



University
of Victoria

Nursing

We acknowledge and respect the Lekwungen People on whose traditional territory the university stands and the Songhees, Esquimalt and WSANEC peoples whose historical relationships with the land continue to this day.

The University of Victoria is committed to promoting, providing, and protecting a positive, supportive and safe learning environment for all its members.

Practicum Handbook

Guidelines for Consolidated and Transition to Nursing Practice Experiences

May-August 2019



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LETTER FROM THE ASSOCIATE DIRECTOR UNDERGRADUATE EDUCATION

Dear Colleagues,

Here at the University of Victoria, we rely greatly on our partners in practice to participate in the education of this upcoming generation of practicing Registered Nurses and, on behalf of the School of Nursing, I wish to extend our gratitude to each and every nurse who supports their professional development and learning. This handbook is intended as a resource for students, preceptors, collaborative learning unit nurses, and instructors during third and fourth year consolidation experiences.

Although students *learn* about the diversity of nursing practice in the courses they encounter as they progress through the curriculum, they *become* nurses through their practice experiences with you. While nursing practice may differ somewhat from one setting to another, each educational experience offers students the opportunity to consolidate and apply their knowledge and skills and to further develop their effectiveness in clinical decision-making, while concurrently increasing their competence and independence. The significance of these practice experiences is enhanced by the opportunity for students to work very closely with skilled and experienced nurses who can introduce them to the nuances of nursing practice in complex practice environments. Through the collaborative effort of nurse, student, and instructor, the concepts introduced in the classroom come to life within a range of hospital or community agency settings, where students care for and develop relationships with clients and members of the interprofessional health care team.

I hope that you will find answers in this handbook to questions you may have about this important and highly valued learning experience. Because your major resource is always the Course Instructor, never hesitate to be in touch with them whenever questions and concerns arise. University of Victoria instructors are there to foster learning relationships and are equally available to students and preceptors.

Thank you, once again, for contributing to the education of our future Registered Nurses.

Sincerely,



Lenora Marcellus, BScN, MSN, PhD
Assistant Professor and
Associate Director, Undergraduate Programs and Partnerships

Acknowledgements: This booklet is refined each term by faculty, administrative, and support staff of the University of Victoria, School of Nursing. I would like to acknowledge the efforts of many students, instructors, and practice partners who also contribute to the ongoing refinement of the Practicum Handbook. This Handbook is for use by students, faculty, and practice partners in Consolidated Practice Experiences and Transition to Practice Coursework.

CONSOLIDATED PRACTICE EDUCATION

The Consolidated Practice Experience (CPE) courses, as well as the Transition to Nursing Practice course, prepare BSN (Bachelor of Science in Nursing) students to:

- 1) Practice nursing guided by a health promotion perspective and an ethic of caring;
- 2) Be independent, self-directed, self-motivated, and life-long learners with questioning minds;
- 3) Be self-reflective, self-evaluative, accountable, and critical thinkers;
- 4) Create and influence the future of nursing practice at political, social, and professional levels; and,
- 5) Meet the professional practice requirements identified by the British Columbia College of Nursing Professionals (BCCNP).

What hours are students expected to practice?

CPE courses and the final Transition to Practice course provide each BSN student with 192 hours of clinical practice. During this time, the BSN student must meet all of the course requirements and demonstrate course leveled clinical competence to achieve a completion grade for the course. Practice hours are negotiated among the instructor, student, and representatives of the practice agency to ensure safe, competent practice of the BSN student, to 'fit' with the assigned unit scheduled rotation, and to keep within the term end date as per the University of Victoria (UVic) calendar. The course instructor determines whether the BSN student met the course requirements.

What are the practice models used by UVic School of Nursing (SON) in CPEs?

Two different practice models have been developed for student consolidation and transition to nursing practice experiences: the preceptorship and collaborative learning unit models. There are, however, times when features of both models are used at the discretion of the course instructor in consultation with representatives from the practice setting.

