



## **NURSING DEPARTMENT**

<h1><b>STUDENT HANDBOOK</b></h1>
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(Revised August 2010)

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## Emergency Contact Information

### IN CASE OF FIRE

1. IF YOU SEE SMOKE OR FIRE, ACTIVATE THE FIRE ALARM (YOU CAN CALL 250 370-3075 TO PROVIDE ADDITIONAL DETAILS)
2. IF THE ALARM IS RINGING, PROCEED TO THE NEAREST EXIT AND EVACUATE THE BUILDING.
3. ALERT AND ASSIST OTHERS AS YOU DEPART.
4. DO NOT USE ELEVATORS DURING AN EVACUATION.
5. ADVISE THE FIRE DEPARTMENT PERSONNEL OF THE LOCATION OF PEOPLE WITH MOBILITY ISSUES.
6. REMAIN AWAY FROM THE BUILDING UNTIL THE ALARM IS SHUT OFF AND STAFF ADVISE YOU TO RETURN

### FIRST AID

CAMOSUN COLLEGE HAS TRAINED FIRST AID RESPONDERS TO ASSIST INJURED STAFF, STUDENTS AND GUESTS AT THE COLLEGE.

CALL 250 370-3075  
(3075 FROM COLLEGE PHONES)

24 HOURS A DAY FOR FIRST  
AID EMERGENCIES OR FIRST  
AID ASSISTANCE

### SECURITY

CALL 250 370 3075  
(3075 FROM COLLEGE PHONES)

FOR SECURITY RELATED  
ISSUES THAT ARE  
EMERGENCIES OR CRIMES IN  
PROGRESS (such as  
assaults, suspicious  
persons or disturbances)

CALL COLLEGE SAFETY AT  
250 370-3057 (LANSDOWNE CAMPUS) OR  
250 370-4043 (INTERURBAN CAMPUS)

TO REPORT CRIME OR  
SECURITY RELATED ISSUES  
THAT DO NOT REQUIRE AN  
IMMEDIATE ATTENDANCE OR  
RESPONSE.

### **SECURITY**

Always leave valuables in your locker or at home. Theft is a common problem on campus. Camosun College cannot be responsible for the loss or theft of student belongings.

Treat your textbooks, notes and assignments as above. Theft or loss has occurred on occasion.

Be aware of personal safety when walking to and from parking lots or buildings at times when it is dark or deserted. Use a buddy system of walking together.

# EARTHQUAKE RESPONSE GUIDELINES

## **IF INDOORS**

STAY INSIDE, MOVE AWAY FROM WINDOWS,  
SHELVES AND HEAVY OBJECTS OR FURNITURE THAT  
MAY FALL

TAKE COVER UNDER A TABLE OR DESK AND REMAIN  
THERE UNTIL 60 SECONDS AFTER THE TREMORS. IF  
THERE IS STRUCTURAL DAMAGE, EXIT THE BUILDING

## **IF OUTDOORS**

MOVE TO AN OPEN SPACE AWAY FROM BUILDINGS,  
POWER LINES AND TREES

DURING THE TREMOR LIE DOWN OR CROUCH LOW  
THE GROUND TO AVOID FALLING

KEEP LOOKING AROUND TO BE AWARE OF DANGERS  
THAT MAY DEMAND MOVEMENT

## Welcome to the Camosun College Nursing Program

Welcome to the Camosun College Nursing Program. We are here to help you to be successful in the program and to become the best possible Registered Nurse that you can be.

Two other very useful resources are:

1. The Camosun College Calendar which can be located online @ <http://camosun.ca/learn/calendar/> or in the bookstore
2. “At your Service – A guide to services for students” available at Admissions & Registration. This guide is a very useful resources for finding many of the services that are available at Camosun College.  
<http://camosun.ca/services/index.html>

## Important Dates

Please refer to the official Camosun College calendar for current Important Dates.

<http://camosun.ca/learn/calendar/current/>

Policies in this handbook are subject to change without notice. Updates will be posted to the Health and Human Services Website.

## PROGRAM OVERVIEW



## **Vision Statement**

The Camosun College department of nursing will be an exemplary, inspiring, supportive learning environment, committed to embracing diversity and caring.

## **Mission Statements**

We inspire the journey of discovery and possibilities within the art and science of nursing.

We foster excellence in professional practice by embracing change and committing to the art and science of holistic care.

We prepare students to care for individuals, families and the global community today and in the future, through education and the professional practice of nursing.

We believe that an exemplary nursing education is one that is dynamic and innovative, valuing scholarship and nursing excellence.

We believe that compassionate relationships empower the professional practice of nursing resulting in the holistic care of diverse communities and a legacy of optimal health.

## History of the Collaborative Nursing Program in British Columbia

The Nursing Program of Camosun College is part of the Collaboration for Academic Education in Nursing (CAEN) Program of B.C. This program was formed after the Collaborative Nursing Program of BC was disbanded in May 2004.

### Introduction

The Collaborative Nursing Program (CNP) in British Columbia was a partnership of 10 schools of nursing within the Province of BC that graduate approximately two-thirds of the nurses in the province.

In 2002, the CNP partnership included:

1. Camosun College – Victoria, BC
2. Douglas College – New Westminster, BC
3. Kwantlen University College – Surrey, BC
4. Langara College – Vancouver, BC
5. Vancouver Island University (formerly Malaspina University College) – Nanaimo, BC
6. North Island College – Courtenay, BC
7. Okanagan University College – Kelowna, BC
8. Selkirk College – Castlegar, BC
9. University College of the Cariboo – Kamloops, BC
10. University of Victoria – Victoria, BC and Vancouver, BC

Each of the partner sites delivered the same eight-semester curriculum. Some of the sites offered all eight semesters while other sites offered the first five semesters and then students transferred to another site to do Semesters Six to Eight. At several of the sites Semesters Six to Eight were also provided to students who had already completed their diploma (both on-campus and distributed learning options are available). All of these collaborative arrangements were designed to meet students' needs and to provide different options for students to complete a baccalaureate degree. Curriculum planning, program evaluation, scholarship, mentoring, and professional development activities were done collaboratively by the 10 sites as well as at each site.

The following provides an overview of the history of the CNP, the structure of the CNP, the philosophy and goals of the CNP, and the principles under which the CNP functioned.

### History of the Collaborative Nursing Program

The Canadian Nurses Association's position that baccalaureate degree be the preparation necessary to practice as a Registered Nurse became a powerful factor influencing the direction of Canadian nursing education in the late 1980s. In B.C. interest was growing in some parts of the diploma nursing education community to facilitate the implementation of the entry-to-practice position. During the 1987-88 period, several colleges began to express an interest in collaborating with the University of Victoria in a generic baccalaureate program model that would combine the energy and resources of both college partners and university partners.

As a result of this interest, schools of nursing began to rethink their view about what a generic baccalaureate program might look like. In Spring 1988 the University of Victoria School of Nursing organized a curriculum workshop to explore the development of a generic baccalaureate nursing program in conjunction with one or more community colleges. Initially, participants in that workshop consisted of University of Victoria faculty, Camosun College faculty, and representatives from local employing agencies. As word spread about the workshop, other nursing programs around the province expressed strong interest in being involved. As a result, the workshop was opened to others who were interested.

The workshop turned out to be a critical event in the history of the CNP. Representatives of six diploma programs, the University of British Columbia, several hospitals, community health agencies, and the Registered Nursing Association of BC (RNABC) worked together to explore the meaning, assumptions, issues, constraints, and positions held by all in regard to the potential development of a collaborative generic baccalaureate program. Topics discussed included the meaning of collaboration, provision of an exit point, faculty roles and qualifications, opportunities for flexibility and accessibility, timing, human resource requirements, curriculum design and content, the question of a cooperative component, power relationships between university and college, image of nursing in the future, and so on. Outcomes consisted of: an agreement in principle to collaborate; excitement and enthusiasm for the opportunity to participate together in a new and promising direction for nursing education in BC; and the development of a task committee whose mandate was to design a beginning plan for collaboration, including criteria by which decisions about beginning partners would be made. The goal of this collaboration was the development of an innovative, integrated, coherent, generic baccalaureate program.

At the same time as these events were occurring, the Ministry of Advanced Education was developing initiatives designed to improve university accessibility for all British Columbians. As part of these initiatives, several colleges in the province, among them Okanagan, Malaspina and Cariboo, were designated to offer university courses in conjunction with a university, and eventually to become university-colleges with the ability to independently grant degrees in selected fields. It seemed logical that since Cariboo, Malaspina, and Okanagan Colleges had already expressed interest in collaborating with the University of Victoria (indeed, two had already submitted proposals) and had attended the workshop, that these colleges would join the University of Victoria as the first collaborative partners. In addition, since Camosun College, although not a designated university-college, is geographically located close to the University and had also expressed interest in collaboration, it made sense that it, too should join the collaborative group.

In 1992 the University of Victoria was approached by two additional colleges, North Island College and Vancouver Community College-Langara, to join the collaborative project. Anticipating that other requests might be forthcoming, the Steering Committee designed a set of criteria, along with a process, that prospective partners must meet. In 1992 North Island College and Langara College, having met the criteria, officially joined the collaborative project. In 1993 Selkirk College's request to join the Collaborative Nursing Program was successful. In 1994 Douglas College and Kwantlen College put

forward proposals to join the CNP partnership and acceptance of these colleges was given in January 1995. In 1998 Kwantlen College became a degree-granting institution.

In 2000 the Collaborative Nursing Program was given a seven-year accreditation from the Canadian Association of University Schools of Nursing (CAUSN). In 2001 the Collaborative Nursing Program entered into a mentoring agreement with Aurora College in Yellowknife to assist Aurora in moving towards a four-year baccalaureate program by 2006.

In 2002 the provincial government announced the baccalaureate degree as the education level necessary for entry to practice into the nursing profession. At the same time, beginning legislation amendments were being developed to allow Community Colleges to grant degrees. Discussion ensued within the partnership regarding the appropriateness of an Applied Degree for Nursing.

In 2004 the 10 member Collaborative Nursing Program was dissolved and the following notifications were issued.



April 30, 2004

## Announcement

The Collaboration for Academic Education in Nursing (CAEN) formed by the Nursing Programs at Camosun College, Vancouver Island University (formerly Malaspina University-College), North Island College, Okanagan University College, Thompson Rivers University, Aurora College (Yellowknife), Selkirk College, and the University of Victoria wish to announce that they are forming a new partnership to provide quality nursing education in British Columbia.

This partnership is committed to the ongoing evolution of a common curriculum that is responsive to the health care needs of British Columbians and to being a strong voice for academic nursing education provincially and nationally.

Since 2004, The College of the Rockies in Cranbrook has joined the partnership.

## Collaboration for Academic Education in Nursing (CAEN)

The University of Victoria (UVic) School of Nursing is a partner in the Collaboration for Academic Education in Nursing (CAEN) to provide nursing education in British Columbia and the Northwest Territories. The partners in CAEN include Camosun College, Vancouver Island University (formerly Malaspina University-College), North Island College, Okanagan University College, University College of the Cariboo, Selkirk College, the University of Victoria and Aurora College, Northwest Territories and College of the Rockies.

The purpose of the CAEN partnership is to:

- Ensure the quality, integrity and effectiveness of a shared curriculum
- Collaborate on and foster scholarly activities
- Provide vision and innovation in nursing education
- Be a strong voice for academic education in nursing provincially and nationally

The nine nursing programs share a common curriculum and this curriculum is delivered at all the partner sites. The senior nurse administrator from each nursing school sits on the Steering Committee for the partnership. This group oversees the activities of the partnership and is responsible for policy development. Each site also has a representative on the partnerships' Curriculum and Evaluation Committees. The Curriculum Committee oversees curriculum implementation, review and revision and the Evaluation Committee oversees the evaluation of the nursing curriculum. In addition the partners are involved in the Nurse Educators Scholarship Project (NESP) which is a project funded by the Vancouver Foundation to enhance the capacity for scholarship within faculty across all the partner sites.

The purpose of the 9 member partnership is to:

- Share a common curriculum that is learner centered
- Share uniqueness across sites (e.g. Rural experiences/placements)
- Foster and collaborate on scholarly activities
- Promote accessibility to baccalaureate education for nurses
- Be a voice for nursing education
- Provide vision and innovation in nursing education
- Advocate for baccalaureate education for nursing
- Advocate for academic preparation for nurses.

The philosophy of the new partnership and changes to the curriculum are presently being developed. They will be informed by some of the fundamental concepts from the previous Collaborative Nursing Program. These include Humanism, Feminism, Phenomenology and Critical Social theory. These orientations are reflected in the way in which the program views persons, health and healing, health care, nursing and curriculum.

**Persons**

Persons refer to human beings, whether they are in an individual, family/group, community, or societal context. They are holistic beings that bring unique meaning to life experiences. People make choices based on the meaning they attribute to their experiences and their choices are influenced by both internal and external factors. Implicit in the choices people make, is the responsibility to be accountable for the consequences of their actions. Although ultimately alone and self-responsible, people live in relationships with others and are constantly evolving as they interact, and strive toward health.

**Health**

Health (World Health Organization, Health and Welfare Canada & Canadian Public Health Association, 1986) is the extent to which people are able to realize aspirations, satisfy needs, and to change or cope with the environment. The environment comprises all cultural, lifestyle, political – economic, interpersonal, structural and other ecological factors. Health is a resource, not an object of living: it is a positive concept emphasizing social and personal resources as well as physical capabilities. Promoting health involves enabling people to increase control over and to improve their health (World Health Organization, et al., 1986). People in ill health (whether physical, social, psychological or spiritual) may still consider themselves to be healthy if they are able to lead what they consider to be satisfying lives. Health and healing co-exist and healing is not simply viewed as the movement along a continuum from illness to health.

**Health Care**

The right to health care for all is highly valued by our society and supported by the Canadian nursing profession. Accompanying this right is our belief in equal quality of, and access to, health care through fairly distributed resources within and among our communities. People should be full participants in making decisions about their health.

The complex and changing nature of health care has direct consequences for the way in which nursing is practiced. Nurses have a vital role to play in shaping and responding to the challenges of health care in our society. Nurses must strengthen their mandate and their ability to promote health through continuous professional growth.

**Nursing**

Nursing is the professionalization of the capacity to care. Nurses are in a unique position to help people understand their health-related experiences and to embrace their ability to make informed health care choices. Through caring relationships, nurses inform and involve their clients. This relationship empowers clients to make the best possible choices for their health and enhances the healing process.

Nursing involves a highly complex process of simultaneously using reasoning and intuitive thinking while providing care. Nurses must know, care, manage the context, and deal with the unpredictable; they must assume responsibility for their decisions and participate with their clients through a caring, informed relationship to promote healthy responses to life experiences.

## Curriculum

The curriculum of the Collaboration for Academic Education in Nursing is defined as the interactions that take place between and among students, clients, practitioners and teachers with the intent that learning take place. Therefore, the quality of the curriculum depends upon the quality of these interactions and students, practitioners, and faculty are equally valued as partners in the learning process. Learning is a reformulation of the meaning of experience and leads to changes in attitudes, feelings, and responses. Learning is critically affected by the learner's concept of self, which is itself learned. The self-concept is enhanced when learners have a need to know, perceive learning as relevant and meaningful, and believe they have a chance of success. It is further enhanced when the learner's past and present experiences are acknowledged, respected and reflected upon. When learners share the responsibility for identifying learning needs, planning learning experiences, and evaluating programs, their self confidence increases and they become increasingly self-directed. Learners learn best when they feel cared for and challenged and when they experience success.

Nursing is a discipline that values different ways of knowing. Knowledge is derived from the understanding of self, practice, theory and research, with each way of knowing informing and influencing the other. The form of **praxis** \* is a dialectical process through which knowledge is derived from and guides nursing practice.

### Program Goals

Each graduate will:

1. Practice nursing with a health promotion perspective and an ethic of caring within a variety of contexts and with a diverse client population.
2. Be an independent, self-directed, self-motivated, and life-long learner with a questioning mind and a familiarity with inquiry approaches to learning.
3. Be self-reflective, self-evaluative, accountable and make clinical judgments based on different ways of knowing such as critical thinking, intuition, research and evaluation.
4. Create and influence the future of nursing practice at a political, social, and professional level by responding to and anticipating the changing needs of society.
5. Be prepared to meet the professional practice requirements as identified in *Standards for Nursing Practice in British Columbia (1998)*, *Nursing Competencies and Skills Required for the New Graduate (2000)* and *Education Requirement for Future Nurses (1999)* outlined by the CRNBC.

### \*Praxis: Reflection and Action

A central feature of the decision-making model is the continual process of reflection and action. As the client and the nurse gain new understandings through critical reflection of the health or healing experience, possibilities for change are envisioned, and decisions are made regarding action or inaction. As the client and the nurse test out these changes and actions, they reflect on them and then act again with new found awareness. These new actions are based on the learning which has occurred in the process. Decision making therefore is a cyclical, ongoing and evolutionary process in which the client's experience of health and healing is continually being examined.

## DEPARTMENT ORGANIZATION



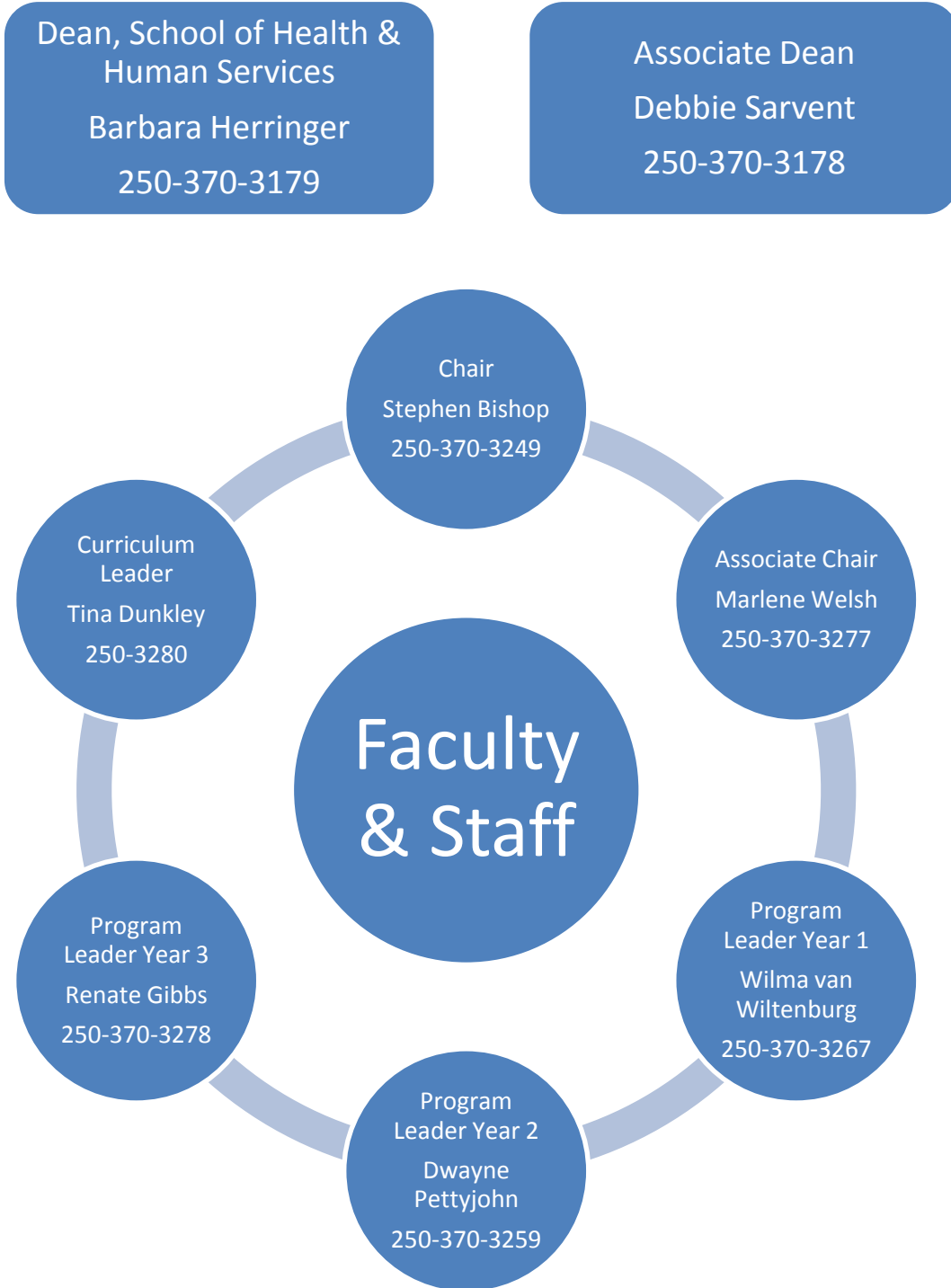
### Nursing Department Continuing Faculty (Fall 2010)

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**\*Note: The above list is Continuing Faculty only, and subject to change. If you cannot find someone please contact the nursing department office at 370-3246.**

