

Student Handbook

**Saskatchewan Collaborative
Bachelor of Science in Nursing
(SCBScN) Programs
2018-19**

Saskatchewan Polytechnic and University of Regina

September 2018

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Section 1 - Introduction

This handbook supplements information in the U of R 2018-2019 Undergraduate Calendar and Course Catalog (<https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>) that will be useful to you as a students in the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) either the regular program (including the Bilingual Option) or the SCBScN After Degree Nursing Program (ADNP). It includes important dates, information about each program, and additional regulations and policies that apply to all students in either program. You may be periodically notified of updates to the handbook through email, messages on the UR Courses student portal and/or the collaborative website (<http://www.sasknursingdegree.ca/scbscn>).

You will find other useful information in the Saskatchewan Polytechnic Students' Association Handbooks, at University of Regina Students' Union (www.ursu.ca) and on the Saskatchewan Polytechnic, University of Regina and the program websites (www.saskpolytech.ca, www.uregina.ca and [collaborative website](#)).

The degree you will receive at the end of your nursing program is a Bachelor of Science in Nursing (BScN). Because the degree is awarded by the University of Regina, the University's academic policies and regulations apply to all students in the nursing programs. It is your responsibility to become familiar with policies that pertain to you and your progression in your program.

Section 2 – Important Dates

Important Dates 2018 – 2019

Spring/Summer Semester

May 2	First day of classes for CNUR 101, 205 and year 3 and 4 clinical courses in nursing programs
May 7	First day for all other classes
May 21	Victoria Day – no classes
July 2	Canada Day – no classes
August 3	Last day of classes
August 6 – 10	Final exam period

Fall Semester

September 4	First day of classes for years 2, 3 and 4 clinical courses in nursing programs
September 5	First day of all other classes
October 8	Thanksgiving – no classes
November 7 – 10	Fall Break (does not apply for CNUR 403 or 404)
November 12	Remembrance Day – no classes
December 6	Last day of classes
December 8 – 21	Final exam period

Winter Semester

January 3	First day of classes for years 2, 3 and 4 clinical courses in nursing programs
January 8	First day of all other classes
February 18	Family Day – no classes
February 19 – 23	Winter break

April 11	Last day of classes
April 15 – 29	Final exam period

For a detailed listing of important dates, visit the Academic Schedule website at <https://www.uregina.ca/student/registrar/assets/docs/pdf/academic-schedule/2018-19.pdf>

Section 3 – Program Information

3.1 Program Descriptions

The Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) programs are offered jointly by the Saskatchewan Polytechnic (Sask Polytech) and the University of Regina (U of R).

The SCBScN regular program (including the Bilingual Option) is a four-year program, leading to a Bachelor of Science in Nursing (BScN) from the University of Regina. The University of Regina parchment will indicate that the nursing degree has been awarded by the University of Regina in affiliation with Saskatchewan Polytechnic. There are two acceleration options available enabling completion of the program in three (3) or three and one half (3 ½) years. Information about these options will be provided during the year you take second year (200 level) classes.

The SCBScN After Degree Nursing Program (ADNP) is a two-year (six terms) program, leading to a Bachelor of Science in Nursing (BScN) from the University of Regina. The University of Regina parchment will indicate that the nursing degree has been awarded by the University of Regina in affiliation with Saskatchewan Polytechnic.

The SCBScN programs are approved by the Saskatchewan Registered Nurses' Association (SRNA), the provincial regulatory body for nurses. Graduates of the programs are eligible to write national licensure exams administered by the SRNA. Once graduates pass the national licensure exam, they may be registered with the SRNA and practise as a registered nurse. Graduates are prepared as beginning generalist practitioners of nursing, providing patient- and family-centered, holistic, safe, and competent care.

The SCBScN regular program has also been accredited by the Canadian Association of Schools of Nursing (CASN). CASN is responsible for accrediting undergraduate nursing programs in Canada. This means that the SCBScN regular program meets national standards of excellence in nursing education. The ADNP will be seeking CASN accreditation in the future.

The integration of theory and practice is emphasized in the SCBScN programs; what students learn in class, labs or practice education is what nurses need to know to care for patients. Labs provide students a safe environment to practice the skills needed to provide safe patient care in the clinical setting. As such, it is critical that students attend and practice with the purpose of becoming competent in preparation for direct client care. Learning also occurs when students care for specific patients/clients so that learning is relevant and directly applicable to the practice content.

3.2 Program Vision, Mission and Values

Vision

We are recognized leaders in collaborative practice, excellence in nursing education and advancing health.

Mission

We learn collaboratively in a global environment of shared governance and scholarship.

We anticipate and respond to changing nursing roles, population and health system needs through innovative, interprofessional practice and community partnerships.

We collaborate in discovery, integration, application and dissemination of knowledge to advance nursing practice in innovative ways.

We are responsible and accountable professionals who advance health care, nursing science and practice, through a commitment to lifelong learning, advocacy, research, education and leadership.

Values

- **Accountability** – We advance high standards of ethical practice and decisions are based on sound evidence, professional values, good character and the responsibility to safely care for others.
- **Respect** – Our treatment of and interactions with each other and clients are principled and dignified. We demonstrate respect through honest and consistent actions.
- **Diversity** – We are diverse people from different cultures, heritages, life experiences and perspectives. Our diversity enriches our learning community and provides for the voices of all to be considered in decision making.
- **Innovation** – We foster a community in which new ideas can emerge and create positive and innovative approaches, solutions and actions.
- **Service** – We illuminate socially relevant issues and employ our expertise to work with and for students, clients, families and the global community to advocate for health and educational services for all. The knowledge we generate and disseminate aligns with social and professional responsibilities.

3.3 Program Outcomes and Graduate Competencies

The curriculum outcomes and competencies of the SCBScN programs are based on the Saskatchewan Registered Nurses' Association (SRNA) *Standards and Foundation Competencies for the Practice of Registered Nurses* (2013) and domains, guiding principles, and essential components articulated by the Canadian Association of Schools of Nursing (CASN) in the *National Nursing Education Framework* (2015) document. The curriculum outcomes and competencies are addressed within the courses and leveled across the curriculum.

The CASN (2015) identifies knowledge as a nursing domain that refers to theoretical, conceptual, and factual content taught in a program. The SCBScN programs provide a broad knowledge base in nursing and nursing related disciplines and emphasize the integration of that knowledge into clinical practice. The foundational, specialized body of knowledge and the skills, abilities, and values that prepare a generalist at the baccalaureate level are outlined in the SCBScN program outcomes and competencies (CASN, 2015; SRNA, 2013).

The SCBScN programs prepare graduates to provide patient, family, and community centred, holistic nursing care, through practice that is **professional, safe, competent, evidence-informed, relational, and health focused**.

Patient- and family- centred care became the foundation and principal aim of the Saskatchewan health system following a provincial review in 2008-2009. Both the public and health care providers identified the health care system needed to improve the patient experience by delivering care that put the patient at the centre of the system (Dagnone, 2009). "Patient first" became embedded as a core value within the provincial health care system. Patient- and family- centred care is embedded in the SRNA competencies. The SCBScN curriculum incorporates this foundational principle aligning with the provincial and professional context in which our students learn, study, and practice. Community centred care acknowledges that nursing care occurs across many settings with diverse patients or clients. Patient (or client), family, community centered care is one of the domains of the Canadian Interprofessional Health Collaborative *National Interprofessional Competency Framework* (2010), a resource that provides guidelines for interprofessional education throughout the SCBScN programs.

Provision of holistic nursing care is essential to meet current standards of care articulated by both the Saskatchewan Registered Nurses' Association (2013) and the Canadian Nurses Association (2015). Holistic nursing care is a practice that aims to heal the whole person and draws on nursing knowledge, theories, expertise, and intuition to guide nurses in becoming therapeutic partners with people in their care. This practice recognizes the totality of the human being – the interconnectedness of body,

mind, emotion, spirit, social/cultural factors, relationships, context, and environment (Harrowing & Bray, 2015). Care is delivered with consideration of the patient’s entire system. Holism is a theoretical premise that whole entities exist as a unique system (as one) and are more than only the sum of their parts (Moffit, 2015). Holism is an approach that focuses on the whole person and is concerned with the interrelationship of body, mind, and spirit in an ever-changing environment (Cordeau, Burkhardt & Keegan, 2014).

Patient, family, and community centred, holistic nursing care is supported by the following five curriculum outcomes in which the curriculum competencies are embedded.

Summary of Curriculum Outcomes and Core Competencies

Outcomes	Professional practice	Evidence-informed practice	Relational practice	Safe, competent practice	Health focused practice
Graduate Core Competencies (based on CASN/SRNA)	Ethics: values, responsibilities, accountability, consent, confidentiality, privacy	Information literacy	Self awareness	Patient safety	Health & Health Care Systems: all levels – from unit/program to global
	Ethical, regulatory and legal codes	Research	Therapeutic communication	Cultural safety	Primary Health Care
	Role of RN	Quality improvement	Professional caring	Environmental safety	Health disparities and inequities
	Scope of practice	Nursing information systems	Diversity	Systems safety (near misses, errors, adverse events)	Social determinants of health
	Practice standards & competencies	Nursing informatics	Group process skills	Foundational knowledge	Advocacy
	Professional organizations	Lifelong learning	Counseling	Critical thinking	Social justice
	Leadership: delegation, change		Interprofessional collaboration	Critical inquiry	Population health
	Nursing history		Conflict resolution	Critical reflection	Vulnerable populations
	Professional conduct		Advocacy	Professional judgement	Epidemiology & Statistics
	Professional presence		Mentorship	Clinical reasoning	Health promotion
	Self-care		Boundaries	Prioritization	Health teaching
				Collaboration	Public policy
				Holistic assessment	
				Planning	
				Implementation	
			Evaluation		
			Documentation		
			Continuity of care		
			Organization		
			Life span		

Professional Practice

The SRNA (2013) defines professional practice as:

The registered nurse consistently demonstrates professional conduct and competence while practicing in accordance with the SRNA standards for registered nursing practice and CNA's *Code of Ethics for Registered Nurses*. Further, the registered nurse demonstrates that the primary duty is to the client to ensure safe, competent, ethical registered nursing care (SRNA, 2013, page 9).

Professional Presence is an important aspect of professionalism and is defined by the SRNA (2013) as:

The professional comportment of registered nurses, how they carry themselves and their verbal and non-verbal behaviors; respect, transparency, authenticity, honesty, empathy, integrity and confidence are some of the characteristics that demonstrate professional presence. In addition it is demonstrated by the way registered nurses use language, particularly how they refer to their own professional status and that of others by using full name and title in their communications (Ponte, P. et al., 2007 cited in SRNA, 2013, p. 22).

Graduates of the SCBScN programs, as future registered nurses, must be able to articulate and practice within their role and scope of practice (SRNA, 2013).

Accountability, responsibility, respect for privacy and confidentiality, and consent are among the registered nurses' ethical values (CNA, 2017). Registered nurses must practice according to professional standards and ethical, regulatory, and legal codes (CASN, 2015; CNA, 2017; SRNA, 2013). Leadership is an important aspect of professionalism in nursing; nurses must act as a role model for the intraprofessional nursing team, delegate to others, influence and guide change, and understand the importance of participating in professional organizations (CASN, 2015; SRNA, 2013).

Evidence-Informed Practice

The CNA definition of evidence-informed practice is the “ongoing process that incorporates evidence from research, clinical expertise, client preferences and other available resources to make decisions about clients” (CNA, 2010, p. 3). Ciliska and Patrick (2015) defined the term as “professional practice based on the best available research evidence and applied in conjunction with patient preferences, context, available resources and practitioner expertise” (p. 205).

The CNA (2010) defined the term evidence-informed decision making as:

A continuous, interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care. It is

essential to optimize outcomes for individual clients, promote healthy communities and populations, improve clinical practice, achieve cost-effective nursing care and ensure accountability and transparency in decision-making within the health-care system (p. 1).

The CASN (2015) identified a domain called Research, Methodologies, Critical Inquiry, and Evidence. This refers to thinking and inquiry skills, processes used to appraise, generate, synthesize, translate, and implement knowledge.

Information literacy skills and the use of information technologies, including nursing informatics and nursing information systems, are essential to informed decision making and evidence-informed practice (SRNA, 2013). Lifelong learning is a requirement for evidence-informed practice as nursing knowledge is continuously evolving (Melnyk & Fineout-Overholt, 2015). Evidence-informed practice is essential for quality improvement which contributes to the highest quality of care and the best outcomes for clients (Melnyk & Fineout-Overholt).

Relational Practice

Relational practice with clients is conscious participation using a number of therapeutic communication skills, “including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection and a sensitivity to emotional contexts” (SRNA, 2013, p. 22). “Relational practice encompasses therapeutic nurse client relationships and relationships among health care providers” (CASN, 2015; Doane & Varcoe, 2007 cited in SRNA, 2013, p. 22). Self-awareness, professional caring and boundaries, counselling, and conflict resolution and group process skills are essential for relational practice (CASN, 2015; SRNA, 2013). Nurses must be able to communicate and collaborate effectively with diverse clients and members of the interprofessional health care team. Nurses are called upon to mentor others and advocate for those who cannot advocate for themselves.

