

Clinical Manual

Dalhousie University School of Nursing©



**DALHOUSIE
UNIVERSITY**

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Preamble

This manual outlines the roles and responsibilities of Dalhousie University Nursing Students, Dalhousie Faculty, and the professional agencies that receive Students for their clinical placements. These agencies include, but are not limited to, local, rural and out of province hospitals, clinics and community organizations.

The manual was created by Dalhousie Nursing Students and Faculty with the intention of enhancing communication and understanding between all individuals participating in the clinical experience. The incorporation of this manual into the clinical setting will facilitate a successful placement by providing Students with the resources they need to fully and safely engage with the healthcare team, clients, and their families. Providing a clear outline of roles and responsibilities to Students, Faculty, and receiving agencies will promote congruence among members as well as foster individual confidence and competence.

The Dalhousie University SON strives to promote interprofessional collaboration through the development of clinical experiences that incorporate Preceptorships, Senior Student mentorships, and clinical groups. Utilization of this manual may help to elucidate the importance interprofessional practice through the development of effective interprofessional relationships. Clinical practica are completed in semesters 3-8, mostly in concentrated blocks of time so that Students can integrate the theoretical material taught each semester into their experiential learning in the final weeks of each semester. During their clinical placements, Students will cultivate their critical thinking, leadership, interpersonal communication and interprofessional collaborative competencies, as well as begin to develop their entry-to-practice competencies, as outlined by the Nova Scotia College of Nursing (NSCN)

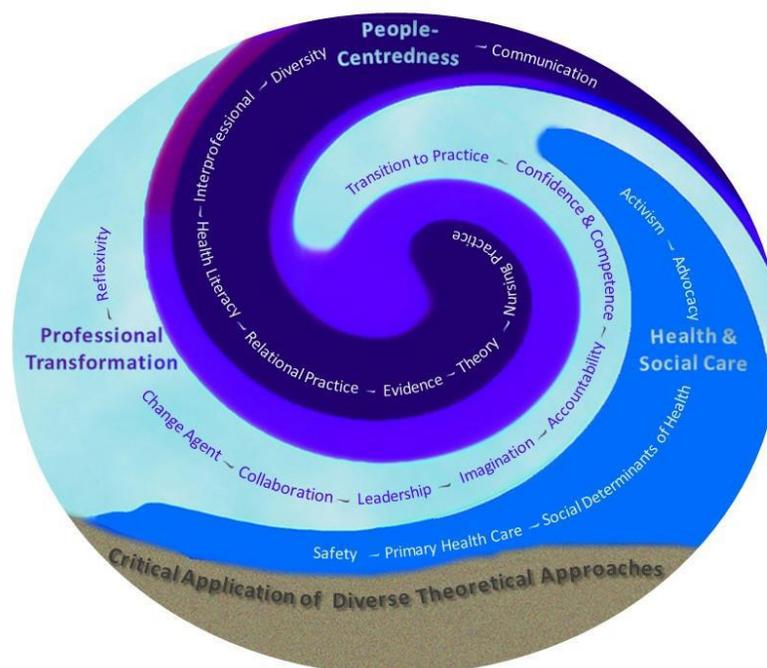
The Dalhousie SON fosters a strong sense of community amongst Students, Faculty, and staff through collaboration on a wide range of professional, charitable, and social initiatives to generate positive outcomes for internal and external stakeholders. The creation of this manual exemplifies a commitment to the core set of values which comprise the foundation of the SON: leadership, critical and creative thinking, and internal and external collaboration.

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Introduction

The purpose of this manual is to provide Dalhousie Students, Faculty, Clinical Instructors, Community Teachers and the Receiving Agencies with clearly defined roles and expectations of each party during clinical experiences.



A Wave of Learning: Curriculum framework model for the Undergraduate Program at Dalhousie University School of Nursing

Core Foundational Themes

Our curriculum is centred on three foundational themes: People-Centredness, Health and Social Care, and Professional Transformation. These themes anchor the curriculum and learning and teaching into a central focus on health across populations and individuals, as well as in the context of the political, social, and personal aspects of people's lives. Graduates of our program will apply these themes to their learning and focus, with this lens, as to how they enact their professional lives.

People-centredness has been defined in several ways but one element permeates all definitions - ensuring that the patient/family is at the center of care as an equal partner rather than being a receiver of care on the periphery. Within our curriculum, people-centredness focuses on the nurse becoming a partner with the people that they engage with in health and social care, embracing respect, holism, power and empowerment, empathy, compassion, and autonomy. People-centredness requires relational communication, information literacy, and capacity to complete health

assessments at the community and individual level. Application of skills learned will impact health and Students will become partners with people requiring nursing care using participatory decision-making. Health and social care occur across a variety of settings with diverse populations. Ultimately Students will graduate to critically appraise all aspects of their professional role and activities and utilize, generate, and apply evidence to practice.

Both person-centred care and people-centred care can be found in the literature. The SONs decision to adopt people-centredness as one of the three main curriculum themes is related to a broader inclusivity of the term people versus person. When asking patients and caregivers what they think about when we say person-centred care, many responded "But what about my family- they are also important in my care?" In making our decision we also took direction from the WHO (2015) Global Strategy on People-centred and Integrated Health Services. People is defined as individuals, families, and communities in local and global environments.

Operationalizing the SONs philosophy of teaching and learning, the Faculty will facilitate professional transformation, self-reflection, and foster the Students' ability to practice people-centred care through questioning and becoming a self-directed learner. Faculty strive to foster the students' five minds (respectful, ethical, disciplined and synthesizing and creative minds) as identified by Gardner (2008) within a learning environment that focuses on interactive significant learning experiences (Fink, 2013). We seek to foster the development of five minds to enable Students to impart clinical and moral imagination through a coordinated and goal directed range of strategies to collaborate with patients from a people-centred perspective. Our Students are responsible for their own learning and bring a unique set of life experiences, knowledge, skills, and backgrounds to the nursing program. They are self-directed, self-regulating, and technically competent and faculty can leverage this to become more creative in our ways of co-learning with them. Role modelling people-centred learning to and with our Students is key to nurturing people-centredness nursing care.

Within the theme of **Health and Social Care**, Students focus with increasing understanding of the complexity of the health care system across a variety of settings. The intention of Primary Health Care and the ability to apply these principles across settings forms a basis for practice. Students will learn to apply safety principles in health care across the system. Understanding the determinants of health, developing meaningful relationships, and becoming activists in social and political issues will enable Students to engage in health care transformation and focus on underlying health care drivers. Ultimately, Students will graduate to engage and apply evidence from a variety of sources, to influence health and quality patient care as a shared interprofessional responsibility and be advocates for a healthy population.

Professional Transformation is a necessary core theme in education as it provides nurses with the competence and confidence to be leaders. Formation is one aspect

of transformation, in that Students do not begin our program as empty vessels waiting to be filled with knowledge, but rather begin nursing studies with preconceived beliefs, values and attitudes about self, nursing and health care. A goal of our curriculum is to transform their thinking and actions to achieve an understanding and commitment to be relational practitioners, practicing from a people-centred perspective. Students will be independent and interdependent health care professionals with a sense of professional accountability and ethical comportment that is required for innovators, change agents and imaginative practitioners. Nursing education forms the basis for ongoing transformational practice which will allow Students to engage in practice, health care and culture required for 21st century nursing. Professional transformation will equip graduates for transition to practice in an uncertain and often difficult health care system, enabling them to practice and role model health and social care from a people-centredness perspective.

BScN Program Clinical Course Descriptions

NURS 2715.03: Clinical Integration 1 (3CR):

Integration of foundational nursing skills and practices, such as health history and assessment, safety, infection control, communication and relational inquiry occurs in clinical application settings. Students use

multiple learning modalities to master fundamentals of nursing practice.

Format: Laboratory and Clinical Experiential Learning equivalent to 110 hrs/term

NURS 2725.03: Clinical Integration 2 (3CR):

Population health, family and perinatal theoretical concepts and evidence are utilized in a variety of practice settings. Family health assessments across various family life stages including focused fetal/newborn/child and parental care in dynamic interprofessional settings enable Students to apply theory to practice.

Format: Laboratory and Clinical Experiential Learning equivalent to 110 hrs/term

NURS 3715.06: Clinical Integration 3 (6CR):

Using simulation and clinical experiential learning Students apply knowledge related to caring for clients with acute, episodic illnesses from birth to death.

Interprofessional practice and evaluation of the impact of collaborative care will be a focus.

Format: Laboratory and Clinical Experiential Learning equivalent to 220 hrs/term

NURS 3725.06: Clinical Integration 4 (6 CR)

Students apply theoretical and practical knowledge in caring for individuals and families from conception to death focusing on chronic and/or terminal illness.

Significant issues related to life threatening illness, dying, and the promotion of quality of life using a collaborative care model will form the basis for practice.

Format: Laboratory and Clinical Experiential Learning equivalent to 220 hrs/term

NURS 4715.06: Exploratory Nursing Practice (6CR):

Students engage in a broad range of clinical, research or theoretical activities, under the direction of Faculty or clinical Preceptor/facilitator to complete a project relevant to nursing practice. These learning experiences will assist the Student to understand the complexity of the integrated nursing role across a range of settings.

Format: Laboratory, Seminar and Clinical Experiential Learning equivalent to 220 hrs/term (potential for continuous placement or concentrated placement over 4 weeks)

NURS 4725.15 Transition to Practice (15 CR):

Students consolidate nursing knowledge and entry-to-practice competencies through intensive, reflective, mentored practice. Emphasizing the professional nursing role, collaboration, Interprofessional Teamwork, advocacy, time management, priority setting, and leadership are key components of relational practice. Peer-to-peer mentoring and self-directed lifelong learning skill development support preparation for National Licensure examination and ongoing professional development.

Format: Clinical Application involving Laboratory and Clinical Experiential Learning: minimum 440 hrs/term

Clinical Placement Information

Placement Assignments

The clinical placement office, course professors, Students and clinical agencies are all involved in clinical placement assignments. Planning of clinical placements begins at least one semester prior to the scheduled clinical course start date. The goal of the clinical placement office is to provide each Student with an assigned placement at least one month prior to the start date. Student clinical placement experiences exist across a wide variety of locations including, community, mental health, summer camps, long term care, clinics, home care, acute and persistent health care settings.

Students use HSPnet to select their preferred clinical locations. HSPnet is a communication tool that replaces email and telephone calls to effectively connect and place requests within clinical agencies locally, provincially, and nationally. Requests can only be submitted on a timeline to which that the Agency agrees. In most cases, agencies will not accept placement requests earlier than 3 months prior to the clinical start date. Site selection will only be opened for Students after agencies have confirmed available Unit placements. Student selections on HSPnet are merely guides for the placement office to follow. Students are not guaranteed to receive one of their top choices; however, the clinical placement office works very hard to place Students into their preferred area by location and practice. If Students have any pertinent information that should be considered when making site selections, they have the opportunity to share this information using the comments section in HSPnet.

HSPnet is guided by site selector to randomly assign Students to a clinical placement. Two factors are at work with HSPnet: the number of Students requesting the same Unit and the number of placements each Unit will accept in the given semester. Popular placements can be competitive and inevitably some Students will not be placed in their top choice. In the event that this happens, the placement office works to assign the Student to an area of similar interest. In most courses, Students will have a three-day period of time after the placement assignments are released to switch their assignment placement with a consenting classmate. Both Students must email the clinical coordinator to finalize this switch.

***Please note: Students are NOT allowed to contact agencies directly. All placements are set up by the clinical placement office. All Students who have questions regarding their upcoming placements are advised to contact the clinical placement office.**

Placement Types

- ***Clinical Group Placement:*** Clinical group placements occur in acute/persistent care, mental health, long term care and in summer camp environments. Depending on the location, between six to twelve Students will be paired with one clinical instructor for the duration of the clinical experience. Each Student is assigned a patient assignment for each clinical shift and provides patient/client care under the supervision and guidance of the clinical instructor and/or co-assigned nurse and/or Senior Student. Patient assignments typically range from one to four people and depend on patient/client acuity, Student experience, and individual clinical placement factors.
- ***Peer Mentorship Clinical Program (PMCP):*** Two Senior Students (Semester 7 Students) are paired with one clinical instructor and a maximum of eight Junior Students (semester 4 Students). Each Senior Student is assigned a group of Junior Students and focuses on this group of Students learning needs. The Senior Student is viewed as an assistant instructor. The Senior Student works as a liaison between the Unit staff and the Student group. Each Junior Student is assigned a patient assignment for each clinical shift and is responsible for patient care in collaboration with the Co-assigned nurse, Clinical Instructor and Senior Students. Patient assignments typically range from 1-4 and depend on clinical acuity, Student experience and individual Unit factors.
- ***Preceptor Placement:*** One Student is paired with one Preceptor (nurse from the designated clinical placement). The Student will work with the Preceptor on their full-time work schedule to provide patient/client care. The clinical instructor or Faculty member will meet with the Student and Preceptor throughout the experience to ensure course objectives are being met.

- ***Community Placement:*** The Student is paired with a Community Teacher in their application of theory and evidence to practice in a community-based setting, including non-health sector placements and virtual reality simulation. The Community Teacher will work with the assigned course professor, Agency, or specific simulation program to assist the Student to meet the learning objectives as outlined in the appropriate course syllabus.

The Student Role



The Student Role

The following section outlines the role of the Student within each type of clinical placement: clinical group placement, peer mentorship clinical placement, and Preceptor placement.

Clinical Group Placement

The Student is responsible for actively participating in the clinical experience and collaborating with the Clinical Instructor to achieve course objectives and learning outcomes.

*In **preparing** for the clinical experience, the Student will:*

- Complete HSPnet site selection within the designated timeframe provided by the Clinical Coordinator.
- Complete all prerequisite and concurrent course material related to the clinical placement.
- Achieve a passing grade for the medication administration quiz prior to administering any medications on the Unit, if applicable.
- Review and understand the scope of practice and competencies for designated semester of study (See Appendix E).
- Review and understand Dalhousie School of Nursing Policies for clinical participation (i.e. Clinical Dress Code, Attendance)
- Review and understand the roles of Interprofessional Health Team Members.
- Review and understand Client rights in the healthcare system, and per Agency policy
- Participate in Agency Unit-orientation with the Clinical Instructor.
- Discuss previous clinical experience and learning needs with the Clinical Instructor.
- Share personal learning objectives and expectations for the current clinical placement with the Clinical Instructor; and,
- Familiarize self with the Agency/Clinical Unit's philosophy, objectives, physical structure, policies, procedures, resources, and communication structure.

*When **participating** in the clinical experience to meet course and program objectives, the Student will:*

- Follow ethical, legal, and professional standards of practice.
- Apply principles of safety at all times.
- Notify the Unit and/or Clinical Instructor in the event of an absence (See Appendix A);
- Prepare for each clinical shift by examining the appropriate primary and secondary data of each assigned population and researching the implications of the social and ecological determinants of health.
- If applicable and/or at the discretion of the Clinical Instructor and/or Course Professor, create a nursing care plan or concept map with nursing diagnoses

to aid in prioritizing and providing safe and competent Client care (See Appendix G & H)

- Describe the intended plan for collaboration with the designated population to the Community Teacher to assist them in determining nursing practice including planning, organizing, implementing, and evaluating interventions, and discuss teaching, mentoring, and learning needs.
- Maintain ongoing clear and efficient communication with the Community Teacher(s), including information on personal scope of practice and any changes in assigned population or client status.
- Clearly communicate the roles and responsibilities of the Student to the Agency Staff, as needed.
- Collaborate with each assigned population or client under the supervision and guidance of the Community Teacher(s)
- Assume increasing responsibility for self-directed practice under the guidance of the Community Teacher.
- Complete all documentation on an ongoing basis and request advice from the Community Teacher as needed.
- Check all documentation for accuracy and completion prior to leaving the Agency.
- Independently seek out learning experiences.
- Request instruction, supervision, and assistance from Community Teacher as needed.
- Participate in designated semester appropriate Student competencies under the guidance of the Community Teacher (See Appendix E).
- Review relevant materials needed to perform Student competencies prior to designated shift at the Agency.
- Work collaboratively with the Interprofessional Team to deliver safe and competent nursing care.
- Engage in self-reflective practice to promote professional transformation, leadership, and advocacy skills.
- Demonstrate professional behavior in all settings.
- Respect Client(s) social and cultural attitudes and beliefs.
- Utilize a supportive approach to Client(s) and Families.
- Recognize the need for health teaching.
- Provide population, client, and Family teaching as indicated; and,
- Participate in post-conferences.

