

We acknowledge and respect the Lekwungen-speaking peoples on whose traditional territory the University of Victoria stands and the Songhees, Esquimalt and WSÁNEĆ peoples whose historical relationships with the land continue to this day. It is our privilege, as visitors, to live and to work on this land.

**UNIVERSITY OF VICTORIA
SCHOOL OF NURSING**

NURS 370: Consolidated Practice Experience III

May 7 – June 17, 2018

COURSE SYLLABUS

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This syllabus is a mutually binding contract between you (student) and I (course instructor). I will assume you understand and agree with the contents of the syllabus, unless you ask for clarification, and you can assume that I will adhere to the policies and content of the syllabus (unless formal changes are announced through the UVic email service). There may be times when I need to contact you directly. I will use **UVic email** and/or the phone number you provide for all communication related to the course. Please check your email periodically and respond in a timely manner. Your full name and phone number will be available for preceptors or leaders in your practicum setting to contact you with questions or concerns related to patient care. Please feel free to contact me to discuss any issue you may have.

1) CALENDAR DESCRIPTION

This consolidated practice experience (CPE) is designed to provide opportunities for participants to integrate learning from previous terms, and to advance their professional nursing practice. Participants have opportunities to consolidate learning and advance their clinical decision making in a variety of settings. Nursing practice experiences consist of a six-week practice placement.

Note: CPE Workshops are **required** for College-University Transfer BSN Students.

Prerequisites: All of NURS 341, NURS 342, NURS 350, NURS 360.

2) COURSE DESCRIPTION

This CPE is designed to provide opportunities for participants to integrate, consolidate, and expand concepts from previous learning. Participants have opportunities to consolidate learning from the first, second, and third years of the program in a variety of settings and with any age or type of client .*

3) LEARNING OUTCOMES

To fulfill requirements and pass NURS 370 and proceed to NURS 470 you will provide evidence of demonstrating the following learning outcomes.

- With moderate guidance, you will direct and advance your own learning. Specifically, you will:
 - Engage in a collaborative process with me, the assigned preceptor/Registered Nurse partners, and others within the context of practice placement;
 - Articulate what constitutes excellence in nursing practice;
 - Articulate theory and other organizing frameworks that inform your nursing practice (including thinking) (e.g., knowledge for, of, and about nursing; nursing process; CAEN decision-making model);
 - Draft an initial personal learning plan with goals that are congruent to course learning outcomes and that will move you toward meeting **CRNBC Competencies in the Context of Entry Level RN Practice** (2015)
<https://www.crnbc.ca/Registration/Lists/RegistrationResources/375CompetenciesEntrylevelRN.pdf>;
 - Refine your learning plan at regular intervals, take steps to address learning goals, and complete all course-required activities and assignments at a pass level and on time (see **Table 1: Assignments & Activities**)
- Complete a minimum of 192 practice hours in which you consistently work within your scope and with *moderate* direct supervision to
 - Meet 50% of the usual Registered Nurse roles and responsibilities within your practice setting (Note: the *number* of patients for whose care you will have responsibility depends on factors including the setting, acuity, and nursing care and practice education models);

- Apply and refine organizing and decision-making frameworks that includes ways of coherently, accurately identify and competently, safely, and ethically addressing priorities of care;
 - Deliver nursing care in predictable, familiar, and stable situations; and
 - Recognize complex situations and rapidly changing situations. Work with close supervision in such situations.
- Demonstrate increasing confidence in working interdependently within the healthcare team as you
 - Practice within scope of practice and question or seek assistance in the context of unclear or questionable directions;
 - Display initiative and self-awareness to promote collaborative interactions with patients, family, and within the health care team;
 - Contribute to enhance continuity of care through collaboration with patient, family, and other health professionals in an interprofessional setting; and
 - Discuss strategies for conflict resolution, such as actively engaging self and others in a positive and constructive manner.
 - Initiate contact with your preceptor or practice site leader and me to report unusual events in a timely fashion. With moderate guidance complete appropriate documentation. Unusual events include
 - Medication errors or near misses, and/or other patient-care events that result in potential harm or injury;
 - Change or difficulty in relation to determining regulatory supervision; and
 - Challenging shift and other event(s) (e.g., student injury, trauma) that impact your health, learning, or the care of patients.

4) COURSE STRUCTURE AND PROCESS

NURS 370 is delivered over six consecutive weeks. This course consists of **192-hours of practice in healthcare settings, in addition to completion of other required activities and written assignments.** The course is designed to provide you with opportunities to consolidate your learning from all previous courses (academic and practice) and prepare you for assuming the role of BSN graduate.

