Student Handbook

Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) 2016-17

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Section 1 - Introduction

This handbook supplements information in the U of R 2016-2017 Undergraduate Calendar and Course Catalog (http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html) that will be useful to you as a student in the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program. It includes important dates, information about the program itself, and additional regulations and policies that apply to all students in the program. You may be periodically notified of updates to the handbook through email, messages on the portal and the collaborative website (http://www.sasknursingdegree.ca/scbscn).

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

The degree you will receive at the end of the SCBScN 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 SCBScN program. It is your responsibility to become familiar with policies that pertain to you and your progression in the program.
Section 2 – Important Dates

Important Dates 2016 – 2017

Fall Semester

- September 6: First day of classes for year 3 and 4 clinical courses
- September 7: First day of all other classes
- October 10: Thanksgiving – no classes
- November 11: Remembrance Day – no classes
- December 6: Last day of classes
- December 9 – 22: Final exam period

Winter Semester

- January 4: First day of classes for year 3 and 4 clinical courses
- January 5: First day of all other classes
- February 20: Family Day – no classes
- February 21 – 24: Winter break
- April 14: Good Friday – no classes
- April 17: Easter Monday
- April 12: Last day of classes
- April 15 – 28: Final exam period

For a detailed listing of important dates, visit the Academic Schedule website at http://www.uregina.ca/student/registrar/registration/academic-schedule.html
Section 3 – Program Information

3.1 Program Description

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

The SCBScN program is a four-year degree 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. These options are described later in this handbook.

The SCBScN program is approved by the Saskatchewan Registered Nurses’ Association (SRNA), the provincial regulatory body for nurses. Graduates of the program 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 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 program meets national standards of excellence in nursing education.

The integration of theory and practice is emphasized in the SCBScN program; 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. Clinical reasoning, defined by Benner, Sutphen, Leonard, and Day (2010) as “the ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family” (p. 86), brings to life the integration of theory and practice.

According to Benner, Sutphen, Leonard, and Day (2010), formation of the nurse as a result of the education process incorporates:
the development of perceptual abilities, the ability to draw on knowledge and skilled know-how, a way of being and acting in practice and in the world. Formation occurs over time with the transformation from the well-meaning lay person to the nurse who is prepared to respond with respect and skill to people who are vulnerable or suffering (p. 166).

The goal then is to facilitate the formation of graduates of the program to assume the role of registered nurse for service to the people of Saskatchewan or wherever they choose to practice.

Reference:

3.2 Program Mission and Values

Mission

The SCBScN program delivers innovative nursing education in an environment of interprofessional collaboration, shared governance, and scholarship. The curriculum anticipates and responds to changing nursing roles, population and health system needs. Students and faculty collaborate in the discovery, integration, application and dissemination of knowledge. Graduates contribute to advancing health by demonstrating leadership in practice, research, education and administration.

Values

- Accountability – We adhere to high standards of ethical behaviours and personal accountability. We make decisions and act based on sound principles, good character and caring for others.

- Respect – Our treatment of and interactions with each other are principled and respectful.

- Diversity – We embrace people from diverse cultures, heritages, life experiences, and opinions in our efforts to enrich the learning and work environment and foster inclusive decision making.

- Innovation – We foster an environment in which new ideas can emerge and lead to creative approaches, solutions, and actions.

- Integrity – We demonstrate our values through honesty and consistency of principled actions.
• Service – We illuminate socially relevant issues and problems and employ our expertise to serve each other and society. The knowledge we generate enriches the community.

3.3 Program Outcomes

In line with our vision and in order to prepare our graduates to provide patient-and family-centered, holistic, safe, competent care, the graduate will be able to:

• **advocate** in the interests of clients, families and communities, and for their right to be involved in decisions regarding their health and health care.

• integrate **clinical reasoning** skills in practice.

• provide and support care in a **culturally safe** manner, modelling competence and sensitivity in interacting with culturally diverse clients.

• engage in **evidence-informed practice** and **lifelong learning** through the application of digital media and **information literacy** skills.

• incorporate **health promotion** and **illness prevention** in all aspects of practice.

• utilize health **informatics** processes, including current and future information technologies, to access and synthesize nursing data and information for planning, assessment, implementation and evaluation of client care.

• provide informal and formal **leadership** in professional practice, including **mentoring** of nursing colleagues and stewardship of health care resources.

• practice **political activism** locally, provincially, nationally and globally to positively influence health care systems.

• model **professionalism** by practicing ethically and with accountability and caring.

• integrate **quality improvement** consistently and continuously in providing care, through use of knowledge acquired by experience and through research from nursing and other relevant sources.

• communicate and collaborate through **relational practice** with other professions, disciplines and clients for integrative health care.

• demonstrate **social consciousness** to the environment, the community and the nursing profession.
3.4 Conceptual Framework and Curriculum Model

The curriculum framework presents the impression of a tree, and demonstrates the growth of a novice learner to an entry-level professional nurse. The Saskatchewan Collaborative Bachelor of Science in Nursing program is rooted in selected elements of Critical Social Theory that provide a solid foundation for the curriculum. The trunk represents the delivery system or pedagogy* through which learners acquire knowledge and competencies related to the core concepts. The core concepts are derived from the current context of nursing practice. The nursing education process culminates in outcomes reflective of the Saskatchewan Registered Nurses’ Association standards and competencies and ultimately results in graduates who practice patient-and family-centered, holistic, safe, competent care.

*Recognizing the tension among some educational scholars around the term “pedagogy”, in the context of the SCBScN program, 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

The Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program is guided by the philosophical foundation of Critical Social Theory (CST). Within the curriculum, health and the access to health is viewed as a basic human right. Critical social theory provides a “framework to address the fundamental causes of health disparities and social injustices” (Mohammed, 2006, p. 70) with vulnerable populations including, but not limited to, Indigenous peoples. The goal of CST is to transform social structures by examining unequal power relationships that exist within those structures, creating conditions that limit human growth and potential. Nursing occurs within the social milieu of humanism, holism, dialogue, critical inquiry, and action toward justice; basic tenets of CST.

The focus of nursing in this curriculum is the health of all patients and clients in interaction with the environment. The terms “patients” and “clients” may refer to individuals, families, communities and populations with a focus on a commitment to patient-and family-centered care. Communication, collaboration, information sharing, participation, dignity, respect and caring are key components in mutually beneficial relationships with patients, families, other health care providers and professionals in other sectors. Environmental, social, political and economic contexts influence health and health behaviour approaches to health care and health care systems. Primary health care aligns with CST and is the central approach to health and health care in Canada and the SCBScN curriculum. The curriculum, like CST, is directed toward emancipation and empowerment of all participants.

Within the curriculum, emphasis is placed on the nurse’s role in analyzing and critiquing the impact of professional standards, public policy and health programs. The purpose of the critique is to maximize human potential and health for all through quality improvement. Therefore nurses challenge, through the commitment to evidence-informed practice, lifelong learning and the use of information literacy, the legitimacy of the status quo that limits choices for health. Graduates of this program will provide leadership in advocating for and promoting healthy public policy, safe practice and social justice (SRNA, 2013, Competency #9, 12, 81, 82).

Three “interests” in CST are applied in the SCBScN program: technical interest (skill orientation utilizing experience and observation to problem solve), practical interest (reaching meaning through dialogue and understanding of historical perspectives and context) and emancipatory interest (seeking individual autonomy, social responsibility and empowerment) (Boychuk Duchscher, 2000). While acknowledging the need for skill acquisition, CST requires inclusion of the humanistic and phenomenological considerations, particularly the valuing of each individual’s subjective experience (Playle, 1995) and the personal meaning that is brought to the educational experience.
In the SCBScN program, “clients” are determined to be learners, colleagues, external stakeholders and the community in which students and faculty learn and work.

Yacopetti (2000) identified reflective practice as a core element of CST, with reflection defined as activity in which individuals utilize their experience to attain learning and reach understanding.

Critical Social Theory is strong in elements of constructivism which presumes that knowledge is created by the learner as he/she determines meaning through experiences rather than merely acquiring knowledge by being provided with information from experts (Iwasiw, Goldenberg & Andrusysyn, 2009). “A revisioning of nursing toward emancipation and empowerment requires that nurse academics and nursing students co-participate in the deconstruction and ... in the reconstruction of educational practices” (Boychuk Duchscher, 2000, p. 458).

A learning-centered approach is employed in the delivery of the collaborative nursing program curriculum. This approach affords both educators and students opportunity to select from a myriad of innovative and engaging learning strategies for the achievement of learning outcomes.

In a world where knowledge is increasing exponentially and where nursing students are involved in caring for clients with complex needs, students must develop the ability to access and process data needed to provide care. “Rather than learning an increasing amount of nursing content, students need to learn how to make appropriate patient care decisions based on ... credible evidence, critical thinking, and clinical reasoning ... A central concept of learning centered education is that teachers and students are both learners, working together to explore and develop students’ abilities” (Candela, Dalley, & Benzel-Lindley, 2006, p. 59).

Action-sensitive pedagogy supports, and is supported by, critical social theory and the learning-centered approach. Action-sensitive pedagogy provides direction to learners (faculty and students) through patterns of knowing (Averill & Clements, 2007):

1. Empirical knowing – the scientific method, observable and measurable (quantitative).
2. Aesthetic knowing – the “art” of nursing, being with the other in the lived experience.
3. Ethical knowing – identifying the common good, exhibiting compassion and respect, personal responsibility and accountability, identifying acceptable behaviour according to appropriate cultural definition, understanding standards of communication; what is right and just; what ought to be done.
4. Personal knowing – insight and understanding of the self and personal ways of communicating with others.
5. Sociopolitical knowing – understanding of historical, cultural, economic and other social contextual factors causing health disparities.

6. Unknowing – openness and acceptance that we have not found answers to all questions and circumstances, a release of biases and assumptions, and a resultant readiness to hear and learn (Jackson, Clements, Averill, & Zimbro, 2009).

7. Emancipatory knowing – built on the other patterns of knowing, leads to action to change the working/learning/living environment, hearing and acting on the voice of the other, including client and/or student (Jackson et al., 2009).

Recognizing the unique context of Aboriginal peoples and their health disparities in the province of Saskatchewan, the SCBScN program acknowledges and supports an eighth way of knowing.

8. Aboriginal ways of knowing – With a central concept of (w)holism as represented by the Medicine Wheel, Aboriginal ways of knowing involve balance among physical, emotional, intellectual and spiritual aspects of the person. Relationships between the land, spirit, and all beings are considered, rather than isolated individual components. Knowledge is developed and shared by groups rather than being owned by individuals. Information is passed down through generations, evolving and originating from the spirit, land and ancestors. There are numerous mechanisms for knowledge-sharing including narrative or storytelling (Crowshoe, 2005; Woorama, 2007).

“Action-sensitive pedagogy [is] … about multiple ways of knowing, holistic thinking, integration of contexts, curiosity, uniqueness, caring, and fullest engagement of body, mind, and spirit in the enterprise of learning” (Averill & Clements, 2007, p. 396). It is enacted in the curriculum by valuing diversity within the student population and offering varied learning activities to accommodate the variety of learners and learning styles and by honouring student preferences where possible.

References


### 3.6 Core Concepts

Core concepts are abstract ideas that form the substance of the curriculum. The core curriculum concepts are essential for graduates to know and use in the context in which they will practice nursing. The core concepts permeate the curriculum and contribute to the curriculum’s uniqueness. They form an essential component of the foundation and nucleus (pillars) of the curriculum.

**Aboriginal Health**

Aboriginal health is closely linked to self-determination (Waldram, Herring, & Young, 2007). In understanding the full context of self-determination, it is important for Aboriginal and non-Aboriginal people to become aware of the process of colonization within Canada and its effects on Aboriginal people. Understanding Aboriginal health is also closely linked to the spiritual aspect of cultural influences within Aboriginal people, connections to the land and connections to all that is (Aboriginal Healing Foundation, 2006). Defining Aboriginal health without the other aspects of Aboriginal ways of being and viewing the world would demean the process of promoting a healthy way of living within Aboriginal communities. Saskatchewan has a high number of Aboriginal people and the social, economic, political, and environmental circumstances give rise to significant variation in health problems and healing strategies for Aboriginal people (University of Regina, 2009).

The Aboriginal Peoples Survey (APS), and Canadian Census (2006) indicate the health status and well-being of First Nations, Inuit and Métis populations remains significantly below the standards of other Canadians (Statistics Canada, 2008). Health inequities
and the underlying causes of the disparities are primarily linked to the social determinants of health in addition to a lack of understanding about the diversity of Aboriginal people and their health (Adelson, 2005). Aboriginal Nurses Association of Canada (2009), state that

The ability to effectively reduce both inequities and the disparities of health requires being cognizant of the ‘very real’ cultural and social barriers which may exist between First Nations, Inuit and Métis individuals and health service providers in communities and urban centres (p. 11).

Caring

Within the SCBScN program caring is described as “the way we are with people and the manner in which we transfer our skills to meet their needs”. Caring is viewed as central to patient-centered care.

In addition, Anthony and Landeen (2009) posit that in an empowered curriculum, caring is viewed as a central value that involves knowledge, political action and advocacy. They further suggest that caring is “more than good intentions and subjective ways of knowing; it is intertwined with power” and includes “advocacy for client health, the advancement of health and the practice of nursing. . . . The power of political action and advocacy is an act of caring” (p. 8-9).

Collaboration

Collaboration is the ongoing process of partnering with others in the provision of health services including the identification of needs, data analysis, the development of alternatives, creation of, implementation and evaluation of preferred action plans (Saskatchewan Registered Nurses’ Association, 2013, p. 21).

Interprofessionality in the health domain is defined as

the development of a cohesive practice between professionals from different disciplines. It is the process by which professionals reflect on and develop ways of practicing that provide an integrated and cohesive answer to the needs of the client/family/population . . . . It involves continuous interaction and knowledge sharing between professionals organized, to solve or explore a variety of education and care issues all while seeking to optimize the patient’s participation. The care provided to the patient and the patient’s willingness to participate are key factors in this approach (D’ Amour & Oandasan, 2005, p. 9).

Collaborative patient-centered practice promotes the active participation of each discipline in patient care. Health Canada (2001) states
It enhances patient- and family-centered goals and values, provides mechanisms for continuous communication among caregivers, and optimizes staff participation in clinical decision making within and across disciplines fostering respect for disciplinary contributions of all professionals (as cited in the Canadian Interprofessional Health Collaborative (CIHC), 2007, p. 7).

**Communication**

Communication is defined as “the process of creating and sharing meaning” (Lane, 2010, p. 346). In nursing, communication is viewed as a lifelong learning process (Burger & Goddard as cited in Potter & Perry [Eds.], 2009). Patient-centered communication is a fundamental part of nursing practice and the development of a therapeutic nurse-patient relationship is integral to the provision of quality nursing care (Bowles, Mackintosh, & Torn, 2001; McCabe, 2004). Self-awareness and a clear self-concept are foundational to establishing therapeutic relationships and effective counselling and communication skills (Balzer Riley, 2008; Egan & Schroeder, 2009). Professional nursing roles require effective communication skills as an essential element that enhance and facilitate interactions and collaboration with clients, families, communities and interprofessional teams (Apker, Propp, Zabava, & Hofmeister, 2006). Effective communication “helps ensure that ethical and legal responsibilities and professional practice standards are met, and contributes to positive client outcomes” (Burger & Goddard, p. 246).

The expanding role for nurses in **health education** and **patient teaching** also contributes to positive client outcomes (Bastable, 2008; Whitehead, 2007). Health education involves teaching and learning interactions and activities which serve to inform clients (individuals, families, and communities) about health, the nature and causes of illness, risks, health promotion behaviours and strategies, and the broader determinants of health (Bastable; Whitehead).

**Critical Inquiry**

This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005, as cited in SRNA, 2013, p. 21).

**Evidence-Informed Practice**

The Saskatchewan Registered Nurses’ Association (SRNA) defines evidence–informed practice as “the ongoing process that incorporates evidence from research, clinical
expertise, client preferences and other available resources to make nursing decisions about clients" (CNA, 2010, as cited in SRNA, 2013, p. 23).

**Information Literacy and Nursing Informatics**

Information literacy promotes evidence-informed practice, and lifelong learning, and the generation of 'clinical wisdom' (Fetter, 2009, p. 1).

Nayda and Rankin (2008) defined information literacy as "the ability to allocate, evaluate and use information effectively (as cited in Fox et al., 1996) in the ongoing pursuit of personal development and excellence in professional practice" (p. 28). Also, the ACRL (Association of College & Research Libraries) Board of Directors, in 2013, approved the Information Literacy Competency Standards for Nurses that states that an information literate nurse

- Determines the nature and extent of information needed
- Accesses the needed information effectively and efficiently
- Critically evaluates the procured information and its sources, and as a result, decides whether or not to modify the initial query and/or seek additional sources and whether to develop a new research process
- Individually or as a member of a group, uses information effectively to accomplish a specific purpose.
- Understands many of the economic, legal, and social issues surrounding the use of information and accesses and uses information ethically and legally. (Anonymous, 2014, p. 34)

The Canadian Nursing Informatics Association (CNIA) has provided this widely accepted definition of Nursing Informatics (NI):

NI integrates nursing science, computer science, and information science to manage and communicate data, information, and knowledge in nursing practice. Nursing informatics facilitates the integration of data, information, and knowledge to support clients, nurses and other providers in their decision making in all roles and settings. This support is accomplished through the use of information structures, information processes, and information technology" (Staggers & Bagley-Thompson, 2002, p. 260).

The Canadian National Nursing Informatics Project working group defined nursing informatics as "the application of computer science and information science to nursing. NI promotes the generation, management and processing of relevant data in order to use information and develop knowledge that supports nursing in all practice domains" (as cited in Kaminski, 2007, p. 1).
Information literacy and nursing informatics are inseparable according to accepted definitions.

**Leadership**

Leadership is a relational process of influencing, motivating, and guiding people to accomplish common goals and attain greater levels of achievement in all domains of nursing practice.

Leadership in nursing is demonstrated “by: a. building relationships and trust; b. creating an empowering environment; c. supporting knowledge development and integration within the health care team; d. leading and sustaining change; and e. balancing competing values and priorities” (SRNA, 2013, p. 10 Competency #25).

Leadership is not limited to formal leadership roles; it is a shared responsibility (CNA, 2009a) and occurs where the leader takes a visionary position and inspires people to follow (RNAO, July, 2013).

**Primary Health Care and Population Health**

Primary Health Care (PHC)

is the “everyday care” that a person needs to protect, maintain or restore health. It is often a person’s first point of contact within the health system. This may come in the form of a visit with a family physician or nurse practitioner, advice from a pharmacist, information on managing a chronic disease, or numerous other interactions between patients, families, and providers (Government of Saskatchewan, 2012, cited in SRNA, 2013, p. 22; World Health Organization (WHO), 1978).

PHC is fundamentally a “socio-environmental perspective based on values of social justice and equity, and on the recognition of the powerful influence of the social determinants of health” (Cohen & Gregory, 2009, p. 11). They further state that in this paradigm, health promotion goes beyond the focus of educating individuals for behaviour change. It aims to change the social structures and environments that influence population health, commonly referred to as the social determinants of health, and is based on values of social justice and equity (Cohen 2008; Smith, Jacobson, & Yiu, 2008 cited in Cohen & Gregory, 2009, p. 1-2).

Population Health "is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. Action is directed at the health of an entire population, or sub-population, rather than individuals.” (Public Health Agency of Canada, 2012, cited in SRNA, 2013, p. 22), particularly the vulnerable
and marginalized members of society. The Canadian Nurses Association, (2003), endorsed a primary health care approach as the way to achieve health for populations, global health, and equity (p. 1).

**Professionalism**

Professional nurses convey a professional presence, defined as 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 (adapted from Ponte, P. et al. 2007, as cited in SRNA 2013, p.22).

Faculty of the Saskatchewan Collaborative Bachelor of Science in Nursing program believe that professional nurses have strong literacy and communication skills. They “understand the requirements for lifelong learning and the need for ongoing education and change beyond the immediate job requirements” (Ervin, Bickes, & Myers Schim, 2006, p. 80).

**Safety**

The faculty of the Saskatchewan Collaborative Bachelor of Science in Nursing program have determined that safety is a broad term in nursing practice that encompasses the concepts of patient safety, personal safety, cultural safety, and environmental safety and quality improvement.

**Patient Safety**

Canadian Nurses Association (CNA), 2009b, defined patient safety as

the prevention and mitigation of unsafe acts within the health care system . . . . For nursing it means being under the care of a professional health care provider who, with the person’s informed consent, assists the patient to achieve optimum levels of health, while at the same time ensuring that all necessary actions are taken to prevent or minimize harm. Patient safety is fundamental to nursing care . . . It is not merely a mandate; it is a moral and ethical imperative in caring for others (p. 1).

The intent in the SCBScN program is to employ a systems approach to identifying and correcting errors or potential errors which may compromise patient safety (Gregory, Guse, Davidson Dick, & Russell, 2007).
Personal Safety

CNA, 2009b, further indicated that patient safety involves adequate personal safety for the nurse. “There are several human resource issues that have an impact on patient-safety that must be addressed by organizations, on a systems level, and be evidence-based” (CNA, 2009b, p. 2).

Cultural Safety

From a constructivist perspective, “culture becomes not a list of features and characteristics to be memorized, but rather a set of complex interactions to be examined and engaged. Such a view invites nurses into an interactive, exploratory space with themselves and patients and facilitates meaningful connection and communication” (Gray & Thomas, 2006, p. 77).

Registered Nurses’ Association of Ontario (2007) states “cultural safety includes cultural awareness, cultural sensitivity and cultural competence and involves the recognition of unequal power relations to address inequities in health care” (p. 70).

Aboriginal Nurses Association of Canada (2009) supported the RNAO definition and state that cultural safety takes us beyond the following: cultural awareness, the acknowledgement of difference; cultural sensitivity, the recognition of the importance of respecting difference; and cultural competence, the focus on skills, knowledge, and attitudes of practitioners (p. 24). . . . Cultural safety is ‘action oriented’ and offers “opportunities in which unequal power relations are exposed and managed” (p. 25).

Environmental Safety

CNA, 2009b, identified many factors in nurses’ unpredictable and complex practice environments that impact patient and personal safety. Such factors include adequate staffing and workforce issues, limited financial resources, workplace health and safety issues, and advances in technology without adequate staff education and training. CNA (2007), continued to promote quality practice environments and quality improvement processes in all domains of practice to maximize positive outcomes for clients, nurses and systems.
Social Justice

Canadian Nurses Association (CNA). (2009c) defined Social Justice as

the fair distribution of society’s resources and responsibilities among the members of a population, with a focus on the relative position [degree of equality] of one social group in relationship to others in society and the root causes of disparities in health and health care, as well as what can be done to eliminate them. Resources for health and health care refer to not just direct services but to factors in the social environment which impact the health of populations, collectively known as the social determinants of health (p. 2).

The Canadian Code of Ethics for Registered Nurses (CNA, 2008) indicates nurses should promote social justice by advocating for health and social conditions that allow persons to live and die with dignity.

Globalization defined as a “process of closer interaction of human activity (Davidson, Meleis, Daly & Douglas, 2003, as cited in CNA, 2009, p. 163), is increasing rapidly and has resulted in a greater awareness of the ways in which socio-political disparities can affect each of us” (CNA, 2009, p. 4). In 2009, the Canadian Nurses Association stated that “health is a global issue and global health – the optimal well-being of all humans from the individual and collective perspective – is a fundamental human right, which should be accessible by all” (2009c, p. 1).

CNA (2009d (April)) further indicates that nurses must be involved in initiatives which focus on world problems that impact health to achieve health for populations. Actions must include “a focus on the inequities in access to health care, and that population (and individual) health is strongly influenced by social structures and the social determinants of health” (p. 4).

References


### 3.7 Organization of Courses

In addition to nursing courses, students also take the following cognate courses.

- 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)

### 3.8 Open Electives

Any course for which the University of Regina gives credit is acceptable as an open elective.
3.9 Taking Courses at Other Institutions

Students in the SCBScN program may complete a course at another institution, however prior permission 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 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 Curriculum Blueprint

See U of R calendar for course descriptions.

### 3.10.1 April Exit

<table>
<thead>
<tr>
<th></th>
<th>Year One</th>
<th>Term One</th>
<th>Term Two</th>
<th>Year Two</th>
<th>Term One</th>
<th>Term Two</th>
<th>Year Three</th>
<th>Term One</th>
<th>Term Two</th>
<th>Year Four</th>
<th>Term One</th>
<th>Term Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>INHS 101</td>
<td>Introduction to Indigenous Health Studies I</td>
<td>CNUR 106</td>
<td>(3 cr) Health &amp; Education across the Lifespan</td>
<td>CNUR 202</td>
<td>(3 cr) Pharmacology</td>
<td>STAT 100</td>
<td>(3 cr) Elementary Statistics for Applications</td>
<td>CNUR 300</td>
<td>(3 cr) Family Health</td>
<td>CNUR 301</td>
<td>(3 cr) Leadership and Influencing Change</td>
<td>CNUR 400</td>
</tr>
<tr>
<td>ENGL 100</td>
<td>Critical Reading and Writing I</td>
<td>CNUR 107</td>
<td>(3 cr) Introduction to Health Assessment</td>
<td>CNUR 201</td>
<td>(3 cr) Counselling and Therapeutic Use of Groups</td>
<td>CNUR 209</td>
<td>(3 cr) Nursing Research Methods</td>
<td>CNUR 302</td>
<td>(6 cr) Theory &amp; Practice Education: Child and Adolescent Partnerships</td>
<td>CNUR 303</td>
<td>(6 cr) Theory &amp; Practice Education: Family and Newborn Partnerships</td>
<td>CNUR 401</td>
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<tr>
<td>BIOL 110</td>
<td>Human Anatomy &amp; Physiology I</td>
<td>BIOL 311</td>
<td>(3 cr) Human Anatomy &amp; Physiology II</td>
<td>CNUR 204</td>
<td>(3 cr) Alterations in Health and Advanced Assessment I</td>
<td>CNUR 204</td>
<td>(3 cr) Alterations in Health and Advanced Assessment II</td>
<td>CNUR 304</td>
<td>(6 cr) Theory &amp; Practice Education: Mental Health Partnerships</td>
<td></td>
<td>CNUR 404</td>
<td>(6 cr) Transition to Practice</td>
</tr>
<tr>
<td>CNUR 100</td>
<td>Practice Education: Community Partnerships</td>
<td>CNUR 103</td>
<td>(3 cr) Practice Education: Stable Populations</td>
<td>CNUR 205</td>
<td>(3 cr) Practice Education: Acute Care Partnerships I</td>
<td>CNUR 205</td>
<td>(3 cr) Practice Education: Acute Care Partnerships II</td>
<td>CNUR 305</td>
<td>(6 cr) Theory &amp; Practice Education: Advanced Acute Care Partnerships</td>
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</tr>
<tr>
<td>CNUR 102</td>
<td>Foundations of Care I: A Developing Professional</td>
<td>CNUR 103</td>
<td>(3 cr) Foundations of Care II: Professional Nursing</td>
<td>BIOL 222</td>
<td>(3 cr) Microbiology for Health Professionals</td>
<td>Open Elective</td>
<td>(3 cr)</td>
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### 3.10.2 August Exit

<table>
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<th>Saskatchewan Collaborative Bachelor of Science in Nursing - August Exit</th>
<th>August Exit begins Term 3 of Year 2</th>
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<tbody>
<tr>
<td><strong>Year One</strong></td>
<td><strong>Year Two</strong></td>
</tr>
<tr>
<td>Term One</td>
<td>Term Two</td>
</tr>
<tr>
<td>INHS 100 (3 cr) Introduction to Indigenous Health Studies I</td>
<td>CNUR 101 (3 cr) Health &amp; Education Across the Lifespan</td>
</tr>
<tr>
<td>ENGL 100 (3 cr) Critical Reading and Writing I</td>
<td>CNUR 102 (3 cr) Introduction to Health Assessment</td>
</tr>
<tr>
<td>BIOL 110 (3 cr) Human Anatomy &amp; Physiology I</td>
<td>BIOL 111 (3 cr) Human Anatomy &amp; Physiology II</td>
</tr>
<tr>
<td>CNUR 100 (3 cr) Practice Education: Community Partnerships</td>
<td>CNUR 101 (3 cr) Practice Education: Stable Populations</td>
</tr>
<tr>
<td>CNUR 102 (3 cr) Foundations of Care I: Developing Professional</td>
<td>CNUR 103 (3 cr) Foundations of Care II: Professional Nursing</td>
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### 3.10.3 December Exit

<table>
<thead>
<tr>
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<th>Year One</th>
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<th>Year Three</th>
<th>Year Four</th>
<th>Year Four</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Term One</td>
<td>Term Two</td>
<td>Term One</td>
<td>Term Two</td>
<td>Term Three</td>
</tr>
<tr>
<td>BINS 100 (3 cr)</td>
<td>Introduction to Indigenous Health Studies I</td>
<td>CNUR 106 (3 cr) Health &amp; Education Across the Lifespan</td>
<td>CNUR 202 (3 cr) Pharmacology</td>
<td>STAT 100 (3 cr) Elementary Statistics for Applications</td>
<td>CNUR 300 (3 cr) Family Health</td>
</tr>
<tr>
<td>ENGL 100 (3 cr)</td>
<td>Critical Reading and Writing I</td>
<td>CNUR 107 (3 cr) Introduction to Health Assessment</td>
<td>CNUR 201 (3 cr) Counselling and Therapeutic Use of Groups</td>
<td>CNUR 209 (3 cr) Nursing Research Methods</td>
<td>CNUR 302 (6 cr) Theory &amp; Practice Education: Child and Adolescent Partnerships</td>
</tr>
<tr>
<td>BIOD 110 (3 cr)</td>
<td>Human Anatomy &amp; Physiology I</td>
<td>BIOD 111 (3 cr) Human Anatomy &amp; Physiology II</td>
<td>CNUR 203 (3 cr) Alterations in Health and Advanced Assessment I</td>
<td>CNUR 204 (3 cr) Alterations in Health and Advanced Assessment II</td>
<td>CNUR 304 (6 cr) Theory &amp; Practice Education: Mental Health Partnerships</td>
</tr>
<tr>
<td>CNUR 100 (3 cr)</td>
<td>Practice Education: Community Partnerships</td>
<td>CNUR 101 (3 cr) Practice Education: Stable Populations</td>
<td>CNUR 205 (3 cr) Practice Education: Acute Care Partnerships I</td>
<td>CNUR 206 (3 cr) Practice Education: Acute Care Partnerships II</td>
<td>CNUR 305 (6 cr) Theory &amp; Practice Education: Advanced Acute Care Partnerships</td>
</tr>
<tr>
<td>CNUR 102 (3 cr)</td>
<td>Foundations of Care: A Developing Professional</td>
<td>CNUR 103 (3 cr) Foundations of Care: Professional Nursing</td>
<td>BIOL 222 (3 cr) Microbiology for Health Professionals</td>
<td>Open Elective (3 cr)</td>
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### 3.10.4 LPN2RN Option

#### LPN2RN Option – Program of Study*

<table>
<thead>
<tr>
<th>Year 1 – Term 1 (Fall)</th>
<th>Course ID</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Grade</th>
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<tr>
<td>BIOL 222</td>
<td>Microbiology for Health Professionals</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNUR 201</td>
<td>Counselling and Therapeutic Use of Groups</td>
<td>3</td>
<td></td>
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<tr>
<td>CNUR 203</td>
<td>Alterations in Health and Advanced Assessment 1</td>
<td>3</td>
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<tr>
<td>ENGL 100</td>
<td>Critical Reading &amp; Writing</td>
<td>3</td>
<td></td>
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<tr>
<td>KIN 262</td>
<td>Human Anatomy &amp; Physiology II</td>
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<th>Year 1 – Term 2 (Winter)</th>
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<th>Credit Hours</th>
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</tr>
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<tr>
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</tr>
<tr>
<td>CNUR 204</td>
<td>Alterations in Health and Advanced Assessment II</td>
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<td>CNUR 206</td>
<td>Practice Education: Acute Care Partnerships II</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>CNUR 209</td>
<td>Nursing Research Methods</td>
<td>3</td>
<td></td>
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<tr>
<td>STAT 100</td>
<td>Elementary Statistics for Applications</td>
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<table>
<thead>
<tr>
<th>Year 1 – Term 3 (Spring/Summer)</th>
<th>Course ID</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Grade</th>
</tr>
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<tbody>
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<td>Semester</td>
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<tr>
<td>CNUR 300</td>
<td>Family Health</td>
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Any two courses listed below:

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<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNUR 302</td>
<td>Theory &amp; Practice Education: Child and Adolescent Partnerships</td>
<td>6</td>
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<tr>
<td>CNUR 303</td>
<td>Theory &amp; Practice Education: Family and Newborn Partnerships</td>
<td>6</td>
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<tr>
<td>CNUR 304</td>
<td>Theory &amp; Practice Education: Mental Health Partnerships</td>
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<tr>
<td>CNUR 305</td>
<td>Theory &amp; Practice Education: Advanced Acute Care Partnerships</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 2 – Term 1 (Fall)</th>
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<th>Course Title</th>
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<th>Grade</th>
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<tbody>
<tr>
<td>Semester</td>
<td></td>
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</tr>
<tr>
<td>CNUR 301</td>
<td>Leadership and Influencing Change</td>
<td>3</td>
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</tbody>
</table>

Any two courses listed below:

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNUR 302</td>
<td>Continued from Term 3</td>
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<tr>
<td>CNUR 303</td>
<td>Continued from Term 3</td>
<td></td>
<td></td>
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<tr>
<td>CNUR 304</td>
<td>Continued from Term 3</td>
<td>6</td>
<td></td>
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<tr>
<td>CNUR 305</td>
<td>Continued from Term 3</td>
<td>6</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Year 2 – Term 2 (Winter)</th>
<th>Course ID</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>Semester</td>
<td></td>
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<tr>
<td>CNUR 400</td>
<td>Social, Political &amp; Economic Perspectives in Nursing</td>
<td>3</td>
<td></td>
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<tr>
<td>CNUR 401</td>
<td>Theory &amp; Practice Education: Population Health &amp; Community Partnerships</td>
<td>6</td>
<td></td>
<td></td>
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<tr>
<td>CNUR 402</td>
<td>Health Promotion with Senior Adults and Rural &amp; Remote Populations</td>
<td>3</td>
<td></td>
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<tr>
<td>Elective</td>
<td>Open Elective</td>
<td>3</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 2 – Term 3 (Spring/Summer)</th>
<th>Course ID</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNUR 403</td>
<td>Focused Practice</td>
<td>6</td>
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<td></td>
</tr>
<tr>
<td>CNUR 404</td>
<td>Transition to Practice</td>
<td>6</td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL CREDIT HOURS: 84**

### Notes:

- Total transfer credits: CNUR 100, 101, 102, 103, 106, 107, 202, 205, BIOL 110/KIN 261, INHS 100, SOC 100 (33 Cr.)
- Practical Nursing students complete APHY 162 and 262 as part of the diploma. These two courses are equivalent to BIOL 110/KIN 260 at the U of R. The combination of APHY 162 & 262 and BIOL 111 (with a minimum grade of 60%) or KIN 262 (with a minimum grade of 60%) meets the requirements for Biology in the SCBScN program. If the student chooses to take BIOL 110 and 111, then APHY 162 and 262 will count as open electives towards the program and the program of study will be extended.
- Practical Nursing students complete SOCI 160, 260 and SOCI 261 as part of the diploma; SOCI 160 is equivalent to SOCI 100 and can be used as an open elective and the combination of SOCI 260 and 261 is equivalent to INHS 100 at the U of R.

*Effective Fall 2016; approved for Saskatchewan Polytechnic (formerly SIAST) Practical Nursing graduates, 2008*
Section 4 - Grading

The SCBScN program uses 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.

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>90 – 100</td>
<td>An outstanding performance with very strong evidence of:</td>
</tr>
<tr>
<td></td>
<td>• an insightful and comprehensive grasp of the subject matter;</td>
</tr>
<tr>
<td></td>
<td>• a clear ability to make sound and original critical evaluation of the material given;</td>
</tr>
<tr>
<td></td>
<td>• outstanding capacity for original creative and/or logical thought;</td>
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<tr>
<td></td>
<td>• an excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts both in speech and in writing.</td>
</tr>
<tr>
<td>80 – 89</td>
<td>Very good performance with strong evidence of:</td>
</tr>
<tr>
<td></td>
<td>• a comprehensive grasp of the subject matter;</td>
</tr>
<tr>
<td></td>
<td>• an ability to make sound critical evaluation of the material given;</td>
</tr>
<tr>
<td></td>
<td>• a good capacity for original, creative, and/or logical thinking;</td>
</tr>
<tr>
<td></td>
<td>• a very good ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts both in speech and in writing.</td>
</tr>
<tr>
<td>70 – 79</td>
<td>Above average performance with evidence of:</td>
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<td></td>
<td>• a substantial knowledge of the subject matter;</td>
</tr>
<tr>
<td></td>
<td>• a good understanding of the relevant issues and a good familiarity with the relevant literature and techniques;</td>
</tr>
<tr>
<td>Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
|            | • 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    | A generally satisfactory and intellectually adequate performance with  
|            |   evidence of:  
|            |   • 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    | A barely acceptable performance with evidence of:  
|            |   • 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 program.

Section 5 – Academic Regulations

The Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program follows the University of Regina academic regulations. Please consult the University of Regina undergraduate calendar and course catalog Sections 5 and 15 (available online at [http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html](http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.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 Section 5.14.2 of the University of Regina calendar ([http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html](http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html))

5.2 Grade Reassessment

Please refer to Section 5.11 of the University of Regina calendar ([http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html](http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html))

Students in Regina who wish to request a formal reassessment (Section 5.11.2.2) should go to the Registrar’s office at the U of R to submit the request and to pay the fee.

Students in Saskatoon who wish to request a formal reassessment (Section 5.11.2.2) should set up a meeting with Sarah Hunter, the academic advisor to submit the request and to pay the fee.

Students in Swift Current who wish to request a formal reassessment (Section 5.11.2.2) 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. 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:


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 Sections 5.13 and 5.14 in the calendar (http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.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 SCBScN 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.
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 SCBScN program recognizes 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 program.

A student in the SCBScN 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);

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 which 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 the SCBScN program representing the Faculty of Nursing;
A full-time academic member of the SCBScN program representing Saskatchewan Polytechnic;
One third or fourth year student from the 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;
v) 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 PURC 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 SCBScN program recognizes 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, 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). 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. In addition, the Student Performance of Professional Responsibilities and Professional Suitability may apply. Violations of the social media policy are taken very seriously and 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 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 SCBScN program, and may not imply that they are a student in, or associated with, the SCBScN program.

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:

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.

For more information: [https://www.priv.gc.ca/index_e.cfm](https://www.priv.gc.ca/index_e.cfm)

**University of Regina**

Social Media Guidelines available at:

**Respectful Work and Learning Environment Policy**

U of R regulations governing discipline for academic and non-academic misconduct: are found in section 1.2.13 of the University of Regina undergraduate calendar ([http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html](http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html)).

**Saskatchewan Polytechnic**

Student conduct and appropriate use of technology policies:

**Policy 1211 Student Conduct**

**Policy 801 Appropriate Use of Information Technology Resources**

**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](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 2006 Canadian Nurses Association’s (CNA) position statement on “Nursing Information and Knowledge Management” emphasized that information management and communications technology are integral to nursing practice, which further supports the use of EMDs.

The software program, Nursing Central™ with RNotes®, is a requirement for the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program. 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: Any handheld mobile device that has the capability for Internet connection (Wi-Fi) to access up-to-date information.

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

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

Procedure

1. 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%7cb&svart%7cnursingcentral&svart%7chhttp://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.

2. The student will implement infection control measures, including:

• handwashing before and after client care to prevent transmission of organisms between EMD and client.
• Following manufacturer’s cleaning recommendations for your EMD.

3. To ensure patient confidentiality, the student will:

• Not post (e.g. blogging, social media networks such as Facebook, Twitter), email, texting, voice messaging or engage in any other means of sharing confidential information. An unnamed patient or person may be identifiable from posted information.
• Not send or receive personal phone calls while engaged in clinical practice education.
• Not disclose any information obtained in the clinical practice setting, even if they believe that it has been de-identified.
• Ensure that no photos of the agency, unit staff, patients, patient record, self or other students are taken or posted unless prior approval has been received from a Sask Polytech Academic Chair or the U of R Associate Dean (Undergraduate).
• Respect and uphold professional boundaries.
• Comply with the patient privacy policies of the health regions and SCBScN program.
• Comply with The Health Information Protection Act of Saskatchewan.

References


Section 6 - Policies

Progress through the SCBScN program 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 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.

For women: a reasonable length skirt or pants of a non-jeans material combined with a top (such as a dress shirt, or sweater set) is considered acceptable. An informal dress with appropriate skirt length is also acceptable. Revealing necklines and excessively high heels are not acceptable.

For men: a combination of collared shirt (such as a dress shirt or polo shirt), trousers (such as khakis or blue, green, brown, or black trousers) with a belt. Jeans are NOT acceptable business casual attire. A blazer or business jacket can be added as an option.

Unacceptable for either gender: rumpled or ripped clothing, T-shirts, logos, miniskirts, shorts, underwear as outerwear, and inappropriately revealing attire such as bare midriffs. Bare feet and flip flops are also unacceptable.
### 6.3 Access to Student Services at Partner Institutions

For general program and referral information please contact:

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<tr>
<th>In Regina</th>
<th>Regina</th>
<th>In Saskatoon</th>
<th>Saskatoon</th>
<th>In Swift Current</th>
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<tr>
<td>University of Regina</td>
<td>Saskatchewan Polytechnic</td>
<td>University of Regina</td>
<td>Saskatchewan Polytechnic</td>
<td>1-855-830-3300</td>
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<tr>
<td>306-337-3300</td>
<td>306-775-7640</td>
<td></td>
<td>306-659-4085</td>
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**For questions or concerns regarding:**

- Registration
- Scheduling
- Academic advising
  - Questions about program plans and course sequencing
- Study skills
- Time management skills
- Referral to other services

**Contact Information**

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<tr>
<th>Regina</th>
<th>Saskatoon</th>
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<tr>
<td>Sarah Stewart</td>
<td>Sarah Hunter</td>
<td>Sarah Stewart</td>
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<tr>
<td>Kristin Peigan (Aboriginal Support Coordinator)</td>
<td></td>
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<tr>
<td>Appointments can be made by calling (306) 337-3300</td>
<td>Appointments can be made by calling (306) 659-4085 or (306) 659-4250</td>
<td>Appointments can be made by calling 1-855-830-3300</td>
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- Performance evaluations in theory or clinical courses
- Performance contracts
- Factors affecting academic success:
  - Communication with faculty
  - Health issues

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<tr>
<th>Regina</th>
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<th>Swift Current</th>
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<tr>
<td>Jodi Found (Years 1 and 2)</td>
<td>Robyn Kobussen</td>
<td>Karen Lehmann</td>
</tr>
<tr>
<td>Allison Hall (Years 3 and 4)</td>
<td>Lucia New</td>
<td></td>
</tr>
<tr>
<td>Appointments can be made by calling (306) 775-7640</td>
<td>Appointments can be made by calling (306) 659-4085</td>
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- Aboriginal student support – academic or personal

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<th>Swift Current</th>
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<tr>
<td>U of R Kristin Peigan (306) 337-3300</td>
<td>U of R Kristin Peigan (306) 337-3300</td>
<td>Kristin Peigan 1-855-830-3300</td>
</tr>
<tr>
<td>Sask Polytech Greg Riehl (306) 775-7383</td>
<td>Sask Polytech Sharon Ahenakew (306) 659-4221</td>
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- Learning assessment
- Accommodations for learning needs

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<th>Regina</th>
<th>Saskatoon</th>
<th>Swift Current</th>
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<tbody>
<tr>
<td>U of R Centre for Student Accessibility (306) 585-4631</td>
<td>U of R Centre for Student Accessibility (306) 585-4631</td>
<td>U of R Centre for Student Accessibility (306) 585-4631 <a href="mailto:accessibility@uregina.ca">accessibility@uregina.ca</a></td>
</tr>
<tr>
<td>Sask Polytech Counselling Services (306) 775-7436</td>
<td>Sask Polytech Counselling Services (306) 659-4050</td>
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- Counselling
- Emergent support

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<th>Regina</th>
<th>Saskatoon</th>
<th>Swift Current</th>
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<tr>
<td>U of R Counselling Services (306) 585-4891</td>
<td>U of R Counselling Services (306) 585-4891</td>
<td>U of R Counselling Services (306) 585-4891</td>
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<tr>
<td>Sask Polytech Counselling Services (306) 775-7436</td>
<td>Sask Polytech Counselling Services (306) 659-4050</td>
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6.3.1 Library services

Library services are available to all students registered at all sites in the SCBScN program. The Sask Polytech library can be accessed at http://libraries.saskpolytech.ca and the U of R library 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 SCBScN program 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
Students’ Association, Saskatchewan Polytechnic Regina Inc.
University of Regina Nursing Students Society
University of Regina Students’ Union

| Tutoring | U of R Student Success Center (306) 585-4076 |
| Med math | Sask Polytech Learning Services (306) 775-7435 |
| Test taking skills | U of R Student Success Center (306) 585-4076 |
| Study/time management skills | Sask Polytech Learning Services (306) 659-4048 |
| | Kim Lambe |
| | Appointments can be made by calling (306) 778-5470 |

Tutoring
Writing assistance
Med math
Test taking skills
Study/time management skills

U of R Student Success Center
Sask Polytech Learning Services
Sask Polytech Learning Services
Kim Lambe

SCBScN Student Handbook 2016-17 – September 2016
6.4 Criminal Record Check and Vulnerable Sector Check

Please refer to Section 15.1.3 in the University of Regina calendar (http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html):

Nursing students accepted for admission into the SCBScN program 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**. 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. 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 courses in the fourth year of the program. 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 (CNUR 100 or CNUR 401) 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 Program Administrative Committee 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 *before entering the program*. 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 [Section 15.1.3](#) in the University of Regina calendar

Immunization for annual influenza is **strongly recommended**. Students who opt to not obtain the influenza vaccine will be required to follow the Ministry of Health policy. This may include being barred from certain clinical settings in the event of an outbreak.
6.6 Workplace Hazardous Material Information System (WHMIS) Training

Please refer to Section 15.1.3 in the University of Regina calendar (http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.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 as part of the CNUR 100 Practice Education: Community Partnerships course. It must be completed by 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 may result in a student being excluded from a lab or clinical practice education experience.

6.7 FIT Testing

Students are required to complete FIT testing during the first year of the program and every two years thereafter. Failure to complete FIT testing may mean that students are barred from clinical areas requiring fit mask respirators. 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 Risk Management Required for Clinical and Lab Experiences

Students are required to maintain current certification in CPR (recertification required every two (2) years), Fit testing (required every two (2) years) and TLR (recertification required every three (3) years). In addition, some clinical agencies may have additional
requirements, e.g., immunization. It is the student’s responsibility to check their status on HSPnet 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 SCBScN 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 cathlons be removed from the lab or clinical area, whether or not permission has been granted.

6.9 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.

6.10 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.

6.11 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.

6.12 Course Work and Exams

Please refer to Section 5.6 and 5.7 in the University of Regina calendar.

Please note that accommodating vacation, travel, wedding, 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. 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).

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

6.13 Exam Regulations

This 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.
6.13.1 Identification for examination purposes

http://www.uregina.ca/gencal/ugcal/attendanceEvaluation/ugcal_59.shtml#identification

Examiners are authorized to require candidates to show photo identification for admission to examinations.

- 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 desk at all times during the exam.

6.13.2 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 (see 5.13.5).

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.

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.
5. Cameras or other photographic devices.
6. Watches that beep, have an alarm, or smart watches.

6.13.3 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 (see 5.7).

6.13.4 Academic misconduct

http://www.uregina.ca/gencal/ugcal/attendanceEvaluation/ugcal_77.shtml

5.13.2.2 Violations – Acts of Academic Misconduct

Acts of academic dishonesty or misconduct include acts which contravene the general principles described in 5.13.1. In this section, some of these acts are described. Others which are not explicitly described here may also be considered academic misconduct. All forms of academic misconduct are considered serious offences within the University community. For the penalties, see 5.13.5.

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.

6.14 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.
6.15 Attendance

Please refer to Sections 5.3 and 15.1.4.1 in the University of Regina calendar (http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html).

Students who are involved in 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 stating that they are well enough to return to clinical. Students may receive notification of absences that jeopardize their success in the course.

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

6.16 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.
Section 7 – Clinical Practice Education Guidelines

Please refer to Section 15.1.4 in the University of Regina calendar ([http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.html](http://www.uregina.ca/student/registrar/publications/undergraduate-calendar/current.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 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.

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. For chart research and activities in the clinical practice area, other than the actual experience, students are expected to wear business casual attire, or approved uniform, and picture identification. Some areas may also require lab coats. In addition, 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, 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. SCBScN 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 at chest level unless otherwise indicated within the clinical placement area.
• The appropriate year identification pin should be worn during all clinical experiences.

Attire
• Where a uniform is required, the SCBScN official uniform must be worn.
• 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 ¾ 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.
• In accordance with Occupational Health and Safety standards, shoes must be closed toe and closed heel with a non-slip sole and low heel. 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.
• Lab coats or usual clinical attire must be worn when doing research for client care. Lab coats are to be laundered every week.
• 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 body piercing, must not compromise safety, infection control or professional image.
- Rings must be flat with no stones.
- Earrings must be small studs or buttons. Hoops and dangling earrings are not permitted.
- Necklaces may not be worn.
- The watch must be cleaned at the end of each shift.

Tattoos
- Tattoos are to be non-offensive.

Personal Hygiene
- Good personal hygiene and cleanliness 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 back and away from the face.
- Beards and moustaches must be clean and trimmed.

Fingernails
- Fingernails must be short and clean. No 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)
7.6 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.

7.7 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 will need to 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 person, damage to property, or has the potential to do so, must be reported to Health Safety & Environment (HSE), within 24 hours of occurrence. The U of R's Incident Report Form must be completed for every incident, even if there were no injuries sustained and forwarded immediately to the Associate Dean (Undergraduate), Faculty of Nursing, University of Regina.

7.8 Reporting of Adverse Event, Near Miss and Critical Incidents

Adverse events, critical incidents, close calls and near misses are considered to be learning opportunities, and are valuable opportunities to improve patient safety outcomes through feedback. In order to create an effective continuous improvement environment, it is important that a non-punitive reporting system be in place.

Definitions:

Adverse event – “An event which results in unintended harm to the patient, and is related to the care and/or services provided to the patient; rather than to the patient’s underlying medical condition”. (Canadian Patient Safety Institute [CPSI], August 2009, p. 41)

Critical incident – an incident resulting in serious harm (loss of limb, limb or vital organ); there is a need to immediate investigation and response (Davies et al., 2003).
Culture of safety – “A commitment to applying core patient safety knowledge, skills and attitudes to everyday work”. (Frank & Brien, 2008, p. 5). A safe culture is built on the foundation of a reporting culture (Reason, 2000).

Harm – “An outcome that negatively affects a patient’s health and/or quality of life”. (CPSI, August, 2009, p. 42)

Near miss – “An incident that has potential to cause damage or injury if the event were slightly different” (Dyck, 2011, p. 475). A near miss is also known as a close call.

Patient safety – the reduction and mitigation of unsafe acts within the health care system through the use of best practices and shown to lead optimal patient outcomes (Davies, Hebert, & Hoffman, 2003).

All adverse events, critical incidents, and near misses 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 adverse events, near misses and critical 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.

To access the School of Nursing Adverse Event, Near Miss and Critical Incident Report Form, please click on the following link: https://moss.siast.sk.ca/sites/patientsafety/SitePages/DisclaimerPage.aspx

If this link doesn’t work, you can also access the form through mySaskPolytech.

1. Log on to mySaskPolytech and click on the Student Tab at the top left of the page.

2. Locate the “Student Quicklinks” on the right side of the page.

3. Scroll down to “School of Nursing” and click on “Patient Safety Form”.

...
4. The following page will open up, please read the information letter and click on the link at the bottom of the letter to access the form.

References


7.9 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 improvement plan. A
performance improvement plan is used to facilitate student success. It is a written agreement 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 contract will include expectations that must be met for the student to be successful in the course.

**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 his/her own mistakes.
• Provide feedback when one sees another student practicing unsafely. Ask the student if he/she needs 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
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.

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 a written agreement developed with input from both the student and faculty. Performance issues are described and resources and actions are identified that further clarifies 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 course coordinator(s), academic chair, program head, 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, program head and the office of the Associate Dean (Undergraduate), U of R.

Part I  Student Learning Plan

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<th>Student</th>
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<td>___student</td>
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<td>___nursing advisor/clinical advisor copy</td>
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1. Reason(s) for Learning Plan:

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<th>Lab/Seminar Performance</th>
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2. Faculty assessment of student performance issues (including reference to supporting documents):

3. Faculty expectations for student performance improvement, including consequences:

4. Student identified strategies for improvement:

5. Resources suggested to support student:

   Student services are available for student support at any time. Student is encouraged to speak with nursing advisors, and/or UR academic advisor at any time for clarification of expectations or support in identifying and meeting the requirements for success in the course.

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.

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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.

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<th>Faculty:</th>
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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 the 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 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
8.5 Student Guidelines for Professional Portfolio Development

Students enrolled in the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program 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., CPR, TLR®), self-assessment forms, learning plans, exemplar materials produced for course work, 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.
8.6 Helpful Contacts

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>University of Regina: 306.337.3300</td>
<td><a href="mailto:nursing@uregina.ca">nursing@uregina.ca</a></td>
</tr>
<tr>
<td></td>
<td>1-855-830-3300</td>
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<td></td>
<td>Sask Polytech Regina: 306.775.7989</td>
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<td></td>
<td>Saskatoon: 306.659.4085</td>
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<td></td>
<td>Great Plains College – Swift Current Campus</td>
<td><a href="mailto:swiftcurrent.office@greatplainscollege.ca">swiftcurrent.office@greatplainscollege.ca</a></td>
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<tr>
<td></td>
<td>306.773.1531</td>
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<tr>
<td>U of R Aboriginal Student Centre</td>
<td>306.337.3153</td>
<td><a href="mailto:ASCentre@uregina.ca">ASCentre@uregina.ca</a></td>
</tr>
<tr>
<td>Sask Polytech Aboriginal Activity Centre</td>
<td>Regina: 306.775.7436</td>
<td><a href="mailto:regina.aboriginalactivitycentre@saskpolytech.ca">regina.aboriginalactivitycentre@saskpolytech.ca</a></td>
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<td></td>
<td>Saskatoon: 306.659.4050</td>
<td><a href="mailto:saskatoon.aboriginalactivitycentre@saskpolytech.ca">saskatoon.aboriginalactivitycentre@saskpolytech.ca</a></td>
</tr>
<tr>
<td>U of R Admissions</td>
<td>306.585.4591</td>
<td><a href="mailto:admissions@uregina.ca">admissions@uregina.ca</a></td>
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<td></td>
<td>1-800-664-4756</td>
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<tr>
<td>Sask Polytech Admissions</td>
<td>1-866-467-4278</td>
<td>Regina: <a href="mailto:RegInbox.Regina@saskpolytech.ca">RegInbox.Regina@saskpolytech.ca</a></td>
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<td>Saskatoon: <a href="mailto:RegInbox.Saskatoon@saskpolytech.ca">RegInbox.Saskatoon@saskpolytech.ca</a></td>
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<tr>
<td>U of R Student Accessibility Centre</td>
<td>306.585.4631</td>
<td><a href="mailto:accessibility@uregina.ca">accessibility@uregina.ca</a></td>
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<tr>
<td>Sask Polytech Learning Services</td>
<td>Regina: 306.775.7729</td>
<td><a href="mailto:LSWascana@saskpolytech.ca">LSWascana@saskpolytech.ca</a></td>
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<tr>
<td></td>
<td>Saskatoon: 306.659.4048</td>
<td><a href="mailto:LSKelsey@saskpolytech.ca">LSKelsey@saskpolytech.ca</a></td>
</tr>
<tr>
<td>Health Nurse</td>
<td>Regina: 306.775.7347</td>
<td><a href="mailto:reginahealth@saskpolytech.ca">reginahealth@saskpolytech.ca</a></td>
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<td>306.775.7348</td>
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<td></td>
<td>Saskatoon: 306.659.4046</td>
<td><a href="mailto:jacquie.bourdon@saskpolytech.ca">jacquie.bourdon@saskpolytech.ca</a></td>
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<td></td>
<td>306.227.5555</td>
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<tr>
<td>U of R Aboriginal Student Support</td>
<td>306.337.3300</td>
<td><a href="mailto:kristin.peigan@uregina.ca">kristin.peigan@uregina.ca</a></td>
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<td></td>
<td>1-855-830-3300</td>
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<tr>
<td>Department</td>
<td>Phone</td>
<td>Email</td>
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</tbody>
</table>
| Sask Polytech Aboriginal 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 | melanie.britton@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 | http://www.sa-spr.ca                        |
|                                               | Saskatoon: 306.659.4421 | http://www.spsa.ca                          |
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

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