



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 to July 2022



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*For the most up-to-date version of this document go to:
https://www.uvic.ca/hsd/nursing/assets/docs/undergraduate/transfer/current/practicum_handbook.pdf*

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LETTER FROM THE ASSOCIATE DIRECTOR UNDERGRADUATE PROGRAMS AND PARTNERSHIPS

Dear Practice Colleagues, Students and Educators,

Here at the University of Victoria, we rely greatly on our partners in practice to participate in the education of this upcoming generation of BSN-prepared 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, in particular during this unique time of the COVID pandemic. This handbook is intended as a resource for students, preceptors, collaborative learning unit nurses, and educators during third- and fourth-year consolidation and transition-to-practice 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 efforts of nurses, students, and course educators, 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 educator, never hesitate to be in touch with them whenever questions and concerns arise. University of Victoria School of Nursing course educators are there to foster learning relationships and are equally available to students and preceptors.

Thank you, once again, for contributing to the education of future BSN-Prepared Nurses.

Regards,



Lenora Marcellus, RN, PhD
Professor, Associate Director, Undergraduate Programs and Partnerships

Acknowledgements: This Handbook 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, educators, and practice partners who also contribute to the ongoing refinement of the Practicum Handbook. This Handbook is for use by students, educators, 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;
- 5) Be shaped by understanding the historical and current social realities that result in racism and Indigenous-specific racism and which negatively impact Indigenous health and well-being. This curriculum is committed to enacting the principles of the Truth and Reconciliation Commission (TRC) and the United Nations Declaration on the Rights of Indigenous Peoples; and,
- 6) Meet the professional practice requirements identified by the British Columbia College of Nurses and Midwives (BCCNM).

How are students expected to meet the learning outcomes for this course?

Each consolidated practice or transition to nursing practice course is approved as six weeks of fulltime study. This timeframe is set by the University of Victoria. In some cases, additional time is available to meet course outcomes. The BSN student must meet all of the course requirements and demonstrate course-leveled clinical competence to achieve a completion grade for the course.

A minimum of 192 practice education hours are completed in each course. Practice education combines theory and practice (praxis) and includes a range of activities: scheduled shifts with regulatory supervision in practice placement settings, tutorials (student with course educator), seminars (student group with course educator), simulations, alternate learning (activities away from the designated placement setting), and other time as organized with the instructor. All activities are linked to course learning outcomes.

Additional hours and supplementary activities may be available and scheduled, as needed. Specifics of the schedule are designed by educator with the student, and are negotiated with practice agency where needed. Be aware: a student schedule may need to change during the course, related to 1) preceptor availability, 2) placement conditions, 3) , just-in-time learning opportunities, and 4) supports or activities needed to facilitate progress in delivery of safe, competent practice and meeting learning outcomes . The course educator 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 educator 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 placement for one or more courses (range from 6 to 12 weeks). All nurses on a CLU share responsibility for supporting the learning of the BSN students. Nurses, along with their clinical leadership foster a culture of learning and inquiry and share the responsibility of regulatory supervision of students amongst the nursing team. The BSN students' schedules are pre-determined in contrast to the preceptor model where they mirror some elements of their preceptors' rotations. No more than two BSN students per shift are scheduled to be on a unit during the same time period. Student patient care assignments are made based on individual learning needs, level of learning in the program, and past practice experiences. Three-way communication with the course educator is promoted through a variety of written and verbal means. Learning opportunities are arranged in and out of the placement setting.

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 most of the same shifts, has most of the same days off, and shares the nursing assignment and activities of the preceptor(s) dependent on the level of competency of the learner.

Adjustments to the student schedule may be made in consultation with the course educator to meet student learning needs and course requirements. The course educator works with each student- and-preceptor(s) grouping on an individual basis. Learning opportunities are arranged in and out of the placement setting.

What is unique about University of Victoria BSN 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. Students are offered practice experiences in both institutional and home care settings.

While attending the UVic SON, students have four intensive practice 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).

As students progress through practice experiences, they 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 meet the competencies outlined in the BCCNM document [Entry-level Competencies for Registered Nurses](#) (new version as of December 2020).

