

# 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.

This 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, families, and communities/populations. 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.

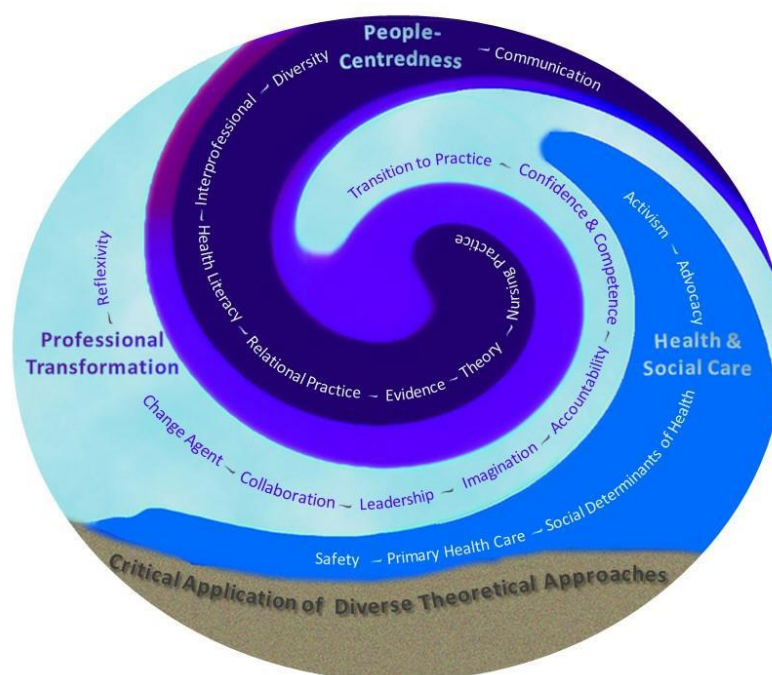
The Dalhousie University SON strives to promote interprofessional and intersectoral collaboration through the development of clinical experiences that incorporate Preceptorships, Senior Student mentorships, and clinical groups. Utilization of this manual may help to elucidate the importance interprofessional/intersectoral practice through the development of effective interprofessional/intersectoral relationships. Clinical practice experiences 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/intersectoral 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, 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 advocates 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/intersectoral 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, 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 4705.06: Professional Reasoning & Social Responsibility (6 CR)**

Learners synthesize principles of relational inquiry, professional practice, and multiple ways of knowing related to health and social care. This course offers immersive learning experiences to facilitate collaboration with and across diverse populations and communities. In a seminar setting learners engage in critical reflection and scholarly discussion related to clinical experiences, in the context of current trends and issues.

Format: Weekly seminar 4 hours per week (Weeks 1-6, 12) Clinical practice 2 days/week (approx. 80 hours in Weeks 2-6)

**NURS 4715.06: Clinical Integration 5 (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 5 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 (CPO), 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. 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 ten 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.

**Clinical Preceptored Placement:** One Student is paired with one Preceptor (Registered Nurse from the designated clinical placement). The Student's placement is approved by the agency for work with the Preceptor on their full-time work schedule to provide patient/client care. Students are required to maintain an updated schedule in the course learning site. 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 preceptor in the agency and a Clinical Instructor (Tutorial/clinical conference) in their application of theory and evidence to practice in a community-based setting, including non-health sector placements and virtual reality simulation. The Clinical Instructor 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 Clinical Instructor 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 Clinical Instructor(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 Clinical Instructor(s)
- Assume increasing responsibility for self-directed practice under the guidance of the Clinical Instructor.
- Complete all documentation on an ongoing basis and request advice from the Clinical Instructor 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 Clinical Instructor as needed.
- Participate in designated semester appropriate Student competencies under the guidance of the Clinical Instructor (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 Preceptor and Clinical Instructor to achieve course objectives and learning outcomes.

*In **preparing** for the clinical placement, the Community 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.
- 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 Clinical Instructor.
- Share personal learning objectives and expectations for the current clinical placement with the Clinical Preceptor and Clinical Instructor.
- 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 Community Student will:*

- Follow ethical, legal, and professional standards of practice.
- Always apply principles of safety.
- Notify the Agency, Clinical Preceptor and Clinical Instructor in the event of an absence (See Appendix A)
- Prepare for each learning experience 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 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 or collaboration for the designated population to the Clinical Instructor to assist them in determining and organizing teaching, mentoring, and learning needs.
- Maintain ongoing clear and effective communication with the Clinical Instructor(s), including information on personal scope of practice and any changes in assigned learning experiences.
- Clearly communicate the roles and responsibilities of the Community Student to the Agency Staff and Clinical Preceptor as needed.
- Collaborate in daily activities under the supervision and guidance of the Clinical Preceptor & Clinical Instructor.
- Assume increasing responsibility in learning experiences under the guidance of the Clinical Instructor.
- Complete all documentation as required.
- Independently seek out learning experiences.

- Request instruction, supervision, and assistance from Clinical Instructor as needed.
- Participate in designated semester appropriate student competencies under the guidance of the Clinical Instructor.
- Review relevant materials needed to perform student competencies prior to designated shift at the Agency.
- Work collaboratively with the Interprofessional and Intersectoral 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), Families and communities.
- Recognize the need for health teaching.
- Provide Client, Family and/or Community teaching as indicated
- Participate in post-conferences.

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

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

## Preceptor Clinical Placement

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

*In **preparing** for the clinical experience, the Preceptored 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 Clinical Preceptor by phone and/or email to prepare and arrange for the clinical experience.
- Obtain the Clinical 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 Clinical Preceptor and Clinical Instructor.
- Share personal learning objectives and expectations for the current clinical placement with the Clinical 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 Preceptored Student will:*

- Follow ethical, legal, and professional standards of practice.
- Always apply principles of safety.
- Notify the Unit, Clinical Preceptor and/or Clinical Instructor 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 Clinical 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 Clinical Preceptor.
- Participate in semester-appropriate clinical competencies under the guidance of the Clinical 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 Clinical Preceptor and Clinical Instructor or Course Professor on an ongoing basis.
- Solicit constructive feedback from the Clinical Preceptor and Clinical Instructor to improve and enhance personal clinical performance.

- Engage in self-reflective practices through journaling and conversations with Clinical Preceptor, Clinical Instructor and Unit Staff (See Appendix I).
- Complete a written midway and final self-evaluation (See Appendix J).
- Meet with the Clinical 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.

