INTRODUCTION

It is with pleasure that we welcome you to the Collaborative Bachelor of Science Program in Nursing at Nipissing University and Canadore College.

Nursing is a dynamic, demanding profession; therefore, candidates for this program must be carefully selected. They must prove to be intellectually capable and clinically competent, and function according to professional standards.

The role of the faculty is to assist you in developing the attitudes and competence required to become a professional nurse.

This handbook addresses program specific policies and information for the Bachelor of Science in Nursing program. Please read it carefully. If the information in the handbook is not clearly understood you should seek clarification from the nursing faculty and/or an academic advisor.

General policies and academic regulations are identified in the Nipissing University Calendar for students in the Faculty of Arts and Science.

We wish you success in your studies, lasting friendships, and rewarding relationships at the Education Center and in your future nursing career.

The Nursing Faculty

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Canadore College/Nipissing University
Collaborative BScN Program
Conceptual Framework for the Curriculum
Philosophical Statement on Nursing

CURRICULUM

We believe that nursing is the art and science of caring within a therapeutic relationship.

Nursing, as a profession, has agreed on four major concepts that are common to nursing theories and nursing program curricula. The following definitions of the concepts reflect the values and beliefs of the Canadore College/Nipissing University Collaborative BScN Program.

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

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

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

Nursing – is the art and science of caring within a therapeutic relationship. The nurse uses caring, communication, critical thinking
and change to co-create health with clients and with members of multidisciplinary teams. The process is oriented to the activities of promotion, protection, maintenance, restoration, and palliation.

Philosophical Statement on Nursing Education

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

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

Statement of Purpose

Vision

To co-educate nurse leaders within a culture of scholarship and inquiry so that we generate insightful nursing practice.

Mission

To graduate nurses with an active voice in health care who successfully contribute to the health and well-being of individuals, families, communities, and populations through evidence-based practice.

Values Statement

The Collaborative BScN program, delivered by Nipissing University and Canadore College, is committed to delivering education with an overall focus on student-centred learning and excellence in teaching. It is complemented by experiential and inquiry-based learning, research and scholarly opportunities, and where the learning environment
focuses on student success, is supportive of diversity, and links students to the real world.

Values supported by Nipissing University and Canadore College include a personalized approach to student engagement and are comprised of respect, transparency and communication, integrity, and a commitment to excellence in education.

Collaborative BScN Curriculum Framework

Curriculum is defined as those transactions and interactions that take place between students and teachers and among students with the intent that learning takes place (Bevis & Watson, 1989, p. 72). There is a uniqueness to nursing curricula that is seen in the combination of content and context. The framework of the Canadore College/Nipissing University BScN program reflects that uniqueness. It is founded on ways of knowing that value the acquisition of evidence-based knowledge and the development of critical thinking skills that lead to innovative and creative understandings of peoples’ experiences of health.

The framework for the BScN curriculum is multidimensional and represents nursing. It is founded on the metaparadigm concepts of client (as person), health and environment, as well as the concept of leadership. These four concepts provide the context within which students will learn to practice. A second dimension of the framework is built from the perspectives from which nurses approach their work: health promotion, health protection, health restoration and health maintenance. The third dimension provides the processes that nurses use in co-creating health with clients: caring, communication, critical thinking, and change. As illustrated, it can be visualized as a learning cube (See figure on following page).

The dimensions of the framework are connected in that each learning moment is intended to capture at least one concept along each of the axes, ensuring that each learning moment and experience adds depth and meaning to, and relevance for the student’s developing practice. Because nursing is a practice profession, it is the intent that all of the students’ learning experiences contribute to and enhance their professional practice development.
Framework Dimensions

Context Dimension

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

Person

A person is an ever-changing being in constant interaction with his/her environment. Each person is unique in that each comes with individual experiences that inform the moment and the process of dynamic and creative change. Students explore ‘self’ and the influence that has on professional and therapeutic relationships. Self is the base context within which professional practice takes place. Self is the base context within which clients experience health.
CURRICULUM FRAMEWORK SCHEMATIC

Process Dimensions
- Caring
- Critical Thinking
- Communication
- Change

Context Dimensions
- Person
- Health
- Environment
- Nurse

Perspective Dimensions
- Promotion
- Protection
- Restoration
- Maintenance
Client

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

Nurse/Student

A nurse is a person as defined above, and in addition comes to the nurse-client interaction with an intent to engage in co-creating health in partnership with the client. The nurse, like person, has a unique set of experiences which inform his/her knowledge. In addition to personal experience, the nurse has a specific Code of Ethics (Canadian Nurses Association, 1997), guidelines from the Regulated Health Professions Act, and competencies and standards articulated by the College of Nurses of Ontario from which he/she practices.

Environment

The environment is the ever-changing context within which people live and work and hence, experience health. Students will explore the inseparable and interactive nature of person and environment. Many components of environment, such as political, economical, social, technological, spiritual, cultural, biological, and ecological are studied and their impact on person and health considered.

Health

Health is a personal and societal resource. Health is defined and redefined by each individual (family, community, population) and through therapeutic relationship building, students will comes to recognize the unique meaning of health for each client. Students will consider a variety of health determinants across the lifespan and the influence these determinants have on a client’s ability to do health work.

Nurse

Leadership is a process that raises one another to higher levels of motivation and morality. A credible leader strives for honesty, competency, inspiration, and is forward looking. The next generation of leaders, those who will create the preferred future for nursing, will
be people who can propel a vision, empower followers to work enthusiastically to realize a vision, meet change “head-on” and grow from it, explore conflict to ensure people are thinking in different ways, and keep harmful stress at a minimum for themselves and the organization (Grossman & Valiga, 2000).

Perspective Dimension

This dimension of the framework asks the nurse to declare his/her perspective, view, or intent within the nurse-client relationship. While it is not only possible but also probable that more than one perspective is guiding the nurse’s work, it is necessary that the nurse be able to articulate the perspective in use and its relevance.

Health Promotion

Health promotion is the process of enabling clients to increase their control over and to improve their health (World Health Organization, 1986). Students will explore the impact of the broad determinants of health (peace, shelter, education, food, income, stable eco-system, sustainable resources, social justice, and equity) on their clients, as well as interventions aimed at changing these determinants for the purpose of improving health and quality of life.

Health Protection

The goal of health protection is directed towards decreasing the probability of experiencing illness and injury. Students will learn to assess risk factors of diseases/injury and create strategies to alleviate them.

Health Maintenance

Health maintenance is aimed at preserving an optimal quality of life and working with clients to sustain healthful living. Nurses must understand the meaning of ‘quality of life’ from the client’s perspective, creating a reference point from which to engage in health maintenance work with the client. Palliative care nursing involves health maintenance as the client strives to maintain quality at end of life.

Health Restoration

The goal of health restoration is to restore a client’s function to a normal or near normal state. Students will learn recognition and
treatment patterns for existing health problems. The nurse’s role in rehabilitation, limiting the incapacitation caused by disease or injury, and preventing recurrences of specific health problems is explored in depth.

**Process Dimension**

This dimension displays 4 critical processes which nurses use in their daily practice. Frequently nurses will use all of these processes simultaneously within their role.

**Caring**

Caring is central to nursing and is both an attitude and an activity. A variety of theoretical views of caring are explored allowing students to build caring skills unique and meaningful to their own developing practice. Watson speaks of caring as the essence of the art and science of nursing, and states:

> Human care requires high regard and reverence for a person and human life, non-paternalistic values that are related to human autonomy and freedom of choice... emphasis is placed on helping a person gain more self-knowledge, self-control, and readiness for self-healing (1989, p. 223).