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. During the four-year program, the BSN student refines 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 an individualized learning plan. Students, course educators, and practice partners are referred to the following resources to support decision-making in regard to the activities of individual students:

- The Scope of Practice Decision Making for BSN Students: Standards, Limits, and Conditions document for a detailed description of how to support students in making decisions about an individual's scope of practice. RNs can support students by demonstrating use of BCCNM Controls of Practice when making decisions about RN scope of practice.
 - The BCCNM practice standard Regulatory Supervision of Students that further outlines the role and responsibilities of Registered Nurses in the CLU and Preceptor Model of clinical practice.
- 7) Practice information and documents can be accessed at the [SON webpage](#). There is a list of specific policies on page 8 of this Handbook. These guidelines and institutional policies about student practice must be adhered to at all times. **When uncertain about a BSN student's competence notify the course educator 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 consultations with the course educator and Preceptor in this regard.

Preceptors, whether for a single shift or set on a CLU or for a full course, 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 safely accomplish an activity, **contact the course educator immediately.**

As the course progresses, RNs "step back" so that students can become more independent unless, of course, patient safety is compromised. Students need the opportunity to learn to practice with less direct and more indirect supervision. 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 educator 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 educator.

What tips have experienced nurses offered about working with students?

Students are often in awe of the nursing and agency 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 preceptors and mentors suggest that, once the student has been oriented to the unit, it is helpful to meet 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 organize their thoughts, articulate their decision-making process, make contingency plans, and helps you to assess their level of competence. Other tips and recommendations are available on the Island Health Learning Hub's Resource for Preceptors: E-tips for Practice Education.

How do I contact the Course Educator?

Preceptor and CLU Registered Nurses should contact the course educator to ask questions or obtain assistance in clarifying and solving problems at any time. Course educators inform their students and Preceptor/CLU Registered Nurses about how and when to reach them or the designate on-call, and have a cellphone available. 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 educator 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 educator will facilitate other arrangements for the student to complete course requirements.

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 and course educator as soon as possible. The course educator will arrange for make-up hours as needed.

What if there are poor weather conditions?

Students are advised to exercise their best judgment to make a decision about going to or leaving clinical, based on their personal circumstances and the availability of appropriate regulatory supervision. They should consult with their course educator as needed, and inform their course educator and the unit about their decision. The reason for attending or not attending does not need to be disclosed.

What if there is an active infectious outbreak in the practice setting?

Students and course educators adhere to health authority and provincially mandated policies and protocols, including but not limited to symptom reporting, and are required to regularly evaluate their fitness to practice. Students should be aware that they may be directed to leave a placement setting until circumstances are clarified and supports established. Pending specific direction in a particular situation, students are advised to exercise their best judgment to decide about going to or leaving clinical, based on their personal circumstances and the availability of appropriate regulatory supervision. They should consult with their course educator, inform their course educator and the unit about their decision, and ensure continuity of care.

COURSE EDUCATOR ROLES & RESPONSIBILITIES**What is the role of the Course Educator?**

The role of the course educator 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 educator sets aside regular times to be available for students either by phone or in person. They also negotiate the frequency of contact with the nursing staff and student, which will include periodic three-way meetings (nursing staff, student, and educator) to share examples of the student's progress. During a preceptorship the course educator makes at least three site visits during the practice experience; more if required. In the CLU setting, the course educator sets times that they are available on the unit for staff and students with a minimum of three visits to the unit per week.

Course educators are supported in their work by the UVic Practice Education Coordinator/Co- Coordinators (i.e., practice course lead), as well as other UVic School of Nursing administrative and support staff.

Both practice site nursing staff and students are asked to notify the course educator as soon as any difficulty is

encountered or something puzzling arises. Even if you can't articulate a specific issue, please seek clarification with the course educator. 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 educator 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 evaluation of the student thus the course educator seeks 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 meet course requirements and progress toward meeting BCCNM RN Standards and entry-level competencies.

