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Preamble

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

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

The Dalhousie University SON strives to promote interprofessional collaboration through the development of clinical experiences that incorporate preceptorships, senior student mentorships, and clinical groups. Utilization of this manual will foster the development of interprofessional practice through the development of effective professional relationships. During the 1,500 hours of clinical placements, students will cultivate their critical thinking, leadership, and interpersonal communication competencies, as well as begin to develop their entry-to-practice competencies, as outlined by the College of Registered Nurses of Nova Scotia.

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 of 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 and the Receiving Agencies with clearly defined roles and expectations of each party during clinical experiences within the Receiving Agency.

BScN Program Clinical Course Descriptions

Year One Clinical Courses

**NURS 1240: Introduction to Nursing Practice (Intersession):** Students are introduced to healthcare settings where they interact with older adults at various levels of health. Learning experiences are designed to promote beginning knowledge and skills for the practice of nursing with an emphasis on helping relationships. Clinical Hours: 120

Year Two Clinical Courses

**NURS 2280: Care of Adults I:** Students learn to integrate nursing knowledge and processes in the care of adults coping with illnesses. Emphasis is placed on the integration of primary healthcare concepts as related to alterations in health status. Students further develop skills during clinical experiences in adult medical and surgical settings. Clinical Hours: 78

**NURS 2220: Nursing Practice II (Intersession):** This clinical practicum enables students to continue to integrate primary healthcare principles, nursing knowledge and theory, and nursing processes with nursing practice. Students consolidate concepts, theories, and skills in caring for individuals in acute and chronic care settings. Emphasis is placed on collaborating with clients to identify health goals, as well as perceptions and attitudes towards their health. Clinical Hours: 240

Year Three Clinical Courses

**NURS 3260: Nursing Practice: Mothers, Infants, and Childbearing Families:** Students focus on the integration of the domains of nursing practice in caring for mothers and newborn infants within the context of the childbearing family. The nature of the childbearing experience is critically analyzed from the perspective of the determinants of health as well as the theoretical bases of maternal-infant attachment and nurse caring. Clinical experiences with clients during pregnancy, birthing and post birth in hospital and home settings enable students to focus on health promotion within the context of family-centered care. Clinical Hours: 78
**NURS 3270: Nursing Practice: Caring for Families:** Guided by the principles of primary healthcare, students focus on families and family health with an emphasis on a thorough understanding of family assessment and developing family therapeutic relationship skills. Students examine family health and health issues from a nursing, cultural, sociological, psychological and other theoretical perspective as they relate to nursing practice that focuses on working with families in all settings. Upon completion of the course, students will have developed competencies required to use a systems approach when working with families. Laboratory and clinical experiences that include families in their homes provide the students with opportunities to integrate, discuss, and practice family nursing. Clinical Hours: 78

**NURS 3280: Care of Adults II:** This course focuses on family-centered nursing practice with adults who are managing complex health problems. Emphasis is placed on theoretically based nursing strategies incorporating principles of primary healthcare. Students are guided to incorporate theoretical bases into their clinical practice. Clinical Hours: 78

**NURS 3290: Nursing Practice III (Intersession):** This is an opportunity to apply the principles of primary healthcare through reflective practice, the integration and application of theories and family nursing. Students enhance their ability to work with clients through a continuum of care approach. Clinical Hours: 240

**Year Four Clinical Courses**

**NURS 4210: Nursing Practice: Children and Families:** Students focus on nursing practice in the care of children and families. The determinants of child and family healthcare are examined, as well as the role of nursing practice in health promotion and illness prevention for children. Clinical and family issues associated with childhood illness and hospitalization draw on knowledge of child and family development, as well as the art and science of nursing knowledge. Students work in clinical settings where care is provided to children and families experiencing illness. Clinical Hours: 78

**NURS 4220: Mental Health Nursing Practice:** Integrating a holistic perspective within a primary healthcare philosophy, this course focuses on the promotion of individual and community mental well-being. Through reflective practice, the use of nursing theories and effective communication, students assist clients through the challenges of mental health problems, crisis, and mental disorders. Students critique the social responsibility of the nursing profession through, not only direct care, but also client advocacy. Clinical Hours: 78

**NURS 4250: Community Health Assessment:** Community health is a vital component of primary healthcare. The focus of this course is on the integration of community assessment, theory and nursing practice in health promotion and illness prevention. Primary healthcare and population-focused health strategies are used as students collaborate with individuals, families, groups, communities and other
healthcare professionals in working toward community health goals. Students apply critical thinking in assessing needs and strengths for community development in a variety of community settings. Clinical Hours: 78

NURS 4260: Community Development and Advocacy: This course builds on the content of NURS 4250. The focus is on critical thinking, interventions and the evaluation of community health nursing strategies with client groups and communities. Community development is used as a strategy to put primary healthcare principles into nursing practice. Students are encouraged to work with communities using an empowerment and advocacy approach. Current local, national and international health issues are explored. Clinical experience in a variety of community settings allows students to practice nursing in a reflective manner to improve the health of the community as a whole. Clinical Hours: 78

NURS 4240: Nursing Practice IV Internship (Intersession): This clinical internship prior to graduation provides students with the opportunity to consolidate and apply knowledge and processes within the domains of nursing practice. Students integrate leadership knowledge and behaviours within social healthcare systems. Collaboration and advocacy with clients, other healthcare professionals and peers are emphasized. Students are precepted with a staff nurse and work the full-time hours of the preceptor. Students have input into their clinical placements, based on their learning needs and interests. Clinical Hours: minimum of 280

Clinical Placement Information

Placement Assignments

The clinical placement office, course professors, students and clinical agencies are all involved in clinical placement assignments. Planning of clinical placements begins at least one term prior to the scheduled clinical course start date. The goal of the clinical placement office is to provide each student with an assigned placement at least one month prior to the start date.

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 that the agency agrees to. In most cases, agencies will not accept placement requests any 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 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 year. Popular placements can be competitive and inevitably some students will not be placed in their top choice. The placement office then works to assign the student to an area of similar interest. In most courses, students will have a three day window 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:** A maximum of eight students are paired with one clinical instructor for the duration of the clinical. Each student is assigned a patient load 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 students. Patient assignments typically range from one to four and depend on clinical acuity, student experience and individual unit factors.