**Communication**

Communication is the exchange of thoughts through a variety of approaches. Within a communication exchange, message content and interpretation information is contained. Nurses must understand the many factors that influence not only how messages are sent, but also how they are perceived. In their exploration of communication theory, students will develop the necessary skills to facilitate communication, as well as identifying and dismantling barriers to communication.

**Critical thinking**

The process of critical thinking is inherent to nursing. Critical thinking involves purposeful reflection of one’s thinking and the thinking of others. Critical thinking involves calling into question the assumptions underlying our customary, habitual ways of thinking and acting, and then being ready to think and act differently. Nurses use critical thinking when exploring what to believe or do (Alfaro-Lefevre, 1989). Critical
thinking encompasses reflection, creativity, problem solving, and decision making. The nursing process provides a framework for critical thinking in nursing. The process of critical thinking is applied in all aspects of research, including accessing, appraising, implementing, and promoting evidence-based nursing practice.

Change

Initiating planned change and responding to unplanned or unexpected change is an expectation of professional nurses. Planned change refers to the process that brings about an alteration in the behaviours and understandings of persons, organizations, and systems.

The nurse must have a thorough understanding of change process and change theory in order to effectively promote, facilitate, and implement change. The nurse must also possess the knowledge, skills, and resources to respond to unexpected change in the behaviours and understandings of persons, organizations, and systems. Change is an integral component of nursing care, education, leadership, management, and political activism.

*Co-creation: Co-creation refers to the effort or health work that occurs when nurses partner with clients (and their significant others) and other health care providers toward creating new understandings of the human health experience and thus creating reality within the lived experiences of clients.

Planned Curriculum

The curriculum framework identifies the primary forces or dimensions of nursing as viewed within the Collaborative BScN program. Program content is developed to meet the knowledge needs of beginning practitioners consistent with the Statement on Baccalaureate Education from the Canadian Association of Schools of Nursing. Each of the three dimensions of the framework is explored in increasing depth and complexity as learners progress through the 4 years of the program. This increasing depth and complexity is reflected in the year objectives and further in the course descriptions. Content exploration and coverage is intended to ensure that all graduating students meet the competencies set out in Ontario by the College of Nurses of Ontario. As well, courses,
content, and learning activities were influenced by the Regulated Health Professions Act guidelines and the Canadian Nurses Association Code of Ethics.

The Learning Cube (schematic representation of curriculum framework) is envisioned as a dynamic entity. The purpose or intent of the boundaries or outside walls of the cube is to create a space into which teachers and learner step to explore course content, concepts, and issues; creating learning moments. From inside the Learning Cube, teachers and learners consider nursing phenomena in light of the 12 identified concepts within. Early in the program, learners may view/explore curriculum content with purposeful focus on only one or a few of the elements of Learning Cube concepts. It is expected that successful progression through the program will be reflected in the learners ability to intentionally consider increasingly more elements within any given situation. The nursing practice of graduates of the program would evidence a focused attention and synthesis of all elements relevant to their practice situation. The faculty acknowledges the influence of Benner’s (1984) work, From Novice to Expert, in the vision of the learning cube, while recognizing that the graduate is a novice generalist.

Lived Curriculum

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

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

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

Program Outcomes

The Canadore College/Nipissing University Collaborative BScN Program graduates nurse leaders who:

1. Apply the concept of caring to practice professionally within legislative and ethical parameters.

2. Develop and sustain therapeutic relationships and/or partnerships with clients (individuals, families, communities, and populations).

3. Co-create health and well-being with complex clients.

4. Use the nursing process to safely and competently facilitate clients in identifying, planning for and achieving their health goals through the perspectives of health promotion, health protection, health maintenance and health restoration.

5. Communicate effectively and participate actively in the health care team.

6. Use critical thinking skills to apply relevant principles and theories in nursing practice.

7. Practice evidence based nursing by applying and assisting others to apply appropriate research results.

8. Purposefully engage in the process of change to support the application of nursing leadership.
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<th>Year Two</th>
<th>Year Three</th>
<th>Year Four</th>
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<tr>
<td>1. Recognizes the application of caring and practices professionally with guidance within legislative and ethical parameters.</td>
<td>1. Uses caring skills to practice professionally with minimal guidance within legislative and common ethical parameters.</td>
<td>1. Uses caring skills to practice professionally within legislative and common ethical parameters.</td>
<td>1. Applies the concept of caring to professional practice within legislative and ethical parameters.</td>
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<tr>
<td>2. With guidance, develops a therapeutic relationship and/or partnership with individual adult clients.</td>
<td>2. With minimal guidance, develops therapeutic relationships and/or partnerships with individual clients and significant others across the lifespan.</td>
<td>2. Develops therapeutic relationships and/or partnerships with individuals, families, groups, communities and populations.</td>
<td>2. Develops and sustains therapeutic relationships and/or partnerships with clients (individuals, families, groups, communities and populations).</td>
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<tr>
<td>3. Co-creates health and well-being with individual adult clients.</td>
<td>3. Co-creates health and well-being with individual clients across the lifespan.</td>
<td>3. Co-creates health and well-being with individuals, families, groups, communities and populations.</td>
<td>3. Co-creates health and well-being of complex clients.</td>
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<tr>
<td>4. With guidance, uses the nursing process to safely and competently assist the individual adult client to identify and meet common health goals through the perspectives of health promotion, health protection, health restoration and health maintenance.</td>
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<tr>
<td>4. With minimal assistance, uses the nursing process to assist individual clients across the lifespan to identify and meet common health goals through the perspectives of health promotion, health protection, health restoration and health maintenance.</td>
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<tr>
<td>4. With minimal assistance, uses the nursing process to assist families, communities and populations to identify and meet health goals through the perspectives of health promotion, health protection, health restoration and health maintenance.</td>
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<tr>
<td>Uses the nursing process to safely and competently facilitate individuals, families, groups, communities and populations in achieving their health goals through the perspectives of health promotion, health protection, health restoration and health maintenance.</td>
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<p>| 5. Participates in the health care team by recognizing the various roles of the health care team and communicates with selected members. |
| 5. Participates in the health care team by recognizing common significant clinical findings for the individual client across the lifespan and communicate them to selected health team members. |
| 5. Participates in the health care team by recognizing common significant clinical findings for individuals, families, groups, communities and populations and communicates them to |
| 5. Communicates effectively and participates actively in the health care team |</p>
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<td>6. Demonstrates a beginning understanding and application of the critical thinking process.</td>
<td>6. Uses critical thinking skills to apply selected principles and theories in nursing practice.</td>
<td>6. Uses critical thinking skills to apply selected principles and theories in nursing practice.</td>
<td>6. Uses critical thinking skills to apply relevant principles and theories in nursing practice.</td>
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<tr>
<td>7. Recognizes the role of research in contributing to evidence-based nursing practice.</td>
<td>7. With minimal guidance seeks relevant research reports to support nursing practice</td>
<td>7. Independently seeks and incorporates relevant research results into nursing practice with families and groups</td>
<td>7. Practices evidence-based nursing by applying and assisting others to apply appropriate research results.</td>
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<td>8. Develops awareness of the process of change and the values and roles within nursing leadership.</td>
<td>8. Assumes a beginning leadership role when working with individual clients across the life span.</td>
<td>8. Assumes a beginning leadership role when working with individuals, families, groups, communities, and populations.</td>
<td>8. Purposefully engages in the process of change to support the application of nursing leadership.</td>
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Gradual stepped learning outcome process.
Important Information for Individuals Enrolling in Nursing Programs in Ontario

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

- not have been found guilty of a criminal offence or an offence under the *Narcotic Control Act (Canada)* or the *Food and Drugs Act (Canada)*;
- not have been the subject of a finding of professional misconduct, incompetence or incapacity, whether in Ontario or in another jurisdiction and whether in relation to the nursing profession or another health profession;
- not currently be the subject of proceedings for professional misconduct, incompetence or incapacity, whether in Ontario or in any other jurisdiction and whether in relation to the nursing profession or another health profession; and
- not suffer from a physical or mental condition or disorder that makes it desirable in the public interest that he or she not practice nursing.