Relational practice is more than inter-personal relationships; it encompasses a complex set of relations within the historical, environmental, social, cultural, and community contexts (Stansfield & Browne, 2013). This is congruent with the SCBScN view of holistic nursing care and the broader context of integration of Indigenous knowledge within the curriculum. Indigenous knowledge, with emphasis on the inter-connectedness of people, land, language, culture, and spirituality, is an entry point for learning and appreciating relational nursing practice (Stansfield & Browne, 2013).

Safe, Competent Practice

Safety is defined as “freedom from the occurrence or risk of injury, danger, or loss” (Canadian Patient Safety Institute [CPSI], 2008-2009 cited in SRNA, 2013, p. 22).

Patient safety is “the pursuit of the reduction and mitigation of unsafe acts within the health care system, as well as the use of best practices shown to lead to optimal patient outcomes” (CPSI, 2008-2009 as cited in SRNA, 2013, p. 22). A systems approach to patient safety is required, with knowledge about how to prevent, recognize, and report near misses, errors, adverse events and critical incidents (SRNA, 2013).

Registered nurses have an ethical responsibility to engage in relationships with patients and other health care professionals that are culturally safe (CNA, 2017; SRNA, 2013). Registered nurses have an obligation to ensure that the environment and care provided is respectful of cultural traditions and beliefs.

Competence in registered nurse practice is defined as the overall display of the “knowledge, skill and judgement required in the practice situation. The nurse functions with care and regard for the welfare of the client and in the best interests of the public, nurses and nursing profession” (SRNA, 2013, p. 20).

Both safety and competence emphasize the need for critical thinking, critical inquiry, clinical reasoning, critical reflection, and professional judgement. Safe, competent practice across the lifespan involves application of foundational nursing knowledge as well as the nursing process to patient care. This includes holistic assessment, planning, implementation, and evaluation. In addition, documentation is integral to safe, competent practice (CASN, 2015; SRNA, 2013).

The CASN (2015) articulates a domain of nursing education called Nursing Practice. This refers to a broad range of roles carried out by nurses, guided by the principle that a nursing education program provides practice learning experiences to develop safe, competent, compassionate, ethical, and culturally safe entry-level nurses. The SCBScN programs prepare students for the complexities of care coordination including prioritization, organization, and collaboration in the provision of safe, competent care (CASN, 2015; SRNA, 2013).

Health Focused Practice

Professional registered nursing practice requires the ability to utilize a specialized body of knowledge about health, health disparities, social determinants of health, vulnerable populations, and health care delivery locally, provincially, nationally, and globally (CASN, 2015; SRNA, 2013). Nurses must utilize knowledge about Population Health and Primary Health Care as a philosophy and an approach to health care delivery. An understanding of epidemiology and statistics are essential to address the health of populations. Registered nurses advocate for change, optimum care, implementation of the principles of Primary Health Care, healthy public policy, and social justice (CASN, 2015; CNA, 2008; SRNA, 2013).

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3.4 SCBScN Conceptual Framework and Curriculum Model

The curriculum framework presents the impression of a tree, and demonstrates the growth from a novice learner to an entry-level professional nurse. The Saskatchewan Collaborative Bachelor of Science in Nursing programs are rooted in Critical Social Theory, the philosophical underpinning for the curriculum. The trunk represents the delivery system or pedagogy* through which learners acquire knowledge, skills, abilities and attitudes. The core competencies and outcomes are situated in the current context of nursing and are derived from the Saskatchewan Registered Nurses' Association (SRNA) *Standards and Foundation Competencies for the Practice of Registered Nurses* (2013) and domains, guiding principles, and essential components articulated by the Canadian Association of Schools of Nursing (CASN) in the *National Nursing Education Framework* (2015) document.



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**Recognizing the tension among some educational scholars around the term “pedagogy”, in the context of the SCBScN programs, its use is not confined to the narrow interpretation as the teaching of children. Rather, “pedagogy” is used within the broader definition of the art, science, scholarship and work of teaching.*

3.5 Philosophical Underpinnings

Critical Social Theory (CST) is the philosophical foundation of the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) programs. Critical Social Theory focuses on justice, equality, and freedom (Iwasiw & Goldenberg, 2015). Key tenets of CST include self-responsibility for learning, critical reflection, relational practice, advocacy, and empowerment and are integrated in the SCBScN curriculum outcomes.

Critical Social Theory is actually a family of theories that are oriented toward critiquing and changing society as a whole to prevent the oppression or exclusion of some groups of people with the overall intent of bringing about positive changes to people's lives (Clune & Gregory, 2015). Clune and Gregory explain that our social reality produces power imbalances that require critical examination. Using CST, social conditions are examined to uncover hidden structures that oppress some and privilege others. Knowledge can serve to free people from the social forces of domination, oppression, or marginalization by others in power; therefore, knowledge is power. The two main concerns of CST are oppression and emancipation (Bennett, Bergen & Wells, 2016).

“Social justice, power, oppression and humanity are not merely [viewed as] social phenomena that exist in a healthcare world. Rather, these relational concepts are interwoven...and [inform] the foundations of nursing” (Lapum, 2012, p. 28). Within the SCBScN curriculum, health and the access to health is viewed as a basic human right. Utilization of CST as the philosophical foundation positions faculty and students working within the SCBScN curriculum to explore and through praxis address fundamental causes of health disparities. The foundational beliefs of CST are visible in what is learned, how it is learned and how evaluation occurs in the SCBScN program.

3.6 Cognate Courses

In addition to nursing courses, SCBScN regular program students (including students in the Bilingual Option) also take the following cognate courses. ADNP students take only BIOL 222.

ENGL 100 Critical Reading and Writing I (3 cr hrs)

INHS 100 Introduction to Indigenous Health Studies I (3 cr hrs)

BIOL 110 or KIN 261 Human Anatomy & Physiology I (3 cr hrs)

BIOL 111 or KIN 262 Human Anatomy & Physiology II (3 cr hrs)

BIOL 222 Microbiology for Health Professionals (3 cr hrs)

STAT 100 Elementary Statistics for Applications (3 cr hrs)

Open Elective (3 cr hrs)

Open Elective (3 cr hrs)

Open Elective (3 cr hrs)

Students in the SCBScN Bilingual Option will take:

FRN 352 Lecture et écriture critique I instead of ENGL 100

INDG 100 (FR) instead of INHS 100

3.7 Open Electives

Any course for which the University of Regina gives credit is acceptable as an open elective. This includes CNUR 207 and CNUR 208.

3.8 Minors

Students may complete one minor in a subject other than their major. The minor is a concentration of at least six courses in a discipline from any of the Faculties of Science; Arts; Media, Art, and Performance; or La Cité universitaire francophone. The applications to graduate with a minor are ultimately approved by the Faculty offering the student's first major. The specific courses required for a minor in a given discipline can be found under the relevant departmental listing. A minimum of three (3) courses from outside the major are required.

Students who are interested in this option should make an appointment with an academic advisor as early in their program as possible.

3.9 Taking Courses at Other Institutions

Students in a SCBScN program may complete a course at another institution, however prior permission by the Associate Dean (Undergraduate) must be granted. Permission will be given if the University of Regina does not offer the course. Other reasons will be assessed on an individual basis.

Any course that is taken through another institution where prior permission has not been granted cannot be used in the student's SCBScN program.

Any course that is taken through another institution must be successfully completed and the official transcript with the grade for that course received by the University of Regina before a student will be registered in CNUR 403 or CNUR 404.

3.10 Leave of Absence

A student may request a leave of absence (LOA). See the Faculty of Nursing section in the 2018-2019 U of R Undergraduate Calendar. The student must submit the request form through nursing@uregina.ca. The form is available on the UR Courses student portal.

Section 4 - Grading

The SCBScN programs use the University of Regina percentage grading system for courses that are not pass/fail. Individual faculty members may use rubrics that further define expectations and grading. Grades are not final until approved by the U of R Dean of Nursing (or designate). It is the professor/faculty/instructor's responsibility to manage grades and make every attempt to prevent/control grade inflation. As per the section Approval Authority for Final Grades in the 2018-2019 U of R Undergraduate Calendar, "The dean (or designate) has the responsibility to approve final grades including the authority to adjust grades as is deemed necessary."

The passing grade for all CNUR courses is 60%. The passing grade for all other courses used in the program is 50%.

Percentage Grading Descriptions

<i>Percentage</i>	<i>Description</i>
90 – 100	<p>An outstanding performance with very strong evidence of:</p> <ul style="list-style-type: none"> • an insightful and comprehensive grasp of the subject matter; • a clear ability to make sound and original critical evaluation of the material given; • outstanding capacity for original creative and/or logical thought; • an excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts both in speech and in writing.
80 – 89	<p>Very good performance with strong evidence of:</p> <ul style="list-style-type: none"> • a comprehensive grasp of the subject matter; • an ability to make sound critical evaluation of the material given; • a good capacity for original, creative, and/or logical thinking; • a very good ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts both in speech and in writing.
70 – 79	<p>Above average performance with evidence of:</p> <ul style="list-style-type: none"> • a substantial knowledge of the subject matter;

Percentage	Description
	<ul style="list-style-type: none"> • a good understanding of the relevant issues and a good familiarity with the relevant literature and techniques; • some capacity for original, creative, and/or logical thinking; • an above-average ability to organize, to analyze and to examine the subject material in a critical and constructive manner, and to express thoughts both in speech and in writing.
60 – 69	<p>A generally satisfactory and intellectually adequate performance with evidence of:</p> <ul style="list-style-type: none"> • an acceptable basic grasp of the subject material; • a fair understanding of the relevant issues; • a general familiarity with the relevant literature and techniques; • an ability to develop solutions to moderately difficult problems related to the subject material; • a moderate ability to examine the material in a critical and analytical manner, and to express thoughts in writing.
50 – 59	<p>A barely acceptable performance with evidence of:</p> <ul style="list-style-type: none"> • a familiarity with the subject material; • some evidence that analytical skills have been developed; • some understanding of relevant issues; • some familiarity with the relevant literature and techniques; • partially successful attempts to solve moderately difficult problems related to the subject material and to examine the material in a critical and analytical manner; • basic competence in writing.
0 – 49	Unacceptable performance

The following sections provide further information specific to the SCBScN programs.

Section 5 – Academic Regulations

The SCBScN programs follow the University of Regina academic regulations. Please consult the University of Regina undergraduate calendar and course catalog General Information and Nursing Faculty sections (available online at <https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>).

Each institution's non-academic regulations and policies apply when the student is present on that campus. In cases of non-academic misconduct, the policies and regulations of the institution where the alleged incident occurred will apply.

5.1 Academic Integrity

Assignments, tests, and examinations are designed for students to show the faculty how well they have mastered the course material. It must therefore be clear which ideas and words are the student's own. Following the general principles of academic integrity, students are to do their own original, individual work, unless told otherwise by the course faculty, and are to give credit for other people's ideas or words.

Please refer to Student Code of Conduct and Academic Regulations sections in the University of Regina calendar (<https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>).

5.2 Grade Reassessment

Please refer to Student Appeals in the University of Regina calendar (<https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>)

Students in Regina who wish to request a substantive grade appeal should go to the Registrar's office at the U of R to submit the Appeal of Grade form and to pay the fee.

Students in Saskatoon who wish to request a substantive grade appeal should set up a meeting with Sarah Hunter, the academic advisor, to submit the Appeal of Grade form and to pay the fee.

Students in Swift Current who wish to request a substantive grade appeal should contact Karen Lehmann for further information.

5.3 Appeals of a RTD or a Decision of the Associate Dean (Undergraduate)

Students may appeal a requirement to discontinue (RTD) decision or an academic decision of the Associate Dean (Undergraduate) except for those pertaining to admission, re-admission, transfer, deferrals, probation and academic misconduct / disciplinary matters to the Faculty of Nursing Undergraduate Appeals Committee. This must be done within 10 business days after the date on the letter from the Faculty of Nursing advising of the RTD or other academic decision by sending an email to nursing.appeals@uregina.ca. The written request to appeal should include:

- i) the student's name, student number, current address, and telephone number;
- ii) a description of the decision being appealed from (either an RTD or an academic decision); and
- iii) the grounds / basis for the appeal.

The grounds for an appeal of a RTD or an academic decision should be based on one or more of the following:

- i) There is additional relevant information which was not considered;
- ii) There was a problem in procedure or procedural unfairness;
- iii) The substance of the case was not considered (e.g. relevant rules or regulations were applied incorrectly); or
- iv) The decision is unfair or unreasonable in the circumstances.

Emails sent to nursing.appeals@uregina.ca will be acknowledged through automatic reply. If the automatic reply is not received within one day, the student should email nursing@uregina.ca and indicate that an appeal has been submitted but no reply has been received.

5.4 Scholarly Writing

The following list of resources may assist students in writing scholarly papers and in determining what is meant by the term scholarly references. Students are encouraged to also check with the library at their individual site for additional resources.

References related to scholarly writing:

Dartmouth Institute for Writing and Rhetoric. (2014). Available from: <http://writing-speech.dartmouth.edu/learning/materials>

Hallas, D., & Felman, H.R. (2006). A guide to scholarly writing in nursing. Back to School. Available from: https://www.researchgate.net/publication/6550727_A_guide_to_scholarly_writing_in_nursing

References related to scholarly references:

Purdue Owl Online Writing Lab. Available <https://owl.english.purdue.edu/owl/resource/560/01/>

Saskatchewan Polytechnic Library. SCBScN Libguide: APA. Available <http://saskpolytech.libguides.com/schoolofnursing/scbscn>

Williams, J. & McEnerney, L. (n.d) Writing in college: A short guide to college writing. Available from <https://writing-program.uchicago.edu/undergrads/wic0intro>

5.5 Student Conduct

Students conducting themselves in an improper manner, either on or off the campus, may be admonished, fined, suspended, dismissed, or expelled. In cases of non-academic misconduct, the policies and regulations of the institution where the alleged incident occurred will apply.