*When **assessing** clinical performance, the Student will:*

- Review personal performance with the Clinical Instructor and Co-Assigned Nurse(s) on an ongoing basis.
- Solicit constructive feedback provided by the Clinical Instructor and Co-Assigned Nurse(s) to improve and enhance personal clinical performance.
- Engage in self-reflective practice through journaling and conversations with Clinical Instructor and Unit Staff.
- Complete a written midway and final self-evaluation (See Appendix J).

- Meet with the Clinical Instructor to complete midway and final clinical evaluations; and,
- Complete the Dalhousie School of Nursing course evaluation survey upon completion of the clinical experience.

Community Placement

The Student is responsible for actively participating in the clinical placement and collaborating with the Community Teacher to achieve course objectives and learning outcomes.

*In **preparing** for the clinical placement, the Student will:*

- Complete HSPnet site selection within the designated timeframe provided by the Clinical Coordinator.
- Complete all prerequisite and concurrent course material related to the clinical placement.
- Achieve a passing grade for the medication administration quiz prior to administering any medications if applicable
- Review and understand the scope of practice and competencies for designated semester of practice (See Appendix E).
- Review and understand Dalhousie School of Nursing Policies on clinical placements (i.e. Clinical Dress Code, Attendance).
- Review and understand the roles of Interprofessional Health Team Members.
- Review and understand Client rights in the healthcare system, and per Agency policy.
- Participate in Agency orientation as applicable.
- Discuss previous clinical experience and learning needs with the Community Teacher.
- Share personal learning objectives and expectations for the current clinical placement with the Community Teacher and.
- Familiarize self with the Agency philosophy, objectives, physical structure, policies, procedures, resources, and communication structure within the Agency.

*When **participating** in the clinical placement to meet course and program objectives, the Student will:*

- Follow ethical, legal, and professional standards of practice.
- Always apply principles of safety.
- Notify the Agency and Community Teacher in the event of an absence (See Appendix A)
- Prepare for each clinical shift by examining the chart/Kardex of each assigned Client, and researching the implications of their diagnosis, history, medications, lab values, and treatments.
- Prepare for each clinical shift by examining the appropriate primary and secondary data of each assigned population and researching the implications of the social and ecological determinants of health.

- If applicable and/or at the discretion of the Community Teacher and/or Course Professor, create a nursing concept map and/or logic model with goals and objectives to aid in prioritizing and providing safe and competent care (See Appendix G & H).
- Describe the intended plan of care for the designated shift to the Community Teacher to assist them in determining and organizing care, teaching, mentoring, and learning needs.
- Maintain ongoing clear and effective communication with the Community Teacher(s), including information on personal scope of practice and any changes in assigned Client status.
- Clearly communicate the roles and responsibilities of the Student to the Agency Staff, as needed.
- Provide care for each assigned Client under the supervision and guidance of the Community Teacher(s)
- Assume increasing responsibility for Client care under the guidance of the Community Teacher.
- Complete all documentation (progress notes, flow sheet, etc.) on an ongoing basis during each clinical shift and request advice from the Community Teacher as needed.
- Check all documentation for accuracy and completion prior to leaving the Agency.
- Independently seek out learning experiences.
- Request instruction, supervision, and assistance from Community Teacher as needed.
- Participate in designated semester appropriate Student competencies under the guidance of the Community Teacher (See Appendix E).
- Review relevant materials needed to perform Student competencies prior to designated shift at the Agency.
- Work collaboratively with the Interprofessional Team to deliver safe and competent nursing care.
- Engage in self-reflective practice to promote professional transformation, leadership, and advocacy skills.
- Demonstrate professional behavior in all settings.
- Respect Client(s) social and cultural attitudes and beliefs.
- Utilize a supportive approach to Client(s) and Families.
- Recognize the need for health teaching.
- Provide Client and Family teaching as indicated
- Participate in post-conferences.

*When **assessing** clinical performance, the Student will:*

- Review personal performance with the Community Teacher on an ongoing basis.
- Solicit constructive feedback from the Community Teacher to improve and enhance personal clinical performance.
- Engage in self-reflective practice through journaling and conversations with Community Teacher and Agency Staff.

- Complete a written midway and final self-evaluation (See Appendix J)
- Meet with the Community Teacher to complete midway and final clinical evaluations; and,
- Complete the Dalhousie School of Nursing course evaluation survey upon completion of the clinical experience.

Peer Mentorship Clinical Placement

JUNIOR STUDENT (SEMESTER 3 OR 4) RESPONSIBILITIES

The Junior Student is responsible for actively collaborating with the Senior Student(s) (DalPMCP Student) and Clinical Instructor to enhance learning outcomes.

*In **preparing** for the clinical experience, the Junior Student will:*

- Complete HSPnet site selection within the designated timeframe provided by the Clinical Coordinator.
- Complete all prerequisite and concurrent course material related to the clinical placement.
- Achieve a passing grade for the medication administration quiz prior to administering any medications on the Unit, if applicable.
- Review relevant materials needed to perform Student competencies prior to designated shift on the Unit or entering a Client's room (See Appendix E).
- Review and understand the scope of practice and competencies for designated semester (See Appendix E).
- Review and understand all Dalhousie School of Nursing Policies for clinical participation (ex. Clinical Dress Code, Attendance).
- Review and understand Client rights in the healthcare system, and per Agency policy.
- Review and understand the roles of Interprofessional Health Team Members.
- Participate in Agency Unit orientation with the Clinical Instructor and Senior Student(s).
- Discuss previous clinical experience and learning needs with the Clinical Instructor and Senior Student(s).
- Share personal learning objectives and expectations for the current clinical placement with the Clinical Instructor and Senior Student(s).
- Familiarize self with the Agency's/Clinical Unit's philosophy, objectives, physical structure, policies, procedures, resources, and communication structure.

*When **collaborating** with the Clinical Instructor and the Senior Student(s), the Junior Student will:*

- Notify the Unit and/or Clinical Instructor in the event of an absence (See Appendix A).
- Maintain ongoing clear and effective communication with the Clinical Instructor, Senior Student(s) and Co-Assigned Nurse(s), including information on personal scope of practice and any changes in assigned Client status.

- Maintain ongoing communication and address questions regarding learning with the assigned Senior Student(s).
- Give a verbal report to assigned Senior Student(s) on all Client(s) daily at the beginning of each clinical shift (Note: if the Client assignment has changed, the Junior Student will receive a new assignment from the Senior Student(s) and/or Clinical Instructor).
- Describe the intended plan of care to assist the Senior Student(s) to assist them in the organization of their day, specifically, teaching, mentoring, and learning needs.
- Review completed daily tasks (physical assessments, dressing changes, documentation) on an ongoing basis with Senior Student(s) and request additional assistance when needed.

*When **participating** in clinical practice to meet course and program objectives, the Junior Student will:*

- Follow ethical, legal, and professional standards.
- Always apply principles of safety.
- Clearly communicate the roles and responsibilities of the Junior Student and the Students' scope of practice to the Unit Staff, as needed.
- Check all documentation for accuracy and completion prior to leaving the Unit.
- Independently seek out learning experiences.
- Create a nursing care plan or concept map with nursing diagnoses to aid in prioritizing and providing safe and competent Client care, at the discretion of the Clinical Instructor and/or Course Professor (See Appendix G & H).
- Prepare for each clinical shift by examining the chart, Kardex and MAR of each assigned Client and researching the implications of their diagnosis, history, medications, lab values and treatments.
- Work collaboratively with the Interprofessional Health Team to deliver safe and competent nursing care
- Provide care for each assigned Client under the supervision and guidance of the Clinical Instructor, Senior Student(s) and/or Co-Assigned Nurse(s).
- Assume increasing responsibility for Client care under the guidance of the Clinical Instructor, Senior Student(s) and Co-Assigned Nurse(s).
- Participate in designated semester-appropriate clinical competencies under the guidance of the Clinical Instructor, Senior Student(s) or Co-Assigned Nurse(s) (See Appendix E)
- Complete all documentation (MAR, progress notes, flow sheet, etc.) in a timely manner during each clinical shift and request advice from the Clinical Instructor, Senior Student(s) and/or Co-Assigned Nurse(s) as needed.
- Request instruction, supervision, and assistance from Clinical Instructor, Senior Student(s) or Co-Assigned Nurse(s) as needed.
- Respect Clients' social and cultural attitudes and beliefs.
- Utilize a supportive approach to Client(s) and families.
- Recognize the need for health teaching.
- Provide Client and family teaching as indicated.

- Engage in self-reflective practice to promote professional transformation, leadership, and advocacy skills.
- Demonstrate professional behavior in all settings.
- Participate in post-conferences.

*When **assessing** clinical performance, the Junior Student will:*

- Review personal performance with Senior Student(s), Clinical Instructor and Co-Assigned Nurse(s) on an ongoing basis.
- Solicit constructive feedback from Senior Student(s), Clinical Instructor and Co-Assigned Nurse(s) to improve and enhance clinical performance.
- Engage in self-reflective practice through journaling and conversations with Senior Student(s), Clinical Instructor and Unit Staff.
- Complete a peer-evaluation of the Senior Student(s) during the final clinical week.
- Meet with Senior Student(s) during the final week of the clinical experience to review the peer-evaluation form completed by the Senior Student(s) (The Clinical Instructor will use the peer-evaluation to assist in completion of the final-evaluation. The assigned Senior Student(s) may participate in the verbal final clinical evaluation of the Junior Student at the discretion of the Clinical Instructor and Senior Student).
- Complete a written midway and final self-evaluation.
- Meet with the Clinical Instructor and when appropriate, Senior Student, to complete the midway and final clinical evaluation ([See Appendix J](#)).
- Complete the Dalhousie School of Nursing course evaluation survey upon completion of the clinical experience.

SENIOR STUDENT (SEMESTER 7 STUDENT) RESPONSIBILITIES

The Senior Student is responsible for actively participating and leading Junior Students in clinical experiences and working with the Clinical Instructor to achieve the course objectives.

*In **preparing** for the clinical experience, the Senior Student will:*

- Complete HSPnet site selection within the designated timeframe provided by the Clinical Coordinator
- Complete all prerequisite and concurrent course material related to the clinical placement.
- Achieve a passing grade for the medication administration quiz prior to administering any medications on the Unit, if applicable.
- Review and understand own scope of practice and competencies (See Appendix E).
 - This includes Student clinical competencies that the Senior Student may oversee with or without supervision from the Clinical Instructor or Registered Nurse.
- Review and understand the scope of practice and competencies of assigned Junior Student semester (See Appendix E).
- Review and understand all Dalhousie School of Nursing Policies for clinical participation (ex. Clinical Dress Code, Attendance).
- Review and understand Client rights in the healthcare system, and per Agency
- Review and understand the roles of Interprofessional Health Team Members.
- Meet with the Clinical Instructor prior to the clinical start date to explore the Unit and prepare an orientation agenda for the Junior Students.
- Discuss previous clinical experience and learning needs with the Clinical Instructor.
- Share personal learning objectives and expectations for the current clinical placement with the Clinical Instructor.
- Familiarize self with the Agency's/Clinical Unit's philosophy, objectives, physical structure, policies, procedures, resources, and communication structure
- Review relevant materials needed to supervise clinical competencies performed by Junior Students that remain within the scope of practice of Students in semester 7.

*While **collaborating** with Junior Student(s), the Senior Student will:*

- Collaborate with the Clinical Instructor and Charge Nurse to create Client assignments for all Junior Students based on Client needs and scope of practice of Junior Students.
- Notify the Unit and/or Clinical Instructor in the event of an absence (See Appendix A).

Review previous clinical experience and learning needs with each assigned Junior Student:

- Discuss learning objectives and expectations for the current clinical placement with each assigned Junior Student.
- Receive a verbal report (Client diagnosis, plan of care, medications) from each assigned Junior Student regarding all Clients under their care to determine teaching, mentoring, and learning needs. (Note: Report should be given at the beginning of each clinical shift and on an ongoing basis throughout the day. If a Client assignment must be changed, the Senior Student collaborates with the Clinical Instructor and Charge Nurse to assign a new Client.).
- Communicate with Junior Students regarding completion of daily tasks (physical assessments, dressing changes, documentation) on an ongoing basis
- Facilitate ongoing communication between the Students, the Clinical Instructor, and the Unit Staff.

When **participating** in clinical practice to meet course and program objectives, the Senior Student will:

- Follow ethical, legal, and professional standards.
- Always apply principles of safety.
- Clearly communicate the roles and responsibilities of the Senior Student and the semester 7 scope of practice to the Unit Staff, as needed.
- Assist with Client care, as needed.
- Independently seek out learning opportunities.
- Request instruction, supervision, and assistance, as needed.
- Participate in semester 7 appropriate clinical competencies under the guidance of the Clinical Instructor or Unit Nurse(s) (See Appendix E).
- Assist Junior Students to recognize the need for Client health teaching.
- Assist Junior Students in providing Client and family teaching as indicated.
- Instruct, supervise, and assist Junior Students while working within their own semester 7 scope of practice, as needed.
- Model professional practice behavior and leadership skills within a people-centred environment.
- Engage in self-reflective practice to promote professional transformation, leadership, and advocacy skills.
- Demonstrate professional behavior in all settings.
- Review all documentation completed by Junior Students for accuracy on an ongoing basis and prior to leaving the Unit.
- Assist Junior Students with documentation as needed.
- Lead clinical post-conferences in collaboration with the Clinical Instructor.
- Work collaboratively with the Interprofessional Health Team.
- Respect Client(s) social and cultural attitudes and beliefs.
- Utilize a supportive approach to Client(s) and families.
- Recognize the need for health teaching.

When **assessing** clinical performance, the Senior Student will:

- Review personal performance with the Clinical Instructor, Junior Students and Unit Staff on an ongoing basis.
- Solicit constructive feedback from Clinical Instructor, Junior Students and Unit Staff to improve and enhance personal clinical performance and leadership.
- Engage in self-reflective practice through journaling and conversations with the Clinical Instructor, Junior Students and Unit Staff.
- Review the journals written by Junior Students and provide constructive feedback that promotes further critical self-reflection.
- Complete the peer evaluation for each assigned Junior Student.
- Meet with each assigned Junior Student to review the peer evaluation during the final week of the clinical experience. (Note: Senior Students are not responsible for the formal written or verbal clinical evaluation of Junior Students. The Clinical Instructor will complete this.).
- Complete a written midway and final self-evaluation ([See Appendix J](#)).
- Meet with the Clinical Instructor to complete midway and final clinical evaluations.
- Submit feedback on the clinical experience to Dalhousie School of Nursing upon completing the clinical experience.

Preceptor Placement

The Student is responsible for actively participating in the clinical experience and collaborating with the Preceptor and Clinical Instructor to achieve course objectives and learning outcomes.

*In **preparing** for the clinical experience, the Student will:*

- Complete HSPnet site selection within the designated timeframe provided by the Clinical Coordinator.
- Complete all pre-requisite and concurrent course material related to the clinical placement.
- Achieve a passing grade for the medication administration quiz prior to administering any medications on the Unit, if applicable.
- Contact the Preceptor by phone and/or email to prepare and arrange for the clinical experience.
- Obtain the Preceptor's work schedule and share this information with the Clinical Instructor and/or Course Professor.
- Review and understand the scope of practice and competencies for designated semester of study (See Appendix E).
- Review and understand Client rights in the healthcare system, and per Agency policy.
- Review and understand the roles of interprofessional health team members.
- Review and understand all Dalhousie School of Nursing Policies for clinical participation (ex. Clinical Dress Code, Attendance)
- Discuss previous clinical experience and learning needs with the Preceptor and Clinical Instructor.
- Share personal learning objectives and expectations for the current clinical placement with the Preceptor
- Familiarize self with the Agency/Clinical Unit's philosophy, objectives, physical structure, policies, procedures, resources, and communication structure.