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

If you have any questions about these registration requirements, please contact CNO at (416) 928-0900 or 1-800-387-5526. CNO website: [www.cno.org](http://www.cno.org)
GENERAL ACADEMIC GUIDELINES

Grades

To graduate with a Collaborative BScN degree students must:

- Satisfy all stated requirements for the degree;
- Complete all 120 credits in no more than 162 credit attempts with an overall average of 60% (only courses taken at Nipissing University are to be included in the average);
- Successfully complete all NURS classroom courses with a minimum grade of 60%, and all clinical practicum courses with a “Satisfactory” grade;
- Complete the program within seven (7) years of the original date of admission;

Assignments

The following guidelines apply unless indicated otherwise in the course outline. All assignments must include references and follow APA format. Assignments must be submitted on time. Five percent (5%) of the potential mark standardized to 100% will be lost for each workday of lateness. Spelling and grammar must be accurate. A maximum of 20% of the mark for each written assignment will be assigned to spelling, grammar, and format. All assignments are due on the specified date. If permission is received for a late submission, the assignment will be due on the agreed upon date.

Attendance Policy

Punctual and regular attendance is essential for the successful completion of a course. When absenteeism exceeds 20%, the students may be excluded from writing the final examination.

Absences from Quizzes, Tests, etc.

The following guidelines apply unless indicated otherwise in the course outline. A mark of zero (0) will be given for any missed test or quiz, unless alternate arrangements are made with the professor. There will be no rewrites or supplementals for tests and quizzes.
Absences from Final Examinations

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

Attendance Policy (for Clinical Practicum courses)

Full-time attendance is part of the value system of the professional nurse and of the nursing profession. Attendance at all clinical experience (including lab/sim, pre-clinical, post-conference, and community placements) is COMPULSORY and will contribute significantly to a student’s success in nursing.

Records of attendance at clinical experience (including lab/sim, pre-clinical, post-conference, and community placements) will be maintained during the length of the program. Students’ records of attendance will be shared in all letters of reference prepared by the collaborative program.

Requesting and Reporting Absences

Students must follow the instructions given by their teachers during orientation, for reporting absence in the clinical area.

If requesting leave for extenuating circumstances, students must notify the Program Manager of the Collaborative BScN Program and their Professor for that course. Length of leave will be discussed on an individual basis. Leave due to illness requires a primary health provider note; bereavement leave may require death certificate and travel receipts. Additional assignments may be required for students who have missed clinical experiences.
Policy on Academic Dishonesty

The University takes a most serious view of such offences against academic honesty as plagiarism, cheating, and impersonation. Penalties for dealing with such offences will be strictly enforced. For full details of the policy on academic dishonesty see the appropriate section of the Nipissing Academic Calendar. The professor may use plagiarism software.

Grade Procedure

The following definitions are taken from the Nipissing University calendar. Please refer to the calendar for further explanation:

Definitions

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

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

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

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

Academic Standing (BA, BSc, BScN, BBA, Second Degree Programs)

Nipissing Regulation – (Approved by Senate, June 2004)

For full-time students academic standing is determined at the end of the fall-winter session (September to April). The following assessment for academic standing will be implemented beginning September 2004.
• A student’s cumulative average (out of 100) will be a weighted average based on all grades submitted. The student’s term and annual reports will include their cumulative average, sessional average, cumulative GPA, sessional GPA and class average.
• A numerical grade for every student registered for a course will be submitted, with the exception of mastery courses, such as clinical practicum courses in nursing.
• A cumulative percentage average and a sessional percentage average will be calculated for every student. The sessional average will use grades from the fall and winter terms.
• A student may be allowed to repeat a course once and the higher grade obtained will be used in the calculation of the cumulative and sessional (if appropriate) average. If a student fails the course on a second attempt after first passing, then the credits obtained for that course on the first attempt will be kept. A student may attempt a course for a third time only with departmental approval. A student in the nursing program may not receive an “Unsatisfactory” grade in more than one clinical practicum course throughout the program. If a second “Unsatisfactory” is achieved, the student will be required to withdraw from the nursing program.
• If the cumulative average is below 50%, then the student will be required to withdraw for at least one year. The earliest possible start date for re-admission is the Fall term following the 1st anniversary of the withdrawal. If the cumulative average is between 50 and 59 (averages rounded up), then the student will be placed on academic probation. Students may use marks from the first spring term to clear probation or withdrawal status.
• All students placed on probation will be restricted to a maximum of 24 credits for the fall and winter terms following (maximum four courses per term).
• If a student does not clear academic probation, then they will be required to withdraw for at least one year.
• All students asked to withdraw may appeal the decision to the Undergraduate Standing & Petitions Subcommittee at a specified date. Students who have been required to withdraw from the university may petition the Undergraduate Standing &
Petitions Subcommittee to remove up to 18 credits with regards to calculation of the cumulative average. However, all grades will be included on the university transcript.

- Upper year scholarships will be based upon sessional average (fall/winter terms) and will require that the student complete at least 30 credits during those terms.

- Any student who is admitted on academic probation (e.g. transfer students on academic probation, mature students, and students with less than the minimum required admission average from high school) will have 18 credits (maximum three courses per term in the fall and winter terms) to clear probation. That is, they will stay on probation until 18 credits have been completed and once 18 credits have been completed their cumulative average will be calculated. If it is at least 60%, then they may proceed as full-time students in good standing. If the cumulative average is between 55 and 59% then they may proceed on probation (maximum 18 credits) and will be evaluated after 30 credits attempted. A student admitted on probation with a cumulative average of less than 55% after 18 credits attempted will be required to withdraw for at least one year.

Should students desire to be readmitted they must follow the Nipissing University guidelines for readmission.

ACADEMIC RESOURCES

Preparation for Licensure

The School of Nursing at Nipissing University supports the preparation for the licensure examination for Registered Nurses (called the NCLEX-RN) as a joint effort between student and faculty. The NCLEX preparation program consists of 2 foci: preparatory – undertaken by the School of Nursing to prepare students to sit the licensure exam; and practice, undertaken by the student on an individual bases. Faculty help prepare through the studying of the material taught and the completion of practice questions, either in the program or on their own.

Each year will have strategies imbedded into the curriculum. Year 3 and 4 will also provide students with an opportunity to practice writing
a Computer Adaptive test, or CAT (called the HESI), followed by a ‘realistic’ CAT in the 7th semester during the final exams. These opportunities help students prepare by identifying their areas of strengths and opportunities. They also indicate where the student places in terms of readiness to write the NCLEX after graduation.