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 a near miss or an incident that may cause harm to another, ensure that the student has complied with steps outlined on page 9 of this Handbook. The course educator 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 and align actions with professional nursing standards. If a student is ill or must be absent for some other valid reason, the course educator must be notified as soon as possible and ensure that the student has notified the unit. In some cases, the course educator works with the unit representatives to make up missed hours to ensure course learning outcomes are met. Students follow Island Health COVID-19 and other protocols related to reporting symptoms.

What about observational experiences within the agency?

If a unique learning experience arises, and the student's workload and agency conditions permit, the student may wish to take advantage of it. These observational experiences must be authorized by the course educator.

Examples of observational experiences include:

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

The course educator and BSN student balance observational opportunities with the student's need to actively engage in activities to become competent in nursing 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 are limited.

What if the CPE is in a community setting?

Some students have a practice education placement in a home and community settings. The course educator and the community nurse preceptor will review the scope of practice and learning needs of 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 educator may consult with the Practice Education Coordinator/Co-Coordinators to identify and locate resources to address this question.

STUDENT ROLES & RESPONSIBILITIES

During CPE and Transition to Practice courses, the BSN student works with the regulatory supervision of an RN at all times. The student may also work alongside Licensed Practical Nurses and Health Care Assistants, with the regulatory supervision of an RN. In consultation with the supervising RN, LPNs may provide supervision for students undertaking specific activities within the LPN scope. In order to facilitate practice experiences, the student is responsible for the following:

1. Preparing for the practice experience:

- Commence self-directed study to prepare for the placement.
- Fulfill course orientation requirements.
- Complete agency-specific requirements.
- Attend agency-specific orientation or participate online as required.
- Thoroughly review this Practicum Handbook, syllabus, and other supporting documents.

2. Establishing and maintaining communication with members of the practice setting and your course educator 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 learning outcomes.
- Skills and activities you are competent in and those

- you plan 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 and School of Nursing academic and practice policies.
 - Placement agency student practice resources (e.g., Island Health intranet Student Practice page).
 - Policies of the agency, especially those related to students and safe practice.
 - General routines of the placement setting.
 - Lines of communication in the practice area and within the practice agency.
 - Placement agency Learning Hub
 - Resource materials to augment your practice learning (e.g., procedures online, med/surg texts or web resources, readings).
- 4. Participating in ongoing professional development and self- appraisal:**
- Draw on and refine an individual learning plan on a regular basis
 - Review the BCCNM Standards regularly, especially at the beginning of the course and prior to mid-term and final appraisal meetings with your educator.
 - As specified in the course syllabus, organize meetings with the course educator and preceptor or CLU RN to discuss and support your progress. Be available for course educator onsite visits. Prepare for and attend course seminars as required.
 - Provide the course educator with practice examples of your ability to meet course learning outcomes and the appropriate level of competency in each BCCNM Standard. Present examples during tutorials, Set Updates, seminars, and in written documents including reflective practice narratives and self-appraisals.
 - Identify and address those competencies and areas of the BCCNM Standards that are strengths and prevent 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 educator.
- 5. Maintaining professional responsibility:**
- Work as a learner during scheduled shifts in your rotation. Make up any missed practice opportunities and learning activities in consultation with the course educator.
 - Participate as a member of the nursing and interprofessional health care teams. This includes but is not limited to actively participating in team meetings, working scheduled hours, completing
- required reports and documentation, ensuring continuity of care, 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 educator.
 - **Powerchart, Windows Account and Acudose:** Your login information for Powerchart, Windows and Acudose is unique and confidential. This information should not be shared with other nursing students, Island Health staff, or your educator.
 - **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:** Study the pre-placement orientation information, and adhere to the policies and guidelines of the agency and health authority.

EVALUATION OF STUDENT COMPETENCE

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

The evaluation of the work of a student encompasses analysis of tutorials, seminars, set updates, simulation activities, written work, as well as feedback from preceptors and nurse leaders. Preceptors/CLU RNs 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 photographs or videos while in the clinical setting.

CPR Certification

Students are expected to maintain current BLS or CPR level C certification throughout the program. Certification must be achieved in-person rather than online and 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.

Note: In-person training may not be available due to Public Health orders. If necessary, students will access online resources to maintain the currency of competencies. At all times, students work to their level of competence and in accordance with agency policy. Students will update their certification once in- person courses are available.