In this practice experience, you engage with faculty, practitioners, and patients/families, groups and communities to facilitate learning. Learning is enhanced through participating in experiences that may include role modelling, mentoring, practice simulation, case studies, seminar discussions, interprofessional activities, dialogue, and personal reflection. These activities may occur in health care agencies, community agencies, or in the homes of individuals and families. Prior to beginning practice in this CPE, you are asked to reflect upon the Domains of Practice and Quality Indicators or CRNBC Standards of Practice and CRNBC Competencies in the Context of Entry Level RN Practice and, with faculty assistance, identify learning goals and strategies to meet these goals.

You will advance your learning about professional nursing practice, critical thinking, and critical reflection. You will work increasingly independently as an active practitioner in a variety of nursing contexts. You will practice in partnership with Registered Nurses (RNs) and other care team members, in a Preceptorship model or in a Collaborative Learning Unit (CLU) model of practice education for nursing. You will enact praxis, which involves the examination of the dynamic interplay between theory and practice in the practicum setting, in written assignments, in tutorials, and in seminars.

An RN will provide you with on-site regulatory supervision at all times as per **CRNBC Regulatory Supervision of Nursing Student Activities**

Syllabus Revised April 2018

* Paragraph Source: Course Blueprint

<https://www.crnbc.ca/Standards/PracticeStandards/pages/regulatorysupervision.aspx>. The RN will also provide feedback to you and I in scheduled meetings throughout your clinical placement. Refer to the **Practicum Handbook** (on CourseSpaces) for a description of practice education models. Refer to **“Guide for 3-Way Conversations with MRN, Student, and Instructor”** (on CourseSpaces) for a description of how feedback and examples of your practice will be made clear.

5) SCHEDULES

- Collaborative Learning Unit (CLU) students:
If you are placed on a CLU you will be provided with your own schedule (“line”) of regular shifts.
- Preceptored students:
You will be in practice during the regular hours that your preceptor works. Please obtain a practice schedule directly from your preceptor. Additional hours may need to be negotiated if your preceptor works part-time. Please discuss and confirm this with me prior to beginning your rotation.

6) APPROACH TO TEACHING AND LEARNING IN THE UVIC SCHOOL OF NURSING

Teaching and learning occurs effectively within the context of classroom and of practice relationships that draw on and advance individual and collective knowledge and experience. SON faculty members are inspired by six principles — engagement, interaction, inquiry, diversity, capacity building, and praxis (i.e., the thought and action of nursing practice), in teaching and learning with students. To support your learning, I will provide you with **written** mid-term and final written evaluations that you will read and sign to attest that you have read.

In addition to your practice hours, you are expected to invest study time to prepare for practice (i.e., patient care). This includes completing specific Health Authority learning modules to supplement your knowledge (as identified by your placement requirements, preceptor, instructor). Time beyond practice hours is required to prepare your learning plan, develop your written midterm and final self-evaluations, and to complete other assignments. Also, I recommend that you familiarize yourself with the **“NCLEX Test Plan”** (<https://www.ncsbn.org/testplans.htm>) (2016), and begin the process of mapping out your individual study plan for pre-licensure exams.

Please refer to the **Practicum Handbook** posted on CourseSpaces in regard to “Preceptor or CLU Registered Nurse, Course Instructor, and Student Roles & Responsibilities.”

7) STUDENT PROGRESS AND INFORMATION SHARING

Within the University of Victoria, School of Nursing, we are committed to open, transparent processes of communication and evaluation. This means that students are proactive in approaching their instructors about past progress and challenges, including but not limited to matters of probation, as each new course begins. Faculty and staff at the School of Nursing work as a team to maximize learning opportunities and enhance the quality of instruction. Evaluation feedback about current and past student progress is shared among course professors, and other faculty or staff in the School of Nursing **as needed** in order to enact the instructor role and to promote student success in all courses.

8) COURSE GRADING, ATTENDANCE, ASSIGNMENTS, ACTIVITIES

NURS 370 is graded as **complete or fail**. **It is ultimately my responsibility to determine your final grade in this course and your readiness to progress in to NURS 470.** To determine a grade, I will evaluate your written work, your preparation, approach, and performance in tutorials, other meetings, practice examples, and onsite observations. **It is your responsibility to provide me with sufficient evidence**

from the required activities and assignments to demonstrate that you are capable of **consistently practicing competently (including safely, ethically) within your scope and in accordance with CRNBC Standards**. Importantly, you will have the opportunity to give and receive feedback about your progress with me regularly, both formally and informally, *including verbally and in writing*. Please note that some of the feedback processes may be tailored as a result of your practice placement, and/or with respect to your assessed individual learning needs.

University regulations related to grading can be found in the current University Undergraduate Calendar: (<http://web.uvic.ca/calendar/undergrad/info/regulations/grading.html>).

Please discuss any difficulties in your practice placement with me as soon as they arise. I will support you on a pathway of communication to address these issues or concerns.