Students are encouraged to engage and work with their faculty from the first day of year 1 to integrate and synthesize content and as well, avail themselves of all opportunities offered to practice and understand the testing process.

Academic Services

Professional academic advisors are available in the faculty of Applied & Professional Studies office. Their responsibility is to advise all students in all programs on degree requirements and course selection as well as university policies and procedures. Students may also choose to confer with a nursing professor regarding specific nursing courses or the Program Manager of the Collaborative Nursing Program regarding issues related to student progress.

Students who wish to see their nursing professor should make appointments ahead of time, whenever possible. If the professor is not in the office you may leave a voice mail or e-mail message. The Program Manager of the Collaborative Nursing Program is also available to assist in the resolution of any issues related to student progress. Office numbers and phone numbers are available at the information desk in the main foyer and in the course outlines.

Harris Learning Library

The Harris Learning Library offers an orientation, including a self-directed library assignment. Students are strongly urged to take advantage of this opportunity, as they will be expected to use the library resources to complete their assignments.

Computer Services

Collaborative BScN students will use the computer labs situated at Nipissing University. These may be found in the A block (e.g., A127, etc.). These labs are open at various times (see below) and include word processing as well as Internet capabilities. Printing from these computers is achieved through the placement of value on your student
card. Machines for adding value to the card may be found in the University Technology Services (UTS) office or in some of the labs. Printing is 10 cents per page. Colour printing may be done at the UTS office and is 30 cents per page. Once value has been added to a student card, it CANNOT be returned. Nursing programs may be added to the servers in the computer labs, but students will be told about this in labs or classes. Please refer to the individual department for their hours of operation.

Laboratory Services

The Nursing Lab will be open for individual or group practice at scheduled times throughout the academic year. Please refer to the Lab for hours of operation.

OTHER RESOURCES

Campus Health Centre

In the event of illness or other related matters, students can be assessed by the college/university health nurses, with referrals made to a physician if required. Doctor’s appointments may be made for students who are from out of town. These services are available from Monday to Thursday between 0800 and 1600 hours in the Campus Health Centre. Walk-in Clinics are also available in North Bay. In case of an emergency, go to the North Bay Regional Health Centre emergency unit. Information concerning time and place for walk in clinics is available at the Health Centre.

Dental or medical appointments should be made during your free periods and not during scheduled class hours or clinical time.

Office of Student Development and Services

Personal counselling for students is available from the Office of Student Development and Services.
Financial Aid, Scholarships, Bursaries, and Awards

Financial aid is available from a variety of resources. ALL students are eligible for ongoing awards based on grades. Academic criteria are the most common criteria for scholarships, bursaries, and awards, but other criteria may be used. Please see the university website or a financial aid officer to learn about special awards for which you might be eligible.

The following general definitions apply to financial assistance options:

Scholarships – based on academic achievement. (Note: unless otherwise specified in the terms of the scholarship, students must be in a full course load to be considered for an award and to receive the award)

Bursaries – based on financial need.

Awards – based on financial need/academics and other relevant criteria.

STUDENT FINANCIAL ASSISTANCE

Ontario Student Assistance Program (OSAP)

Students enrolling in at least 60% of a full course load who are Canadian citizens or permanent residents, who have been residents in Ontario for one year prior to beginning their academic program and who satisfy the admission requirements of a Canadian university or an eligible post-secondary institution in Ontario, may apply for financial assistance under this program.

Students qualify for assistance from OSAP on the basis of an established financial need. Funds are provided to supplement students’ own financial resources and those of their immediate families.

To facilitate early processing, prospective students are strongly advised to apply in April for the following academic year.

Students wishing to use OSAP funding to pay for tuition must submit their OSAP application to the Financial Aid Office.
Further information and applications are available from the Financial Aid Office or from the OSAP website: http://osap.gov.on.ca

Ontario Work Study Program, Nipissing Works

Nipissing University offers a Work Study program, Nipissing Works that enables needy students to work part-time on campus. Applications are available in the Financial Aid Office. The majority of work study positions begin in September so students are encouraged to apply early. It is expected that students will have explored all possible funding options, including OSAP, before applying for this program.

SCHOOL SUPPLIES

Students are responsible for having the required uniform, textbooks, printed materials, computer discs, loose-leaf binders, bandage, scissors, stethoscope, lab supplies, a watch with a second hand, and a lab coat. More information will be provided at orientation for clinical courses. Students are also responsible for meeting other expenses, which may arise within the planned program.

CODES OF STUDENT BEHAVIOUR

Code of Student Conduct

Nipissing University and Canadore College recognize the need for guidelines, regulations, and standards of acceptable behaviour. Students in the Collaborative Nursing Program will follow the guidelines outlined in the Nipissing University pamphlet entitled, “Code of Student Conduct”, which is issued by Nipissing University to all students.

Professional Self-awareness, Development and Conduct

Nursing is a self-regulated profession which means that all members and intended members (students) are responsible/accountable to the profession and to the public for ensuring the provision of ‘safe, effective and ethical nursing care’. The College of Nurses of Ontario (CNO) is the body responsible for regulating nursing and nursing practice in Ontario. The CNO produces a number of practice standards and guidelines to support nurses in providing safe, effective and ethical nursing care. All practice standards and many guidelines
are introduced within the first year of the program. All students in the nursing program are expected to meet the expectations for professional practice/behaviour mandated by the College of Nurses of Ontario – this applies to classroom/campus activities and clinical practice areas.

Practice Standard: Professional Standards
- Accountability: to self, to profession, to public
- Leadership: informal and formal
- Continuing Competence: maintaining knowledge and skills
- Knowledge: acquiring, building breadth and depth
- Knowledge Application: praxis – informed/evidence based
- Ethics: reflecting the moral beliefs and values of nursing
- Relationships: Therapeutic and Professional – building and maintaining

The ability to meet the Professional Standards is dependent on the student’s/nurse’s understanding and integrating and reflecting the moral/ethical values inherent to the nursing profession. ‘These values are shared by society and upheld by law’ (CNO Practice Standard (2009): Ethics p.4).

Practice Standard: Ethics
- client well-being
- client choice
- privacy and confidentiality
- respect for life
- maintaining commitments
- truthfulness
- fairness

Developing the ‘professional self’ is an intentional and purposeful endeavor. It is a process that requires a commitment to self-reflection, moral maturity, and continued growth. All faculty, instructors, teachers and professional peers provide knowledge, support, and guidance to students as they begin this process. Students are introduced to these expectations early in the first semester of the program, followed by
ongoing: reference to, feedback regarding, and evaluation of their success at meeting the expectations.

The expected professional conduct applies to both the clinical practice areas and the campus setting.

Failure to adhere to the Professional Conduct Guidelines will result in a recommendation to the Program Manager for involuntary withdrawal from the program.

Students demonstrating a lack of self awareness, professionalism and unsafe clinical practices and thereby jeopardizing patient safety will be withdrawn from the clinical area and/or classroom setting at the time of the occurrence of the incident. The withdrawal of the student for this reason may occur at any time in the semester. A decision regarding the student’s progress in the program will be decided by the faculty within one week of the incident.

Use of Personal Technology Policy

Professional behavior and proper technology etiquette should be followed at all times when using cellphones, iPod/pads, PDA’s laptops or other electronic devices. Personal use of technology, such as but not limited to phone conversations, texting, or recording of any kind, is strictly prohibited in lecture, laboratory and clinical settings.

