NUR 470Y
Integrative Nursing Practicum
Preceptor Handbook

Bachelor of Science in Nursing
2018

University of Toronto
Lawrence S. Bloomberg Faculty of Nursing
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Welcome NUR 470Y Preceptors

Welcome to the clinical preceptor experience at the LSBFON, University of Toronto. We truly appreciate the efforts and commitment of professionals like you who serve as preceptors. Through the faculty, preceptor, student partnership we are all able to achieve excellence in clinical education reflecting the integration of theory and practice.

Clinical practice is central to the education of nurses – it is in this context that students learn how to act, think, and feel like a nurse. Through clinical experience students understand the relevance of theory learned in the classroom and lab and how to apply this understanding to their nursing care. The role modeling that students receive from preceptors and other nurses and professionals in the clinical settings is vital to this process of application and integration and also to the development of the student’s own identity as a nurse. Through experiences in environments where learning is valued, and where there is ongoing reflection on practice, students develop a respect for clients and colleagues and begin to develop an appreciation for a commitment to professional lifelong learning.

As you may know, the BScN program at the University of Toronto is a second-entry program. The students enter the Faculty of Nursing after completing a minimum of two years of university education. The purpose of the Second-Entry Bachelor of Science in Nursing (BScN) program is to prepare mature candidates with both university and life experience to meet the challenges of the health care system of the future.

The Lawrence S. Bloomberg Faculty of Nursing has a commitment to develop and strengthen partnerships between academia and our clinical partners. Nursing clinical education requires not only a solid foundation of theory and research, but also clinical excellence. Clinical environments where learning and learners are valued and teachers are supported are essential to achieve excellence in nursing education.

Thank you for so generously sharing your knowledge and expertise with our students. We trust that the experience will be challenging and rewarding and that it will provide you with new insights and skills. We know from experience, that the dedication of committed professionals like you makes a tremendous difference in the clinical experience of our students.

Sincerely,

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SECTION 1: PROGRAM OVERVIEW

The following section will provide you with a brief overview of the BScN program at the University of Toronto. This will provide you with some information on the program that your students are enrolled in.

Two-Year Bachelor of Science in Nursing (BScN) Lawrence S. Bloomberg Faculty of Nursing

Program Overview

The overall purpose of the two-year BScN program is to prepare mature candidates with both university and life experience to meet the challenges of the health care system of the future. The program prepares graduates to meet the ever-increasing demands of the health care system for highly skilled and knowledgeable practitioners who care for a diverse range of clients. Candidates must have completed a minimum of two years in an undergraduate arts and/or science program with specified course(s) (or equivalents) in physiology, life sciences or physical sciences, social sciences, humanities and statistics. The two-year BScN program is to be taken on a full-time basis. Classes begin in September and continue until late June, with graduation in the fall after the completion of second year.

Entry Year

Content in Year 1 is focused on theory, research, and practice relevant to the care of patients, families and communities. In the Fall term of the first year, the foci are: health assessment, therapeutic skills and relational skills, discipline and professional issues, and concepts of health across the lifespan. Students address the developmental needs of healthy families, children, and older persons. Clinical practice takes place in hospital and community settings. In the second and third terms of first year, students concentrate on pathophysiology, pharmacology, and care of individuals experiencing acute illnesses that require hospitalization. Concurrently, clinical practice occurs in paediatric, mental health and adult medical-surgical settings. Students are also introduced to theories and concepts guiding community health nursing in Canada and internationally.

Senior Year

In the senior year of the program, students complete courses related to Nursing and the Health Care System: Policy, Ethics and Leadership (NUR 410H), Research and Scholarship in Nursing (NUR 430H), Critical Reflexivity: Theory as Practice [formerly Advanced Nursing Theory] (NUR 420H), and Current Topics in Medical Microbiology (MPL 202H). Students complete two consecutive clinical courses that integrate theory, research and clinical practice over both terms. The first concentrates on complexity and coping with persistent illness and the second focuses on primary health care. Students are able to choose a focus and a specialty area of practice within each of these two seminar-based clinical courses. The final course prepares students for independent practice after graduation and involves an intensive, integrative 11-week clinical practicum in an area that each student selects.

Our Students

Our applicant pool is competitive with applications from students with local, national and international backgrounds. Successful applicants have a history of high academic achievement and interesting life experiences. Our students are mature and expert consumers of university education. As a group they are hardworking, motivated, assertive and have high expectations for themselves and their learning experiences. Our second-entry program is an intense 20 month long accelerated program. Due to previous university studies, current tuition costs and the full schedule of courses (which make part-time employment difficult) students are frequently financial stressed. We are challenged in the two years of our program to foster and develop future nurses who are curious, reflective, thoughtful and competent with a commitment to nursing and health care delivery.
Clinical Education

Students are introduced to nursing practice within a few weeks of the start of the program. Learning occurs in the clinical simulation laboratory at the Faculty and in clinical agencies. For those courses with a clinical nursing practice component, the evaluation of clinical performance is on a “PASS/FAIL” basis. In order to pass the course, the student must pass both the clinical and classroom components of the course. Normally students will receive a verbal midterm evaluation and a written final evaluation of their clinical performance from the preceptor. Students who are identified at the midterm point as being at risk of failing clinical practice will receive a written midterm evaluation. Students whose performance is unsatisfactory at any time after the midpoint of the clinical experience, will also be informed in writing. For instructors, it is therefore very important to ensure that there is good communication between the student and the faculty. Concerns need to be identified early to provide the student with an opportunity to learn and demonstrate satisfactory performance. Preceptors are asked to notify the Faculty Advisor to discuss the need for a student to do extra homework outside of clinical.

Models of Clinical Education

The Faculty of Nursing utilizes different models of clinical education, depending upon course requirements and resources available within the clinical setting. The two most predominant models are: Clinical Instructor Model and the Preceptor Model. The Preceptor Model is used in NUR 470.

Clinical Instructor (CI) Model

A group of students (6-8) are placed in a clinical area with an instructor. The clinical instructor, who may be a faculty member or a clinician, is responsible for supervising student practice. This approach is most frequently utilized with junior students. The instructor’s primary responsibility is to the students.

Preceptor Model

Individual students are placed in a clinical area to work with one staff nurse (preceptor). The students usually work the same hours as the preceptor and take on a portion of the workload. The preceptor’s primary responsibility is client/patient care. Student supervision is integrated within the practitioner role and supported by the faculty member.

Overview of Courses

The following section will provide you with a brief overview of the courses in the BScN program at the University of Toronto. Note: Alphabetic character following course numbers (Y – a full course, H – a half course).

YEAR ONE COURSES (All are required)

NUR350Y1 - Introduction to Nursing Practice

This course provides an introduction to the practice of nursing. Consideration is given to caring for individuals of different ages, ethnicity and gender in a variety of clinical contexts. This course consists of three components: health assessment and appropriate diagnostic interventions, relational skills as central to nursing practice, and therapeutic nursing skills relevant to each system. Content from this course integrates with content learned in NUR351H (Introduction to the Discipline and Profession of Nursing) and NUR360Y (Nursing Perspectives in Health and Wellness through the Lifespan). Knowledge gained in this course is consistently applied within clinical settings.
NUR351H1 - Introduction to the Discipline and Profession Of Nursing

This course provides an introduction to the ethical and theoretical foundations of the profession of nursing and the place of nursing within health care. The course focuses on nursing's social history and the way in which the profession of nursing is organized as part of the Canadian health care system. Issues within nurse-patient relationships are highlighted through readings in ethics, interpersonal theory, and feminism.

NUR360Y1 - Nursing Perspectives in Health and Wellness Through The Lifespan

This course introduces students to theoretical concepts and nursing practice issues related to care of childbearing families and older persons and their families in both community and hospital settings. The course is divided into two six-week sections.