Course requirements must be met within the course dates set by UVic, and you are expected to meet the *due date requirements* for the assignments in this course (See **Table 1: Assignments and Activities**). Some adjustments may be made to support individual progress, circumstances, and learning needs.

- Contact me to discuss how to pace or refine your studies to suit personal learning needs. Permission for an *extension* for an assignment due date, will be at my discretion, in consultation with you. If you know in advance that you will be unable to meet a due date, please contact me as soon as possible.
- Please review the UVic Calendar note regarding “attendance in classes.” You are expected to attend all required activities (including but not limited to pre-arranged shifts) associated with this program of study. In case of extenuating circumstances, please notify me immediately (by phone or email) if you are unable to attend required activities and need to make other arrangements to fulfill course requirements. Notify the preceptor or other relevant staff member in your placement. It is your responsibility to ascertain the consequences of non-attendance.
- For longer term absences please also notify and consult with the Student Advisor. In certain cases where your progress in this course is interrupted due to illness, accident, or family circumstances, a *deferred grade or academic concession* may be considered.
- Notify me as well as the Student Advisor immediately if you require a deferral or academic concession. In the case of a deferral, the University requires supporting documentation of the situation (for example, a medical certificate).

Your timely and detailed attention to these matters significantly influences the quality of your studies and nursing practice, and the experience of your peers, and demonstrates your competence in the domain of professional responsibility and accountability.

If you require additional resources to meet the course learning outcomes, or if my appraisal of your progress indicates you may not meet learning outcomes in the allotted time, I will work with you to create an enhanced (i.e., specific, detailed) learning plan that is a *supportive* Learning Contract. This will be put in place no later than midterm to assist and guide you toward success. A Learning Contract may also be in place as stipulated by the Undergraduate Student Progression Committee.

In preparation for your practice placement, it is your responsibility to carefully review all elements of this syllabus, and ensure you understand required activities and assignments elaborated on below, as well as criteria that are used to evaluate your progress. Ensure you are familiar with documents relevant to professional nursing. For example, successful refinements to your evolving learning plan and completion of your practice appraisal reports require that you are able to consistently apply the

Domains of Nursing Practice OR CRNBC Professional Practice Standards and CRNBC Competencies in the Context of Entry-Level RN Practice. A CourseSpaces site is available, wherein such documents and relevant communications are immediately available. Check the site routinely. Use your UVIC email address for course communications.

To be successful in NURS 370 and progress to NURS 470 you must provide evidence of satisfactory completion of **all** of following activities and assignments:

- in accordance with descriptions in this syllabus,
- at a pass level, and
- on time (see **Table 1: Assignments & Activities**)

Each element of this course is essential. Some activities are designed to be completed sequentially in order to support your progress in this course. Failure to fulfill any of these requirements within the course dates will result in a failing grade in the course, prevent your continued participation in this course, and may lead to withdrawal from the program of study. Based on your practice context, some assignments and/or activities may be modified by me in consultation with the Practice Education Coordinator(s).

TABLE 1: ASSIGNMENTS AND ACTIVITIES: Note: graded pass or fail.

REQUIRED ASSIGNMENTS AND ACTIVITIES	DUE DATES
Maintain a professional portfolio or record of required certifications, health records, professional development, and progress	-Keep current and accessible to you for review with the course instructor throughout the course
Review NURS 370 Course Syllabus and Supporting Documents , including the Practicum Handbook (on CourseSpaces), and UVic Calendar , and School of Nursing (SON) and Professional Organization Resources, Guidelines, and Policies	-Prior to first shift In an email to the course instructor , confirm that you have read and understood this information
Attend SON CPE orientation and workshop sessions	-Prior to first shift, dates designated by SON and course instructor
Attend unit/site- and/or agency-specific orientation activities, as scheduled	-Prior to first shift and/or as arranged by course instructor
Complete or update preparatory activities required by practice agency and unit/site Review fitness to practice and relevant certificates with instructor	-Prior to first shift -Provide confirmation of completion of preparatory activities to your course instructor
Develop Evolving Learning Plan (Template on CourseSpaces), based on past appraisals and experiences, and your current situation and submit to the course instructor	-Draft first version prior to first set -Second version by end of your first set -Refined versions for review at mid-term and final appraisals
Face-to-face or phone tutorial with instructor during or after each set of shifts, to take place in a professional setting. Further consultations with the course instructor may be required.	-Ongoing, your responsibility to arrange -Plan for 1 hour/tutorial
Complete at least one simulation experience addressing complex case scenarios that reflects NURS 370-level learning (e.g., working with moderate supervision in complex patient care in stable situations, and taking into	-The initial experience will take place as early in the course as scheduling permits. An additional experience may be scheduled throughout the course.