## Organizational Structure

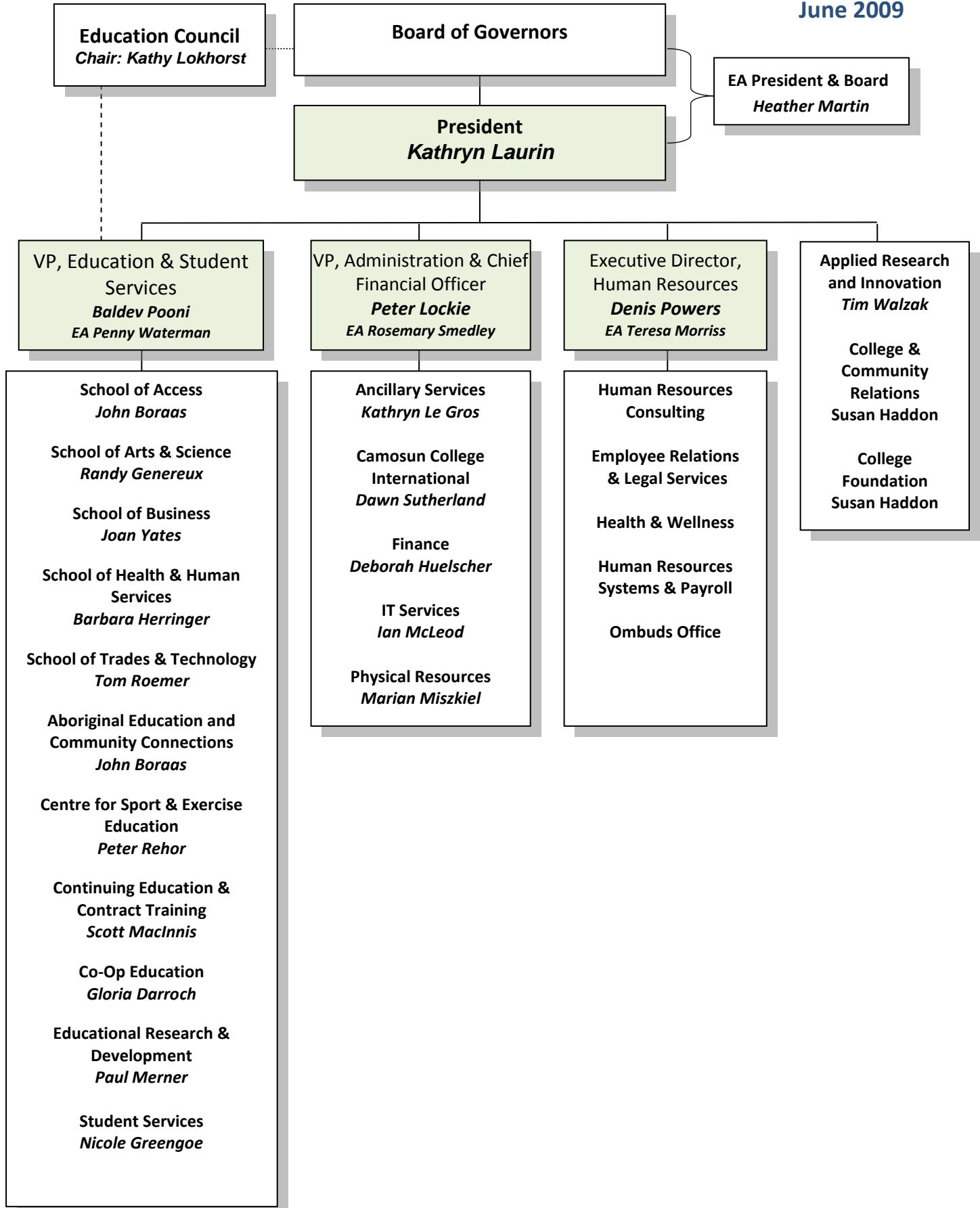


## COLLEGE ORGANIZATION



# COLLEGE ORGANIZATION

June 2009



## SCHOOL OF HEALTH & HUMAN SERVICES GUIDELINES, PROCEDURES & POLICIES



## SCHOOL OF HEALTH & HUMAN SERVICES

### ACADEMIC POLICIES AND PROCEDURES Addendum to 2009-2010 Department Handbooks

### Standards of Academic Progress

The following policies are in place to:

- enhance a learner's chance for success
  - provide opportunities for others to succeed
  - effectively utilize learner and college resources
  - assist students, their teachers, and administrative staff to monitor and intervene when a student is "at risk"
1. Students are ultimately responsible for their learning and progress and are expected to seek help in a timely manner when they are unable to meet the course requirements. The College is committed to supporting student success and to working with students in achieving their educational goals.
  2. When a teacher, during the process of ongoing assessment, determines a student to be at academic risk, the teacher will alert the student and discuss improvement strategies. Because students are ultimately responsible for their progress, they should communicate their progress and challenges to the teacher and act on the improvement strategies suggested.
  3. Students entering HHS programs are aware of and agree to these Standards and their application, including consultation among teachers and with other support services in Camosun College as required.

### Protocol for Responding to the "At Risk" Student

An "at risk" student is one who, without change, will not meet course learning outcomes. Course learning outcomes are defined in the course outline. This protocol is to assist in identifying, and managing, barriers to successful performance; and to do this in a timely, goal oriented way. Students will use this protocol to self-monitor their performance and to guide their consultations with their teacher. All teachers within a program are concerned about and share responsibility for student success. Therefore, consultation among teachers will occur with regard to "at risk students". The sequence of consultation may vary depending on the situation and Department.

- **IDENTIFYING AT RISK PERFORMANCE** – through verbal feedback, observed behaviors, interactions, review of progress notes, journals and other feedback. Some examples **may** include:
 

<ol style="list-style-type: none"> <li>a. Poor or minimal achievement</li> <li>b. Inappropriate or unrealistic attitude</li> <li>c. Avoidance of communication with faculty</li> <li>d. Poor impulse control</li> <li>e. Poor spatial or psycho motor skills</li> <li>f. Poor attendance (late, absent)</li> </ol>	<ol style="list-style-type: none"> <li>g. Inappropriate or disrespectful communication</li> <li>h. Lack of insight, self-awareness</li> <li>i. Poor judgement</li> <li>j. Poor applications of theory</li> <li>k. Inadequate preparation</li> <li>l. Inconsistent performance</li> </ol>
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➤ FACTORS IMPACTING PERFORMANCE MAY INCLUDE:

- |  |  |
|--|--|
| a. Knowledge and skill deficit               | f. Motivation/Paid or Volunteer Work commitment issues |
| b. English language deficit                  | g. Health challenges                                   |
| c. Inadequate study skills                   | h. Personal issues                                     |
| d. Learning difficulties                     |  |
| e. Organizational and time management issues |  |

➤ CONSULTATION BETWEEN STUDENT & TEACHER – Either will initiate as soon as issues/concerns arise to foster increased awareness, mutual insight and shared responsibility. The aim is to:

- |   |  |
|---|--|
| a. Clearly identify areas of weak performance or concern and potential consequences | d. Develop a summary and learning plan including prescriptive strategies and timelines |
| b. Relate concerns to course or program learning outcomes                           | e. Evaluate or review in a timely manner   |
| c. Determine why performance is at risk   | f. Identify when further consultation with teachers will occur                         |

➤ TEACHER CONSULTATION WITH TEACHERS

Based on activities identified above, the team will:

- |  |  |
|--|--|
| a) Aim for best practice through collective wisdom.  | c) Review the nature and quality of documentation.                 |
| b) Critically discuss and advise the teacher regarding due process. Help the teacher identify the student's strengths. Assess communication between student and teacher. | d) Identify strategies that are comprehensive and goal oriented.   |
|  | e) Consider alternatives and potential consequences.               |
|  | f) Record outcomes of consultation and ensure student is notified. |

➤ POSSIBLE STRATEGIES – developed in collaboration with student and teachers; examples **may** include:

- |   |  |
|---|--|
| a. Temporarily adjust or reduce practice assignment               | e. Get more feedback, and in a variety of ways   |
| b. Review theory, encourage lab practice of clinical skills       | f. Seek assistance and policy direction external to the department, e.g. Counselling, Student Conduct Policy |
| c. Provide more supervision, or supervision of a different nature |  |
| d. Give more feedback, and in a variety of ways                   |  |

➤ DOCUMENTATION

Record ongoing strategies and progress; student and teacher signatures note documents have been read, e.g.:

- progress notes
- mid term and final evaluation forms
- academic alerts, conference forms
- Learning Contract, Collaborative Agreement

**Academic Probation:**

<http://camosun.ca/about/policies/education-academic/e-1-programming-&-instruction/e-1.1.pdf>

For further details please refer to your program/course syllabus.

**Academic Removal & Suspension**

(Same link as above to Academic Progress Policy)

## Guidelines for Leaving and Re-Entry to a HHS Program

When a student leaves a program prior to completion, the Chair or designate will attempt to schedule an exit interview with the student. Where appropriate, a Personal Learning Plan (PLP) may be developed in collaboration with the student which could include specific learning strategies for returning to the program or a recommendation for career counselling.

If a student is eligible and wishes to re-enter a Health & Human Services program, it is essential that s/he follows the guidelines below.

1. Fill out a Camosun College application form at Registration as a HHS Re-entry Applicant. The application will be date stamped which may be used to determine position on the re-entry waitlist.
2. Approximately two to four (2-4) months before re-entry, meet with the Department Chair or Associate Chair to determine (where applicable):
  - readiness for re-entry. Students are expected to participate in this meeting to assess their need for preparation prior to re-entry and to develop specific learning strategies to include in their Personal Learning Plan.
3. When available seats have been determined, the Admissions/Registration Officer will offer invitations to re-enter based on the registration priorities for the School of Health & Human Services programs.
4. Those students who are not offered seats to re-enter will remain on the program applicant list for the next intake.

## Registration Priorities

1. Semester 1 Priorities
  - a. Full-time students from Program Applicant List

One week prior to start of program:

  - b. Re-entry students (see #3 below) for 50% of no show, early withdrawal spaces, alternating with Program Applicant List students, starting with re-entry students
  - c. Program Applicant List for 50% of no show and early withdrawal spaces
  - d. Transfer students
2. Semester II and on (with a Personal Learning Plan)
  - a. Full-time continuing students from the previous semester
  - b. Part-time continuing students from the previous semester
  - c. Re-entry – failed or withdrew from previous cohort group (see #3 below)
3. Re-entry Students
  - a. Students who withdraw from the program due to non-academic circumstances and can provide documentation to the Department Chair substantiating their reason for withdrawal.
  - b. Students repeating a required course in which they have previously received a fail or unsatisfactory grade.
  - c. Students repeating passed courses.
4. Full-time continuing students from other sites or related programs

## Grading

See College Website for College Grading Policy:

<http://camosun.ca/about/policies/education-academic/e-1-programming-&-instruction/e-1.5.pdf>

### Academic Promotion

<http://camosun.ca/learn/calendar/current/pdf/academic.pdf>

### Request for Credential (RFC)

Prior to completion of a program, students will be given a Request for Credential (RFC) form that they must fill out and submit to the College if they want to receive a credential. Following successful completion of the program, graduates who have completed the RFC form will receive their credential. Graduates can access an unofficial transcript of grades on-line and may also apply to the College for an official transcript of grades. There is a cost associated with issuing an official transcript.

### Incomplete Grade

At the discretion of the teacher, students who have shown good progress, but have been unable to complete the requirements of a course due to hardship or extenuating circumstances, such as illness or death in the family, may be issued an **Incomplete** rather than an "F" grade. Occasionally difficulties related to a practicum site, the lack of appropriate clients or excessive client cancellations may interfere with completing practicum or clinical course requirements. The following criteria would be used in assigning an "I" grade. The student:

- has lost some course time
- has demonstrated consistent progress towards completion of all course requirements and would have met them all if time had not been missed
- has shown evidence of meeting most of the course requirements, with work required to complete only one or two areas
- has a reasonable chance of meeting the requirements in the time designated

In such situations a Collaborative Agreement will be developed with the student and it is expected that the student will complete the requirements within the specified time frame. Upon successful completion of the requirements within the specified time frame, the "I" grade will be changed to reflect a passing grade. A failure will result if the contract is not fulfilled on time and as specified.

### Compulsory Withdrawal Grade

<http://camosun.ca/learn/calendar/current/pdf/academic.pdf>

## Communication/Conflict Resolution

If a student has an issue of concern:

- Step 1        Clearly identify the issue
- Step 2        Gather the facts
- Step 3        Plan what you want to say (Perhaps have an example in mind)
- Step 4        Create an opportunity to discuss the issue privately with the individual involved.  
Do this at a time when you are emotionally in control.
- Step 5        During the meeting:
  - use normal, neutral conversational tones
  - discuss the facts and check your assumptions
  - use “I” statements
  - be specific, straightforward, descriptive and direct
  - focus on the issue and not the person involved
  - attempt to understand the other’s perspective

If the issue involves a faculty or staff member, the student is encouraged to meet with the individual and attempt to resolve the problem. Students may choose to seek assistance from a counselor or the College Ombudsman, available through Camosun College, to discuss their concerns first. The student may also choose to discuss the issue with the Program Leader.

- Step 6        If the issue cannot be resolved through the above channels students may arrange an appointment with the Program Chair.
- Step 7        If the issue is still of concern to the student, an appointment can be arranged with the Associate Dean or Dean of Health and Human Services, although it is hoped that issues can be resolved at the program or department level if possible.

Please remember that Camosun College has the following services available to students:

- COUNSELLING SERVICES
- COLLEGE SAFETY
- OMBUDSPERSON
- LEARNING SKILLS

More information about these services can be found in the ‘At Your Service’ brochure, on the College website, or in the Calendar.

If the issue is concern about a final grade or any imposed discipline, the Student Appeals Policy can be found on the Camosun College website:

<http://camosun.ca/about/policies/education-academic/e-2-student-services-&-support/e-2.4.pdf>

## Immunization Requirements

Immunizations may be compulsory in some programs and highly recommended in others. Some practicum agencies may require the student to show proof that immunizations are current. **Students are responsible for maintaining their own personal record of all immunization and booster information.** People who work in health related fields are at risk for exposure to communicable diseases. Maintenance of immunity against vaccine-preventable diseases is essential to safeguard your health and the health of your clients. A TB test and flu vaccination are highly recommended and are available at your local health clinic or through your physician.

### 1. TB Screening

All students in the Continuing Care, First Nations Family Support Worker, Community Mental Health Worker and Nursing programs are **required** to have baseline TB screening done at the beginning of their program. TB screening is highly recommended for students in the Community Support and Education Assistant and Dental programs. Students and faculty returning from National or International Field Schools or who have otherwise been exposed to TB are required to repeat TB Testing.

TB screening will include a Mantoux test unless:

- a) The student has had TB in the past or:
- b) The student has had a reaction to a Mantoux test, i.e. the result is larger than 30 mm with blistering over the site of injection

These students will be asked to make an appointment at the TB clinic for a chest x-ray and a TB physician interview (possibly a 1-2 week wait). Students who are pregnant, or who have had a chest x-ray in the last six (6) months, or who are currently under investigation/treatment for TB will be exempt from a chest x-ray.

Mantoux reactions may be suppressed during febrile illness, measles, HIV infection, live virus vaccination, Hodgkin's Disease, active pulmonary forms of TB and during or after the use of corticosteroid medications.

Students will be asked if they fall into one or more of these categories, as it may be prudent to postpone or forego the test at the time of the screening.

\* Note: Pregnancy and/or previous BCG vaccination are not contraindications to Mantoux testing.

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## Criteria for Grading

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**A<sup>+</sup> - A-** **A<sup>+</sup> = 90-100%**   **A = 85-89%**   **A- = 80-84%**

Work of exceptional quality, content complete, correct and at a high level. Excellent comprehension of the subject, sound critical thinking, innovative ideas on the subject and creativity in the presentation of the material. There is much effort and personal involvement with the topic. Excellent use of literature to support the writer's position. Writing style is clear and succinct with correct grammar, sentence structure, punctuation and spelling. Writer uses the basic referencing format correctly.

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**B<sup>+</sup> - B-** **B<sup>+</sup> = 77-79%**   **B = 73-76%**   **B- = 70-72%**

Work is of good quality with no major weaknesses. The writing is clear, explicit and shows more than adequate comprehension. Work reflects critical thinking and personal involvement with the topic. Good use of existing knowledge of the subject. Most details are covered but consideration of additional details would improve the writing. Some use of the literature. In most instances, writing style is clear and succinct with correct grammar, sentence structure, punctuation and spelling. Writer uses the basic referencing format correctly.

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**C<sup>+</sup>** **C<sup>+</sup> = 65-69%**

Work is adequate and average. Writing shows fair comprehension of the subject but some weaknesses in content. Important details are often left out. Minimal critical awareness or personal involvement with the work. Only minimal use of the literature. The assignment would be greatly improved with further analysis. Several errors in grammar, punctuation and spelling. At times, lack of clarity. Inconsistent use of the basic referencing format.

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**C** **C = 60-64%**

Work is minimally adequate. Work shows incorrect or absent information. Serious flaws in content. Limited comprehension of subject and minimal involvement with work. Little evidence of research and use of existing literature or references add little of significance to the development of the ideas. Multiple errors in grammar, punctuation and spelling. Multiple errors in use of basic referencing format.

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**D** **D = 50 – 59%**

Work is inadequate. Work shows incorrect or absent information. Serious flaws in content. Limited comprehension of subject and minimal involvement with work. Little evidence of research and use of existing literature or references add little of significance to the development of the ideas. Multiple errors in grammar, punctuation and spelling. Multiple errors in use of basic referencing format. Work is not at a passing level.

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**F** **F = 0 – 49%**

Work is unsatisfactory. Unacceptable quality overall.

Plus or minus grades indicate if grade was strongly or adequately achieved. A straight grade indicates grade was well achieved.

Adapted from the *University of Victoria School of Nursing, Criteria for Grading*

**CAMOSUN COLLEGE  
AND  
CAEN  
GUIDELINES & POLICIES**



## COLLABORATION FOR ACADEMIC EDUCATION IN NURSING

LETTER TO ALL NEW STUDENTS***Welcome to the Camosun College Nursing Program***

The Nursing Program you have chosen is a partner in the Collaboration for Academic Education in Nursing (CAEN). The partners offer the same eight-semester nursing curriculum. The partners include:

- Aurora College (Yellowknife, NT)
- Camosun College (Victoria, BC)
- Vancouver Island University (formerly Malaspina University-College) (Nanaimo, BC)
- North Island College (Courtenay, BC)
- UBC – Okanagan (Kelowna, BC)
- Selkirk College (Castlegar, BC)
- Thompson Rivers University (Kamloops, BC)
- University of Victoria (Victoria, BC)
- College of the Rockies (Cranbrook, BC)

Transferability is a core value of the collaboration and the Schools of Nursing facilitate student transfer between sites whenever possible. At some sites all students transfer at the end of Semester Five and this is done as a block transfer. If however, you want to transfer as an individual from one site to another there are many things to consider. Some of these are:

- *There are better times within the curriculum for students to transfer and it is your responsibility to discuss the timing of transfer with faculty at your school and the receiving school before requesting a transfer.*
- *The student will be required by the receiving site to provide references from the program chair, transcripts and practice appraisals related to their standing at the sending institution. Any institution has the right to refuse a student who is not in good standing.*
- *The potential for a student to transfer to another partner site is always dependent on seat availability at the receiving site.*
- *There is some variability between sites, particularly in practice experiences, that can affect transfer. Faculty at the receiving school will work with you on an individual basis to ascertain any potential difficulties and make a plan to ensure that you do not miss any required learning experiences. It is your responsibility to be proactive in these transfer arrangements and engage with faculty to ensure a smooth transition between sites.*
- *There may be instances where it will not be possible to transfer after the variations and challenges have been taken into consideration.*
- *There are residency requirements and limits to the number of transfer credits each site will accept. It is your responsibility to check on residency requirements and transfer credit policies at your site and the receiving site before considering a transfer.*
- *Students are also bound by the policies and procedures of the institution they are applying to.*

These CAEN Schools of Nursing have also agreed to some guidelines with respect to progression that apply to all the schools within and across the partnership. These guidelines are:

- *The maximum time to complete a BSN degree in 7 years.*
- *Students must maintain 60% in each course and a 65% cumulative GPA.*
- *A student who fails a practice course cannot progress in the program until the course is passed. If in repeating the practice course the student passes, then the student will re-enter the program at a subsequent offering of the same semester in which the failure occurred providing there is an available seat. If in repeating the practice course the student fails again, then the student will be removed entirely from the program and can only re-enter by going through the admission process and beginning at Semester One.*
- *Policies specific to the individual institution may also be considered.*



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## Transfer Credit

Students who have completed post secondary studies at another institution and who have not already applied for transfer credit should contact Academic Advising immediately. Consult the Camosun College credit calendar for complete details on transfer credit policies and procedures.

Please note: Post secondary documents will be reassessed upon admission to the Nursing program at the University of Victoria.

## Electives

Students must be careful to ensure that the electives that they choose are transferable to the University of Victoria. To determine the transferability of an elective course refer to the BC Transfer guide found at <http://www.bctransferguide.ca/>

Electives may be chosen from any discipline however courses selected from Sociology, Anthropology, Psychology and Philosophy are suggested. Students who have completed their two electives prior to admission to the program are encouraged to take an additional elective to fulfill the Term VI non-Nursing elective.

Note: Psychology 154, Health 110, Biology 150, 151 may not be used as electives. In addition, courses used to fulfill admission requirements, such as Biology 100, may not also be used as elective choices.

## Protocol for Request to Take Courses Prior to Admission to the Later Portion of the Nursing Program at the University Of Victoria

Students who are requesting permission to take courses in the later portion of the program are required:

1. To meet with a faculty member at the partner college about the advisability of taking courses at the University (consider student's progress in her/his current program, and whether or not they would be able to handle the university course-work);
2. To obtain a letter of permission from the Chair of the nursing program at the college site (who knows the student well enough to recommend them for taking courses ahead of the regular sequence);
3. Apply as a visiting student;
4. Check schedule of course offerings.

## Students Leaving the Nursing Program

- Should talk with teacher, counsellor, or Associate Chair prior to making the decision; to discuss options e.g. part time study.
- Students who are unsuccessful in a semester should make an appointment to discuss options and plans with the Associate Chair of the program

Note: the college cannot guarantee that a seat will be available if & when a student wishes to re enter the program.