*When **participating** in clinical experiences to meet course and program objectives, the Student will:*

- Follow ethical, legal, and professional standards of practice.
- Always apply principles of safety.
- Notify the Unit, Preceptor and/or Faculty Member in the event of an absence and reschedule missed clinical time (See Appendix A).
- Clearly communicate the roles and responsibilities of the Student and the Student's scope of practice to the Unit Staff, as needed.
- Prepare for each clinical shift by examining the chart, Kardex and MAR of each assigned Client, and research the implications of their diagnosis, history, medications, lab values, and treatments needed to provide safe care
- Maintain ongoing clear and efficient communication with the Preceptor, including information on personal scope of practice and any changes in Client status.

- Provide care for each Client under the supervision and guidance of the Preceptor.
- Assume increasing responsibility for Client care under the guidance of the Preceptor.
- Check all documentation (MAR, progress notes, flow sheet, etc.) in a timely manner during each clinical shift and request advice from the Preceptor as needed.
- Independently seek out learning experiences.
- At the discretion of the Clinical Instructor and/or Course Professor, create a nursing care plan or concept map with nursing diagnoses to aid in prioritizing and providing safe and competent Client care, (See Appendix G & H).
- Request instruction, supervision, and assistance as needed from Preceptor.
- Participate in semester-appropriate clinical competencies under the guidance of the Preceptor (See Appendix E).
- Review relevant materials needed to perform clinical competencies prior to designated shift on the Unit or entering a Client's room (See Appendix E).
- Work collaboratively with the interprofessional health team to deliver safe and competent nursing care.
- Respect Client(s) social and cultural attitudes and beliefs.
- Utilize a supportive approach to Client(s) and Families.
- Recognize the need for health teaching.
- Provide Client and Family teaching as indicated.
- Engage in self-reflective practice to promote professional transformation, leadership, and advocacy skills.
- Demonstrate professional behavior in all settings.

*When **assessing** clinical performance, the Student will:*

- Review personal performance with the Preceptor and Clinical Instructor or Course Professor on an ongoing basis.
- Solicit constructive feedback from the Preceptor and Clinical Instructor to improve and enhance personal clinical performance.
- Engage in self-reflective practices through journaling and conversations with Preceptor, Clinical Instructor and Unit Staff (See Appendix I).
- Complete a written midway and final self-evaluation (See Appendix J).
- Meet with the Preceptor and Clinical Instructor to complete midway and final clinical evaluation tools.
- Complete the Dalhousie School of Nursing course evaluation survey upon completion of the clinical experience.

The Faculty Role



The Faculty Role

The following section outlines the role of the Clinical Instructor, Course Professor and Clinical Coordinator during the clinical placement experience.

Role of the Clinical Instructor

Clinical Group Placement

The Clinical Instructor is responsible for actively providing clinical learning experiences and collaborating with the Students to achieve course objectives and learning outcomes.

*In **preparing** for the clinical experience, the Clinical Instructor will:*

- Plan and participate in a Unit orientation with the Nurse Manager, Educator, Clinical Lead and/or Charge Nurse of the Unit to review Unit-specific information and procedures (See Appendix B).
- Familiarize self with the Agency/Unit's philosophy, objectives, physical structure, policies, procedures, resources, and communication structures.
- Provide clear communication with Unit Staff regarding clinical dates, Student scope of practice, post-conference times and location.
- Review and understand the Students' scope of practice, competencies, and role on the Unit.
- Review and understand Client rights in the healthcare system, and per Agency policy.
- Conduct Student orientation to the Unit (See Appendix A).
- Review each Student's previous clinical experiences, learning needs, and expectations for the clinical experience.

*When **collaborating** with Students to meet course and program objectives, the Clinical Instructor will:*

- Follow ethical, legal, and professional standards and guide Students to also do so
- Ensure Students always apply principles of safety.
- Create Client assignments for Students and post it in the appropriate place on the Unit.
- Ensure that Students have completed the appropriate preparation for each clinical shift.
- Organize care, teaching, mentoring, and familiarity with Student needs for the designated shift based on each Student's intended plan of care.
- Maintain ongoing, clear, and effective communication with the Students and Unit Staff.
- Supervise and guide Students in providing proper care for assigned Clients.
- Deliver the medication administration quiz to Students.
- Supervise Students in the delivery of medications.
- Review Client care before performing or supervising procedures.

- Increase Student responsibilities for Clients' care as appropriate with ongoing evaluation of their competency to manage current Client assignments.
- Guide Students in completing accurate, up to date, and ongoing documentation.
- Communicate with each Student on a regular basis regarding their learning needs (e. g. journaling, conversations, online communication, etc.).
- Promote additional learning opportunities for Students (for example, shadowing in the operating room or intermediate medical care Unit).
- Provide Students with instruction, supervision, and assistance when requested.
- Seek out opportunities for the application of semester-appropriate clinical competencies within the Unit.
- Promote cooperation and collaboration within the Student group and the Interprofessional Team.
- Ensure Students respect individual social and cultural attitudes and beliefs.
- Ensure a safe and supportive environment for Student learning by promoting psychological safety.
- Model professional practice behavior and leadership skills within a people-centred environment.
- Guide Students in using a supportive, strength-based approach to the care of Clients and Families.
- Help Students recognize the need for Client/Family health education.
- Guide Students to provide Client and Family teaching as indicated.
- Lead and utilize post conferences as an opportunity for exploring Students' clinical experiences and learning.

*When **assessing** clinical performance, the Clinical Instructor will:*

- Guide and support Students in addressing conflict or tension between any parties involved in the clinical experience.
- Review Student performance on an ongoing basis and coordinate with the Course Professor should remedial work be necessary.
- Provide timely constructive feedback to Students on how to improve and enhance their clinical performance, including written and/or verbal feedback related to journals, care plans, and concept maps.
- Ask for feedback from Unit Staff on Student performance.
- Hold Students accountable for engaging in self-reflective practice
- Meet with each Student to complete midway and final evaluations as applicable (See Appendix J).
- Submit midway and final evaluations to the Course Professor within one week of the final clinical shift.

Peer Mentor Clinical Placement

The Clinical Instructor is responsible for mentoring the Senior Students (DalPMCP Students) to provide and support clinical learning experiences for the Junior Students.

The Clinical Instructor is responsible for collaborating with the Senior Student(s) to provide and support them in leadership development and clinical learning.

*In **preparing** for the clinical experience, the Clinical Instructor will:*

- Plan and participate in a Unit orientation with the Senior Student(s), Nurse Manager, Educator and/or Charge Nurse of the Unit to review Unit-specific information and procedures (See Appendix B).
- Familiarize self with the Agency/Unit's philosophy, objectives, physical structure, policies, procedures, resources, and communication structure.
- Provide clear communication with Unit Staff regarding clinical dates, Student scope of practice, post-conference times and location.
- Review and understand the scope of practice, competencies, and role of the assigned group of Students.
- Review and understand Client rights.
- Support Senior Student(s) in conducting Student orientation to the Unit (See Appendix A).
- Review each Student's previous clinical experiences, learning needs, and expectations for the clinical experience.

*When **collaborating** with Students to meet course and program objectives, the Clinical Instructor will:*

- Follow ethical, legal, and professional standards and guide Students in doing so.
- Ensure Students always apply principles of safety.
- Work with Senior Student(s) and the Charge Nurse to create Client assignments for Junior Students.
- Organize care, teaching, mentoring, and familiarity with Student needs for the designated shift based on each Student's intended plan of care.
- Maintain ongoing clear and effective communication with the Senior Student(s), Junior Students, and Unit Staff.
- Ensure Senior Student(s) provide proper support and instruction for assigned Junior Students while practicing within their semester 8 scope of practice.
- Supervise and guide all Students in providing proper care for assigned Clients.
- Deliver the medication administration quiz to Students.
- Supervise Students in the delivery of medications.
- Review Client care before performing or supervising procedures.
- Increase Junior Students' responsibilities for Client care as appropriate with ongoing evaluation of their competency to manage current Client load.
- Increase Senior Student(s) responsibilities for supervising Client care as appropriate with ongoing evaluation of their competency in managing the assignment.

- Guide Junior and Senior Students in completing accurate and timely documentation.
- Communicate with each Student on a regular basis regarding their learning needs (e. g. journaling, conversations, online communication, etc.).
- Ensure Senior Student(s) communicate with assigned Junior Students on a regular basis regarding their learning needs.
- Promote additional learning opportunities for Students (for example, shadowing in the operating room or intermediate medical care Unit)
- Provide Students with instruction, supervision, and assistance when requested.
- Encourage Senior Student(s) to practice leadership competencies whenever possible.
- Seek out opportunities for the application of semester appropriate clinical competencies within the Unit.
- Promote cooperation and collaboration within the Student group and the Interprofessional Team.
- Ensure Students respect individual sociocultural attitudes and beliefs.
- Guide Students in using a supportive, strength-based approach in the care of Clients and families.
- Help Students recognize the need for Client/Family health education.
- Guide Students to provide Client and Family teaching as indicated.
- Ensure a safe and supportive environment for Student learning by promoting psychological safety.
- Model professional practice behavior and leadership skills within a people-centred environment.
- Guide and support Senior Student(s) in addressing conflict or tension between and amongst any parties involved in the clinical experience.
- Ask for feedback from Unit Staff on Junior and Senior Student(s) performance.
- Allow opportunities for Senior Student(s) to recognize the need for Junior Student education.
- Collaborate with Senior Student(s) in conducting post conferences.

*When **assessing** clinical performance, the Clinical Instructor will:*

- Guide and support Students in addressing conflict or tension between and amongst any parties involved in the clinical experience.
- Review Student performance on an ongoing basis and coordinate with the Course Professor should additional assistance be necessary
- Provide timely constructive feedback to Students on how to improve and enhance their clinical performance, including written and/or verbal feedback related to journals, care plans, and concept maps.
- Ask for feedback from Unit Staff on Student performance.
- Hold Students accountable for engaging in self-reflective practice.
- Meet with each Student individually to complete a midway and final evaluation (See Appendix J).

- Submit midway and final evaluation to the Course Professor within one week of the final clinical shift.

Preceptor Clinical Program

*In **preparing** for the clinical experience, the Clinical Instructor will:*

- Review and understand the scope of practice and competencies of the Precepted Student and Preceptor
- Become familiar with Agency/Unit's philosophy, objectives, physical structure, policies, procedures, resources, and communication structure.

*When **collaborating** with Students to meet course and program objectives, the Clinical Instructor will:*

- Guide the Preceptor in conducting Student orientation to the Unit (See [Appendix A](#)).
- Maintain ongoing, clear, and effective communication with the Preceptor and Precepted Student regarding the clinical experience during regularly planned contact.
- Act as a support and a means of communication between the Student/Preceptor and the School of Nursing
- Provide the Preceptor and precepted Students with instruction, supervision, and assistance, as needed.
- Model professional practice behavior and leadership skills within a people-centred environment.
- Ensure a safe and supportive environment for Student learning by promoting psychological safety.

*When **assessing** clinical performance, the Clinical Instructor will:*

- Guide and support the Preceptor and Student in addressing conflict or tension between and amongst any parties involved in the clinical experience.
- Provide timely constructive feedback to the Preceptor and Student to improve and enhance clinical performance including written and/or verbal feedback related to journals.
- Meet with and provide guidance to the Preceptor and Student prior to completion of a midway and final evaluation.
- Submit the midway and final evaluations to the Course Professor within one week of the final evaluation.

Community Teacher

The Community Teacher is responsible for actively providing clinical learning experiences and collaborating with the Students to achieve course objectives and learning outcomes.

*In **preparing** for the clinical placement, the Community Teacher will:*

- Plan and participate in an Agency orientation with the Agency contact person, Nurse Manager, Educator, Clinical Lead and/or Charge Nurse of the Unit to review Agency-specific information and procedures (See Appendix B).
- Familiarize self with the Agency's philosophy, objectives, physical structure, policies, procedures, resources, and communication structure.
- Have knowledge of the Canadian Community Health Nursing Standards of Practice, Entry-to-Practice PHN Competencies for Undergraduate Nursing Education, Guidelines for Quality Community Health Nursing Clinical Placements, primary health care principles, determinants of health, and public health sciences and/or nursing science.
- Orientate Students to assigned clinical experience, including virtual reality simulation program.
- Provide clear communication with Agency Staff regarding clinical dates, Student scope of practice, post-conference times and location.
- Review and understand the Students scope of practice, competencies, and role on the Unit.
- Review and understand Client rights in the healthcare system, and per Agency policy.
- Conduct Student orientation to the Agency (See Appendix A).
- Review each Student's previous clinical experiences, learning needs, and expectations for the clinical experience.

*When **collaborating** with Students to meet course and program objectives, the Community Teacher will:*

- Follow ethical, legal, and professional standards and guide Students in doing so.
- Ensure Students apply principles of safety at all times.
- Where applicable, create Client-assignments for Students and share with Students and Agency Staff.
- Ensure that Students have completed the appropriate preparation for each clinical day.
- Organize care, teaching, mentoring, and familiarity with Student needs for the designated day based on each Student's intended plan of care.
- Maintain ongoing, clear, and effective communication with Students and Agency Staff.
- Supervise and guide Students in collaborative nursing practice, providing proper care for assigned populations and Clients.
- Where indicated, deliver the medication administration quiz to Students.
- Supervising Students in the delivery of medications.
- Review nursing practice before performing or supervising procedures and interventions.
- Increase Student responsibilities toward competent, self-directed nursing practice

- Guide Students in completing accurate, up to date, and ongoing documentation.
- Communicate with each Student on a regular basis regarding their learning needs (e. g. journaling, conversations, community projects/proposals, online communication, etc.).
- Promote additional learning opportunities for Students.
- Provide Students with instruction, supervision, and assistance when requested.
- Seek out opportunities for the application of semester-appropriate clinical competencies within the Agency.
- Promote cooperation and collaboration within the Student group and the Interprofessional Team.
- Ensure Students respect individual social and cultural attitudes and beliefs.
- Promote Student and people safety to ensure a safe and supportive environment for Student learning.
- Model professional practice and leadership skills within a people-centred environment.
- Guide Students in using a supportive, strength-based approach to Clients and Families and populations.
- Help Students recognize the need for Client/Family/Population health education.
- Apply appropriate theoretical practice models to populations for which Students are assigned.
- Demonstrate and facilitate evidence informed practice in the care of the select populations.
- Guide Students to provide Client and Family teaching as indicated.
- Lead and utilize post conferences as an opportunity for exploring Students' clinical experiences and learning.

*When **assessing** clinical performance, the Community Teacher will:*

- Guide and support Students in addressing conflict or tension between any parties involved in the clinical experience.
- Review Student performance on an ongoing basis and coordinate with the Course Professor should remedial work be necessary.
- Provide timely constructive feedback to Students on how to improve and enhance their clinical performance, including written and/or verbal feedback related to journals, Agency reports, projects, care plans, and concept maps.
- Ask for feedback from Agency Staff on Student performance.
- Hold Students accountable for engaging in self-reflective practice.
- Meet with each Student individually to complete midway and final evaluations as applicable ([See Appendix J](#)).
- Submit midway and final evaluations to the Course Professor within one week of the final clinical shift.

Role of the Course Professor

*In **preparing** for the clinical experience, the Course Professor will:*

- Plan and facilitate the clinical placement of the Students.
- Send course materials to the Preceptors/Clinical Instructors.
- Oversee the progress of all Students.
- Supervise the individual Student placements.
- Discuss Student progress with Students, Preceptors.
- Review Students' clinical evaluations, clarifying any questions.
- Respond to any Student concerns.

*In **initiating** and **maintaining** contact with the Clinical Instructor, the Course Professor will:*

- Be a key educational support for Clinical Instructors.
- Clarify questions and concerns by Clinical Instructors related the course and Student progress.
- Provide the Clinical Instructor with objectives of the practicum.
- Ensure the goals and objectives of the School of Nursing are achieved.
- Ensure they are always available and accessible throughout the clinical experience.
- Maintain contact with Students/ Preceptors through two planned onsite visits for Students within the Halifax-Dartmouth areas.
- Establish the time of the second visit at the first visit.
- Maintain contact with Students/ Preceptors outside of the Halifax-Dartmouth area through email and/or telephone contact.

*In **assessing** clinical performance, the Course Professor will:*

- Oversee the Clinical Instructor's evaluation of Students in the course.
- Act as a resource for teaching, learning, and the evaluative processes.
- Assume the ultimate responsibility for the final evaluation.
- Assign the final grade for the course and clinical.

Questions for Clinical Instructors and Preceptors during Site Visit (in person or by phone)

- Is the student progressing towards meeting the clinical outcomes and attainment of semester specific competencies?
- Can you see progression/growth in the Student(s)?
- Does the Student(s) demonstrate organization and time management skills?
- Is the Student(s) showing initiative and asking questions and seeking assistance appropriately?
- Does the Student(s) demonstrate an understanding of the expectations for learning within this clinical/community placement?
- Have you observed the Student(s) interacting with other healthcare professionals? Are there any concerns, areas for improvement?

- Is the Student(s) putting the nursing process together and starting to use critical thinking skills, problem solving?
- What areas of practice do you see as needing further development? (e.g., psychomotor competencies, organization, critical thinking, knowledge application)
- Do you have any concerns?

Role of the Clinical Coordinator

*In **preparing** for the clinical site placements, the Clinical Coordinator will collaborate with the Placement Assistant to:*

- Plan and facilitate the clinical placement sites for Students in all clinical courses.
- Plan for interviews and facilitate hires of Clinical Instructors in all clinical courses.
- Inform Students via email at least 2 weeks before site selection begins to provide Students with site selection dates.
- Inform Students via email that HSPnet site selector is available for site selection.
- Inform Students via HSPnet email of assigned placement.
- Inform Students via above HSPnet email of dates for the three-day period to switch placements with a course peer.
- Inform Course Professor of assigned Student placements and assigned Clinical Instructors/ Preceptors
- Inform Students via email of any complications in Student placements.
- Inform Agencies and Course Professors of any changes or complications regarding Student Placements and Instructors.
- Respond to Students, Professors and Agencies in a timely manner.

***During** clinical course placements, the Clinical Coordinator will collaborate with the Placement Assistant to:*

- Respond to concerns from Course Professors and Clinical Instructors.
- Send Students their Clinical Instructor evaluation form via HSPnet email.

***After** clinical course placement ends, the Clinical Coordinator will collaborate with the Placement Assistant to:*

- Meet with Course Professor to evaluate relevance of placement sites for Student learning and Clinical Instructors' performance.
- Plan placements and instructors for next semester of courses.
- Review Clinical Instructor evaluation forms with Associate Director of Undergraduate Studies.
- Meet with Clinical Instructors to discuss evaluation form issues.
- Send offers to Clinical Instructors for appropriate courses at least two semesters prior to course start date.

The Roles Within the Agency



The Roles Within the Agency

The following section outlines the role of the Preceptor, Co-Assigned Nurse, Charge Nurse, Nurse Manager, and Interprofessional Team throughout the Student clinical placement experience.

Role of the Preceptor

The Preceptor works with the Student to facilitate learning through Client care.

*In **preparing** for the clinical experience, the Preceptor will:*

- Familiarize self with the Agency/Unit's philosophy, objectives, physical structure, policies, procedures, resources, and communication structure.
- Review and understand the scope of practice, competencies, and role of the assigned Student
- Review each Student's previous clinical experiences, learning needs, and expectations for the clinical experience.

*In **collaboration** with the Student to meet the course and program objectives, the Preceptor will:*

- Follow ethical, legal, and professional standards and guide the Student to also do so
- Ensure the Student always applies principles of safety .
- Maintain ongoing clear and effective communication with the Student.
- Supervise and guide the Student in providing proper care for Clients.
- Supervise the Student in the delivery of medications.
- Increase the Student's responsibilities for Client care as appropriate with ongoing evaluation of their competency to manage current Client assignment(s).
- Guide the Student in completing accurate, up to date, ongoing documentation (Note: the Co-Assigned Nurse or Preceptor has the final accountability for the Client and must review all documentation on an ongoing basis and prior to the Student leaving the Unit to ensure it is complete).
- Provide the Student with instruction, supervision, and assistance when requested.
- Encourage and garner opportunities for the application of appropriate clinical competencies within the Unit.
- Promote cooperation and collaboration within the Student group and the Interprofessional Team.
- Ensure the Student respects Client social and cultural attitudes and beliefs.
- Guide the Student in utilizing a supportive, strength-based approach to the care of Client(s) and Families.
- Guide the Student in providing Client(s) and Family teaching, as indicated.
- Model professional practice behaviour and leadership skills within a people-centred environment.

- Maintaining ongoing communication with the Clinical Instructor and Student regarding Student performance and any other additional concerns.

*In **assessing** clinical performance, the Preceptor will*

- Provide timely and constructive feedback to improve and enhance Student clinical performance.
- Complete the Midway and Final Clinical evaluation tool with the Student.

Role of the Co-Assigned Nurse

The Co-Assigned Nurse works collaboratively with the Student to provide care to Clients on the Unit.

*In **collaborating** with and guiding Co-Assigned Students to facilitate provision of effective Client centred care, the Co-Assigned Nurse will:*

- Understand the roles of Students, Senior Students (if applicable), and Clinical Instructor on the Unit.
- Understand the role of the Unit Nurse working with Co-Assigned Students.
- Guide Students in following ethical, legal, and professional standards.
- Ensure Students consistently apply principles of safety in clinical practice.
- Guide Students in finding best practice protocols for the specific Agency.
- Maintain ongoing clear and effective communication with Students about Co-Assigned Clients.
- Guide Students in providing proper care for assigned Clients with supervision, as needed.
- Increase Student responsibilities for Client care as appropriate with ongoing evaluation of their competency to manage current Client assignment.
- Guide Students in completing accurate, up to date, ongoing documentation (Note: the Co-Assigned nurse has the final accountability for the Client and must review all documentation on an ongoing basis and prior to the Student leaving the Unit to ensure it is complete).
- Provide Students with instruction, supervision, and assistance when requested.
- Encourage and garner opportunities for the application of appropriate clinical competencies within the Unit.
- Promote cooperation and collaboration within the Student Group and the Interprofessional Team.
- Ensure Students respect Client social and cultural attitudes and beliefs.
- Guide Students in utilizing a supportive, strength-based approach to the care of Client(s) and Families.
- Provide timely and constructive feedback to Students, Senior Student(s) (if applicable), and the Clinical Instructor to improve and enhance Student clinical performance and overall clinical experience.

- Maintain confidentiality and respectful approach when giving feedback to Students (for example, refraining from giving feedback in the presence of the Client, family, and/or Interprofessional Team members).
- Guide Students in providing Client(s) and Family teaching, as indicated.
- Model professional practice behaviour and leadership skills within a people-centred environment.
- Maintain ongoing communication with the Clinical Instructor and Senior Student(s), if applicable, regarding Student performance and any other additional concerns.

*In **assessing** clinical performance, the Co-Assigned Nurse will:*

- Understand the roles of Students, Senior Students (if applicable), and Clinical Instructor of the Unit.
- Understand the role of the Unit Nurse working with Co-Assigned Students.

Role of the Charge Nurse/Clinical Lead

The Charge Nurse/Clinical Lead, the Clinical Instructor, and the Senior Student (if applicable) work collaboratively throughout the clinical experience to facilitate communication between Students and the Staff of the Unit. The following list describes the roles and responsibilities to facilitate the relationship between the Clinical Instructor and the Unit for the duration of the clinical experience.

*In **preparing** for Students' arrival for clinical, the Charge Nurse/Clinical Lead will:*

- Meet with the Clinical Instructor (and Senior Student(s), if applicable) to cover important Unit information, including the following:
 - Unit layout and facilities.
 - Unit protocols (e.g., call bell system, special equipment, etc.).
 - Relevant passwords and Unit phone number(s).
 - Interprofessional Team members and specific roles.
 - Preferred Student research times on the Unit.
- Discuss and collaborate with Clinical Instructor to address the following:
 - Student Client research times.
 - Time and place of post-conferences.
 - Student involvement in change of shift report and rounds
 - Preferred Kardex location if Students are giving meds.
- Familiarize Clinical Instructor with any additional information on the Agency/Unit's philosophy, objectives, physical structure, policies, procedures, resources, and communication structure.
- Discuss the type of clinical placement of Student(s) (Clinical Group, Peer Mentorship Program, or Preceptorship).
- Understand the roles, responsibilities, scope of practice, and competencies of the designated set of Students (**See Appendix E**).
- Inform Staff of incoming Students and ensure understanding of their roles and responsibilities with Co-Assigned Students.

During Students' clinical rotation on the Unit, the Charge Nurse will:

- Meet with Students on orientation day to facilitate the Students understanding of the unit philosophy daily routine, and Client population.
- Maintain ongoing communication with the Clinical Instructor, Students and Staff; issues and concerns should be addressed as they arise.
- Collaborate with the Clinical Instructor to identify additional learning opportunities for Students, such as shadowing in the IMCU or Lunch and Learns.
- Communicate and collaborate in a timely manner regarding any updates/ issues on the Unit.
- Serve as a liaison between the Student(s)/Faculty and the Unit.

Role of the Unit Manager

Throughout the clinical experience, the Unit Manager will:

- Maintain contact with the School of Nursing regarding clinical placement requests.
- Partake in the Preceptor selection process for clinical placements (i.e. sending out a call for Preceptors, selecting Preceptors)
- Introduce themselves to the Student clinical groups.
- Inform Students of their specific role within the clinical Unit and as it relates to the Student.
- Inform Unit staff of incoming Students' placements on the Unit and remind them of the expectations of the role of the Co-Assigned nurse.
- Act as a level of support, alongside the School of Nursing Faculty, to resolve any conflicts on the Unit regarding Student placements.

Role of the Interprofessional Team Member

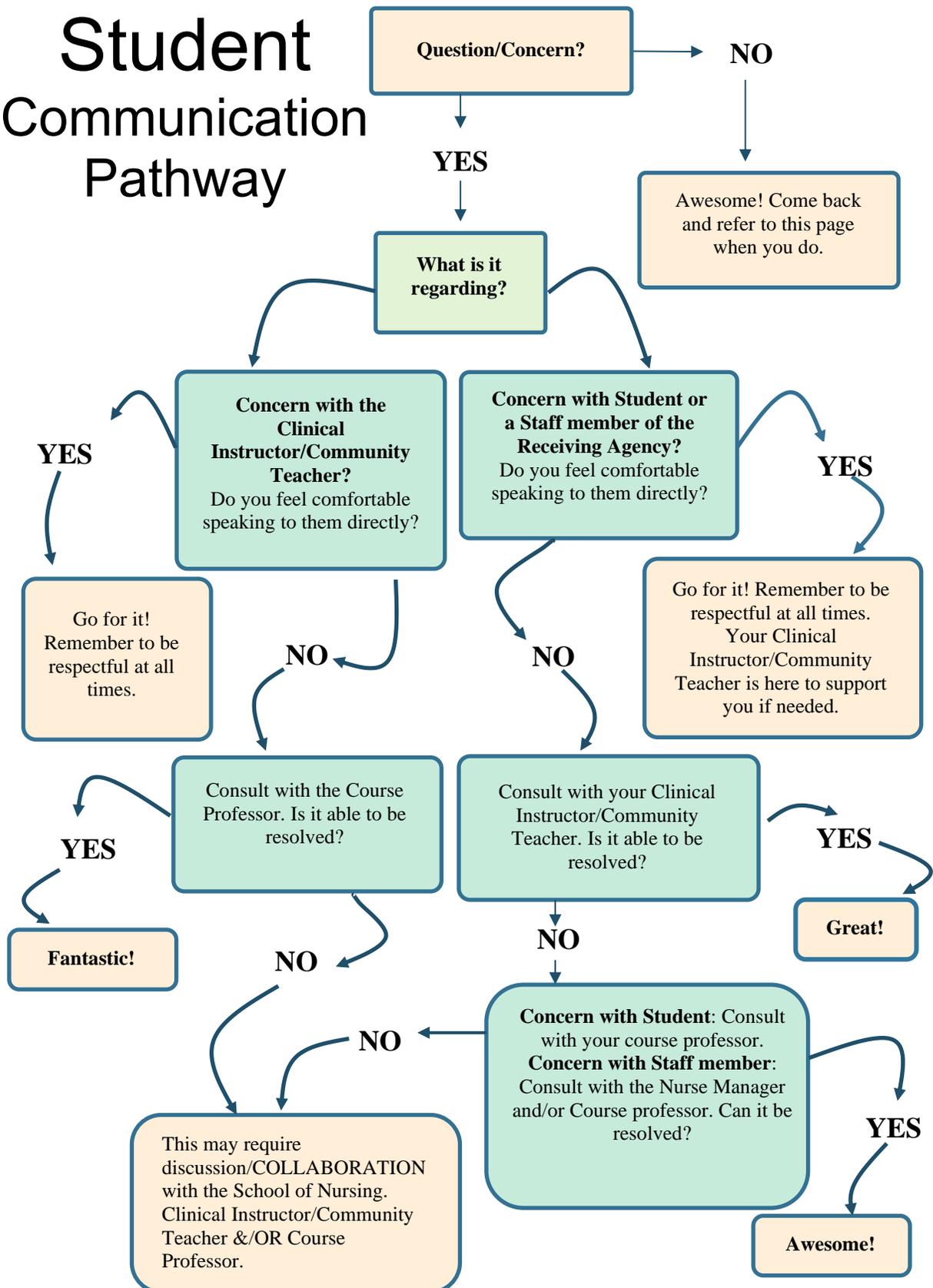
Throughout the Student clinical placement, the Interprofessional Team Members will:

- Introduce themselves to the Student and/or Student group and clarify their role on the Unit.
- Include the Student in Interprofessional collaboration of Client care (i.e. discharge planning, intervention management), as appropriate.
- Allow the Student to observe the specific Interprofessional role during care of the Client.