### Precepted Clinical Instructor

*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 Clinical Preceptor in conducting student orientation to the Unit (See Appendix A).
- Maintain ongoing, clear, and effective communication with the Clinical Preceptor and Precepted Student regarding the clinical experience during regularly planned contact.
- Act as a support and a means of communication between the Precepted Student, Clinical Preceptor and the School of Nursing
- Provide the Clinical 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 precepted Student learning by promoting psychological safety.

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

- Guide and support the Clinical Preceptor and Precepted Student in addressing conflict or tension between and amongst any parties involved in the clinical experience.
- Provide timely constructive feedback to the Clinical Preceptor and Precepted 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 Clinical Instructor

The Clinical Instructor is responsible for actively providing clinical learning experiences and collaborating with the agency Clinical Preceptor, Community Preceptor and Precepted Students to achieve course objectives (see course syllabus) and learning outcomes (see clinical evaluation).

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

- 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.
- 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, where applicable.
- Review and understand Client rights in the healthcare system, and per Agency policy.
- Review each Precepted Student's previous clinical experiences, learning needs, and expectations for the clinical experience.
- Review chapter 6 Practice-based learning in community placements (Schofield & Currie, 2022). For summery [See Appendix L](#)

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

- Follow ethical, legal, and professional standards and guide Precepted Students in doing so.
- Ensure Precepted Students apply principles of safety at all times.
- Ensure that Precepted Students have completed the appropriate preparation for each clinical day.
- Maintain ongoing, clear, and effective communication with Precepted Students and Agency Staff.
- Communicate with each Precepted Student on a regular basis regarding their learning needs (e. g. journaling, conversations, community projects/proposals, online communication, etc.).
- Promote additional learning opportunities for Precepted Students.
- Provide Precepted 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 Precepted Student group and the Interprofessional and Intersectoral Team.
- Ensure Precepted 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 Precepted Students in using a supportive, strength-based approach to Clients, Families and populations.
- Help Precepted Students recognize the need for Client/Family/Population health education.
- Apply appropriate theoretical practice models to populations for which Precepted Students are assigned.
- Demonstrate and facilitate evidence informed practice in the care of the select populations.
- Guide Precepted Students to provide Client, Family, and/or Community teaching as indicated.

- Lead and utilize post conferences as an opportunity for exploring Precepted Students' clinical/community experiences and learning.

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

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

## Role of the Course Professor

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

- Send course materials to the Clinical/Community Preceptors and Clinical Instructors.
- Oversee the progress of all Precepted Students.
- Discuss Student progress with Precepted Students, Clinical/Community Preceptors and Clinical Instructor.
- Review Precepted Students' clinical evaluations, clarifying any questions.
- Respond to any Precepted Student concerns.
- Review chapter 6 Practice-based learning in community placements (Schofield & Currie, 2022). For summery See Appendix L

*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 Precepted 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.

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

- Oversee the Clinical Instructor's evaluation of Precepted 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 Clinical/Community 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)?
- How does the Student respond to constructive feedback?
- 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 Clinical Preceptor

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

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

- Ensure familiarity 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 Precepted Student.
- Review each Precepted Student's previous clinical experiences, learning needs, and expectations for the clinical experience.
- Review the Faculty of Health Preceptor Modules. (See Appendix K)

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

- Follow ethical, legal, and professional standards and guide the Student to also do so
- Ensure the Precepted Student always applies principles of safety.
- Maintain ongoing clear and effective communication with the Precepted Student.
- Supervise and guide the Precepted Student in providing proper care for Clients.
- Supervise the Precepted Student in the delivery of medications.
- Increase the Precepted Student's responsibilities for Client care as appropriate with ongoing evaluation of their competency to manage current Client assignment(s).
- Guide the Precepted Student in completing accurate, up to date, ongoing documentation (Note: the Co-Assigned Nurse or Clinical Preceptor has the final accountability for the Client and must review all documentation on an ongoing basis and prior to the Precepted Student leaving the Unit to ensure it is complete).
- Provide the Precepted 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 with the Precepted Student and the Interprofessional Team.
- Ensure the Precepted Student respects Client social and cultural attitudes and beliefs.
- Guide the Precepted Student in utilizing a supportive, strength-based approach to the care of Client(s) and Families.
- Guide the Precepted 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 Precepted Student regarding student performance and any other additional concerns.

*In **assessing** clinical performance, the Clinical 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 Community Preceptor

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

- Ensure familiarity with the community placement service mandate, vision, agency programs, and client population using the services.
- Understand the role and responsibilities of the assigned Precepted Student.
- Engage in discussion with the Precepted Student's about their goals and learning needs for this community experience.

*In **collaboration** with the Precepted Student in the community placement, to meet the course and program objectives, the Community Preceptor will:*

- Follow legal, and ethical principles to guide the Student.
- Ensure the Student always applies principles of safety.
- Maintain ongoing clear and effective communication with the Student.
- Supervise and guide the Student to engage effectively.

- Guide the Precepted Student in completing accurate, up to date, ongoing documentation (Note: the Community Preceptor has the final accountability and must review any documentation).
- Provide the Precepted Student with instruction, supervision, and assistance when requested.
- Guide students to navigate the resources and assist them to network with community members
- Ensure the Precepted Student engages respectfully, acknowledging social and cultural attitudes and beliefs.
- Guide the Precepted Student is utilizing a supportive, strength-based approach
- Provide feedback on the Precepted Students' activities and performance.
- Maintaining ongoing communication with the Clinical Instructor.
- Assist the Precepted Student to understand the community placement service mandate, vision, agency programs, and client population using the services.

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

- Provide timely and constructive feedback to improve and enhance Student clinical performance.
- Complete the NURS4705 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 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.