What is a Collaborative Learning Unit (CLU)?

In the CLU model of practice education, a group of BSN students are assigned to a specific unit for a 6- or 12-week rotation. Schedules are pre-determined. No more than two BSN students per shift are normally scheduled. Student patient care assignments are made based on individual learning needs, level in the program, and past practice experiences. In a CLU setting, a BSN student is provided regulatory supervision by a variety of Registered Nurses (RNs) during the practice experience.

What is a preceptorship?

During a preceptorship, a BSN student is paired exclusively with one or two experienced RN preceptors who provide regulatory supervision for the student. The student works the same shifts, has the same days off, and shares the duties and responsibilities of the preceptor(s) dependent on the level of competency of the learner. Minor adjustments to the student schedule may be made in consultation with the course instructor to meet student learning needs. The course instructor works with each student-and-preceptor(s) grouping on an individual basis.

What is unique about University of Victoria nursing students?

In response to the changing health care system, our curriculum emphasizes health promotion in nursing, nursing care of families across the life span, working within communities, and influencing change in the health care system. Students develop a critical understanding of the social forces that influence health, healing, and health care. As a result, they are offered practice experiences in both acute and community care settings.

While attending the UVic SON, students have four intensive consolidation experiences. Nursing 370 (CPE III) and Nursing 470 (CPE IV) are often completed, one after the other, in the same practice setting. Nursing 475 (CPE V) and Nursing 491: Transitions (NP VIII in an area of student focus) may be completed on the same or different setting (for an overview see Appendix A).

Over the course of the four consolidated practice experiences, students gradually take on more responsibility and practice with increasing proficiency and independence. In order to receive a grade of 'pass' in Nursing 491, every BSN student must demonstrate their ability to meet the competencies outlined in the BCCNP document [Competencies in the Context of Entry-level Registered Nurse Practice in British Columbia \(2012\)](#).

What are the orientation-to-practice placement expectations?

All students are required to attend activities to prepare to meet course goals and to orient to the specific unit where they are placed. It is the course instructor's responsibility to meet with preceptors or CLU nurse leaders prior to the start of the clinical rotation to arrange for an orientation to the practice setting. Orientation activities provide the BSN student an opportunity to familiarize themselves with the routines of the unit, unit specific policy and procedures and to discuss mutual practice expectations.

What specific activities are students able or not able to do?

By program end, all BSN students will have completed the theory and laboratory/simulation/practice of activities, including technical skills, required for entry to practice as a Registered Nurse. In CPEs, the BSN student has an opportunity to refine knowledge, skills, and attitudes so that the student is increasingly independent and requires less direct supervision. Each student will have particular learning achievements and needs, as articulated in a personal learning plan. Students, course instructors, and practice partners are referred to the following resources to support decision-making in regard to the activities of individual students:

- 1) the "[Decision-Making For BSN Student Activities](#)" document for a detailed description of how to support students in making decisions about an individual's scope of practice.
- 2) the BCCNP practice standard "[Regulatory Supervision of Nursing Student Activities](#)" that further outlines the role and responsibilities of Registered Nurses in the CLU and Preceptor Model of clinical practice.

Practice information and documents can be accessed at the SoN webpage: <https://www.uvic.ca/hsd/nursing/undergraduate/transfer/practice/index.php>. There is a list of specific policies on page 8 of this document. These guidelines and institutional policies about student practice must be adhered to at all times. ***When uncertain about a BSN student's competence his/her course instructor must be notified immediately.***

PRECEPTOR OR CLU REGISTERED NURSE ROLES & RESPONSIBILITIES

How do I assess a student's readiness for assuming more responsibility?