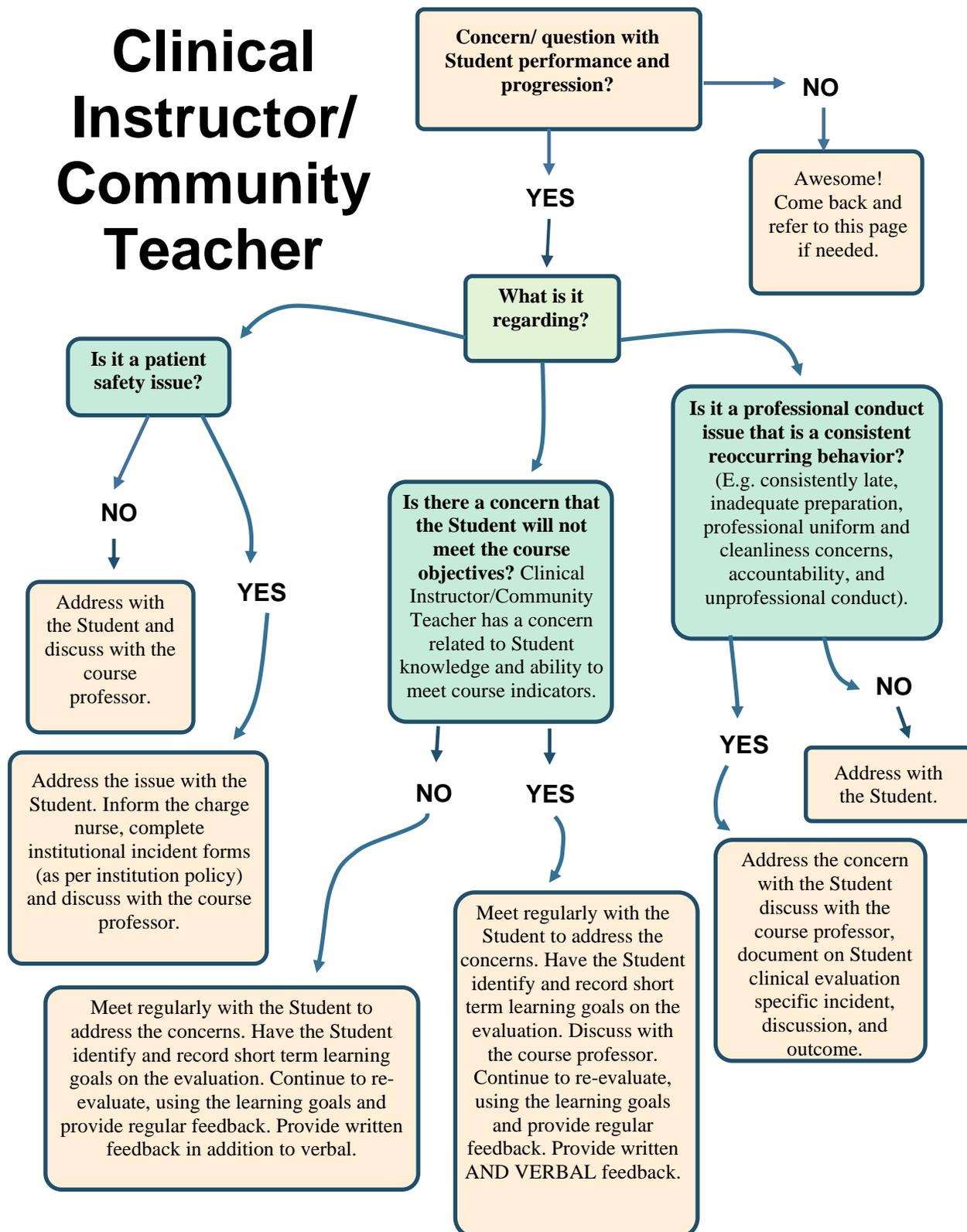
Communication Pathways



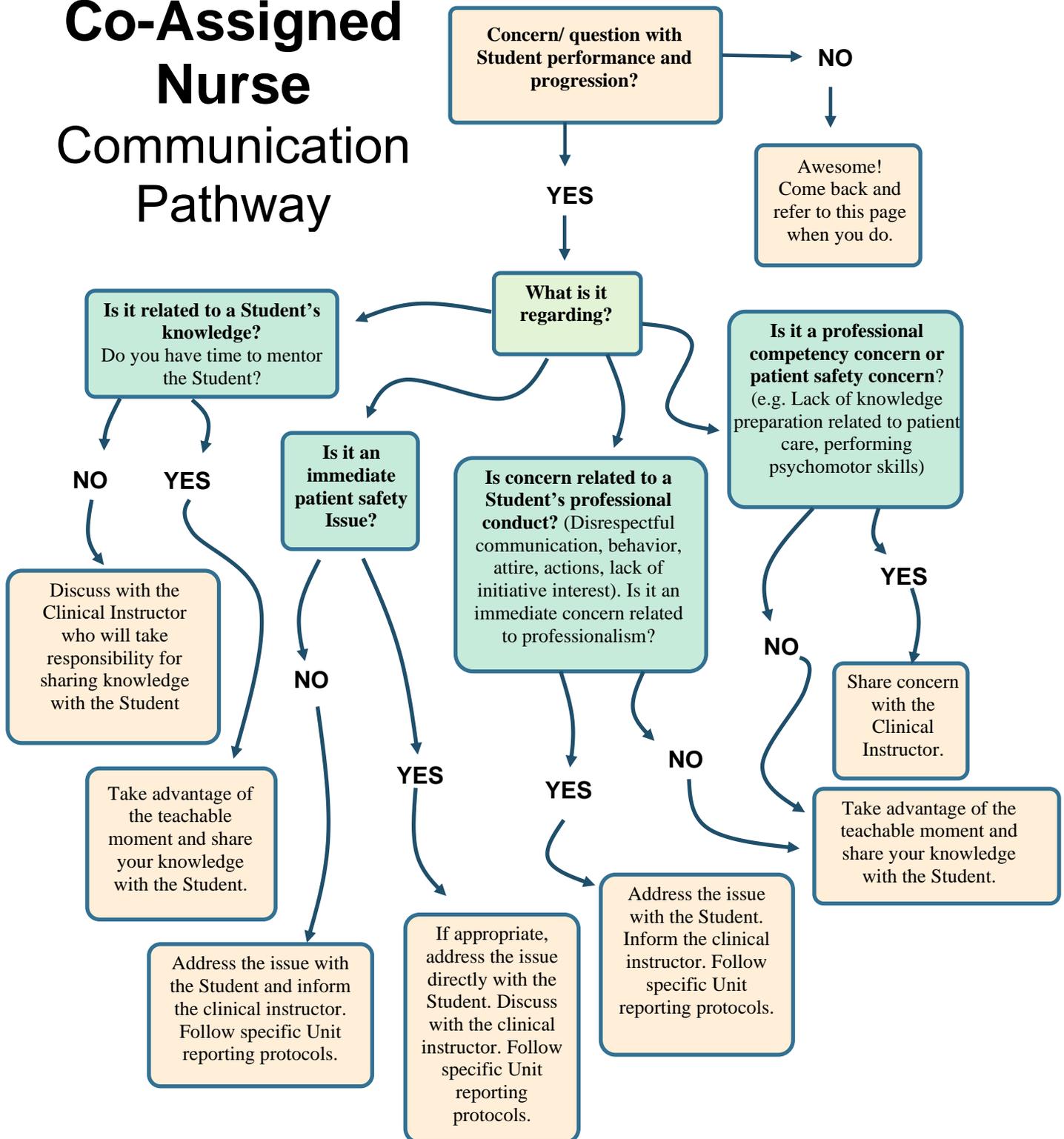
Student Communication Pathway



Clinical Instructor/ Community Teacher

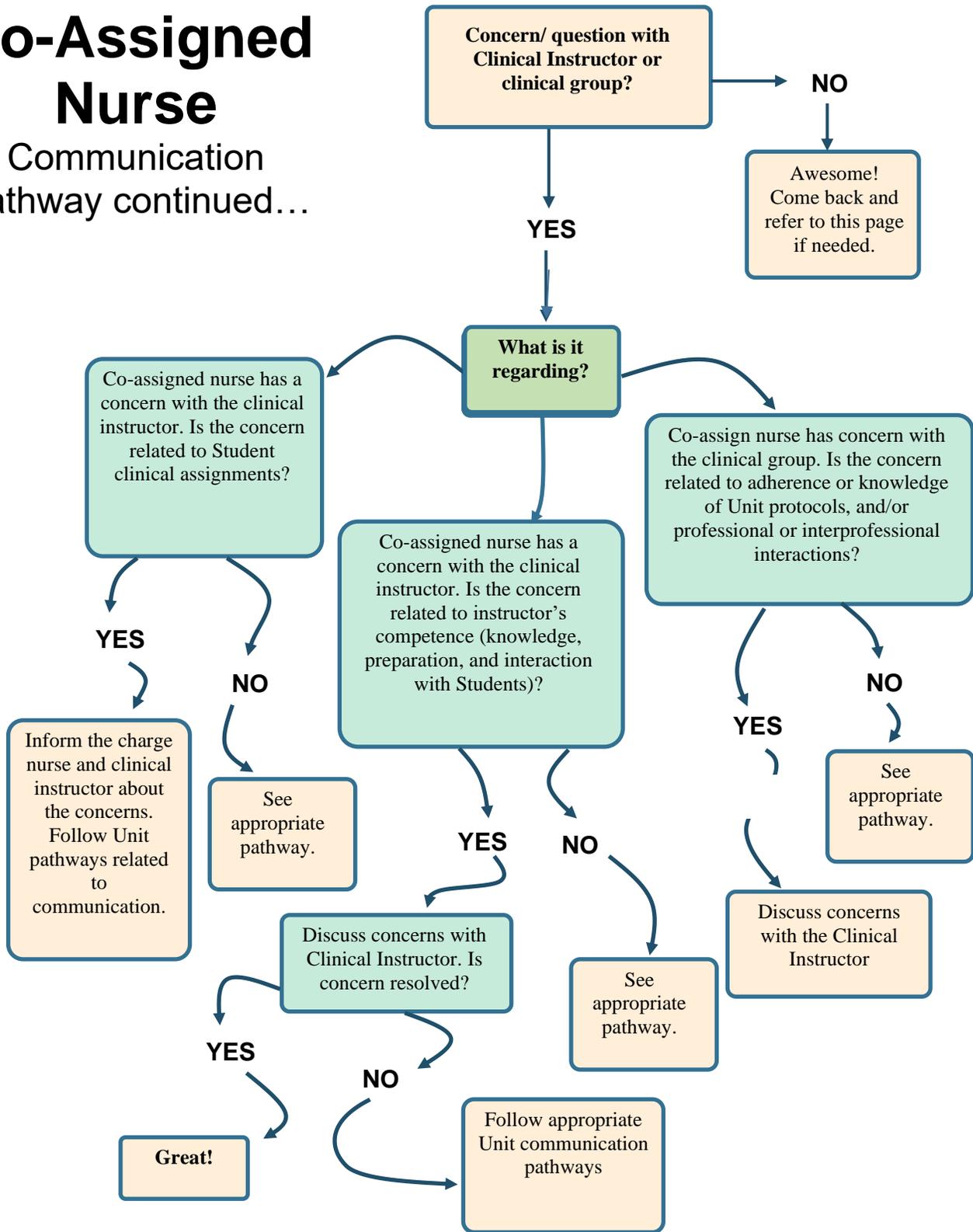


Co-Assigned Nurse Communication Pathway

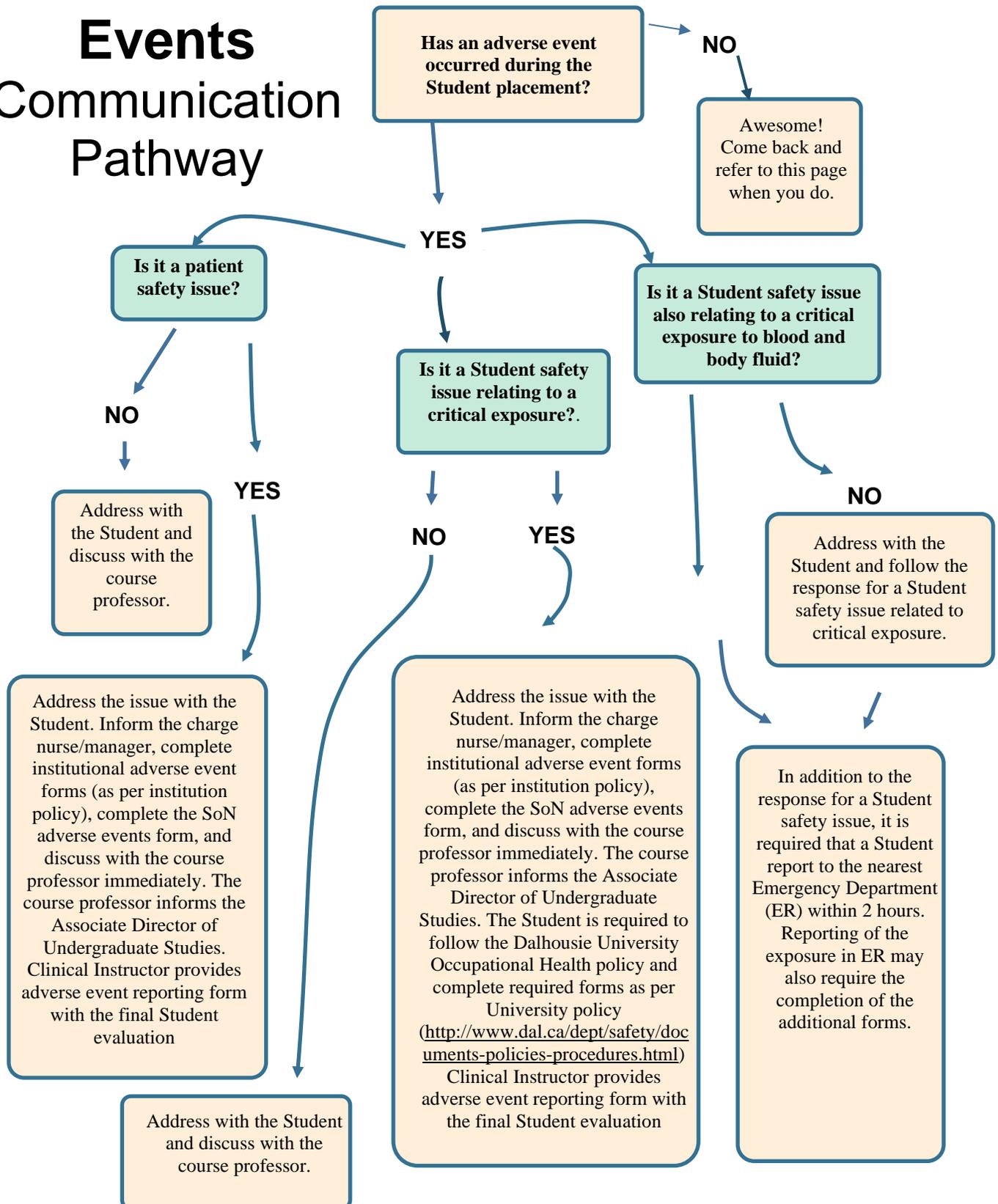


Co-Assigned Nurse

Communication Pathway continued...



Adverse Events Communication Pathway



Frequently Asked Questions



Frequently Asked Questions

The following section provides answers to frequently asked questions by the Student, the Faculty member, and the Receiving Agency.

Student FAQ

When will I know where my clinical placement will be?

This is a very common question that unfortunately does not have one specific answer. There are many factors that go into deciding where a Student will be placed for clinical, including Student preference, Agency availability, and the number of Students needing to be placed. We understand and appreciate that for some people many arrangements need to be made for them to partake in clinical. We, in conjunction with the clinical agencies, will inform Students at the earliest convenience so that these arrangements can be made as soon as possible. The goal of the clinical placement office is to release clinical placements one month prior to the clinical start date. However, This timeframe is reliant on the placement agencies accepting or rejecting the placements in a timely manner.

What if I do not like my clinical placement or I am unable to arrange for transportation to get there?

Once a clinical placement is given, the course professor or clinical instructor is not able to change it. Sometimes, depending on the clinical, you may be able to arrange to switch with one of your peers, **with permission from the clinical coordinator**. Please remember, a clinical placement is rarely perfect. For many Students, changes in their schedules and transportation arrangements will have to be made. We will do our best to work with you to try and overcome these obstacles.

What is the difference between the Course Professor, Clinical Instructor, Community Teacher, and Clinical Coordinator?

The Course Professor is the person that is responsible for the course associated with the clinical experience. The Clinical Instructor/Community Teacher is the individual that will be with you and your group during your time in a clinical facility. The clinical coordinator is the person who arranges where each Student will go during their clinical time. Most of the clinical coordinator's role is behind-the-scenes – you will most likely interact with them only through e-mail.

What if I am not comfortable with my patient/community assignment?

Discuss your assignment with your Clinical Instructor/Community Teacher. There is no shame in saying that you do not feel comfortable with your assignment. Having said that, it will be important to discuss why you do not feel comfortable. If you are feeling overwhelmed, you and your Clinical Instructor/Community Teacher may need to develop a strategy to ease you into this sort of workload. There may be situations

where you and your Clinical Instructor/Community Teacher determine that it would be beneficial to challenge your comfort level. Do not be afraid to ask questions – you want to ensure you are getting the most out of your clinical experience!

Clinical Instructor/Community Teacher/Preceptor FAQ

When will I receive my list of Students and their contact information?

Once Student placements have been confirmed, the Clinical Placement office will email each Clinical Instructor/Community Teacher/Preceptor a report identifying their placement, the Students, the Students' contact information, and the Unit contact information.

Whom do I contact if I have a question regarding my clinical position?

If your question is course related, please contact the course professor. If your question is placement related, please contact the Clinical Placement office. Both can be reached through the School of Nursing main line 902-494-2535.

What questions do I direct to my mentor and what questions do I direct to the course professor?

Questions related to a Student's progress or behavior should be directed to the course professor who can provide direction as to how best to approach the situation to support both you and the Student. Questions related to such things as schedule changes need to be directed to the Clinical Placement Office as changes need to be reflected in HSPnet. Questions related to clinical routines, completing evaluations, organizing assignments, responding to journals, navigating course tools, and organizing your orientation can be answered by another Clinical Instructor/Community Teacher in the same course. Your course professor would also be pleased to answer these questions.

If a Student is struggling how do I support the Student?

Inform the course professor about your concerns. Provide clear documentation of your concerns. Documentation includes objective data only. Describe the behaviors and practices that do not meet the standard outcomes. Meet regularly with the Student to develop a collaborative written plan to help the Student achieve the clinical outcomes for the course. Depending on the concerns, this may be weekly or daily meetings. Describe to the Student the expectations and indicators for acceptable performance and the remediation strategies the Student will pursue. Describe the supervision, monitoring and evaluation strategies the instructor will use to determine whether changes in behaviors/practices have occurred. Describe an appropriate timeline including dates for regular ongoing evaluation. Indicate the consequences of not achieving the required changes. Set a clear date to meet with the Student to discuss the outcome of the evaluation. Provide a written report of the result of the evaluation that is to be provided to both the Student and the course professor.