It is expected that students shall demonstrate professional conduct in relation to the use of their personal electronic devices by:

- being respectful and considerate of fellow students and professors in each class by using their laptops to work exclusively on the learning activities being addressed, and by refraining from utilizing their laptops during class time to engage in such distracting and inconsiderate activities as using an e-mail system, MSN, or another communication program, playing games, listening to music, working on other course assignment (unless directed to do so), and visiting unrelated websites,
- conforming to the University’s acceptable use guidelines such as, abiding by copyright rules and software licence
agreements, keeping passwords private, abstaining from attempting to circumvent network or computer security systems, and by abiding by University network usage limits,

- refraining from interfering with another person’s electronic files or their use of their personal electronic devices,
- by refraining from displaying on their electronic screens, graphics, screen savers, or information that may be deemed unprofessional within professional and academic program.
- only using their academic assigned Nipissing University email for all School of Nursing related correspondence and follow Nipissing University’s official communication policy.

Social Media Policy

Background

The Canadian Nurses Association (CNA) defines the term “social media” (i.e. Facebook, Twitter, Google, My Space, You Tube, Blogs) as “a group of Internet based applications and technologies that allow users to have the same kind of real-time conversation that they might have with friends or neighbours with virtual friends from around the globe. Social media technologies allow users to interact and collaborate with each other on-line in the creation and sharing of information, ideas and opinions” (CNA, 2012).

Social media includes: text, images, audio, video and technology conversations with a few or many people. Some examples of social media include: texting discussion forums, blogs, social networks, wikis and podcasts.

Policy

Social media behaviours of nursing students that pertain, but are not limited to the above examples must be consistent at all times with the following College of Nurses of Ontario documents:

Practice Standard: Ethics
(http://www.cmo.org/Global/docs/prac/41034_Ethics.pdf)

Practice Standard: Therapeutic Nurse-Client Relationship
(http://www.cno.org/Global/docs/prac/41033_Therapeutic.pdf)
When enrolled in the Collaborative BScN Program, students are prohibited from:

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

Students will discuss their need for appropriate cell phone/electronic device use with the Faculty and Preceptor prior to use as applies.

Refer to the Nipissing University/Canadore College Collaborative BScN Program “Code of Student Behaviour” in the student handbook. The failure of any student to conform to this policy using any social media site may result in dismissal from the program. Unauthorized use of social media, electronic devices or the internet in the practicum setting may result in removal of the student from the clinical area.

Students are to make special note of Canadore College’s policy regarding use of alcohol and substance use.

Student misconduct also includes, but is not limited to
5.3.13 Being under the influence of either alcohol or a controlled substance to the degree that a student:

- may injure himself or herself, others, or property;
- be a nuisance or disturbance to others in the vicinity;
- is in such a condition that it is reasonable to believe that he or she is incapable of taking the necessary measures to assure their own safety or the safety of others.

Privacy and Confidentiality Conduct

Students will adhere to agency and academic center privacy and confidentiality related policies.

Harassment and Discrimination

The Board of Governors of Nipissing University endorses the principle that all members of the university community have the right to study and work in an environment free from harassment. Details of the policies on harassment and discrimination are included in the pamphlets entitled “Personal Harassment and Discrimination Policy”, and, “Sexual Harassment”, which are issued by Nipissing University to all students at orientation.

PRECLINICAL REQUIREMENTS FOR ALL PRACTICUM COURSES

Prior to starting the program and on an annual basis, clinical placement requirements are mandatory for all students in clinical practicum courses including health forms, vaccinations, CPR certification, Mask Fit Testing and Police Vulnerable Sector Checks. In addition, on an annual basis, students must provide evidence of an Influenza Vaccination and demonstrate successful completion of the annual year specific Dosage Calculation Competence Testing (DCCT) with a passing grade of 90%.

Police Vulnerable Sector Checks (PSVC) for Clinical Practice

Students will be required to obtain a PSVC on an annual basis as outlined in the Annual Required Documentation for Clinical Placement. The cost of the PSVC will the responsibility of the student. Some police services require a letter in order for a PSVC to be completed. If you
require this, please contact the School of Nursing and a letter will be provided.

Health Requirements/Forms

All students are required to submit the completed Communicable Disease Screening Requirements document to the Campus Health Centre by August 1st on admission to the program. This form can be located on the Canadore College website under Campus Health Centre under ‘learn more’. The student will be responsible to maintain up to date health records with the Campus Health Centre for the duration of their time in the Collaborative BScN Program. Students will be expected to submit a clearance card to the School of Nursing on an annual basis by the due date as outlined in the Annual Required Documentation for Clinical Placement in order to be cleared for clinical placement. Failure to comply with the protocol for health records and submission of a clearance card will result in the student’s removal from the clinical setting.

Mask-Fit Testing

Mask Fit Testing must be completed upon admission to the Collaborative BScN Program and on a biannual basis. Mask Fit Testing sessions will be arranged by the School of Nursing in September for Year 1 students, and in March for Year 2 students. Students will be responsible for the cost of the testing and as mandated by provincial regulation, testing must be repeated every 2 years while in the Collaborative BScN Program. Failure to comply with the protocol for health records and submission of a clearance card will result in the student’s removal from the clinical setting.

CPR Level “C” or “HCP”

It is the responsibility of the student to obtain a valid CPR Level “C” or “HCP” certificates outlined in the Annual Required Documentation for Clinical Placement in order to be cleared for clinical placement. The cost of this certification is the responsibility of the student. Failure to present certificates will result in denial of access to practicum placement. The School of Nursing does not accept online certification for CPR, as the training session must have a hands on component delivered by an approved healthcare training agency. Recertification
of CPR is required annually as outlined in the Annual Required Documentation for Clinical Placement.

Ministry of Labour Training for Unpaid Placements

As per the new Ministry of Labour (MOL) ruling (Bill 18) all students are required to complete the Ministry of Labour Worker Health & Safety Awareness in Four Steps certificate available at: http://www.labour.gov.on.ca/english/hs/training/workers.php

This is a one time requirement for clinical placement.
Drug Dosage Competency Testing

The Canadore College/Nipissing University School of Nursing is responsible for ensuring that its students meet and maintain a competency level related to their ability to independently perform medication dosage calculations reflective of their year of study. Upcoming graduates must meet the competency level of a new graduate. There are 6 Dosage Calculation Competency Tests (DCCTs) that students must complete over the 4 years of the program. Successful completion of the assigned modules, quizzes, and tests are required for registration and participation in any clinical learning course.

_Students must achieve 100% on the practice test prior to writing their assigned DCT test. Students who fail the first attempt will not be allowed to administer medications during their clinical course until successful completion of the DCCT for their semester._

You will have 2 attempts to pass your assigned DCCT. If you do not pass your second attempt, you will receive an individual learning plan that must be completed before you can write again. If the assigned learning and subsequent passing of the test has not been completed by the second week of clinical, you will be removed from clinical for the semester.