Begin by asking the student how much responsibility they can safely manage. A student who is transitioning to nursing practice will be able to independently draw on the materials mentioned in the previous section of the Handbook to accurately articulate their level of competence and capacity in specific areas of nursing practice. Earlier in their program of education, a student will require and benefit from consulting with their course instructor and Preceptor in this regard. Preceptors, whether for a single shift or set on a CLU or for a six-week period, provide regulatory supervision and an example of high quality nursing practice. *It is not the Preceptor's role to teach the theory or the skill to the BSN student.* If you are concerned that the student does not appear to have sufficient knowledge or ability to work safely accomplish an activity, **contact the course instructor immediately.**

As the course progresses, RNs "step back" to allow the students to become more independent unless, of course, patient safety is compromised. Students need the opportunity to learn to practice independently. The progress of a student is supported by opportunities to initiate critical thinking and make decisions about problematic or complex situations with the constant support but decreasing direct supervision of the preceptor over time.

The course instructor is always available for consultation.

What can I do to make this a supportive and rich learning experience for the student?

Establishing and maintaining good lines of communication is critical.

Students tell us they have better learning experiences when RNs:

- introduce students to other team members,
- encourage them to ask questions and discuss their concerns,
- clarify expectations--yours and theirs,
- set mutual goals,
- focus on the learning,
- directly supervise when necessary, and
- support students in taking more responsibility when they are ready.

Students appreciate and benefit from regular feedback about their progress. Take time every shift to review together what went well, and what areas still present challenges. Let the student know when the student performs well, publicly if appropriate. Provide the student with concrete, constructive suggestions for improvement, in private. If students are having difficulty in a particular area, it is important to follow principles of giving feedback and focus on the learning that needs to improve. If you are not sure how to proceed, or if you wish to provide evaluative feedback at any time during the experience, please contact the course instructor.

What tips have experienced nurses offered about working with students?

Students are often in awe of the nursing staff's specialized knowledge and skills. Sharing your understanding of a specific client or patient's condition, treatment, and associated nursing care can be a valuable learning resource for students. Sharing stories and practice experiences with students is much appreciated.

Some nurses have found that speaking out loud to students as they are demonstrating their nursing care helps students to understand the process by which decisions are made. Students also appreciate opportunities to discuss how they will develop and demonstrate their planning, organizational,

and nursing practice decision-making skills. Experienced mentors suggest that, once the student has been oriented to the unit, it is helpful to sit down with students after report and ask them about how they will organize their day. Similarly, asking students to explain their actions with rationale, prior to doing a procedure or providing care helps them to articulate their decision-making process, and helps you to assess their level of ability to meet particular responsibilities.

How do I contact the Course Instructor?

Preceptor and CLU Registered Nurses should feel free to contact the course instructor to ask questions or obtain assistance in clarifying and solving problems at any time. Course instructors inform their students and Preceptor/CLU Registered Nurses about how and when to reach them or the designate on-call, and have a cell phone or other communication device available. There is a course instructor "on-call" on a 24-hour basis at the Victoria campus. This *Handbook* and contact numbers are made available to practice site staff before students begin their rotations.

What happens if a preceptor becomes ill or cannot continue for other reasons?

The course instructor should be notified immediately if the student's continuation in the placement is in jeopardy for any reason. Depending on the circumstances, the student may continue with another Registered Nurse who is willing to work with the student. If there is no Registered Nurse designated to work with the student, then the student cannot stay in the placement. If the preceptor's absence is prolonged, the instructor can help ensure other arrangements are made for the student to obtain the necessary practice hours.

What if a student is injured or involved in an incident that may cause harm to another?

The student is responsible for following the process outlined on page 9 of the Handbook. You may provide guidance, feedback, and debrief as appropriate.

What if the student is ill?

The School of Nursing expects students to attend all of their practice experience. If a student is ill or must be absent for some other valid reason, they must notify the unit as soon as possible. The course instructor will follow up to arrange for make-up hours as needed.

COURSE INSTRUCTOR ROLES & RESPONSIBILITIES

What is the role of the Course Instructor?