How many days is a Student allowed to miss (sick time/ absent) before they fail?

There is no simple answer for this question. Pass/fail is based on quality as opposed to quantity. A Clinical Instructor needs to spend enough time with a Student to assess the five outcomes for the clinical course. Some Students can quickly and competently achieve a pass in each outcome. Other Students take more time and guidance to achieve the same goal. Your course professor is ultimately responsible for assigning the Student grade. They are a great resource if you are struggling to complete the evaluation which will provide the supporting evidence for the final grade.

If a Student is obviously ill, do they still require a sick note from their doctor?

If a Student is sent home sick no note is required from their doctor. The clinical instructor makes note on the final evaluation that they sent the Student home ill. Documentation may be required for each instance that a Student calls in sick, however this is at the discretion of the course Faculty. Students are to submit a Declaration of Absence form to the drop box on the course site for each set of shifts missed. Please see [school attendance policy](#) .

Can a Student "make up time" for sick or absent days?

There are no opportunities for Students to make up sick or absent days.

When working with a group of Students, who is responsible for supervising care, the Clinical Instructor or the co-assigned nurse?

In a group setting, the Clinical Instructor is ultimately responsible for supervising Students. Throughout a shift the Student or the Clinical Instructor often negotiate with the co-assigned nurse to supervise a Student performing a procedure or providing care, but this is not an expectation and must never be assumed.

If the Clinical Instructor is ill, is there a replacement clinical instructor or does the Students miss that time as well?

There is no one to replace the Clinical Instructor. The Clinical Instructor notifies the Students, the course professor, and the unit that clinical is canceled for the shift. A notation is made on the Students' evaluation that "X number of hours were missed due to Clinical Instructor illness." The Student is not penalized for the missed time.

Agency Staff FAQ

I have three different Students assigned to three of my patients. I am finding it really frustrating to try to coordinate with all three in their provision of care — is there any way around this?

If there are Peer Mentors on the Unit, they can be a vital resource for communication between you and the co-assigned Students. Ideally, Students should be assigned to patients under the supervision of the same nurse; however, this is not always possible. Assignments are determined the day prior to clinical and the night staff are responsible for delegating day staff to patients. The Student assignment sheet is made available to the night shift nurses - there may be potential for the assignments to coordinate with one another. If there are concerns about patient assignments, it could be beneficial to contact the night staff to ensure that they are dividing up patient assignments according to Students. Other arrangements may also be made by speaking directly with the clinical instructor or peer mentor at the beginning of your shift.

I do not like having Students assigned to me. Do I have to participate in their clinical?

Many hospital affiliations are designated as teaching hospitals. This means that patients and staff alike may have a Student assigned to their care. If there is a significant concern, a discussion with the nurse manager or clinical instructor may be helpful so that we can understand, and hopefully resolve, your concerns to enable effective participation from both you and the Student.

T or F: The Student co-assigned to my patient(s) is responsible for all documentation and I don't have to worry about reviewing it.

False. The Student is responsible for documenting any assessments or procedures they performed. They are unable to sign shift accountability, so the nurse must review the flow records, progress notes, and other documentations for accountability. The Student may also need additional guidance with documentation.

Appendices

Appendix A: Clinical Orientation Guidelines

The Clinical Instructor, Community Teacher and/or Preceptor is expected to have orientated themselves to the Agency and specific Unit prior to the Student clinical orientation (Refer to Appendix B). The following items should be addressed by the Clinical Instructor, Community Teacher or Preceptor when Students are orientated to the clinical placement setting:

- A. Contact information and introductions, as appropriate.
- B. Location, dates, and times for clinical or how to coordinate this with the Preceptor, if applicable.
- C. The plan in the event that the Preceptor, Community Teacher or Clinical Instructor is unable to come to clinical.
- D. The plan in the event that the Student is ill and unable to come to clinical, as follows:
 - a. When ill, Students are to:
 - i. Notify the clinical Agency before the beginning of their assigned shift, noting the name of the person to whom they spoke.
 - ii. Notify the Preceptor, Community Teacher or Clinical Instructor via e-mail or voicemail, as requested.
 - iii. Inform the Course Professor via email
- E. Dress Regulations: Students are expected to have a professional, well-groomed appearance. Students follow university/hospital/Agency dress code.
- F. Clinical Course and Daily Assignments:
 - a. Review all clinical assignment submission dates and expectations (Patient Research, Agency Projects, Care Plan, Concept Map, Medication Quiz, Self-Reflective Journals, Virtual Simulation, etc.)
 - i. Care Plan/Concept Map - Students are expected to come to clinical each day with a completed care plan and/or concept map on each assigned patient/client (Refer to Appendix G & H).
 - ii. Medication Quiz - All Students are required to complete a medication quiz and must achieve the minimum requirement in order to administer medications (Refer to Appendix B).
 - iii. Self-Reflective Journal - It is recommended that Students keep a daily self-reflective journal. The purpose of the reflective journal is to develop one's critical appraisal skills for analysis and reflection during clinical practice. Through self reflective journaling Students describe their reactions to clinical situations using the Nova Scotia College of Nurses (NSCN)

FRAME guidelines. (Refer to Appendix I). Specific requirements for journal submissions will be outlined in the course syllabus.

- G. All patient research and review of Student clinical competencies should be completed prior to entering the assigned patient/clients' room or performing any intervention.
- H. Date, time, and location for Midway and Final Evaluation Submission and Review (Refer to Appendix J).
- I. Post-conference times, location, and agenda (normally held daily for one hour each clinical day):
 - a. The purpose of the clinical conference is to provide students with opportunity to:
 - i. critically reflect on daily practice within the team setting.
 - ii. share knowledge with their peers and enhance learning.
 - iii. learn specifics of the area for which they are practicing
 - iv. build on theoretical and practical nursing knowledge.
- J. Provide the communication pathway as it applies to the Student (Refer to Communication Pathway, p. 34).
- K. Orient the Students to the specific Unit/Agency and Unit/Agency Staff
 - a. Tour of the Unit/Agency, including important access codes and places to secure personal belongings.
 - b. Introduce Students to the Clinical Lead, Charge Nurse and/or Nurse Manager.
 - c. Introduce Students to other members of the team (Interprofessional Team, Unit aid, nurse educator, etc.).
 - d. Student Kardex location preferred by the Unit, if applicable.
 - e. Call Bell system
 - f. Documentation information and review nursing flow sheet specific to the Unit/Agency.
 - g. Change of shift report times and Student involvement, as discussed with the Unit.
 - h. Patient research times and expectations
 - i. Maximum patient load (assignments typically range from 1-4 and depend on clinical acuity, Student experience, and individual Unit factors)
 - j. Patient Assignment posting times and placement
 - k. Break room location, break schedule and preferred Student break location, as discussed with the Unit.
 - l. Unit/Agency specific equipment.
 - m. Information on access to Agency policies and additional information.
 - n. Additional information pertinent to the Unit/Agency (i.e. how to log roll patients on an orthopaedic Unit).

- L. Review all Agency and Dalhousie School of Nursing specific policies and review how to access these policies (Refer to Appendix M).
- M. Any additional information as seen important by the clinical instructor or Preceptor (i.e. critical thinking, time-management strategies, communication competencies).

Appendix B: Clinical Instructor/Community Teacher Orientation to the Unit/Agency

The Clinical Instructor/Community Teacher is expected to have oriented themselves to the Agency and specific Unit prior to the Student clinical orientation. The Charge Nurse and/or Nurse Manager is expected to provide the clinical instructor and/or Preceptor with important information related to Students on the Unit.

Please use the following list as a guide for items to be addressed during this orientation:

- A. Contact information and introductions, as appropriate.
- B. Tour of the Unit/Agency, including important access codes and places to secure personal belongings.
- C. Location, dates, and times for the Student clinical experience.
- D. Introduction to other members of the team (Interprofessional Team, Unit aid, nurse educator, etc.), including role on the Unit.
- E. Student Kardex location preferred by the Unit, if applicable.
- F. Unit Call Bell System.
- G. Change of shift report times and Student involvement, as discussed with the Unit.
- H. Patient research times and expectations
- I. Number of patients assigned to each Student throughout the placement and the maximum amount preferred by the Unit.
- J. Patient assignment posting times and placement
- K. Break room location, break schedule, and preferred Student break location, as discussed with the Unit.
- L. Unit specific equipment.
- M. Information on access to Agency policies and additional information
- N. Additional information pertinent to the Unit; for example, how to log roll patients on an orthopaedic Unit.
- O. Documentation specific to the Unit.
- P. The plan in the event that the Preceptor, Community Teacher, or Clinical Instructor is unable to come to clinical.
- Q. The plan in the event the Student is ill and unable to come to clinical.
- R. Dress Regulations: Students are expected to come to clinical with a professional, well-groomed appearance. Students follow university/hospital/Agency dress code.
- S. Discuss post-conference times and location.

- T. Provide the communication pathway as it applies to the Agency and clinical instructor (Refer to Communication Pathway, p. 36 & 37).
- U. Review all Agency and Dalhousie School of Nursing policies (e.g., transcribing orders, medication administration, etc.) and review how to access these policies (Refer to Appendix D).

Appendix C: Clinical Conference Guidelines

The purpose of a clinical conference is to provide Students with the opportunity to demonstrate their ability to share knowledge with their peers and enhance the learning experience through creativity and Student-centred approaches. These learning experiences can take a variety of forms and can be directed by the Students, the clinical instructor, or guest lecturers. Clinical conferences are normally held daily for one hour at a time agreed upon by the Students and Clinical Instructor member.

The following is an example of Clinical Conference:

15 minutes: Students take turns to speak about their day

30 minutes: Planned group activity

15 minutes: Any final discussions regarding the plan/ logistics for the rest of day or next clinical day

The planned group activity can take many forms. The following are examples to consider:

Practical Activities. These activities are focused on Student competency development. For example:

- a. Demonstrate the use of a new piece of equipment.
- b. Encourage Students to practice a clinical competency, such as setting up an IV line.
- c. Work together on dosage calculations. The instructor could create a quiz that the Students will grade together.
- d. Discuss issues that concern the Students, such as weekly assignments and course material.

Debriefing Activities. This allows Students the opportunity to report on clinical learning and describe and analyze the care they provided. For example:

- a. Encourage Students to share an experience with the rest of the group and have the Students analyze it together, while receiving feedback from the Clinical Instructor/Community Teacher.
- b. Consider and discuss legal/ethical issues, such as Do Not Resuscitate orders or pediatric issues.
- c. Introduce a 'Lessons Learned' post conference. During this type of post conference, Students can discuss interactions or experiences where they have learned a valuable lesson about the nursing profession. This can include 'near misses', interactions with clients and/or the Interprofessional Team, or something the Student has learned about themselves in relation to their practice as a nurse.

- d. Discuss interprofessional collaborative competency experienced on the unit

Developing Cognitive Competencies. This type of activity would focus on problem solving, decision making, and critical thinking. For example:

- a. Collaboratively work through a case study with discussion questions at the end.
- b. Attend an in-service or inviting a guest lecturer from the same or a different Unit to speak to Students,
- c. Create a Jeopardy game for the Students regarding information specific to the Unit.
- d. Engage Students in a debate regarding treatment procedures.
- e. Provide Students with an article to critically analyze as a group
- f. Identify a topic or disease process (such a Stroke or COPD) for the Students to critically analyze. This includes learning the etiology, pathophysiology, common medications and their adverse effects, and treatment course.

Appendix D: Medication Administration Guidelines

The purpose of the medication administration guidelines is to provide Students with clear direction regarding safe medication administration.

Preparation

- The Student must pass the medication administration quiz prior to delivering medications in the clinical setting.
- All orders, including medication orders, carried out by the Students must be current and written by a physician (intern or above) or nurse practitioner.
- All orders transcribed by the Student must be signed by two Registered Nurses. **IMPORTANT:** Student nurses do not accept or carry out telephone or verbal orders.
- Prior to administering a medication, the Student should understand the following:
 - Name of the drug (generic and trade).
 - Classification of the drug.
 - Normal dosage range.
 - Drug action (how it works).
 - The patient/client(s) reason for taking the drug/expected response to the drug.
 - Side effects.
 - Drug interactions.
 - Contraindications.
 - Pathophysiology.
 - Antidotes (i.e. Vitamin K for Warfarin)
 - Specific nursing considerations (i.e. client teaching, taken with food/milk, etc.)
 - Considerations for method of administration (i.e. compatibility, needle size, IV solution, etc.).
 - Time of last dose.
 - Agency policy/procedure/protocol governing the administration of the drug.
 - Patient/client allergies.
 - Other patient/client considerations (i.e. NPO, important lab values)
- The Student must be familiar with the Agency policies around administration of the given medication. **If policies vary between the Agency and Dalhousie School of Nursing, the Student is to follow the more restrictive of the two policies.**

Administration

- Use the 9 Rights of Medication administration: right patient, drug, route, time, dose, documentation, action, form, and response (Refer to Elliot & Liu article, 2010).
- Supervision:
 - Initially, all Students must be supervised by the clinical instructor or Preceptor when preparing and administering all medications.
 - Students' independence in medication administration will increase appropriately throughout the program.
 - The administration of all SC, IM and IV medications MUST be directly supervised by an RN or LPN.

After Administration

- Documentation.
- Assess patient response

Special Considerations

- Students do not participate in the narcotics count at shift change.
- Students must have all narcotic, controlled and high alert medications checked and co-signed by a Registered Nurse.
- Students do not carry narcotics cupboard keys.
- Students do not sign for controlled drugs and narcotics when they are delivered to the Unit.
- Students do not witness patient consent forms.

Appendix E: Competency Monitoring Document

Clinical Competency Monitoring Document

Instructions

The Student Clinical Competency Monitoring Document provides the Student with a means for recording the timing and acquisition of clinical psychomotor skills. Students are responsible for completing the form as they demonstrate their proficiency for the competencies in the Learning Resource Centre and in the various clinical settings. The Student will document the date that the competency has been demonstrated under the column “Lab Practice”. The Student would then be able to carry out the skill under direct supervision by the clinical instructor in a clinical setting. Once this competency has been recognized by an instructor as being performed adequately, the Student would document that date under the column “Performed Under Direct Supervision”. The “Additional Comments” section is to be used for specific comments the Student wants to add regarding their performance.

It is imperative that Students recognize that they may not experience all of the competencies depending upon their placements and the availability of experiences. Also, some of the competencies listed here are considered advanced or shared within agencies. However, it is important to keep a record of experiences as they occur.

This document needs to be kept in a safe place and the Student needs to ensure that it is kept up to date.