- Lifespan I: Families in the Childbearing Year - Introduces students to person-centred nursing care of childbearing clients and their families with a focus on the postpartum and newborn periods in acute care settings. Topics considered include social, cultural and institutional contexts of perinatal care, healthy physiological and psychological changes in pregnant, labouring, and postpartum clients as well as develop an understanding of the childbirth, postpartum, and newborn feeding and care experiences.

- Lifespan II: Older Persons and Their Families - Examines the concepts of healthy aging and senior-friendly environments. Other topics include normal physiological changes of aging; geriatric syndromes including frailty, functional decline and cognitive impairment; caregiving relationships within families as well as in health care institutions, the community and acute care settings.

NUR370Y1 - Pathophysiology and Pharmaco-Therapeutics: Relevance to Nursing Practice

The focus of this course is the study of the pathogenesis of common disease processes and their impact on health outcomes. Through an examination of these conditions in both lecture and seminar sessions, students gain an understanding of knowledge required to provide nursing care to individuals and families in health care settings. Implications of diagnostic testing, safe implementation of procedures and clinically important pharmacologic agents are discussed as they apply to the nursing process. The scientific basis of nursing care relevant to symptom management introduced in this course is essential understanding for nurses across clinical settings.

NUR371Y1 - Introduction to Acute Care Nursing: Adult

In this course students will be introduced to adult acute care medical-surgical nursing practice. Content in this course is presented within a framework of evidence-informed decision-making. By conscientiously and judiciously using current evidence when making decisions in acute care nursing practice, students will gain an understanding of the key professional values that shape problem solving, nursing knowledge, and client care in clinical situations. The nursing process will serve as the organizing framework for critical thinking, knowledge development, and the care and management of hospitalized adults. Course content explores and determines priority nursing assessments and interventions associated with advanced symptom management of common illness conditions relevant to hospitalized medical and surgical clients. The lived experience of clients and families coping with acute illness, as well as cultural and ethical concerns and their implications for nursing practice will also be considered. This course has both a classroom and clinical component. Students will have the opportunity to apply theoretical knowledge and nursing therapeutic skills at a novice level while working with clients and their families in the adult acute care setting. This course is taken concurrently with NUR 370Y.
NUR372Y1 – Introduction to Mental Health Nursing

This course introduces students to basic concepts and issues in mental health nursing in the context of illness, identity and difference. Because the creation and re-creation of identity is central to individuals living with illness, the exploration of relationships between identity, illness, along with an emphasis on social justice and equity, and care in both hospital and the community is a focus of this course. The course will also focus on the theory of intersectionality as it relates to the identity construction of someone living with a mental illness. The social determinants of health will be explored in detail and connecting the relationship of these as a means of understanding how mental health and overall health is understood from the perspective of the individual. Students will explore specific illnesses, both from a perspective which focuses on the meaning of the illness and difference to the individual, and from a broader perspective that goes beyond individual experience to issues of mental health promotion, early intervention, care, advocacy and capacity building. A focus on recovery will introduce such concepts as social support and empowerment as students pay attention to the subjective experiences of clients and how to promote a strength-based approach in their clinical nursing practice.

NUR373Y1 - Introduction to Nursing Care of Children and Families

In this course students will be introduced to some of the key concepts foundational to pediatric nursing practice. The course is grounded in the principles of child and family centered care and developmental theory – both of which are integrated throughout the classroom and clinical learning environment. The Nursing Process is utilized as the organizing framework to develop nursing knowledge and skills and for planning and prioritizing management of some of the acute and chronic conditions more common to hospitalized children and their families. This course will explore relevant topics to the pediatric population such as: growth and development, nutrition, sleep and safety; care of children with special needs; care of children with anemia; fluid and electrolyte imbalance, respiratory distress, pediatric pain assessment and management; mental health; shock; neurological issues in children; and leukemia and palliative care. Developmental, ethical and socio-cultural concerns related to pediatric nursing practice are integrated throughout the course. In both the classroom and clinical setting, students will be supported to develop their critical thinking and problem-solving skills through case study examples and while caring for hospitalized children and their families. During clinical practice, students will have the opportunity to work with children and families in an acute or rehabilitative setting and are expected to apply theoretical knowledge and nursing therapeutic skills at a novice/beginner level. This course is taken concurrently with NUR 370Y.

NUR390H1 - Introduction to Community Health: Nursing Perspectives

This course introduces students to the theory and practice of community health nursing through the ‘lens’ of primary health care. The course focuses on the health of various populations and explores the ways in which ‘health’ is largely a socially determined phenomenon. The care of diverse populations within Canada such as the homeless/under-housed, the incarcerated, rural dwellers, First Nations Peoples, and the GLBTQ community feature prominently in class readings and lectures as students develop a critical understanding of the complex contexts and everyday circumstances in which members of different social groups negotiate access to health. Students explore a variety of key concepts including principles of primary health care trauma-informed care, social determinants of health, cultural safety, harm reduction, population health, health promotion, social marginalization, disease prevention, and community capacity building. Students will ground their understanding of these concepts in core values of primary health care, including social justice and equity, as they begin to develop their skills in caring for diverse communities of people. This course lays the theoretical groundwork for the senior year course in primary health care and community health nursing practice.
YEAR TWO COURSES (All are required)

MPL202H1 - Current Topics in Medical Microbiology

Common infectious diseases that are relevant in the current healthcare setting are discussed. Expert clinicians in the fields of microbiology, infectious diseases and infection control discuss current research in the field of medical microbiology and its relevance to nursing practice. Lecture topics include: review of bacteria and viruses, role of the diagnostic microbiology lab, travel medicine, skin and soft tissue infections, central nervous system infections, sexually transmitted infections, HIV/AIDS, hepatitis, “superbugs”, influenza, and infection prevention and control.

NUR410H1 - Nursing and the Health Care System: Policy, Ethics and Leadership

This course provides students with an overview of the structure of the health care system at multiple levels, including national, provincial, regional or municipal, and organizational or institutional levels. Students examine current issues and challenges in the health care environment and the impact of these issues on patient/population health, nursing practice and the nursing profession. A critical-social perspective is used to examine the structures and relationships – including personal, political and professional - that affect the everyday decisions of nurses and their approach to health care and health promotion. Students learn and apply the fundamentals of political action, policy analysis, and ethical decision-making skills in the context of their own current practice of nursing.

NUR420H1 - Critical Reflexivity: Theory as Practice (formerly Advanced Nursing Theory)

The overall intention of the course is to facilitate student curiosity and promote critical reflexivity in relation to nursing practice. Critical reflexivity brings together the skills of critical thinking and reflexivity, and entails three components: first, interrogating our taken-for-granted assumptions that inform our practice; second, reflecting on our social position in relation to knowledge; and third, considering how knowledge is shaped by culture, history, power and politics. Students will engage with theoretical ideas drawn from the humanities and social sciences in order to gain a better understanding of the complexities of care. Theoretical ideas covered in this course are also helpful in showing up how nursing both shapes and is shaped by broader social, historical, political and economic forces, prevailing ideologies, dominant discourses, and social relations of power which have profound effects on our subjectivities and the lived bodies and daily realities of people whom we serve. Thoughtful engagement with the course readings will open up alternative modes of thought which will, in turn, generate productive possibilities for ethical nursing practice.

NUR430H1 - Research and Scholarship in Nursing

Students learn to be knowledgeable consumers of research who are able to find, understand, critique and apply evidence in everyday nursing practice. This course focuses on application and critical examination of research processes used to develop of nursing science. Students explore relationships between research, theory and practice. Critical analysis of the underlying paradigms and activities within qualitative and quantitative research enables students to appropriately integrate research into practice.

