.1 Use of Personal Technology and Communication Devices

Nurses, as professionals, are expected to utilize multiple forms of technology to support best possible nursing practice. It is essential that nursing students conduct themselves when using technology in a professional and appropriate manner at all times.

All students are guided by Ontario Tech's Technology Use Policy. In addition to this general policy, the following guidelines apply to the use of any technology in the Nursing Programs (including computers, including laptops, cell phones, tablets and other electronic devices):

- Professional behaviour and proper etiquette will be observed at all times when using technological devices in the classroom, laboratory, or clinical setting.
- Technological devices may be used only when authorized by faculty for clinical or classroom activities, or as outlined in Notice of Accommodation.

- The use of technological devices for personal reasons is not permitted, while in a patient area, or during designated clinical hours. All devices must be silenced or turned off during these times.
- Students are expected abide by agency requirements/policy in relation to the use of technological devices.
- All students are expected to discuss the use of electronic devices and expectations related to technology use with their clinical faculty and to strictly adhere to Program and clinical agency requirements.
- The use of an electronic device allows students to retrieve information quickly and unobtrusively.
- Students must protect the confidentiality of patient information at all times in accordance with healthcare and privacy legislation.

Students are expected to be respectful to the patient at all times and to ensure that their entire attention is focused on the patient when they are in the patient's room. If a student is using a device at the bedside, they should be sure to explain how the device is being used to support nursing care. Students are expected to physical control of the device at all times.

Students and instructors should disinfect their devices regularly throughout their shift. Just as other medical equipment may act as a reservoir for microorganisms and contribute to the transfer of pathogens, so may personal devices and other handheld electronic devices.

Students who violate patient privacy and confidentiality with respect to technology will be investigated for privacy breach.

10. SAFETY IN PRACTICUM AND LAB SETTINGS

Students are required to recognize and apply workplace health and safety principles, including bio-hazard prevention and infection control practices, and to correctly use appropriate protective equipment and devices to prevent harm to clients, self, other healthcare workers, and the public.

Students on unpaid placement are entitled to Worker's Compensation type coverage or private insurance purchased through the Ministry of Training, Colleges and Universities (MTCU). All students must review and sign a Student Declaration of Understanding to be eligible for insurance coverage. This is included in the pre Placement Requirements Checklist for all Entry (i.e. new students) and is completed in year 1 of your program. **Only registered students are allowed in lab and practicum environments.**

10.1   Accidents and/or Injury to self

Any student or employee who sustains an accident or injury during class, lab, or at a practicum placement, must follow the processes outlined below.

Accidents/Injury includes all exposure incidents (e.g. a break in the integrity of the skin due to needle stick injury, scratches, bites, lacerations and contact as a result of splashing blood or other bodily fluids or other biohazards to which standard precautions apply). Students, faculty, staff, and clinical instructors must report exposures immediately after they occur to ensure any appropriate interventions are put in place in a timely fashion. For example, prophylaxis against Hepatitis B must be initiated promptly to be effective, or **workplace WHMIS manual may have guidelines to follow for exposure to a chemical or other hazard.** In addition to the process below students need to seek immediate medical attention, if required, or within 12 hours of the exposure for initial evaluation, treatment as needed, and/or counselling.

In the event of student accident/injury the student must:
   i.   Seek first aid/medical attention as needed and notify the Clinical Instructor (and/or preceptor) of the accident/injury immediately (please ensure patients are safely transferred for care prior to leaving the unit).
   ii.   Complete the online Ontario Tech University Accident Injury Form **within 24 hours following the injury or accident**. The form must be filled out by the individual who sustained the accident or injury.
   iii.   If the accident/injury occurred at a practicum placement, the practicum site must also be notified and the agency's policy and process for reporting the injury must be followed and the appropriate paperwork completed.
   iv.   If deemed necessary, the student/employee may also be asked to complete a a Nursing Program Safety Incident Report Form– this will be sent directly to the student from the Nursing Program Office.