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 additional checks are required by the practice agency, it is the responsibility of the student to ensure that the check is complete prior to that clinical placement. Delays in fulfilling this requirement may lead to course resequencing.

Personal Respirators/Masks

BSN students must be fit tested before initial use of their personal respirators and every year thereafter while in the BSN program. Unless the School of Nursing receives documentation of 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. **Note: If in-**

person mask fit testing is not available due to Public Health orders, students may be granted an extension until testing is available again.

Dress Code

Students must dress and groom in accordance with the regulations of the institution or agency and with WorkSafeBC regulations. Specifically, in the Island Health and COVID-19 context, students in acute care settings will follow the *Island Health COVID-19 Scrub, Uniform, and Work Gear Guidelines*. Students in home and community settings will seek guidance from their preceptor and course educator. Students must wear a nametag at all times, when at their placement site in the role as student.

Immunization Status

UVic SON may need to collect and store immunization information as directed by the provincial government. In order to engage in consolidated practice and transition to nursing practice coursework, students must adhere to immunization requirements of their placement agency. Some agencies, particularly pediatric settings, have specific requirements, to which students must adhere.

Provincial Health Orders (PHO) of March 7, 2022 states that health care professionals are required to be vaccinated against COVID-19 and to provide documentation when asked.

Critical Incident Reporting

At the School of Nursing, critical incident reporting encompasses individual actions and larger systems issues that result in disruption in safe patient care. Please refer to the Guidelines for Student and Patient Critical Incident Reporting and Learning Process. The BSN student is required to complete and discuss with the course educator a UVIC ["Student and Patient Critical Incident Event Reporting and Learning Form"](#). **In addition, the BSN student is required to complete all procedures, including reporting, as indicated by the practice agency.**

Incidents are adverse events that include:

- Human error, including **near misses (including those detected by students)**
- Injury
- Horizontal violence or racism
- Systems issues (e.g., factors beyond the BSN students control that influence patient care)

Critical incident reporting includes those acts that result in an accident/ injury to the BSN student. In case of accident/injury, 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 educator to guide the student through the reporting/insurance claim process within 24 hours (see information below).
- 3) Complete the UVic "[Student and Patient Incident Event Reporting and Learning Form](#)".

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 educator complete "Student and Patient Incident Event Reporting and Learning Form" within 24 hours. Notify and forward to Practice Education Coordinator/Co-coordinator, who reviews information and forwards form to UVic Risk Management.
2. Student in collaboration with course educator completes [WorkSafe BC Form #7](#) and follow directions on the form to submit within 24 hours. Forward a copy of WorkSafe BC Form 7 (Employer's Report of Injury or Occupational Disease) to Ben McAllister at UVic Risk Management (<https://www.uvic.ca/financialplanning/risk/>)
3. Risk Management & Insurance submits claim to appropriate insurer.
4. Insurer triggers claims process.

Catastrophic injury:

1. Student or representative notify course educator immediately.
2. Course educator consult with Practice Education 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 beyond scheduled practice activities required to complete course requirements and must be discussed with and authorized by your course educator. Student responsibilities are specified in the School of Nursing "Alternate Learning Experiences—Guidelines for Negotiating Hours for Years 3 and 4 BSN Practice Courses."

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 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 educator 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.

RESOURCES

Contact Information:

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Provincial Practice Education Resources:

Practice Education Guidelines: <https://hspcanada.net/features/>

PHSA Student Practice Education: <http://www.phsa.ca/health-professionals/education-development/student-practice-education>

Island Health Intranet Student Practice: Students

https://intranet.islandhealth.ca/departments/professional_practice/Pages/student.aspx

Island Health Intranet Student Practice: Faculty

https://intranet.islandhealth.ca/departments/professional_practice/Pages/StudentPracticeFaculty.aspx

University of Victoria, BSN Practice Information

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

Learning Hub Resources

<https://learninghub.phsa.ca/Courses/1194/a-resource-for-preceptors-e-tips-for-practice-education>

<https://learninghub.phsa.ca/Courses/16285/giving-and-receiving-feedback-for-preceptors-and-mentors>

Appendix A

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>