account inter-professional, family, ethical, and legal considerations) (See Nursing High Fidelity Patient Simulation Learning Activity —Appendix E)	-6 hrs credit per simulation experience toward required 192 hrs
Complete Reflective Practice Narrative (Appendix F)	-Both completed and submitted prior to beginning of final set; one to be completed and submitted prior to signing midterm appraisal
Complete Clinical Care Map or Plan (Appendix B)	
Collaborative Learning Unit placement: Arrange and participate in a <i>minimum</i> of two (2) 3-way focused conversations (student, instructor, RN). In some circumstances, the course instructor may require more than two (2) 3-way focused conversations. (See CourseSpaces for Conversation Guide)	-First conversation prior to midterm -Second conversation prior to final evaluation
Preceptorship placement: Arrange and participate in three (3) 3-Way Conversations. In some circumstances, the course instructor may require more than three (3) 3-Way, focused Conversations (See CourseSpaces for Conversation Guide)	-First conversation at the beginning of the course, subsequently at midterm appraisal, and final appraisal
Submit written Mid-term Self-Appraisal to course instructor (See Practice Appraisal Form/PAF Template on CourseSpaces) Arrange and participate in student mid-term evaluation meeting with the course instructor	-Meeting: After completion of second set -Timing may be negotiated for adjusted for students with 8h shifts
Document satisfactory completion of 192 clinical hours. Completion of hours may require corroboration with unit staff. <i>Do not make plans that will make you unavailable to fulfill required practicum hours, activities, and assignments, until completion is confirmed with the course instructor.</i>	-By end of NURS 370 course
Submit written Final Self-Appraisal to course instructor, after completion of clinical hours (See PAF Template on CourseSpaces)	-Submit at least three (3) days before the final evaluation meeting date
Arrange and participate in student final evaluation meeting with the course instructor	-Meet within seven (7) days after you finish your 192 hours for NURS 370 and prior to commencing your next course
OPTIONAL ACTIVITIES	
Alternate Learning Experiences -See Appendix A for directions	-If needed to fulfill course requirements
Clinical Seminar -See Appendix C for directions	-If needed to fulfill course requirements
Interprofessional High-Fidelity Simulation Learning Activity (See Interprofessional High-Fidelity Simulation Learning Activity —Appendix D)	-If needed to fulfill course requirements

9) COURSE RESOURCES

- Canadian Institute of Health Collaborative. (2010). *A national interprofessional competency framework*. Vancouver, B.C.: University of British Columbia. Retrieved from https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
- University of British Columbia IPE on the run modules. <http://www.ipcontherun.ca/>
- Canadian Nurses Association. (2017). *Code of ethics for Registered Nurses*. Ottawa, O.N.: CNA. Retrieved from <https://www.cna-aicc.ca/en/on-the-issues/best-nursing/nursing-ethics>
- College of Registered Nurses of BC. (2017). *Scope of practice for Registered Nurses*. Vancouver, B.C.: CRNBC. Retrieved from <https://www.crnbc.ca/Standards/RNScopePractice/Pages/Default.aspx>
- College of Registered Nurses of BC. (2015). *Competencies in the context of entry-level Registered Nurse practice in British Columbia*. Vancouver, B.C.: CRNBC. Retrieved from <https://www.crnbc.ca/Registration/Lists/RegistrationResources/375CompetenciesEntrylevelRN.pdf>
- College of Registered Nurses of BC. (2014). *Profile of a newly graduated registered nurse*. Vancouver, B.C.: CRNBC. Retrieved from <https://www.crnbc.ca/Standards/Lists/StandardResources/390profilenewgrad.pdf>
- College of Registered Nurses of BC. (2012). *Professional standards for Registered Nurses and Nurse practitioners*. Vancouver, B.C.: CRNBC. Retrieved from <https://www.crnbc.ca/Standards/ProfessionalStandards/Pages/Default.aspx>
- College of Registered Nurses of BC. (2008). *Fitness to practice. The challenge to maintain physical, mental and emotional health*. Vancouver, B.C.: CRNBC. <https://www.crnbc.ca/Standards/Lists/StandardResources/329FitnessToPractice.pdf>
- National Council of State Boards of Nursing/NCLEX test plans: <https://www.ncsbn.org/testplans.htm>
- University of Victoria School of Nursing. (2018). *Practicum handbook for Consolidated Practice Experiences*. Victoria, B.C.: Author. Retrieved from https://www.uvic.ca/hsd/nursing/assets/docs/undergraduate/transfer/current/practicum_handbook.pdf
- University of Victoria School of Nursing. (2018). *Scope of practice decision-making for BSN students: Standards, limits, conditions. Parts 1 and 2*. Victoria, B. C.: Author.