See also “Guidelines for Re-Entry into Nursing Program”

## Registration Priorities for the Nursing Department

1. full time continuing students
2. returning students:
  - a) students who have successfully repeated a prerequisite course and are ready to continue with new courses;
  - b) students repeating a required course in which they have previously received a D, F or W;
  - c) students repeating passed courses as a pre-requisite to re-entry
  - d) students repeating passed courses by choice.
3. full time continuing students from partner sites.

*Variables influencing the acceptance of transfer and re-entry students include consideration of teacher student ratios, class size, learning needs of current students, and availability of clinical placement.*

## Release of Student Information

### 1. Transfer of Academic Records

Students requesting transfer to other colleges or university colleges and students continuing to the University of Victoria must give written permission for release of records using the “Permission to Release Students Records” form.

### 2. Consent for Release of Student Reference Forms

Student Reference Forms provide a written reference for **potential employers** to whom nursing students have applied for work. This reference form indicates that students have satisfactorily met practice standards and practice safe application of skills and knowledge for the most recently completed Semester Nursing Practice course. The forms are signed by their Nursing Practice instructor and are filed on the Students’ file. Students do not receive copies but may view these forms on their file.

## Withdrawals

It is recommended that students contemplating withdrawal from a required course consult first with the instructor involved. Students wishing to withdraw from a required course or the program are required to meet their teacher and Department Associate Chair as well as notifying Admissions/Registration office (see Calendar for Policy & Procedures).

Withdrawing on, or before, the appropriate date gives a withdrawal (W) standing which does not affect the grade point average. Withdrawal after the applicable deadline will result in a grade of "F". In withdrawing completely from the College, students are required to meet with a college advisor before completing the appropriate withdrawal forms. Non-attendance by itself does not constitute withdrawal. Please see listing of important dates in calendar for the semester/term deadline dates for withdrawing without academic penalty.

## Individual Program Plan

Students who, for whatever reason, will need to alter their program plan should develop a personal program plan with the Associate Chair which will be placed on the student's file.

1. **Re-entry following Failure in Nursing Practice courses:** Permission will be granted on an individual basis. The student will meet with the Associate Chair at the time of the failure to discuss a plan and to develop individual conditions and strategies for re-entry. (see also Guidelines for Leaving and Re-entry into an HHS program, page 39)
2. If it has been **longer than two years since a student successfully completed a Nursing Practice Course, the student will be required to repeat that course.**
3. Students repeating a failed Nursing practice course are **required to simultaneously repeat or audit the co-requisite Healing Workshop.**
4. Student who have passed a course but wish to repeat the course to strengthen their knowledge may do so; however, students who are registering for the first time or have failed the course will be given priority. Achievement of a letter grade higher than the previous grade will be credited to the student. In the event of a failure, the student will not be allowed to register in the next level course since the most recently awarded grade is considered as the prerequisite.
5. A student **may be required to be assessed prior to re-entry** into a Nursing Practice course for competence with psychomotor skills.
6. The University of Victoria requires written permission for the transfer of documentation and information regarding student progress from Semester I through Semester V from the College to the University. A grade percentage average of a C+ (65%) is required to continue in the program at the University of Victoria. All program requirements, including English 150 (or equivalent) and two electives, for completion of the program to Semester V, must be met prior to transfer to the University.

### Nursing Program Promotion, Progression and Re-Entry

1. The maximum time to complete a BSN degree is seven years.
2. Students must maintain 60% in each course and a 65% (C+) cumulative GPA. Students must maintain a GPA of C+ or 3 to progress from academic term to term.
3. **Students are required to adhere to the CNA Code of Ethics and CRNBC Professional Standards for Registered Nurses and Nurse Practitioners. Failure to adhere to these principles may result in the student being required to leave the program.**
4. Students who miss more than 10% of a clinical experience may be asked to repeat the clinical course.
5. A student who fails a practice course cannot progress in the program until the course is passed. If in repeating the practice course the student passes, then the student will re-enter the program at a subsequent offering of the same semester in which the failure occurred provided there is an available seat. If in repeating the practice course the student fails again, then the student will be removed entirely from the program and can only re-enter by going through the admission process and beginning at semester one.
6. A student who has already failed a practice course, repeated it and passed, re-entered the program and then fails another practice course will be removed entirely from the program and can only re-enter by going through the admission process and beginning at semester one.
7. Re-entry following Failure in Nursing Practice courses: Permission will be granted on an individual basis. The student will meet with the Associate Chair at the time of the failure to discuss a plan and to develop individual conditions and strategies for re-entry.
8. If it has been longer than two years since a student successfully completed a Nursing Practice Course, the student will be required to repeat that course.
9. Students repeating a failed Nursing practice course are required to simultaneously repeat or audit the co-requisite Healing Workshop.
10. Students who have passed a course but wish to repeat the course to strengthen their knowledge may do so; however, students who are registering for the first time or have failed the course will be given priority. Achievement of a letter grade higher than the previous grade will be credited to the student. In the event of a failure, the student will not be allowed to register in the next level course since the most recently awarded grade is considered as the prerequisite.
11. A student may be required to be assessed prior to re-entry into a Nursing Practice course for competence with psychomotor skills.
12. The University of Victoria requires written permission for the transfer of documentation and information regarding student progress from Semester 1 through Semester 5 from the College to the University. A grade percentage average of a C+ (65%) is required to continue in the program at the University of Victoria. All program requirements, including English 150 (or equivalent) and two electives, for completion of the program to Semester 5, must be met prior to transfer to the University.

## CAEN Admission, Progression and Transfer Policies/Guidelines

### Admission Requirements

CAEN partners have agreed to the same minimum admission requirements. They are:

- Math 11 with assessment and remediation if necessary
- Biology 12
- English 12 or equivalent
- One other science at the 11 or 12 level.

Students must have a grade of **65% or higher** in the above courses to meet the requirements.

Sites may develop additional selection criteria and processes and may exceed the minimum requirements. Each site is responsible for developing math assessment and remediation processes that are appropriate to their sites.

### Progression Guidelines

CAEN partners have agreed to the following common progression guidelines. These are minimum requirements and sites may exceed the minimums and develop additional progression guidelines.

- The maximum time to complete a BSN degree is seven years.
- Students must maintain 60% in each course and a 65% cumulative GPA.
- Students are required to adhere to the *CNA Code of Ethics* and *CRNBC Professional Standards for Registered Nurses and Nurse Practitioners* or *RNANT/NU Standards of Practice*. Failure to adhere to these principles may result in the student being required to leave the program.
- A learner who fails a practice course cannot progress in the program until the course is passed. If in repeating the practice course the learner passes, then the learner will re-enter the program at a subsequent offering of the same semester in which the failure occurred provided there is an available seat. If in repeating the practice course the learner fails again, then the learner will be removed entirely from the program and can only re-enter by going through the admission process and beginning at Semester One.
- A learner who has already failed a practice course, repeated it and passed, re-entered the program, and then fails another practice course will be removed entirely from the program. The learner can only re-enter by going through the admission process and beginning at Semester One.

### Guidelines for Student Absences in Practice

CAEN partners have agreed to the following guidelines for student absences in practice and this statement is put in the calendars and course outlines at each site.

Practice experiences within the curriculum are a vital part of learning. Attendance is required in all practice courses. Students that miss more than 10% of a practice experience may be asked to repeat the practice course.

## Transferability Guidelines

Transferability is a core value of the collaboration and the Schools of Nursing facilitate student transfer between sites whenever possible. At some sites all students transfer at the end of Semester Five and this is done as a block transfer.

The guidelines for individual transfer include:

- There are better times within the curriculum for students to transfer and it is the student's responsibility to discuss the timing of transfer with faculty at their school and the receiving school before requesting a transfer.
- The student will be required by the receiving site to provide references from the program chair, transcripts, and practice appraisals related to their standing at the sending institution. Any institution has the right to refuse a student who is not in good standing.
- The potential for a student to transfer to another partner site is always dependent on seat availability at the receiving site.
- There is some variability between sites, particularly in practice experiences, that can affect transfer. Faculty at the receiving school will work with students on an individual basis to ascertain any potential difficulties and make a plan to ensure that the student does not miss any required learning experiences. It is the student's responsibility to be proactive in these transfer arrangements and engage with faculty to ensure a smooth transition between sites.
- There may be instances where it will not be possible to transfer after the variations and challenges have been taken into consideration.
- There are residency requirements and limits to the number of transfer credits each site will accept. It is the student's responsibility to check on residency requirements and transfer credit policies at their site and the receiving site before considering a transfer.
- Students are also bound by the policies and procedures of the institution they are applying to.

**Note:** Original requirements for admission to partner Schools of Nursing are not re-evaluated when students transfer between sites.

## Student Guidelines for Avoiding Plagiarism

See <http://camosun.ca/learn/calendar/current/pdf/academic.pdf> for definitions of Academic Dishonesty, Plagiarism & Cheating

### **General tips on avoiding plagiarism for all assignments**

(Adapted from Gordon, Simmons, Wynn, Baca & McPhee, 1999)

As you gather information for an assignment, keep careful notes on the source(s), including verbal communications, internet sources and, for written work, the author(s), title, publication source and page numbers. If you use ideas, language or paraphrasing of another person, credit the source. If you reach the same conclusions as another person, you should still acknowledge the fact of your agreement with that other person and reference the source appropriately. If you are unable to state the idea(s) in your own words, use direct quotes, that is, do not try to rearrange the words of others in an attempt to represent them as your own phrases or paraphrases. Use quotation marks and page numbers for direct quotes.

Avoid over use of quotes and paraphrases by practicing good time management that allows you to properly research your topic and to thoroughly revise and edit your writing before submitting your final copy. Attempt to put forward your own argument, or to build your own case, in an original manner.

**Note: you cannot claim that a document is your own original work if it is just a patchwork of the ideas of others presented through quotes and/or paraphrases.**

Resubmitting work done for another assignment, without prior permission, is considered **self-plagiarism**. This occurs when assignments submitted by you for another assignment in the same course, a different course, or different agency, have been adapted, updated, or resubmitted for the fulfillment of a subsequent assignment without expressed prior permission of the instructor in the course where you are re-submitting the work.

**Use of another's work is blatant plagiarism; use of purchased papers or papers off the internet is considered blatant plagiarism.**

### **Examples for clarifying plagiarism**

(Adapted from Health Information Science Centre, Course Syllabus, (no date))

1. Examples of material that do not require a citation.  
Well known or easily verifiable facts, such as:
  - Computers are becoming increasingly important in technological society.
  - It is generally believed that modern nursing began with the work of Florence Nightingale.
  
2. Examples of material that do require a citation
  - a) Statements referring to specific work by others or using the ideas of others:
    - Contrary to popular belief, two modern researchers have expressed the opinion that modern nursing began, not with Florence Nightingale, but with Susan B. Anthony (Jones, 1982; Smith, 1983).
    - OR**
    - Susan B. Anthony and not Florence Nightingale may well be the originator of modern day nursing (Jones, 1982; Smith, 1983).

- b) Statements that are direct quotes requiring a citation, page number and quotation marks:
- “By 1957, the federal government introduced a proposal for federal hospital insurance, following 123 months of debate and pressure both within the House and outside, among the public generally” (La Sor & Elliot, 1997, p. 141).

### **Group Assignments**

Working with others on an assignment may mean that one assignment, which contains a mixture of everyone’s work, will be handed in on behalf of the entire group. In cases where one assignment for group work is acceptable, pay close attention to criteria for the assignment as stated in the course outline and to appropriate referencing – any referencing omissions or errors will be attributed to all authors of the group assignment. If you have any doubt about the type of assignment due for any course, or appropriate referencing techniques, seek clarification from your instructor **well before assignment due dates**.

At times you will be asked to work with other students but are expected to submit independent reports or assignments. Please note that in this case, your assignment must be original, and your own, with no duplication with your project partner(s). Any duplicated material must be acknowledged as such along with the reason for inclusion of any identical segments. If you have any questions about how closely your final product may resemble that of your project partner(s) please clarify this with your instructor **well before assignment due dates**.

### **Proper Referencing Techniques are extremely important**

It is essential that you familiarize yourself with the fifth edition of the American Psychology Association (APA) (1994) referencing guide techniques, paying attention to citations within a document, generating reference lists, and to referencing of materials obtained through the **Internet** and through personal communications. If you are ever unsure about your referencing techniques for different reference materials used to write assignments, it is your responsibility to clarify current methods with your instructor, or with a reference librarian, **well before assignment due dates**. Proper referencing will ensure that credit is given for words and ideas where it is due.

## References

American Psychology Association (Eds.), (2005). *Publication Manual of the American Psychology Association* (5<sup>th</sup> ed.). Washington, DC: American Psychology Association.

Gordon, C.H., Simmons, P., Wynn, G., Baca, P., & McPhee, A. (1999). *Plagiarism Avoided: Taking responsibility for your work*. Faculty of Arts: University of British Columbia.

Health Information Science Centre. (no date). *Adult Intensive Care Nursing Program: Advanced clinical Practicum*. Unpublished course handout.

O'Connor (2007). *A Repair kit for Grading 15 fixes for broken grades*. Portland Oregon: Educational Testing Services.

University of Victoria Calendar. (2007-2008). Victoria, BC: University of Victoria.

## Scholarly Expectations

*Today's nurses collaborate with a variety of other health care professionals. To have credibility within this team, nurses must have communication skills, both verbal and written.*

Scholarly papers need to be presented in a professionally acceptable style. It is for this reason that the Collaboration for Academic Education in Nursing Program of B.C. has chosen to format papers according to the style recommendations of the Publication Manual of the APA Association (5<sup>th</sup> edition). Learners need to become familiar with and use this book correctly:

You will need to become adept at using this manual. The more that you use it the more comfortable you will be.

### Critical Components

- Format, paper size and margins
- Double space
- Title page
- Type size
- Introduction, Body and Conclusion
- In-Text Citing
- Reference Listing

**The APA manual and the Camosun College calendar outline issues about plagiarism.**

### **Semester 1 Scholarly Expectations**

Well-organized writing, correct uses of in-text citing and use of referencing, correct use of quotations, and complete reference listing. Appropriate use of grammar, syntax, spelling and punctuation. Beginning development of library and computer research skills.

### **Semester 2 Scholarly Expectations**

Well-organized writing, correct uses of in-text citing and use of referencing, correct use of quotations, and complete reference listing. Appropriate use of grammar, syntax, spelling and punctuation. Omit an emphasis on format regarding headings and title page.

### **Semester 3 & 4 Scholarly Expectations**

Well-organized writing, correct uses of in-text citing and use of referencing, correct use of quotations, complete reference listing and use of format. Appropriate use of grammar, syntax, spelling and punctuation. Well-developed library and computer research skills.

### **Semester 5 Scholarly Expectations**

Well-organized writing, correct uses of in-text citing and use of referencing, correct use of quotations, complete reference listing and use of format. Appropriate use of grammar, syntax, spelling and punctuation. Well-developed library and computer research skills.

## Curriculum Overview and Semester Foci

### Introduction

Provided here is an overview of the semester-by-semester curriculum emphasis of the program, and highlights of some of the experiences students will obtain as they progress.

Integrated throughout all the semesters is a focus on both families and community. People's lived experience is holistic, and the experiences of family and community play an integral part. It is critical that students come to acknowledge and understand the client's whole experience in order to provide holistic care.

Family is defined in the curriculum in the broadest sense. That is, any membership, configuration, or connection a person has with another whom that person considers to be family is also considered to be family within the curriculum.

Community is also defined within the curriculum from the broadest perspective. Community can be considered from a relational perspective or from a geographical perspective. From a relational perspective, community is defined as a collection of people who, through their relationships, come together to form a community. This means that the community might not be in the same geographical location, but rather it connects to fulfill a purpose or to form a bond. Thus, community is not necessarily a place, setting, or a set of defined relationships, but rather a lived experience.

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

## Semester Foci

### Semesters One and Two

Semesters One and Two of the program focus on gaining a beginning understanding of relational practice, an introduction to both the profession and the discipline of nursing, and an understanding of people's (individual, family, community) experiences with health. Students in Semester One and Two are introduced to the concept of inquiry and scholarship and the core concepts of the curriculum as well as the foundational perspectives that will provide the lens to view the core concepts. Students incorporate health-promoting approaches and prevention strategies in their discussions and practice of health assessment. Students practice health assessment across the lifespan, with individuals and families. Students also get a beginning understanding of what constitutes a community, meanings of community, and working with communities. They also gain an understanding of healthy pregnancy, healthy infants and children, and mental health.

In Semester One, students engage with a family as a resource for learning about individuals, families, and health. This contributes to a beginning understanding of individuals, families, health, and nursing work within the community. In this semester community will be examined as a context for individual and family health. In addition, students begin to learn about the complexities of nursing work through observing or interacting with nurses in various areas of practice. Students begin to practice holistic health assessments, including mental health assessments and assessments with infants, children, youth, adults, seniors, families and communities.

In Semester Two, students work in a variety of settings (community agencies, daycares, seniors' centres, public health) with healthy people. The focus of their practice experience is continuing to gain experience doing holistic health assessments.

The Consolidated Practice Experience at the end of Year 1 consists of two parts: two weeks in the nursing learning centre to practice skills that are foundational to providing personal care, and two weeks in a practice setting where students have the opportunity to practice personal care and assessment.

### **Semesters Three, Four and Five**

In Semesters Three, Four and Five students continue to build on their relational practice skills expanding their understanding of health to focus more on health challenges (illness, poverty, literacy, loss and grief), both chronic and episodic, prevention strategies, healing initiatives, and the nursing approaches that accompany healing initiatives. As Semesters Three, Four, and Five progress students gain experience with more complex and advanced health challenges, including health challenges and healing initiatives associated with maternal/child health and mental health. In Semester Three students have an opportunity to focus on increasing their relational practice competence with individuals, families and groups, and add a focus on nursing ethics in Semester Four. Relational practice is once again revisited in Semester Five with an emphasis on connecting across difference, expanding on working with communities and engaging in more advanced explorations of the discipline of nursing and nursing inquiry.

Practice placements in Nursing Practice III, IV, V and CPE II are in a variety of settings (home care, rehabilitation, extended care, transitional care, acute care). The focus is on providing opportunities for students to develop competence in nursing practice and apply the foundational perspectives and core concepts in a variety of areas rather than focusing on any particular location of care.

### **Semesters Six and Seven**

The focus in Semester Six and Seven is on increasing complexity of nursing practice. Students further develop their understanding of health and healing, focusing their attention on community and societal health, examining global health issues, and the leadership role of nurses with emphasis on the socio-political and economic context of nursing. Students learn more complex assessment skills, including community assessment, develop their competence as leaders, and engage in more advanced explorations of the discipline of nursing and nursing inquiry. The emphasis is on the growth of the student as a professional nurse who is critically reflective and an actively involved in exploring change processes and leadership roles within nursing, health care, and society at large. In Semester Seven students also take a nursing elective that supports their area of focus as a graduate nurse.

Semester Six and Seven practice placements are in a variety of agencies such as government and non-government health care agencies and other community organizations. A range of federal, provincial, and municipal agencies/programs/projects may be selected. Placements could include such locations as hospitals, seniors' organizations, schools, industry, community health centres, etc.

In the Consolidated Practice Experience at the end of Year 3 students consolidate the knowledge, abilities, and skills learned thus far in a variety of locations of care. Students practice experiences throughout the program are tracked and by the end of CPE III all students will have had experience in a variety of agencies/settings in order that they might develop the competencies required of a registered nurse (some time in acute care, extended care and community agencies.)

## Semester Eight

Semester Eight focuses on nursing practice and attends to the student moving from the student role to that of graduate professional nurse. Students are encouraged to take this placement in their chosen area of focus or an area where they think they can best develop their nursing competence. The nursing practice component of Semester Eight is a lengthy placement that attends to the importance of the transition to the workplace and taking on the role of professional nurse. Students will have an opportunity to refine their relational practice, their professional practice, and their leadership abilities ready for graduation.

## Practice Framework

Practice experiences have been developed in a variety of ways in the CAEN and these experiences are incorporated throughout the program. There are two explicit ways that these practice experiences are brought into the curriculum. The first form is a Nursing Practice course in every semester. In the Nursing Practice courses the students spend a certain number of hours per semester in a practice setting. These practice hours are organized to give the student the most relevant learning experiences related to the courses in the semester. The Nursing Practice course may be organized as hours per week, alternate weeks, or in blocks every few weeks. The emphasis and the setting for the Nursing Practice courses vary in order to best work with the concepts studied in the courses of each semester. In the last semester of the program in Nursing Practice VIII students do an extended practice experience as a transition to BSN nursing practice.

The second form of practice experience consists of three Consolidated Practice Experiences (CPE's) at the end of Year 1, 2 and 3 of the program. These experiences are intended to provide an opportunity for students to consolidate their learning from the previous year(s) in a practice experience and comprise a substantial and critical part of the curriculum.

Practice experiences are completed using a variety of practice education models (instructor led, preceptorship, field guide, Collaborative Learning Unit) and in a variety of practice locations. Associated with every Nursing Practice course and Consolidated Practice Experience are praxis seminars where faculty assist students to dialogue, reflect upon and make meaning of their practice experiences with the intent that learning take place (learning is the reformation of experience).

The minimum numbers of practice and seminar hours per year are:

- Year 1: 224 Practice Hours and 26 Seminar Hours
- Year 2: 456 Practice hours and 78 Seminar Hours
- Year 3: 501 Practice Hours and 58.5 Seminar Hours
- Year 4: 664 Practice Hours and 19.5 Seminar Hours

Decisions are made at each site regarding the number of hours per year in Nursing Practice courses and CPE's and the location of the practice experience. These decisions are based on differing contextual demands (availability of placements, contract stipulations, etc. and the best learning opportunities for students).