- **Peer Mentorship Clinical Program (PMCP):** Two senior students (third-year students) are paired with one clinical instructor and a maximum of eight junior students (first or second-year students). Each senior student is assigned a group of junior students and focuses on this group of students. The senior student is viewed as an assistant instructor. The senior student works as a liaison between the unit staff and the student group. Each junior student is assigned a patient load for each clinical shift and is responsible for patient care in collaboration with the co-assigned nurse, clinical instructor and senior students. Patient assignments typically range from 1-4 and depend on clinical acuity, student experience and individual unit factors.

- **Preceptor Placement:** One student is paired with one preceptor (nurse from the designated unit). The student will work with the preceptor on their full-time work schedule to provide patient/client care. The clinical instructor or faculty member will meet with the student and preceptor throughout the experience to ensure course objectives are being met.
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 time-frame 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 year (See Appendix E);
- Review and understand Dalhousie School of Nursing Policies on 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, as 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 Clinical Unit’s philosophy, objectives, physical structure, policies, procedures, resources and communication structure within the Agency.

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 chart, kardex and MAR of each assigned Client, and researching the implications of their diagnosis, history, medications, lab values and treatments;
• Create a nursing care plan or concept map with nursing diagnoses to aid in prioritizing and providing safe and competent Client care, at the discretion of the Clinical Instructor and/or Course Professor (See Appendix G & H);
• Describe the intended plan of care for the designated shift to the Clinical Instructor to assist them in determining and organizing care, teaching, mentoring and learning needs;
• Maintain ongoing clear and efficient communication with the Clinical Instructor and Co-Assigned Nurse(s), including information on personal scope of practice and any changes in assigned Client status;
• Clearly communicating the roles and responsibilities of the Student to the Unit Staff, as needed;
• Provide care for each assigned Client under the supervision and guidance of the Clinical Instructor and Co-Assigned Nurse(s);
• Assume increasing responsibility for Client care under the guidance of the Clinical Instructor and Co-Assigned Nurse(s);
• Complete all documentation (MAR, progress notes, flow sheet, etc.) on an ongoing basis during each clinical shift and requesting advice from the Clinical Instructor and Co-Assigned Nurse(s) as needed;
• Check all documentation for accuracy and completion prior to leaving the Unit;
• Independently seek out learning experiences;
• Request instruction, supervision and assistance from Clinical Instructor as needed;
• Participate in designated year appropriate student competencies under the guidance of the Clinical Instructor or Co-Assigned Nurse(s) (See Appendix E);
• Review relevant materials needed to perform student competencies prior to designated shift on the Unit or entering a Client’s room
• Work collaboratively with the Interprofessional 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; 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 after the completion of the clinical experience.
Peer Mentorship Clinical Placement

JUNIOR STUDENT (FIRST & SECOND-YEAR STUDENT) RESPONSIBILITIES

The First or Second-Year Student (Junior Student) is responsible for actively collaborating with the Third-Year Student(s) (Senior Student) and Clinical Instructor to enhance learning outcomes.

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

When collaborating with the Clinical Instructor and the Senior Student(s), the Junior Student will:
• Notify the Unit and/or Clinical Instructor in the event of an absence (See Appendix A);
• Maintain ongoing clear and efficient communication with the Clinical Instructor, Senior Student(s) and Co-Assigned Nurse(s), including information on personal scope of practice and any changes in assigned Client status;
• Maintain ongoing communication and addressing questions regarding learning with the assigned Senior Student(s);
• Give a verbal report to assigned Senior Student(s) on all Client(s) daily at the beginning of each clinical shift (Note: if the Client assignment has changed, the
Second-Year Student will receive a new assignment from the Senior Student(s) and/or Clinical Instructor;
- Describe the intended plan of care to assist the Senior Student(s) to assist them in the organization of their day, specifically, teaching, mentoring and learning needs; and,
- Review completed daily tasks (physical assessments, dressing changes, documentation) on an ongoing basis with Senior Student(s) and requesting additional assistance when needed

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

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

The Third-Year Student (Senior Student) is responsible for actively participating and leading First and Second-Year Students (Junior Students) in clinical experiences and working with the Clinical Instructor to achieve the course objectives.

In preparing for the clinical experience, the Senior Student will:
- Complete HSPnet site selection within the designated time-frame 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;
- 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 a Third-Year Student (See Appendix E);
  - This includes student clinical competencies that the Senior Student may oversee with or without supervision from the Clinical Instructor or registered Nurse.
- Review and understand the scope of practice and competencies of assigned Junior Student year (See Appendix E);
- Review and understand all Dalhousie School of Nursing Policies on clinical participation (ex. Clinical Dress Code, Attendance);
- Review and understand Client rights in the healthcare system, as per Agency;
- Review and understand the roles of Interprofessional Health Team Members;
- Meet with the Clinical Instructor prior to the clinical start date to explore the Unit and prepare an orientation agenda for the Junior Students;
- Discuss previous clinical experience and learning needs with the Clinical Instructor;
- Share personal learning objectives and expectations for the current clinical placement with the Clinical Instructor;
- Familiarize self with the Clinical Unit’s philosophy, objectives, physical structure, policies, procedures, resources and communication structure within the Agency; and,
- Review relevant materials needed to supervise clinical competencies performed by Junior Students that remain within the Third-Year scope of practice.

While collaborating with Junior Student(s), the Senior Student will:
- Collaborate with the Clinical Instructor and Charge Nurse to create Client assignments for all Junior Students based on Client needs and scope of practice of Junior Students;
- Notify the Unit and/or Clinical Instructor in the event of an absence (See Appendix A);
• Review previous clinical experience and learning needs with each assigned Junior Student;
• Discuss learning objectives and expectations for the current clinical placement with each assigned Junior Student;
• Receive a verbal report (Client diagnosis, plan of care, medications) from each assigned Junior Student regarding all Clients under their care to determine teaching, mentoring and learning needs. (Note: Report should be given at the beginning of each clinical shift and on an ongoing basis throughout the day. If a Client assignment must be changed, the Senior Student collaborates with the Clinical Instructor and Charge Nurse to assign a new Client.);
• Communicate with Junior Students regarding completion of daily tasks (physical assessments, dressing changes, documentation) on an ongoing basis; and,
• Facilitate ongoing communication between the Students, the Clinical Instructor and the Unit Staff.