RELATED SCHOLARLY JOURNALS-examples:

- Canadian Nurse
- Journal of Professional Nursing
- Journal of Clinical Nursing

WRITING RESOURCES

- American Psychological Association. (2010). *Publication manual* (6th ed.). Manual is available at the library, in the bookstore, and online at: <http://www.apastyle.org/>
- Zilm, G., & Entwistle, C. (2008). *The SMART way: An introduction to writing for nurses* (3rd ed.). Toronto, ON: Elsevier Science Canada.
- The UVic Centre for Academic Communication: <http://www.uvic.ca/library/locations/home/learning/cac.php>
- UVic School of Nursing writing resources: <http://www.uvic.ca/hsd/nursing/undergraduate/transfer/resources/writing/index.php>

CANADIAN ASSOCIATION OF SCHOOLS OF NURSING (CASN) COMPETENCY DOCUMENTS

- <http://www.casn.ca/>

10) GUIDELINES AND POLICIES for emphasis

NOTE: The Calendar may be revised or changed at any time and it is the student's responsibility to be familiar with the most current version of the Academic Calendar. While all undergraduate calendar and BSN policies apply to you for this course, please pay particular attention to the following:

PRACTICE COURSES (University of Victoria School of Nursing Website)

<http://www.uvic.ca/hsd/nursing/undergraduate/transfer/practice/index.php>

PROFESSIONAL CONDUCT (Calendar statement: Faculty of Human and Social Development)

<https://web.uvic.ca/calendar/undergrad/hsd/regulations.html>

ACCESSIBILITY

If you have a disability/health consideration that may require accommodations, please approach me and/or the Centre for Accessible Learning as soon as possible. The CAL staff are available by appointment to assess specific needs, provide referrals and arrange appropriate accommodations <https://www.uvic.ca/services/cal/>. The sooner you let us know your needs the quicker we can assist you in achieving your learning goals in this course.

ACADEMIC INTEGRITY STATEMENT

Academic integrity is intellectual honesty and responsibility for academic work that you submit individual or group work. It involves commitment to the values of honesty, trust, and responsibility. It is expected that students will respect these ethical values in all activities related to learning, teaching, research, and service. Therefore, plagiarism and other acts against academic integrity are serious academic offences.

The responsibility of the institution: Instructors and academic units have the responsibility to ensure that standards of academic honesty are met. By doing so, the institution recognizes students for their hard work and assures them that other students do not have an unfair advantage through cheating on essays, exams, and projects.

The responsibility of the student: Plagiarism sometimes occurs due to a misunderstanding regarding the rules of academic integrity, but it is the responsibility of the student to know them. If you are unsure about the standards for citations or for referencing your sources, ask me and refer to UVic resources:

- <http://www.uvic.ca/library/research/citation/plagiarism/>
- <http://uvicombudsperson.ca/tips/plagiarism/>

Depending on the severity of the case, penalties include a warning, a failing grade, a record on the student's transcript, or a suspension. It is your responsibility to understand UVic policy on academic integrity: <http://web.uvic.ca/calendar/FACS/UnIn/UARe/PoAcl.html>

BC FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT

There are a number of policies and procedures at UVic that address privacy, confidentiality and security of your personal information, for both on campus and on-line courses. Please access the UVic site with this information and familiarize yourself with these processes.

<https://www.uvic.ca/universitysecretary/privacy/index.php>

11) UNIVERSITY RESOURCE LINKS

Centre for Accessible Learning (CAL):

<https://www.uvic.ca/services/cal/>

HSD Indigenous Student Support Centre:

<http://www.uvic.ca/hsd/home/home/supportfor/indigenous/>

UVic PRIDE:

<http://uvicpride.ca>

Equity and Human Rights Office:

<http://web.uvic.ca/eqhr/>

Counselling Services:

<https://www.uvic.ca/services/counselling/>

Sexualized Violence Prevention and Response Policy:

<http://www.uvic.ca/universitysecretary/assets/docs/policies/GV0245.pdf>

12) PROVIDING FEEDBACK FOR YOUR INSTRUCTOR AND ON THE COURSE EXPERIENCE

I value your feedback on this course. Towards the end of term, as in all other courses at UVic, you will have the opportunity to complete a confidential *Course Experience Survey (CES)* regarding your learning experience (CES). The survey is vital to providing feedback regarding the course and the teaching, as well as to help the School of Nursing improve the overall program for BSN students in the future.

When it is time for you to complete the survey, you will receive an email inviting you to do so. Please ensure that your current email address is listed in MyPage (<http://uvic.ca/mypage>). If you do not receive an email invitation, you can go directly to <http://ces.uvic.ca/>. You will need to use your UVic netlink ID to access the survey, which can be done on your laptop, tablet, or mobile device. I will remind you and provide you with more detailed information nearer the time but please be thinking about this important activity during the course.