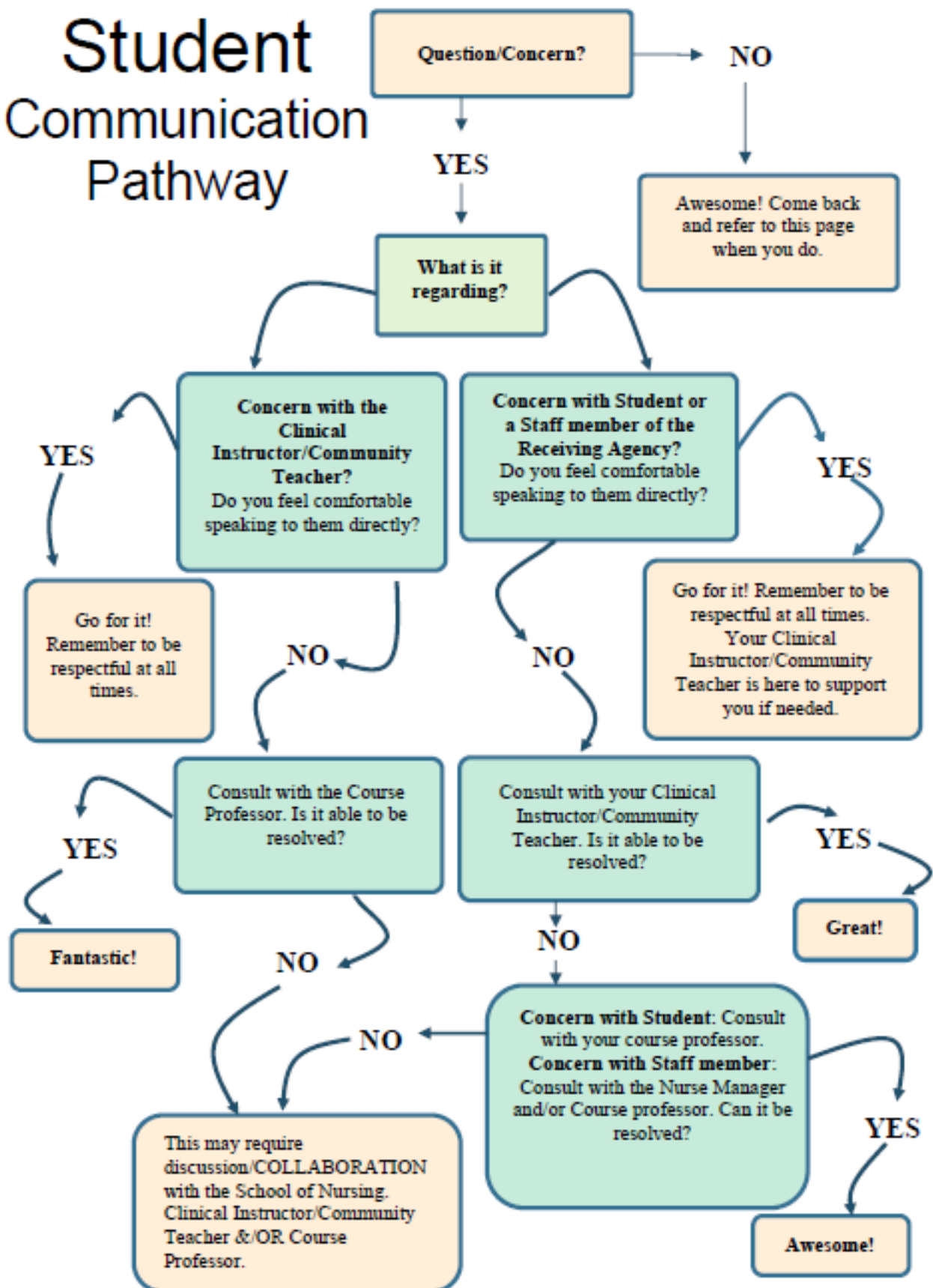
### Role of the Interprofessional Team Member

- *Throughout the Student clinical placement, students will interact with other members of the the Interprofessional Team As part of collaborative practice the interprofessional team member may:* 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.
- Foster the student involvement in interprofessional collaborative practice and application of the CIHC competencies.