Within this framework, the following principles will guide decisions regarding practice placements:

- Practice experiences within the curriculum are designed and organized to facilitate student progression towards meeting the entry level competencies of a new graduate as defined by CRNBC and RNANT/NU.
- Partners in the CAEN have flexibility in designing practice experiences but consideration should be given to transfer issues for students (i.e. settings may vary as long as sites are true to the focus and concepts of the semester.
- Practice experiences can be developed in any setting in any semester but must be designed to provide students with the opportunity to apply the concepts discussed in theory (practice experiences are designed for development of competencies not tied to particular locations of care).
- Nursing Practice course experiences are focused experiences to enhance learning that is taking place during the semester. CPE's are designed to consolidate the learning from the previous years. Learning is enhanced when students have repetitive experiences (e.g. more than one day at a time in practice).
- Within a semester there can be a variety of practice experiences - not every student needs to experience the same settings in any one semester.
- Practice experiences may include more time in the Nursing Learning Centre with simulated experiences or community members attending to provide learning opportunities for a group of students. These experiences are designed to augment student learning experiences in a variety of nursing work places. They are not designed to replace such experiences.
- Practice experiences are always linked to praxis seminars.
- Student experiences should be tracked within the program to ensure that each student has had experience in a variety of nursing practice settings in order that they may have opportunity to apply the concepts of the curriculum broadly.
- The specific learning that is envisioned in a practice setting for a particular semester may need to be clearly articulated to practice personnel as it may be different to their traditional view of the competencies to be developed. E.g. students may go to a Breastfeeding Clinic in Year 1 to see healthy newborns and healthy breastfeeding mothers rather than a traditional Public Health experience.

The following chart is an overview of the revised curriculum.

## Program Overview

Course No.	Semester One Health Across the Lifespan	Course No.	Semester Two Health Assessment Across the Lifespan	Course No.	Consolidated Practice Experience				
N110	<ul style="list-style-type: none"> <li>Professional Practice I: Introduction to the Profession of Nursing (3)</li> </ul>	N111	<ul style="list-style-type: none"> <li>Professional Practice II: Introduction to the Discipline of Nursing (3)</li> </ul>	N170	<ul style="list-style-type: none"> <li>Consolidated Practice Experience I 6 weeks (2 week Nursing Resource Centre) (4 weeks Nursing Practice)</li> </ul> <p>Hours for Semesters One, Two &amp; CPE I:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Practice Hours</td> <td style="text-align: right;">224</td> </tr> <tr> <td style="text-align: right;">Seminar Hours</td> <td style="text-align: right;">26</td> </tr> </table>	Practice Hours	224	Seminar Hours	26
Practice Hours	224								
Seminar Hours	26								
N132	<ul style="list-style-type: none"> <li>Health and Healing I: Living Health (3)</li> </ul>	N133	<ul style="list-style-type: none"> <li>Health and Healing II: Health Indicators (3-3)</li> </ul>						
N142	<ul style="list-style-type: none"> <li>Nursing Resource Centre I (3)</li> </ul>	N143	<ul style="list-style-type: none"> <li>Nursing Resource Centre 2 (3)</li> </ul>						
N160	<ul style="list-style-type: none"> <li>Relational Practice I: Self and Others (3)</li> </ul>	BIOL 153	<ul style="list-style-type: none"> <li>Health Sciences II: Biology (3-3)</li> </ul>						
	<ul style="list-style-type: none"> <li>English (3)</li> </ul>		<ul style="list-style-type: none"> <li>Non nursing elective (or English) (3)</li> </ul>						
BIOL 152	<ul style="list-style-type: none"> <li>Health Sciences I: Biology (3-3)</li> </ul>	N181	<ul style="list-style-type: none"> <li>Nursing Practice II: Coming to Know the Client</li> </ul>						
N180	<ul style="list-style-type: none"> <li>Nursing Practice I: Introduction to Nursing Practice</li> </ul>								
Semester Three Chronic and Episodic Health Challenges		Semester Four Chronic and Episodic Health Challenges		Consolidated Practice Experience					
N232	<ul style="list-style-type: none"> <li>Health &amp; Healing III: Health Challenges/Healing Initiatives (3)</li> </ul>	N233	<ul style="list-style-type: none"> <li>Health &amp; Healing IV: Health Challenges/Healing Initiatives (3)</li> </ul>	N270	<ul style="list-style-type: none"> <li>Consolidated Practice Experience II 6 Weeks</li> </ul> <p>Hours for Semesters Three, Four &amp; CPE II:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Practice Hours</td> <td style="text-align: right;">456</td> </tr> <tr> <td style="text-align: right;">Seminar Hours</td> <td style="text-align: right;">78</td> </tr> </table>	Practice Hours	456	Seminar Hours	78
Practice Hours	456								
Seminar Hours	78								
N242	<ul style="list-style-type: none"> <li>Nursing Resource Centre 3 (3)</li> </ul>	N243	<ul style="list-style-type: none"> <li>Nursing Resource Centre 4 (3)</li> </ul>						
N260	<ul style="list-style-type: none"> <li>Relational Practice II: Creating Health-promoting Relationships (3)</li> </ul>	PHIL 250	<ul style="list-style-type: none"> <li>Professional Practice III: Nursing Ethics (3)</li> </ul>						
BIOL 252	<ul style="list-style-type: none"> <li>Health Sciences III: Pathophysiology (3)</li> </ul>	BIOL 253	<ul style="list-style-type: none"> <li>Health Sciences IV: Pathophysiology (3)</li> </ul>						
N280	<ul style="list-style-type: none"> <li>Nursing Practice III: Promoting Health and Healing</li> </ul>	N281	<ul style="list-style-type: none"> <li>Nursing Practice IV: Promoting Health and Healing</li> </ul>						
Semester Five Complex Chronic and Episodic Health Challenges		Semester Six Community and Societal Health		Consolidated Practice Experience					
N332	<ul style="list-style-type: none"> <li>Health &amp; Healing V: Complex Health Challenges/Healing Initiatives (3)</li> </ul>	<ul style="list-style-type: none"> <li>Health and Healing VI: Global Health Issues (3)</li> </ul>		N380	<ul style="list-style-type: none"> <li>Consolidated Practice Experience III</li> </ul> <p>Hours for Semesters Five, Six &amp; CPE III:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Practice Hours</td> <td style="text-align: right;">501</td> </tr> <tr> <td style="text-align: right;">Seminar Hours</td> <td style="text-align: right;">58.5</td> </tr> </table>	Practice Hours	501	Seminar Hours	58.5
Practice Hours	501								
Seminar Hours	58.5								
N342	<ul style="list-style-type: none"> <li>Nursing Resource Centre 5 (3)</li> </ul>	<ul style="list-style-type: none"> <li>Health and Healing VII: Promoting Community and Societal Health (3)</li> </ul>							
N360	<ul style="list-style-type: none"> <li>Relational Practice III: Connecting across Difference (3)</li> </ul>	<ul style="list-style-type: none"> <li>Professional Practice IV: Nursing Inquiry (3)</li> </ul>							
N380	<ul style="list-style-type: none"> <li>Nursing Practice V: Promoting Health and Healing</li> </ul>	<ul style="list-style-type: none"> <li>Nursing Practice VI: Promoting health of communities and society</li> </ul>							
	<ul style="list-style-type: none"> <li>Non Nursing Elective (3)</li> </ul>	<ul style="list-style-type: none"> <li>Non-Nursing Elective (3)</li> </ul>							
Semester Seven Nursing Leadership		Semester Eight Transitioning to BSN Graduate		Consolidated Practice Experience					
<ul style="list-style-type: none"> <li>Professional Practice V: Leadership in Nursing (3)</li> <li>Professional Practice VI: Nursing Research (3)</li> <li>Nursing Elective (3)</li> <li>Nursing Practice VII: Engaging in Leadership</li> </ul>		<ul style="list-style-type: none"> <li>Nursing Practice VIII</li> </ul>		<p>Hours for Semesters Seven &amp; Eight:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Practice Hours</td> <td style="text-align: right;">664</td> </tr> <tr> <td style="text-align: right;">Seminar Hours</td> <td style="text-align: right;">19.5</td> </tr> </table>		Practice Hours	664	Seminar Hours	19.5
Practice Hours	664								
Seminar Hours	19.5								

## Protocol for Student Placement

Diverse opportunities for student learning are essential in order to prepare nurses for the realities of learning for both today and tomorrow.

Student placement at Vancouver Health Authority is becoming more and more complex. Placement requests are submitted by the Camosun Practicum Placement Coordinator to a representative of VIHA a year in advance. There must be collaborations between Camosun, University of Victoria and other agencies that need clinical experiences so the process can be time consuming. We do all we can to ensure that students are given an opportunity for appropriate and challenging nursing practice experiences throughout the program.

Students need to be aware that teachers who are forming the nursing practice groups give a lot of time and thought to the process. When groups are formed a variety of factors, including student learning needs, student employment in clinical area, faculty expertise and clinical focus etc. are taken into account. Students are encouraged to inform the program leader for the semester if they need special considerations e.g. ride bike to work. These requests need to be made well in advance of the nursing practice experience (at least one month before practice starts). Requests are considered when groups are put together by teachers. Remember there are now approximately 500 nursing students at Camosun, therefore all requests cannot possibly be met. If, after the groups are posted, you find that the placement will not work for you please see the Program Leader to discuss.

**Note: Students may be required to attend Nursing Practice Experience on days, evenings and on some weekends during some Semesters & during CPE's.**

### Progression in Nursing Practice Courses

In the applied practice discipline of nursing, acquisition of knowledge and application of that knowledge in practice settings is a progressive process. Nursing courses do not exist as independent units. In practice settings, increasing competence is built upon practical experiences and learning from previous semesters. It is crucial to understand that issues arising at early levels in the program, which are not addressed and resolved, may present obstacles to continuing success and progression in subsequent nursing practice courses. The final nursing appraisal summary for each semester will provide students and teachers with guidance and strategies for continued learning in the following semesters.

### Attendance

Consistent nursing practice experience is essential for the development of competency in nursing practice and continuing professional growth. Nursing practice learning experiences cannot be simulated and each client presents unique learning opportunities that cannot be replicated. **Regular attendance is expected and reflects an attitude and behaviour consistent with the Professional Responsibility Domain of practice.** All absences must be responsibly communicated to the nursing practice teacher. These will be recorded on the final evaluation form and will become part of the student's file.

Nursing knowledge is gained in a variety of settings and learning experiences from one area relate to learning in the other areas. Therefore, students are responsible to access learning available to them in classroom and nursing labs as well as in the practice area. **Patterns of repeated absence in any or all of these settings may jeopardize student learning and successful progression from one semester to the next within the program.**

**See also – CAEN Schools of Nursing Guidelines of Attendance.**

## Collaborative Learning Process

Learning in the nursing program is based on a collaborative approach in which students share the responsibility for identifying learning needs, planning learning experiences and evaluating their own progress. Teachers, as expert learners and professional practitioners in nursing, work with students in coaching, advising and supervisory roles to help students maintain safe standards of professional practice and achieve success in the program. Where issues of concerns arise, the teacher and student will together explore the situation, sharing their own perspectives openly and honestly, for the purpose of developing specific strategies for improvement and identifying clear criteria for success. Maintaining accepted standards or practice in nursing is an integral part of caring as well as a professional responsibility for all teachers and nursing students.

Refer to the following: [Department Forms]

- a. Practice Appraisal Form [PAF]
- b. Collaborative Progress Report Form
- c. Healing Workshop/Nursing Practice/Classroom Collaborative Progress Report and Referral Form
- d. Domains of Practice
- e. Minimum semester requirement

### Evaluative Process

#### a) Principles for Giving Feedback

- Give feedback in a timely manner (verbal immediately and written as soon as possible if there is a concern)
- Describe what you observed in a clear, direct and specific manner
- Avoid labeling behaviours
- Explore the meaning the behaviour has for each of you (teachers & student)
- Clearly define expected performance standards
- Identify strategies to aid in meeting the standards where improvement is needed, establish time lines for achieving expected outcomes
- Clearly write consequences of not meeting expected outcomes in time (daily or weekly if student not meeting standards of Nursing practice)

#### b) Documentation of Student Advisement

In student advisement situations, following the above dialogue, written documentation on the Collaborative Progress Report of Nursing Practice Appraisal Form should summarize the focus of the discussion, including mutually identified learning needs and specific learning strategies with criteria for success. This form should be signed by both parties with each person getting a copy.

The minimum documentation for each student shall consist of a mid-term and a final nursing practice evaluation in each semester. However, in certain settings or situations it may be appropriate to meet more often to review progress and work on continuing strategies for success. Hopefully with this method of evaluation

there are no surprises at the end of a nursing practice experience. It must be understood that the specific criteria for success must be met by the end of the semester or term in order for a student to progress to the next level. The progress reports and all nursing practice evaluation summaries will be placed in each student's file in the nursing department, with copies of each provided for the student's personal portfolio.

**c) Consultation**

The teacher may have occasion to consult with the teaching team to gain helpful strategies that support student learning and progress. As well, the teacher may consult with their mentor, team leader and Associate Chair of nursing if needed.

**Examinations**

Students are expected to write exams on the scheduled dates. If you are ill or cannot attend because of some other emergency you must notify your teacher prior to the beginning of the exam. A doctor's note may be required.

Leave all backpacks etc. at the front of the classroom before the exam starts. When you have completed the exam sign the sign in sheet, pick up your belongings & leave the exam as quietly as possible.

Use of calculators will not be allowed in exams. Teachers will bring a regular (non-nursing) dictionary to the exam.

Students may not enter the exam room after 30 minutes have elapsed from the start of the exam. They may not leave the room until 30 minutes have elapsed.

**Expectations of Student Performance in Nursing Practice**

The priority of both students & teachers is that our patients/clients/residents receive safe, appropriate care based on in-depth knowledge. For this reason it is essential that students attend classes & Healing Workshops as well as doing the necessary pre-experience research. This includes doing necessary readings and participating actively in the learning experiences.

A student who has a problem with absenteeism, whether in the classroom, in Healing Workshop or in Nursing Practice will not be able to provide the level of care that we expect for our patients. Students who do not actively engage in their own learning will not be able to attain the level of clinical excellence that both teachers and students expect.

It is important to deal with absenteeism as early in the semester as possible. If you are ill and cannot attend make sure that you contact your teacher and discuss possible strategies to assure that you do not fall behind.

If for any reason you have concerns about your progress discuss these with your teachers or the Team Leader for your year, or with the Associate Chair.

Teachers understand that students often have to work, care for family members & spend time with friends, as well as attend school, but teachers become very concerned if they observe that a student is not prepared or appears fatigued during their Nursing Practice Experiences (as well as in class & Healing Workshop). Taking care of your own health is essential.

Student who are overly fatigued or very stressed will not be able to become competent, knowledgeable nurses. They can also put their patients as well as themselves in jeopardy.

Student Services – for example Counselling & Financial Services may be able to help you to look at alternatives so that you remain healthy and perform at your best.

## Instructor Process for Nursing Practice Appraisal

### I. Collect Appropriate Data

- A. Identify the student's strengths and areas for improvement considering the domains of nursing practice and related competencies.
- B. Utilize a variety of resources:
  - ✓ observation of the student in a variety of care situations
  - ✓ interaction with the student giving information, asking questions, and discussing learning needs
  - ✓ student participation in nursing practice conferences
  - ✓ journals, written assignments, nursing practice documentation
  - ✓ previous Collaborative Progress Reports
  - ✓ input from hospital staff and/or clients
  - ✓ previous Nursing Practice Appraisals

### II. Identify strengths as well as learning problems or issues and explore their causes and contributing factors. (Analysis of the data).

- A. lack of self-confidence
- B. information deficit
- C. personality conflicts with the teacher
- D. lack of clinical judgment demonstrated
- E. incapacitating anxiety
- F. lack of practice
- G. inconsistent attendance in the practice area
- H. personal stress or health issues

### III. Prescribe helping strategies, e.g.

- A. give regular, clear and balanced feedback both verbally and in writing
- B. alter patient assignments qualitatively and/or quantitatively
- C. give specific assignments, simulations, tests
- D. suggest review readings, extra lab practice
- E. use a buddy/mentor system with another student
- F. refer the student to other resources as appropriate, e.g., counseling services, learning skills center, physician, etc.
- G. request student reflection and journal writing in relation to issues, problems or specific situations encountered

### IV. Clearly define expected performance standards and time lines with consequences if these are not met.

### V. The instructor may consult with the teaching team who will assist the instructor by reviewing steps 1, 2 3 and 4 of the evaluative process and make suggestions as appropriate.

### VI. Nursing practice teachers have dual responsibility which focuses on facilitating student learning while at the same time maintaining standards of safe practice in provision of client care. In situations where a student is not demonstrating behaviour appropriate to the practice setting and where such behaviour poses a threat to client safety specific interventions will apply (see Student Conduct Policy, Behaviour Endangering Client Safety).

## Practice Appraisal Form

Praxis is the dynamic between theory and practice. As such, the importance of learning from both practice and theory is equally valued. As people act, reflect on their actions and consider new insights, they act again with a new sense of knowing. As a form of praxis, the Practice Appraisal Form (PAF) is designed as a learning tool as well as a guide to assess and evaluate your nursing practice. As a guide, the form is a flexible tool that can be used in a variety of ways depending on your learning needs and the level you are at in the nursing program.

The overall intent of the PAF is to guide the evaluation of your nursing practice in each semester of the nursing program. Together with your instructor, you are to attend to four guiding principles:

1. envision what quality nursing practice is in your practice setting,
2. discuss quality nursing practice with your instructor, preceptor, and/or nursing practice colleagues,
3. set goals for your own nursing practice, and
4. critically analyze your nursing practice.

The PAF has been adapted from the work of Benner (1984) to reflect your learning in nursing practice, the philosophy of the Collaborative Curriculum, the expectations and standards of the CRNBC for nursing education and practice and the CNA Code of Ethics.

The form includes: (a) *quality indicators* that reflect the focus of each semester, and successful progression in the Collaborative Nursing Program.

The five domains address different forms of learning. The Health and Healing Domain attends to health promotion through working with persons in their experiences of health and healing. This domain is exemplified through fostering caring relationships with clients, colleagues and your instructors. The Teaching/Learning Domain focuses on how you work with clients to best facilitate their learning as well as on your own learning progression. The Decision Making for Nursing Practice Domain reflects the art and science of nursing. The art of nursing is actualized through your clinical decision making and the science of nursing is reflected in your competence in nursing practice. The Professional Responsibility Domain attends to your standards of nursing practice, your ability to practice legally and ethically, and your ability to remain current in your practice. Finally, the Collaborative Leadership Domain reflects your ability to take a leadership role when required, as well as to critically examine health care practices, and to become involved in facilitating necessary changes.

The philosophical foundations of the Collaborative Curriculum reflect the traditions of phenomenology, humanism, critical social theory and feminism (see Glossary of Terms – Appendix A). Phenomenology is reflected in the PAF by how you focus on your own lived experiences as well as the lived experiences of your clients, colleagues, and instructors. Humanism attends to the quality of your relationships with others and in particular your caring relationships. Critical social theory reflects critical thinking, critical reflection and a commitment to attending to the impact of structural aspects at work in organizing practice settings and their effects on everyday practice. Feminism also attends to the elements of critical social theory; however, the emphasis is on the influence of gender as it relates to the experiences of nurse caregivers.

## Guidelines for Camosun College Nursing Students in Nursing Practice Courses

**Purpose:** These guidelines are to be used for Camosun College nursing students during their nursing practice experiences. If these policies conflict with those of the agency, the policy of the agency will take precedence unless the agency's policy is less restrictive. In the case of a less restrictive policy, our policies are to be followed.

### 1. **Narcotic Keys**

Under the Federal Narcotic Act only Registered Nurses are permitted to carry narcotic keys. The instructor or another RN must open the narcotic cupboard and validate the drug count with the student for the drug being used. This is for your own protection in case of later discrepancies in narcotic counts.

### 2. **Anticoagulants, insulin and oral liquid forms of narcotics**

Students **must** have an instructor or RN check the dosages of the above drugs **while** the student is preparing the medication for administration.

### 3. **Student Witnessing Consents**

All students including minors (younger than 19 years) can witness **signatures** on consents.

Prior to the client signing the form, the student should ask if the physician has explained the procedure outlined in the consent. If the client indicates "yes", then the student may witness his/her signature. If the client remarks "no", or if the student has any doubts, he/she should not obtain a signature and should report this to the charge nurse. It is the physician's responsibility to give adequate explanation so the client can make an informed decision.

### 4. **Flow Sheet Charting**

Students should insert a slash line between their charting and initials to clearly separate content e.g. Up to bathroom/A.B.

Students should sign off using time of day and signature e.g. 0700 - 1300 A. Brown, C.C.N.S.

### 5. **Physician's Verbal Orders and Lab Results**

Students are not permitted to take verbal orders from physicians or diagnostic test results from Lab personnel or others.

## **6. Accompanying Patients in Ambulances**

Students cannot take the place of an assigned RN to accompany a patient in an ambulance. Students may accompany a client in an ambulance for observational and comfort purposes. In this instance, the student would not be deemed responsible for the patient. In the event of an occurrence, the ambulance attendant would be responsible.

## **7. Extension of Hospital Nursing Practice Day**

Students may wish to extend their nursing practice hours for purposes of learning (e.g. O.R. follow-throughs, labour and delivery experiences). In this case, students must obtain permission from the nurse manager to remain on the unit without the direct supervision of a college teacher. Students cannot perform direct client care during this time. In these circumstances students are not covered under the College liability act.

## **8. Guidelines for student experiences in ICU**

The Nurses' Work Experience in Semester 1: beginning students are paired with an RN for an observational experience with the focus of the experience to learn about the nurse's role and to appreciate the diversity of nurse's work.

Students in other semesters of the program will only be in the unit as a follow-through experience with a client that they had been caring for in another nursing practice setting. For example, an OR follow through or a situation where the client's condition had deteriorated enough to require a transfer to the ICU.

The students will not be providing direct care to the client. The focus will be on receiving a progress report on the client's condition and to provide an opportunity for students to have some closure in their relationship with the client and his/her family. The nurses would not be expected to do formal teaching with the student but provision of current information about the client's condition would be very helpful.

The teacher will notify the unit in advance of the student arriving to determine when would be an appropriate time for the student to visit, to clarify expectations and to provide any pertinent information. This contact should occur between the teacher and the MRN caring for the patient. In an unexpected or crisis situation, the follow-up visit should not occur at the time of transfer but rather the next day when the client's condition has stabilized.

## **9. Unusual Incident Occurrence**

In the event of an unusual incident or occurrence (e.g. medication error) the student will notify his/her teacher immediately and fill out the appropriate form in accordance with agency policy.

The teacher can make a note of date and nature of incident for the college record and follow-up with the student.

## **10. Use of Client Information**

### **▪ Confidentiality Contract**

All students are expected to sign a confidentiality contract in Semester I prior to nurses work and family visits in accordance with the standards and ethical code of nursing and Freedom of Information and Protection of Privacy Act.

### **Access to Medical Records**

No actual agency record of client information (in computer lab results, unit census lists, contents of chart) are to be removed or photocopied from placement agencies.

No identifying data (i.e. names, addresses, unique numbers) are to be included in papers or presentations.

Written client consent is required only to access medical information in any medical Records Department. For process and authorization forms, see appendix.

## **11. Standard First Aid/CPR Certification**

Students are required to have documented completion of current Standard First Aid including CPR Level C for progression into Semester 2. It is the student's responsibility to keep CPR currency up to date. **For the duration you are enrolled in the Camosun College BSN Program CPR certification level C is required to be renewed annually** and proof will be required at the beginning of each semester. **Current CPR certification is required for attendance in any of the Nursing Practice Experiences.**

## **12. Criminal Record Check**

Nursing students will be required to have a Criminal Record Check done upon entry into the program and there is a cost associated with this. These Criminal Record checks must be processed through the College. Students will receive instructions during their orientation.

There are approximately 62 criminal offences that are checked by the Ministry of Public Safety and Solicitor General. These offences can be found on the following website:

<http://www.pssg.gov.bc.ca/criminal-records-review/act/offences.htm>

The Deputy Minister will determine if a student can obtain clearance for these selected offences. Other criminal offences, not listed on the website, will be investigated internally by the College. Further investigation of certain offences may be required and there may be an additional cost associated with this. If a student is not able to obtain clearance by the Ministry of Public Safety and Solicitor General, or by the College and placement agency, the student will not be able to participate in clinical practice. A student with a criminal record, who is not permitted to participate in the clinical courses of the program, would not be able to meet program requirements and would not be able to proceed in the program.

### **13. WHMIS and Fire Training**

WHMIS and fire training will be provided at the College during the first year of the program.

### **14. Psychomotor Skills in Nursing Practice**


Students are required to discuss performance of all skills with their Nursing Practice teacher's. When a student is performing any psychomotor skill for the first time, the student must have a teacher or designate in attendance.

### **15. Medication Administration memo (yellow)**

This memo is used by students in Nursing Practice when the student is taking the responsibility of medication administration to her/his clients.

It is completed by the student and placed with the client MAR (Medication Administration Record) first thing in the Nursing practice day to alert the MRN (most responsible nurse) that the student will be administering the medications as listed.

It is removed at the end of the day by the student.

	<b>MEDICATION ADMINISTRATION MEMO</b>	
	Date:	
<p>The following student Will be giving medications to the patient below.</p>		
	Time	Medication    Route
<p>Patient Name:</p>		

## Teachers Guide for O.R. Follow-through

### When

It is recommended that O.R. follow-through for students occur during rotations having 3-4 clinical days. It would be most appropriate in CPE II.

### Teacher Orientation

Camosun teachers in each hospital should contact the O.R. clinical teacher for an orientation so they can later direct students re: gaining access to the change room, what to wear, and who to contact in the O.R. in order to reconnect with their client.

### Preparation for O.R. Follow-through

Preparation should start the day before surgery, if possible, for the follow-through to go smoothly and to allow the student time for personal research preparation using the O.R. follow-through guideline.

The student should obtain verbal consent from the client. Although in a teaching hospital special consent is not required, it is a courtesy to the individual to obtain consent for the privilege of being present during their surgery. Consent of the surgeon is also required, as circumstances may not always be appropriate to have students present during surgery. The surgeon may be approached on the ward or a message left in his/her office. The O.R. Manager should also be contacted so she can inform the appropriate staff as well as the anesthetist who will be in the operating theatre for the surgery. If the student will be staying with the client in the PAR, the Manager of that area should also be notified.

### Instructions to the Student

The student should have the Guideline for O.R. follow-through to allow time for some preliminary research. It is imperative to emphasize that this is an observational experience only. The student is not to scrub for surgery, even if this would just be to gain a better vantage point for observation. Students must wear a Camosun College name tag which identifies their student status (or write their name and "Student Nurse" on a piece of adhesive tape then apply this to their O.R. clothing). Students should be reminded not to take any personal valuables to the O.R. change area as those rooms are not patrolled and valuables may be lost.

Because this is an unfamiliar environment and the student will be standing for long periods, please instruct students to leave the theatre if they start to feel very hot or queazy. They may return later when feeling better. It is wise to eat and have something to drink before going to the O.R. as one is more likely to feel queazy if fluid volume or blood sugar are low. During long surgeries the student may go for a meal or coffee break with the O.R. circulating nurse.

Some suggestions to prevent fainting are:

- Practice wearing a mask prior to surgery (i.e. day before)
- Dress lightly so as not to over heat
- Do quad exercises when standing long periods
- If you need a stool to see, one can be used

If the surgery lasts beyond the scheduled clinical hours when the Camosun instructor would no longer be in the hospital, students may negotiate to stay to the completion of the surgery but must discuss this with their clinical instructor. At this point it should be restated that the experience is strictly observational, including any time spent in the PAR or if the student returns to the ward with the client. This is necessary because our contract with the agencies requires that Camosun faculty to be available when students are providing care to clients, except in special circumstances such as preceptorship.

**Confidentiality**

During an O.R. experience the student may make observations or hear discussions to which they would not usually be privy. The rules of confidentiality apply during this experience as they do elsewhere in the hospital. This principle should be reinforced to students, who in their excitement over the experience, may share their observations inappropriately, e.g., discussion in cafeteria rather than at post-conference, or discussion of personal information obtained during the surgery which has not yet been discussed with the client.

## International Field School Guidelines

Study abroad is a life-changing experience, giving students and faculty a special perspective on the world beyond their own borders, people of other nations, and their own life in Canada. There is no better way to learn about another country's people, language, history, economy, art and politics. Students studying abroad are enriched academically and personally and find later that graduate schools and employers look favorably on those who have enhanced their perspective by studying overseas. The experience enriches not only participating students and faculty. It extends to classmates and faculty who are in contact with students as they share their experiences with the college community.

In addition, as practice placements continue to be difficult to acquire, especially as the enrollment increases, the international experience provides additional spaces for students to practice.

### Purpose

1. To promote global competence and an understanding of cultural diversity in health and illness in nursing graduates and nursing faculty.
2. To provide a high quality, safe, nursing international learning experience that is supported by the CAEN curriculum and philosophy.
3. To support the following statements of Canadian Nursing Association, Camosun College and the Camosun College Nursing department:

*The CNA believes that the nursing profession in Canada must contribute to the advancement of global health and equity. The way this goal can be achieved best is through partnership notably in developing countries.*

#### **Canadian Nursing Association Position Statement 2005**

*Distinguish ourselves through work with indigenous peoples and as an institutional leader in cultural diversity, peoples and the international and multicultural communities.*

#### **Camosun College Strategic Plan 2006-2008**

*The Camosun College Department of Nursing will be an exemplary, inspiring, supportive learning environment, committed to embracing diversity and caring.*

#### **Vision Statement, Camosun College Nursing Department**

*Global competence is defined as having an open mind while actively seeking to understand cultural norms and expectations of others and leveraging this gained knowledge to interact, communicate and work effectively outside one's environment.*

#### **Hunter, Association of International Educators Administrators Convention, San Diego 2006**

## Faculty Criteria

Faculty who wish to participate in an international nursing Field School as a director, support faculty or as an SD experience, need to consider the following:

- recruitment techniques and enthusiasm - must be willing to spend time speaking with students to promote the program
- prior travel experience
- an awareness and understanding of host country issues related to culture, geography, social, political, legal, economic, environmental and health.
- an understanding of nursing practice and education in the host country
- academic expertise in the content areas covered by courses for which credit will be awarded
- strength in critical thinking and problem solving
- time management, organizing and planning skills, including the ability to keep track of a number of details simultaneously
- ability to be flexible, think “on your feet” and make decisions under pressure
- leadership qualities and willingness to take charge in any situation where students need to be directed, rather than consulted
- the ability to work with limited resources and in difficult conditions
- good health to handle the physical and emotional demands of the program overseas
- appreciation for 24/7 workload and contact with students, that is inevitable and necessary in an overseas setting
- ability to manage allocated finances
- strong communication skills
- an understanding of group dynamics and conflict resolution
- the ability to keep students healthy and safe during the experience

If there more faculty interested in international positions, than available, a selection process will occur based on criteria appropriate to the experience. Mentorship is an important part of the experience for faculty.

## Student Criteria

Students wishing to attend an International Nursing Field School must complete the application process, including letters of recommendation. The student must have completed prior course requirements and be in good standing. Every attempt will be made to accommodate student numbers if there is great student interest.

## Faculty discussion and decision making required for the following issues:

As a department we need to consider our long term goals. For example: which host countries we decide to work with? How many host countries should we be promoting? What ethical responsibilities do we have to host agencies, the people and the host country? How do we prepare for the potential loss of a placement due to political, environmental or other issue? What faculty issues are involved in field schools?

## **Medication Calculations Math for Medications Over The Curriculum**

Text book: Niblett, V. (2006). *A nurse's guide to dosage calculation: Giving medications safely*. Philadelphia: Lippincott.

### **Semester One – Nursing 130:**

#### **Unit 1: Review the Math**

##### Chapter 1: Basic Math Review

- Fractions
- Decimal System
- Percents

##### Chapter 2: Calculations Used in Determining Drug Doses

- Ratios
- Proportion
- Formula

### **Semester Two – Nursing 131:**

#### **Unit 2: Interpret the Doctor's Order**

##### Chapter 3: Abbreviations

- Drug Preparations
- Extended Action Drug Preparations
- Routes of Administration
- Times of Administration
- Miscellaneous Abbreviations

##### Chapter 4: System of Measurement

- SI Units
- Units or International Units (IU)
- Apothecary System
- Household System
- 24-Hour Clock

##### Chapter 5: Components of a Doctor's Order

##### Chapter 6: Interpreting Drug Labels

##### Chapter 7: Medication Systems

- Medication Administration Record
- Medication Delivery Systems

**Semester Three – Nursing 232:****Unit 3: Calculate the Dose**

Chapter 8: Oral Medications

Chapter 9: Parenteral Medications

**Unit 4: Administer the Medications**

Chapter 10: Preparation of Oral Medications for Administration

Chapter 11: Preparation of Injections for Administration

**Unit 5: Special Calculations**

Chapter 14: Preparation and Administration of Insulin (only the readings to prepare for SC injections)

Chapter 15: Anticoagulant Therapy (only the readings to prepare for oral administration and SC injections)

Chapter 16: Paediatric Calculations (to also revisit in future semesters)

**Semester Four - Nursing 233:****Unit 4: Administer the Medications**

Chapter 12: Intravenous Therapy

- Equipment Used in IV Therapy
- Calculation of Flow Rates and Drip Rates

Chapter 13: Intravenous Medication

- Intermittent IV Medications
- Continuous Administration of IV Medications

**Unit 5: Special Calculations**

Chapter 14: Preparation and Administration of Insulin (only the readings to prepare for IV medications)

Chapter 15: Anticoagulant Therapy (only the readings to prepare for IV medications)

**Semester Five - Nursing 330:****Unit 5: Special Calculations**

## Chapter 17: Administration of Blood and Blood Products

- Canadian Blood Collection and Distribution System
- Potential Acute Complications Associated with Blood and Blood Products
- Blood Products

## Chapter 18: Parenteral Nutrition

- Total Parenteral Nutrition (TPN)
- Partial Parenteral Nutrition (PPN)
- Potential Complications of Parenteral Nutrition
- Assessment of Patients Receiving Total or Partial Parenteral Nutrition

If you have any problems, you should visit the **Math Help Centre** ASAP (370-3503 Ewing 224) with your text to discuss remedial work.

In your first year there will be math tests during each semester where the expectation is mastery of the subject. Therefore you must obtain 100% on each test before progression to the next semester.

You will be allowed multiple attempts to achieve a grade of 100%. However, progression into the next semester is not possible without achieving 100% on the previous test.

## Dress Code Guidelines

The following dress code guidelines were developed at the request of faculty by an ad - hoc committee of students and faculty. The guidelines are designed to assist nursing faculty and students in determining appropriate attire, for the various settings in which nursing practice placements occur.

### Context And Culture

The nursing teacher and students need to discuss and consider the context and culture of the nursing practice setting together, so they both can determine in advance what would constitute appropriate apparel in the particular setting they will be learning in. See agency guidelines as well. Both the teacher and students might want to also consider the following criteria as well before making their choices about what to wear:

1. **Safety:** The safety needs of both nurse and client need to be considered.
  - Items such as hoop earrings and chains around the neck may pose a danger. (i.e.) potential tearing or choking danger to the nurse.
  - Long hair hanging down may: block the vision of the nurse when performing procedures, cause discomfort to the patient or violet asepsis during procedures.
  - Hair, body products and perfume choices need to be chosen carefully because many people have scent sensitivities.
  - Water resistant shoes with rubber soles, and closed toes, offer protection. Worksafe BC and Camosun College policy requires that substantial closed toe shoes be worn in the nursing labs at all time.
  - Cultural artifact such as head dress, and veils must be washable at high temperature and not block vision of the nurse.
  
2. **Infection Control:**

Measures to reduce/prevent the spread of infection need to be considered. According to the latest research on antibiotic resistant organisms, (see appendix A) the following recommendations need to be considered regarding clothing and shoes worn in nursing practice placement areas:

  - Clothing worn in the practice setting should be worn in the practical setting only and removed before the nurse leaves the practice setting.
  - Clothing worn in the practice setting should be machine wash and dry-able at high enough temperatures to kill microorganisms. (65C for at least 10 minutes but nurses claim some manufacturers' labels recommend washing at only 40 degrees).
  - Shoes worn in the practice setting should be of water resistant material that can be disinfected.
  - Items such as long hair, nail polish, acrylic nails, and rings may harbor microorganisms and facilitate the spread of infection from nurse to client and from community to hospital, and visa-versa.

**3. Identification:**

- Nametag identification including full name, role and, for students, year of the program, needs to be worn in the nursing practice setting, so that both staff and clients are clear about whom they are communicating with.

**4. Personal Values and Beliefs:**

- When selecting apparel and accessories to be worn in the practice setting students are encouraged to consider the reflective questions listed below with respect to their personal values, beliefs and preferences about hair color and style, makeup, piercing, tattoos, clothing color and style.

**5. Professionalism:**

- The ability to communicate with others to develop health-promoting relationships is paramount to nursing. The following reflective questions relate to professionalism/personal values and beliefs. They are intended for the nursing student/teacher to pose to self before making choices regarding appropriate dress for each particular nursing practice setting:

**Reflective Questions:**

*Does what I am wearing/my appearance...*

Endanger me?

Endanger my client?

Create a potential communication block between me and my client, my peers, my mentors or the staff?

Interfere with my client trusting in my professional ability?

Communicate respect for the beliefs and values of other people in the setting?

Does my appearance have the potential to facilitate or impair my ability to reach the required learning outcomes in nursing practice courses?

**Tips From Students**

- *Check what is underneath your clothing for color*
- *You will be bending, reaching, and helping patients move.*
- *Many manufacturers offer unscented products.*

**Committee Members:**

Aileen Fearman, (yr2)

Megan Chilibeck, (yr2)

Angela Morris (yr3)

Sue Justason (yr3)

Margo Hughes

Elizabeth Hulbert

Jan Cohen

Lynda McLeod



**NURSING DEPARTMENT**

**HEALING WORKSHOP/  
NURSING PRACTICE/  
CLASSROOM**

**Collaborative Progress Report & Referral Form**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Teacher Name:** \_\_\_\_\_

**Learning Need/Concern as identified by Student and Teacher:**

*(include related domain(s) if Nursing practice Learning Need/Concern)*

*NOTE: This form is used if more than one teacher needs to be aware of your learning needs (for example, if you have different teachers in Healing Workshops and Nursing Practice).*

**Plan to Address Learning Need/Concern as identified by Student and Teacher:**

*(include timelines)*

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

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

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

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

**Evaluation and Follow-Up:**

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

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

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

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

Example of contract for start of Nursing Practice Experience

**CAMOSUN COLLEGE NURSING DEPARTMENT  
COLLABORATIVE LEARNING PLAN**

(To be completed during Week 1 of the Semester)

PERSONAL LEARNING GOALS	STRATEGIES	EVIDENCE OF ACCOMPLISHMENT

Revisit at mid-term and at end of Semester

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

## Student Injury in Nursing Practice

It is the student's responsibility to have his/her own physician in the Victoria area during the course of the program as there are no health care facilities on campus with the exception of a first aid attendant (see below).

Should illness or injury of a minor nature occur in the practice setting that does not require the services of the Emergency Department, the nursing student should consult their own physician or one of the community medical clinics.

In the event of injury or serious illness in the hospital setting, the student or teacher should be treated in the Emergency Department of the Hospital.

### Reporting Protocol for Nursing Students Injury/Exposure on the Job

1. Student notifies his/her preceptor or field guide and instructor ASAP
2. Student completes Vancouver Island Health Authority Employee Work Related Injury, Incident of Exposure Report
3. Student Completes Worksafe BC form for the college within 24 hours of the injury/exposure.
4. Submit the original of form to Camosun College Nursing Department Secretary.
5. Copy of form is reviewed by area manager and forwarded to Occupational Health & Safety Coordinator (OHS)
6. OHS & S will forward the injury report to the designated person at Camosun College or the University of Victoria
7. Needlestick injuries are followed up by student's doctor. OHS advises the student of blood results

### Needlestick Injuries:

Should students sustain a needle stick or other bodily fluids exposure while in the practice setting, they are to wash skin well with soap and water; do not promote bleeding of percutaneous injuries by cutting; scratching, squeezing or puncturing the skin, do not apply bleach to the wound or soak the wound in bleach, and go directly to the Emergency Department. Baseline blood work must be drawn at this time to screen for Hepatitis B, Hepatitis C and HIV.

If exposure warrants prophylactic medications, oral anti-HIV medication must be started within approximately 2 hours and continued for 28 days, as outlined in the instructions provided.

If source unknown, or if blood work positive, the student must have follow-up HIV blood work at 6 weeks, 3 months, 6 months, and 1 year. Hepatitis C follow-up blood work is done at 3 and 6 months.

If the source is known, then Hep B and C screening will be done immediately, and HIV testing will follow once client consent has been obtained.

**The best protection against Hepatitis B is immunization.** If the student requires passive protection against Hepatitis B, the optimal timing for Hep B immune globulin is within 48 hours of exposure. To be effective, Hep B immune globulin must be given

within 7 days. If the student has already been immunized for Hep B, a screening titre may indicate that a Hep B booster is necessary. Should titres be low, passive protection is available.

Follow up with the family doctor is important. Camosun College Occupational Health and Safety must be informed of any needlestick injuries.

Worksafe BC will not compensate in the event of a claim made for needle prick injuries when blood work has not been done immediately following the injury.

### **Student Injury on campus**

If a student has suffered a major injury while in a classroom/lab at Camosun, he or she is covered under the College's Student Accident Insurance Program (SAIP), please call first aid immediately at 370-3075, or internally at 3075. The appropriate forms will be filled out by the attending first aid attendant.

If a minor injury occurs and does not require a first aid attendant then a College incident report must be completed by the student and teacher and forwarded immediately to the Nursing department. This form is available from the secretary, Nursing Department and in the Nursing Labs. This form must be completed **within 24 hours of injury**.

If a student is on practicum off-site, the student is covered by Worksafe BC (the College is considered the employer, even though there is no salary paid to the student from Camosun). Please see the proper procedure outlined on the next page. Worksafe BC requires that injuries be reported within three days.

## **WorkSafe Process for Students Injured in Nursing Practice**

- 1. Access the form 6A in the Forms File cabinet under College Forms/Injury Report off Campus (Worksafe BC)**
- 2. Fill form 6A out**
- 3. Hand form into the Nursing secretary in the Nursing office (F256D)**
- 4. The Nursing Secretary will then make a copy of all forms and fax them to the colleges Occupational Health & Safety Coordinator (OHSC)**
- 5. The original's will be sent to the OHSC and the copies will be placed in the Student's file – DO NOT SEND ANY FORMS INTO WORKSAFE BC**
- 6. The OHSC will fill out and additional forms required (ex. Form #7) and send them on to the appropriate people**
- 7. If required, the student can follow up with the OHSC. Please contact the nursing office for the appropriate phone number.**

**Insert Worksafe form 6A 2 pages**



## Disposal of Needles and Sharps

1. Needles and sharps are disposed of in commercial red plastic containers. The containers are wide mouthed and puncture proof.
2. There is at least one container available in each of the nursing labs. Containers are placed in conspicuous and convenient locations.
3. The nursing lab manager is responsible for the replacement of full containers with empty ones.
4. An arrangement has been made with a waste disposal company to collect the accumulated sharps containers several times a year.