The role of the course instructor is to facilitate the ability of students to integrate theory and practice, conduct individual student tutorials and small group student seminars, evaluate

the student's progress, and facilitate the relationship between the student and the placement staff. The course instructor sets aside regular times to be available for students either by phone or in person. She/he also negotiates the frequency of contact with the nursing staff and student, which will include periodic three-way meetings (nursing staff, student, and instructor) to share examples of the student's progress. During a preceptorship the course instructor makes at least three site visits during the practice experience; more if required. In the CLU setting, the course instructor sets times the instructor is available on the unit for staff and students with a minimum of three visits to the unit per week.

Course instructors are supported in their work by the CPE Coordinator/Co-Coordinators (i.e., practice course lead), as well as administrative and support staff available at the UVic SON.

Both practice site nursing staff and students are asked to notify the course instructor as soon as any difficulty is encountered or something puzzling arises. Even if they can't quite "put their finger on the issue," they are asked to seek clarification with the course instructor. Early identification of and attention to an issue is important for the safety of those receiving care, the cultivation of a rich learning environment, and the provision of support for student progress.

The course instructor evaluates student progress and makes a judgment at the **mid-term and end** of the practice experience. Student self-evaluation and staff feedback are critical to the course instructor's evaluation of the student thus the course instructor must seek regular staff input, including specific examples of the student's work, throughout the practice experience. The student is evaluated with a completed or failed grade. This judgment is based on the student's ability to demonstrate the competencies and quality indicators in each of the "[BCCNP Professional Standards for Registered Nursing Practice in BC](#)" (professional responsibility and accountability; knowledge-based practice, client-focused provision of service, and ethical practice).

What if a student is injured or involved in an incident that may cause harm to another?

When notified by the student or agency staff member that a student has made an error or was involved in an incident that may cause harm to another, ensure that the student has complied with steps outlined on page 9 of this Handbook. The instructor also provides an opportunity for debriefing.

What if the student is ill?

UVic School of Nursing policy specifies that students must attend all of their practice experience. If a student is ill or must be absent for some other valid reason, the course

instructor must be notified as soon as possible and ensure that the student has notified the unit (professional responsibility). In some cases, the course instructor works with the unit to make up missed hours to ensure course ends-in-view are met.

What about observational experiences?

If a unique learning experience arises, and the student's workload permits, encourage the student to take advantage of it. These observational experiences must be authorized by the instructor. For example, there may be:

- an off-unit procedure being done for a patient;
- an in-service of particular interest or value;
- an opportunity to make a home visit with a team member from a different community service; or
- a chance to spend time with a Clinical Nurse Specialist or other health care professional.

The course instructor and BSN student need to balance these kinds of observational opportunities with the student's need to actively engage in practice to become competent in practice. Please refer to the document entitled "[Alternate Learning Experiences—Guidelines for Negotiating Hours for Year 3 and 4 BSN Practice Courses.](#)"

Please note that currently, because of the high demand for student placements in many Island Health settings, observational experiences outside of the assigned unit should be limited. Additionally students attending other practice settings within Island Health will need to request the experience through the UVIC Practice Placement Coordinator and the HSP net system.

What if the CPE is in a community setting?

A few students have a consolidation practice experience in a community setting. The course instructor and the community nurse preceptor will review the scope of practice for the BSN student before beginning in-home visits.

How do I determine the standards, limits, and conditions on the activities of the CPE BSN student?

Refer on page 5 of this Handbook to the section entitled: "What specific activities are students able or not able to do?" As well, the course instructor may consult with the CPE Coordinator and/or Sessional Support Coordinator to identify and locate resources to address this question.

STUDENT ROLES & RESPONSIBILITIES

During CPE, the BSN student works with the regulatory supervision of an RN at all times. The student may also work alongside Licensed Practical Nurses and Nursing Care Assistants, with the regulatory supervision of an RN. In order

to facilitate practice experiences, the student is responsible for the following:

1. Preparing for the practice experience:

- Commence self-study to prepare for the placement.
- Attend agency-specific orientation.
- Attend CPE course orientation activities.
- Thoroughly review this *Practicum Handbook*.