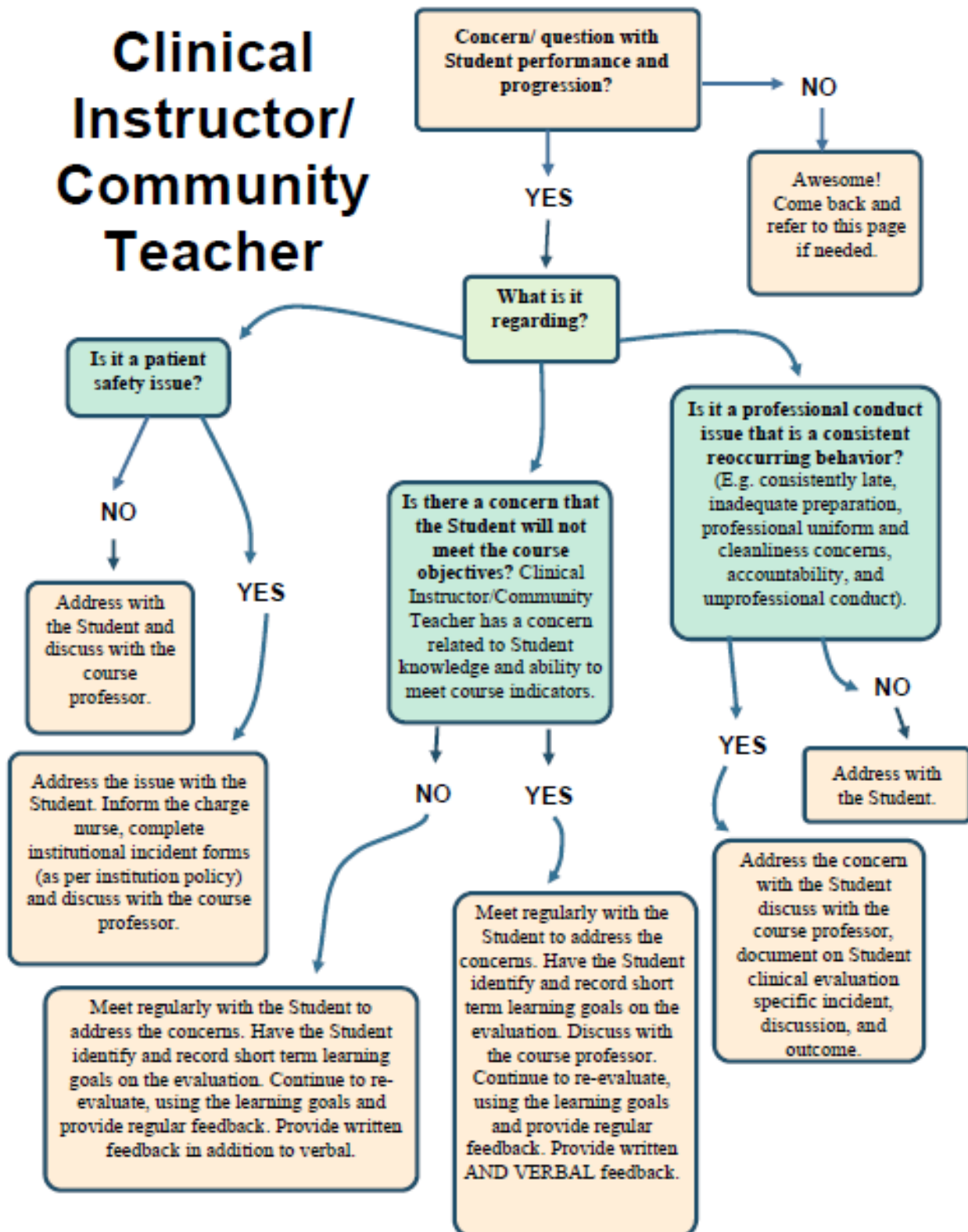
## Communication Pathways



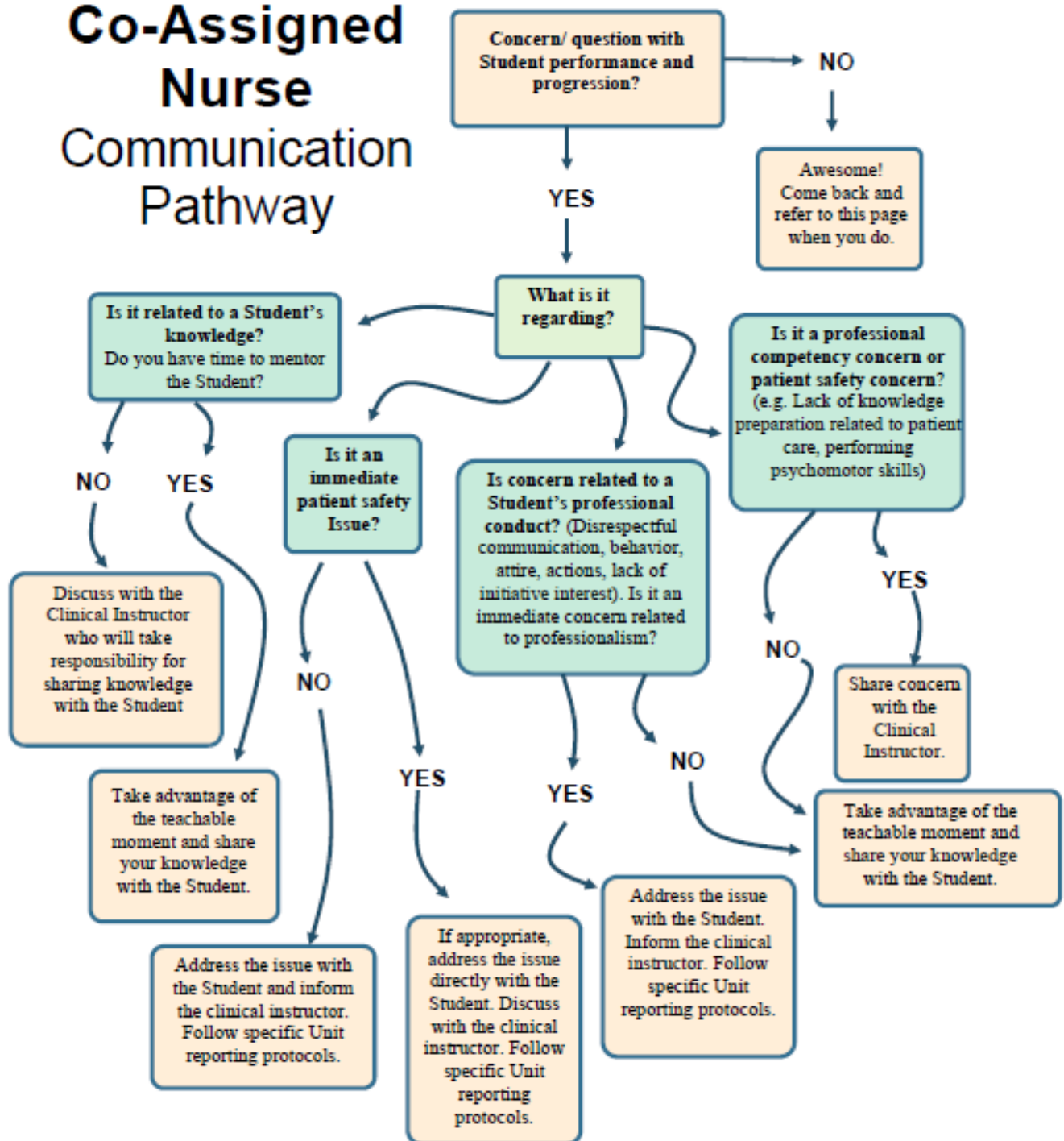
# Student Communication Pathway



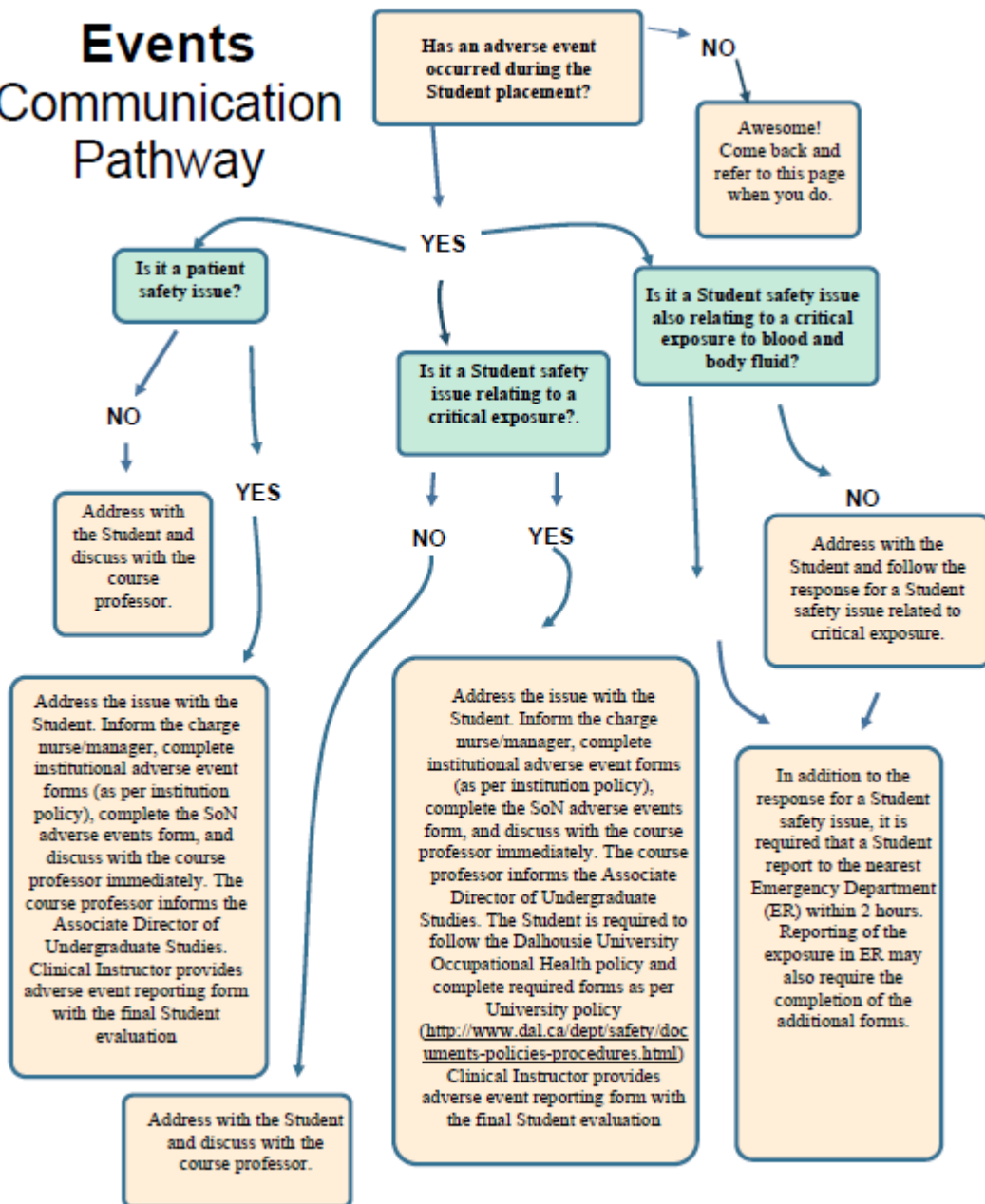
# Clinical Instructor/ Community Teacher



# Co-Assigned Nurse Communication Pathway

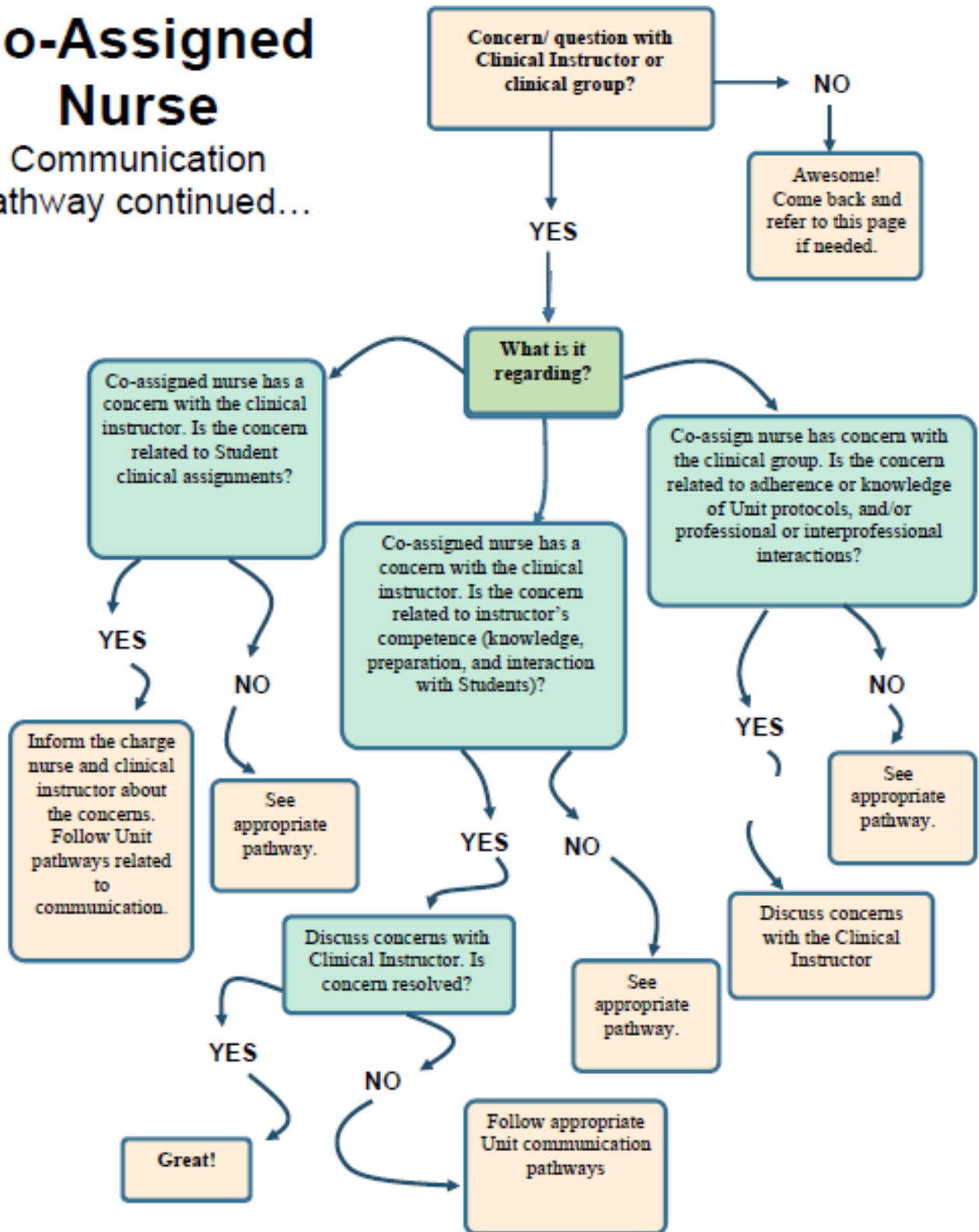


# Adverse Events Communication Pathway



# Co-Assigned Nurse

Communication Pathway continued...