When participating in clinical practice to meet course and program objectives, the Senior Student will:
• Follow ethical, legal and professional standards;
• Apply principles of safety at all times;
• Clearly communicate the roles and responsibilities of the Senior Student and the Third-Year scope of practice to the Unit Staff, as needed;
• Assist with Client care, as needed;
• Independently seek out learning opportunities;
• Request instruction, supervision and assistance, as needed;
• Participate in Third-Year appropriate clinical competencies under the guidance of the Clinical Instructor or Unit Nurse(s) (See Appendix E):
• Assist Junior Students to recognize the need for Client health teaching;
• Assist Junior Students in providing Client and family teaching as indicated;
• Instruct, supervise and assist Junior Students within the Third Year scope of practice, as needed;
• Review all documentation completed by Junior Students for accuracy on an ongoing basis and prior to leaving the Unit;
• Assist Junior Students with documentation as needed;
• Lead clinical post-conferences in collaboration with the Clinical Instructor;
• Work collaboratively with the Interprofessional Health Team;
• Respect Client(s) social and cultural attitudes and beliefs;
• Utilize a supportive approach to Client(s) and families; and,
• Recognize the need for health teaching.

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

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

In preparing for the clinical experience, the Student will:

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

When participating in clinical experiences 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, Preceptor and/or Faculty Member in the event of an absence and reschedule missed clinical time (See Appendix A);
- Clearly communicate the roles and responsibilities of the Student and the Student’s scope of practice to the Unit Staff, as needed;
- Prepare for each clinical shift by examining the chart, kardex and MAR of each assigned Client, and researching the implications of their diagnosis, history, medications, lab values and treatments needed to provide safe care;
- Maintain ongoing clear and efficient communication with the Preceptor, including information on personal scope of practice and any changes in Client status;
- Provide care for each Client under the supervision and guidance of the Preceptor;
• Assume increasing responsibility for Client care under the guidance of the Preceptor;
• Check all documentation (MAR, progress notes, flow sheet, etc.) in a timely manner during each clinical shift and request advice from the Preceptor as needed;
• Independently seek out learning experiences;
• Create a nursing care plan or concept map with nursing diagnoses to aid in prioritizing and providing safe and competent Client care, at the discretion of the Clinical Instructor and/or Course Professor (See Appendix G & H);
• Request instruction, supervision and assistance as needed from Preceptor;
• Participate in year-appropriate clinical competencies under the guidance of the Preceptor (See Appendix E);
• Review relevant materials needed to perform clinical competencies prior to designated shift on the Unit or entering a Client’s room (See Appendix E);
• Work collaboratively with the interprofessional health team to deliver safe and competent nursing care;
• Respect Client(s) social and cultural attitudes and beliefs;
• Utilize a supportive approach to Client(s) and Families;
• Recognize the need for health teaching; and,
• Provide Client and Family teaching as indicated.

When assessing clinical performance, the Student will:
• Review personal performance with the Preceptor and Clinical Instructor or Course Professor on an ongoing basis;
• Solicit constructive feedback from the Preceptor and Clinical Instructor to improve and enhance personal clinical performance;
• Engage in self-reflective practices through journaling and conversations with Preceptor, Clinical Instructor and Unit Staff (See Appendix I);
• Complete a written midway and final self-evaluation (See Appendix J);
• Meet with the Preceptor and Clinical Instructor to complete midway and final clinical evaluation tools; and,
• Complete the Dalhousie School of Nursing course evaluation survey after the 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 and/or Charge Nurse of the Unit to review Unit-specific information and procedures (See Appendix B);
• Familiarize self with the Unit’s philosophy, objectives, physical structure, policies, procedures, resources and communication structure within the Agency;
• Provide clear communication with Unit Staff regarding clinical dates, Student scope of practice, post-conference times and location;
• Review and understanding the Students scope of practice, competencies and role on the Unit;
• Review and understanding Client rights in the healthcare system, as per agency policy;
• Conduct Student orientation to the Unit (See Appendix A); and,
• Review each Student’s previous clinical experiences, learning needs and expectations for the clinical experience.

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

• Follow ethical, legal and professional standards and guide Students in doing so;
• Ensure Students apply principles of safety at all times;
• 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 efficient communication with the Students and Unit Staff;
• Supervise and guide Students in providing proper care for assigned Clients;
• Deliver the medication administration quiz to second, third and fourth-year Students;
• Supervising second, third and fourth-year 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 load;
• Guide Students in completing accurate, up to date, and ongoing documentation;
• Communicate with each Student on a regular basis with regards to 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 year-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;
• Guide Students in using a supportive, strength-based approach to Clients and Families;
• Help Students recognize the need for Client/Family health education;
• Guide Students to provide Client and Family teaching as indicated; and,
• 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;
• Asking for feedback from Unit Staff on Student performance;
• Hold Students accountable for engaging in self-reflective practice; and,
• Meeting with each Student individually to complete midway and final evaluations *(See Appendix J).*
• Submit midway and final evaluations to the Course Professor within one week of the final clinical shift.

Peer Mentor Clinical Placement

The Clinical Instructor is responsible for mentoring the Third-Year Students (Senior Students) to provide and support clinical learning experiences for the First or Second-Year Students (Junior Students). The Clinical Instructor is responsible for collaborating with the Senior Student(s) to provide and support them in leadership development and clinical learning.
In preparing for the clinical experience, the Clinical Instructor will:

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

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

- Follow ethical, legal and professional standards and guide Students in doing so;
- Ensure Students apply principles of safety at all times;
- Work with Senior Student(s) and the Charge Nurse to create Client assignments for Junior Students;
- Organize care, teaching, mentoring and familiarity with Student needs for the designated shift based on each Student's intended plan of care;
- Maintain ongoing clear and efficient communication with the Senior Student(s), Junior Students and Unit Staff;
- Ensure Senior Student(s) provide proper support and instruction for assigned Junior Students while practicing within the year three scope of practice;
- Supervise and guide all Students in providing proper care for assigned Clients;
- Deliver the medication administration quiz to second and third year Students;
- Supervise second and third year Students in the delivery of medications;
- Review Client care before performing or supervising procedures;
- Increase Junior Students’ responsibilities for Client care as appropriate with ongoing evaluation of their competency to manage current Client load;
- Increase Senior Student(s) responsibilities for supervising Client care as appropriate with ongoing evaluation of their competency in managing the assignment;
- Guide Junior and Senior Students in completing accurate, and timely documentation;
- Communicate with each Student on a regular basis with regards to their learning needs (e.g. journaling, conversations, online communication, etc);
- Ensure Senior Student(s) communicate with assigned Junior Students on a regular basis with regards to their learning needs;
- Promote additional learning opportunities for Students (for example, shadowing in the operating room or intermediate medical care Unit);
- Provide Students with instruction, supervision and assistance when requested;
• Encourage Senior Student(s) to practice leadership competencies whenever possible;
• Seek out opportunities for the application of year appropriate clinical competencies within the Unit;
• Promote cooperation and collaboration within the Student group and the Interprofessional team;
• Ensure Students respect individual sociocultural attitudes and beliefs;
• Guide Students in using a supportive, strength-based approach to Clients and families;
• Help Students recognize the need for Client/Family health education;
• Guide Students to provide Client and Family teaching as indicated;
• Guide and support Senior Student(s) in addressing conflict or tension between and amongst any parties involved in the clinical experience;
• Ask for feedback from Unit Staff on Junior and Senior Student(s) performance;
• Allow opportunities for Senior Student(s) to recognize the need for Junior Student education; and,
• Collaborate with Senior Student(s) in conducting post conferences.

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

Preceptor Clinical Program

In preparing for the clinical experience, the Clinical Instructor will:
• Review and understand the scope of practice and competencies of the Precepted Student and Preceptor; and,
• Becoming familiar with Agency/Unit’s philosophy, objectives, physical structure, policies, procedures, resources and structure within the Agency.
When collaborating with Students to meet course and program objectives, the Clinical Instructor will:

- Guide the Preceptor in conducting Student orientation to the Unit (See Appendix A);
- Maintain ongoing, clear, and efficient communication with the Preceptor and Precepted Student regarding the clinical experience during regularly planned contact;
- Acting as support and a means of communication between the Student/Preceptor and the School of Nursing; and,
- Provide the Preceptor and precepted Students with instruction, supervision and assistance, as needed.

When assessing clinical performance, the Clinical Instructor will:

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

Role of the Course Professor

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

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

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

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

In assessing clinical performance, the Course Professor will:
• Oversee the Clinical Instructor’s evaluation of Students in the course;
• Act as a resource for teaching, learning, and the evaluative processes;
• Assume the ultimate responsibility for the final evaluation; and,
• Assign the final grade for the course and clinical.

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

• How is the student(s) doing?
• Can you see progression/growth in the student(s)?
• Does the student(s) demonstrate organization and time management skills?
• Is the student(s) showing initiative and asking questions and seeking assistance appropriately?
• Does the student(s) demonstrate an understanding of everything they are seeing?
• Do you feel that the student(s) is learning to interact with other healthcare professionals?
• Is the student(s) putting the process together and starting to use critical thinking skills, problem solving?
• What areas of practice do you see as needing further development? (eg, 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 and
• 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; and,
• 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 regarding concerns of the placement; and,
• 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
• and 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; and,
• Send offers to Clinical Instructors for appropriate courses at least two terms ahead of course start date.
The Agency Role
The Agency Role

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

Role of the Preceptor

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

*In preparing for the clinical experience, the Preceptor will:*  
- Familiarize self with the unit’s philosophy, objectives, physical structure, policies, procedures, resources and communication structure within the Agency;
- Review and understand the scope of practice, competencies and role of the assigned Student; and,
- Review each Student’s previous clinical experiences, learning needs and expectations for the clinical experience.

*In collaboration with the Student to meet the course and program objectives, the Preceptor will:*  
- Follow ethical, legal and professional standards and guiding the Student in doing so;
- Ensure the Student applies principles of safety at all times;
- Maintain ongoing clear and efficient communication with the Student;
- Supervise and guide the Student in providing proper care for Clients;
- Supervise the Student in the delivery of medications;
- Increase the Student’s responsibilities for Client care as appropriate with ongoing evaluation of their competency to manage current Client load;
- Guide the Student in completing accurate, up to date, ongoing documentation (Note: the Co-Assigned Nurse or Preceptor has the final accountability for the Client and must review all documentation on an ongoing basis and prior to leaving the Unit to ensure it is complete);
- Provide the Student with instruction, supervision and assistance when requested;
- Encourage and garner opportunities for the application of appropriate clinical competencies within the unit;
- Promote cooperation and collaboration within the Student group and the interprofessional team;
- Ensure the Student respects Client social and cultural attitudes and beliefs;
- Guide the Student in utilizing a supportive, strength-based approach to Client(s) and Families;
- Guide the Student in providing Client(s) and Family teaching, as indicated; and,
- Maintaining ongoing communication with the Clinical Instructor and Student in regards to Student performance and any other additional concerns.
In assessing clinical performance, the Preceptor will
• Provide timely and constructive feedback to improve and enhance Student clinical performance;
• Complete the Midway and Final Clinical evaluation tool with the Student.

Role of the Co-Assigned Nurse

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

In collaborating with and guiding Co-Assigned Students to facilitate provision of effective Client centred care, the Co-Assigned Nurse will:
• Understand the roles of Students, Senior Students (if applicable), and Clinical Instructor on the Unit;
• Understand the role of the Unit Nurse working with Co-Assigned Students;
• Guide Students in following ethical, legal and professional standards;
• Ensure Students consistently apply principles of safety in clinical practice;
• Guide Students in finding best practice protocols for the specific Agency;
• Maintain ongoing clear and efficient communication with Students about Co-Assigned Clients;
• Guide Students in providing proper care for assigned Clients with the supervision, as needed;
• Increase Student responsibilities for Client care as appropriate with ongoing evaluation of their competency to manage current Client load;
• 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 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 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; and,
• Maintain ongoing communication with the Clinical Instructor and Senior Student(s), if applicable, in regards to 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

The Charge Nurse, 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 & responsibilities to facilitate the relationship between the Clinical Instructor and the Unit for the duration of the clinical experience.