NOTE: This document is not considered to be all inclusive and will be updated periodically.

| Name of Competency | Theory | Lab Practice | Performed Under Direct Supervision | Additional Comments |
|-------------------------|----------------|--------------|------------------------------------|---------------------|
| Airway | | | | |
| Oxygen Therapy | N2715 N3715 | N3715 | | |
| Airway Suctioning | N2715 | N2715 | | |
| Trach Care & Suctioning | N3710 | N3715 | | |
| Chest Tube | N3710 | N3715 | | |
| Assessment | | | | |
| Vital Signs | N2715 | N2715 | | |
| Glucose Monitoring | N2715 | N2715 | | |

| Name of Competency | Theory | Lab Practice | Performed Under Direct Supervision | Additional Comments |
|-----------------------------|---|---|------------------------------------|---------------------|
| Assessment (cont) | | | | |
| O2 Saturation | N2715 | N2715 N3715 | | |
| Pain Management | N2715 N2750 N2725 N3710 N3730 | N2715 N2725 N3715 N3725 | | |
| HT & WT | N2715 | N2715 | | |
| Abdominal | N2715 N3710 | N2715 N2725 | | |
| Ear/Eye | N2715 N3710 | N2715 | | |
| Musculoskeletal | N2715 N3710 | N2715 | | |
| Neuro | N2725 N3710 | N2725/ N3715 | | |
| Integument | N2715 N3710 | N2715 N2725 | | |
| CVS | N2715/ N3710 | N2715 N2725 N3715 | | |
| Respiratory | N2715/ N3710 | N2715 N2725 N3715 | | |
| GI & GU | N2715 N3710 | N2715/ N3715 | | |
| Mental Health and wellbeing | N2715 N3710 | N2715 N2725 N3715 N3725 N4715 | | |
| Pediatric Assessment | N2725 | N2725 | | |
| Blood Cultures | N3715 | N3715 | | |
| Lumbar Puncture | N3710 | | | |
| EKG | N3710 | N3715 | | |
| Testicular Self Examination | N3710 | N3715 | | |

| Name of Competency | Theory | Lab Practice | Performed Under Direct Supervision | Additional Comments |
|--|----------------------------------|---|------------------------------------|---------------------|
| Basic Care | | | | |
| Patient Hygiene | N2715 | N2715 | | |
| Bedmaking | N2715 | N2715 | | |
| Feeding | N2715 | N2715 | | |
| Managing Incontinence | N2715 | N2715 | | |
| Passive ROM | N2715 | N2715 | | |
| Move, Lift, Transfer, Ambulate | N2715 | N2715 | | |
| Turning & Positioning | N2715 | N2715 | | |
| Therapeutic Communication | N2715 N2730 N3730 N4715 | N2715 N2725 N3715 N3725 N4715 | | |
| GI/GU Management | | | | |
| | | | | |
| Ostomy Care | N3715 | N3715 | | |
| Enemas | N2715 | N2715 | | |
| Rectal Touch | N2715 | N2715 | | |
| Insertion of NG | N3715 | N3715 | | |
| Removal of NG | N3715 | N3715 | | |
| Maintenance of NG & Enteral Feed | N3710 | N3715 | | |
| Urinary Catheter Care | N2715 | N2715 | | |
| Peritoneal Dialysis | N3710 N3730 | N3725 | | |
| Bladder Irrigation | N3710 | N3715 | | |
| Urinary Catheter Insertion & Maintenance | N2715 | N2715 | | |
| Intravenous | | | | |
| IV Pumps | N2725 | N2725 | | |

| Name of Competency | Theory | Lab Practice | Performed Under Direct Supervision | Additional Comments |
|---|-----------------|--------------|------------------------------------|---------------------|
| Intravenous (cont) | | | | |
| IV Therapy | N2725 | N2725 | | |
| IV Initiation | N3715 | N3715 | | |
| IV Discontinuation | N2725 | N2725 | | |
| Venipuncture | N3715 | N3715 | | |
| Heplock Flushing | N2725 | N2725 | | |
| Central Venous Access Devices (Care & maintenance) | N3715 | N3715 | | |
| TPN | N3710 | N3715 | | |
| Blood & Blood Product Monitoring | N3730 | N3725 | | |
| Maternal/Newborn | | | | |
| Postpartum Checks | N2740/ N2725 | N2725 | | |
| Leopold's Maneuvers | N2740/ N2725 | N2725 | | |
| Newborn Exam (vitals, physical, bathing) | N2740 | N2725 | | |
| Newborn Feeding (breast, bottle) | N2740 N2725 | N2725 | | |
| Initiation of Breastfeeding | N2740 N2725 | N2725 | | |
| Fetal Heart Monitoring | N3710 | N3715 | | |
| Medications | | | | |
| Intradermal | N2715 | N2715 | | |
| PO | N2715 | N2715 | | |
| IM | N2725 | N2725 | | |
| Transdermal | N2715 | N2715 | | |
| Sublingual | N2715 | N2715 | | |
| PR/Supp & Enemas | N2715 | N2715 | | |
| Sub-Cutaneous | N2725 | N2725 | | |

| Name of Competency | Theory | Lab Practice | Performed Under Direct Supervision | Additional Comments |
|---|---------------------------|---------------------------|------------------------------------|---------------------|
| Medications (cont) | | | | |
| Sub-Cutaneous Butterfly | N3715 | N3715 | | |
| Topical | N2715 | N2715 | | |
| IV | N2725 | N2725 | | |
| Immunization | N3725 | N3725 | | |
| Enteral | N3710 N3715 | N3715 | | |
| PV | N2720 | N2715 | | |
| IV Push | N3715 | N3715 | | |
| Pediatric Medications | N2725 N3715 | N2725/ N3715 | | |
| Aerosols/inhalers | N2725 N3715 | N2725/ N3715 | | |
| Miscellaneous | | | | |
| Heat & Cold Application | N2720 N3710 | N2715/ N3715 | | |
| Traction | N3710 | N3715 | | |
| OR Experience | N3715 | N3715 | | |
| Pre/Post OP Care | N3715 | N3715 | | |
| Relaxation Techniques | N2715 | N2715 | | |
| Preventative & Protective Measures | | | | |
| Professional Hand Hygiene | N2715 | N2715 | | |
| Personal Protective Equipment | N2715/ N2725/ N3715 | N2715/ N2725/ N3715 | | |
| Isolation & Universal Precautions | N2715 N3715 | N2715 N3715 | | |
| Diabetic Foot Care | N2750 | N2715 | | |
| Emboli Stockings | N2715 | N2715 | | |

| Name of Competency | Theory | Lab Practice | Performed Under Direct Supervision | Additional Comments |
|---------------------------------------|--------|--------------|------------------------------------|---------------------|
| Wound Care | | | | |
| Surgical Asepsis | N3710 | N3715 | | |
| Simple Dressing | N2715 | N2715 | | |
| Sterile Gloves (donning and removing) | N2715 | N2715 | | |
| Wound Irrigation | N2725 | N2725 | | |
| Surgical Drain Care/Removal | N2725 | N2725 | | |
| Suture & Staple Removal | N2725 | N2725 | | |
| Wound Packing | N2725 | N2725 | | |
| Bandaging | N3715 | N3715 | | |

Appendix F: Peer Mentorship Clinical Program Information

Dalhousie Peer Mentoring Clinical Program DalPMCP

The Dalhousie School of Nursing Peer Mentoring Clinical Program (DalPMCP) provides a valuable opportunity for Senior Students (semester 7 Students) to assume a leadership role and solidify their knowledge and skills. Students will use evidence to inform their practice and clinical guidelines as one example of a medium for translation of evidence. In this experience Senior Students will take on a leadership role within a Junior nursing clinical team. Within this role they will work collaboratively with the clinical instructor to ensure the Junior Students meet their learning goals. DalPMCP Students will have an opportunity to practice developing their leadership style as it is influenced by the clinical site, the Student's clinical strengths, and the personalities, personal needs, and mentorship requirements of the team members. The DalPMCP experience provides Students an opportunity to cultivate their leadership, critical thinking, and organizational skills in a mentoring role.

The DalPMCP is considered an option to be integrated as a clinical component of NURS4715. To participate, Students must apply in writing to the DalPMCP Coordinator who then selects the Students who meet the eligibility requirements. The DalPMCP program would partner DalPMCP Students with Students in a Junior clinical placement (semester 3 or 4). During this placement, the DalPMCP Student will be leading and co-facilitating the group with the assigned Clinical Instructor. In addition, DalPMCP Students would attend a sixteen-hour leadership Boot-camp to help prepare them for their DalPMCP role.

Objectives:

By conclusion of this clinical leadership experience, all DalPMCP Students will:

1. Reflect on how their leadership style impacted their clinical group's collaboration and cohesiveness.
2. Provide mentorship and guidance to their clinical group (i.e. care planning, physical assessment, care organization, psychomotor skill completion, and integrating patient care data.)
3. Use evidence to inform practice and clinical guidelines, as one example of a medium, for translation of evidence
4. Develop leadership skills by determining Student patient assignment allocation, coordinating the care for multiple client teams, providing health teaching, practicing conflict resolution, and communication with their clinical group and other healthcare providers

5. Identify and facilitate the leadership strengths and qualities in all clinical group members
6. Reflect on the progress of the Junior team members and provide feedback using the peer evaluation tool.

General Expectations:

DalPMCP students will assist with:

1. varying levels of Students with opportunities to complete clinical assignments required by their course professor.
2. documentation of observed completed skills
3. assessment skills.
4. with an advanced assessment of a client, as necessary with assigned Students.
5. the care of a client, as necessary with assigned Students.
6. oversight of all assigned teams of Students in their care of the client, with the support of their clinical instructor.
7. documentation and reporting of clinical findings, as necessary with assigned Students.
8. being the resource for client or family education or direct Students to a resource for obtaining patient education information, as necessary.
9. many other activities as leader of the team. Flexibility and response to change will be an asset.

If you have any further questions, please do not hesitate to contact the DalPMCP Coordinator or your clinical course professor.

Student Peer Evaluation Form Guidelines

What is Peer Evaluation?

Peer evaluations are assessments of performance provided by classmates as opposed to clinical instructors and Faculty. Research has demonstrated that peer evaluation enhances Student performance and has a positive correlation with clinical instructor evaluations. It provides the opportunity for Students to experience a 360-degree evaluation (Self, Clinical Instructor, and Peer) and better prepares you for practice.

Directions

- Carefully review the evaluation scale provided and focus on the definition for each level.

- Be mindful of trends in the Student's practice/performance. Do not be influenced by incidences, situations, and/or occurrences that may not be reflective of the Student's usual performance.
- Focus on observed behavior and performance, not personality traits or hearsay.
- Supporting comments are required to substantiate ratings.
- Self-Guidance (level 3) is the expected level of performance.

How to Provide Debriefing with Good Judgement

- Be specific and supportive.
- Start with the positive - Provide a specific example of something they have done well. E.g. "Prior to the staple removal I observed your patient's response to your teaching, and he appeared to noticeably relax as a result".
- Refer to behavior that can be changed and offer alternatives
- Be descriptive rather than evaluative
- Own the feedback- use phrases such as "I thought" or "In my opinion..." or "I observed...." as opposed to "You are..."
- Time the feedback
- Phrase negative feedback as a constructive challenge. E.g. When a Student demonstrates poor organization, DO NOT: "You are not organized in providing care".
DO: "I observed that patient care was not always completed on schedule. In my opinion you found organization a challenge. I believe that a worksheet would be a beneficial tool to help you organize care"
- Avoid the use of the word "but" as it has a negative connotation, use "and" instead. E.g.
DO NOT: "Your sterile technique was excellent, but you need to work on gathering all your supplies"
DO: "I was impressed with your dressing change. Your sterile technique was excellent, and you will continue to improve when you learn to gather all the required supplies beforehand".

Student Peer Evaluation Form

Evaluation Scale: **1- Considerable Guidance-** Is unfamiliar with expectation for practice and requires support to maintain a safe practice.
2- Moderate Guidance- Aware of expectations for practice but does not have confidence/competency to initiate action without seeking support.
3- Self Guidance -Aware of expectations for practice, and seeks support as needed to maintain a safe practice.
4- Mentor-Aware of expectations for practice seeks support as needed, along with mentoring and supporting peers.

I Interprofessional Communication: uses language expected of a professional when communicating with other team members

1 2 3 4

II Interprofessional Team: able to work effectively both independently and interdependently with the team, seeking assistance as necessary

1 2 3 4

III Leadership: assumes leadership role within the team while functioning within their own scope of practice

1 2 3 4

IV Professionalism: interacts professionally (dress, attitude, interactions) within the team environment

1 2 3 4

V Accountability: assumes accountability for practice and understands own scope of practice within the team

1 2 3 4

Comments: _____

Student _____ Date _____

Peer Evaluator _____ Date _____

Appendix G: Nursing Care Plans

Nursing Care Plan

A nursing care plan (See Page 61) outlines the nursing care to be provided to an individual and their family. It is a set of actions the nurse will implement to resolve and/or support nursing diagnoses identified by nursing assessment.

Characteristics of a Nursing Care Plan

1. Its focus is holistic and is based on the clinical judgment of the nurse, using assessment data collected from a nursing framework.
2. It is based upon identifiable nursing diagnoses (actual, risk or health promotion) and clinical judgments about the individual, and their family's experiences/responses to actual or potential health problems/life processes.
3. It focuses on patient-specific nursing outcomes that are realistic for the care recipient
4. It includes nursing interventions which are focused on the etiologic or risk factors of the identified nursing diagnoses.
5. It is a product of a deliberate systematic process.
6. It relates to the present and future care needs.

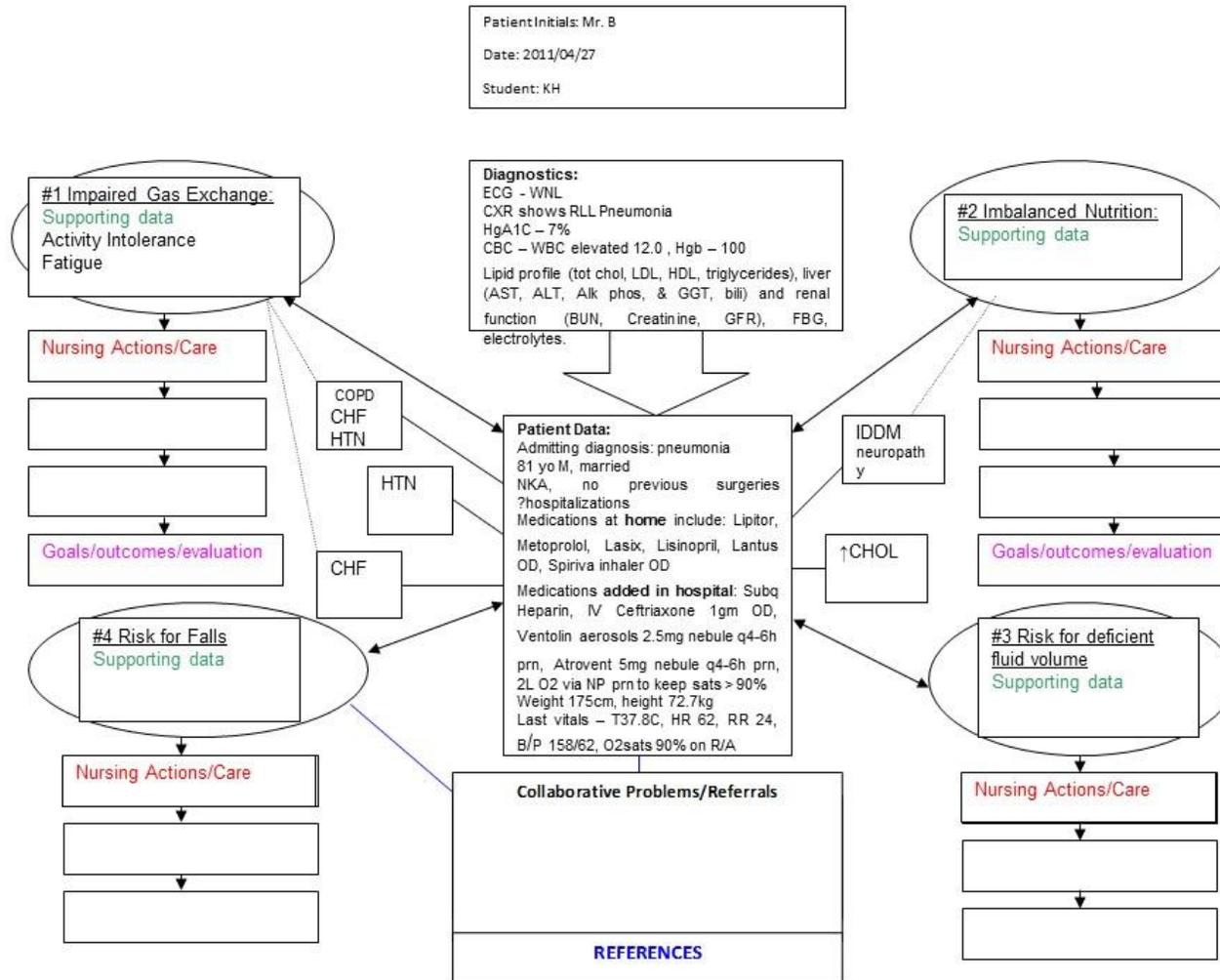
Elements of the Nursing Care Plan

The nursing care plan consists of:

- ❖ Nursing Diagnoses-established from data, assessment findings, NANDA
- ❖ Goals- problem statement of nursing diagnosis must be realistic, measurable
- ❖ Interventions-specific, individualized
- ❖ Evaluation- has goal been met, partially, or fully

| Nursing Care Plan | | | |
|--------------------------|--------------|-------------------------|-------------------|
| Student Name: | | Client Initials: | |
| Nursing Diagnosis | Goals | Interventions | Evaluation |
| | | | |

Appendix H: Concept Map



Concept Map

A concept map is merely a care plan that follows the steps of the nursing process.