NUR460Y1 - Coping with Complexity in Persistent Illness

Building on understanding from introductory courses in year 1, students gain a deeper understanding of the complexity of challenges which are specific to selected age groups, illness categories, institutional and home contexts. Complexity includes pathophysiology, individual and family circumstances, related interventions, and the care delivery context. Classes are in seminar format and students have the opportunity to explore and critique issues that arise from readings and how they relate to clinical practice and concurrent Year 2 courses. In addition, all students participate in a number of simulation lab experiences. The goal of these sessions is to provide students with key content and practice in a series of selected advanced nursing skills of clinical practice relevance. There are 8 clinically and population-focused sections of this course with 6 offered each semester. Examples of course sections are cardiology, neurosciences, oncology, children and their families, childbearing families, and older persons.
NUR461Y1 - Primary Health Care: Nursing Perspectives

The course introduces students to the role of the community health nurse and is framed around the model of Primary Health Care and the Standards of Practice developed by the Community Health Nurses of Canada. It introduces advanced theoretical and conceptual perspectives and is designed to provide students with clinical practice skills caring for individuals, families, and communities both locally and globally. Primary Health Care is positioned as a model for health care reform and an organizing system for health care that supports partnership relationships, community activism and advocacy, facilitating access and equity, and capacity building. The dynamic role of nursing and the importance of practicing collaboratively with members of interprofessional health teams and diverse communities is emphasized. There are 9 different sections of this course, 7 offered each semester, all with a different health focus. Each section of the course incorporates a particular lens through which the students study the practice of primary health care nursing. Examples of course sections are gender and health; family and health, migration and health; aging adults and health; mental health; child and youth health; home and health; and global health.

NUR470Y1 - Integrative Nursing Practicum

This 11-week clinical course provides students with an opportunity to consolidate their nursing knowledge and to demonstrate the ability to meet the competencies for entry-level registered nurse practice (CNO, 2014). The focus of practice is integration of theoretical and substantive knowledge from both years of the program to a selected clinical practice area under the supervision of a preceptor and faculty advisor. Students develop competence and confidence in clinical skills including those related to workload management and priority setting. The course also assists students in preparing for their registration exams. All previous program requirements must be successfully completed prior to beginning this final course. The course is offered from mid-April to the end of June.

SECTION 2: CLINICAL TEACHING AT THE LAWRENCE S. BLOOMBERG FACULTY OF NURSING

Responsibilities of the Faculty Advisor Supervising Clinical Practice

The Faculty Advisor works with the student and preceptor to help the student to meet the clinical practice expectations (refer to p. 23-25). To help to achieve this goal, the Faculty Advisor:

1. Reviews and approves students' clinical learning goals for practice by the end of course week 3.
2. Meets with students at orientation, informally at midterm, in the clinical setting near the beginning and end of term, and provides guidance about student oral presentations.
3. Obtains data from preceptors to help students develop their practice and to contribute to performance evaluation.
4. Evaluates student performance throughout the term using the online process at the end of term.
5. Monitors and participates in web-based discussions related to practice issues, assists in problem solving, provides support, fosters research utilization and integration of theory and practice.

Role of the Preceptor

1. Provides a Role Model of a Competent Practitioner:
   a) Applies a substantive knowledge base.
   b) Demonstrates a systematic inquiring approach to nursing practice.
   c) Reflects on practice and practice/theory interface.
   d) Collaborates with the nursing and multidisciplinary teams.
   e) Works with the community.
   f) Demonstrates nursing leadership.
2. **Facilitates Access to Nursing Practice:**
   a) Facilitates student's orientation to the agency, including appropriate agency policies.
   b) Helps student select appropriate clients/learning experiences to meet objectives by sharing practice, delegating responsibilities and facilitating access to other learning resources.
   c) Provides opportunities for student to move from observed to shared to supervised to independent experiences as appropriate.
   d) Facilitates intra/interprofessional communication for student.
   e) Facilitates access to the community.
   f) Facilitates a supportive learning environment.

3. **Collaborates with Nursing Faculty in Promoting Student Development:**
   a) Monitors student's nursing practice.
   b) Shares knowledge and experiences.
   c) Supports and guides student through increasingly independent practice.
   d) Stimulates clinical reasoning and challenges student to consolidate learning.
   e) Fosters discussion and debate about approaches to care.
   f) Assists student in developing collegial relationships.
   g) Assists student in socialization to professional role.
   h) Provides prompt, ongoing, informal feedback about the student's practice.
   i) Discusses student's progress with Faculty Advisor.
   j) Contributes to student's evaluation by providing some evaluation data to faculty advisor.
   k) Attends preceptor/faculty meetings.
   l) Participates in the evaluation and planning of the preceptored experience.

**Responsibilities of the Preceptor**

Your role as a preceptor is crucial to the students’ positive learning experience! Preceptors serve as a role model, coach, mentor and resource person to the student. Some specific responsibilities include:

1. **Orienting the students to the unit/agency and client population.**
   It is helpful to review the basic routines and expectations with students including things such as dress codes, break times, physical layout etc. Students come with a general knowledge base alerting them to the kinds of patient conditions and common procedures often helps students focus their preparatory activities.

2. **Reviewing the student’s learning goals and providing suggestions for realistic learning experiences.**
   It is important for preceptors to be aware of the course learning outcomes as well as the student’s individualized learning goals. Often the individualized learning goals can only be identified after a student has become familiar with the clinical setting. These learning goals also need to be placed in the context of the student’s past experiences. Please take some time to ask the students what they have already learned, practiced, and developed confidence about; the current goals can then build on that.

3. **Providing supervision.**
   Preceptors will provide both direct and indirect supervision, depending on the complexity of the situation, and the student’s and your own needs. Sometimes students feel that they are able to carry out an intervention independently but you as the preceptor may need some demonstration of student competence in the actual situation. In such circumstances it is important to let the student know that
there are certain things you are accountable for and therefore you are unable to allow the student the independence they desire, particularly the first time they are doing something.

4. **Asking questions and challenging the students to consolidate learning.**
Prior to this course, students have taken a variety of nursing and non-nursing courses. Sometimes they need to be prompted to retrieve the knowledge gained in a particular course, so ask them about the courses they have taken and how that knowledge is helping them in your setting.

Asking questions that elicit a student’s understanding is also important. Questions such as why is the patient experiencing certain symptoms or why particular interventions may or may not be appropriate help the student relate the basic pathophysiology, lab tests, medications etc., to the current situation.

5. **Facilitating learning.**
There is a difference between “teaching” and “facilitating” learning. While the former implies the need to convey specific knowledge to the learner, the latter involves collaborating with the students to develop meaningful learning experiences. Thus the learner is not a receptacle of knowledge but rather creates his or her learning actively and uniquely. Every student learns all the time, both with us and despite us, and reflection is critical to learning. Asking the student to reflect on his/her learning is an effective way of not only helping the student learn but also for you to assess the student as well as the learning experience. Ongoing feedback on the positive as well as learning needs is critical to helping the student become a critical thinker and a continuous learner.

6. **Helping the student explore situations which may be complex, unpredictable, and/or have ethical questions associated with them.**
Questions can also be used to encourage students to think through and problem solve situations (rather than providing them with the answer). By asking questions about a student’s views and sharing their own views and experiences, preceptors can help students gain valuable insight about themselves. Through exploration of challenging situations, students are able to strengthen their ability to integrate and apply theoretical knowledge. Fostering discussion and debate about approaches to care with the student helps develop an inquiring approach to practice.

7. **Serving as a role model.**
Students learn what they see. How a preceptor feels about him/herself as a nurse, and the profession in general can greatly influence a student’s own development as a nurse. Providing opportunities for students to observe your practice is an effective way of exposing the student to the complexity of a situation which may be new for the student. Thinking out loud or talking about why you do or not do something further assists the student in applying theoretical general knowledge to specific situations in ways that are appropriate and meaningful. Asking the student to do the same provides the opportunity for both of you to explore the student’s problem solving and decision-making competencies.

