



## School of Nursing

<b>Policy Area:</b> Undergraduate Program	<b>Subject:</b> Clinical Learning
<b>Title of Policy:</b> Request for Missed Clinical Time for Professional Development	
<b>Effective Date:</b> June 1, 2015	<b>Page Number:</b> 4
<b>Approved Date:</b> May 25, 2015 <b>Revision Date:</b> May 4, 2015	<b>Approved by:</b> SON Council

### I. Policy Statement

Students are required to submit an application for any request for missed clinical time for professional development. Professional Development (PD) comprises activities that foster learning of nursing attitudes, skills, knowledge, and judgment. The Clinical Instructor will record PD time on the student's clinical evaluation.

### II. Reason for Policy

Clinical learning is one important component of the curriculum and nursing education. Professional Development activities can also contribute to student learning and nursing practice. Ongoing self-directed education and continuous learning is part of professional formation and exposure to PD as part of nursing practice is important. Equity and transparency in decision-making for students to attend PD activities as part of clinical learning is important.

### Process

1. Students are to complete an Application for Request for Missed Clinical Time for Professional Development and submit the application to the course professor.
2. To be eligible students must be in Year 2 or higher, be clinically proficient, have a cumulative GPA of 2.5 or greater, and demonstrate a consistent pattern of clinical attendance thus far in the program.
3. Completed applications (Part A) should be submitted to the course professor at least two weeks in advance of the PD activity.
4. The course professor will complete Part B, copy the completed application for attachment to the student's clinical evaluation, and return a copy to the student within one week of receiving the application.

### **III. Departments or Areas Affected By This Policy**

School of Nursing

Clinical Agencies

### **IV. Responsibilities for the Implementation of this Policy**

- All students enrolled in the BScN Program wanting to attend PD activity during clinical learning.
- Faculty in the School of Nursing

### **V. Web Address For Faculty of Health Professions/School of Nursing Student Policies**

[Student Policies](#)

**Request for Missed Clinical Time for Professional Development  
Application Form – Part A**

**PART A: To be completed by the student.**

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Current Year in program: \_\_\_\_\_

Term and course number for requested absence:  
\_\_\_\_\_

Name of Event: \_\_\_\_\_

Event date(s): \_\_\_\_\_

Where applicable, please provide the date(s) and title(s) of any previous Professional Development events that you attended that were approved by the clinical course professor

1. Title \_\_\_\_\_  
Date(s) \_\_\_\_\_

2. Title \_\_\_\_\_  
Date(s) \_\_\_\_\_

1) Please describe the nature of the opportunity for professional development (include length of time commitment)

2) State your desired outcome with attendance at this PD activity

3) Specify in number of clinical hours the total clinical time that you propose to miss:  
\_\_\_\_\_ hours.

4) Describe how you will be actively involved in the proposed professional development opportunity.

5) Describe how you will contribute to the clinical learning environment following your professional development opportunity (e.g., lead a post-conference).

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Request for Missed Clinical Time for Professional Development  
Application Form – Part B**

***Part B – To be completed by Clinical Course Professor***

Name of Clinical Course Professor (please print): \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event date(s): \_\_\_\_\_

**Instructions for completion:**

- Please respond to the following questions. Where applicable please provide rationale for your response.
- Please note that ‘not applicable’ refers to instances when the clinical component of the course has not yet begun.

1. I have reviewed the student’s attendance record for this course and can confirm that the student has not missed any clinical hours to date.

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

2. In the context of this course, the student meets the four criteria outlined under point four in the eligibility criteria so I support their application to participate in the identified professional development event in lieu of clinical time.

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

3. If you answered no to question number 2 above, please provide your rationale for your decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, return one copy to the applicant and attach one copy to the clinical evaluation for this course.