2. Establishing and maintaining communication with members of the practice setting and your course instructor regarding:

- Student contact information, e.g., phone number, email address, etc. (**Please use your uvic.ca email address.**)
- Scheduling of hours.
- Expectations, progress, and challenges with safe practice and ability to meet course requirements.
- Clarification of learning needs, learning goals, course ends-in-view (e.g., pain management, medication administration, organization).
- Skills you are competent in and those you hope to undertake with direct supervision.
- Student illness, absence, and/ or injury.
- Clinical incidents related to self, staff, patient, and family safety during practice experiences.

3. Becoming familiar with:

- UVic School of Nursing practice policies.
- Policies of the agency, especially those related to students and safe practice.
- General routines of the practice setting.
- Lines of communication in the practice area and within the practice agency.
- Resource materials to augment your practice learning (e.g., procedure manuals, med/surg texts, readings).

4. Participating in ongoing professional development and self-appraisal:

- Draw on and refine an individual learning plan on a regular basis
- Review the BCCNP Standards regularly, especially at the beginning of the course and prior to mid-term and final appraisal meetings with your instructor.
- As specified in the course syllabus, organize meetings with your instructor and preceptor or CLU Registered Nurse to discuss and support your progress. Be available for course instructor onsite visits. Attend course seminars as required.
- Provide the instructor with practice examples of your ability to meet the appropriate level of competency in each BCCNP Standard. Present examples during tutorials, seminars, and in written documents including reflective practice narratives and self-appraisals.

- Identify and address those competencies and areas of the BCCNP Standards that are strengths and present challenges.
- Regularly assess readiness to progress to more independent practice, clinical responsibility, additional patient assignments, delegation of nursing duties, etc.
- When in doubt, seek the assistance of the RN and/or course instructor.

5. Maintaining professional responsibility:

- Work as a learner during sets of scheduled shifts in your rotation. Make up any missed hours in consultation with the course instructor.
- Participate as a member of the nursing and health care teams. This includes but is not limited to actively participating in team meetings, working the full hours of the shift, completing required reports and documentation, and assisting others in the practice setting as needed and in ways that are consistent with the primary role of learner.
- For students placed with Island Health Proximity Card, Powerchart, Windows Access, and Vocera:
 - **Proximity Card:** Students must use their UVic School of Nursing issued proximity card **only** while participating in their practice placements at any of the Island Health locations. You may not use your ESN proximity card or any other Island Health access cards you may have in your possession while conducting your UVic School of Nursing practice placements. Do not share your proximity card with other students, Island Health staff, or your instructor.
 - **Powerchart, Windows Account and Acudose:** Your login information for Powerchart, Windows and Acudose is unique. This information should not be shared with other nursing students, Island Health staff, or your instructor.
 - **Vocera:** Vocera is used at various Island Health sites and is only available for use by BSN students in their final placement.
- **Access issues:** If you are unable to logon to Powerchart, Acudose or Vocera or, if your proximity card is not working or you have misplaced it, please contact the Practica Assistant, nursprac@uvic.ca or by phone at 250-721-8502 as soon as possible.
- **For students placed in other Health Authorities:** read through the pre-placement orientation information, and adhere to the policies and guidelines of the agency and health authority.

Both the student and the course instructor complete a written mid-term and final evaluation. The student is evaluated on a pass/fail basis. The student receives a copy of their evaluations, and should keep the copies to build a practice portfolio.

The evaluation of the work of a student encompasses analysis of tutorials, seminars, written work, as well as feedback from preceptors and nurse leaders. Preceptors/CLU nurses are not required to complete formal documentation for evaluation of the student's progress. However, as noted above students benefit from and should seek regular feedback on their progress from the nursing staff.

Specific UVic School of Nursing Student Practice Policies

Note: These policies are consistent with the British Columbia Academic Health Council (BCAHC) Practice Education Guidelines.

Confidentiality of Information and Access to Patient Health Information

Access to health status, records, laboratory tests, and results of procedures occurs in verbal, print, and electronic formats within health authorities for planning patient care. Students must always maintain confidentiality of the information they have access to, and only appropriately access records or participate in discussions of patients for whom they nurse. Students may not use cell phones for personal use while responsible for patient care. Students may not take any pictures while in the clinical setting.

CPR Certification

Students must maintain current CPR level C certification throughout the program. This CPR course must be in-person rather than online. CPR needs to be updated every 2 years from the date of issue. Proof of currency must be provided to the School of Nursing General Office and documented on the student file. Unless this documentation is provided prior to the expiry date previously recorded on the student's file, the student may not enter/continue in practice. Failure to provide the documentation in a timely fashion may result in delay in completing the course or the necessity to re-sequence the student's program.

Criminal Record Checks (CRC)

Criminal record checks and clearance from the BC Ministry of Justice are required prior to the first practice placement in an agency and every five years thereafter. A new CRC is required upon any subsequent charge or conviction. Students must maintain the currency of these checks. If checks are required by the practice agency, it is the responsibility of the student to

EVALUATION OF STUDENT COMPETENCE

ensure that the check is complete prior to that clinical placement.

Dress Code

Students must dress in accordance with the regulations of the hospital or community agency and with WorkSafeBC regulations. Students must wear a nametag at all times, when at their placement site in the role as student.

Immunization Status

Students must adhere to immunization requirements of their placement agency. Some agencies, particularly pediatric settings, have specific requirements, to which students must adhere.

Incident Event Reporting

At the School of Nursing, incident event reporting encompasses individual actions and larger systems issues that result in disruption in safe patient care. The BSN student is required to complete and discuss with the course instructor a “[Student and Patient Incident Event Reporting and Learning Form](#)”. In addition, the BSN student is required to complete procedures, including reporting, as indicated by the practice setting agency.

Incidents are adverse events that include:

- Human error, including **near misses**
- Injury
- Systems issues (e.g. factors beyond the BSN students control that influence patient care)

Incident event reporting includes those acts that result in an injury to the BSN student. As such, and in addition to completing both School of Nursing and agency reports, the student must:

- 1) Seek treatment from the agency emergency department where the accident/injury occurred, a community (including UVic) medical clinic, or family doctor. Ask for documentation of the care received. It is the student's responsibility to keep a record of any tests, treatments, procedures, etc. that are in follow-up to an accident or injury sustained while in a practice experience. This record is important to have in relation to insurance coverage.
- 2) Notify the course instructor to guide the student through the reporting/insurance claim process **within 24 hours (see information below)**.

Insurance Coverage

BSN students receive insurance coverage during practicum experiences through specific contracts UVic negotiates with WorkSafeBC in British Columbia and through the Workplace Safety and Insurance Board in Ontario. Students who are placed in practicum sites outside of BC and Ontario receive coverage through the standard UVic practicum insurance policy. **All students must maintain basic and extended health care insurance coverage throughout the duration of the program.**

Process to enact insurance coverage:

Non-catastrophic injury:

- 1) Student in collaboration with course instructor complete “Student and Patient Incident Event Reporting and Learning Form” for insurer within 24 hours.
- 2) Student completes relevant form, i.e., yellow highlighted sections of WorkSafeBC Form 7 if in BC http://www.uvic.ca/hsd/nursing/assets/docs/undergraduate/transfer/current/worksafe_f7.pdf
- 3) Consult CPE Coordinator/Co-Coordinator to forward both forms to Risk Management & Insurance.
- 4) Risk Management & Insurance submits claim to appropriate insurer.
- 5) Insurer triggers claims process.