8. **Providing ongoing feedback on clinical performance.**
Providing students with feedback on their clinical progress provides valuable learning opportunities for the students. Additionally, feedback provides students with important and concrete information on how they are progressing through the course, meeting the clinical practice expectations, and areas for continued growth.
5 Principles on Providing Feedback (Gaberson, Oermann & Shellenbarger 2015)

1. Feedback should be precise and specific.
2. The preceptor should provide both verbal (by describing observations of performance and explaining what to do differently) and visual (by demonstrating correct performance) feedback for procedures and any technical skills.
3. Feedback about performance should be given to students at the time of learning or immediately following it.
4. Students need different amounts of feedback and positive reinforcement.
5. Feedback should be diagnostic – after identifying areas in which further learning is needed, the preceptor’s responsibility is to guide students so they can improve performance.

9. Facilitating access to resources.
Preceptors are a valuable resource for students in many ways. Not only can you support the student’s learning by sharing your own knowledge and expertise about practice, you can often augment their learning experience by helping them connect with others in the institution and in the health care system who have different expertise. When a connection is made, try to help the student follow through with it.

10. Maintaining a safe client care environment.
Preceptors are often caught in the middle of balancing a student’s learning needs with the needs of the patients or the institution. The needs of patients are always considered first. Overall, use your good judgment and if you have any questions or concerns about a particular issue, please contact the Faculty Advisor


SECTION 3: STUDENTS’ CLINICAL PRACTICE ASSESSMENT USING EVALUATIONS

One of the important roles of the preceptor is to formally provide students with assessments of their clinical practice using evaluations. The following section will describe the student assessment methods used at the Lawrence S. Bloomberg Faculty of Nursing, as well as provide you with some tips on how to complete meaningful and individual student assessments using evaluations.

Student Assessment Methods used at the Lawrence S. Bloomberg Faculty of Nursing

Preceptors provide ongoing feedback on their students’ clinical progress throughout the clinical rotation. It is encouraged that preceptors keep notes on students’ progress throughout the term. These notes will assist the preceptor to provide students with individualized and meaningful verbal and written evaluations on their progress. As well, it is helpful to include examples to support the preceptors’ observations of the students’ progress in meeting course related learning goals and outcomes.
There are two types of formal student assessment methods used that the Lawrence S. Bloomberg Faculty of Nursing, the midterm evaluation and the final evaluation.

(a) Midterm Evaluations

The midterm evaluation takes place during week 6 of the course. The midterm evaluation is a time where the preceptor meets with their student during their clinical day to provide the student with a verbal evaluation of their progress. The midterm evaluation is the perfect time to conduct a “check-in” with the student; this is an opportunity for the preceptor and student to formally sit down together one to one to discuss clinical progress in achieving course learning outcomes and individual learning goals to date.

In preparation for this midterm evaluation, it is helpful for the preceptor to review their notes and the student’s learning goals. During this meeting, the preceptor discusses with the student how their practice has progressed thus far, how the student believes their goals are being met, how the student is meeting the clinical practice expectations from the course and suggested areas for continued growth.

There are special circumstances that may require a written mid-term evaluation. For further information on working with a struggling student and learning contracts, please refer to page 26.

(b) Final Evaluations

The Lawrence S. Bloomberg Faculty of Nursing requires that all students complete and receive a written final evaluation. The final evaluation takes place near the last week of the course.

As with the midterm evaluation, the preceptor meets individually with their student during their clinical day to provide the student with a final evaluation of their progress. In preparation for this final evaluation meeting, it is helpful for the preceptor to review their notes the course learning outcomes and the student’s individual learning goals. During this meeting, the preceptor discusses with the student how their practice has progressed, how the student has met the outcomes and goals and suggested areas for continued growth.

Final clinical evaluations are completed and submitted using the online process via Linking Health professional (LHP). Each preceptor will be provided with a user name and password for LHP. Faculty will provide you with screenshots of LHP and instructions on how to use this evaluation system.

Once students complete their final written self-evaluation via LHP, the preceptor will receive an email prompt from LHP informing them that there is an evaluation ready to complete. Please watch your inbox and junk mail folders for an email from accountmanagement@linkinghealthprofessionals.com Preceptors will have access to review the student's self-evaluation prior to completing their final clinical evaluation of the student. Faculty Advisors will have access to view both the student and preceptor’s final clinical evaluations and will then complete the final evaluation of the student. Upon submission of their self-evaluation, the student is strongly encouraged to complete and submit an evaluation of both their preceptor and the placement site.
clinical evaluations: template for preceptor evaluation of student (online through lhp website)

nursing 470y: integrative nursing practicum

spring/summer 2018

name of student: _______________________________

name of preceptor: _______________________________

clinical practice agency: _______________________

name of faculty advisor: _________________________

please comment on each of the points indicated. refer to the clinical practice expectations for students in the preceptor handbook for a detailed description of these criteria.

safe, ethical and competent practice

1. Student demonstrates professional responsibility and accountability throughout the course. Student demonstrates understanding and effective use of guiding legislation & standards of practice for registered nurses.

2. Student demonstrates the ability to provide safe, ethical and competent practice and the readiness to transition from student to the role of beginning practitioner. By the completion of the course, student demonstrates competence and confidence in nursing practice, ability to integrate a wide range of nursing and related knowledge in clinical practice, and engages in ethical decision-making, priority setting and workload management at the level expected of a beginning practitioner.

scholarship and critical inquiry

3. Student demonstrates a sound knowledge base, effective critical thinking skills and the development of an evidence-informed practice.

centrality of relationships and interdisciplinarity/interprofessional collaboration

4. Student demonstrates effective relational or communication skills within the nurse-client relationships and effective collaborative relationships with the interprofessional healthcare team.

promotion of health and capacity building

5. Student demonstrates the ability to advocate for individuals, groups, families and communities as appropriate and to integrate concepts of health promotion and disease prevention into their nursing practice.

additional comments:
Quick Tips for Conducting Evaluations

✓ Book a meeting room (if possible) to meet with the student in private
✓ Provide the student with as many specific examples as possible to support your assessment of their progress

Guidelines for Completing Clinical Evaluations

Although we understand that writing evaluations can be time consuming, they are extremely important! Students take their evaluations very seriously as they are receiving important feedback on their clinical performance and they provide students with areas for growth in future clinical placements. For the faculty, well written meaningful and individual evaluations help us understand how a student is performing in the clinical setting (during a specific course and over the program) and help us identify students who might be struggling and/or might need extra help in our Simulation Lab.

✓ Meaningful and individual evaluations: The evaluation is written in such a way that it provides a precise and accurate description of the individual student’s progress in clinical. It includes examples from the student’s clinical placement. It is also clear from the evaluations how the student has met the course learning outcomes and if there are any concerns.

It is important that when completing a clinical evaluation, the language be consistent. Try to align your description of your student’s performance/ability/progress with the Faculty’s definitions in the table on the following page.

Example: “Towards the completion of her placement, student X was demonstrating an excellent ability to make clinical decisions based on theory. For example, in her teaching with a new mom about breastfeeding (describe application of theory to practice here)”. OR, “Towards the end of his placement, student Y showed much improvement and now demonstrates a good ability to make clinical decisions based on theory… (provide example)…”

Lawrence S. Bloomberg Faculty of Nursing Grade Scale and Definitions

Using the language in the following table to describe the student’s progress/ability/performance will help you provide the most accurate description of your student’s as well as remain consistent throughout your evaluations. Additionally, if all preceptors and faculty use the same consistent language, then it becomes much easier to understand how the students have progressed in clinical.
<table>
<thead>
<tr>
<th>Meaning</th>
<th>Definition</th>
</tr>
</thead>
</table>
| **Excellent** | • extensive knowledge base  
                  • strong evidence of original thinking  
                  • capacity to critically analyze and synthesize  
                  • consistent ability to make decisions based on theory and critical evaluation |
| **Good**    | • sound knowledge base  
                  • original thinking  
                  • some critical capacity and analytic ability  
                  • some ability to make decisions based on theory  
                  • ability to evaluate critically |
| **Adequate** | • satisfactory knowledge base  
                  • some ability to analyze unfamiliar problems, make decisions and evaluate critically |
| **Inadequate** | • unsatisfactory knowledge base  
                  • problem solving limited to routine application of rules and/or based on inaccurate observation  
                  • errors of judgment in decision-making or limited ability to make decisions independently and limited ability to evaluate critically  
                  • wholly inadequate  
                  • little evidence of even a superficial knowledge base  
                  • lacking in ability to problem-solve, make decisions and evaluate |

You might find using the terms - independent, supervised, assisted, provisional, dependent – helpful when considering and evaluating a student’s performance in clinical practice. Below is an example using Krichbaum et al.’s (1994) clinical evaluation tool in conjunction with the Bloomberg Faculty of Nursing’s definitions.