**UNIVERSITY OF VICTORIA
SCHOOL OF NURSING****APPENDIX A: ALTERNATE LEARNING EXPERIENCES
GUIDELINES FOR NEGOTIATING HOURS FOR YEAR 3 AND 4 BSN PRACTICE COURSES**

Purposefully observing the work of healthcare professionals and participating in conferences and workshops can provide valuable learning experiences for students. Alternate Learning Experiences are undertaken in diverse settings to create opportunities for dialogue, critical thinking, and skill and knowledge development in relation to specific practices and areas of focus (e.g., interprofessional practice). These experiences may contribute to new learning as well as consolidation of practice. They contribute to successful course completion by being closely linked with course learning outcomes and by being an integral element of the student's evolving learning plan. Alternate Learning Experiences are supplemental to everyday activities of an RN in the student's assigned placement *and* in addition to Required Learning Activities and Assignments.

Hours:

Practice courses have different requirements in terms of number of hours, purposes, and ends in view/learning outcomes. The recommended maximum hours for Alternate Learning Activities are approximately 7% of the total number of required practice hours for each course. This amounts to a maximum of 12 hours in each of NURS 370, NURS 470, NURS 475, & NURS 491. This amounts to approximately 6 hours in NURS 456.

Examples of Alternate Learning Experiences:

- In-service education sessions open to all staff
- Workshops or conferences sessions
- Team or unit meetings (as permitted by site leaders)
- Interprofessional rounds
- Interprofessional education opportunities

Requirements:

The final decision to replace scheduled practice hours with an Alternate Learning Experience is made at the discretion of the course instructor, in consultation with site leaders. Therefore, a student thoughtfully negotiates an Alternate Learning Experience with their instructor. The following requirements must be met:

- The Alternate Learning Activity is relevant to course learning outcomes and student's learning plan/map;
- The student's progress will be enhanced by the Alternate Learning Activity;
- The required course hours will be met (see Hours); and
- Follow up reporting is appropriately incorporated into the learning plan

(Revision: May 2018)

**UNIVERSITY OF VICTORIA
SCHOOL OF NURSING****APPENDIX B:
CLINICAL CARE MAP/PLAN GUIDELINES**

Clinical care maps/plans are designed to provide you an opportunity to describe how you sort, prioritize, and process information in planning care for clients and their families in your clinical practice area. Using the Guidelines below:

- Provide a brief summary of the client(s) and/or situation and medical/other health care professional actions or response(s) that you either observed or were involved in, and associated relevant nursing competencies;
- Identify relevant issues (draw on concepts from recent courses and consider the context in which you are caring for this client);
- Prioritize the issues stating why you are making the decisions you are (e.g., what must be attended to first, second, third, etc., and what knowledge you are using to set priorities);
- Describe a comprehensive plan of care or approach to the situation; and
- Identify resources.

Your submission will be assessed on the following;

- Evidence of a decision-making model and other frameworks that guided your thinking and actions;
- Evidence of critical thinking;
- Evidence of new learning (e.g., researching and incorporating findings into the presentation of the client/situation, demonstrating nursing and related knowledge base);
- Evidence of interpreting and drawing on theory for practice (e.g., health promotion, prevention, leadership, change; nursing theory; interprofessional practice). Access, cite, and reference at least four scholarly sources;
- Your insight into the patient and family's lived experience, as related to the situation, or your insight into what contributed to the situation as it unfolded; and
- Your lived experience or response(s) to the situation, as you near entry to practice as a Registered Nurse.

(Revision: December 2017)



UNIVERSITY OF VICTORIA SCHOOL OF NURSING

APPENDIX C: CLINICAL SEMINAR GUIDELINES

Clinical seminars are dedicated small-group teaching-learning opportunities for you, your peers, and your instructor(s). They are opportunity to advance your learning plans as well as demonstrate your professional development and developing competence. Your instructor will specify expectations for attendance when you meet to review the course syllabus.

Topics for the clinical seminar are mutually determined between BSN students and their instructors. For example, if student presentations are to be incorporated into a clinical seminar, you may want to address a practice issue that arises during your practicum; assigned topics mutually agreed upon with your instructors; or present a clinical case and care plan from your practice.

You may have one or more clinical seminar at a mutually agreed upon time during a 6-week practicum. Clinical seminars may take place outside of your scheduled work hours, and are seen to be an element of practice. Location will be determined: usually a clinical seminar room at a hospital or a meeting room at the School of Nursing is booked.