Catastrophic injury:

- 1) Student or representative notify course instructor immediately.
- 2) Course instructor consult with CPE Coordinator/Co-Coordinator, to contact Risk Management and Insurance immediately.
- 3) Continue with above steps 1-5 as appropriate.

Negotiating Conference and Workshop Hours during Practice Courses

Alternative learning experiences may occur within the 192 practice hours required to complete your course (or outside these hours) and must be discussed with and authorized by your course instructor. Student responsibilities are specified in the School of Nursing “Alternate Learning Experiences—Guidelines for Negotiating Hours for Years 3 and 4 BSN Practice Courses.”

Personal Respirators/Masks

BSN students must be fit tested before initial use of their personal respirators and annually thereafter while in the BSN program. Unless the School of Nursing receives documentation of the annual fitting prior to the expiry date recorded on the student file, the student may not enter/continue in practice. Failure to provide documentation in a timely manner may result in delay in completing the course or the necessity to re-sequence the student’s program.

Vehicle Insurance Coverage

University insurance will not cover legal liability for automobile accidents that occur while the student is involved in practica, clinical, and co-op related activities. Therefore, students should be cautioned against using their own vehicles for such activities and be fully aware of the implications for using a personal vehicle for such activities. Students should check with their insurance carriers about the extent of their coverage (e.g., legal liability and defense insurance).

If a student is asked to drive an agency vehicle as part of practice responsibilities, the student should ask for clarification of the insurance coverage from the agency.

Verifying Student's Legal Obligation

Students approached by agencies, patients/patients' families, or legal representatives of the before-mentioned, must contact their course instructor for guidance if requested to provide information pertaining to care witnessed or given by a student. Students are under no legal obligation to provide information unless subpoenaed by a court order.

Contact Information

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Program Sequence: UVic BSN Partnership

UVic SCHOOL OF NURSING

TERMS ONE-FIVE AND TWO CPES COMPLETED AT A COLLEGE PARTNER SITE

PROGRAM TOTAL: 31.5 UNITS

TERM 6: JANUARY-APRIL <i>(ENTRY TERM)</i> <i>(NO PRACTICUM)</i>	MAY-AUGUST <i>(CPES)</i>	TERM 7: SEPTEMBER-DECEMBER <i>(78 HOUR PRACTICUM)</i>	TERM 8: JANUARY-APRIL <i>(FINAL TERM)</i> <i>(FINAL CPES)</i>
6.0-7.5 UNITS	9.0 UNITS	6.0 UNITS	9.0 UNITS
<p>NURS 341 (1.5 units) Professional Practice IV: Nursing Inquiry</p> <p>NURS 342 (1.5 units) Health and Healing VI: Global Health Issues</p> <p>NURS 350 (1.5 units) Health and Healing VII: Promoting Community and Societal Health</p> <p>NURS 360 (1.5 units) Professional Practice VI: Nursing Research</p> <p>NURS 484 (1.5 units) Nursing with Aboriginal Peoples in Canada</p>	<p>NURS 370 (4.5 units) Consolidated Practice Experience III</p> <p>NURS 470 (4.5 units) Consolidated Practice Experience IV</p>	<p>NURS 425 (1.5 units) Qualitative and Quantitative Analysis</p> <p>NURS 430 (1.5 units) Professional Practice V: Leadership in Nursing</p> <p>NURS 456 (1.5 units) Practice: Nursing within Communities and Health Systems</p> <p>NURSING ELECTIVE (1.5 units)</p>	<p>NURS 475 (4.5 units) Consolidated Practice Experience V</p> <p>NURS 491 (4.5 units) Nursing Practice VIII: Transitions</p> <p><u>PROGRAM COMPLETION</u></p> <p><i>April 15th or 30th</i></p> <p><u>CONVOCATION:</u> June</p>  <p><u>NCLEX EXAM:</u> June onward</p>