**Examples**

| Excellent Independent | Performs safely and accurately each time behaviour is observed without supportive cues from the instructor  
                  • Demonstrates dexterity  
                  • Spends minimal time on task  
                  • Appears relaxed and confident during performance of task  
                  • Applies theoretical knowledge accurately each time  
                  • Focuses on client while giving care |
<table>
<thead>
<tr>
<th>Supervised</th>
<th>Adequate Assisted</th>
<th>Inadequate Provisional</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Performs safely and accurately each time behaviour is observed</td>
<td>Performs safely and accurately each time observed</td>
<td>Performs in an unsafe manner; unable to demonstrate behaviour</td>
</tr>
<tr>
<td></td>
<td>Requires a supportive or directive cue occasionally during performance of task</td>
<td>Requires frequent supportive and occasional directive cues</td>
<td>requires continuous supportive and directive cues</td>
</tr>
<tr>
<td></td>
<td>Demonstrates coordination, but uses some unnecessary energy to complete behaviour/activity</td>
<td>Demonstrates partial lack of skill and/or dexterity in party of activity: awkward</td>
<td>Performs in an unskilled manner; lacks organization</td>
</tr>
<tr>
<td></td>
<td>Spends reasonable time on task</td>
<td>Takes longer time to complete task; occasionally late</td>
<td>Appears frozen, unable to move, non-productive</td>
</tr>
<tr>
<td></td>
<td>Appears generally relaxed and confident; occasionally anxiety may be noticeable</td>
<td>Appears to waste energy due to poor planning</td>
<td>Unable to identify principles or apply them</td>
</tr>
<tr>
<td></td>
<td>Focuses on client initially; as complexity increases, focuses on task</td>
<td>Identifies principles, but needs direction to identify application</td>
<td>Attempts activity or behaviour, yet is unable to complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focuses primarily on task or own behaviour, not on client</td>
<td>Focuses entirely on task or own behaviour</td>
</tr>
</tbody>
</table>
Quick Tips for Writing Final Clinical Evaluations

- Review your notes
- Review the clinical learning outcomes for the course and ensure each is addressed in your comments
- Focus on behaviour (what you observed or heard) and avoid interpretations of the behaviour, such as “lazy”, “disinterested”, “incompetent”, “bad attitude”.
- Be as specific as possible
- Include as many examples as possible: “student did a great job with family” is clearer when described as “student was able to sit down with patient’s daughter and explain how her mother could have acquired pneumonia… daughter appeared relieved and less likely to blame herself following this discussion”.
- Use appropriate adjectives to help articulate the student’s performance/ ability/progress such as: consistently, always, usually, occasionally, sometimes, seldom, rarely; excellent, very good, good, adequate / satisfactory.
- Always try to formulate “areas for improvement or further development”. This gives the student something tangible to focus on for their next clinical placement.
- Try to use the term “novice, beginning, entry year level, senior year level” in describing student’s behaviour and skills. For example, “Student X demonstrated her interpersonal skills at a novice level…”

Reference:


SECTION 4: POLICIES AND PROCEDURES

The following section will provide you with the Lawrence S. Bloomberg Faculty of Nursing and University of Toronto’s policies and procedures on student professional conduct.

Standards of Professional Practice Behaviour for all Health Professional Students (Approved by University of Toronto’s Governing Council - June 17, 2008)

The following section on the University of Toronto’s Standards of Professional Practice and Behaviour for all Health Professional Students can be found on the University of Toronto’s website at: http://www.governingcouncil.utoronto.ca/policies/Professional_Practice_Behaviour_Health_Prof_Students.htm

Preamble

Health professional students engage in a variety of activities with patients/clients under supervision and as part of their academic programs. During this training, the University, training sites, and society more generally expect our health professional students to adhere to appropriate standards of behaviour and ethical values. All health profession students accept that their profession demands integrity, exemplary behaviour, dedication to the search for truth, and service to humanity in the pursuit of their education and the exercise of their profession.
These Standards express professional practice and ethical performance expected of students registered in undergraduate, graduate and postgraduate programs, courses, or training (for the purposes of this policy, students includes undergraduate/graduate students, trainees including post-doctoral fellows, interns, residents, clinical and research fellows or the equivalents) in the:

(a) Faculty of Dentistry;
(b) Faculty of Medicine;
(c) Lawrence S. Bloomberg Faculty of Nursing;
(d) Leslie Dan Faculty of Pharmacy;
(e) Faculty of Physical Education and Health;
(f) Factor-Inwentash Faculty of Social Work:
(g) Ontario Institute for Studies in Education (OISE Programs in School and Clinical Child Psychology; Counseling Psychology for Psychology Specialists; Counseling Psychology for Community and Educational Settings).

By registering at the University of Toronto in one of these Faculties or in courses they offer, a student accepts that he/she shall adhere to these Standards. These Standards apply to students in practice-related settings such as fieldwork, practicum, rotations, and other such activities arranged through the Faculty, program of study, or teaching staff. Other Faculties that have students engaged in such activities in health settings may also adopt these standards.

These Standards do not replace legal or ethical standards defined by professional or regulatory bodies or by a practice or field setting, nor by other academic standards or expectations existing at the University of Toronto. Action respecting these Standards by the Faculty responsible for the program or course does not preclude any other action under other applicable University policies or procedures, action by program regulatory bodies, professional bodies, or practice/field settings, or action under applicable law including the Criminal Code of Canada.

Breach of any of these Standards may, after appropriate evaluation of a student, and in accordance with applicable procedures, be cause for dismissal from a course or program or for failure to promote.

**Standards of Professional Behaviour and Ethical Performance**

All students will strive to pursue excellence in their acquisition of knowledge, skills, and attitudes in their profession and will uphold the relevant behavioural and ethical standards of his or her health profession or Faculty, including:

1. Keeping proper patient/client records
2. Where patient/client informed consent to an action is required, the student will act only after valid informed consent has been obtained from the patient/client (or from an appropriate substitute decision-maker)
3. Providing appropriate transfer of responsibility for patient/client care
4. Being skillful at communicating and interacting appropriately with patients/clients, families, faculty/instructors, peers, colleagues, and other health care personnel
5. Not exploiting the patient/client relationship for personal benefit, gain, or gratification
6. Attending all mandatory educational sessions and clinical placements or provide appropriate notification of absence
Demonstrating the following qualities in the provision of care:
(a) empathy and compassion for patients/clients and their families and caregivers;
(b) concern for the needs of the patient/client and their families to understand the nature
of the illness/problem and the goals and possible complications of investigations and
treatment;
(c) concern for the psycho-social aspects of the patient’s/client’s illness/problem;
(d) assessment and consideration of a patient’s/client’s motivation and physical and mental
capacity when arranging for appropriate services;
(e) respect for, and ability to work harmoniously with, instructors, peers, and other health
professionals;
(f) respect for, and ability to work harmoniously with, the patient/client and all those
involved in the promotion of his/her wellbeing;
(g) recognition of the importance of self-assessment and of continuing education;
(h) willingness to teach others in the same specialty and in other health professionals;
(i) understanding of the appropriate requirements for involvement of patients/clients and
their families in research;
(j) awareness of the effects that differences in gender, sexual orientation, cultural and
social background may have on the maintenance of health and the development and
treatment of illness/problems;
(k) awareness of the effects that differences in gender, sexual orientation, and cultural and
social background may have on the care we provide;
(l) respect for confidentiality of all patient/client information; and,
(m) ability to establish appropriate boundaries in relationships with patients/clients and with
health professionals being supervised;

These Standards articulate the minimum expected behaviour and ethical performance; however, a
student should always strive for exemplary ethical and professional behaviour.