In preparing for Students’ arrival at the clinical, the Charge Nurse 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 (ex. call bell system, special equipment, etc);
  • Relevant passwords and Unit phone number(s)
  • Interdisciplinary Team members and specific roles; and,
  • 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; and,
  • 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 within the Agency
• Discuss the type of clinical placement of Student(s) (Clinical Group, Peer Mentorship Program, or Preceptorship);
• Understand the roles, responsibilities, scope of practice and competencies of the designated set of Students (See Appendix E); and,
• 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 atmosphere, daily routine and Client population on the floor;
• 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; and,
• 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 in regards to 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 their role when working with Students; and,
• Act as a level of support, alongside the School of Nursing faculty, to resolve any conflicts on the unit in regards to Student placements.

Role of the Interprofessional Team Member

Throughout the student clinical placement, the Interprofessional Team Members will:
• Introduce themselves the Student and/or Student group and clarify their role on the unit, as needed;
• Include the Student in Interprofessional collaboration of Client care (i.e. discharge planning, intervention management), as appropriate; and,
• Allow the Student to observe the specific Interprofessional role during care of the Client.
Communication Pathways
Student Communication Pathway

Question/Concern?

YES

What is it regarding?

Concern with the Clinical Instructor?
Do you feel comfortable speaking to them directly?

YES

Go for it! Remember to be respectful at all times.

NO

Consult with the Course Professor. Is it able to be resolved?

YES

Fantastic!

NO

Concern with Student or a Staff member of the receiving Agency?
Do you feel comfortable speaking to them directly?

YES

Go for it! Remember to be respectful at all times. Your Clinical Instructor is here to support you if needed.

NO

Consult with your Clinical Instructor. Is it able to be resolved?

YES

Great!

NO

Concern with Student: Consult with your course professor.
Concern with Staff member: Consult with the Nurse Manager and/or Course professor. Can it be resolved?

NO

This may require discussion with the School of Nursing. Collaboration with the SON, Clinical Instructor & Course Professor will be needed.

YES

Awesome!
Clinical Faculty Communication Pathway

Concern/question with student performance and progression?

YES

What is it regarding?

NO
Awesome! Come back and refer to this page when you do.

YES

Is it a patient safety issue?

NO

Address with the student and discuss with the course professor.

YES

Address the issue with the student. Inform the charge nurse, complete institutional incident forms (as per institution policy) and discuss with the course professor.

Is the instructor concerned the student will not meet the course objectives? Clinical faculty has a concern related to student knowledge and ability to meet course indicators.

NO

Meet regularly with the student to address the concerns. Have the student identify and record short term learning goals on the evaluation. Continue to re-evaluate, using the learning goals and provide regular feedback. Provide written feedback in addition to verbal.

YES

Is it a professional conduct issue that is a consistent reoccurring behavior? (E.g. consistently late, inadequate preparation, professional uniform and cleanliness concerns, accountability and unprofessional conduct).

NO

Address the concern with the student discuss the course professor, document on student clinical evaluation specific incident, discussion and outcome.

YES

Address with the student.

Meet regularly with the student to address the concerns. Have the student identify and record short term learning goals on the evaluation. Discuss with the course professor. Continue to re-evaluate, using the learning goals and provide regular feedback. Provide written feedback in addition to verbal.
Co-Assigned Nurse Communication Pathway

Is it related to a student’s knowledge? Do you have time to mentor the student?

- NO
  - Discuss with the clinical faculty who will take responsibility for teaching with the student.

- YES
  - Take advantage of the teachable moment and share your knowledge with the student.

Is it an immediate patient safety Issue?

- NO
  - Address the issue with the student and inform the clinical instructor. Follow specific unit reporting protocols.

- YES
  - Is concern related to a student’s professional conduct? (Disrespectful communication, behavior, attitude, actions, lack of initiative interest). Is it an immediate concern related to professionalism?
    - NO
      - See appropriate pathway.
    - YES
      - Address the issue with the student. Inform the clinical instructor. Follow specific unit reporting protocols.

Concern/ question with student performance and progression?

- NO
  - Awesome! Come back and refer to this page when you do.

- YES
  - What is it regarding?
    - Is it a professional competency concern or patient safety concern? (e.g. Lack of knowledge preparation related to patient care, performing psychomotor skills)
      - NO
        - Share concern with the clinical faculty.
      - YES
        - See appropriate pathway.

Is it related to a student’s knowledge? Do you have time to mentor the student?

- NO
  - Discuss with the clinical faculty who will take responsibility for teaching with the student.

- YES
  - Take advantage of the teachable moment and share your knowledge with the student.

Is it an immediate patient safety Issue?

- NO
  - Address the issue with the student and inform the clinical instructor. Follow specific unit reporting protocols.

- YES
  - Is concern related to a student’s professional conduct? (Disrespectful communication, behavior, attitude, actions, lack of initiative interest). Is it an immediate concern related to professionalism?
    - NO
      - See appropriate pathway.
    - YES
      - Address the issue with the student. Inform the clinical instructor. Follow specific unit reporting protocols.

What is it regarding?

- Is it a professional competency concern or patient safety concern? (e.g. Lack of knowledge preparation related to patient care, performing psychomotor skills)
  - NO
    - Share concern with the clinical faculty.
  - YES
    - See appropriate pathway.

Concern/ question with student performance and progression?

- NO
  - Awesome! Come back and refer to this page when you do.

- YES
  - What is it regarding?

Is it related to a student’s knowledge? Do you have time to mentor the student?

- NO
  - Discuss with the clinical faculty who will take responsibility for teaching with the student.

- YES
  - Take advantage of the teachable moment and share your knowledge with the student.

Is it an immediate patient safety Issue?

- NO
  - Address the issue with the student and inform the clinical instructor. Follow specific unit reporting protocols.

- YES
  - Is concern related to a student’s professional conduct? (Disrespectful communication, behavior, attitude, actions, lack of initiative interest). Is it an immediate concern related to professionalism?
    - NO
      - See appropriate pathway.
    - YES
      - Address the issue with the student. Inform the clinical instructor. Follow specific unit reporting protocols.
Co-Assigned Nurse
Communication Pathway continued…

Concern/ question with Clinical Instructor or clinical group?