To reduce needlestick injuries, students are:

1. instructed to not recap needles;
2. provided with sharps-a-gator cups to use when transporting uncapped needles to the disposal box.

**Please Note:** In the Nursing Labs, students are not to perform invasive procedures on each other (i.e., insertion of NG tubes, IV's, catheters, injections). Camosun College does not carry an insurance coverage for injury resulting from invasive nursing skills performed on each other in the Nursing Lab setting.

## Sharps Policy for Nursing Practice

When on practicum, students will follow the institution's policy and procedures on handling sharps. Students are to be made aware of the institution's policy prior to commencing their practicum. The institution's policy on needlestick injuries must be followed.

## **Immunization Requirements for Nursing Practicum**

Please be advised of the following immunization requirements for the nursing program. Some practicum agencies may require proof that immunizations are current. Your practicum placements will begin in January of Year 1. **Nursing students are responsible for maintaining a personal record of all immunization and booster information.** Health care personnel are at risk of exposure to communicable diseases and maintenance of immunity against vaccine-preventable diseases is essential to safeguard your health and the health of your patients.

### **1. Compulsory:**

#### **TB skin test**

All nursing students are required to have baseline TB screening at the commencement of their program. This screening will include a TB skin test and a baseline chest x-ray for those who have a positive reaction skin test. Students with documentation of a previous positive reaction will be required to have a baseline chest x-ray only. (Students who are pregnant, or who have had a chest x-ray in the past six months, or who are currently under investigation/treatment for TB will be exempt from a chest x-ray).

### **2. Highly Recommended:**

#### **Flu Shots**

##### **Why get a Flu Shot?**

Students can be infected with influenza without symptoms and still spread the illness to others. Up to 25% of health workers are infected with the flu during the winter. You don't want to be the one spreading "the bug" to patients and peers. The goal is to lower the risk of a flu outbreak in a vulnerable care facility through personal immunity.

##### **Does the Flu Shot Really Work?**

The flu shot gives 70-90% protection in preventing the flu in healthy, working-age adults. The biggest danger from influenza is that it lowers your body's ability to fight other infections such as pneumonia, which you may get while you still have the flu. People with chronic health problems, impaired immune system and the elderly are at risk of getting seriously ill from the flu or its complications.

##### **What if there is a Flu Outbreak in a Care Facility during Clinical Placement Time?**

If there is an outbreak of flu in the unit(s) students and instructors are assigned to, those students/instructor who have not had the flu shot will be excluded from that ward. If they are presently on the unit(s) and have not had the flu shot they will be asked to leave.

#### **Hepatitis B**

Hepatitis B is a serious occupational concern for workers who may be exposed to blood or certain body fluids. Immunization can greatly reduce this risk. The Camosun College Nursing Department therefore endorses the recommendation by VIHA that all Health Care workers (including students) receive Hepatitis B

Immunization. The Ministry of Health will supply Hepatitis B vaccine for immunization of students in selected health care professions.

Hepatitis B vaccine is highly recommended for health care personnel (such as nurses) who may be exposed to blood or blood products or who may be at increased risk of sharps injury.

### **Diphtheria & Tetanus**

Completed primary series; booster recommended every 10 years.

### **Poliomyelitis**

Lifelong immunity with basic series. Booster recommended if traveling to an area of outbreak.

### **Measles, Mumps, Rubella**

One basic dose or confirmed natural infection. All women of childbearing years and male health care workers should have a rubella titre to determine immunity if there is no documented evidence of receiving the MMR vaccine. Natural infection does not necessarily provide sufficient immunity.

### **Chickenpox (Varicella)**

If you or your parents do not remember whether you had chicken pox, it is recommended that you have an antibody titre. Should you be found not to have antibodies, and subsequently be in contact with chickenpox, you would be required to report this to the Program Chair and be absent from client contact from 10 days after exposure until 21 days after exposure. If a student acquires chickenpox, absence will be maintained until 5 days after the last crop of vesicles have dried.

\*Please Note: Those who do not have antibodies to chickenpox may be wise to take the Varicella vaccine now available through your family doctor or VIHA.

**Routine Immunization Schedule for Infants and Children**

Age at vaccination	DTaP-IPV	Hib	MMR	Var	HB	Pneu- C-7	Men-C	Tdap	Inf	
Birth					Infancy 3 doses ★  or  Pre-teen/teen 2-3 doses					
2 months	☉	✦				☒	☉			
4 months	☉	✦				☒	(☉)			
6 months	☉	✦				☒	☉ or		6-23 months	
12 months			☐	●			☒ 12-15 months	☉ if not yet given		☉ 1-2 doses
18 months	☉	✦	☐ or ☐							
4-6 years	☉									
14-16 years							☉ if not yet given	▲		

**Routine Immunization Schedule for Children < 7 Years of Age Not Immunized in Early Infancy**

Timing	DTaP-IPV	Hib	MMR	Var	HB	Pneu- C-7	Men-C	Tdap
First visit	☉	✦	☐	●	★	☒	☉	
2 months later	☉	(✦)	☐		★	(☒)	(☉)	
2 months later	☉					(☒)		
6-12 months later	☉	(✦)			★			
4-6 years of age	(☉)							
14-16 years of age								▲

### Routine Immunization Schedule for Children $\geq 7$ Years of Age up to 17 Years of Age Not Immunized in Early Infancy

Timing	Tdap	IPV	MMR	Var	HB	Men-C
First visit	▲	◆	■	●	★	⊕
2 months later	▲	◆	■	(●)	(★)	
6-12 months later	▲	◆			★	
10 years later	▲					

### Routine Immunization Schedule for Adults ( $\geq 18$ Years of Age) Not Immunized in Childhood

Timing	Tdap	Td	MMR	Var	Men-C	Pneu- C-23	Inf
First visit	▲		■	●	(⊕)		
2 months later		■	(■)	●		(■)	(⊕)
6-12 months later		■					
10 years later		■					

#### Notes

- ( ) Symbols with brackets around them imply that these doses may not be required, depending upon the age of the child or adult. Refer to the relevant chapter for that vaccine for further details.
- ◆ **Diphtheria, tetanus, acellular pertussis and inactivated polio virus vaccine (DTaP-IPV):** DTaP-IPV( $\pm$  Hib) vaccine is the preferred vaccine for all doses in the vaccination series, including completion of the series in children who have received one or more doses of DPT (whole cell) vaccine (e.g., recent immigrants). In [Tables 1](#) and [2](#), the 4-6 year dose can be omitted if the fourth dose was given after the fourth birthday.
  - ★ **Haemophilus influenzae type b conjugate vaccine (Hib):** the Hib schedule shown is for the Haemophilus b capsular polysaccharide - polyribosylribitol phosphate (PRP) conjugated to tetanus toxoid (PRP-T). For catch up, the number of doses depends on the age at which the schedule is begun (see [Haemophilus Vaccine](#) chapter). Not usually required past age 5 years
  - **Measles, mumps and rubella vaccine (MMR):** a second dose of MMR is recommended for children at least 1 month after the first dose for the purpose of better measles protection. For convenience, options include giving it with the next scheduled vaccination at 18 months of age or at school entry (4-6 years) (depending on the provincial/territorial policy) or at any intervening age that is practical. In the catch-up schedule ([Table 2](#)), the first dose should not be given until the child is  $\geq 12$  months old. MMR should be given to all susceptible adolescents and adults.

- **Varicella vaccine (Var):** children aged 12 months to 12 years should receive one dose of varicella vaccine. Susceptible individuals  $\geq$  13 years of age should receive two doses at least 28 days apart.
- ★ **Hepatitis B vaccine (HB):** hepatitis B vaccine can be routinely given to infants or pre-adolescents, depending on the provincial/territorial policy. For infants born to chronic carrier mothers, the first dose should be given at birth (with hepatitis B immunoglobulin), otherwise the first dose can be given at 2 months of age to fit more conveniently with other routine infant immunization visits. The second dose should be administered at least 1 month after the first dose, and the third at least 2 months after the second dose, but these may fit more conveniently into the 4 and 6 month immunization visits. A two-dose schedule for adolescents is an option (see *Hepatitis B Vaccine* chapter).
- ☒ **Pneumococcal conjugate vaccine - 7-valent (Pneu-C-7):** recommended for all children under 2 years of age. The recommended schedule depends on the age of the child when vaccination is begun (see *Pneumococcal Vaccine* chapter).
- ☒ **Pneumococcal polysaccharide - 23-valent (Pneu-P-23):** recommended for all adults  $\geq$  65 years of age (see *Pneumococcal Vaccine* chapter).
- ⊙ **Meningococcal C conjugate vaccine (Men-C):** recommended for children under 5 years of age, adolescents and young adults. The recommended schedule depends on the age of the individual (see *Meningococcal Vaccine* chapter) and the conjugate vaccine used. At least one dose in the primary infant series should be given after 5 months of age. If the provincial/territorial policy is to give Men-C to persons  $\geq$  12 months of age, one dose is sufficient.
- ▲ **Diphtheria, tetanus, acellular pertussis vaccine - adult/adolescent formulation (Tdap):** a combined adsorbed "adult type" preparation for use in people  $\geq$  7 years of age, contains less diphtheria toxoid and pertussis antigens than preparations given to younger children and is less likely to cause reactions in older people.
- ☐ **Diphtheria, tetanus vaccine (Td):** a combined adsorbed "adult type" preparation for use in people  $\geq$  7 years of age, contains less diphtheria toxoid antigen than preparations given to younger children and is less likely to cause reactions in older people. It is given to adults not immunized in childhood as the second and third doses of their primary series and subsequent booster doses; Tdap is given only once under these circumstances as it is assumed that previously unimmunized adults will have encountered *Bordetella pertussis* and have some pre-existing immunity.
- ⊕ **Influenza vaccine (Inf):** recommended for all children 6-23 months of age and all persons  $\geq$  65 years of age. Previously unvaccinated children  $<$  9 years of age require two doses of the current season's vaccine with an interval of at least 4 weeks. The second dose within the same season is not required if the child received one or more doses of Influenza vaccine during the previous Influenza season (see *Influenza Vaccine* chapter).
- ◆ **IPV Inactivated polio virus**

From the Public Health Agency of Canada, Canadian Immunization Guide, Seventh Edition, 2006, part 3, Recommended Immunizations : <http://www.phac-aspc.gc.ca/publicat/cig-gci/p03-01-eng.php>

## Employed Student Nurse Program

In the spring of 2001 several health regions (including Vancouver Island Health Authority – VIHA) received funding to implement Undergraduate Nurse Positions in their regions. Now named the Employed Student Nurse Program, these positions provide paid employment for student nurses who are actively enrolled in a nursing program. There is no formal education component and the program is administered by the Health Authorities.

This program continues and students who have completed CPE 2 of the CAEN Program can apply through Human Resources Department of VIHA for employment.

Website: <http://www.viha.ca/ppo/strategy/unp/default.htm>

**DECISION MAKING,  
CONFLICT RESOLUTION  
AND JOURNALLING**



## Clinical Decision Making/Problem Solving Guide

Many times daily, nurses are required to use their knowledge, skills and experience to solve problems or make decisions in collaboration with clients, their families and members of the health care team. It is important to develop analytical/logical and intuitive/creative approaches that will help to build the foundation of sound nursing practice.

There are many different models and theories of decision making and problem solving. Whatever model is used by the nurse, the decision making process should reflect a health promotion perspective. Models vary in complexity and focus, but the basic elements below are common to all and can serve as a guide to the process.

It is important in each situation, to apply concepts of culture, context, time transitions, ways of knowing and personal meaning. There are situations where the client can't be involved in the process but it is always important to have a family member or client advocate involved to represent the best interests of that person.

While the process presented here is linear, it is rather a constant process of analysis. The complexity of the decision making model used may increase with the expertise of the nurse and the difficulty of the situation; however this guide serves as a basic framework for decision making and/or problem solving.

**Assess the situation. Engage with people involved.**

**Collaboratively decide if there is a decision to be made or a problem to be solved.**

**Who should be involved in the process and how should this occur?**

**Gather information. How do you know what information to collect and how do you gather it? What information is relevant?**

**Consider:**

- **Clients' personal meaning and knowledge of the situation.**
- **Policies, protocols and standards of practice.**
- **Available resources.**
- **The nurses' knowledge base and past experience. (Ways of Knowing)**
- **Client and family as experts.**
- **Objective and subjective data.**

**How much time is available to make a decision? How much of a priority is it?**

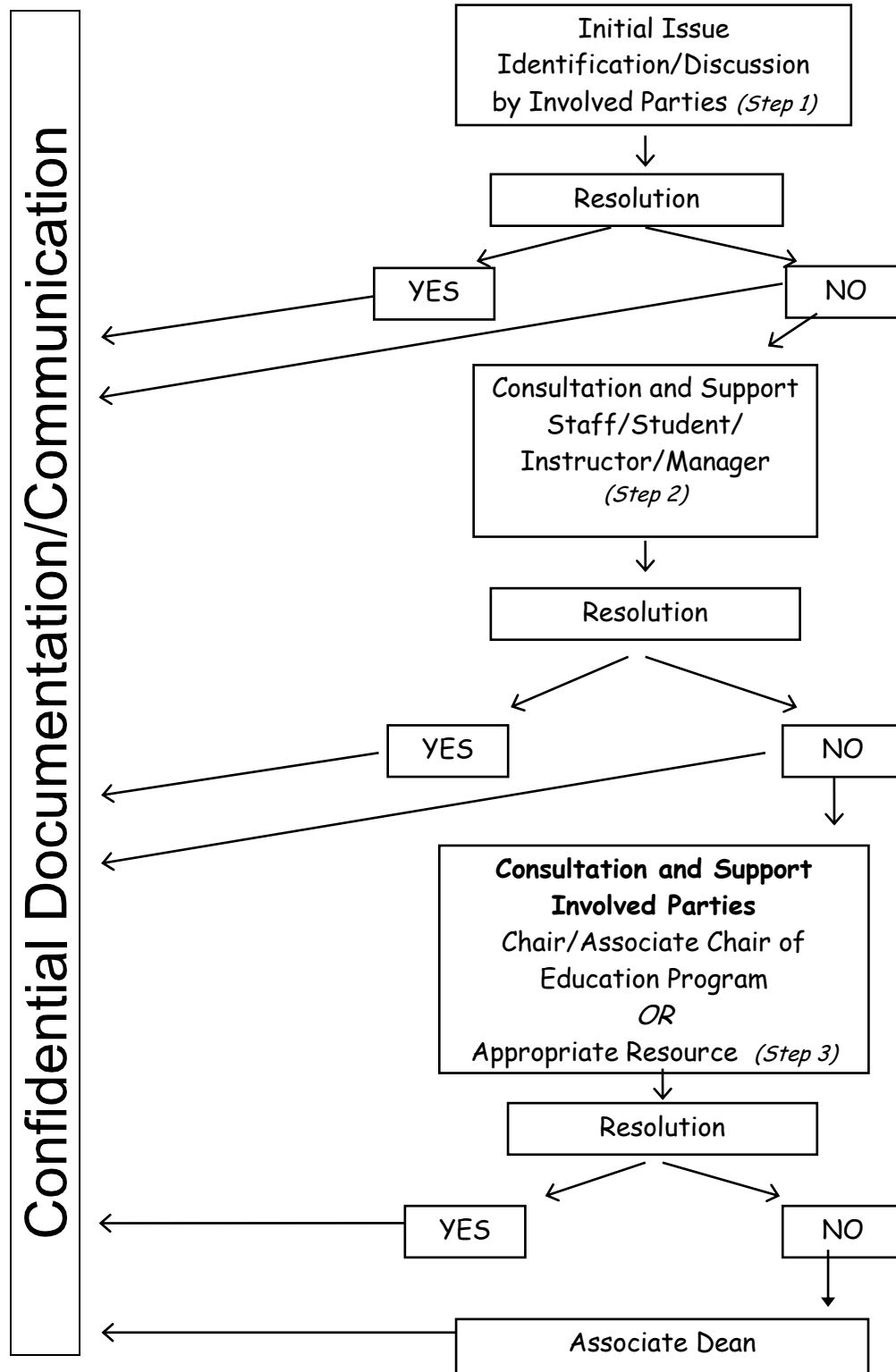
**Determine options and anticipate outcomes.**

**Reassess: What were the outcomes, expected and unexpected? Evaluate the option chosen. Is the situation resolved? What more needs to happen?**

**Reflect: If the same situation happened again, would you change anything? If so, what?**

**Explain how you would implement change. What unintended learning took place, if any?**

ISSUE FOCUSED RESOLUTION PROCESS



## Journals

Intent of the Reflective Journal In a Nursing Theory Course	Intent of the Nursing Practice Journal
<p>The Reflective Journal is intended to assist students in the examination, understanding and integration of course concepts in relation to themselves.</p> <p>The journal intends to:</p> <ol style="list-style-type: none"> <li>1. Provide opportunities to learn the practice of written critical reflection.</li> <li>2. Assist the students to examine course concepts in depth in relation to personal experience, values, beliefs, feelings and behaviours.</li> <li>3. Question personal beliefs, values, feelings and behaviours and the assumptions and knowledge upon which they are based.</li> <li>4. Integrate past and present learnings and make new meaning in relation to course concepts.</li> <li>5. Consider change in behaviours, putting new understandings into action.</li> </ol> <p>The Reflective Journal serves as a format for dialogue in the teacher/student relationship. It is an avenue for feedback and provides opportunity for critical questioning which encourages further meaning-making in relation to course concepts.</p> <p>A teacher comes to understand the student's thinking in relation to course concepts through a variety of assignments. The understandings illustrated in the Reflective Journal contribute to this and may be considered in determining the progress of the student in selected nursing theory courses.</p>	<p>The Nursing Practice Journal is intended to assist students to critically reflect upon their nursing practice in relation to the <b>Domains of Practice and Quality Indicators</b> in order to:</p> <ol style="list-style-type: none"> <li>1. Question their nursing practice and the beliefs, assumptions and knowledge upon which it is based.</li> <li>2. Make new meaning from their nursing practice.</li> <li>3. Plan for change in their nursing practice, putting new understandings into action.</li> <li>4. Integrate past and present learning from nursing and other courses into their practice.</li> <li>5. Contribute data to the evaluative process.</li> </ol> <p>These intentions are addressed through the examination of written episodes from the student's practice experience.</p> <p>The Nursing Practice Journal serves as a format for dialogue in the teacher/student relationship. It is an avenue for feedback and provides opportunity for critical questioning which encourages growth in the professional nursing practice of the student and teacher.</p> <p>A teacher comes to understand the nursing practice of a student through what the teacher sees, hears and reads in relation to the student's practice. The information contained in the Nursing Practice Journals contributes to this understanding and will be considered in evaluating the progress of the student in nursing practice courses.</p>

## ROLES AND RESPONSIBILITIES



## **Profile of a Student, Teacher and RN With Respect To Nursing Education and the Practice Experience**

Developed from the Standards (Clinical Practice & Education) for Nursing Practice in British Columbia by the Student Placement Partnership Committee.

### **1. RESPONSIBILITY AND ACCOUNTABILITY**

#### **Student**

- Accountable and responsible for own actions
- With guidance becomes aware of and follows the standards and policies within area of practice.
- Reflects on past learning experiences, clinical evaluations and present learning and identifies areas to focus on.
- Notifies appropriately when absent.
- Is professional in appearance and manner.

#### **Teacher/Educator**

- At all times is accountable/responsible for own actions.
- Is ultimately responsible for assuring the student provides safe care.
- Aware of/follows standards and policies within area of practice (VIHA/Nursing School).
- Advocates improvements in educational practice, nursing practice and health care.
- Is professional in appearance and manner.

#### **RN**

- At all times is accountable/responsible for own actions.
- Aware of/follows standards and policies within area of practice.
- Advocates improvements in nursing practice and health care.
- Retains ultimate responsibility for clients assigned to students.

### **2. SPECIALIZED BODY OF KNOWLEDGE**

#### **Student**

- Possesses an incremental nursing knowledge base appropriate to the level of student in clinical practice.
- With guidance and direction is able to effectively utilize resources within area of practice.
- Is aware of own limitations as a student and seeks out information to enhance knowledge base.
- Desires to be a life long learner.
- Possesses good interpersonal communication skills and has a positive view of nursing.

**Teacher/Educator**

- Possesses a solid Nursing/Education knowledge base.
- Has a solid understanding of the philosophy of the Nursing Program.
- Reflects the philosophy of the program is reflected in nursing practice.
- Desires to be a life long learner and uses appropriate resources to enhance knowledge base.
- Has an informed and positive view of nursing and nursing education.
- Has strong interpersonal communication abilities – able to provide feedback to students in a constructive and supportive manner.
- Works in partnership with student
- Has a solid understanding of the philosophy of care in the VIHA.

**RN**

- Possesses a solid nursing knowledge base.
- Is able to effectively utilize resources within area of practice.
- Desires to be a life long learner – aware of own limitations.
- Has an informed and positive view of nursing.
- Has strong interpersonal communication abilities – is supportive of student learning and open to providing beneficial feedback.