_Students who fail the first attempt will not be allowed to administer medications during their clinical course until successful completion of the DCT for their semester._

DCCTs will be scheduled each semester in the second half of semester and during the final exam period. You must register to write your exam prior to the end of the semester. Students that miss their scheduled exam without following the appropriate cancellation procedure will forfeit their test attempt.
<table>
<thead>
<tr>
<th>Dosage Calculation Unit</th>
<th>Testing</th>
<th>Eligibility for</th>
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<tbody>
<tr>
<td>Unit 1</td>
<td>By the end of semester 1</td>
<td>NURS1027</td>
</tr>
<tr>
<td>Unit 2</td>
<td>By the end of semester 2</td>
<td>NURS2026/2028/2029</td>
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<tr>
<td>Unit 3</td>
<td>By the end of semester 3</td>
<td>NURS2026/2028/2029</td>
</tr>
<tr>
<td>Unit 4</td>
<td>By the end of semester 4</td>
<td>NURS3026/3027</td>
</tr>
<tr>
<td>Unit 5</td>
<td>By the end of semester 6</td>
<td>NURS4026</td>
</tr>
<tr>
<td>Unit 6</td>
<td>By the end of semester 7</td>
<td>NURS4027</td>
</tr>
</tbody>
</table>

**USE OF CALCULATORS:**
The use of calculators will not be permitted for DCCT 1. For all subsequent tests, calculators may be used. Please note, calculators will only be presented online during the NCLEX according to the complexity of the problem. You should ensure that you can solve basic problems without the use of a calculator.

**RESPONSIBILITY FOR ASSOCIATED COSTS**
Students are responsible for all associated costs and expenses incurred for application to or while enrolled within any Nursing program. These may include, but are not limited to, the following: BCLS-HCP CPR certification, criminal reference check/vulnerable sector screening clearance, mask-fit testing, required lab/practicum equipment and/or supplies, licensure preparatory requirements, transportation to and from any theoretical and/or practicum course placement, etc.
Non-Academic Required Documentation for Clinical Placement
Schedule
Students Entering Year 1
School of Nursing

Year 1 Required Documentation for Clinical Placement
1 copy for all documents.
KEEP YOUR ORIGINALS!

August 1st
☐ CPR– Level “C” or “HCP”
☐ NBRHC Confidentiality Form
☐ NBRHC Emergency Contact Form
☐ HSPnet Consent Form
☐ School of Nursing Contact Info Form
☐ BScN Confidentiality Form
☐ Police Vulnerable Sector Check (PSVC)
☐ WSIB Declaration Letter
☐ MOL Worker Safety & Awareness Certificate

September
☐ Clearance Card (Obtained from Campus Health Centre)
☐ Mask Fit

December 1st
☐ Proof of Influenza Vaccination

All forms can be found at www.nipissingu.ca/nursingforms

**Failure to submit the required documentation for clinical placement by the due date will result in a FINE and your inability to register for your next semesters courses and removal from the clinical setting as outlined in the Academic Calendar**

NOTE: Documents must be dated prior to March 1.
Annual Required Documentation for Clinical Placement
1 copy for all documents.
KEEP YOUR ORIGINALS!

April 30th
□ CPR - Level “C” or “HCP”
□ Mask Fit
□ Clearance Card
□ NBRHC Confidentiality Form
□ NBRHC Emergency Contact Form
□ HSPnet Consent Form
□ School of Nursing Contact Info Form
□ BScN Confidentiality Form
□ WSIB Declaration Letter

June 1st
□ Police Vulnerable Sector Check (PSVC)

December 1st
□ Proof of Influenza Vaccination

All forms can be found at www.nipissingu.ca/nursingforms

**Failure to submit the required documentation for clinical placement by the due date will result in FINE and your inability to register for your next semesters courses and removal from the clinical setting as outlined in the Academic Calendar**
Lab Practice Guidelines

- Attendance: Arrive on time and leave when lab is completed. Regular appointments such as dental, physician must be made at times other than labs and clinical practice.

- Bags and coats in appropriate area: Take out what you need for that particular lab and leave your backpack and coat in the assigned area of the room.

- Maintain dress code:
  a. Wear a clean full length lab coat with a name tag (lab coat is to be worn in the lab only)
  b. Wear comfortable clothing and flat comfortable closed-toe shoes.
  c. No jewelry except a watch with a second hand, a plain wedding band and one pair of studded earrings to be worn in the earlobes.
  d. Short clean fingernails with no nail polish.
  e. Hair must be tied back.
  f. No hats
  g. No gum chewing
  h. No scented products

- Preparation for lab: Come prepared for lab with necessary books, equipment and by completing the pre lab preparation.

- Absolutely no food or drinks in the lab.

- Appropriate use of the beds: Do not sit on the beds unless you are using them in practice

- Respect for equipment: Treat the equipment with respect and treat the mannequins as if they were real clients.

- Efficient use of time: Use the time in the lab to practice when there is help available to assist you.

- Maintain professional conduct: Treat each other with respect, no swearing/inappropriate language.

- Leave unit neat before dismissal: Tidy the unit you have been working at and check around to see if there is any other cleanup to do before you go.
Uniform Policy in Clinical Practice Setting

Students are to purchase uniforms for clinical placement at the designated depot:

1) BScN Community uniform (Mark’s Work Wearhouse)
2) BScN Acute care uniform – plain navy blue scrub uniform

Students are to change into uniform after arriving at the clinical agency and change into street clothes before leaving the agency. Uniform shoes must only be worn in the clinical setting.

Transportation

Students will be assigned clinical placements in North Bay and surrounding area. Transportation to and from the clinical placement is the student’s responsibility.

Acute Care Placement Centers

- A clean plain navy blue uniform with appropriate under garments must be worn every day while in clinical agencies that require uniforms. A full length lab coat must be worn over civilian clothing when uniforms are not required (e.g. pre-clinical experiences). Lab coats, warm-up jackets and sweaters must be solid white.

- Shoes
  - Clean, white
  - Soft-soled, low-heeled
  - Closed toe and heel

- Stockings or Socks
  - Must be white

- Jewelry
  The following jewelry items may be worn:
  - Plain gold wedding band
  - One pair of stud earrings
  - Watch with second hand
  - Medic alert bracelet

Not to be worn:
  - Dangling earrings
  - Engagement rings or ornate rings
  - Necklaces
-

• Hair:
  - Well-groomed and professional
  - Long hair tied up and back
  - No ornate hair ornaments
  - Beards closely trimmed

• Nails
  - Short and clean
  - Nail polish not permitted

A Collaborative Nursing Program name tag must always be worn in clinical assignment or lab setting. Once they have registered, students are responsible for ordering name tags through the School of Nursing office. College/University name tags may not be worn outside the clinical or lab setting.

Stethoscopes are not to be worn about the neck. No eating or chewing gum in the clinical area. Make-up, if worn, should be simple and professional. Scented or perfumed hygiene products must be avoided.

Depending on specific agency policy, it may be necessary for the student to remove all visible body piercing or conceal visible tattoos which the agency feels are not appropriate in meeting the professional expectations for their clients.

Dress Code for Community and Mental Health Placements

• Clothing should be clean, neat, and professional.
• Clothing must not be revealing in any way. No skin should be showing at the waistline even when bending over. A neutral undershirt can be worn beneath shirt.
• Shoes must be clean and sturdy with a closed heel and toe.

In addition to the above, students in all years must follow the following guidelines as per faculty direction:

• Must wear the BScN Community Uniform in agencies where traditional nursing uniforms are not worn.
  o The BScN Community Uniform consists of black pants and a grey golf shirt; this uniform must be purchased from Marks Work Warehouse. The type of pants and shirt will
be communicated to students via the Clinical Placement Coordinator/Clerk.