A student will refrain from taking any action which is inconsistent with the appropriate standards of
professional behaviour and ethical performance, including refraining from the following conduct:

1. Misrepresenting or misleading anyone as to his or her qualifications or role
2. Providing treatment without supervision or authorization
3. Misusing or misrepresenting his/her institutional or professional affiliation
4. Stealing or misappropriating or misusing drugs, equipment, or other property
6. Unlawfully breaching confidentiality, including but not limited to accessing electronic
   records of patients/clients for whom s/he is not on the care team
7. Being under the influence of alcohol or recreational drugs while participating in
   patient/client care or on call or otherwise where professional behaviour is expected
8. Being unavailable while on call or on duty
9. Failing to respect patients’/clients’ rights and dignity
10. Falsifying patient/client records
11. Committing sexual impropriety with a patient/client ¹
12. Committing any act that could reasonably be construed as mental or physical abuse
13. Behaving in a way that is unbecoming of a practicing professional in his or her respective
    health profession or that is in violation of relevant and applicable Canadian law, including
    violation of the Canadian Criminal Code.

¹ Students who have (or have had) a close personal relationship with a colleague, junior colleague, member of
   administrative staff or other hospital staff should be aware that obligations outlined in the Provost’s Memorandum
   on Conflict of Interest and Close Personal Relations pertain to these Standards.

http://www.provost.utoronto.ca/policy/relations.htm
Assessment of Professional Behaviour and Ethical Performance

The Faculties value the professional behaviour and ethical performance of their students and assessment of that behaviour and performance will form part of the academic assessment of health professions students in accordance with the Grading Practices Policy of the University of Toronto. Professional behaviour and ethical performance will be assessed in all rotations/fieldwork/practicum placements. These assessments will be timely in relation to the end of rotation/fieldwork placement/practicum and will be communicated to the student.

Each Health Science Faculty will have specific guidelines related to these Standards that provide further elaboration with respect to their Faculty-specific behavioural standards and ethical performance, assessment of such standards and relevant procedures.

Breaches of these Standards or of Faculty-specific guidelines related to these Standards are serious academic matters and represent failure to meet the academic standards of the relevant health profession program. Poor performance with respect to professional or ethical behaviour may result in a performance assessment which includes a formal written reprimand, remedial work, denial of promotion, suspension, or dismissal from a program or a combination of these. In the case of suspension or dismissal from a program, the suspension or dismissal may be recorded on the student’s academic record and transcript with a statement that these Standards have been breached.

With respect to undergraduate students, appeals against decisions under this policy may be made according to the guidelines for such appeals within the relevant Faculty.

In the case of graduate students, the procedures for academic appeals established in the School of Graduate Studies shall apply. Recommendation to terminate registration in a graduate program must be approved by the School of Graduate Studies. Decisions to terminate registration in a graduate program may be appealed directly to the School of Graduate Studies Graduate Academic Appeals Board (GAAB) in accordance with its practices and procedures.

In cases where the allegations of behaviour are serious, and if proven, could constitute a significant disruption to the program or the training site or a health and safety risk to other students, members of the University community, or patient/clients, the Dean of the Faculty responsible for the program or course is authorized to impose such interim conditions upon the student, including removal from the training site, as the Dean may consider appropriate.

In urgent situations, such as those involving serious threats or violent behaviour, a student may be removed from the University in accordance with the procedures set out in the Student Code of Conduct.

Guidelines for BScN Student Performance of Clinical Procedures

The practice of nursing students is guided by the principles of Competence, Client Safety, and Authority as per legislation and/or agency policy. Instructors, preceptors and students are expected to be familiar with and follow agency policies in relation to student practice.

Regardless of what is authorized through legislation or policies, students must provide care only in circumstances where they have the necessary knowledge, skill, and judgment to perform safely, effectively, and ethically. The nursing student is expected to:
• Identify situations where he/she requires assistance
• Seek appropriate assistance, direction, and supervision

The Regulated Health Professions Act provides for nursing students (who are not authorized as members of the profession) to perform Controlled Acts under the supervision or direction of a member of the profession. The supervision may be direct or indirect based on the student’s demonstrated skill and competency. The supervision may be provided by a preceptor from the clinical agency who is a Registered Nurse who holds a current certificate of registration AND who regularly works in the clinical area where he/she is providing supervision.

In order to ensure maximum safety for the clients and the students, the following guidelines are recommended:

1. The preceptor/Registered Nurse will co-sign the narcotic record sheet when a student removes any narcotic from the locked drawer.

2. Any required calculation for fractional dosage is to be checked by the preceptor/Registered Nurse.

3. In the policy manual of some hospitals, certain procedures require special supervision and two RN signatures, e.g. administration of:
   - heparin
   - insulin
   - narcotics per infusion
   - digoxin
   - narcotic wasted
   - chemotherapy
   - blood and blood products infusion

   Where signatures of two registered nurses are required (ex: narcotic wastage), the student will co-sign as a witness. The signatures of 2 RNs are required in addition to the student’s signature.

4. Students are NOT permitted to:
   - witness consents for procedures or other legal documentation
   - accept verbal or telephone orders from a doctor
   - accept responsibility for carrying the narcotics keys
   - be in charge of a nursing unit
   - perform any Sanctioned Medical Acts

2 A controlled act is a procedure which poses the risk of significant harm if performed by an unqualified person. The Regulated Health Professions Act lists thirteen generic controlled acts, three of which may be carried out by Nursing. The controlled acts authorized to Nursing are:
   1. Performing a prescribed procedure below the dermis or mucous membrane.
   2. Administering a substance by injection or inhalation.
   3. Putting an instrument hand or finger
      i) beyond the external ear canal
      ii) beyond the point in the nasal passages where they normally narrow
      iii) beyond the larynx
      iv) beyond the opening of the labia majora
      v) beyond the anal verge, or
      vi) into an artificial opening into the body.
5. As a general rule, nursing students may NOT perform any procedure or activity that has been designated as a “Delegated Controlled Act,” “Advanced Nursing Skill,” or a “Special Procedure” which requires additional education/certification. However, exceptions to this can be explored depending on the student’s knowledge base and learning objectives, the frequency with which the skill is required in the clinical area, the potential risk to the client, and the extent of supports (teaching/supervision) available in the clinical setting.

If the preceptor and student decide that the student is capable of providing the particular intervention, approval must be obtained from the agency’s nursing administration. The decision should reflect consideration of the client’s comfort and safety, student’s learning needs as well as the resource requirements and availability for proving the additional education and supervision. If such permission is granted by the agency, it is with the understanding that the preceptor will continue to supervise the student closely during the procedure.

Examples of skills and acts which students may not perform without receiving approval from the agency are listed here:

- care of a ventilated client
- venipuncture
- vaginal examination
- flushing a saline lock
- removal of chest tubes
- glucometer readings
- care of central venous lines
- removal of an epidural catheter
- nasogastric tube insertion (newborn)
- administering analgesia (top-up) for continuous epidural
- adding anything into the infusing IV tubing below the drip chamber
- drawing blood from an arterial line
- procedures in connection with dialysis
- insertion, repositioning or removal of a pulmonary artery line
NUR 470: Clinical Practice Expectations

Nursing is a practice profession and those who enter the profession must practice within the rights and responsibilities expected by the profession. Caring is necessary but not sufficient. Technical competence is required, but there is more to nursing than safe practice.