**3. COMPETENT APPLICATION OF KNOWLEDGE****Student**

- Initiates and maintains a professional relationship with clients, RNs, instructor and other colleagues.
- Shares past performance appraisal(s) i.e. clinical evaluation/portfolio with Instructor – identifying areas of strength and areas to focus on.
- Collaborates with instructor to plan strategies to meet identified learning needs/areas to focus on.
- Collaborates with RN with respect to learning needs/areas of focus.
- Regularly informs the Instructor and RN of nursing care he/she is providing to clients.
- Seeks out learning opportunities to enhance learning.
- Is open to feedback from Instructor or RN which will enhance learning.
- Is well researched and prepared to provide safe care.
- Provides safe care in accordance with policies, procedures and care standards (Nursing School/Care Agency).
- Searches for information from a variety of sources using skills of observation, communication and physical assessment.
- Seeks guidance, direction and supervision from Instructor when performing psychomotor skills (until deemed to perform such skills independently).
- With guidance, sets priorities when planning, providing and evaluating care.
- With assistance, performs planned interventions in accordance with policies, procedures and care standards.
- With assistance, documents timely and accurate reports of relevant observations, including conclusions drawn from them.
- Using the quality indicators/domains of practice, critiques own performance on an ongoing basis – formal evaluation at midterm/completion of rotation.
- Is a member of the nursing team – conscious of ward happenings, i.e. answering call bells, answering the phone (if no one else is around) etc.

- Is aware of limitations – clarifying expectations/limitations with RN (what the student can and cannot do).
- Communicates openly with RN – informing of plan/focus for day, updating RN about care providing, asking for assistance when necessary informing RN when leaving ward for breaks and at the end of the day (collaborates with RN when taking breaks).
- Initiates, maintains and concludes a professional relationship with clients, instructor, RN, peers and other members of the Health Care Team.

### **Teacher/Educator**

- Collaborates with student to plan strategies to meet identified learning needs/areas to focus on.
- Collaborates with RN with respect to selection of learning experiences appropriate to student needs.
- On a regular basis provides feedback to student regarding performance.
- Is open to and supportive of exploring different ways of knowing/teaching.
- Encourages independent problem solving, critical thinking and decision making by student.
- Communicates openly with staff regarding the student level, expectations, learning needs and student progress.
- Oversees care students are providing – monitors student learning (when planning, implementing and evaluating nursing care) – e.g. preparatory work (researched and prepared to provide care), direct information and collaborating with RN and other members of the health care team.
- Assesses student's need for supervision in skill performance, provides supervision as necessary.
- Provides student with ongoing positive and constructive input/feedback re: student performance as a means of increasing student confidence and identifying student learning needs.
- Maintains open communication with student/RN.
- Liaises with unit manager, clinical resource nurse/ staff and is aware of unit ambiance/politics/needs.
- Initiates and maintains a professional relationship with RNs, students, clients, peers and other members of the Health Care Team.

### **RN**

- Collaborates with student and instructor regarding student performance.
- Enjoys teaching and uses opportunities to facilitate student learning – understanding of limitations as a learner.
- Collaborates with student re: plan of care, implementation/evaluation of care provided to clients.
- Clarify focus and plan for the shift with student – breaks, expectations, concerns re: clients etc.
- Shares with students helpful hints, resources tools etc. to encourage growth.
- Ongoing communication and collaborates with students re: decision making/rationale, updates re: clients/changes etc.
- Facilitates communication between student and other health team members.
- Encourages independent problem solving, critical thinking and decision making and nursing care.
- Gives feedback to student re: performance – on an ongoing basis as a means of increasing student confidence and identifying learning needs.

- Encourages collaborative sharing of helpful hints, resources and tools to enhance student learning.
- Collaborates with Instructor when evaluating student performance on the unit.
- Initiates and maintains a professional relationship with students, instructor, clients and other members of the Health Care Team.

#### 4. **CODE OF ETHICS**

##### **Student**

Philosophy of nursing is congruent with the Canadian Charter of Rights and Freedoms.

- Complies with the Code of Ethics for Registered Nurses.
- Demonstrates honesty and integrity in nursing practice.
- With guidance/support, reports unsafe practice or professional misconduct to appropriate person/body.
- Acts as an advocate to protect and promote client's right to autonomy, respect, privacy, dignity and access to information.
- With guidance, assumes responsibility for ensuring that relationships with clients are therapeutic and professional.
- Ensures relationships with RN and instructor are professional.

##### **Teacher/Educator**

- Philosophy of nursing is congruent with the Canadian Charter of Rights and Freedoms.
- Philosophy is congruent with that of the Collaboration for Academic Education in Nursing and VIHA.
- Complies with the Code of Ethics for Registered Nurses.
- Demonstrates honesty and integrity in nursing practice.
- Reports unsafe practice or professional misconduct to appropriate person/body.
- Acts as an advocate to protect and promote client's/student's right to autonomy, respect, privacy, dignity and access to information.
- Assumes responsibility for ensuring that relationships with clients are therapeutic and professional.
- Ensures that relationships with student/RN are professional and growth promoting.

##### **RN**

- Philosophy of nursing is congruent with the Canadian Charter of Rights and Freedoms.
- Philosophy is congruent with that of the Collaboration for Academic Education in Nursing and VIHA.
- Complies with the Code of Ethics for Registered Nurses.
- Demonstrates honesty and integrity in nursing practice.
- Reports unsafe practice or professional misconduct to appropriate person/body.
- Acts as an advocate to protect and promote client's/student's right to autonomy, respect, privacy, dignity and access to information.
- Assumes responsibility for ensuring that relationships with clients are therapeutic and professional.
- Ensures that relationships with student/instructor are professional and growth promoting.

**5. PROVISION OF SERVICES TO PUBLIC****Student**

- Communicates with RN/instructor about the client's care.
- Collaborates with RN/instructor regarding activities of care planning, implementation and evaluation.
- With assistance or independently explains role of student in the clinical agency to clients and others.

**Teacher/Educator**

- In collaboration with student/RN able to provide appropriate delegation of responsibilities to student and guides his/her practice.
- Collaborates with student/RN in selection of learning experiences appropriate to learning needs.
- Participates in, encourages and supports initiatives for quality improvement.
- Explains health care services, role of student/nursing education to clients and others.
- Serves as a resource to students regarding health care services available to clients/families and communities.

**RN**

- With input from the instructor or independently is able to provide appropriate delegation of responsibilities to student.
- Collaborates with student/instructor in selection of learning experiences appropriate to needs and foci.
- Participates in, encourages and supports initiatives for quality improvement.
- Serves as a resource to the student re: health care services available to clients/families/communities.

**6. SELF REGULATION****Student**

- Incrementally acquires and maintains evidence-based knowledge and skills for practice.
- Practices within own level of competence.
- Promotes health and wellness within self (advocate for health promotion).
- Maintains own physical, emotional and mental well being.

**Teacher/Educator**

- Practices from an evidence-based knowledge perspective.
- Practices within own level of competence.
- Promotes health and wellness within self (advocate for health promotion).
- Maintains current registration/licensure.
- Maintains own physical, emotional and mental well being.

**RN**

- Practices from an evidence-based knowledge perspective.
- Practices within own level of competence.
- Promotes health and wellness within self (advocate for health promotion).
- Maintains current registration/licensure.
- Maintains own physical, emotional and mental well being.

# EVALUATION



## Evaluation of Program

Evaluation of the Nursing Program at Camosun College involves a systematic and continuing process of examining the program for the purpose of enhancing curriculum effectiveness and efficiency.

### Evaluative processes include:

- I. The Curriculum Committee as well as the Evaluation Committee monitors the curriculum.
- II. Attrition analysis relative to student age, experience, admission criteria and the like.
- III. The Advisory Committee to the Nursing Program consisting of representatives from the community, provides continuing information about the reality-based requirements of nursing in this community.
- IV. The overall levels of success of students in meeting course and level objectives as measured by course and clinical evaluations.
- V. Teaching team meetings, conducted on a regular basis to discuss problems and successes in meeting instructional objectives. At the end of each semester an intensive review of the semester takes place with suggestions put forward for improvement in methods or content. This is done first at the teaching team level and any issues involving the overall program are dealt with at the total faculty level.
- VI. Student assessments of course content, teaching methods and learning experiences are collected at the end of each course and semester.
- VII. Evaluation of individual faculty includes:
  - a. self-evaluation
  - b. peer evaluation
  - c. student evaluation
  - d. administrative evaluation
- VIII. The program evaluation committee analyses collected data and makes recommendations based on these.
- IX. The National Registered Nurse Examination results of Camosun students.
- X. Post-graduation follow-up survey of graduates.
- XI. Post-graduation follow-up survey of workplace of graduates.

**Information obtained from all the above sources is utilized to:**

1. assess the effectiveness of the Camosun College Nursing Program in fulfilling its philosophy and meeting its curriculum objectives. This includes providing documentation for self-evaluation for the CRNBC and CAEN
2. give direction in making constructive curriculum and other revisions.
3. identify “admission criteria” that are most predictive of success in the program.
4. work with the University of Victoria and CAEN to assess the quality and currency of the Bachelor of Science in Nursing Collaborative Program.

**The Standards for Nursing in British Columbia**

1. **Responsibility and Accountability:** Maintains standards of nursing practice and professional behaviour determined by CRNBC and the practice setting.
2. **Specialized Body of Knowledge:** Bases practice on nursing science and on related content from other sciences and humanities.
3. **Competent Application of Knowledge:** Determines client status and responses to actual or potential health problems, plans interventions, performs planned interventions and evaluated client outcome.
4. **Code of Ethics:** Adheres to the ethical standards of the nursing profession.
5. **Provision of Service to the Public:** Provides nursing services and collaborates with other members of the health care team in providing health care services.
6. **Self-Regulation:** Assumes primary responsibility for maintaining competence, fitness to practice and acquiring evidence-based knowledge and skills for professional nursing practice.

## OVERVIEW OF THE NURSING PROGRAM CURRICULUM



## Overview of the Collaboration for Academic Education in Nursing (CAEN)

### Introduction

In September 2004 the Nursing Programs at Camosun College, Vancouver Island University (formerly Malaspina University-College), North Island College, University of British Columbia–Okanogan, University (to become Thompson Rivers University (Formerly College of the Cariboo), Selkirk College, the University of Victoria and Aurora College, Northwest Territories formed the Collaboration for Academic Education in Nursing (CAEN) to provide nursing education in British Columbia and the Northwest Territories. College of the Rockies formally joined CAEN in 2007.

This partnership was formed to:

- ensure the quality, integrity and effectiveness of a shared curriculum
- collaborate on and foster scholarly activities
- provide vision and innovation in nursing education
- be a strong voice for academic education in nursing provincially and nationally.

This guide outlines the curriculum that is shared amongst the partners. The curriculum has undergone rigorous review during 2005/06 with revisions being implanted starting in the fall of 2007.

### Structure of the Collaboration for Academic Education in Nursing Curriculum

In its entirety, the shared curriculum consists of eight academic semesters and four or five consolidated practice experiences (CPEs), depending on the site and hours of practice per CPE. Designed for maximum flexibility, the plan provides options that address the needs of two groups of students:

**Generic baccalaureate students** complete the entire program in order to obtain a baccalaureate degree in nursing. These students enter the program at one of the college or university-college sites. On completion of five academic semesters and two consolidated practice experiences students either continue on to finish three additional academic semesters and two or three additional CPEs to complete degree requirements, or transfer to the University of Victoria to complete their program.

**Registered Nurse students** take a specially designed Access to BSN Semester in order to become familiar with the philosophy and emphases of the generic program. These students then complete three academic semesters and may complete two optional CPEs in order to graduate with a baccalaureate degree. At the University of Victoria this option is offered through distributed learning (see Appendix E). At the other sites it is offered on-campus.

Academic semesters in both options are four months in length and contain supervised practice experience. The interspersed CPEs are designed to include successive, increasingly complex nursing responsibilities in order to prepare learners for their professional autonomous role. Such experiences are seen to be potentially very diverse and could conceivably take place locally, provincially, nationally, or internationally.

In addition to flexibility of design, the curriculum is constructed in a way that allows partners to address their particular community's needs while, at the same time, maintaining a curriculum integrity that enables student transferability from one site to another. For example, although students generally would be studying the same overall knowledge, skills, and abilities at the same time, placements for learning this content will vary from site to site.

## Curriculum Framework

### **Vision for Nursing and Health Care in the Future and Beliefs about Registered Nurse Practice**

The curriculum shared by the partners in the Collaboration for Academic Education in Nursing (CAEN) is based on the following beliefs about people, health, health promotion and registered nurse practice. In an attempt to be forward thinking the curriculum is also based upon certain visions for health care, nursing and registered nursing education at a baccalaureate level. Within the beliefs and visions there may appear to be some tensions and incongruence. These are intentional and are in line with similar tensions that are apparent within the foundational perspectives outlined later in this document. Such tensions create space for differing perspectives.

### **Beliefs about people**

People are holistic beings who have intrinsic worth and bring unique meaning to life experiences. People make choices based on the meaning they attribute to their experiences, and their choices are influenced by both internal and external factors such as genetics and biology, life circumstances, culture, context, relationships, spirituality, values, beliefs and past experiences.

People influence, and are influenced and shaped by the world that they inhabit. To understand the person one must understand their context. Inherent in this is the understanding that people have the capacity to create knowledge from their experiences and use this knowledge to resolve issues and manage their own lives and health. Although capable of free will and choice, implicit in the choices people make is the responsibility to be accountable for the consequences of their actions.

Although ultimately alone and self responsible, people live in relationships with others and are constantly evolving as they interact and strive toward health. Emancipatory relationships with people are built on the understanding that personal capacity development cannot occur in isolation and changes to social systems and relationships may need to occur in order for people to meet their full potential.

### **Beliefs about Health and Health Promotion**

The current view of health has been transformed from one dominated by the disease-treatment model to one typified by the declaration of the World Health Organization that sees health as deeply rooted in human nature and societal structures. As identified by the WHO (1986), health is defined, in this curriculum, as “the extent to which an individual or group is able to realize aspirations, to satisfy needs and to change or cope with the environment”. Health is a resource for as well as an object of living. There are biological, sociological and environmental determinants of health. Inequities in background, geography, living conditions and access to resources (amongst other variables) have a strong influence on the ability of individuals, families, groups, communities and societies to achieve health.

Health promotion, when viewed through the lens of beliefs about people and health, becomes “a process of enabling people to increase control over and to improve their health... a mediating strategy between people and their environment, synthesizing personal choice and social responsibility in health” (WHO, 1984).

Health promotion is both a philosophy (a way of being) and a practice (a way of doing). Empowerment is central to health promotion. Empowerment is a term used to describe processes through which experiences of powerlessness are transformed and actions taken to change the physical and social conditions that create inequalities. Empowerment describes the intentional effort of creating more equitable relationships whereby there is greater equality in resources, status and authority (social justice). A relationship can be health promoting in and of itself.

### **Beliefs about Registered Nurse Practice**

Nursing, as both an art and a science, is a practice profession and a knowledge-based academic discipline concerned with promoting health and healing including the care of the sick and dying. Caring and ethics underpin nursing which is a relational practice of inquiry and action that incorporates empirical, practical, ethical, aesthetic, personal, and socio-political knowledge, including unique nursing knowledge and knowledge from other disciplines and traditions. Registered nurses work with clients (individuals, families, groups, communities and society) to promote health and healing through relational practice in a broad variety of contexts. Both caring and health promotion are key dynamics/processes within relational nursing practice.

Registered Nurses work with people (individuals, families, groups, communities and society) in diverse community settings. Registered Nurses strive to understand people's experiences of health, illness, healing and the dying process. They consider the complexity of factors, including social determinants that influence health and healing, and engage/participate with people to increase control over their health/promote their health. Registered Nurses are committed to advocating for and increasing the voice of individuals, groups, and populations who are socially excluded.

Registered Nurses assume individual and collective responsibility for their decisions, their professional growth, and their care of self. They also assume responsibility for maintaining professional standards, competencies, and ethics. Registered Nurses practice with other health care providers from a collaborative perspective with an understanding of the individual scopes of practice of each profession. They are committed to egalitarian and empowering relationships with their clients, each other, and their colleagues, and are committed to mentoring students and graduates.

Registered Nurses provide care that has a high correlation with positive outcomes for clients thus providing benefits within the health care system. Registered nurses engage in evidence-informed practice and in scholarship, contributing to professional practice and the discipline of nursing. They are leaders in health care locally, nationally, and internationally and play a vital role in shaping and responding to the challenges to health in our global society.

**Vision for Health Care**

The health care system should be based on the principles of primary health care and social justice. Hence the health care system must include a continuum of care available to all people across all populations and locations of care in the community, such as acute care hospitals and agencies focusing on health promotion. The health care system should be innovative and responsive to people's need for health care within a framework of responsible fiscal and ethical decision-making. Within this context there needs to be more emphasis placed on health promotion for healthier citizens now and in the future. Registered nurses have a large and leading role to play in influencing the current and future organization of health care as they are educated to create partnerships with clients for both healing and health promotion.

**Vision for Nursing**

Nursing as a caring practice profession and a discipline is embedded in a social, historical, economic, and political context. Registered Nurses have the knowledge, skills and understanding for participating within these contexts as leaders and health care providers. They will continue to be influential in the construction of effective care for clients (whether individuals, families, groups, communities or society) and can positively impact a health care system that meets the changing needs of a diverse and sustainable global societies.

Nurses are committed to primary health care and social justice. Nurses will continue to be flexible and creative in their practice to meet the challenges of the structural and fiscal changes within health care. Such changes may require nurses to expand their roles including recommitment to that of advocate, activist and lobbyist in partnership with their clients. Registered Nurses will take a collaborative and leadership role on the inter-professional and intra-disciplinary health care team as it works with clients to provide and coordinate effective and timely care. A continued commitment to ongoing nursing research and scholarship, knowledge development and knowledge translation and transfer research will inform future practice.

**Vision for Nursing Education**

Nursing education should prepare people to practice in an ever-changing health care system and fast paced world. Nursing education should be responsive to the needs of the health care system, visionary by anticipating changes in the role of the registered nurse and, in partnership with practice, critical of hegemonic practices within health care. Hence a nursing curriculum should be designed to prepare nurses not only for the present practice context but also for the evolving context of 5-10 years in the future.

Baccalaureate education provides the learner with a breadth of perspectives and knowledge needed for a variety of practice contexts and an approach to learning that emphasizes inquiry and critical thinking. To be well prepared to meet the challenges of the complexity of care, the health care system, and evolving societal trends nurses cannot rely solely on knowledge learned today. Curricula should emphasize a co-learning environment that promotes "learning how to learn", the development of critical thinking and inquiry skills and a commitment to caring practice and lifelong learning.

In preparing students to become inquisitive practitioners it is important to recognize that there are multiple ways of knowing and multiple ways of approaching learning. Within this nursing education program curriculum is envisioned as the interactions that take place between and among students, clients, practitioners and faculty in a variety of contexts with the intent that learning take place. While involved in nursing education students need to access a variety of experiences, with a variety of clients, contexts and teachers.

Learners learn best when they feel cared for and challenged and when they experience success. In this curriculum, students, practitioners, faculty and clients are equally valued as partners in the learning process. Teachers are seen as expert learners working with students in partnership, in empowering ways, drawing on student experience and on theory of various kinds to develop the content to be learned. Learners share the responsibility for identifying their learning needs, and planning and evaluating their learning experiences. The students and teacher are co-learners together in the collaborative learning process. (This paragraph comes from our current Curriculum Guide – see what you think)

Students have multiple responsibilities outside of their education program and enter nursing with a variety of life and employment experiences. Nursing education programs need to be flexible and endeavor to accommodate the varied learning needs of students. Different entry point options or prior learning assessment options allow some flexibility for people with a background in health care or degrees in other disciplines.

## Purpose and Ends-in-View

### Purpose

Through engagement in teaching and learning, the Collaboration for Academic Education in Nursing (CAEN) curriculum provides baccalaureate academic education of nurses. At the completion of their education graduates will be prepared to meet the professional practice requirements, at the entry level, as identified by the College of Registered Nurses in BC (CRNBC)<sup>1</sup> for nursing education programs in British Columbia, and the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU)<sup>2</sup> for schools in the Northwest Territories. Graduates in both British Columbia and the Northwest Territories will also meet the Canadian Registered Nurse Examination (CRNE)<sup>3</sup> competencies. Having completed this program nurses will also be prepared to pursue further academic education at the graduate level.

The purpose of the curriculum is to educate people to become nurses to contribute to the enhancement of health for all Canadians and others in the global community. The curriculum fosters critically reflective, independent, and motivated learners and practitioners with an inquiry approach to lifelong learning in their practice. Within this curriculum, learners are prepared to work with individuals, families, groups, and communities in a variety of settings. The curriculum assists students to develop knowledge, competencies and understanding of their own and others' (individuals, families, groups, populations, communities, society) diverse experiences of health and healing including care of the sick and dying. By being cognizant of nurses' professional roles and the evolving health care system, students learn to work as partners with clients and other health care providers. Through their understanding of and participation in the evolving health care system, graduates will be active participants and leaders in influencing and contributing to the promotion of health.

### Curriculum Ends-In-View

The following ends-in-view are achieved by the interaction among students, clients, faculty, and practice partners in a process of life-long learning. At completion of the curriculum, graduates will:

- 1. Practice nursing within a framework of promoting health and healing through the integration of the art and science of nursing within a variety of contexts and with diverse client populations.**

The curriculum focuses on people's lived experiences of health and healing and the nursing approaches that accompany them. Practising nursing within a framework of promoting health and healing includes participating with clients to increase their capacity to make informed health care choices. Learning within the curriculum focuses on relational caring practice utilizing a variety of ways of knowing that inform the art and science of nursing. Practising nursing within this framework recognizes diverse perspectives and the importance of context in the construction of people's health and health challenge experiences.

- 2. Be accountable practitioners providing care and making decisions based on relationships with others, nursing knowledge, and different ways of knowing.**

The curriculum focuses on the importance of diverse ways of knowing for nursing practice. The core concept of inquiry incorporates empirical, practical, ethical, aesthetic, personal, and political knowledge that informs nursing knowledge and knowledge from

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<sup>1</sup> <http://www.crnbc.ca/>

<sup>2</sup> <http://www.rnantnu.ca/>

<sup>3</sup> <http://www.cna-nurses.ca/>

other disciplines. The acquisition of nursing knowledge is central to this end-in-view, so nurses practice from a nursing perspective and can articulate this practice. It is understood that other ways of knowing are essential to nursing education and practice, and one way of knowing is not adequate or complete in isolation from other ways of knowing. Students come to know from a compilation of various ways of knowing including the experiences of their clients and contextual factors.

**3. Influence the current reality and future of nursing practice and health care at economic, political, social, and professional levels by anticipating and responding to the changing needs of society.**

The curriculum focuses on equity and social justice as part of understanding people's experiences of health and healing. Analysis of power relations, exposure to critical theories, empirical sciences, and awareness of the varied experiences of change inform this end-in-view. The foundational perspectives and core concepts within the curriculum are central to how graduates influence change within nursing practice and health care. Graduates will practice collaboratively with other health care providers respecting the individual scopes of practice of each profession. Graduates will develop critical perspectives on the current realities and envision the future of the nursing profession and the future of health care globally.

**4. Be critically reflective, independent and motivated practitioners with an inquiry approach to lifelong learning.**

The curriculum focuses on inquiry, critical thinking, and the development of reflective practitioners (praxis). Inquiry and critical thinking, based on nursing theory and practice, is deliberate, intentional learning. As critically reflective practitioners, students will be self-evaluative in their nursing actions. Teaching/learning encounters within the curriculum foster critical thinking and the process of reflection and lifelong learning.

## Foundational Perspectives

The CAEN curriculum is informed by a number of philosophical perspectives or “world views” that shape understanding of the program’s core concepts as well as the traditions and trends of nursing research, knowledge and practice. The values and beliefs inherent in each worldview form a complimentary, reciprocal discourse that enriches the breadth and depth of critical reflective and reflexive practice and holistic care resulting in a greater appreciation of diversity, and tolerance of ambiguity. Certain perspectives are discussed in the following paragraphs:

### Empiricist Perspectives

An empiricist approach values observables and “careful scientific strategies that bear results that can be corroborated if not confirmed” (Im and Meleis, 1999, p.14). Empirico-analytic perspectives may include positivism, logical positivism, logical realism, scientism, and more recently post positivism and post empiricism. Empirico-analytic or positivist perspectives are grounded in a belief that data collected through the senses is the only valid form of information. Key to the empirico-analytic tradition is the idea of objectivity as central to the judgment of truth claims and rationality.

The scientific approach whereby data is collected in controlled situations in order to demonstrate a hypothesis and hence develop knowledge has informed the evolution of both the natural and social sciences. During the early years of the development of nursing as a discipline this perspective influenced the evolution of thought about nursing science and what constitutes valid knowledge in the discipline. The development of nursing theories and models followed.

### Post Empiricist Perspectives

A post-empiricist perspective accepts the emphasis on collecting information through careful scientific processes but proposes that “no common pattern is rigidly viewed as having relevance for every individual or situation and no universal laws governing all of health are believed to exist.” (Im and Meleis, 1999, p.14). Within post empiricism situation-specific theories can be developed to assist in linking the observable to the “unobservables” (Im and Meleis, 1999). Within nursing, post empiricist thought allows for theorizing the responses of certain groups of persons under certain health and illness conditions, but denies universal application. It is important to acknowledge that empirical knowledge gained through the scientific approach can add to nursing understanding, but not at the expense of other traditions.

### Post Modern Perspectives

Post modernism refers to a variety of different traditions that together reject modernist ideas about universal truths and grand narratives that endorse singular versions of knowledge produced and exhorted by positivism. Instead, postmodernisms see the social world as fluid, evolving and changing. In this environment culture can be made explicit, the person or self reflects an identity made visible through language (speech acts), ways of acting (one’s agency) and other forms of disclosure especially in relationships with others. Discourse plays a major role in mediating the social, political, and cultural understandings (Lyotard, 1984) that underpin one’s engagement in the world. Postmodern perspectives include the following:

### Phenomenological Perspectives

Phenomenology is both a philosophy and a method of inquiry and is informed by several philosophical traditions through the writings of late 18<sup>th</sup> and early 19<sup>th</sup> Century writings of Hegel, more recently Husserl (1964) and existential philosophers such as Merleau-Ponty (1962), and the hermeneutical perspectives of Heidegger (1962), and Gadamer (1976). These latter philosophers extended the branches of phenomenology from the position of the individual perception of their world to areas such as uncovering meaning and gaining understanding in everyday reality. As a philosophy, phenomenology is concerned with the nature of human

experience as it is lived day-to-day. It attempts to grapple with the interplay of one's existence within one's context or reality (Van Manen, 1997, 1995). From a phenomenological perspective, reality exists only as an embodied experience. Not only is one conscious of one's world, but one also engages with the world as a self-interpreting being. Language is the medium through which one comes to understand one's reality often after the event and frequently in different circumstances. Each person's reality is therefore a unique subjective process of being and becoming (Paterson & Zderad, 1976). The notion of being and becoming emphasises the idea that one's interpretation of a given reality underpins their action. Knowledge of reality is therefore created by reflecting, interpreting and illuminating meaning contained within one's lived experience that in turn informs action (Heidegger 1962).

In phenomenology the knower and the known are one in a given moment in time (Heidegger (1962). Leonard (1999) suggests that one's knowing occurs from being there, or being present. The knowing that occurs is understood in one's mind, body and environment, the knowing is not separate from the experience because the person/self is situated in it and therefore the experience is also constituted by the person experiencing the situation in that moment in time. Phenomenological inquiry methods focus on the study and analysis of how phenomena present themselves to individuals as lived and embodied experiences as well as how these experiences are assigned meaning, or what the essence of experience might be.

The particular significance of this worldview for nursing is the understanding it reveals about the unique nature of the client's experience of health and healing. Practical action can be client-centred and not solely based on instrumental or prescriptive reasoning and methods of practice. Understanding experience precedes the nurses' engagement with the client in the enactment of nursing care. Actions are specifically aimed at promoting that individual's health and healing. The nurse's agency is therefore expressed in a form of *praxis*, (informed action) that has its roots in wise choices of action, prudently chosen through value commitments and informed decision making or *phronesis* (Gadamer, 1975; Carr & Kemmis, 1986).

The phenomenological perspective underscores the moral nature of nursing whereby 'right action' of care is determined by the client's lived and embodied experience – an experience that cannot be fully accessed outside of relational caring practice. Caring, which is central to nursing's role and responsibility, is also rooted in existential and phenomenological worldviews (Watson, 1999; Bowden...). It is understood broadly and embraces multiple ways of knowing, being and doing.

### **Critical Perspectives**

The development of critical social science emerged through critiques of Positivist Science, Marxism, and Interpretive perspectives in the early 20<sup>th</sup> Century (Hamilton, 1994). The perspective of Positivist Science that developed as part of the enlightenment project, considered object reality and rationality from the position of the disinterested observer. From this vantage point, rules, are used to signify cause-effect relationships and facts direct action. The empirico-analytic view offered little to understanding the social realm. Likewise even the branches of phenomenology including hermeneutics offered limited understanding of the human condition with descriptions of one's everyday experience as a self-interpreting being within a particular situation. What was omitted from these traditions was the politicization of reality and the extent to which one's reality could mask distorted understandings lived out in the taken-for-granted discourses, practices and social relationships that mediate power. The task for Critical Social Theory was to realign values, judgments, intentions, and human interests into a coherent theoretical perspective that raised questions about the practice world politicizing its tensions, complexities, understandings, meanings and forms of action.

One of the prominent intellectuals in this tradition is Habermas (1972) and his theory of knowledge constitutive interests. The theory distinguishes between the technical knowledge constitutive interest (causal explanation for phenomena), the practical knowledge constitutive interest, (understanding) and the emancipatory knowledge (reflection, insight and freedom) (Carr and Kemmis, 1986). Technical knowledge is associated with empirical knowledge. Grundy (1987) states that technical knowledge is a "fundamental interest in controlling the environment through rules following action based upon empirically generated laws" (p. 12). In the early years of the nursing profession much of nursing knowledge followed the technical-interest approach to nursing education, research, and practice.

The basic orientation of practical knowledge is toward understanding that humans can live within and as part of the world. The practical interest is a "fundamental interest in understanding the environment through interaction-based agreement and consensual interpretation of meaning" (Grundy, 1987, p.14). Knowledge development occurs through the making of meaning. The underlying assumption of practical knowing attends to the everyday nursing practices and understanding. Such knowledge development is closely aligned with Heidegger's (1962) view of understanding human experience as being-in-the-world.

Emancipatory knowing is concerned with empowerment, that is, the ability of individuals and groups to take charge of their own lives in autonomous and responsible ways. Grundy defines emancipatory knowledge as "a fundamental interest in emancipation and empowerment to engage in autonomous action arising out of authentic, critical insights into the social construction of human society" (1989, p.19). The curriculum pays close attention to the three ways of knowing suggested by Habermas.

Together, Habermas' knowledge constitutive interests enable nurses to raise questions about practice by asking for example, 'whose interests are served by practicing in particular ways' highlighting the ideologies underpinning practice. This question politicizes understandings that nurses have a tendency to take for granted, exposing the underlying ideologies. A central value of critical social theory is a commitment to penetrate the world of objective appearances in order to expose social relationships that are often concealed. From this perspective, knowledge cannot be separated from the knower. Critical theorists believe that knowledge should be used for emancipatory political aims. At the heart of critical theory is its criticism of ideology, since it encourages people in society from perceiving their "true" situation and "real" interests one of many possible versions of what is true or what is real. The overall goal of critical theory is to nullify the effects of ideology so that people's perceptions are freed or emancipated and they are able to see beyond the taken-for-granted reality that oppresses them.

Of important significance to nursing, critical theoretical perspectives enable nurses to engage in reflective critique of their own practice and the health care cultures in which they work. Through an understanding of this perspective, nurses can participate with their clients and colleagues in empowering change processes as well as being conscious and active in their everyday practice to prevent the abuse of power, to promote respect, to be an advocate for the tolerance of diversity and support for social justice. Thus Critical Social Theorists are concerned with inequalities perpetuated through for example class, race, gender, colour, and labour. Critical approaches include but are not limited to:

### **Feminist Perspectives**

Feminism is conceptualized as a dynamic, evolving ideology. Historically, feminism focused on the valuing of women and on confronting the systematic injustices that are based on gender (Harding, 1986, 1991; Lloyd, 1989, Gilligan. Feminism now values an inclusive model of liberation for all people, with particular attention given to the status of women. Feminism includes a number of perspectives: liberal, socialist, cultural, radical and post-modern feminism (Chinn, (1989????). The common thread running through these

perspectives relates to the oppression of women. A feminist perspective is important to nurses because of the gendered history of nursing, nursing knowledge and the gendered perspectives that continue to dominate health care and health care delivery.

### **Postcolonial Perspectives**

Postcolonial perspectives bring our attention to the social conditions related to colonization and racism (Doane and Varcoe, 2005). Colonialism encompasses the process by which a foreign power dominates and exploits indigenous groups and more specifically refers to these processes enacted by European powers between the 16<sup>th</sup> and 20<sup>th</sup> centuries (Henry, Taylor, Mattis & Rees, 2000 as cited in Doane and Varcoe, 2005). This attention to the dominance of a "foreign power" and its taken for granted cultural norms and mores - enacted as truth and used to sustain power - provides nurses with a metaphor applicable to many experiences and forms of professional and corporate oppression associated with nursing and health care. Said for example argued that colonizing ideologies were implicit in language. (1978????) Processes for dealing with and overcoming the effects of colonialism provide nurses with strengths and strategies essential to their own health and leadership potentials when working under these conditions. The multicultural nature of Canadian society and the importance of the historical experiences of the Indigenous groups in Canada make this an important lens for considering nursing practice.

### **Intersection of Perspectives**

The Positivist tradition in nursing has given way to a post-empiricist view that stands alongside interpretive and post-modern traditions. Critical Theory or critical social science for instance acknowledges the importance of empirics but not at the expense of other ways of knowing. Recognizing that nursing needs to draw on a variety of philosophical perspectives to inform and enrich nursing's understanding of everyday realities, has lead nursing scholars to use ideas from phenomenology, existentialism including ideas drawn from the work of existential philosophers such as Buber, Sartre, Merleau-Ponty, These philosophers, plus the ideas drawn from the work of Heidegger Gadamer and Ricoeur from a hermeneutical perspective, have enabled nursing to focus on social existence, being in the world and making meaning of it. Identifying the short comings of earlier interpretive traditions Habermas, Adorno and Marcuse, amongst others from the Frankfurt School, plus Friere and Gramsci sought to critique the historical and contemporary social worlds in the context of everyday cultural practices and social action. Scholars from the feminist traditions have added considerably to the political dimensions of knowing addressing areas such as inequities and gendered analysis of situations and bringing into the foreground those marginalized by dominant perspectives. These philosophical perspectives have all been acted to inform nursing's epistemology or ways of knowing in nursing.

### **Ways of Knowing and Nursing**

The early work on nursing knowledge followed the traditions of Positivism. It was not until the late 1960's that alternative perspectives began to emerge for example in the theoretical work of Paterson and Zderad (1976). In 1978 Carper's thesis on fundamental patterns of knowing in nursing was published paving the way to rethinking nursing's epistemology.

Carper (1978) identifies four ways of knowing in nursing: (1) empirics, the science of nursing; (2) aesthetics, the art of nursing; (3) the component of personal knowledge in nursing, and (4) ethics, or moral knowledge in nursing. The empirics of nursing include the proliferation of nursing theory and research and the advancements nursing has made in the scientific realm. Nursing aesthetics includes the notion of nursing as a caring profession and is considered the art of nursing. In this sense, aesthetic ways of knowing include nurse-client transactional caring relationships (Watson, 1988), as well as attending to other forms of knowing such as works of art, literature, meditation, and so forth.

Carper (1978) states that “Personal knowing is concerned with the knowing, encountering and actualizing of the concrete, individual self” (p. 220). That is, personal knowing involves self awareness and the therapeutic use of self in the nurse-client relationship. Finally, ethical knowing focuses on obligation and morality. As Carper states:

*. . . . knowledge of morality goes beyond simply knowing the norms or ethical codes of the discipline. It includes all voluntary actions that are deliberate and subject to the judgement of right and wrong – including judgements of moral value in relation to motives, intentions, and traits of character (1978, p. 221).*

Each of Carper’s patterns of knowing is valued and attended to in the curriculum. White’s (1992?) addition of socio-political knowledge expands Carper’s work as the fifth type of knowledge that informs nursing practice. This addition frames the emancipatory intent of political activism inherent in Habermas’ knowledge constitutive interests.

Traditional ways of knowing and culturally relevant ways of knowing are also important and inform nursing practice in Canada and the global context.

Faculty are working on an additional piece on ways of knowing.

### **Learning and Teaching and the Curriculum**

There is congruence between the curriculum and the learning and teaching approaches used by faculty within all the nursing programs in the CAEN partnership. This means that the foundational perspectives and core concepts that inform the curriculum also inform learning and teaching practices. Learning and inquiry are integral processes through which students develop as professional nurses and students need to develop skills in both these processes as they proceed through the program. The development of competence in these areas, as well as in the related concept of scholarship, is initiated in the first semester and students come to a greater understanding of themselves as scholars and teachers as they move towards graduation. Hence teaching, learning, inquiry and scholarship are concepts within the curriculum, processes through which students co-create with others their body of nursing knowledge and also competencies required of nurses to practice effectively with clients.

### **How Phenomenological Perspectives Inform Learning and Teaching**

Curriculum is defined as the interactions that take place between and among students, clients, practitioners, and faculty (lived experience) with the intent that learning take place. To this end the curriculum is based on Bevis and Watson’s (1989) conceptualization of nursing curricula. This view of curriculum places major emphasis on the quality of relationships experienced in an education program, rather than on the course of studies, behavioural objectives, threads, or themes that many nursing education programs stress. The relationships students have with others are varied, such as those with clients, the practitioners they work with, their peers, and their teachers. Teachers are seen as expert learners working with students in partnership, drawing on student experience and on theory of various kinds to develop the content to be learned.

The shift from a behaviourist model to one reflecting phenomenology builds on a foundation of a relationship between teacher and student who are seen as partners or co-learners in the educational process. The relationship is one in which learning priorities and essential learning experiences for each student are addressed. Consequently, not every student requires, needs, or has similar learning opportunities. Furthermore, reflecting the reality of nursing practice settings, students are likely to have vastly different learning experiences in practice placements within and across all semesters.

**How Critical Perspectives Inform Learning and Teaching**

Teaching and learning in the curriculum draws on critical pedagogy, feminist pedagogy, critical social theory, and postcolonial perspectives with the intent of providing emancipatory and transformative experiences for students. In addition, faculty examine the social conditions that might influence students' experiences of learning and success in the program. To this end faculty try to create an environment that is inclusive of all students and respects diversity.

Learning is defined as a reformulation of the meaning of experiences and leads to changes in attitudes, feelings, and responses. Students, practitioners, faculty, and clients are equally valued as partners in the learning process in the curriculum. Critical thinking is emphasized and students are encouraged to become critically reflective practitioners who are able to analyse a situation and challenge the status quo.

**How Empiricist Perspectives Inform Learning and Teaching**

Teaching and learning in the curriculum also draws on empiricist perspectives, particularly with an emphasis on assessments and evaluations. Students are exposed to scientific processes for collecting and organizing information (decision making for nursing practice framework) at the same time as they understand that no single truths govern health and they are able to link the observable to the unobservable (Im and Meleis, 1999). The curriculum reflects a view of nursing as a discipline that values different ways of knowing. Knowledge is derived from the understanding of self, practice, theory, and research, with each way of knowing informing and influencing the other. Similarly evaluation practices within the curriculum are grounded on rational information collection and are contextualized by the unique circumstances of the student, the teacher, the learning environment, etc.

## Core Concepts

The curriculum is based on the assumption/belief that the focus of nursing is the promotion of client health and healing through situated, relational, caring practice. Hence the curriculum is organized around the key concepts within this assumption/belief: the nurse, the client (individual, family, group, community, population or society), the promotion of health and healing, relational practice, situatedness or context. The concepts are intertwined to speak to the complex interaction of variables that impact nursing practice and the breadth and depth of knowledge required of nurses in order that they practice competently and professionally. The development of an attitude of inquiry in learners is emphasized and hence inquiry is seen as both a process in which students and faculty engage and a core concept of the curriculum.

The core concepts and foundational perspectives are woven through all semesters and courses in the curriculum. Each core concept encompasses many sub-concepts and topics which are outlined in the course blueprints. The sub-concepts and course topics were identified by nursing faculty teaching at all levels of the curriculum and are informed by the nursing literature. Each foundational perspective provides a lens through which the concepts can be viewed. The concepts may look different depending on the perspective. This difference may create tension when in discussion with students. However this tension is acknowledged and celebrated in the curriculum as it enhances learning and values diversity.

The foundational perspectives and core concepts of the curriculum are introduced early in the program and are revisited throughout the four years. With each revisiting the perspective or concept is examined in increasing depth and with consideration for the focus of the semester and the increasing complexity of practice expected of the students. The metaphor of the iceberg is useful for developing an understanding for how perspectives and concepts will be examined in the curriculum. The depth of examination of a concept will be like the tip of the iceberg in Semester One with a gradual increase in depth and breadth across the curriculum to Semester Eight, when the full size, depth and breadth of a perspective or concept will have been explored.

The following table outlines the core concepts of the curriculum and some of the sub-concepts to be explored during the program.

## Curriculum Core Concepts and Sub-Concepts

Relational Practice	Client	Context	Health and healing	Nurse	Inquiry
Caring Relationship Self Mutuality Praxis Inquiry Capacities Collaboration Meaning Cultural Safety Ethics Advocacy Power/power relations Relational Competence Perception Awareness Relational lenses	Individual Family Community Society Population Transformation Emancipation Power Age Gender Constitutedness Situatedness Social Justice Social Equity Transitions Personal meaning Hardiness Resilience Pathophysiology	Meaning Community History Practice Setting Family Global Village Transitions and change Experiences Politics Legalties Ethical Practice Inter-disciplinary Collaboration World views Philosophy Morals, values and beliefs Spirituality Ethics Growth and development Diversity	Primary Health Care Decision-making Healing Modalities Capacity-Building Epidemiology Empowerment Health Illness Suffering Healing Comfort Health promotion Healing initiatives	Professional identity Teaching Learning Advocate Change Agent Roles Responsibility Accountability Leadership Socialization Self -Regulation Code of Ethics Moral agency Decision-making Nursing Knowledge Nursing theories	Praxis Reflection Teaching Learning Scholarship Knowledge Ways of knowing Evidence-informed practice Personal meaning Assessment Diagnostics Information technology

The curriculum is organized using four streams of courses. The courses are organized using the core concepts of health, healing, relational practice, nurse, client, context and inquiry. These core concepts guide the focus of each course and direct the choice of sub-concepts and topics to be explored.

The four course streams are:

1. Health and Healing Practice
2. Relational Practice
3. Professional Practice
4. Health Sciences

Courses in all four streams contribute to the development of a body of nursing knowledge that is essential for nursing practice courses. Praxis seminars associated with all nursing practice courses provide an opportunity for students to reflect upon their practice and further develop understanding of their own nursing practice.

As a further support for the development of the student's nursing practice there are opportunities in the curriculum for courses from other disciplines such as Biology and English. In addition students choose electives to develop their own interests, expand their education and ultimately influence their nursing practice.

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