YES

Awesome! Come back and refer to this page when you do.

NO

What is it regarding?

Co-assigned nurse has a concern with the clinical instructor. Is the concern related to student clinical assignments?

YES

Inform the charge nurse and clinical instructor about the concerns. Follow unit pathways related to communication.

NO

Co-assigned nurse has a concern with the clinical instructor. Is the concern related to instructor’s competence (knowledge, preparation, and interaction with students)?

YES

See appropriate pathway.

NO

Discuss concerns with clinical faculty. Is concern resolved?

YES

NO

See appropriate pathway.

Follow appropriate unit communication pathways

Co-assigned nurse has concern with the clinical group. Is the concern related to adherence or knowledge of unit protocols, and/or professional or interprofessional interactions?

YES

NO

See appropriate pathway.

Discuss concerns with the clinical faculty

YES

NO

Great!
Adverse Events Communication Pathway

Has an adverse event occurred during the student placement?
- **NO**
  - Awesome! Come back and refer to this page when you do.
- **YES**
  - What is it regarding?
    - Is it a patient safety issue?
      - **NO**
        - Address with the student.
      - **YES**
        - Address the issue with the student. Inform the charge nurse/manager, complete institutional adverse event forms (as per institution policy), complete the SoN adverse events form, and discuss with the course professor immediately. The course professor informs the Associate Director of Undergraduate Studies. Clinical Instructor provides adverse event reporting form with the final student evaluation.
    - Is it a student safety issue relating to a critical exposure?
      - **NO**
        - Address with the student and discuss with the course professor.
      - **YES**
        - Address the issue with the student. Inform the charge nurse/manager, complete institutional adverse event forms (as per institution policy), complete the SoN adverse events form, and discuss with the course professor immediately. The course professor informs the Associate Director of Undergraduate Studies. The student is required to follow the Dalhousie University Occupational Health policy and complete required forms as per University policy (http://www.dal.ca/dept/safety/documents-policies-procedures.html) Clinical Instructor provides adverse event reporting form with the final student evaluation.
    - Is it a student safety issue also relating to a critical exposure to blood and body fluid?
      - **NO**
        - Address with the student.
      - **YES**
        - Address the student and follow the response for a student safety issue related to critical exposure.

In addition to the response for a student safety issue, it is required that a student report to the nearest Emergency Department (ER) within 2 hours. Reporting of the exposure in ER may also require the completion of the additional forms.
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 my 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 amount of students needing to be placed. We understand and appreciate that for some people many arrangements need to be made in order for them to partake in clinical. We, in conjunction with the clinical agencies, are doing as much as we can to inform students at the earliest convenience so that these arrangements can be made as soon as possible. The goal of the clinical placement office is to release clinical placements one month prior to the clinical start date. This is reliant on the placement agencies accepting or rejecting the placements in a timely manner.

What if I do not like my clinical placement or 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 a switch with one of your peers, with permission from the clinical coordinator. Just 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 not comfortable with my patient assignment?

Discuss your assignment with your clinical instructor. There is no shame in saying that you do not feel comfortable with your assigned patient/patient(s). 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 if 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 Faculty/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 Faculty 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.

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

Questions related to a student’s progress or behavior should be directed to the course professor. She can provide direction as to how best to approach the situation in order 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 your Mentor. Your course professor would also be pleased to answer these questions.

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

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

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

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

If a student is obviously ill, does he/she 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 he/she sent the student home ill. If a student calls in sick for any shift, a doctor’s note is required.

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

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

When working with a group of students, who is responsible for supervising care, the clinical faculty person or the co-assigned nurse?

In a group setting, the clinical faculty is ultimately responsible for supervising students. Throughout a shift the student or the clinical faculty 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 faculty is ill, is there a replacement clinical instructor or do the students miss that time?

There is no one to replace the clinical faculty. The clinical faculty notifies the students 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 faculty illness.” The student is not penalized for the missed time.

Agency Staff FAQ

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

If there are Peer Mentors on the unit they can be a vital resource for communication between you and the co-assigned student. Ideally, students should be assigned to patients under the supervision of the same nurse; however this is not always possible. Assignments are done up 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 get in contact with night staff and ensure they are dividing up patient loads 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 don’t 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 must be comfortable with the fact that a student may be assigned to their care. If there is a significant concern, a discussion with the nurse manager or clinical instructor may be needed in order to discover why you are concerned with having students assigned to you so that we can work around this concern and enable effective participation from both you and the student. Participating in clinical can be a huge learning experience for both you and the student if you approach it with enthusiasm and an open mind.

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 show up to clinical with 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, Care Plan, Concept Map, Medication Quiz, Self-Reflective Journals, 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. Requirements for journal submissions will be outlined in the course syllabus. (Refer to Appendix I).
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:
      i. to provide students with the opportunity to critically reflect on daily practice within the team setting;
      ii. to provide students with the opportunity to share knowledge with their peers and enhance learning;
      iii. to allow students an opportunity to learn specifics of the area for which they are practicing; and,
      iv. to 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 staff
   a. Tour of the Unit/Agency, including important access codes and places to secure personal belongings;
   b. Introduce students to the 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;
   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 specific equipment;
   m. Information on access to Agency policies and additional information; and,
   n. Additional information pertinent to the unit (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 and/or preceptor 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 and preference on student involvement;
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; and,
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 show up 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 (ex. 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 faculty 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 the students 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 him or herself in relation to their practice as a nurse.
Developing Cognitive Competencies. This type of activity would focus on problem solving, decision making, and critical thinking. For example:

- Collaboratively work through a case study with discussion questions at the end;
- Attend an in service or inviting a guest lecturer from the same or a different unit to speak to the students;
- Create a Jeopardy game for the students regarding information specific to the unit;
- Engage students in a debate regarding treatment procedures;
- Provide students with an article to critically analyze as a group;
- 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:
  o Name of the drug (generic and trade);
  o Classification of the drug;
  o Normal dosage range;
  o Drug action (how it works);
  o The patient/client(s) reason for taking the drug/expected response to the drug;
  o Side effects;
  o Drug interactions;
  o Contraindications;
  o Pathophysiology;
  o Antidotes (i.e. Vitamin K for Warfarin);
  o Specific nursing considerations (i.e. client teaching, taken with food/milk, etc.);
  o Considerations for method of administration (i.e. compatibility, needle size, IV solution, etc.);
  o Time of last dose;
  o Agency policy/procedure/protocol governing the administration of the drug;
  o Patient/client allergies; and,
  o 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 witnessed and double signed by an RN or LPN.