University of Regina: please refer to the Student Code of Conduct section in the calendar (<https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>).

Saskatchewan Polytechnic: please refer to [Policy 1211 Student Conduct](#)

Great Plains College: <https://www.greatplainscollege.ca/about-us/policies/>

5.6 Confidentiality

Confidentiality is a **priority responsibility** for which all nursing students are held accountable. Information obtained in the workplace by a student must remain confidential and secure. All students will be required to sign an agreement of confidentiality prior to beginning their first clinical placement, which will cover their responsibilities for the entire time in the nursing program. Responsibilities outlined in this agreement are based on *The Health Information Protection Act (HIPA)* and the *Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP)* legislation and apply in all health regions in Saskatchewan and the Saskatchewan Cancer Agency. There may be additional confidentiality agreements that must be signed for other agencies not specifically affiliated with a health region. **Any breach of confidentiality by a student may result in termination of the placement by the clinical agency or program and/or referral to the professional suitability policy.**

Definitions

The following definitions are taken from Saskatchewan's privacy legislations, *The Health Information Protection Act (HIPA)* and *The Local Authority Freedom of Information and Protection Act (LAFOIP)*.

Local Authority: means an organization as defined in *The Local Authority Freedom of Information and Protection of Privacy Act*. (Refer to LAFOIP subsection 2f)

Record: means a record of information in any form and includes information that is written, photographed, recorded, digitized or stored in any manner, but does not include computer programs or other mechanisms that produce records.

Trustee: means an organization as defined in HIPA that has custody or control of Personal Health Information and includes the Regional Health Authorities and Saskatchewan Cancer Agency. (Refer to HIPA subsection 2t)

Purpose

The purpose of HIPA and LAFOIP is to:

- Provide an individual with the right to control how his/her personal health Information or personal information is collected, used, or disclosed by trustees and local authorities.
- Provide an individual with the right to access information (including their own) in the custody or control of a trustee or a local authority.
- Provide an individual with the right to request an amendment to his/her personal health information or personal information in the custody or control of trustee or a local authority.
- Direct the purposes for which a trustee or local authority may collect, use, and disclose personal health information or personal information.

Pursuant to HIPA and LAFOIP, RHAs/SCA, regulatory bodies, educational institutions, and students shall recognize and support privacy rights while working in partnership for the purpose of providing students with opportunities for learning experiences.

Educational institutions and students will only collect, use, and disclose identifiable personal health information or personal information when necessary.

Policy

1. Personal health information and personal information obtained in the workplace by a student must remain confidential and secure.
2. Students shall only collect, use, and disclose personal health information and personal information on a need to know basis for purposes authorized by HIPA and LAFOIP. Students must abide by HIPA and LAFOIP when collecting personal health information, personal information and information considered confidential by the RHA/SCA.

3. Students must understand and follow the release of information pursuant to *The Gunshot and Stab Wounds Mandatory Reporting Act*, and *The Child Abuse Protocol 2014* as established by the RHAs/SCA.
4. Students must follow the trustee's protocol for collecting information for research purposes.
5. Students will sign the confidentiality agreement before their initial clinical placement. The confidentiality agreement will be signed once for the duration of a program. Additional forms may require signature by the student during a student placement at the discretion of the trustee.
6. Information that the RHA/SCA considers confidential includes but is not limited to:
 - i) Personal health information or information related to the personal affairs or medical conditions and treatment of patients;
 - ii) Personal information about employees;
 - iii) Business and operational information of the agency.

Responsibilities

Students will:

- Sign the "Confidentiality Agreement" before their initial clinical placement begins.
- Report suspected or confirmed privacy breaches in a timely manner to RHA/SCA privacy officer in accordance with RHA/SCA policies and procedures.
- Cooperate with any investigation of non-compliance with privacy legislation including an investigation lead by an RHA/SCA and/or the privacy commissioner.
- Seek clarification as necessary on confidentiality and privacy issues/policies.
- Comply with HIPA, LAFOIP and relevant RHA/SCA policies as well as their educational institution's program policies.

Consequences

Students will not be allowed to enter into a clinical placement until the confidentiality agreement has been signed. Breaches of privacy and confidentiality may result in consequences for students. These may include loss of access to information systems and/or termination of the placement by the RHA/SCA.

Reference

Clinical Learning and Interprofessional Practice Unit (2017). *Saskatchewan Student Clinical Placement Agreement Schedule H: Confidentiality and Privacy*. Saskatchewan Academic Health Sciences Network: author. Retrieved from <http://clippunit.ca>.

5.7 Professional Suitability Policy

The nature of the study and practice of nursing places individuals in a place of trust in relation to clients and in a close relationship with fellow students, colleagues and staff in the university and clinical settings. Student performance in clinical settings that does not meet the expectations of the experience has the potential to cause physical and/or emotional harm to the client, significant others, and/or other health care providers, and to damage the reputation of the educational program and institution. It may also harm the reputation of the profession of nursing.

Unprofessional conduct by students may have direct repercussions on the program, University, partners, clinical settings, and individual clients and their significant others. Therefore, such behaviour is a serious matter.

As future nurses, students must adhere to a set of nursing expectations, values, and ethics, which include respect for inherent dignity and worth of the person, the pursuit of social justice, service to humanity as well as integrity, confidentiality and competence in professional practice. In addition, students must adhere to legal statutes and requirements governing the practice of nursing.

The nursing programs recognize its responsibility to students, to support their appropriate efforts to gain knowledge, and the right of students to due process. The Faculty of Nursing respects the rights of students, and in instituting and administering this policy will do so in accordance with human rights legislation.

This policy applies to those students in the SCBScN programs.

A student in a nursing program may be required to discontinue from their program of studies when the student is found to be unsuited for the profession of nursing, through consideration of competence or professional fitness (e.g., good character). This policy will normally be implemented in unusual situations. Implementation of the policy related to unsafe practice is the usual way of dealing with the student who exhibits unsafe practice. The current Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses and Sections 25 and 26 of *The Registered Nurses Act, 1988* will be considered in every situation in which the performance of a student in the practice of nursing is being investigated.

Grounds for Action

Action may be taken any time a student is suspected of consistent or significant lack of satisfactory performance of professional responsibilities, beyond that which is normally addressed through the policy related to unsafe practice. Such unsatisfactory

performance of professional responsibilities, or display of professional unsuitability by a student may take many forms including, but not limited to:

- a) demonstrated unethical behaviour that contravenes any section of the current Canadian Nurses Association Code of Ethics for Registered Nurses;
- b) demonstrated conduct that, if participated in by a registered nurse, would result in suspension or expulsion, or other disciplinary actions from the regulatory body. Examples include but are not limited to the following:
 - abused a client verbally or physically,
 - misappropriated a client's personal property,
 - wrongfully abandoned a client,
 - misappropriated drugs;
- c) consistently practiced incompetently in any clinical setting, following implementation of all reasonable supports and performance improvement plans, or to the extent where the lack of knowledge, skill, or judgment or disregard for the welfare of a client demonstrates that the student is unfit to continue in the practice of nursing;
- d) jeopardized professional judgment through self-interest or a conflict of interest;
- e) demonstrated behaviour with respect to other students, colleagues, faculty or the public which is exploitive, irresponsible, or destructive;
- f) acquired a criminal conviction which was determined to bring disrepute to the profession, or which, in the opinion of the Faculty, demonstrated poor judgment, lack of integrity, or (other) unsuitability for the profession;
- g) any condition which impairs essential performance required for the health profession such as those included in the SRNA document "Becoming a Registered Nurse in Saskatchewan: Requisite Skills and Abilities (2011) (https://www.srna.org/wp-content/uploads/2018/02/rna_document.pdf);
- h) been under the influence of alcohol or drugs while participating in client care, any other professional activity, or any activity related to the practice of nursing.

Procedure

The Dean of the Faculty of Nursing shall insure the following procedures are guided by the principles of natural justice.

If an instructor, faculty member, clinical practica coach, student, agency staff member or any member of the public identifies a student demonstrating unsatisfactory performance

of professional responsibilities or professional unsuitability in accord with the above guidelines, the following process shall be initiated:

- a) The complainant shall document in writing to the Dean of the Faculty of Nursing (or designate) the incident(s) and behaviors which are assessed to be indicative of unsatisfactory professional development or professional unsuitability.
- b) The Dean (or designate) will request a meeting with each of the complainant and the student at the earliest convenient time to clarify all acts of the matter.
- c) If, after these meetings the Dean (or designate) deems it warranted, she or he will:
 - i) refer matters, which in her/his opinion involve conduct or circumstances described under the section “grounds for action”, to the Professional Suitability Review Committee (PSRC) in a written report, setting out the name of the student involved, the alleged facts and the alleged ground(s) warranting consideration. The PSRC must be provided the information that supports the request to assess the student’s suitability for the profession of nursing at least five (5) working days prior to the date of the hearing. In no circumstances will a referral be based solely on anonymous allegations or materials. Anonymous materials are defined as those where “authorship has not been disclosed”.
 - ii) notify the student by registered letter (to the last known address of the student as found on the U of R records) and by email to the U of R email account at least five working days prior to the date of the review panel hearing, providing a copy of all documentation which supports the request to assess the student’s suitability for the profession of nursing. This letter should include a statement advising the student that he or she may be accompanied by an advocate. At the student’s request, additional information may be sent by regular mail, email, or facsimile.
 - iii) consider whether just cause exists to suspend the student while the matter is being determined and if so, to issue an interim suspension to the student.

Once a reference has been made to the PSRC, the proceedings may continue notwithstanding that the student has subsequently voluntarily withdrawn from the program, Faculty, or has refused to participate in the proceedings.

- d) The Professional Suitability Review Committee (PSRC) will hear and determine matters of competence and/or professional fitness for the practice of nursing, and make recommendations to the dean of the Faculty of Nursing, U of R.

Members on the PSRC committee will be appointed by the dean (or designate) and include:

- Chair tenured faculty member or instructor;
- A full-time academic member of a SCBScN program representing the Faculty of Nursing;
- A full-time academic member of a SCBScN program representing Saskatchewan Polytechnic;
- One third or fourth year student from a SCBScN program;
- One representative of the nursing profession suggested by the Saskatchewan Registered Nurses' Association (SRNA), preferably with experience in dealing with SRNA disciplinary matters; and
- One representative from another health related regulated profession at the University of Regina, i.e., Social Work or Clinical Psychology.

e) Decisions in the disposition of the matter may include:

- i) that no further action be taken;
- ii) that the student remain in the program with conditions prescribing future conduct by the student. Such conditions to remain in effect for any period of time the PSRC recommends and the Dean (or designate) deems appropriate;
- iii) reprimand the student in writing;
- iv) removal of the student from the course;
- v) suspend the student from the program or Faculty for a specified period of time;
- vi) require the student to withdraw from the Faculty indefinitely;
- vii) attach conditions which must be fulfilled before any application for re-admission to the program or Faculty can be considered;
- viii) expel the student from the Faculty with no right to apply for re-admission to the Faculty

The student may appeal any decision to the Senate Appeals Committee under *The University of Regina Act, Section 33*.

A record of any finding of professional unsuitability and/or related disposition shall be forwarded to the University Secretary and kept on the student's permanent academic file within the University. All information relating to the hearing before the PSRC shall be kept in the student's official University file.

Action taken under this policy does not preclude action under the University's Discipline or Academic Regulations or Harassment Policies or other applicable policy/procedure.

5.8 Social Media

The nursing programs recognize that social networking is a large part of the social and learning life of students. Social networking can provide a rich experience for collaboration and the sharing of knowledge, ideas and experiences. Where possible and advantageous to the successful pursuit of learning, social networking activities are encouraged.

Students are reminded that there are privacy requirements, including maintaining patient/client/clinical practice confidentiality, that must be adhered to when using social network applications and web sites (e.g., blogs, Facebook, Instagram, MySpace, YouTube, Twitter, Flickr, LinkedIn, mobile apps, online community forums, etc.).

Postings must be professional, respectful, and appropriate. **Absolutely NO pictures can be taken at any time in any clinical setting (including community or other agencies) unless prior approval has been received by a Sask Polytech Academic Chair or U of R Associate Dean (Undergraduate or Student Affairs).**

Policies regarding professionalism, confidentiality, academic integrity (see links below) and provincial/federal privacy laws may be breached and could result in serious consequences if social networking is used inappropriately, either for a course or personal communication. Health regions and/or facilities may also have policies related to the use of social media which must be adhered to.

Violations of the social media policy are taken very seriously. The Student Performance of Professional Responsibilities and Professional Suitability may apply. **Penalties will be imposed and may result in expulsion from the program.**

Inappropriate use of social networking applications and websites reflects not only on the individual but also on the program and institutions offering and/or facilitating the program. Although there is a perception of anonymity and privacy, once a message is posted **it is no longer private**. Students must **not** include discussion on any websites on the Internet, such as Facebook or Twitter, about any health region or agency, its practices, employees or its patients or clients. Students with personal pages on social networking sites, are **not** to identify themselves as speaking on behalf of the nursing program, and may not imply that they are a student in, or associated with, the SCBScN programs. Even if an individual doesn't identify that they are a student or that they are in a SCBScN program, the program may still establish sufficient connection through the student's connected groups/friends circle to give the program the right to discipline for wrongful social media use.