- Shoes appropriate to the clinical setting must be clean and sturdy with a low, soft-soled closed heel and toe. ‘Nursing shoes’/sneakers are not appropriate in many community settings.
- Appropriate sock wear must be worn at all times.
- Students may wear a plain cardigan (no hood, no graphic logo) over their uniform for warmth as needed.
- Policies for jewelry, hair, and nails are the same as for the hospital/agency setting.

**CLINICAL EXPERIENCE CANCELLATION**

Clinical experience will be cancelled if the University closes due to bad weather. Announcements of the university closing will usually be made over the radio before 06:30 hours. (eg. 100.9 FM, 101.5 FM and AM 600) If clinical experience is cancelled due to illness of the professor, students will be notified. It is the responsibility of the student to notify the Registrar’s office of any address or telephone changes.

**CONFIDENTIALITY**

The nursing profession, legally and ethically, requires that confidentiality be maintained at all times. The expectations with regards to confidentiality are stated in the College of Nurses of Ontario Ethical Framework for Registered Nurses and Registered Practical Nurses.

**INCIDENT OR INJURY DURING CLINICAL PRACTICUM**

Students must notify the Clinical Instructor immediately following any incident/injury that occurs during a clinical placement. A School of Nursing Clinical Incident Form must be completed by the clinical instructor as well as an incident report according to agency policy. The clinical instructor must notify the Clinical Lead and provide the completed School of Nursing Clinical Incident Form to the Clinical Placement Coordinator within 8 hours of the incident occurring. Please see Appendix A for the Incident Reporting Policy.

Students will be assigned to clinical practice areas in Hospitals, Long Term Care Facilities, and Community Agencies. Students assigned to
clinical practice areas, as part of their program requirements, will be covered by W.S.I.B. All students will be required to complete a Work Education Placement Agreement form on admittance in the Collaborative BScN Program in order to be covered by W.S.I.B while on clinical placement. Should incident/injury occur please inform your clinical instructor immediately to complete the appropriate forms within 12 hours of the incident/injury.

In the event of an injury/incident to client the student and clinical instructor must follow the agency specific patient incident reporting policy for medication errors or falls.

PROGRAM AND COURSE REQUIREMENTS

Course listings as calendar

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<th>Course Title</th>
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<td>Professional Self Awareness</td>
</tr>
<tr>
<td>NURS 1016</td>
<td>Nursing and Health</td>
</tr>
<tr>
<td>NURS 1026</td>
<td>Clinical Practicum – Nursing Healthy Individuals</td>
</tr>
<tr>
<td>BIOL 2706</td>
<td>Structure and Function of the Human Body I</td>
</tr>
<tr>
<td>BIOL 1011</td>
<td>Introduction to Molecular and Cell Biology for Nursing</td>
</tr>
<tr>
<td>NURS 1037</td>
<td>Health Assessment</td>
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<tr>
<td>NURS 1017</td>
<td>Aging and Health</td>
</tr>
<tr>
<td>NURS 1027</td>
<td>Clinical Practicum – Nursing Older Adults</td>
</tr>
<tr>
<td>BIOL 2707</td>
<td>Structure and Function of the Human Body II</td>
</tr>
<tr>
<td>SOCI 1016</td>
<td>Introduction to Sociology</td>
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<tr>
<td>NURS 2016</td>
<td>Health Challenges</td>
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<td>NURS 2026</td>
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<td>NURS 2017</td>
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<td>NURS 2028</td>
<td>Clinical Practicum – Nursing in Specialized Settings (Mental Health)</td>
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<tr>
<td>NURS 2029</td>
<td>CLINICAL PRACTICUM – NURSING IN SPECIALIZED SETTINGS (MAT. CHILD)</td>
</tr>
<tr>
<td>BIOL 2116</td>
<td>Principles of Microbiology</td>
</tr>
<tr>
<td>NURS 2037</td>
<td>Pharmacology</td>
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<td>NURS 2047</td>
<td>Professional Foundations in Nursing</td>
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### Year 2 RPN to BScN

<table>
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<tr>
<th>Course Code</th>
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<tr>
<td>NURS 2007</td>
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<tr>
<td>NURS 2016</td>
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<td>NURS 2017</td>
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<td>NURS 2028</td>
<td>Clinical Practicum – Nursing in Specialized Settings (Mental Health)</td>
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<tr>
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<td>Clinical Practicum – Nursing in Specialized Setting (Mat. Child)</td>
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<td>NURS 2106</td>
<td>Clinical Practicum for RPN to BScN</td>
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<td>NURS 2107</td>
<td>Reflective Practice for RPN to BScN</td>
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<tr>
<td>BIOL 1011</td>
<td>Introduction to Molecular and Cell Biology for Nursing and Physical and Health Education</td>
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<tr>
<td>BIOL 2116</td>
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<td>NURS 3016</td>
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<td>NURS 3026</td>
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<td>MATH 1257</td>
<td>Technical Statistics</td>
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<td>NURS 3027</td>
<td>Clinical Practicum – Nursing Communities and Populations</td>
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<td>Nursing Informatics</td>
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<td>NURS 4016</td>
<td>Research in Nursing and Health</td>
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<td>NURS 4036</td>
<td>Complex Health Challenges</td>
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<td>NURS 4026</td>
<td>Clinical Practicum – Advanced Nursing Practice</td>
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<td>NURS 4007</td>
<td>Leadership and Management in Nursing</td>
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<td>NURS 4017</td>
<td>Current Issues in Nursing</td>
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<tr>
<td>NURS 4027</td>
<td>Clinical Practicum – Preceptorship (9 credits)</td>
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</table>

**COURSE CO-REQUISITES**

Co-requisite courses link theory, laboratory, and clinical components to promote student success in the program. If a student has not been successful in obtaining 60% in a nursing course but passed the co-requisites only the failed course must be repeated. The student may, at the discretion of the Program Manager, be required to repeat the co-requisite courses. If a student fails a nursing theory course and elects to repeat a previously passed clinical course they must complete it successfully in order to progress.

**PROCEEDING IN THE PROGRAM**

- A student who fails one of the required NURS courses will not be allowed to proceed full-time in the collaborative nursing program, but may be permitted to continue on a part-time basis until he/she has successfully completed the course. For example, in order to begin courses in the 2000 level (second year courses), all 1000 level courses (first year courses) must be completed successfully.

- A student, who fails a course other than a nursing course, will be required to repeat the course when it is next offered, while continuing in the program unless it contravenes the co-requisites. Students should be aware that this might extend the time frame for completing the program.

- All students will be required to demonstrate proficiency in Dosage Calculations as a pre-requisite to clinical practicum courses.
• Clinical practicum courses are graded S (Satisfactory) or U (Unsatisfactory). Students must receive an S grade in these courses in order to proceed in the program.

• All nursing courses must be completed prior to the beginning of NURS 4027 Clinical Practicum – Preceptorship with the exception of the co-requisites.

• Continuation in the Collaborative BScN Nursing Program is contingent upon meeting the requirements outlined in this document (Collaborative Nursing Program Student Handbook) and compliance with Nipissing University – Academic Policies. A student must complete the Collaborative BScN Nursing Program in seven (7) academic years from initial registration in the Program.

• Students who wish to return to the program must register by March 31st for Fall and October 31st for Winter to ensure a clinical placement space will be held for them.

• If a student withdraws from the program and returns at a later date he/she may be required to (at the discretion of the Program Manager of the Program) successfully retake previously passed courses in order to reenter the program.