In the event of a student accident/injury to the student the Clinical Instructor must:

  i.   Ensure that safe transfer of patient care has occurred
  ii.   Support the student, as needed in completing the online Ontario Tech University Accident Injury Form **within 24 hours following the injury or accident**. The form must be filled out by the individual who sustained the accident or injury.
  iii.   If the accident/injury occurred at a practicum placement, ensure that the practicum site has been notified and support the student in following applicable agency policy and process for reporting the injury and completing paperwork if needed.
  iv.   You will be notified if the student is required to complete a Nursing Program Safety Incident Report Form – this will be sent directly to the student from the Nursing Program Office, and you will be copied on the email to support the student in completing the form as necessary.

In the event of an accident/injury involving the Clinical Instructor:

  i.   Seek first aid/medical attention as needed. Prior to leaving the unit, ensure that student activity is paused, and that safe transfer of patient care has occurred. Students should not remain on the ward if you are not actively providing coverage.
  ii.   Complete the online Ontario Tech University Accident Injury Form **within 24 hours following the injury or accident**. The form must be filled out by the individual who sustained the accident or injury.
  iii.   If the accident/injury occurred at a practicum placement, ensure that the practicum site has been notified and follow applicable agency policy and process for reporting the injury and paperwork if needed.
  iv.   You will be notified if you are required to complete a Nursing Program Safety Incident Report Form – this will be sent directly to you from the Nursing Program Office, and you will be copied on the email to support the student in completing the form as necessary.

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Any accident/injury may result in a Workers' Compensation Claim

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10.1.1 WSIB Reporting

If it is determined that the accident/injury requires Workplace Safety and Insurance Board (WSIB) notification, the WSIB form "Employers' Report of Injury/Disease Form 7" will be completed by the Director of Risk Management at Ontario Tech University with the assistance of the student.

The WSIB form will be completed if the work-related injury has caused the student/employee to:
  •   Be absent from their regular work and/or
  •   Require modified work and/or
  •   Obtain Health/Medical Aid
  •   See Occupational Health Nurse at agency as necessary

WSIB forms must be completed within 3 calendar days after the injury. If you have any questions about whether a WSIB form should be completed please contact the Nursing Program Office.

10.2   WSIB & Smoking Policies

If an agency has a no smoking policy on their property and the student chooses to leave the property to smoke, and sustains an injury or is involved in an accident during this time, there is no workplace accident coverage.

10.3   Incident Reporting & Patient Safety Incidents

A patient safety incident is an event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. There are three types of patient safety incidents:

- *Harmful Incident:* A patient safety incident that resulted in harm to the patient.
- *Near Miss (or Close Call):* A patient safety incident that did not reach the patient and therefore no harm resulted.
- *No-harm incident:* A patient safety incident that reached the patient but no harm has resulted

In the event of a Patient Safety Incident students and instructors are to follow the process outlined in the [Policy for Incident Reporting and Recording Process for Nursing Programs](#)

Incident Reports are valuable learning tools which aid in the evaluation of existing policies, procedures, equipment, etc., and help to ensure and maintain safety for clients, students, visitors and staff. All agencies involved will use the information for quality assurance purposes and to assess trends.

Incidents which are reportable include, but are not limited to:
- Medication and treatment errors
- Client falls
- Equipment failures

10.3.1 Responsibilities of the Student in an Incident

In the event of an incident the **student** will:
  i.   Ensure the safety of the client
 ii.   Report the incident to the co-assigned nurse/ preceptor/ clinical instructor
iii.   Follow all agency policies, and with support of the co-assigned nurse/preceptor and/or clinical faculty, complete the factual account of the event as per the agency incident reporting process.

iv.   Document in the patient's health record an objective, factual, account of the incident with the assistance of the preceptor and/or clinical sessional instructor.

v.   In consultation with the clinical instructor, co-assigned nurse or preceptor discuss disclosure of the error

vi.   Complete the Nursing Program Safety Incident Report Form and submit this to the Nursing Program Office and the year lead/clinical course coordinator

10.3.2 Responsibilities of the Co-Assigned Nurse, Preceptor, or Agency Delegate in an Incident (for students in a Preceptor Setting)

In the event of an incident the **co-assigned Nurse/Agency delegate/Preceptor** will:

i.   Ensure the agency policies are followed

ii.   Assist the student to complete the factual account of the incident in the patient's health record

iii.   Assist in completion of any required agency reporting processes and form completion. The student may be asked to contribute to the factual account of events pertaining to the incident report on the agency's Incident Reporting form.

iv.   Notify assigned Clinical Instructor

v.   Support the student when informing the client of the error

10.3.3 Responsibilities of the Clinical Sessional Instructor in an Incident

In the event of an incident the **Clinical Sessional Instructor** will:

i.   Ensure the safety of the client

ii.   Assist in completion of any required agency reporting processes and form completion. The student may be asked to contribute to the factual account of events pertaining to the incident report on the agency's Incident Reporting form.

iii.   Review the student's documentation of the event as necessary.

iv.   Support the student in completing the Nursing Program Safety Incident Report Form and forward the completed form to year lead/clinical coordinator and the Nursing Program Office (nursingprogram@ontariotechu.ca)

10.4   Duty To Report

Students are expected to understand the duty to report and to collaborate with their Clinical Sessional Instructor to follow CNO (2019b) and other legislative requirements regarding the duty to report. Mandatory duty to report includes but may not be limited to: reporting to CNO when a nurse poses a serious risk of harm to clients (e.g., diverting drugs/medications; incapacitated; theft from clients; sexual, physical, and/or emotional abuse); reporting the improper or incompetent care or abuse of a client in long term care, and the reporting of all suspected abuse of a child.

Important Legislation to be aware of includes:

- The Fixing Long-Term Care Act, 2021 – requires nurses to report the abuse, improper care, or incompetent care which results in harm or risk of harm.
- Child, Youth and Family Services Act, 2017 – requires all health care professionals to report suspected abuse involving a child or youth

It is the responsibility of students, agency staff, and/or university employees to identify to the persons involved, when a breach of professional conduct or agency regulations is observed. If the situation cannot be resolved, it should be discussed with the appropriate authority (agency, staff, faculty, leadership within the Nursing Program).

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Appendix A

Skills List

2022-2023 Skills List

**Scope of Practice for Students in the Ontario Tech-Durham College Collaborative BScN Program &
Ontario Tech-Durham College-Georgian College RPN-BScN Bridge**

Nursing students are required to consider their level of knowledge, skill and judgment prior to undertaking any procedure or intervention. The nursing student is to request instruction, supervision or assistance when necessary.

The scope of practice outlined below may differ from that outlined in practicum placement policies. Where the practicum agency's policies further limit what a student can or cannot do, the agency policy must be followed. Likewise, when the practicum agency's policy allows for expanded practice, the information provided below is to be used to direct practice.

Supervision can be direct or indirect. Direct supervision implies that the supervising RN is physically present with the student while performing a procedure, and is vigilantly observing care. Indirect supervision implies that the supervising RN has determined that the student has the knowledge, skill and judgment to more independently complete with a procedure safely. The RN remains aware of the student's activities, and is available for consultation and support as needed.

> *In the table below, where a "yes" is indicated for a skill it is assumed that supervision must always be Direct until the RN has determined that the student is safe and competent to progress to a level of Indirect supervision. The speed at which individual students will progress to indirect supervision is dependent on a variety of factors that the RN must consider (i.e. year level, amount of exposure to the skill, acuity of the patient, resources available etc.)*

	Year 1	Year 2	Year 3	Year 4
Taking Verbal orders (from health care provider (NP or Physician)	No	No	No	No
Receiving lab or diagnostic results via telephone	No	No	No	No
Sign consents or other legal documents	No	No	No	No
Medical Directives	No	No	No	Yes, if entered on Doctor's order sheet OR outlined clearly in current agency policy
Transcribe and process written orders	No	No	No	Yes, with cosign *Cosign* may include any registered nurse i.e. RN, RPN
Transporting a patient	Students may not accept responsibility for transporting a patient outside of the assigned unit; may only act as an observer	Students may not accept responsibility for transporting a patient outside of the assigned unit; may only act as an observer	Students may not accept responsibility for transporting a patient outside of the assigned unit; may only act as an observer	Students may not accept responsibility for transporting a patient outside of the assigned unit; may only act as an observer
Chest tube management (general care)	No	Yes, under Direct Supervision	Yes, under Direct Supervision	Yes, under Direct Supervision until competency demonstrated
Chest tube removal	No	No	No	No
Insert nasogastric tube	Yes- once competency established in lab, then Direct Supervision	Under Direct Supervision	Under Direct Supervision	Under Direct Supervision
Enteral feeding (all types)	Yes- once competency established in lab, then under Direct Supervision	Under Direct supervision	Yes	Yes

Aseptic/sterile procedures (e.g. sterile dressing change, drain shortening/removing, wound irrigation and packing, V A C d r e s s i n g , catheterization, suctioning, etc.)	Yes- once competency established in lab, then Direct Supervision	Yes	Yes	Yes
Trach Care (suctioning, changing inner cannula, changing ties)	Yes, once competency established in lab then direct supervision	Yes	Yes	Yes
Endotracheal Tube (ETT) care	No	No	No	Yes, under direct supervision providing student has completed appropriate training, and as per agency policy
Specimen collection (nasal, rectal, wound, urine, stool, sputum) *blood specimen collections not included here	Yes	Yes	Yes	Yes
Blood and blood products	No	May monitor patient during infusion Students can participate in blood verification process but **not** act as cosign. Students may not initiate the infusion of blood product	May monitor patient during infusion Can participate in blood verification process but **not** sign. Students may not initiate the infusion of blood product	May monitor patient during infusion May participate in blood verification process, but **not** act as one of the co-signers. May initiate infusion of blood product, under direct supervision provided student, preceptor and additional nurse are all present during verification process
WinRho (reconstitute and administer)	No	Direct supervision- if this requires a cosign, students **cannot** be one of the two signatures	Direct supervision- if this requires a cosign, students **cannot** be one of the two signatures	Direct supervision- if this requires a cosign, students **cannot** be one of the two signatures

Regulate IV oxytocin **(postpartum only)**	No	Direct supervision- with **postpartum patients only**	Direct supervision- with **postpartum patients only**	Direct supervision- with **postpartum patients only**
Internal Vaginal examinations (prepartum & L&D)	No	No	No	No
Glucometer readings	No	Under Direct supervision of RN with glucometer ID access	Under Direct supervision of RN as per agency policy	Under Direct supervision of RN as per agency policy
		Students must obtain agency glucometer education in order to perform this skill *Students are not permitted to use a co-assigned RN's glucometer code under any circumstance*		
Immunizations	No	Yes, under Direct supervision	Yes	Yes
Saline lock: flush & convert to IV saline lock	No	Yes, under Direct Supervision	Yes, under Direct Supervision	Yes, under Direct Supervision until competency demonstrated
PVAD Peripheral Venous Access Devices: assess, maintain & discontinue	Yes After competency has been established in the lab; then requires Direct Supervision	Yes *purging of air requires Direct Supervision	Yes * purging of air requires Direct Supervision until competency demonstrated	Yes *purging of air requires Direct Supervision until competency demonstrated
PVAD Initiation	No	No	Under Direct Supervision provided student has completed requirements for agency certification	Under Direct Supervision provided student has completed requirements for agency certification

Phlebotomy by venipuncture	No	No	Approval required contact Health and Healing lead faculty Phlebotomy allowed only if agency policy permits & if student has completed an appropriate agency phlebotomy workshop	Approval required contact Health and Healing lead faculty If agency policy permits and if student has completed an appropriate agency vascular access workshop
Central Venous Access Devices (CVAD): medication administration (Tunneled, Implanted, PICC)	No	No	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop
Central Venous Access Devices (CVAD): Cap & tubing change	No	No	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop
CVAD: Dressing change	No	No	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop

CVCs: Flushing	No	No	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop
CVAD: Blood sampling	No	No	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop	Approval required. Contact Health and Healing lead faculty. Allowed only if agency policy permits & if student has completed an appropriate agency CVAD workshop
CVAD: Port-a-cath establishing needle access	No	No	No	No
TPN	No	No	No	Can participate in TPN verification process, but **not** act as one of the co-signers. May hang bag, under direct supervision, provided student, preceptor and additional nurse are all present during verification process (Student must have agency CVAD certification in order to administer TPN via central venous access device.)