Examples of Possible Misuse of Social Media

- Postings that identify patients or clients that have received treatment. Even if a post does not identify the patient's name, details about a procedure and/or the date and time may reveal the patient's identity.
- Postings that are derogatory, spread misinformation or are harmful to the program, educational institution, health region, facility, unit, or any of their practices.
- Postings that could place clients and patients, agency staff, faculty and/or other students in danger.
- Posting photos of agency staff or patients.
- Postings that infringe on intellectual property or client data.
- Postings that reveal program, educational institution, health region, facility, or unit sensitive matters.

Considerations when using social media

Given the importance of privacy, the following guidelines are provided specific to privacy protection, adapted from the Office of the Privacy Commissioner of Canada and the Canadian Nurses Protective Society:

1. **Never Expect Absolute Privacy** when using social networking sites. Many sites allow all content to be viewed by anyone using the Internet or all other registered users of the site. Read and understand the terms of use of the site before creating an account.
2. **Investigate Profile Protection** when using social networking sites. It may be possible to adjust your account so that uninvited users cannot view your information anonymously.
3. **Use the Highest and Most Restrictive Security Setting** that is available and do not provide identifying personal information such as social insurance numbers, your birthday, your full name or your address.
4. **Consider That What You Are Posting** may be online forever, even if it has been deleted. In future job competitions, it is increasingly likely that prospective employers will search your online profile(s).
5. **Remember That Even Sites with Privacy Options May Be Required to Release Your Information** to government or law enforcement agencies.

6. Consider if you would want your message to be read aloud to:
- Your parents and/or children
 - Your boss
 - To be printed on the front page of the local newspaper/billboard with your name and picture on it
 - To be read again in 20 years
 - Read out in a deposition in a court of law

References

Canadian Nurses Protective Society. (2013). Mobile devices in the workplace. *Infolaw*, 21(1). Retrieved from <http://cnps.ca/index.php?m=39&page=34#s>

Canadian Nurses Protective Society. (2012). Social Media. *Infolaw*, 19(3). Retrieved from <http://cnps.ca/index.php?m=39&page=34#s>

RHQR. (2017). *RQHR social media policy*. RQHR: author.

For more information: https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/02_05_d_15/

University of Regina

Social Media Guidelines available at:

<http://www.uregina.ca/external/communications/social-media/sm-guidelines.html>

Respectful Work and Learning Environment Policy

U of R regulations governing discipline for academic and non-academic misconduct: are found in the Student Code of Conduct section of the University of Regina undergraduate calendar (<https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>).

Saskatchewan Polytechnic

Student conduct and appropriate use of technology policies:

[Policy 1211 Student Conduct](#)

[Policy 801 Appropriate Use of Information Technology Resources](#)

Saskatchewan Registered Nurses' Association recorded presentation *Social media guidelines for nurses*. Available at <https://www.srna.org/nursing-practice/learning-opportunities/events-webinars/web-presentations-webinars/>

Canadian Nurses Protective Society documents on Social Media (Mobile Devices in the Workplace, Mobile Healthcare Apps, and Social Media). Available at <http://cnps.ca/index.php?m=39&page=34#s>

5.9 Electronic Mobile Devices (EMDs)

Preamble

Electronic mobile devices (EMDs) meet the expectations of today's student in relation to digital literacy, immediacy and connectivity. EMDs enable timely access to current information and resources at point of care in clinical practice settings. These resources will enhance the students' ability to provide quality, evidenced-based, safe care.

The 2017 joint Canadian Nurses Association's (CNA) and Canadian Nursing Informatics Association (CNIA) position statement on "*Nursing Informatics*" states that "*Nursing informatics competencies are essential for nurses in all roles to function in complex, contemporary health-care environments*" (p.2).

The software program, Nursing Central™ with RNotes®, is a requirement for the SCBScN programs. The Nursing Central™ resource will replace required texts for some of the courses, resulting in an overall reduced cost to the students. In addition to text resources, students will be able to access MEDLINE journals and other tools through Nursing Central™.

Definitions

Electronic mobile device: A laptop computer or a pocket-sized computing device (a device typically having a display screen with touch input or a miniature keyboard that can store electronic data files and software). A mobile device includes but is not limited to laptop computer, tablet computer, personal digital assistant (PDA), cellular phone, smart phone, smartwatch, and ultra-mobile PC (UMPC). This includes home PCs and personal mobile devices used to access RHA/SCA's network, data, or applications.

Personal Health Information (PHI): means, with respect to an individual, whether living or deceased:

- i) information with respect to the physical or mental health of an individual;
- ii) information with respect to any health service provided to an individual;

- iii) information with respect to the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual;
- iv) information that is collected: (A) in the course of providing health services to the individual; or (B) incidentally to the provision of health services to the individual; or
- v) registration information;
- vi) images including photographs.

Nursing Central™: A software program that provides detailed information for nurses related to diseases, laboratory and diagnostic tests, and procedures.

Regional Health Authorities (RHAs): as defined by *The Regional Health Services Act*, provide most health services in Saskatchewan, either directly or through affiliated health care organizations. NOTE: Although this Act has been repealed and replaced by the *Act respecting the Provincial Health Authority and Health Services and making consequential amendments to other Acts* the Saskatchewan Health Authority continues to identify the regions previously named as Regional Health Authorities for the time being.

Remote Access: means communication with a health authority information system or network using a mobile device from a remote location or facility through a public-accessible data link (e.g. Internet or modem). Some of the more common methods of providing this type of remote access are: remote dial-in through a modem, virtual desktop, login through the Internet (with programs or apps such as Citrix), Outlook Web access and remote email/calendar synchronization via the cellular network.

Removable Media: means storage media that can store electronic data files or software and be removed from its device reader. Removable media includes, but is not limited to memory cards, USB flash drives, pens that digitally record data, CDROMs, DVDs, or data backup or storage tapes.

RHA/SCA information system: refers to any system that captures, stores, manages or transmits information related to the health of individuals or the activities of organizations that work within the health sector.

RNotes®: A quick-reference application featuring clinically-focused nursing information.

Saskatchewan Cancer Agency (SCA): is responsible for the planning, organization, delivery and evaluation of cancer care and related health services throughout the province.

Unsecure Network: means a wireless network that you can access without entering a password. Wireless connections available in cafés or from creating a local “hotspot” with a personal phone are examples of unsecure networks.

Procedure

The student will ensure their EMD meets the following specifications:

- Capable of internet connection (Wi-Fi) to ensure access to up-to-date information and the use of library resources.
- Contains a platform that is compatible with Nursing Central™ with RNotes® software. Go to http://www.unboundmedicine.com/products/nursing_central?svar=a%7cub&svar=c%7cnursingcentral&svar=rt%7chttp://www.unboundmedicine.com/nursingcentral
- Contains enough memory space to support Nursing Central™, at least 44 MB.
- Preferably has a flat screen making it easier to clean, navigate, read, upload programs, and manage documents.
- Is password protected with an automatic lock after a specified period of inactivity.
- A “security wipe” must be completed at any time that an EMD is changed.

Policy

1. Students will not use personal devices to access PHI in RHA/SCA data systems unless pre-authorized by their education programs and the Information Technology (IT) department within the RHA/SCA in which they will be accessing information and data systems.
2. Students can use personal or RHA/SCA provided mobile devices in clinical areas to research health information on the internet or connect to course required apps for purposes of providing health services to patients or for learning needs or course requirements specific to their placement learning objectives. Use of mobile devices for personal reasons should be conducted away from clinical areas and should be limited to break times except in emergencies. Use of mobile devices in clinical areas should never interfere with patient care or negatively impact the perception of services being offered to the patient. Whenever possible students should have their personal phones set to silent or vibrate unless they are required to be available to a supervisor.
3. Students are never permitted to use non-RHA/SCA email accounts for communicating PHI. Communication via email of PHI may only be done between two email accounts from the same organization; inter-RHA/SCA emailing of PHI is not permitted.

4. Mobile devices provided by the health authority to a student will be subject to all policies of the RHA/SCA related to mobile devices including password protection, internet acceptable use, and privacy and confidentiality.
5. Students that are granted remote access to RHA/SCA information systems from a personal device for patient care or course requirements must abide by the RHA/SCA policies and procedures regarding access to information systems including policies and procedures on remote access to information systems and password protection. Personal devices used in this manner must also employ any security measures deemed necessary by the RHA's/SCA's IT department. RHA/SCA may require students to complete an application form to be granted remote access on personal devices.
6. Students shall never make modifications, disable or tamper with RHA/SCA owned and installed hardware or software configurations. This includes, but is not limited to data encryption, screen-saver passwords and anti-virus software.
7. Students shall never install any software on RHA/SCA mobile devices without prior authorization.
8. Students shall never permanently store information from a RHA/SCA information system or PHI (including photos, video or audio recordings, or text messages) on a mobile device or removable media. This information must be saved as appropriate to the RHA/SCA network or information system (or otherwise added to the patient's chart or record of care) and permanently removed from the mobile device or media as soon as possible. Saved images must follow the consent policies and procedures of the RHA/SCA.
9. Students will not take photos, videos or audio recordings of patients, including close up pictures of wound, rashes, etc. except in exceptional circumstances when required by their supervisor for the immediate care of a patient. Photographs and PHI cannot be shared through an unsecure network (e.g. texting).
10. PHI (e.g. text, photos, videos, or audio recordings) may only be communicated between mobile devices via texting if students utilize a secure, RHA/SCA-hosted messaging service (i.e. messages in transit are encrypted; photos taken are taken within an app and not inadvertently accessible, shared, or synced with the phone's default photo library or cloud; and the RHA/SCA hosts/controls the messaging server). If in doubt, students shall consult their RHA/SCA IT department and privacy officer.

11. An insecure medium (e.g. texting, emails other than between two email addresses from the same RHA/SCA) may only be used to communicate PHI (text, photos, videos, or audio recordings) in the following circumstances:
 - The patient or legal guardian has provided informed written or verbal consent (he/she must have had the risks explained to them), or
 - It is an emergency situation where the benefit to patient outweighs the risks.

Always consider if there is another more secure, reliable, or timely mechanism that can be used (e.g. referring others to existing PHI as stored within a RHA/SCA clinical application); when in doubt, students shall revert to safer modes of communication. When information, in the student's best judgment, must be sent insecurely, students shall document this decision and their rationale, shall only include the minimum amount of PHI necessary to meet the recipient's needs, and must ensure that the information reached the intended recipient, is being handled with appropriate care and is deleted by the recipient immediately afterwards.

12. Students will not take pictures of other students or staff in the clinical setting or pictures of the clinical setting itself unless permission has been obtained from the clinical supervisor and from those in the picture. Photographs taken must not include any patients (including in the background).
13. All touch surfaces of IT devices used at, or near, point of care must be cleaned and disinfected (per manufacturer's instructions) with a hospital-grade disinfectant if used or touched during the encounter with the patient.
14. Students using their own device or assigned a device from the RHA/SCA are responsible for routine cleaning and disinfection of the device.
15. Devices that cannot be adequately cleaned and disinfected should not be used during placements.

Responsibilities

Students will:

- Abide by the terms of this policy and any additional policies or procedures deemed relevant by the RHA/SCA in which they are placed.
- Employ expected physical security measures for any mobile device or removable media used for RHA/SCA business, especially when they contain RHA/SCA data. This applies whether or not the devices are actually in use and/or being carried. This includes, but is not limited to passwords, encryption, and physical control of such devices (e.g. securing laptops at workstations or in offices with a cable lock).

- Immediately report lost or stolen mobile devices or removable media to their manager and/or as required by their respective RHA/SCA policy and procedures.
- Immediately report any incident or suspected incidents of unauthorized data access, data loss, and/or disclosure of RHA/SCA resources, databases, networks, etc. to their RHA/SCA supervisor and program instructor and/or as required by RHA/SCA policy and procedures.
- Return RHA/SCA mobile devices to a manager/director/supervisor or designate when no longer needed or when the clinical placement is complete. Non-RHA/SCA devices that no longer require access to a RHA's/SCA's network, applications or data must be wiped clean of all information related to the clinical experience including information regarding RHA/SCA information systems and PHI and/or reset to factory settings. If uncertain on how to do this, contact the RHA's/SCA's IT department for assistance.
- Regularly disinfect devices, and disinfect after use at point of care, or near care.

Consequences

Non-compliance with this policy will result in a review of the incident by the RHA/SCA and the educational institution. A review of non-compliance may result in:

- Temporary or permanent loss of privileges for access to some or all computing and networking resources and facilities.
- Disciplinary action by the manager, up to and including termination of the placement by the RHA/SCA or educational institution.
- Legal action according to applicable federal and provincial laws and contractual agreements.

References

Clinical Learning and Interprofessional Practice Unit (2017). *Saskatchewan Student Clinical Placement Agreement Schedule N: Mobile device usage*. Saskatchewan Academic Health Sciences Network: author. Retrieved from <http://clippunit.ca>.

Canadian Nurses Association & Canadian Nursing Informatics Association. (2017). *Joint position statement: Nursing informatics*. Retrieved from <https://www.cna-aiic.ca/en/~media/cna/page-content/pdf-fr/nursing-informatics-joint-position-statement>.

Section 6 - Policies

Progress through the SCBScN programs involves adherence to policies and procedures of the program and those of the respective institutions.

6.1 Non-Discrimination

All nursing students must be active participants, working with and providing care to diverse populations, regardless of gender, race, ethnic origin, sexual orientation or religious preference. Students who are unable to meet this requirement will be referred to the Professional Suitability Review Committee and may not be allowed to continue in the program.

6.2 Professional Dress

The SCBScN program believes that professionalism begins with appearance and attire. Students represent the program. Students will be required to dress in “business casual” attire frequently throughout the program. This may include community experiences, first year Pledge Ceremony, interprofessional conferences, delivery of presentations and other activities. Health Authority/region personnel have the authority to determine if a student is dressed appropriately.

Acceptable business casual:

- Pants or trousers of a non-jeans material.
- Dress shirt, polo shirt, sweater set.
- A reasonable length skirt or informal dress with appropriate skirt length.
- Blazer or business jacket can be added as an option.
- Shoes must have a closed toe and heel in all community and clinical practice education settings.

Unacceptable business casual:

- Jeans, shorts, or underwear as outerwear
- T-shirts, shirts or other clothes with logos
- Revealing necklines, bare midriffs or miniskirts
- Bare feet, flip flops or excessively high heels.

6.3 Access to Student Services at Partner Institutions

For general program and referral information please contact:

In Regina		In Saskatoon	In Swift Current
University of Regina 306-337-3300	Saskatchewan Polytechnic 306-775-7640	Saskatchewan Polytechnic 306-659-4085	1-855-830-3300

For questions or concerns regarding:	Contact Information		
	Regina	Saskatoon	Swift Current
<ul style="list-style-type: none"> Registration Scheduling Academic advising <ul style="list-style-type: none"> Questions about program plans and course sequencing Study skills Time management skills Referral to other services 	<ul style="list-style-type: none"> Kristin Peigan Anne Lauf <p>Book an appointment online with an advisor</p>	<ul style="list-style-type: none"> Sarah Hunter <p>Book an appointment online with an advisor</p>	<ul style="list-style-type: none"> Contact Sarah Hunter <p>Book an appointment online with an advisor</p>
<ul style="list-style-type: none"> Performance evaluations in theory or clinical courses Learning Plans Communication with faculty Health issues 	<ul style="list-style-type: none"> Bonnie Raisbeck (Years 1 and 2) Jodi Found (Years 3 and 4) <p>Call: (306) 775-7766</p>	<ul style="list-style-type: none"> Robyn Kobussen <p>Book an appointment online with an advisor</p>	<ul style="list-style-type: none"> Karen Lehmann <p>Call: (306) 741-3798</p>
<ul style="list-style-type: none"> Indigenous student support – academic or personal 	<ul style="list-style-type: none"> <u>U of R:</u> Kristin Peigan Book an appointment online with an advisor <u>Sask Polytech:</u> Greg Riehl (306) 775-7383 	<ul style="list-style-type: none"> <u>U of R:</u> Kristin Peigan Book an appointment online with an advisor <u>Sask Polytech:</u> Sharon Ahenakew (306) 659-4221 	<ul style="list-style-type: none"> Kristin Peigan <p>Book an appointment online with an advisor</p>
<ul style="list-style-type: none"> Learning assessment Accommodations for learning needs 	<p><u>U of R</u> Centre for Student Accessibility (306) 585-4631</p> <p><u>Sask Polytech</u> Counselling Services (306) 775-7436</p>	<p><u>U of R</u> Centre for Student Accessibility (306) 585-4631</p> <p><u>Sask Polytech</u> Counselling Services (306) 659-4050</p>	<p><u>U of R</u> Centre for Student Accessibility (306) 585-4631</p> <p>accessibility@uregina.ca</p>

<ul style="list-style-type: none"> • Counselling • Emergent support • After hours emergency contact Please call Mobile Crisis 	<p><u>U of R</u> Counselling Services (306) 585-4491</p> <p><u>Sask Polytech</u> Counselling Services (306) 775-7436</p> <p>Mobile Crisis (306) 757- 0127</p>	<p><u>U of R</u> Centre for Student Accessibility (306) 585-4631</p> <p><u>Sask Polytech</u> Counselling Services (306) 659-4050</p> <p>Mobile Crisis (306) 933- 6200</p>	<p><u>U of R</u> Counselling Services (306) 585-4491</p>
<ul style="list-style-type: none"> • Tutoring • Writing assistance • Med math • Test taking skills • Study /time management skills 	<p><u>U of R</u> Student Success Center (306) 585-4076</p> <p><u>Sask Polytech</u> Learning Services (306) 775-7435</p>	<p><u>U of R</u> Student Success Center (306) 585-4076</p> <p><u>Sask Polytech</u> Learning Services (306) 659-4048</p>	<p>Kim Lambe Call: (306) 778-5470</p>

6.3.1 Library services

Library services are available to all students registered at all sites in the SCBScN programs. The Sask Polytech library can be accessed at <http://libraries.saskpolytech.ca>. The U of R library can be accessed at <http://www.uregina.ca/library/#page=page-1>

Students must verify their registration in the program. In addition, students in Swift Current can access the Swift Current public library at <http://www.chinooklibrary.ca/>

6.3.2 Student loans

Nursing students are eligible to apply for government student financial assistance programs available through federal and provincial governments. Saskatchewan students may apply for the Canada-Saskatchewan Integrated student loan program (<http://www.saskatchewan.ca/residents/education-and-learning/student-loans>)

Students from other provinces should apply through their home province. Information is available at: <http://www.uregina.ca/awards/loans/>

When applying for government student loans, students must indicate University of Regina as the school they will be attending.

6.3.3 Computing facilities

Computing facilities are available to all students registered in the nursing programs through computer labs at Sask Polytech, Great Plains College, and the U of R.

6.3.4 Student Associations

[Sask Polytech Students' Association](#)

[Saskatoon Nursing Students Society](#)

[University of Regina Nursing Students Society](#)

[University of Regina Students' Union](#)

[Great Plains College](#)

6.3.5 Student Services

[Sask Polytech Student Services](#)

[University of Regina Student Success Centre](#)

[University of Regina UR International](#)

[Great Plains College Student Services](#)

6.4 Criminal Record Check and Vulnerable Sector Check

Please refer to Section 15.1.3 in the University of Regina calendar

[\(https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html\)](https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html):

Nursing students accepted for admission into the SCBScN regular, Bilingual Option and ADNP programs must submit the results of a Criminal Record Check (CRC) and Vulnerable Sector Check (VSC) to the academic chair at the Sask Polytech SCBScN program office at the campus the student will be attending by **August 1**. Students who will be under the age of 18 as of August 1 should contact an academic advisor as soon as possible after admission into their program. A student who is admitted to the program late must produce the results of the CRC and VSC at the time of registration. Failure to provide the CRC and VSC results will delay the student's progression into CNUR 100 or CNUR 212. The date on the CRC and VSC must be within the calendar year of entry to the program. A second Criminal Record Check and Vulnerable Sector Check is required prior to beginning CNUR 401 . Students failing to provide the results of a CRC and VSC will not be allowed to begin any course requiring contact with patients or clients. Students who do not have their CRC and VSC submitted by the following dates will not be registered in a clinical course for the upcoming term:

- April 1 for Spring/Summer term
- August 1 for Fall term

- December 1 for Winter term

Students must report any outstanding charges and/or criminal convictions that occur after the date of the original CRC and VSC to the Associate Dean (Undergraduate) U of R or Sask Polytech Academic Chair. **Failure to report outstanding charges and/or criminal convictions that have occurred since the date of the original CRC and VSC will be grounds for immediate dismissal from the program.**

CRC and VSC information will not be released to a third party (for example, placement agencies) before a student has completed the appropriate release form. Failure to provide such release may result in the agency excluding the student from clinical practice experience.

Students may be required to complete additional security or background checks based on individual agency requirements. Any associated costs will be the responsibility of the student.

Review of CRC and VSC

Each reported criminal conviction and/or outstanding charge will be assessed by the Operations Program Team to determine what impact the criminal conviction and/or outstanding charge may have on the student's status in the program. The assessment will consider the following criteria in its review of a criminal record:

- Length of time since the last offence
- Age of the person at the time of the offence
- Severity of the offense, particularly indictable offenses such as those involving violence and/or alcohol-or drug-related activity
- Evidence of maturity and appropriate decision-making since the offence
- Evidence of positive change, restitution, community development, change in lifestyle since the offence

Potential or admitted students with a criminal record should seek a pardon/record suspension *before entering the program*, if possible. Students should be aware that a criminal record may impact the graduate's ability to be registered with the professional regulatory association.

When the student provides the original CRC and VSC to the nursing program office, the original will be returned to the student upon request, at which time a copy will be filed.

The CRC and VSC are kept in the student's program file until one year after graduation, at which time they will be destroyed.

6.5 Immunization

Please refer to Nursing Faculty section in the University of Regina calendar (<https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>)

While the immunization record must be submitted by August 1, any mandated immunization must be completed prior to any clinical rotation that requires immunization specific to the clinical site. Other routine immunizations must be completed by November 1.

Students who do not complete recommended immunization(s) must sign a waiver and may be excluded from some clinical areas.

Additional immunizations may be needed for certain clinical placements. Students who do not complete these recommended immunizations or required titre testing will be excluded from certain clinical areas as determined by the regional health authority/Saskatchewan Cancer Agency.

Immunization for annual influenza is **strongly recommended**. Students who opt to not obtain the influenza vaccine will be required to follow the regional health authority/Saskatchewan Cancer Agency policy. These students will be excluded from the outbreak area and will **not** be allowed to return until the regional health authority/Saskatchewan Cancer Agency has determined it is safe to do so.

Students must inform their clinical instructor of the onset of symptoms of a vaccine preventable communicable disease or contagious infection and exclude themselves from clinical placement as appropriate.

6.6 Workplace Hazardous Material Information System (WHMIS) Training

Please refer to Nursing Faculty section in the University of Regina calendar (<https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>)

1. “WHMIS is Canada’s national hazard communication standard. Its prime objective is to provide relevant safety and health information to Canadian workers so that they can take the necessary precautions to avoid injury” (Health Canada 2015). Further information is available at <http://hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php>. Compliance with WHMIS is a legal requirement and included in University of Regina policy. The WHMIS training that is required for students is available online through the University of Regina Health, Safety & Environment site.

Students are expected to access and successfully complete this training prior to September 15.

2. Students should log into the student portal and select the topic “WHMIS Training”. When the course and exam is completed, submit for evaluation. A certificate indicating completion of the training will be emailed within a few weeks following successful completion.
3. Failure to successfully complete WHMIS training will result in a student being excluded from lab and/or clinical practice education experience(s).

6.7 Workers’ Compensation

Students enrolled in Saskatchewan post-secondary educational programs and doing their placements in Saskatchewan will have workers’ compensation board (WCB) coverage regardless of whether they are out-of-province residents (e.g. Alberta) or Saskatchewan residents. This policy does not pertain to students in Saskatchewan programs when out of province for clinical placement. All students participating in a clinical placement must complete the *Work-based Learning Consent and Agreement* prior to starting a placement in a regional health authority or the Saskatchewan Cancer Agency. This form will only need to be completed once for each regional health authority or Saskatchewan Cancer Agency in which clinical experiences occur. These forms will be provided by the program and must be returned to the program. Students will not be able to start a clinical placement until their consent and agreement form is signed and returned to the program.

Any injuries that occur during a placement must be immediately reported to the instructor, program and regional health authority/Saskatchewan Cancer Agency.

Reference

Clinical Learning and Interprofessional Practice Unit (2017). *Saskatchewan Student Clinical Placement Agreement Schedule B: Worker’s Compensation Board*. Saskatchewan Academic Health Sciences Network: author. Retrieved from <http://clippunit.ca>.

6.8 Risk Management Required for Clinical and Lab Experiences

Students are required to maintain current certification in Basic Life Support (BLS)-CPR (recertification required every two (2) years), FIT testing (required every two (2) years) and TLR (recertification required every three (3) years). Some clinical agencies may have additional requirements, e.g., immunization. It is the student’s responsibility to check their status on HSP^{net} and ensure that they are current for the entire term in which their clinical experience occurs. A copy of all certifications must be presented to the program. Students will **not** be allowed to participate in clinical if these requirements

are not met. Students who do not have this completed by the following dates will not be registered in a clinical course for the upcoming term:

- April 1 for Spring/Summer term
- August 1 for Fall term
- December 1 for Winter term

6.8.1 Invasive procedures

SCBScN students shall not perform invasive procedures on themselves, peers, family, or faculty/staff. Simulation models and other learning approaches shall be used when learning and practicing invasive procedures including but not limited to: injections (all), insertions of catheters, insertions of NG tubes, initiation of IVs, or blood glucose monitoring.

6.8.2 Equipment and supplies

Equipment and supplies used in lab or clinical settings shall not be removed without permission of the faculty and/or agency. Under no circumstances can sharps such as needles or IV catheters be removed from the lab or clinical area, whether or not permission has been granted.

6.9 Clinical Schedule Release

Clinical schedules are available on *HSPnet*. Schedules will be released approximately one month prior to the beginning of the clinical experience.

6.10 Student Request to Alter Assigned Schedule

Requests to alter assigned schedules will be accommodated for exceptional circumstances only. A student who wishes to change a class, clinical or lab group is responsible to find another student who is willing to change schedules with them. Any changes must include all classes, clinical, or labs for the entire term. A nursing advisor or an academic advisor must be consulted before any changes will be approved. Requests must be submitted within one month of the release of the schedule. There is no guarantee that a request can be accommodated.

6.11 Student Identification Cards

All students are registered as University of Regina students and will have a student identification number. Students will also have an identification number for Saskatchewan Polytechnic, which will be used to access facilities and services at Sask Polytech. This joint information will be back-to-back on one card which will be available from the U of R. Students at the Regina site who need a replacement card should see

the Registrar's office at the U of R. Students at the Saskatoon site who need a replacement card should see the academic advisor at that site. Students at the Swift Current site who need a replacement card should see the SCBScN site coordinator. There will be a cost to replace lost or damaged cards.

All students will also have a joint identification card that will be used for clinical practice education. This will be available from the program. This card must be worn at all times in the clinical area and have both first and last names visible at all times.

6.12 Official Student Files

The official student record is administered by the University. The official student record contains original files of "Work-Based Learning Consent and Agreement", any probationary letters, any record of misconduct, and any documents relating to the student's academic standing or progress in the program. The official student file will be retained indefinitely at the University of Regina. Students may view their official student file by applying to the Registrar's office, University of Regina.

6.13 Course Work and Exams

Please refer to the Academic Regulations section in the University of Regina calendar.

Please note that accommodating vacation, travel, wedding, non-sanctioned (University or program) events or other similar plans does not constitute extraordinary circumstances.

Midterm and Final exams

Midterms can be scheduled outside of class time. Final exams are scheduled outside of class time during the exam period. If students are sick on the day of a midterm or final exam, they need to notify the instructor or program as soon as possible **prior to** the exam. Deferrals for a final exam or course materials may be granted for medical and compassionate grounds; however, students need to provide the necessary documentation that includes a date and official signature.

Requests to write a final exam early may be granted for exceptional circumstances only. All such requests must be made to the Academic Chair or Associate Dean (Undergraduate or Student Affairs).

Please note: students must bring picture identification to all midterm and final exams.

6.14 Exam Regulations

This section is a review of the University regulations and program requirements related to examinations. The URL to the regulation(s) in the online Undergraduate Calendar is

found just after the identified section. In addition, an information sheet for students on exam regulations is found on the Student Portal on UR Courses.

6.14.1 Identification for examination purposes

Please refer to the Academic Regulations section in the University of Regina calendar to view Exam regulations

Examiners are authorized to require candidates to show photo identification for admission to examinations. If a student's identity cannot be confirmed, they may be refused admission to the exam room.

- Students must bring either a student ID card or government issued ID with their picture to all exams. The card must be visible on the top right corner of their desk at all times during the exam.

6.14.2 Conduct during exams

Violations of any of the following examination regulations are punishable by expulsion from the examination room and such additional penalties as the dean of the faculty offering the course may consider appropriate.

1. No candidate shall be permitted to enter the examination room later than thirty minutes after the beginning of the examination or allowed to leave within thirty minutes after the examination has commenced. No additional time will be provided to a candidate who arrives late to an exam.
2. Students should notify their instructor and/or nursing@uregina.ca (or 306-337-3300 / 1-855-830-3300) as soon as possible if they are unable to write the final examination. Communication by telephone or email is acceptable.
3. Candidates shall hold no communication of any kind with other candidates within the examination room.
4. Unless permission has been granted by the supervisor, candidates may leave their seats only to turn in their answer books.

Things that CAN be brought into the exam room:

1. Books or other material (including calculators, rulers, etc.) that have been authorized by the course instructor.
2. Water in clear or solid plastic bottles – with no labels attached.
3. Light snack in clear plastic bag with no labels attached.

4. Erasers without sleeves.
5. Purse, provided it is under a desk and is not accessed during an exam.

Things that CANNOT be brought into the exam room:

1. Any other beverages.
2. Coats, hats, toques, backpacks, and hoodies.
3. Scrap paper.
4. Mobile and/or other electronic devices, including but not limited to, smart devices, cell phones, wireless devices, calculators, and other electronic devices. All electronic devices must be turned off and stored in designated areas.
5. Cameras or other photographic devices.
6. Watches that beep, have an alarm, or smart watches.

6.14.3 Cancellation of exam papers

A student who becomes seriously ill or is informed of urgent family problems during an examination should report immediately to the person supervising the examination, hand in the unfinished paper, and request that it be cancelled. A dated, signed medical certificate or, for family problems, other supporting documentation must be provided to the student's faculty or college office (final examinations) or instructor (mid-term examinations) within three days following the date of the examination.

A request for cancellation after the fact, when an examination has been written and the paper handed in for marking, will be denied.

Deferred examination policies and procedures apply to cancelled final examinations, while action taken with respect to a cancelled mid-term is at the discretion of the instructor.

6.14.4 Academic misconduct

Please refer to the Student Code of Conduct and Right to Appeal section in the University of Regina calendar.

Violations – Acts of Academic Misconduct

Acts of academic dishonesty or misconduct include acts which contravene the general principles of Academic Integrity. In this section, some of these acts are described including cheating on tests or examinations, plagiarism, and other forms of academic

misconduct. Others which are not explicitly described in this section may also be considered academic misconduct. All forms of academic misconduct are considered serious offences within the University community. For the possible penalties, see this section of the University of Regina calendar.

Cheating

Cheating constitutes academic misconduct. Cheating is dishonest behaviour (or the attempt to behave dishonestly), usually in tests or examinations. It includes:

- *unless explicitly authorized by the course instructor or examiner, using books, notes, diagrams, electronic devices, or any other aids during an examination, either in the examination room itself or when permitted to leave temporarily;*
- *copying from the work of other students;*
- *communicating with others during an examination to give or receive information, either in the examination room or outside it;*
- *consulting with others on a take-home examination (unless authorized by the course instructor);*
- *commissioning or allowing another person to write an examination on one's behalf;*
- *not following the rules of an examination;*
- *using for personal advantage, or communicating to other students, advance knowledge of the content of an examination (for example, if permitted to write an examination early);*
- *altering answers on an assignment or examination that has been returned;*
- *taking an examination out of the examination room if this has been forbidden.*

6.15 Student Feedback Regarding Nursing Courses

1. Students will be invited to voluntarily provide feedback on each nursing course. To facilitate participation, class time may be allotted.
2. Student feedback will be given anonymously unless the student chooses to include his/her name.
3. Student feedback will be provided in a respectful and professional manner. Any offensive feedback made by students through course evaluations will be eliminated from the course evaluation process.
4. To promote the integrity of the evaluation process:
 - Faculty facilitators will not view the completed course evaluations until after final course marks have been assigned.

- Informal, verbal feedback may be requested at any time during the course.
5. Faculty facilitators have a responsibility to seek and utilize course evaluation information in their ongoing course planning. Therefore, course faculty will have access to this information to facilitate future planning.

6.16 Attendance

Please refer to the University of Regina calendar (<https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>).

Students who are involved in university or program sanctioned extracurricular activities (e.g., sports teams, conferences, etc.) that may impact their attendance **must** meet with the academic advisor to ensure that their academic schedule is able to accommodate attendance at these activities.

There is no mechanism to make up lost clinical or lab/seminar time. Students who miss more than 10% of clinical practice education/lab/seminar experience for any reason may be unable to consistently meet the course objectives and are at risk of being unsuccessful in the course. Students who have been absent from clinical practice education experiences due to health reasons may be required to produce a medical certificate (dated and signed by the health care practitioner) stating that they are well enough to return to clinical and perform the associated activities (i.e. lifting, bending, walking etc.). Students will receive notification of absences that jeopardize their success in the course.

Students should be aware that employers often ask about attendance when seeking references.

6.17 Transfers Between Sites

Once an application to transfer sites has been approved, the transfer is final. The student will not be permitted to withdraw their application and remain at the original site.

6.18 Prioritization of Seat Allocation in SCBScN Nursing Courses

All students in their cohort of admission in their SCBScN program will be given seats in the nursing courses they require. Any vacant course seats after these students are accommodated will be filled in the following order of priority:

- Students who are behind their cohort of admission (priority based on credit hours completed and:

- Maternity/medical reason
- Dropped a course
- Failed a course
- Decided to go part-time
- Students of the alternate site (who are within their cohort of admission)
- Students who are eligible to take courses that are ahead of their cohort of admission.

Students not actively enrolled in nursing courses for three consecutive semesters who wish to return to the SCBScN program must re-apply for readmission to the program.

6.19 August and December Exit Options

Criteria to apply for August Exit:

- Finished all courses in Year 1 and Year 2 by April 2019.
- Minimum PGPA of 70%. Priority given to students who have completed the two open electives from Year 4.
- Willing to attend full time during the Spring/Summer sessions.
- Required to keep risk management documents up to date.

Timeline for the August Exit:

- Year 3 courses will run from May 2019 to December 2019 (approximately two weeks off at the end of August 2019).
- Year 4 courses will run from January 2020 to August 2020 (approximately one week off at the end of April 2020).
- Degree will be approved in September 2020.

Criteria to apply for December Exit:

- Finished all courses in Year 1, Year 2, and Year 3 by April 2019.
- Minimum PGPA of 65%. Priority given to students who have completed the two open electives from Year 4.
- Willing to attend full time during the Spring/Summer sessions.
- Required to keep risk management documents up to date.

Timeline for the December Exit:

- Year 4 courses will run from May 2019 to December 2019 (approximately two weeks off at the end of August 2019).
- Degree will be approved in January 2020.

Students, including those admitted through the upper year admission process (LPNs, RPNs, students transferring from another nursing program) must apply for one of these

exit options. ADNP students who are within their cohort of admission are automatically in the August exit option. ADNP students who are out of their cohort of admission must apply for the August or December exit option.

Information sessions on these exit options will be held during the fall term for Year 2 and Year 3 students. Notices for these information sessions will be posted to the SCBScN programs student portal.

Section 7 – Clinical Practice Education Guidelines

Please refer to the Faculty of Nursing section in the University of Regina calendar (<https://www.uregina.ca/student/registrar/resources-for-students/academic-calendars-and-schedule/undergraduate-calendar/index.html>).

7.1 Placements

Registration for clinical courses will not be processed after the following dates:

- August 1 for the Fall term
- December 1 for the Winter term
- April 1 for the Spring/Summer term

Clinical practice education placements will be assigned according to students' educational needs and the availability of experiences. These experiences occur in a variety of locations that may be outside of Regina, Saskatoon, or Swift Current. Except in exceptional circumstances, all students will be expected to participate in placements as assigned.

Students will not be placed in any clinical placement where a relative or other person who would be considered to be in a potential or actual conflict of interest is employed.

Students are responsible for housing (and any associated costs) in all locations. Some health regions and northern settings may offer inexpensive or free accommodation for nursing students.

Students are **not** to contact unit managers or agency personnel for any reason. If this occurs, the student will be immediately removed from the placement and will be added to the wait list for the course in the following term.

Upper year students will be contacted by a preceptorship coordinator near the end of year 3 or at the beginning of year 4 about CNUR 403 and CNUR 404. Students will be given access to the HSP*net* site selector for 403 and 404 by the preceptorship coordinator at their site. A student must be on track to meet all other program requirements including the completion of electives, CNUR 400, 401, and 402 before access to the site selector will be granted to the individual student. The site selector is used to collect information about areas of interest from a student and does not represent specific choices that are available to students nor is it necessarily indicative of currently available placements options.

All clinical experiences including 403 and 404 preceptorships will be arranged by the program. Students **MUST NOT** contact health region and/or agency staff to inquire about a specific practicum placement for any reason. If students attempt to contact

health region or agency staff to arrange a 403/404 placement, the student will be immediately removed from both 403 and 404 and will be added to the waitlist to complete these courses in another term.

7.2 Preparation

Students are expected to be prepared for clinical practice education experiences. This preparation may include chart research or other activities prior to actual client care. Incomplete preparation for the clinical practice education experience may result in removal of the student from the clinical area that will be counted as absence from clinical. For chart research and activities in the clinical practice area, other than the actual experience, students are expected to wear business casual attire covered by a lab coat (program issued with SCBScN crest) or an approved uniform, and picture identification. Students should identify themselves and the purpose for their presence to staff in the area. When doing chart research, charts should not be removed from the area designated by the unit.

7.3 Attendance

Agency staff in the clinical setting take student assignments into consideration when organizing their own workloads. Therefore, if illness or other unavoidable circumstances prevent attendance at clinical experience, it is important to let someone know as soon as possible **before** the scheduled clinical experience begins. Unless informed otherwise, students should notify **both** the faculty and clinical practice area of the absence. It is incumbent on the student to identify if they are contagious or too ill to attend clinical experience. Should the student choose to attend, they may be sent home if the clinical instructor or agency staff assess that they are too ill to be present in the clinical area.

7.4 Professional Conduct

Students are responsible to report to the assigned faculty member prior to the beginning of a shift, and regularly throughout the clinical practice education experience.

The student is also responsible to maintain communication with the appropriate RN/RPN/LPN regarding assigned clients before leaving the clinical area for any reason (e.g., coffee, end of experience, going out of the area with a client).

Students must **NOT** act as a witness for legal documents such as wills, surgical consents, or release of hospital responsibility.

Students must consult with clinical faculty regarding the use of patient information in clinical areas. There are clear legal guidelines, such as *The Health Information Protection Act* (HIPA) (see <http://www.publications.gov.sk.ca/details.cfm?p=4523>), to which health care personnel, including students, must adhere.

7.5 Dress Code

Students are expected to adhere to the clinical agency policy and occupational health and safety standards to maintain a professional appearance. If the agency policy is more restrictive than the SCBScN expectations, that policy must be followed. Approved program uniforms will be required for most of the clinical experiences.

The aim of this dress code is to:

- Ensure the safety of both the caregiver and the client
- Promote mobility and comfort
- Reduce the risk of cross infection
- Allow identification for security purposes
- Project a professional image
- Comply with the policies of the clinical area

7.5.1 SCBScN expectations

Identification

- SCBScN program clinical picture identification (ID) must be worn at all times.
- First and last names must be visible at all times.
- ID is to be worn above waist level with picture and name clearly visible to patients, staff and visitors.
- The appropriate year identification pin should be worn during all clinical experiences.

Attire

- Where a uniform is required, the official program uniform must be worn. The program has an approved Hijab available at Sask Polytech or U of R bookstores.
- Where appropriate and necessary, students will follow the protocols of individual department, units or services that have specific dress code requirements.
- Clothing must be clean, free of wrinkles, unstained and in good repair.
- Good judgement should be exercised in selecting the appropriate size of clothing. Clothing should not be low cut at the neck or tight across the chest and hips. There will be no exposure of the midriff and lower back. Undergarments should not be visible at any time.
- Sleeves worn during direct patient care must be no longer than $\frac{3}{4}$ length.
- Lanyards are not permitted.
- When clinical uniforms are not required, clothing must be business casual.
- Clinical attire **must not be** worn outside the clinical setting. Clothing **must** be changed in the locker room of the clinical site at the beginning and end of each shift. Clinical attire **must** be cleaned or laundered each day. The fabric must be washable and able to be laundered.

- Uniforms must be changed during a shift if contaminated with blood or bodily fluid. The RHA/SCA will provide decontamination services if appropriate and provide the student with an alternative uniform for the remainder of that shift.
- Uniforms must be deposited in an appropriate laundry bin for laundering services if the uniform was provided by the RHA/SCA.
- In accordance with Occupational Health and Safety standards, shoes must be closed toe and closed heel with a non-slip sole and low heel; soles must be non-marking and non-slippery. Footwear must fit well with laces tied or Velcro and buckles closed. The shoes worn must be non-perforated to eliminate fluid seeping into the shoe. Shoes must be clean and in good repair.
- Outdoor footwear is to be changed to work footwear on arrival at the agency and work footwear is to be changed to outdoor footwear on departure.
- Socks/hosiery must be worn with shoes.
- Approved program lab coats (with the SCBScN crest) or usual clinical attire must be worn when doing research for client care. Lab coats are to be laundered every week.
- Sweaters, lab coats or warm-up jackets should be clean, appropriate in fit and changed daily. Sweaters, lab coats and warm-up jackets should not be worn in patient rooms unless they have a $\frac{3}{4}$ length or shorter sleeve, or can be rolled up to $\frac{3}{4}$ length.
- Gowns/ protective wear provided on a unit shall not be worn off the unit or for any other purpose than it was intended.
- Cultural attire will be assessed on a case-by-case basis. Students should discuss this with the clinical facilitator well in advance of the beginning of the clinical experience.

Jewelry

- Jewelry, including any body piercing, must not compromise safety, infection control or professional image. Jewelry cannot present a safety hazard to patients and cannot interfere with job duties.
- Rings must be plain, flat, and smooth with no stones.
- Earrings must be small studs or buttons. Hoops and dangling earrings are not permitted.
- Necklaces may not be worn.
- A medical ID bracelet is permitted.
- The watch must be cleaned at the end of each shift, and worn high on the arm or taken off during hand washing.

Tattoos

- Tattoos are to be non-offensive.
- Shall be covered if deemed inappropriate by the unit or service manager.
- That are unhealed or infected will be covered and contained before commencing duty.

Piercings

- May include a facial piercing if the jewelry is small and stud-like and is securely fastened.
- Shall not include piercings on the hand or wrist for infection control reasons.
- That are unhealed or infected must be covered and contained before commencing duty.

Personal Hygiene

- Good personal hygiene and cleanliness, including control of body odor, is essential.
- No perfumes or aftershave are allowed.
- Chewing gum or tobacco is not allowed.

Hair

- Hair must be clean, and well groomed. Long hair must be tied or pinned back and away from the face in patient care areas.
- Beards are not permitted in the clinical area. Moustaches must be clean, trimmed and well groomed.

Fingernails

- Fingernails must be short and clean. No nail polish, artificial, acrylic or gel nails may be worn.

Stethoscopes

- Fabric covers for stethoscopes are not allowed.
- Stethoscopes must be cleaned with alcohol between patients and entirely at least once a week.

Personal Protective Equipment

- Protective eyewear must be carried on the student's person at all times during the clinical experience.
- Protective eyewear **must** be worn at any time there is a risk of irritation or injury (e.g. splashing liquids, flying objects or particles) to the face or eyes. This includes protection from potential blood and body fluid exposure to mucous membranes.
- Protective eyewear must be cleaned at the end of each shift or more often as necessary (i.e. Isolation, contaminated)

Consequences

Students deemed to be in violation of this policy by the education program or the RHA/SCA may be asked to leave the clinical placement until they are able to meet the dress code requirements.

References

Clinical Learning and Interprofessional Practice Unit (2017). *Saskatchewan Student Clinical Placement Agreement Schedule L: Dress code*. Saskatchewan Academic Health Sciences Network: author. Retrieved from <http://clippunit.ca>.

7.6 Hand Hygiene

Policy

1. Students will consistently perform proper hand washing techniques during clinical placements as defined by the current best standards and practices used in the RHAs/SCA.
2. Training requirements for students will be the same as the profession in which they are training.

Consequences

Students deemed to be in violation of this policy will be required to review this policy and proper hand hygiene techniques with their instructor. Students found to be in repeated violation of this policy may be asked to leave their placement. It will be up to the RHA/SCA to determine if the student can return to the facility.

References

Clinical Learning and Interprofessional Practice Unit (2017). *Saskatchewan Student Clinical Placement Agreements: Schedule M: Hand hygiene*. Saskatchewan Academic Health Sciences Network: author. Retrieved from <http://clippunit.ca>.

7.7 Performance of Skills

Clinical experience provides an opportunity to develop nursing skills and knowledge. While students are encouraged to seek learning experiences, no skills should be performed independently without clinical faculty approval.

7.8 Agency Manuals and Policies

Most agencies have manuals dealing with their own policies, procedures, and charting. Students should be reminded to familiarize themselves with the manuals in the area of clinical experience, and follow policies and procedures of that agency. If in doubt, faculty should be consulted.

7.9 Charting

During clinical experiences, students must follow charting policies of the agency in which they are working. This documentation includes the use of agency-specific abbreviations. When charting, the letters NS (Nursing Student) should be used after the

student's name when it is necessary to identify a designation. In Saskatoon, students must also add "SCBScN" after the NS so that it reads "name, NS-SCBScN".

7.10 RN Specialty Practices and Additional Authorized Practice

SCBScN students are not allowed to perform procedures designated as either RN specialty practices or additional authorized practice. There may be some clinical experiences where students in year 3 and 4 clinical courses may be allowed to perform specific conditions within the Saskatoon Health Region.

7.11 Accidents

Health care agencies have policies and procedures to ensure safety of clients, staff, students and visitors. Ordinarily, these protocols provide a safe environment. Occasionally students do have accidents or become ill during clinical practice experience. If this happens, the student should immediately let the clinical faculty know so that he/she can assist in determining the appropriate action.

If an accidental or client-induced injury occurs while in the clinical area, the student must complete any forms the agency requires for such situations. The clinical faculty or the supervising nurse will help with this form.

If a needle-stick injury occurs, the protocol in place in the agency should be followed. The health nurse in the agency in which the student is working will assess the student.

Any incident that involves injury to a student, damage to property, or has the potential to do so, must be reported to Health Safety & Environment (HSE), **within 24 hours of occurrence**. Therefore, the U of R's Incident Report Form must be completed as soon as possible for every incident, even if there were no injuries sustained, and forwarded immediately to their clinical instructor.

7.12 Reporting of Patient Safety Incident

Patient safety is the "pursuit of the reduction and mitigation of unsafe acts within the health care system, as well as the use of best practices shown to lead to optimal patient outcomes. A patient safety incident is an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient" (CPSI, 2016A). There are three types of patient safety incidents:

1. Harmful incident: a patient safety incident that resulted in harm to the patient (previously categorized as a "preventable adverse event")
2. Near miss: a patient safety incident that did not reach the patient and therefore no harm resulted

3. No-harm incident: a patient safety incident that reached the patient but no discernible harm resulted.

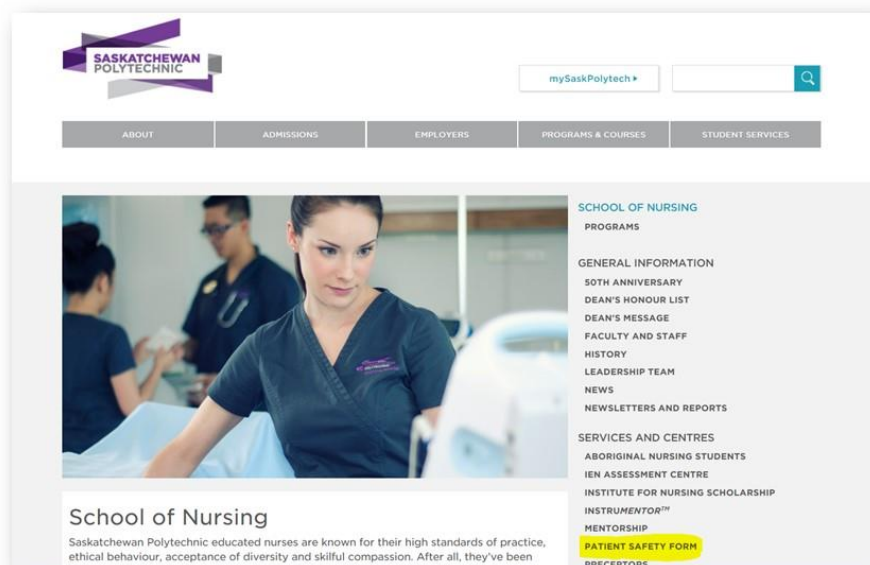
Definitions:

Culture of safety – Culture consists of shared values and beliefs, interacting with a system’s structures and control mechanisms and producing behavioural norms. Patient safety is directly influenced by accepted practices and indirectly by facilitation or blocking the adoption of behaviours that promote patient safety (CPSI, 2016B). Patient safety culture is multi-dimensional, including informed, reporting, learning, just and flexible culture (CPSI, 2016B). "In a culture of safety people are not merely encouraged to work toward change; they take action when it is needed." (IHI, 2017)

All patient safety incidents shall be reported to the Regional Health Authority and anonymously to the Sask Polytech School of Nursing database by the faculty member or the student.

1. All patient safety incidents will be reported by the faculty and student as soon after the event as possible in compliance with the health care agency’s policy for incident reporting. The faculty will facilitate this process.
2. The faculty member or student will also anonymously and electronically complete the *School of Nursing Adverse Event, Near Miss and Critical Incident Report Form*. The completed form will be submitted to the database using the process approved by the School of Nursing and the program.

The *School of Nursing Adverse Event, Near Miss and Critical Incident Report Form* is available online on the School of Nursing website under Patient Safety Form (<https://moss.siastr.sk.ca/sites/patientsafety/SitePages/DisclaimerPage.aspx>)



References

Canadian Patient Safety Institute (2016A). *Patient safety incident*. Edmonton, AB. Author. Retrieved from: <http://www.patientsafetyinstitute.ca/en/topic/pages/patient-safety-incident.aspx>.

Canadian Patient Safety Institute (2016B). *Patient safety culture*. Edmonton, AB. Author. Retrieved from <http://www.patientsafetyinstitute.ca/en/toolsResources/PatientSafetyIncidentManagementToolkit/PatientSafetyManagement/pages/patient-safety-culture.aspx>.

Institute for Health Care Improvement (IHI). (2017). *Develop a culture of safety*. Cambridge, MA. Author. Retrieved from <http://www.ihl.org/resources/Pages/Changes/DevelopaCultureofSafety.aspx>.

7.13 Processes To Facilitate Student Success

There are policies in place for faculty and students that address issues related to professionalism and safe clinical practice.

While it is important to review and understand this policy in its entirety, students should pay specific attention to the use of written performance learning plans. A performance learning plan is used to facilitate student success. It is a written plan between the student and faculty in which performance issues are described and actions are collaboratively identified that are intended to support student success in the setting/course. The learning plan will include expectations that must be met for the student to be successful in the course. These expectations will be no different than that expected of every student; they may be more specific or in greater detail to assist the student to be successful in meeting course expectations.