(Revision: December 2017)

**UNIVERSITY OF VICTORIA
SCHOOL OF NURSING****APPENDIX D: INTERPROFESSIONAL HIGH FIDELITY
PATIENT SIMULATION LEARNING ACTIVITY****Interprofessional High-Fidelity Patient Simulation Learning Activity
Student Information****Background:**

BSN students are required to practice in partnership with clients by engaging in interprofessional collaboration with a team of health providers. The School of Nursing, in collaboration with practice partners (including Island Health and the Island Medical Program), has adopted the National Interprofessional Competency Framework developed by the Canadian Interprofessional Health Collaborative (2010) as the framework for interprofessional collaboration (http://www.ipcontherun.ca/?page_id=2309#national-interprofessional-competency-framework). This framework includes six competency domains:

1. Interprofessional communication
2. Patient/client/family-centered care
3. Role clarification
4. Team functioning
5. Collaborative leadership
6. Interprofessional conflict resolution

In the UVic/Camosun College BSN curriculum, each progressive year has the following focus of practice:

1. Year 1: Role clarification
2. Year 2: Communication, interprofessional conflict resolution
3. Year 3: Interprofessional conflict resolution, collaborative leadership
4. Year 4: Consolidation

Purpose of interprofessional simulation activities:

Interprofessional high fidelity patient simulation refers to the complexity of the patient simulation and not the technology itself. Thus, you may expect each case to address interprofessional communication and team work during an acute patient situation. The case scenarios in which you may be participating have been developed through the Island Medical Program curricula and will require you to simulate nursing practice that is within the scope of practice of a registered nurse. Each year, a range of activities is developed and offered to students. The simulation will provide you with the opportunity to reflect on your skill in attending to the situation at hand and locating nursing practice within the patient care team. You will receive summative feedback from the instructor and interprofessional student colleagues.

Preparation:

Simulations are conducted at the Center for Interprofessional Clinical Simulation Learning (CICSL) located on the second floor of the Coronation Annex, Royal Jubilee Hospital site. Parking is limited so plan to arrive a few minutes early. There are lockers and change rooms to change into your scrubs. Please bring your stethoscope. Wi-Fi is available. There is a computer where you can sign onto Island Health Intranet.

What to expect during the simulation activity:*Prebrief:*

You will participate as a senior BSN student, with a particular focus on the contributions of professional registered nurses within the health care team. During the prebrief you will receive information about the 'patient' and the learning objectives for the case scenario. You will have an opportunity to work through a team approach and receive guidance from your colleagues and instructor/facilitator as needed.

Case scenario:

Each case runs approximately 10-15 minutes. There will be a team lead in each case, and team communication will be important. The mannequin patient will change vital signs and then you will respond to questions. You will be required to think aloud and work through your engagement with the mannequin patient, including your assessment, and your decision making. You will be coached to direct your focus with the mannequin-as-patient rather than the instructor. This means that you will talk and think out loud with a focus on the mannequin-as-patient and colleague participants, rather than tell the instructor about what you would do or might do if this was a 'real' patient. Data to date reveals benefits for learning and future practice when students focus on the mannequin-as-patient, think aloud, and work through details of the case in a short period of time.

Debriefing:

You will have an opportunity to discuss the experience of the patient simulation and review the learning objectives. The instructor/facilitator will facilitate the debrief by asking the team to comment on their experience and what they believed was happening with the patient. Other colleagues will also have an opportunity to provide the team with feedback on what they observed and discuss what they believed was happening with the patient. The instructor/facilitator will provide summative feedback through a process of questions and facilitating learning by assisting team members to locate the resources that will strengthen biomedical practices and team functioning.

Evaluation:

There is an evaluation form located by the door of the trauma room at the CICSL. Please take the time to fill out this anonymous feedback form when you have completed an interprofessional high fidelity patient simulation learning activity. The data is compiled each semester by CICSL and the School of Nursing and used to build upon strengths and address challenges.

A survey will be sent out at the end of the course asking you to comment on interprofessional simulation experiences that you participated in throughout the term. An administrative staff at the SON will compile the survey and the UVic Curriculum and Evaluation Committee will compile the data and use same to build upon strengths and address challenges.

(Author: M. Ryan December 2016. Revision: L. Marcellus December 2017)



UNIVERSITY OF VICTORIA SCHOOL OF NURSING

APPENDIX E: NURSING HIGH-FIDELITY PATIENT SIMULATION LEARNING ACTIVITY

Background:

Simulation practice contributes to BSN students meeting course objectives and meeting competencies of an entry to practice registered nurse (CRNBC, 2009). The College of Registered Nurses of BC recognizes simulation practice hours as a component of clinical practice hours for the purposes of fulfilling specific learning objectives/activities.