Dialysis (peritoneal/hemodialysis)	No	NO	NO	Yes, under direct supervision once competency established by preceptor
12 Lead ECG	NO	May change electrodes once competency established by Clinical Instructor	May change electrodes once competency established by Clinical Instructor	May change electrodes once competency established by Clinical Instructor. May perform 12 lead ECG under direct supervision, once competency established by preceptor
Medications (by all routes; oral, nasal, rectal, topical, eye drop, inhaled, SC, IM and IV)	No	Once Pharmacology Lab professor has notified clinical instructor, medications may be administered under direct supervision.	Yes, under direct supervision	Yes, under direct supervision until competency has been established

Narcotics and Controlled Drugs	No	Student may administer under Direct Supervision. Must be witnessed and cosigned. ***Cosign may include any registered nurse i.e. RN, RPN***	Student may administer under Direct Supervision. Must be witnessed and cosigned. ***Cosign may include any registered nurse i.e. RN, RPN***	Student may administer under Direct Supervision. Must be witnessed and cosigned. ***Cosign may include any registered nurse i.e. RN, RPN***
Pediatric and NICU Medication Administration	No	Narcotics by any route require Direct Supervision Read and follow agency policies regarding cosigning, supervision and administration of medications (IV and IM always require direct supervision)	Narcotics by any route require Direct Supervision Read and follow agency policies regarding cosigning, supervision and administration of medication	Narcotics by any route require Direct Supervision Read and follow agency policies regarding cosigning, supervision and administration of medications
IV Direct Push Medication	NO	NO	NO	NO
Patient Controlled Analgesia (PCA)/ CADD pump/ Epidural	No	Students may not administer, hang or titrate medications for epidural, CADD or PCA infusions. Students can monitor infusion and patient response and check orders, but cannot be solely responsible for independent double check.	Students may not administer, hang or titrate medications for epidural, CADD or PCA infusions. Students can monitor infusion and patient response, and check orders, but cannot be solely responsible independent double check.	Students may not administer, hang or titrate medications for epidural, CADD or PCA infusions. Students can monitor infusion and patient response, and check orders, but cannot be solely responsible independent double check.

Medical Assistance in Dying (MAID)	No	No	No	May assist NP or physician i.e. educating clients, providing support to clients and family etc. under supervision of preceptor. *Students may NOT give injection*
Medical Cannabis administration	No	No	No	No
Mechanical Lift	Under direct supervision of clinical instructor provided the following: agency policy permits students **and** the appropriate agency training has been documented. Students may act as 3rd person in mechanical lift transfer	Yes, as per agency policy	Yes, as per agency Policy	Yes, as per agency Policy

Students may not, under any circumstance:

(Medication Administration)

- Administer any medication for which there is not a current written order (according to hospital policy).
- Administer any medication that is not labelled by a pharmacy or manufacturer.
- Administer a client medication labelled for another client without consulting with the RN.
- Prepare any medications in advance. Medications must be administered immediately after preparation.
- Act as one of the co-signers for a "potentially highly toxic medication"/ "high alert medication" (i.e. insulin, heparins, IV narcotics)
- Prepare or administer chemotherapy medication
- Administer IVs medications by IV direct push (or in any way that entails administration of the dose in less than 15 minutes)
- Prepare or administer medications during a cardiac arrest or any emergency situation.
- Prepare any narcotic or controlled drug unless the control record is complete and accurate.

- Administer palliative care or other non-standard narcotic dosages without approval and cosign by the RN.
- Year 3 mental health (NURS 3701) – students will never administer depot antpsychotic medications without direct supervision
- Administer anesthetic medications

(Critical Care Interventions)
- Documentation of cardiac arrest or emergency situation

*** students may need to consult with the course lead regarding opportunities to perform skills not indicated on the skills list.

Let us never consider ourselves finished, nurses. We must be learning all of our lives.

- Florence Nightingale