ACADEMIC POLICIES FOR CLINICAL PRACTICUM COURSES

Satisfactory Performance:
Students demonstrate consistency in meeting clinical learning outcomes.

Unsatisfactory Clinical Performance:
Students do not demonstrate consistency in meeting clinical learning outcomes as outlined on the clinical evaluation form at the completion of a rotation.

• Students may be immediately removed from the clinical area in the event of a critical incident (e.g. professionalism, safety, misconduct). A committee of nursing faculty will determine whether or not the student can proceed and will render their decision within a week of the occurrence and removal from the clinical area.
• Students who are unsatisfactory in a clinical practicum course must repeat the course.

• If a student is not meeting the objectives of a clinical practicum by mid rotation, it will be documented and signed by both the student and the professor/instructor. Documentation will include strengths, areas for improvement and strategies to structure success. Ongoing documentation will be maintained and signed by both the student and the professor/instructor. If improvement is not noted by the final evaluation, the student will have unsatisfactory performance and he/she will not be able to proceed in the program.

• An opportunity to repeat the failed clinical course will be offered the next time it is offered providing space is available.

• A student, who is unsatisfactory in 2 clinical courses, will be required to withdraw from the nursing program.

• In NURS 2026, NURS 2028, and NURS 2029 of the program students must achieve satisfactory performance in each clinical placement in order to be satisfactory in the course.

• In clinical practicum courses, students must be satisfactory in all components of the clinical course. An unsatisfactory grade in one component will result in an unsatisfactory grade in the course.

EVALUATION, REGISTRATION, AND REGULATORY BODY

In Ontario, the Regulated Health Professional Act (RHPA) and the Nursing Act have conditions for provincial registration that impact Ontario students entering and completing nursing programs and writing the provincial licensing examination. These conditions are:

• be a Canadian citizen or a permanent resident of Canada or authorized under the Immigration Act (Canada);

• have no previous conviction for a criminal offense under the Narcotic Control Act and the Food and Drugs Act;

• have no previous proceedings with respect to professional misconduct, incompetence, or incapacity in another health profession in Ontario or in nursing in another jurisdiction;
• have no mental or physical disorder, which makes it desirable in the public interest that the person not practice.

• graduates of the program, provided they meet the conditions stated above, are eligible to write registration examinations. The College of Nurses of Ontario grants a certificate of registration to practice as a registered nurse to all candidates who succeed in the program specific examination and meet the requirements of the RHPA and the Nurses Act.

**Please refer to the Nipissing University School of Nursing website for additional information.
Reflective Journal Writing Guidelines

*Hint: For this framework use one level of heading to maintain focus and flow of writing. Be sure to refer to your APA manual for proper format.*

**Title**
(addressing the focus of the entry)

**Introduction**
(Do not include this heading, as per APA guidelines)

Brief introduction: 3 – 4 sentences that introduce the particular situation from your clinical experience that you will be writing about. The introduction should set the context for the reflective entry. The introduction must also include other key concepts that will be discussed in the entry.

**Trigger Event**

The trigger event is a positive or negative impression evoked by behaviours, ideas, or feelings that intrigue you (puzzlement, surprise, or shock, something that aroused curiosity or makes you say ‘a-ha’.

This section should be 3 – 4 sentences that tell the reader why you have chosen to write about this particular situation or experience from your clinical experience.

**Appraisal**

This section offers you the opportunity to identify and clarify a concern and engage in self-examination. Perhaps begin with those who face a similar contradiction.

This section needs to be 1 – 2 paragraphs in length. In this section you return to the situation and ask: What is generally known about this issue? What does the literature say about it? There is a requirement to use the literature (scholarly writing in textbooks and professional journals) to support your thoughts and ideas.

**Exploration**

This section provides you with the opportunity to take the time and begin searching for new ways of explaining discrepancies in your understanding or new ways to live with them. Test options and search for new meanings – develop alternative perspectives: come to way of
thinking and acting that you feel make sense of a situation – it is a transition stage.

*Leaving behind a familiar but inappropriate assumption can be a wrenching experience. A common tendency is to hang onto the assumption or behavior. Try to modify it to fit the situation more closely.*

Include 2 – 3 paragraphs describing how this process has affected your understanding, your ‘sense-making’ of what you wrote in the initial paragraphs. Are there other ways to look at the situation? What did you read in the literature that led you to think differently about the experience?

**Integration**

Integration refers to integrating new ways of understanding into the fabric of your life. It includes integration of cognitive and affective domains. In this phase, there is a connecting of the present with the past and with the future.

*If professional practice is about change, development and meaningful conscious action, [then] the art of reflection becomes a pre-requisite (Burrows, 1995. P. 347)*

This section should be 1 – 2 paragraphs in length. You may begin by asking yourself ‘Have I learned something that I think will inform/further my professional development? Something I had not thought of before’. Line what you knew before to what you know now and to how this might affect your thinking and/or your responses (language and/or actions) in the future.

**References**


School of Nursing

Policy: Incident Reporting

Revision Date: Sept 8th 2014

Review Date: July 20, 2016

Policy Statement

In the event an incident or injury occurs during a clinical practicum it is the responsibility of the Clinical Instructor to notify the Clinical Lead & Clinical Placement Coordinator within 8 hours of the incident occurring.

An incident is defined as any occurrence or event that deviates from normal procedure and potentially has a harmful impact on the patient, family or nurse.

Procedure:

1. The Clinical Instructor must provide the Clinical Lead & Clinical Placement Coordinator with the following information using the Clinical Incident Form:

   - Date of Incident
   - Student name
   - Patient number is applicable and patient permits
   - Instructor name
   - Time of Incident
   - Academic Year or Duration of placement
   - Institution/Agency Name
   - Clinical rotation
   - Medication Administration Incident Section
2. The Clinical Instructor is also responsible for ensuring that the Clinical Incident Form is completed at the agency, immediately following the incident and sent to the Clinical Placement Coordinator within 8 hours of the incident occurring. The form can be scanned and emailed or faxed to the Clinical Placement Coordinator. Email and Fax number is provided on the form. In addition to completion of this form, the clinical instructor and student must complete any incident reporting process that the hospital/agency requires.

3. The Clinical Instructor is also responsible for advising the student to contact the Clinical Placement Coordinator within 8 hours of the incident occurring if it involves an injury to the student (Needlestick, fall etc).

4. The student is responsible for providing the Clinical Placement Coordinator with the following information:
   - Date of birth
   - Home address
   - Date and time of health care provided
   - Name of treating physician(s), nurse(s) or other healthcare provider(s)
   - Social insurance number.

This information is required for completion of the WSIB form that must be submitted to the Manager, Environmental Health & Safety at Nipissing University. In addition, the student is responsible for ensuring they sign the WSIB sheet within 24 hours of the incident occurring.

5. The Clinical Placement Coordinator is responsible for notifying the appropriate departments at the facility, completing the WSIB form and working with the Manager, Environmental Health & Safety to report the incident.
**It is imperative that this process be followed for all incidents that occur when on clinical placements. Any incident involving a student seeking medical attention by a physician or nurse (ER, blood work etc), requires the School of Nursing to submit the above mentioned information to the WSIB within 72 hours. Failure to submit the appropriate documentation within 72 hours results in a fine from the Ministry of Training, Colleges and Universities to the School of Nursing. **

Any questions regarding clinical incident reporting or the clinical incident form, please contact the Clinical Placement Coordinator at 705-474-3450 ext. 4661.