## 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 with as much notice as possible. However, this timeframe is reliant on the placement agencies accepting or declining placement sites, and assigning of Clinical Instructors and Preceptors to 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, and Clinical Coordinator?***

The Course Professor is the person that is responsible for the course associated with the clinical experience. The Clinical Instructor 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 asked to do something outside my scope of practice?***

As a professional it is your individual responsibility to know and work within your scope of practice. You need to clearly communicate that the actions are outside of your scope of practice as a learner. If you are pressured to proceed you should reach out to your clinical instructor and/or course professor for further guidance. Refer to the Clinical Competency document in Appendix E

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

Discuss your assignment with your Clinical Instructor. 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 may need to develop a strategy to ease you into this sort of workload. There may be situations where you and your Clinical Instructor/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/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 /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 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. A Clinical Instructor needs to spend enough time with a Student to assess the five outcomes for the clinical course. Refer to the Attendance Policy posted on the School of Nursing website.

***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 required to submit a **Declaration of Absence** form to the drop box on the course site for each set of shifts missed. Please refer to [School of Nursing Attendance Policy](#).

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

Refer to School of Nursing Attendance Policy

***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?***

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, 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, 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, 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, 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 Orientation to the Unit/Agency

The Clinical Instructor 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, 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 M](#)).

## 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/.
- 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.**
- In the event of a medication error the Student, must inform their clinical instructor/preceptor immediately and follow the Dalhousie and Agency policy on adverse event.

## Appendix E: Competency Monitoring Document

### Clinical Competency Monitoring Document

#### Instructions

It is the students responsibility to be aware of their scope of practice at all times when in the clinical setting. The Student Clinical Competency Monitoring Document provides the Student with an up to date list of psychomotor skills competencies within their scope of practice organized by delivery of content. It is also 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
<b>Airway</b>				
Oxygen Therapy	N2715 N3715	N2715 N3715		
Oral Airway Suctioning	N2715	N2715		

Oral Pharyngeal Suctioning	N3715	N3715		
Nasal Pharyngeal Suctioning	N3715	N3715		
Airway Insertion	N3715	N3715		
Trach Care & Suctioning	N3725	N3725		
Chest Tube	N3710 N3725	N3725		
<b>Assessment</b>				
Vital Signs (Temp, HR, RR, BP, O2 Sats)	N2705	N2705 N2715		
Glucose Monitoring	N2715 N2725 (Y)	N2715 N2725 (Y)		
<b>Name of Competency</b>	<b>Theory</b>	<b>Lab Practice</b>	<b>Performed Under Direct Supervision</b>	<b>Additional Comments</b>
<b>Assessment (cont)</b>				
Pain Assessment	N2705  N2725 N3710 N3725 N3730	N2705 N2715 N2725 N3715 N3725		
HT & WT	N2705	N2705		
Abdominal	N2705	N2705		

	N3710			
Ear/Eye	N2705 N3710	N2705		
Musculoskeletal	N2705 N3710	N2705		
Neuro	N2705 N3710 N3730	N2705/ N3715		
Integument	N2705 N3710	N2705		
CVS	N2705/ N3710	N2705 N3715		
Respiratory	N2705/ N3710	N2705  N3715		
GI & GU	N2705 N3710	N2705/ N3715		
Mental Health	N2705 N2710  N2720 N3710 N3730	N2705 N3715 N3725 N4715		
Pediatric Assessment	N2705	N2705		
Developmental Assessment	N2725	N2725		
Blood Cultures	N3715	N3715		

EKG/Rhythm Interpretation	N3710 N3715	N3715		
Testicular Self Examination	N3710			
<b>Name of Competency</b>	<b>Theory</b>	<b>Lab Practice</b>	<b>Performed Under Direct Supervision</b>	<b>Additional Comments</b>
<b>Basic Care</b>				
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 N2725 N2730 N3710 N3730 N4715	N2715 N2725 N3715 N3725 N4715		
<b>GI/GU Management</b>				
Bladder Irrigation	N3710	N3715		
Ostomy Care	N3715	N3715 Observe		
Enemas	N2715	N2715		
Rectal Touch	N2715	N2715		
NG Insertion	N3715	N3715		

NG Removal	N3715	N3715		
Maintenance of NG & Enteral Feed	N3710	N3715		
Peritoneal Dialysis	N3730	N3725		
Urinary Catheter Care & Insertion	N2715	N2715		
<b>Intravenous</b>				
IV Pumps	N2725	N2725		
<b>Name of Competency</b>	<b>Theory</b>	<b>Lab Practice</b>	<b>Performed Under Direct Supervision</b>	<b>Additional Comments</b>
<b>Intravenous (cont)</b>				
IV Therapy	N2725	N2725		
IV Initiation	N3715	N3715		
IV Discontinuation	N2725	N2725		
Venipuncture	N3715	N3715		
Saline Lock Flushing	N2725	N2725		
Central Venous Access Devices (Care & maintenance)	N3715	N3715		
TPN	N3710	N3715		
Blood & Blood Product Monitoring	N3725	N3725		
<b>Maternal/Newborn</b>				

Postpartum Checks	N2740/ N2725	N2725		
Leopold's Maneuvers	N2740/ N2725	N2725		
Newborn Exam (vitals, physical, bathing)	N2740			
Newborn Feeding (breast/chest feeding, bottle)	N2740 N2725	N2725		
Fetal Heart Monitoring	N3710	N3715 (Yarmouth)		
<b>Medications</b>				
Intradermal	N2725			
PO	N2715	N2715		
IM	N2725	N2725		
Transdermal	N2715			
Sublingual	N2715			
PR/Supp & Enemas	N2715	N2715		
Sub-Cutaneous	N2725	N2725		
<b>Name of Competency</b>	<b>Theory</b>	<b>Lab Practice</b>	<b>Performed Under Direct Supervision</b>	<b>Additional Comments</b>
<b>Medications (cont)</b>				
Sub-Cutaneous Butterfly Medication Administration	N2725	N2725		
Sub-Cutaneous Butterfly Insertion	N3715	N3715		
Topical	N2715	N2715		
Intravenous	N2725	N2725		