After Administration

• Document;
• Asses patient response

Special Considerations

• Students do not participate in the narcotics count at shift change;
• Students must have all narcotic and controlled drugs checked and co-signed by a Registered Nurse;
• Students do not carry narcotics cupboard keys;
• Students do not sign for controlled drugs and narcotics when they are delivered to the unit;
• Students do not witness patient consent forms.
Appendix E: Competency Monitoring Document

School of Nursing

Clinical Competency Monitoring Document
Clinical Competency Monitoring Instructions

The Student Clinical Competency Monitoring Document provides the student with a means for recording the timing and acquisition of clinical psychomotor skills. Students are responsible for completing the form as they demonstrate their proficiency for the competencies in the Learning Resource Centre and in the various clinical settings. The student will document the date that the competency has been demonstrated under the column “Lab Practice”. The student would then be able to carry out the skill under direct supervision of 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.

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<td>Venipuncture</td>
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<td>IV Initiation</td>
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<td>Central Venous Access Devices</td>
<td>N3280 N4210</td>
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<td>Peripherally inserted central lines (PICC)</td>
<td>N3280</td>
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Appendix F: Peer Mentorship Clinical Program Information

Dalhousie Peer Mentoring Clinical Program
DalPMCP

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

The DalPMCP is considered an option for the 240 hours of clinical practice required of all third year students. To participate students must apply in writing to the DalPMCP team who then select the students who meet the eligibility requirements. The following options are available for students working with second year groups:

Option 1: Acute care (HRM) 6 weeks on a single team Block 1 (May 16-June 24)
- One 3rd year lead for each student team in acute care
- The entire clinical rotation, the DalPMCP student will be leading and co-facilitating with the Clinical Instructor, the second year teams completing their N2220 clinical requirements
- Sixteen hours will be spent preparing for DalPMCP completing a Leadership Boot-camp.

Option 2: Acute care (HRM) 6 weeks on a single team Block 2 (June 27-August 5)
- One 3rd year lead for each student team in acute care
- The entire clinical rotation, the DalPMCP student will be leading and co-facilitating with the Clinical Instructor, the second year teams completing their N2220 clinical requirements
- Sixteen hours will be spent preparing for DalPMCP completing a Leadership Boot-camp.
Option 3: Acute care 6 weeks Rural Placement (May 2- June 10)
- One 3rd year lead for each student team in acute care
- The entire clinical rotation, the DalPMCP student will be leading and co-facilitating with the Clinical Instructor, the second year teams completing their N2220 clinical requirements (Bridgewater, Truro, Windsor, Twin Oaks, Amherst, Cape Breton, Kentville, etc.)
- Sixteen hours will be spent preparing for DalPMCP completing a Leadership Boot-camp.

Option 4: Long term care (HRM) 3 weeks with 1 week Skills Lab Teaching and 2 weeks Precepted (May 2- June 10)
- One 3rd year lead for each student team in long term care.
- Thirty-two hours will be completed in the skills lab working with first year students preparing for their first clinical placement.
- Seventy-two hours will be spent precepted with an RN delivering medications and providing care. Students will work with their preceptor and DalPMCP faculty advisor to highlight a service learning need within the agency and work toward meeting this need.
- One hundred twenty hours will be leading and co-facilitating with the Clinical Instructor the first year teams completing their N1240 clinical requirements.
- Sixteen hours will be spent preparing for DalPMCP completing a Leadership Boot-camp.

Objectives:
By conclusion of this clinical leadership experience, all 3rd year students will:
1. Reflect on how their leadership style impacted team collaboration and cohesiveness
2. Provide mentorship and guidance to team members (i.e. care planning, physical assessment, care organization, psychomotor skill completion and integrating patient care data.)
3. Use evidence to inform practice and clinical guidelines, as one example of a medium, for translation of evidence
4. Develop leadership skills by determining student patient assignment allocation, coordinating the care for multiple client teams, providing health teaching, and practicing conflict resolution, and communication with team members and other healthcare providers
5. Identify and facilitate the leadership strengths and qualities in all team members
6. Reflect on the progress of the junior team members and provide feedback using the peer evaluation tool.
General Expectations:
1. DalPMCP students will assist varying levels of students with opportunities to complete clinical assignments required by their course professor.
2. DalPMCP students will assist with documentation of observed completed skills.
3. DalPMCP students will assist with assessment skills.
4. DalPMCP students may need to assist the assigned students with an advanced assessment of a client.
5. DalPMCP students may need to assist the assigned students with the care of a client.
6. DalPMCP students, with the support of their clinical instructor will oversee all assigned teams of students in their care of the client.
7. DalPMCP students may need to assist with documentation and reporting of clinical findings.
8. DalPMCP students may be the resource for client or family education or direct students to a resource for obtaining patient education information.
9. DalPMCP students will be involved in many other activities as leader of the team. Flexibility and response to change will be an asset.

If you have any further questions please do not hesitate to contact the DalPMCP Coordinator or N3290 Course Professor.

Student Peer Evaluation Form Guidelines

What is Peer Evaluation?

Peer evaluations are assessments of performance provided by classmates as opposed to clinical instructors and faculty. Research has demonstrated that peer evaluation enhances student performance and has a positive correlation with clinical instructor evaluations. It provides the opportunity for students to experience a 360 degree evaluation (Self, Clinical Instructor, and Peer) and better prepares you for practice. This type of evaluation occurs frequently in the health care setting.

Directions
- Carefully review the evaluation scale provided and focus on the definition for each level.
- Be mindful of trends in the student’s practice/performance. Do not be influenced by incidences, situation and occurrences that may not be reflective of the student’s usual performance.
- Focus on observed behavior and performance, not personality traits or hearsay.
- Supporting comments are required to substantiate rating.
• Self-Guidance (level 3) is the expected level of performance.