Definition of Unsafe Practice

“Unsafe clinical practice is behaviour that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behaviour involving unacceptable risk” (Scanlan, Care, & Gessler 2001, para 17).

Killam, Luhanga, and Bakker (2011) reviewed the literature to identify characteristics of unsafe undergraduate nursing students in clinical practice.

Behaviours that may be indicators of unsafe practice:

The behaviours listed below are examples and are not meant to be inclusive of all unsafe behaviours.

1. Lack of accountability, unprofessional practice

- Does not accept responsibility for own actions, does not admit mistakes, covers up errors
 - Is dishonest
 - Does not recognize potential for doing harm, lack of insight
 - Is reluctant to assume a professional role
 - Doesn't make the effort to learn, is not interested
 - Breaks confidentiality
 - Does not ask for help when unsure
 - Demonstrates inappropriate boundaries
2. Patterns of behaviour
- Demonstrates a pattern of unacceptable practice or significant performance issues in clinical practice settings
 - Disregards policy, does not know policies
 - Is frequently late or absent
 - Does not change behaviour in response to feedback; repeats mistakes even after feedback
3. Unmet competencies
- Has a poor knowledge base
 - Is unable to apply concepts and theory in practice
 - Poor and/or inconsistent skills in assessment and client care
 - Is unable to apply concepts and theory in practice
 - Unable to set priorities; unable to care for clients at level of complexity expected for the course and year in the program.
4. Inconsistent communication and lack of respect
- Lack of respect for clients, family, staff, peers, or clinical faculty.
 - Aggressive with clients
 - Ineffective communication with clients, staff, peers, or clinical faculty.
5. Lack of judgement
- Poor clinical judgment
 - Practices beyond own scope of practice
 - Evidence of impaired judgment due to drugs, alcohol, or lack of sleep
 - Demonstrates extreme anxiety that is disproportionate to the situation

Sources of information that may be used by faculty when identifying unsafe practice:

- Direct observation and supervision.
- Information from patients, families, staff members, other students.
- Lack of confidence in student performance or independence based on assessment of performance.
- Student care plans, documentation of care, and journals/assignments.

- Avoidance behaviour with respect to communication, provision of care and supervision.
- Critical incidents such as medication incidents, client injury.

Responsibilities of students to prevent unsafe practice:

- A student who is practicing unsafely is responsible to recognize and be accountable for their own mistakes.
- Provide feedback when one sees another student practicing unsafely. Ask the student if they need help.
- If identifying to, or discussing with, the faculty perceived issues with the performance of another student, do so privately and not in front of the rest of the group.
- Providing consistent, excessive assistance to another student may be putting both the student and clients at risk.

References

- Killam, L.A., Luhanga, F. L., & Bakker, D. (2011). Characteristics of unsafe undergraduate nursing students in clinical practice: An integrative literature review. *Journal of Nursing Education, 50* (8) 437-446.
- Scanlan, J.M., Care, W. D., & Gessler, S. (2001). Dealing with the unsafe student in clinical practice. *Nurse Educator, 26* (1), 23-27.

PROCESSES TO BE USED BY FACULTY WHEN THERE IS UNSAFE OR POTENTIALLY UNSAFE PERFORMANCE IN THE ACUTE CARE AND/OR COMMUNITY CLINICAL PRACTICE EDUCATION SETTING.

Underlying principle:

The student and the program, including the faculty, share responsibility for facilitating student success in providing safe and competent nursing care.

Processes are based on the following evaluation standards:

- Clear direction of performance expectations, course intents, policies, and evaluation processes, which have been provided to the student during orientation
- Provision of the opportunity for growth
- Timely feedback (verbal and/or written).

In a situation where a student's performance places themselves, the client, faculty, staff, or their peers at a foreseeable risk, the student **may** be dismissed immediately from the clinical site. Dismissal from the clinical site may result in an inability to consistently meet the objectives and expectations of the course and may result in clinical failure.

Although an agency may agree to permit students to access learning experiences, the delivery of health care services is its primary and overriding responsibility. The agency has the right to intervene in those instances where a student may be functioning in a manner considered by the agency to compromise the well-being of any patient or to be contrary to agency rules, policies or procedures. If this occurs, the agency may refuse the student and may require termination of the learning experience for that student. In addition, the agency may bar a student from accessing agency facilities, personal health information or personal information.

Reference:

Clinical Learning and Interprofessional Practice Unit (2017). *Saskatchewan Student Clinical Placement Agreement*. Saskatchewan Academic Health Sciences Network: author. Retrieved from <http://clippunit.ca>.

Process:

1. The faculty will document all aspects of performance issues as soon as possible. This documentation may include anecdotal notes, descriptive narrative, examples of student's documentation of care, interactions and discussions with health personnel, and the student's written plan of care.
2. Written and verbal feedback on performance issues will be shared with the student. Ideally, written documentation will be signed by the student and the faculty in a timely manner indicating the information has been shared between both parties. Should the student refuse to sign documentation of performance issues, the faculty will duly note this refusal.
3. A written learning plan will be created with the student to promote student success in meeting the expectations of the course. Once developed, a copy will be shared and signed with the student.

A learning plan is developed with input from both the student and faculty. Performance challenges are described; resources and actions are identified that further clarify the expectations and objectives of the course. The learning plan has an identified time frame in which the expectations must be met. The learning plan will specify the consequences if the performance expectations are not met.

A copy of the learning plan will be shared with the student, course coordinator(s), academic chair, Practice Education Advisement Team (PEAT), and the office of the Associate Dean (Undergraduate) U of R.

4. The instructor will meet with the student on a regular basis to review the progress of the learning plan. Student progress will be shared with the academic chair, and the office of the Associate Dean (Undergraduate and Student Affairs), U of R.

Part I Student Learning Plan

Student:	Date:	Distribution ___copy on student file ___student ___nursing advisor/clinical advisor copy
Student Number:		
Student UR email:		
Faculty:	Course:	

1. Reason(s) for Performance Learning Plan:

Clinical Performance COMPETENCY	
Lab/Seminar Performance	

2. Faculty assessment and examples of student performance issues (including reference to supporting documents):

3. Faculty expectations for student performance improvement, including consequences where expectations are not met:

4. Student identified strategies for improvement:

5. Resources suggested to support student:

Performance Review Date: _____

Signatures Required:

The student signature is required. It does not mean that you agree with the advisement, but only that it has been discussed with you. If we cannot reach you within five days, we will mail the form to your home address.

Student:	Faculty:
Date:	Date:

Part II Review of Student Learning Plan

- 1. Results of Plan:**
- 2. Faculty Comments:**
- 3. Student Response:**
- 4. Learning Plan Met: Yes _____ No _____**
If no, further action required.

Signatures Required:

The student signature is required. It does not mean that you agree with the advisement, but only that it has been discussed with you. If we cannot reach you within five days, we will mail the form to your home address.

Student:	Faculty:
Date:	Date:

Section 8 – Other Things You Should Know

8.1 Communication

Please check your University of Regina email account frequently. This is the program's primary and official method of communicating with you. Please note that this email should **NOT** be forwarded to another account i.e., Hotmail, Yahoo.

It is recommended that you regularly check the program portal (UR Courses) and appropriate websites. You will find useful, helpful, and **essential** information there. For instance, occasionally changes to timetables and room bookings are necessary. Changes will be posted.

Please check course pages on UR Courses, University of Regina.

Refer to SCBScN program website www.sasknursingdegree.ca/scbscn

8.2 Withdrawal from Courses

If you are considering withdrawing from a course or the program, you **must** contact an academic advisor in the Faculty of Nursing at the University of Regina. Any withdrawal from a clinical course that occurs after the end of the no record drop period is considered an attempt.

8.3 Transcripts

While you are a student in a SCBScN program, regardless of what year of the program you are in and what classes you are taking, you may request official transcripts from the University of Regina.

Requests for official transcripts should be made to the Registrar's Office at the University of Regina. A fee is charged for official transcripts. Unofficial transcripts can be downloaded from UR Self-Service. **Official transcripts upon program completion will be automatically forwarded to the SRNA by the program.**

8.4 Program recommendation to SRNA following completion of your SCBScN program

The program will provide SRNA with documentation indicating the names of all individuals who have completed their SCBScN program at the end of each term. Please note that this will be done at the end of term (end of exam period), regardless of when an individual has completed their last 403 or 404 practicum. The program will also arrange for official transcripts to be forwarded to SRNA. The SRNA will then process

individual applications, which may take up to four (4) to six (6) weeks following the end of term. Therefore, do NOT accept a position for which you will be starting any activities that require a nursing licence prior to this time.

If you are intending to complete your initial registration in another province/territory or out of country, please notify the program at nursing@uregina.ca.

8.5 Harassment and Violence

Saskatchewan Polytechnic and the University of Regina have policies regarding harassment and violence. For specific information, see:

University of Regina: [UR Human Resources – Types of Harassment Policy 20.105.20 Violence Prevention Policy](#)

Saskatchewan Polytechnic: [Policy 601 Harassment](#)
[Policy 604 Violence](#)

8.6 Student Guidelines for Professional Portfolio Development

Students enrolled in the SCBScN are encouraged to maintain an ongoing, up-to-date professional portfolio. This will prepare you for the requirement of the SRNA to keep continuing competency records.

Purpose

1. To promote student accountability for learning.
2. To facilitate a student's reflection on, and assessment of, his/her own growth, learning and development needs and highlight progress and achievement towards becoming a safe and competent professional nurse.
3. To provide evidence to faculty of the student's development of competencies and expertise resulting from learning and experience by the preparation, selection, and organization of examples of assigned work and / or best work.
4. To provide a basis for discussion between faculty and students, and between students and their colleagues, for the purpose of growth and / or evaluation.
5. To encourage a valuing of lifelong learning and competency development over time.

Documents in portfolios may include, but are not limited to, resumes, performance appraisals, competency checklists, certifications (e.g., BLS-CPR, TLR®), self-assessment forms, learning plans, exemplar materials produced for course work, NCLEX resources, lists of books/articles/audio-visual material examined, peer

feedback, committee membership and involvement and responsibilities, attendance at conferences or education sessions outside the program requirements, awards received, letters of commendation, and students' professional presentations or publications. It may also include students' own reflections on broader nursing, political and health care system policy issues.

8.7 Helpful Contacts

Department	Phone	Email
General Information	U of R: 306.337.3300 1-855-830-3300	nursing@uregina.ca
	Sask Polytech Regina: 306.775.7989 Saskatoon: 306.659.4085	
	Great Plains College – Swift Current Campus 306.773.1531	swiftcurrent.office@greatplainscollege.ca
U of R Aboriginal Student Centre	306.337.3153	ASCentre@uregina.ca
Sask Polytech Indigenous Student Centre	Regina: 306.775.7380 Saskatoon: 306.659.4103	regina.isc@saskpolytech.ca saskatoon.isc@saskpolytech.ca
U of R Admissions	306.585.4591 1-800-664-4756	admissions@uregina.ca
Sask Polytech Admissions	1-866-467-4278	Regina: RegInbox.Regina@saskpolytech.ca Saskatoon: RegInbox.Saskatoon@saskpolytech.ca
U of R Student Accessibility Centre	306.585.4631	accessibility@uregina.ca
Sask Polytech Learning Services	Regina: 306.775.7729 Saskatoon: 306.659.4048	StudentServicesRegina@saskpolytech.ca StudentServicesSaskatoon@saskpolytech.ca
Health Nurse	Regina: 306.775.7347 306.775.7348 Saskatoon: 306.659.4046 306.227.5555	reginahealth@saskpolytech.ca jacquie.bourdon@saskpolytech.ca
U of R Indigenous Student Support	306.337.3300 1-855-830-3300	kristen.peigan@uregina.ca

Department	Phone	Email
Sask Polytech Indigenous Nursing Student Advisors	Regina: 306.775.7383 Saskatoon: 306.659.4221	greg.riehl@saskpolytech.ca sharon.ahenakew@saskpolytech.ca
Registrar's Office	U of R: 306.585.4127	the.registrar@uregina.ca
U of R Student Awards & Financial Aid	306.585.4591	scholarships@uregina.ca student.loans@uregina.ca
Sask Polytech Donor & Alumni Relations	Regina: 306.775.7718 Saskatoon: 306.659.4139	paula.letkeman@saskpolytech.ca coralee.peppard@saskpolytech.ca
U of R Student Success Centre	306.585.4076	student.success@uregina.ca
Sask Polytech Counselling Services	Regina: 306.775.7436 Saskatoon: 306.659-4050	reginacounselling@saskpolytech.ca saskatooncounselling@saskpolytech.ca
Students Associations	U of R: 306.586.8811	http://www.ursu.ca
	Sask Polytech Regina: 306.775.7823 Saskatoon: 306.659.4421	http://www.spsa.ca

Section 9 - Conclusion

You will experience a rewarding and fulfilling educational journey.

When you graduate, you'll be ready to make a real difference in your patients' lives and work as a valuable member of a health care team that includes physicians, paramedics, social workers and therapists among others.

Best of success in your studies

david Gregory
Dean
Faculty of Nursing
University of Regina

Robin Evans
Associate Dean (Undergraduate)
Faculty of Nursing
University of Regina

Phone: 306-337-3300
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Karen Eisler
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Dean
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Saskatchewan Polytechnic

Chris Barlow
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Idylwyld Dr.

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Christa MacLean
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