Immunization  *All components must be complete prior to performance	N2720 N3725	N3725		
Enteral	N3710 N3715	N3715		
Vaginal	N2720	N2715		
Intravenous Direct	N3715	N3715		
Weight and body surface area	N2725 N3715	N2725/ N3715		
Aerosols/inhalers	N2725 N3710	N2725 N3715 N3725		
<b>Miscellaneous</b>				
Heat & Cold Application	N2720	N2715		
Traction	N3710			
Perioperative	N3710	N3715		
Breathing Techniques	N2725 N3710 N3730	N3715 N3725		
Relaxation Techniques/Mindfulness	N2715 N2725	N2715		
<b>Preventative &amp; Protective Measures</b>				
Professional Hand Hygiene	N2715	N2715		
Personal Protective Equipment	N2715N3715	N2715 N3715		

Isolation & Universal Precautions	N2715 N3715	N2715 N3715		
Foot Care	N2750	N2715		
Compression/Therapeutic Anti-embolic Stockings	N2715	N2715		
Sequential Compression Device	N3710			
<b>Name of Competency</b>	<b>Theory</b>	<b>Lab Practice</b>	<b>Performed Under Direct Supervision</b>	<b>Additional Comments</b>
<b>Wound Care</b>				
Sterile Technique	N2715	N2715		
Simple Dressing	N2715	N2715		
Sterile Gloves (donning and removing)	N2715	N2715		
Wound Irrigation	N2725	N2725		
Surgical Drain Care/Removal	N2725	N3715		
Suture & Staple Removal	N2725	N2725 N3715		
Wound Packing	N2725	N2725		
Wound Swab for Culture & Sensitivity	N2725	N2725		
Bandaging	N3710			

## Appendix F: 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.

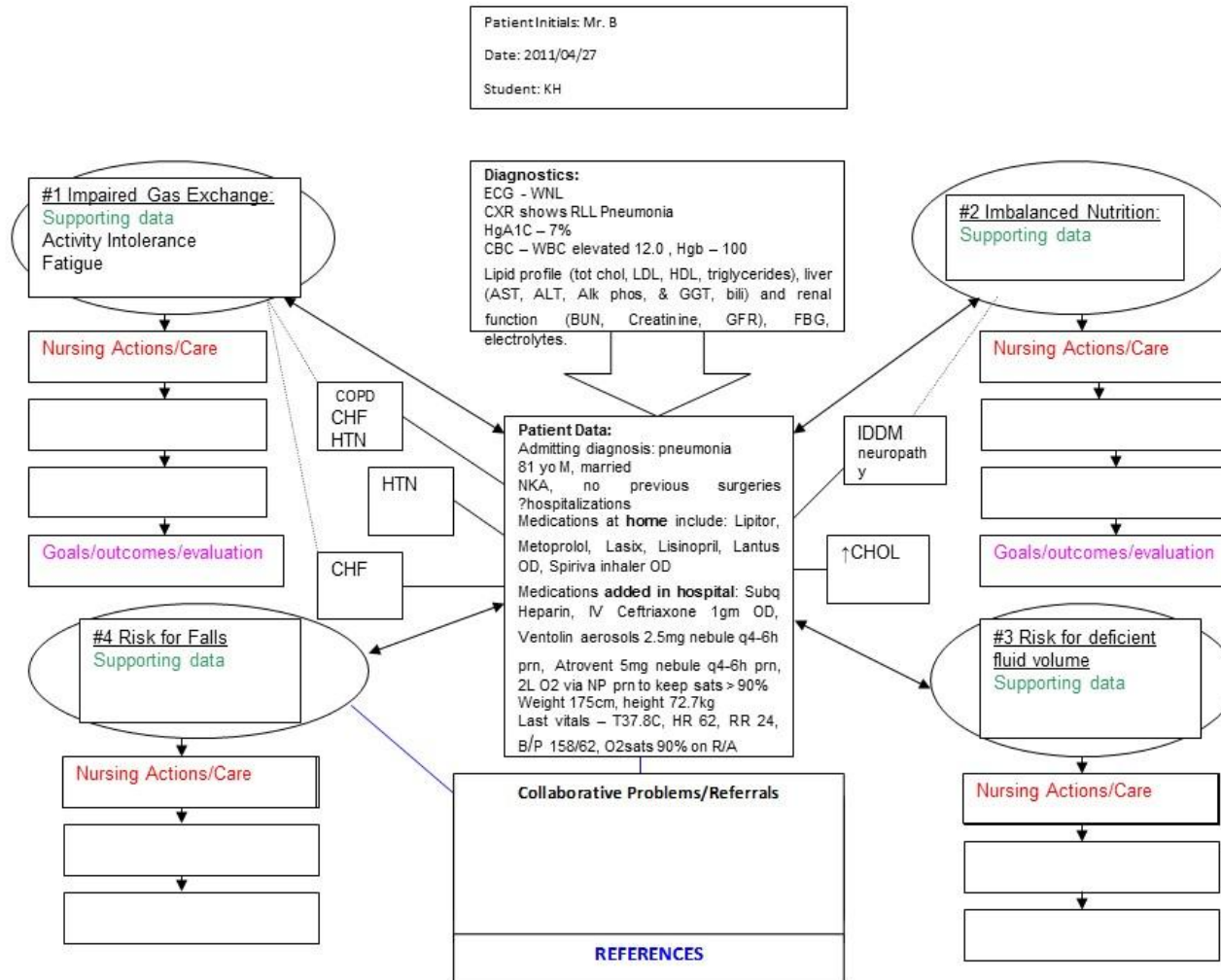
#### Elements of the Nursing Care Plan

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

<b>Nursing Care Plan</b>			
<b>Student Name:</b>		<b>Client Initials:</b>	
<b>Nursing Diagnosis</b>	<b>Goals</b>	<b>Interventions</b>	<b>Evaluation</b>

## Appendix G; 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#ixzz11BrjjS3v)  
[http://www.ehow.com/how\\_5910593\\_apply-thinking-concept-map-nursing.html#ixzz11BrjjS3v](http://www.ehow.com/how_5910593_apply-thinking-concept-map-nursing.html#ixzz11BrjjS3v)

## Appendix H: 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

#### 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.

#### 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?

#### 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?

#### 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?

**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 I: 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 J: 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 K: Additional Resources

### **Canadian Nurses Association**

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

[2017 Code of Ethics for RNs](#)

### **Canadian Nursing Students' Association**

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

### **College of Nurses of Ontario**

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

### **Dalhousie School of Nursing:**

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

### **Faculty of Health Preceptor Modules**

<https://www.dal.ca/faculty/health/practice-education/become-a-preceptor.html>

### **Nova Scotia College of Nursing**

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

#### **Entry Level Competencies (RN)**

<https://www.nscn.ca/professional-practice/practice-standards/entry-level-competencies>