Purpose:

High fidelity patient simulation refers to the complexity of the patient simulation and not the technology itself. Thus, you may expect each case to address nurse-patient relationships, family-centered care, prioritization, delegation, and communication within the interprofessional team. Case scenarios developed for your course will require you to simulate nursing practice and provide you with the opportunity to reflect on your skill in attending to the situation at hand and locating nursing practice within the patient care team. You will receive summative feedback from your instructor and student colleagues. You will have an opportunity to deepen your reflection by completing a reflective practice narrative related to the simulation experience and the patient case scenario.

Preparation:

Your instructor will assign you at least one day to attend a simulation at the Center for Interprofessional Clinical Simulation Learning (CICSL) located on the second floor of the Coronation Annex, Royal Jubilee Hospital site. These simulation experiences will address complex case scenarios that reflects the level of learning required for senior BSN students. There is a pool of case scenarios that your instructor may choose from (for example interprofessional collaboration, family conferencing, debriefing an ethical issue, delegation). You can expect direction from your instructor on how to prepare for the case scenarios that will be used during your time at CICSL.

Parking is limited so plan to arrive a few minutes early. There are lockers and change rooms to change into your scrubs. Please bring your stethoscope. Wi-Fi is available. There is a computer where you can sign onto the Island Health Intranet.

What to expect during the simulation activity:

Prebrief:

You will have the opportunity to play the role of the 'lead' nurse. In the prebrief, you will receive information about the 'patient' and the learning objectives for your case scenario. You will have an opportunity to work through your approach and receive guidance from your colleagues and instructor as needed.

Case scenario:

Each case runs approximately 10-15 minutes. The mannequin patient will change vital signs and then you will respond to questions. You will be required to think aloud and work through your engagement with the mannequin patient, your assessment, and your decision making. You will be coached to direct

your focus with the mannequin-as-patient rather than the instructor. This means that you will talk and think out loud with a focus on the mannequin-as-patient and colleague participants, rather than tell the instructor about what you would do or might do if this was a 'real' patient. Data to date reveals benefits for learning and future practice when students focus on the mannequin-as-patient, think aloud, and work through details of the case in a short period of time.

Debriefing:

You will have an opportunity to discuss the experience of the patient simulation and review the learning objectives. Your instructor will facilitate the debrief by asking you to comment on your experience and what you believed was happening with the patient. Your colleagues will also have an opportunity to provide you feedback on your experience and discuss what they believed was happening with the patient. Your instructor will provide summative feedback through a process of questions and facilitating learning by assisting you to locate the resources that will strengthen your nursing practices.

Evaluation:

There is an evaluation form located by the door of the Ward Room at the CICSL. Please take the time to fill out this anonymous feedback form. The data is compiled each semester and used to build upon strengths and address challenges.

(Author: M. Ryan December 2016. Revision: L. Marcellus December 2017.)



UNIVERSITY OF VICTORIA SCHOOL OF NURSING

APPENDIX F: REFLECTIVE PRACTICE NARRATIVE GUIDELINES

Reflective Practice Narrative (RPN) is an assignment that you submit to your instructor as evidence of your thinking in clinical practice. Each RPN will include:

- A brief summary of the patient(s) and/or situation and nursing actions or response(s) that you either observed or were involved in, and relevant CRNBC Competencies and/or Domains of Practice. This may or may not related to a High-Fidelity Simulation Experience.
- Evidence of critical reflection on practice (analysis, synthesis, decision-making, learning, etc.).
- Evidence of new learning (e.g., doing research and incorporating it into the presentation of the patient and/or situation, demonstrating nursing and related knowledge base, including at least three references from scholarly/practice-based literature.
- Patient and family/other lived experiences, as related to the situation.
- Your lived experience, or response(s) to the situation.

Your RPN will be written clearly and succinctly with correct grammar, punctuation and spelling, and with correct use of referencing format (APA 6th edition) for in-text citations. You must reference at least three scholarly articles in addition to basic nursing textbooks (such as Perry and Potter). You will be requested to re-write the paper if you do not meet this expectation.

Some specific guidelines for completing an RPN are below.

1. Set the stage for this RPN: concisely describe the patient(s) and/or situation.
2. Describe succinctly the determining factors that have brought the patient/situation to your attention. Why did you choose to write about this patient/problem/situation?
3. What is the focus for this RPN? Why?
4. For your analysis, here are some thought-provoking questions to help you explain and elaborate on your experience/learning:
 - What question(s) does this experience raise for me? Explore your reactions and responses.
 - What learning took place for me?
 - What quality indicators, competencies, or domains are related to this experience?
 - In what ways did I consider seeing the situation from a slightly different perspective? Identify the other perspective(s).
 - How were some of my actions, or the actions of others, congruent or incongruent with my values and beliefs? How do I know if they are or are not? What are the implications?
 - What meaning does this experience **and** analysis have for me?
 - What implications or changes does this learning encounter have for my practice and the profession and/or discipline of nursing in general?

(Revision: CPE Co-Coordinators, December 2017)