How to Provide Constructive Feedback?

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

**Evaluation Scale:**

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

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<tr>
<th>I</th>
<th>Interdisciplinary Communication: uses language expected of a professional when communicating with other team members</th>
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<th>II</th>
<th>Interdisciplinary Team: able to work effectively both independently and within the team seeking assistance as necessary</th>
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<th>III</th>
<th>Leadership: assumes leadership role within the team while functioning within their own scope of practice</th>
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<th>IV</th>
<th>Professionalism: interacts professionally (dress, attitude, interactions) within the team environment</th>
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<th>V</th>
<th>Accountability: assumes accountability for practice and understands own scope of practice within the team</th>
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**Comments:**

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__________________________________________________________________________________________

Student______________________________ Date__________________

Peer Evaluator ______________________ Date__________________
Appendix G: Nursing Care Plans

Nursing Care Plan

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

Characteristics of a Nursing Care Plan

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

Elements of the Nursing Care Plan

The nursing care plan consists of:

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

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Client Initials:</th>
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<tr>
<th>Nursing Diagnosis</th>
<th>Goals</th>
<th>Interventions</th>
<th>Evaluation</th>
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Appendix H: Concept Map

#1 Impaired Gas Exchange
- Supporting data
  - Activity Intolerance
  - Fatigue

Nursing Actions/Care

#2 Imbalanced Nutrition
- Supporting data

Nursing Actions/Care

#3 Risk for deficient fluid volume
- Supporting data

Nursing Actions/Care

#4 Risk for Falls
- Supporting data

Nursing Actions/Care

Collaborative Problems/Referrals

References
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 their 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 what goes into the care plan and development of your 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. 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 your patient’s health problems from your patient or someone who is close to him perform any pertinent physical assessments you may need to do during your clinical shifts. Review his medical record for his 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 your patient has met them. For each expected outcome, write an evaluation statement to show whether he has met that expected outcome.

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_5526833_make-nursing-concept-map.html#ixzz1IBry3IFj

**How to Apply Critical Thinking to Concept Map for Nursing**

9. Conduct an assessment and gather information. Ask your patient about his current health complaints. Find out about his past health history, perform a physical assessment on him and go through his medical records for any information that may shed more light on his condition, such as laboratory results – use Gordon's functional health patterns as a guide.

10. Create a concept map. Write down your patients medical diagnosis, then write down health problems or nursing assessment results that affect your patient the most. 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.

11. 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 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.

12. Study your concept map. Look at all the nursing diagnoses you have on it that describe your 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 your patient's response to them.

13. 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#ixzz1IB rijS3v
Appendix I: Reflective Journals

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

**What is a Reflective Journal?**

Reflection is an important part of the students’ nursing practice. A reflective journal is a personal record of student’s learning experiences. It provides a space where a learner can record and reflect upon their observations and responses to situations, which can then be used to explore and analyze ways of thinking. Journals, although generally written, can also contain images and drawings. Reflective journals are written in the first person and may or may not incorporate literature. If literature is incorporated, proper referencing must be applied.

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 as a means 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)
Appendix J: Clinical Evaluation

In order to pass each clinical experience, a midway and 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 **Midway Evaluation** must be completed 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 he/she 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 (posted on Brightspace). 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.

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 outcomes as assessed on the indicators in order 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 for Use**

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, CRNNS Entry Level Competencies (2009), course objectives, and specific evaluative criteria. To facilitate the self-evaluation process, the student is expected to reflect upon his/her 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 into it. No client names should appear. Requirements for a passing grade - A grade in the form of PASS is required in all 5 outcomes on the final evaluation in order to be successful. 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 criteria 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 criteria 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 particular criteria to be commented on. 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 particular criteria to be commented on. For example: #1g), #2b) etc. The final grade will be determined by the course professor.

The clinical instructor/preceptor must place his/her initials in the designated box below each of the five outcomes. These initials indicate the instructor/preceptor has entered his/her 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.

At the student’s and clinical instructor/preceptor review of the final evaluation the student and clinical instructor/preceptor will collaborate to complete the “Collaborative Evaluation” section at the end of the form.

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

*Principles of Primary Health Care
a) Accessibility b) Client/public participation c) Health promotion d) Appropriate technology e) Intersectoral cooperation

*Determinants of Health
  - Income and Social Status
  - Social Support Networks
  - Education and Literacy
  - Employment/Working Conditions
  - Social Environments
  - Physical Environments
  - Personal Health Practices and Coping Skills
  - Healthy Child Development
  - Biology and Genetic Endowment
  - Health Services
- Gender
- Culture

Public Health Agency of Canada 2004
Diversity Concept recognizes that each person is unique, and encompasses, but is not limited to, a person's age, race, ethnicity, socio-economic status, education, gender, physical abilities, sexual orientation, gender identity, educational background, religious beliefs, political beliefs and geographical location.
Appendix K: Unit and Staff Appreciation

Students are not obligated to provide gifts or letters to unit staff; however, it is perfectly acceptable for students to recognize supportive teachers who dedicated their time to the learning of the student or student group.

Acceptable methods for students to show appreciation for clinical staff include:
- Writing a thank you letter to the preceptor/staff member that was helpful;
- Write a letter of recommendation for the preceptor/staff member that was helpful and submit it to the unit manager;
- Give a greeting card with words of thanks;
- Give flowers to the unit; and,
- Bringing baked goods or snacks for the unit to enjoy.

For information on gift giving and receiving from Clients, please refer to: http://www.crnns.ca/documents/ProfessionalBoundaries2012.pdf
Appendix L: Additional Resources

Dalhousie School of Nursing:
http://www.dal.ca/faculty/healthprofessions/nursing.html

College of Registered Nurses of Nova Scotia
http://www.crnns.ca/

Canadian Nurses Association
https://www.cna-aiic.ca/en

College of Nurses of Ontario
http://www.cno.org/become-a-nurse/

Canadian Nursing Students' Association
http://www.cnsa.ca/english/awards/
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University of Mexico. (unkn). Care map example. Retrieved from [http://hsc.unm.edu/consg/media/pdf/critical/concept_map.pdf](http://hsc.unm.edu/consg/media/pdf/critical/concept_map.pdf)