#### **Standards of Practice**

<https://www.nscn.ca/professional-practice/practice-standards/standards-practice>

### **Nova Scotia Registered Nurses Act**

[https://nslegislature.ca/legc/bills/60th\\_1st/3rd\\_read/b007.htm](https://nslegislature.ca/legc/bills/60th_1st/3rd_read/b007.htm)



## Appendix L: Practice-based Learning in Community Placements (Schofield & Currie, 2022)

### **Clinical Supervision**

Typically, the clinical supervision role in community placements has distinct differences from clinical supervision in acute care placements. Esteves et al. (2019) describes clinical supervision as distinguished by nurses who are educators in the post-secondary institutions and nurses who work in the healthcare organization. The nuance in clinical supervision of non-traditional community placements is that one nurse is responsible for the role of clinical supervision and practitioner. Whereas in traditional health care placements such as acute care settings, clinical supervision is most often shared by the CI and the RN preceptor. In addition, Steffy (2019) conducted a study on how community health clinical experiences guide students in seeking a nursing role in community health nursing. The study found that the CI clinical supervision and engagement in the placement is important to enhancing student learning (Steffy, 2019). Examples of how CIs are engaged in the placements are described further in the section under teaching and learning strategies.

Another distinction in clinical supervision of non-traditional community placements is that the CI often provides an indirect model of supervision compared to direct supervision of an individual or a group of students in RN preceptor placements in the health sector. Given the similarities of direct supervision for students in community placements in the health sector like public health, home health or a community health centre, the focus in this chapter will be on indirect supervision in non-traditional community placements.

Indirect supervision means sporadic face to face contact or at a distance with a student group(s) in non-RN and non-traditional community placements. Examples of face-to-face time with the students are conferences/praxis sessions or seminars, and engagement with student groups in activities with their client population and /or key stakeholders which all provide opportunities for clinical supervision (Babenko-Mould et al., 2016). CIs are most commonly not present for the full clinical hours in the placement, hence face-to-face time with students is only one part of the clinical evaluation. CIs are usually assigned a group of eight to twelve students for an academic term. This clinical group of students are then assigned to a community placement that could range from two to six students depending on the placement's capacity. The CI could be evaluating students in multiple placement sites for the same group of students. Consequently, CIs assess student performance as a group and as individuals. CIs also use multiple evaluation strategies to grade students on activities they cannot directly observe. Of importance to curriculum developers for community health clinical

placement is the inclusion of formative evaluation methods for both individual and group learning activities and individual summative evaluation to determine grades.

Given the number of students assigned per community placement, as stated it is common for CIs have more than one setting. Therefore, CIs will often travel from one placement to another to see students on the assigned clinical day(s) (Valaitis et al., 2008). Onsite conferences are generally scheduled once per week, for at least one hour with the student groups in their assigned placement, or an alternative community location, or on campus. Student placement clinical hours vary across Canada and can range from six to twenty-four hours/week/term depending on the educational program course requirements.

The role of non-RN community preceptor/community advisor is a key contact for the student group and liaison for the CI. They assist students to understand the community placement service mandate, vision, agency programs, and client population using the services. They guide students to navigate the resources and assist them to network with community members (Babenko-Mould et al., 2016). They often provide feedback on the student groups activities and any student issues associated with their activities. The non-RN community preceptor may have some involvement in evaluation of student clinical performance; however, they regularly may meet with the CI and students to discuss activities (Cohen & Gregory, 2009a).

For CIs to effectively provide indirect supervision, building on the roles described previously, they require knowledge of group dynamics and effective group facilitation skills, understanding and assessment of learning styles for each student in the group, and strategies in student engagement in group work. In addition, to fulfil the dual roles noted previously, CIs need to meet the CASN guidelines (2010) for faculty advisor/CIs, including current practice knowledge of community and public health nursing, practice knowledge of the CCHN standards of practice (2019), primary health care principles (WHO, 1978; CASN, 2014) and CASN Entry-to-Practice PHN competencies.

Another distinction in clinical supervision for CIs in community placements is the focus on essential relational and decision-making skills rather than performing psychomotor skills or tasks in a well supervised setting such as in an acute care learning environment (Ezhova, et al., 2020; Feather et al., 2017). These skills include analysis of needs of a community and population, program planning and implementation, autonomous decision making in the community placement while working with clients and community partners, advocacy, and communication with stakeholders to address needs in care for clients and population groups (CASN, 2014). In community placements, CIs supervise clinical performance using their jurisdictional entry level regulatory competencies, PHN competencies, and entry level CCHN standards of practice (CASN, 2014; CHNC, 2019) in conjunction with their post-secondary institution's program philosophy and curriculum concepts. Student performance is assessed using the standards of practice include

health promotion, prevention and health promotion, health maintenance, restoration and palliation, professional relationships, capacity building, health equity, evidence informed practice, and professional responsibility and accountability (CHNC, 2019). The PHN knowledge, skills and attitudes (competencies) include: 1. public health nursing sciences in nursing practice; 2. population and community health assessment and analysis; 3. population health planning, implementation, and evaluation; 4. partnership, collaboration and advocacy; and 5. communication in public health nursing (CASN, 2014).

### ***Student evaluation***

A remedial plan for a weak student not meeting course objectives or failing student in a community placement is very complex. The CI needs to assess the student's performance at an individual level separate from the group context of learning. Formative assessment of performance can come from multiple sources such as:

- Confidential peer feedback or observed behaviour in group performance eg. lack of engagement or not a team player;
- Professional responsibility in punctuality of course assignments/learning activities eg. consistently late submissions;
- Attendance behavior in the community placement eg. consistently late or leaving early;
- Community preceptor feedback about performance in placement eg. inappropriate language used with the client population or attitudes towards them;
- Conceptual understanding and application of theory in assignment/learning activities and conference discussions eg. lack of preparation and insight of community health concepts and approaches; and
- Clinical reasoning and judgment skills eg. insufficient gathering of information using multiple sources and methods, difficulty with priority setting in collaboration with client population, superficial interpretations, inadequate consideration of evidence information interventions.

Adapted with permission: Schofield, R. & Currie, G. (2022). Practice-based learning in community placements. In S. Melrose & B. Perry (Eds.), *Clinical teaching in Canadian nursing*. (Chapter 6). Canadian Association of Schools of Nursing.



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