Minimal acceptable expectations for safe clinical practice are described below in the following areas: 1) safe, ethical and competent practice (professional responsibility and accountability, knowledge-based practice, ethical practice and self-regulation), 2) scholarship and critical inquiry, 3) centrality of relationships, 4) interdisciplinarity and interprofessional collaboration, and 5) promotion of health and capacity building.

These clinical practice expectations incorporate the seven professional standards that describe the professional expectations of nurses which are: accountability, continuing competence, ethics, knowledge, knowledge application, leadership, and relationships: therapeutic nurse-client relationships and professional relationships (Professional Standards, Revised 2002). They are also based on the Competencies for Entry-Level Registered Nurse Practice (CNO, Revised Jan. 2014): professional responsibility and accountability, knowledge-based practice; ethical practice, service to the public and self-regulation.

The descriptors below are broad and meant to reflect the overall manner in which students are expected to conduct themselves. These clinical practice expectations also provide more detail for students, preceptors and faculty advisors when completing midterm and final evaluations for NUR470.

At the end of this course, students will demonstrate skill in relation to the following:

1. **Safe, Ethical and Competent Practice**
   a) **Professional Responsibility and Accountability**
      1. Initiates contact with preceptor/manager prior to commencing clinical practice, as appropriate
      2. Participates in agency orientation as appropriate
      3. Arrives on time at clinical setting. If unable, notifies agency and/or preceptor appropriately
      4. Dresses as appropriate to institution/agency or policy
      5. Completes negotiated care within appropriate time frame and with appropriate supervision
      6. Identifies own limitations and seeks assistance, guidance, and supervision as necessary
      7. Demonstrates respect and consideration for nursing colleagues
      8. Notifies preceptor and/or other staff as appropriate of significant changes in client’s condition in a timely manner
      9. Notifies preceptor and/or other staff as appropriate when leaving the unit for breaks, conference, or any other purpose and at the end of clinical day, ensuring that the responsibility for care has been passed on to another nurse
     10. Completes documentation accurately, comprehensively, in a timely manner and as per agency policy
     11. Takes action in situations in which client safety and well-being are compromised
     12. Ensures practice is consistent with CNO’s standards of practice and guidelines as well as legislation
   b) **Knowledge-Based Competent Practice**
      13. Demonstrates competent application of knowledge using the nursing process (assessment, planning, implementation of care and evaluation)
      14. Uses appropriate knowledge and tools to guide assessments
15. Performs comprehensive and holistic assessments in accordance with knowledge and skill level
16. Utilizes various techniques for data collection (including observation, chart review, interview, physical assessment, and consultation with colleagues)
17. Develops a plan of care which is comprehensive, reflects theoretical rationale for actions, and is individualized to the client/family/community
18. Carries out interventions according to appropriate policies, procedures, and standards
19. Analyzes and evaluates care provided and modifies practice accordingly
20. Demonstrates safety through appropriate use of evidence-informed knowledge (e.g. aseptic/sterile technique, Routine Practices and Additional Precautions, etc)
21. Manages increasingly complex nursing assignments and workload
22. Demonstrates sound clinical reasoning and critical thinking skills
23. Demonstrates competence in priority setting as well as organizational and workload management
24. Proactively seeks most recent research, best evidence and best practices for use in the provision of nursing care using a variety of sources

c) Ethical Practice
25. Demonstrates honesty, integrity and respect in all professional interactions
26. Maintains appropriate professional boundaries with clients and other team members
27. Promotes a safe environment for clients, self, other health care providers and the public
28. Negotiates priorities of care and desired outcomes with clients while demonstrating an awareness of cultural safety and the influence of existing positional power relationships.
29. Demonstrates respect for differences related to factors such as race, gender, sexual orientation, religion and socio-economic class
30. Ensures that informed consent is provided
31. Uses an ethical framework and evidence-informed process to address ethical issues
32. Identifies the effect of own values, beliefs and experiences in relationships with clients, and recognizes potential conflicts while ensuring culturally safe client care

d) Self-Regulation
33. Understands and practices within limits/scope of own role as student
34. Demonstrates continuing competence and preparedness to meet regulatory requirements by reflecting on own practice and identifying learning needs as well as seeking and using new knowledge
35. Seeks assistance at appropriate times recognizing limits in knowledge, skill and judgement.
36. Maintains confidentiality for clients
37. Promotes client and family choice
38. Utilizes agency policies to guide practice as well as Bloomberg Faculty of Nursing guidelines on professional comportment (course syllabus), Guidelines for BSCN Student Performance of Clinical Procedures (course handbook), Standards of Professional Practice Behaviour for all Health Professional Students (faculty calendar) and Guidelines for Ethical and Professional Conduct for Lawrence S. Bloomberg Faculty of Nursing Students (faculty calendar).
39. Keeps preceptor and faculty advisor informed regarding hours of practice (schedule) and any issues which may arise in the clinical setting

2. Scholarship and Critical Inquiry
1. Demonstrates a specialized body of knowledge including but not limited to the following:
a. Pathophysiology and treatment of health conditions encountered in practice
b. Appropriate monitoring guidelines (diagnostic procedures, lab tests etc.) for client’s condition and the attendant therapy

c. Classification, action, indication, contraindications, and complications of drugs taken by client and the legal responsibility associated with administering drugs

d. Cultural and ethical issues surrounding client and family effects of lifespan differences on illness experience and response to illness

e. Theoretical basis for nursing interventions

2. Demonstrates the integration of a body of knowledge from nursing and other disciplines

3. Provides evidence of integration of current research and best practice guidelines to promote evidence-informed care

4. Critically appraises research for relevance to nursing practice

3. Centrality of Relationships

1. Listens to and learns from clients and their families

2. Demonstrates respect, caring, and genuine concern in interactions with clients and families

3. Creates a climate for and establishes a commitment to healing

4. Provides emotional and informational support to individuals and their families

5. Demonstrates therapeutic communication techniques, verbal and nonverbal

6. Understands and interprets human responses to distress, such as fear, anger, anxiety, grief, humor, helplessness, hopelessness

7. Supports client’s coping abilities by supporting and augmenting the client’s sense of self-esteem, power and hope

8. Provides supportive care to the client’s significant others

9. Provides anticipatory guidance regarding the client’s situational needs (e.g., assists clients in identifying changes in daily living requirements created by a transition from hospital to community care)

4. Interdisciplinarity and Interprofessional Collaboration

1. Understands the core competencies related to interprofessional collaboration: role clarification, team functioning, patient/client/family/community-centred care, collaborative leadership, interprofessional communication and interprofessional conflict resolution (Canadian Interprofessional Health Collaborative, 2010)

2. Communicates verbally, and in writing, all aspects of care provided (including assessments, medications and treatment administration, teaching, and any other relevant information obtained from the client and family)

3. Engages in discussion/planning about client/client care with other members of the health team

4. Initiates collaboration with healthcare team members as necessary

5. Promotion of Health and Capacity Building

1. Assesses the sociopolitical factors/social determinants that impact on health and illness

2. Helps individuals, groups, families and communities to identify potential risks to health

3. Uses a collaborative approach with individuals, families, groups and communities to assist them to take responsibility and improve their health

4. Demonstrates the skill of advocacy in care of individuals, groups, families and communities as appropriate.

5. Demonstrates the development of leadership qualities in the coordination of healthcare.
Supporting Learners (CNO, 2009)

The College of Nurses of Ontario has developed a Practice Guideline for nurses working with students in the practice setting. For further information and to access the Practice Guideline, please use the following link: http://www.cno.org/docs/prac/44034_SupportLearners.pdf

Unsafe Performance in Clinical Setting

“Unsafe performance may refer to either a series of incidents/indicators related to failure to apply knowledge, skill, and judgment at a level that would normally be expected of a student at this stage of learning over a period of days or weeks or to a single incident of such seriousness that client/patient safety was or had the potential to be gravely compromised. Unsafe performance may indicate that the student is unfit to continue in a course or courses or to continue as a student in the program.”

University of Toronto Lawrence S. Bloomberg Faculty of Nursing Calendar 2017-2018, p. 43.