Assessment is the first step of the nursing process. Assessment consists of:

- reviewing the pathophysiology, signs and symptoms, and complications of the patient's medical condition
- a health history
- presenting physical assessment findings
- assessing their ADLs (at minimum: bathing, dressing, mobility, eating, toileting, and grooming)
- reviewing the medications/treatments that have been ordered
- review diagnostics linking findings to patient condition

Planning is the second step of the nursing process. Abnormal data from the assessment is identified in the care plan and used to develop the nursing diagnoses.

- Specify 2 priority nursing diagnoses (actual or at risk).
- Identify measurable goals/outcomes that:
 - improve the problem or remedy/cure it
 - stabilize it
 - support its deterioration
- Identify nursing interventions that are comprehensive and categorized by:
 - Assess/monitor/evaluate/observe (to evaluate the patient's condition)
 - Care/perform/provide/assist (performing actual patient care)
 - Teach/educate/instruct/supervise (educating patient or caregiver)
 - Manage/refer/contact/notify (managing the care on behalf of the patient or family)

Implementation is the third step of the nursing process. This is where the care plan is initiated.

Evaluation is the final step of the nursing process. You determine if goals/outcomes have been met and make recommendations for future care.

GUIDELINES FOR CONCEPT MAPPING

1. Parameters for your map should be, but are not limited, to: nursing diagnoses, expected outcomes, nursing interventions and evaluations, medical diagnosis, collaborative problems, physical assessment, diagnostics, pathophysiology, and referrals.
2. Every concept map possesses four core elements:

a) **Patterns** – the overall structure of the map, e.g. a circular, central hub structure; a top-down hierarchical structure, a mandala, a flow chart pattern, and so on.

b) **Nodes** – the geometric shapes such as ovals or rectangles used to represent the individual concepts. Often these nodes are colour coded to signify importance of or relationships between the various concepts

c) **Connector Links** – the lines, arrows, curves used to indicate the relationships between concept nodes. Often a solid line is used to show a distinct relationship; an arrow refers to a causal relationship; while a dotted line shows a weaker, secondary relationship. An arc often represents a circular flow between concepts.

d) **Connector words** – help to clarify the relationships between concept nodes. Common connector words include based on, controlled by, including, may lead to, recognizes, part of, next step, recognizes, validates, stored in to illustrate the main concepts.

e) You can include a map “key” to identify your elements and their relationships.

3. Use different shapes to distinguish between nursing diagnoses, medical diagnosis, and collaborative problems. Colors can also be utilized to identify different concepts, relationships, and linkages. Nursing problems can be linked with a solid line to the pertinent medical diagnosis. Dashed or dotted lines can be used to indicate cross linkages or relationships.
4. Gather your information as you did in the past on your research day. Collect information about the patient's health problems from the patient or someone who is close to them. Perform any pertinent physical assessments you may need to do during your clinical shifts. Review their medical record for their health history, then organize and analyze your information.
5. Identify your priority nursing problems by using Gordon's functional health patterns. Find out what the patient's most important health problems are and write them down (minimum of 3). You can identify actual and potential (risk for) health problems. These should be the most troubling signs and symptoms of the medical diagnosis.
6. State your nursing interventions (minimum of 3-5). Write down supporting data for your nursing diagnoses and interventions – reference them as well. Write down expected outcomes for each diagnosis.
7. Implement your nursing interventions. Review the expected outcomes for your nursing diagnoses to see whether the patient has met them. For each expected outcome, write an evaluation statement to show whether that expected outcome was achieved.
8. **Connect your concepts. Look for relationships among the shapes on your concept map. Boxes with similar information are related. Draw solid, dashed, or dotted lines that indicate relationships between the concepts.**

Read more: [How to Make a Nursing Concept Map | eHow.com](http://www.eHow.com)

How to Apply Critical Thinking to Concept Maps for Nursing

1. Conduct an assessment and gather information. Ask the patient about their current health complaints. Find out about their past health history, perform a physical assessment on them and review their medical records for any information that may shed more light on their condition, such as laboratory results – use Gordon's functional health patterns as a guide.
2. Create a concept map. Write down the patient's medical diagnosis, then write down health problems or nursing assessment results that most affects the patient. For example, the medical diagnosis may be heart failure, while a nursing assessment result for this condition could be "activity intolerance." Formulate nursing diagnoses that best describe the problems you discovered from the assessment results.
3. Look for connections between the nursing diagnoses. A nursing diagnosis of "activity intolerance" is related to the nursing diagnosis of "imbalanced nutrition; less than body requirements." Activity intolerance means the patient gets tired after a little exertion. Eating is an activity the patient may be too tired to perform as a result of activity intolerance, leading to inadequate nutritional intake, hence the second nursing diagnosis. The connections may show you that one problem is the root cause of some other problems. In this case, you are aware that the same nursing interventions may solve these related issues.
4. Study your concept map. Look at all the nursing diagnoses you have on it that describe the patient's problems. Prioritize your nursing problems by numbering them. Consider the relationships or connections you discovered earlier when you determined what nursing interventions will best address these problems. Write the interventions next to their corresponding nursing diagnoses. Execute the interventions and evaluate the patient's response to them.
5. Don't forget to include statements of goals/outcomes (measurable) for each nursing problem and include a statement of evaluation of the expected goals (include data that supports whether or not you've achieved your goals). You can include revisions or recommendations to achieve the desired goal if they are not initially met.

Read more: [How to Apply Critical Thinking to Concept Map for Nursing | eHow.com](http://www.ehow.com/how_5910593_apply-thinking-concept-map-nursing.html#ixzz11BrjiS3v)
http://www.ehow.com/how_5910593_apply-thinking-concept-map-nursing.html#ixzz11BrjiS3v

Appendix I: Reflective Journals

Throughout the Dalhousie BScN Program, the Student will be asked to complete a number of reflective journals in many different courses and during each clinical experience.

What is a Reflective Journal?

Reflection is an important part of the Students' nursing practice. A reflective journal is a personal record of Student's learning experiences. It provides a space where a learner can record and reflect upon their observations and responses to situations, which can then be used to explore and analyze ways of thinking. Journals, although generally written, can also contain images and drawings. Reflective journals are written in the first person and may or may not incorporate literature. If literature is incorporated, proper referencing must be applied. Reflection helps Students develop their critical appraisal skills for analysis and reflection during clinical practice. Students describe their reactions to clinical situations using the Nova Scotia College of Nurses (NSCN) FRAME method (NSCN, 2018).

A reflective journal is a means for learners to reflect on their learning and learning experiences in different ways. They are used to:

- Record the development of the learners' ideas and insights and/or those of a group in a given context and can include concepts, ideas and main points from experience and theory.
- Reflect upon the subject content and personal experiences to increase learners' understanding; and,
- Analyze the learning process for self-development.

Reflective journals are used to explore situations from a personal perspective and allow the Student to learn from their own experiences. They are used to reflect on, in and for action.

Common questions arising from 'reflection' are:

- *What happened?* (Reflecting on actions)
- *Why did it happen?* (Reflecting in actions)
- *What can be learnt from this for future actions?* (Reflecting for actions)

Self-Reflection Tool - The FRAME™ Method:

One way to complete a self-reflection is to use the FRAME™ Method (NSCN, 2018). This method was developed specifically for nurses for this purpose. By using the step-by-step FRAME™ Method, you can reflect on an event or challenge you experienced in the past year.

The FRAME™ Method is broken down into five steps:

1. Focus
2. Reflect
3. Assess
4. Make meaning
5. Explore

1. **Focus:**

Think about an event or a period of time in the past year that was challenging or one where you excelled in your professional life.

2. **Reflect:**

Think about the event or period of time using the questions below to guide your reflection:

- What specifically presented a challenge?
- What specifically did I excel at?
- What initiatives did I take that made me proud of my practice?
- What learning opportunities existed?
- What do I feel are qualities of a competent nurse working in today's health care system? How do I enhance these qualities within myself?

3. **Assess:**

Ask yourself the questions below to assist you in your assessment of the situation:

- What went well? What didn't?
- What were my strengths in this situation and how could I build on these?
- How did the people and/or situations that presented a challenge affect my ability to do my job?
- In the situation, was I able to work to my optimal scope of practice and if not, why?

4. **Make meaning:**

Think about what happened as a result of your actions:

- What would I do differently or the same next time?
- What feedback/response did I get, if any?
- How might I grow and learn from this experience?

5. **Explore your options:**

In case you are faced with this situation again in the future, ask yourself:

- What would help me manage similar situations?
- What do I need to learn to enhance my abilities to better manage this situation next time?
- How can I help a colleague learn from my experience?

(Copied with permission, NSCN,2018).

Appendix J: Clinical Evaluation

In order to pass each clinical experience, a final evaluation tool must be completed for each Student. Input from the Student, Faculty member, Preceptor(s), Clinical Instructor and Co-Assigned Nurse(s) are used to complete the clinical evaluation for the Student.

The clinical evaluation tools consist of the following:

The written **Midway Evaluation** must be completed in N4715 and N4725 by the Student and reviewed with the Preceptor and/or clinical instructor after completing 50% of the clinical experience. This midway assessment provides direction for the Student and Preceptor and/or clinical instructor in planning the remaining clinical experience. During clinical orientation, the Student will be informed by the Preceptor and/or clinical instructor of the expected date of submission for review. Once the review has occurred the instructor/Preceptor will sign the document agreeing with the Student's self-assessment. If the instructor/Preceptor disagrees with the assessment they will document the concerns on the evaluation tool and contact the Faculty member. Any outcomes that have been identified as 'needing improvement' must be supported by evidence and strategies for improvement by the clinical instructor/Preceptor. Students, instructors, and Preceptors are required to refer to the **'Dalhousie University School of Nursing Clinical Evaluation Tool Guidelines for Use'** (see below) in completing the evaluation process. At the end of the clinical experience, the Midway Evaluation Tool will be attached to the Final Evaluation Tool for submission to the course professor.

All Students should receive feedback verbally at the halfway point of their clinical placement. This is an opportunity to reinforce positive progress and set learning objectives for areas of concern. If Students are not progressing satisfactorily at the midway point, areas of concern must be documented on the midway evaluation form and discussed with the course professor.

The **Final Evaluation** is completed, reviewed, and signed by the Student, Preceptor and/or clinical instructor, and course professor at the end of the clinical rotation. The Student is responsible for submitting the final evaluation to the Preceptor and/or clinical instructor during the final week of the clinical experience. The date of submission is determined by the Preceptor and/or clinical instructor during clinical orientation. The Student's signature indicates that they have read the information provided. Students may provide further documentation regarding their clinical progress within 48 hours of signing the evaluation and receiving feedback from the Preceptor and/or clinical instructor. The final evaluation (with the midterm attached) will be submitted to the course professor by the clinical instructor or Preceptor within one week of the final clinical date.

Both evaluations will be used by the course professor to determine a pass or fail of the clinical experience. The Student **must** pass all five clinical outcomes as assessed according to the indicators to pass the clinical experience. All evaluations will remain in the Student's file.

The **Peer Evaluation form** must be completed by all Students working with a peer mentor. In addition, Peer Mentors complete a peer evaluation on all Students in their clinical group. During clinical orientation, the Student will be informed by the clinical instructor and Senior Student of the expected date of submission. At the end of the clinical experience, the Peer Evaluation form will be attached to the Final Evaluation Tool for submission to the course professor. The completed peer evaluation forms will be used by the clinical instructor guide development of the final evaluation.

Clinical Evaluation Tool Guidelines

This evaluation tool is designed to assess the performance of nursing Students placed in a clinical group or being Preceptored in the practice setting. It is based on the Dalhousie University School of Nursing, BScN Program Outcomes, NSCN Entry Level Competencies (2013), course objectives, and specific evaluative criteria. To facilitate the self-evaluation process, the Student is expected to reflect upon their own clinical experiences. It is recommended that throughout the clinical rotation, the Student keeps a personal daily journal of events. The journal will be used by the Student to support and document the self-evaluation process. Specific examples should be documented on the evaluation form under the Student comment section.

Guidelines for Use

- The Dalhousie University School of Nursing BScN Curriculum document identifies program and level outcomes that are to be reviewed and used collaboratively by the Student and clinical instructor/Preceptor in completing the evaluation process.[Hard copies of the BScN Curriculum document are available upon request.] The evaluation tool should be completed electronically. The final page allows space for narrative feedback. These text fields will grow according to the data entered in them. Once you type more than the space available in the text box, a scroll bar will show up to the right of the box. Please continue to type. When you are finished typing and proceed to tab or click out of the text box, the box will then grow to accommodate all text you have entered. No client names should appear. Requirements for a passing grade: A PASS grade is required in all 5 outcomes on the final evaluation in order for the Students to be successful in clinical. NA & NO stand for Not Applicable and Not Observed, respectively.

Midterm Evaluation Process

- The Student is to complete the midterm clinical evaluation tool (posted on course site) after completing 50% of the clinical time. The completed midterm evaluation is to be submitted to the clinical instructor for review and further evaluation.
- The Student and clinical instructor/Preceptor will meet to review the comments.
- Any outcomes that have been identified as “needing improvement” must be supported by evidence and strategies for improvement by the clinical instructor/Preceptor.
- The signed completed midterm evaluation is to be attached to the final evaluation.

Final Evaluation Process

- The Student, through self-evaluation, will identify each evaluative criterion by marking Met, Not Met, or NA/NO in the “Student Feedback” line under each outcome point.
- The clinical instructor/Preceptor will identify each evaluative criterion by marking Met, Not Met, or NA/NO in the “Clinical Instructor/Preceptor Feedback” line under each outcome point.
- The Student is required to provide supporting evidence for each of the five outcomes in the “Student Final Reflective Evidence” section at the end of the form. Specific evaluative criteria can be referenced by listing the outcome number (1-5) and the letter of the criteria to which the Student commented. For example: #1g), #2b) etc.
- Any evaluation criteria identified as Not Met requires supporting documentation by the Student and/or clinical instructor.
- The clinical instructor or Preceptor will assign a pass or fail grade for each objective using the dropdown following each section and support the grade with anecdotal evidence in the “Clinical Instructor/Preceptor Final Overall Comments” section at the end of the form. Specific evaluative criteria can be referenced by listing the outcome number (1-5) and the letter of the criteria to which you will comment. For example: #1g), #2b) etc. The final grade will be determined by the course professor.
- The clinical instructor/Preceptor must place their initials in the designated box below each of the five outcomes. These initials indicate the instructor/Preceptor has entered their criteria assessment and has read the Students criteria assessment.
- The Student will submit their self-evaluation to the clinical instructor/Preceptor for review and evaluation.
- Upon the Students and clinical instructor/Preceptor review of the final evaluation, the Student and clinical instructor/Preceptor will collaborate to complete the “Collaborative Evaluation” section at the end of the form.

Definitions

*Client could be individuals, families, groups, communities and/or populations.

*Principles of Primary Health Care

a) Accessibility b) Client/public participation c) Health promotion d) Appropriate technology e) Intersectoral cooperation

*Determinants of Health

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills

- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

Public Health Agency of Canada (2004)

Diversity Concept recognizes that each person is unique, and encompasses, but is not limited to, a person's age, race, ethnicity, socio-economic status, education, gender, physical abilities, sexual orientation, gender identity, educational background, religious beliefs, political beliefs, and geographical location.

Appendix K: Unit and Staff Appreciation

Students are not obligated to provide gifts or letters to Unit staff; however, it is perfectly acceptable for Students to recognize supportive teachers who dedicated their time to the learning of the Student or Student group, as listed below.

Acceptable methods for Students to show appreciation for clinical staff include:

- Write a thank you letter to the Preceptor/staff member.
- Write a letter of recommendation for the Preceptor/staff member and submit it to the Unit manager.
- Give a greeting card with words of thanks.
- Give flowers to the Unit.
- Bringing baked goods or snacks for the Unit.

For information on gift giving and receiving from Clients, please refer to:

<http://www.crnns.ca/documents/ProfessionalBoundaries2012.pdf>

Appendix L: Additional Resources

Dalhousie School of Nursing:

<http://www.dal.ca/Faculty/healthprofessions/nursing.html>

Nova Scotia College of Nursing

<http://www.nscn.ca/>

Canadian Nurses Association

<https://www.cna-aiic.ca/en>

College of Nurses of Ontario

<http://www.cno.org/become-a-nurse/>

Canadian Nursing Students' Association

<http://www.cnsa.ca/english/awards/>

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