Students at Risk

If for any reason you are concerned about a student, it is important that you notify your Faculty Advisor immediately so that they can ensure timely and appropriate action is taken. Once the Faculty Advisor is notified, he/she will want to meet with you to discuss the student’s situation and to gather information about the student. The Faculty Advisor will consult with the faculty as well as with the Undergraduate Program Director to determine the best course of action.

If it is determined that the student may be at risk for failing the clinical course, the Faculty Advisor will work with you to develop a written mid-term evaluation, as well as a learning contract. The learning contract will indicate what the student’s particular learning and practice needs are, as well as a specific course of action. For example, the student may need to work one-on-one in the lab once a week with a faculty member to further develop their knowledge and skills about patient assessment. Once these documents have been developed, the student will be provided with the written mid-term evaluation and the learning contract. The Faculty Advisor will be in touch with you more frequently during the remainder of the clinical rotation to discuss the student’s progress.

In special circumstances, it may be necessary for a faculty member to work with the student one-to-one in the clinical setting to provide extra support. As well, it may be necessary for a faculty member to come to the practice setting to evaluate the student’s progress.

It is important to note that if there needs to be a decision about failing a student in clinical, it is the Faculty’s responsibility to make this decision, not the preceptor. The preceptor will be consulted for their important assessment information about the student’s progress; however, the final decision rests with the Faculty.
**Student Injury**

If a student injures themselves while at clinical (i.e. needle stick injury, fall), it is important that certain steps be followed to ensure that the student receives appropriate follow-up. Please follow the following steps in case of an injury:

1. The student notifies the preceptor as soon as incident/injury occurs. The Faculty Advisor must be notified as well.
2. The preceptor sends the student to the organization’s Occupational Health Department (or the ER if the organization does not have Occupational Health (OH) or if OH is closed).
3. The student is provided a completed medical note by occupational health (or the ER).
4. The preceptor and student complete the University of Toronto Students on Unpaid Work Place Accident Report (see page 31). This form can be found on the Faculty’s website at [https://bloomberg.nursing.utoronto.ca/current-students/student-forms#content4](https://bloomberg.nursing.utoronto.ca/current-students/student-forms#content4)
5. Immediately after the incident, the preceptor must send an email to the NUR 470 Faculty Advisor as well as both Practicum Placement & Professional Development Officers at the faculty:
   - Nora Jantschukeite nora.jantschukeite@utoronto.ca
   - Randa Bronte-Tinkew randa.brontetinkew@utoronto.ca
6. Within 48 hours of the incident, the preceptor must email the following 4 documents to Nora and Randa:
   - Completed and signed University of Toronto Students on Unpaid Work Place Accident Report
   - Completed occupational health or ER documentation
   - Postsecondary Student Unpaid Work Placement Workplace Insurance Claim
   - Letter of Authorization to Represent Employer
7. The Practicum Placement & Professional Development Officers will follow up with the injured student and liaise with the Clinical Coordinator / Course Faculty regarding the student’s return to practicum. If a student is advised to take time off from the clinical placement, the student must obtain a note from his/her family physician before returning to clinical practice. The note should state “May return to regular duties” or “Modify duties”. Modify duties may include e.g. “No heavy lifting” or “Modify schedule”.

**Optional Mentorship Program (for NUR 470 Students April 11 - June 28, 2018)**

During this final clinical experience, we continue to offer an optional Mentorship Program where we connect a number of senior year students in a one to one relationship with mentor volunteers from our cadre of Adjunct Clinical Appointees. Feedback from both students and mentors who have participated in this program continues to be extremely positive.
We offer this mentorship opportunity to all of our senior year students and hope to establish mentorship relationships for interested students placed within all hospitals and agencies throughout Ontario. We will match our students with their mentors once the location of the student’s final placements for NUR470 have been confirmed, and once we have a complete list of student and mentor volunteers.

**Focus of the Mentorship Relationship**
At the end phase of their undergraduate education students are understandably very interested in gaining greater understanding of career choices and exploring employment opportunities. For this reason a mentoring opportunity that is timely with an emphasis on career counselling can be of tremendous value for our soon-to-be graduates. Some of the ways mentors can provide assistance to students include discussion and reflection about career goals, development of clinical résumés, guidance on job searches, preparation for job interviews and participation in a mock employment interview.

**Responsibilities of Mentors & Students**

**Commitment to this Mentorship Program will involve a willingness of each student / mentor pair to meet in person at a negotiated time at the beginning of the clinical practicum and again two to four times throughout the practicum.** Ideally, meetings will take place during clinical hours in an office setting, in the cafeteria over coffee or any other convenient place. Preceptors can expect Mentorship Program students to be off the unit during clinical for 45-60 minute meetings with the Mentor. Meetings outside of clinical hours can be negotiated among students and mentors. This formal mentorship relationship will terminate at the time of the student’s completion of this final integrative practicum, on June 29, 2017. It is anticipated that scheduling times for meetings may at times be challenging considering the course requirement that students complete full-time day, evening and night shifts.

Mentors are not expected to evaluate the students’ performance. Students will be granted time away from the clinical setting to attend meetings with mentors. Faculty will take responsibility for ensuring that there is clear communication about this program to participating students and mentors as well as to student preceptors and faculty advisors associated with the final practicum. We will appreciate feedback from mentors and students about this program at the conclusion of the mentoring relationship through a short online evaluation survey.

The establishment of this Mentorship Program was in response to expressed wishes from both nursing students and adjunct clinical appointees. From the student perspective, there is a desire to have someone they could talk to on a regular basis (who is experienced but not involved in an evaluative capacity in any way) about practice and professional issues and job seeking challenges. From adjunct clinical appointees, we are responding to a well-articulated request for more active engagement with our educational programs and greater interaction with our student body. Mentorship programs such as this are of great value in this regard.
RESOURCES

Student-Teacher Relationship


Clinical Teachers & Clinical Teaching


**Ethics & Professional Practice Standards**


**Unsafe Performance in the Clinical Setting**


UNIVERSITY OF TORONTO
Students on Unpaid Work Placements Accident Report

Submit completed form within 24 hours to: Kong Ng at Fax: 416/978-0899

A Accident Type:  o No Injury  o First Aid  o Health Care  o Last Time  o Critical Injury  o Occupational Disease

B Student (Training Participant) Injured:
Last Name:  First Name:  Sex: M or F
Home Address:  Postal Code:
DOB: (dmy):  Social Insurance Number:  Home Phone:
Placement start date: (dmy):  Depart/Faculty/Address:

C Reporting: Date and time of injury: (dmy) Date reported: (dmy)
To whom was injury reported: (name/title)
If injury not reported immediately - state reason:
Was medical attention sought?  o Yes  o No  If yes provide name/address of attending physician

D Accident/Occupational Disease Details - State exactly (continue on back or attach letter if required)

1. What happened to cause the injury?

2. Explain what the training participant was doing and the effort involved?

3. Describe the injury, part of body involved and specify left or right side.

4. Identify the size, weight, and type of equipment or materials involved.

5. Where did the accident occur? (location, building, room #)

6. What conditions attributed to the accident and what steps have been taken to prevent recurrence?

7. Name and work address of any witnesses who were aware of the accident.

E Please answer all questions - Explain yes answers on back
1. Did the accident occur outside of Ontario? If yes, state where.  o Yes  o No
2. Was anyone not in the University’s employ responsible?  o Yes  o No
3. Do you have any reason to doubt the history of the injury?  o Yes  o No
4. Was employee doing work other than for the university?  o Yes  o No
5. Was there serious and willful misconduct involved?  o Yes  o No
6. Do you know if employee had a similar previous disability?  o Yes  o No

F Complete if any Lost Time from Work
Date and time last worked: (dmy)  Date returned: (dmy)

G To be Signed by Placement Employer
Name and address of placement employer:  Completed by: (please print)

Signature:  Date:  Phone: