

Daphne Cockwell
SCHOOL OF NURSING

RYERSON UNIVERSITY

**Post Diploma Degree Program
Student Handbook**

Bachelor of Science in Nursing

2011 - 2012

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The information in this Handbook is specific to the Daphne Cockwell School of Nursing. Students are also required to adhere to the policies and procedures of the University. Information about these policies and procedures is available in the University Calendar and RYESAC Student Guide.

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NURSING EDUCATION AT RYERSON UNIVERSITY

VISION AND MISSION

Vision. By leading post diploma degree baccalaureate nursing education in Ontario for diploma prepared Registered Nurses, Bridging Program Registered Practical Nurses, and Bridging Program Internationally Educated Nurses, we lead the development and advancement of knowledge and research for nursing practice and nursing education.

Mission. We are committed to preparing nursing leaders who are highly competent, knowledgeable and who play an integral role in shaping our health care future. We are committed to building upon our reputation for excellence by creating and delivering innovative, accessible baccalaureate nursing, and advanced practice education. We support an environment that respects differences, encourages inquiry, promotes the discovery of the human lived experience, and champions social justice. We engage in the scholarship of teaching, discovery, integration, and application to further excellence in nursing practice, education and leadership.

RECENT NAMING

The University named its School of Nursing in honour of Daphne Cockwell, recognizing her family's ongoing support for Ryerson and its Master Plan development. Jack Cockwell, Group Chairman of Brookfield Asset Management, is a Member of the Ryerson University Board of Governors. His family has made lifetime contributions of \$11.5 million to the University, including a recent gift of \$5 million directed to the School of Nursing.

The Daphne Cockwell School of Nursing is named after Mr. Cockwell's mother, who started her career as a nurse. This is Canada's first university nursing school to be named for a nurse. Daphne Cockwell trained as a nurse in East London, South Africa in the 1930s, and later worked as a volunteer with veterans returning from the Second World War.

Jack Cockwell is Group Chairman of Brookfield Asset Management. He was re-appointed to the Ryerson Board of Governors in 2005 and was appointed Vice Chair from 2006-07, having previously served on the Board from 1995 to 2001. He serves in a voluntary capacity for a number of community organizations including as a Governor of the Royal Ontario Museum, and a Directors of the C.D. Howe Institute and Waterfront Toronto Corporation. He also Chaired the Building Fundraising Committee for The G. Raymond Chang School of Continuing Education at Ryerson University.

HISTORICAL PERSPECTIVE OF THE POST DIPLOMA DEGREE PROGRAM

In 1964, Ryerson became the first post-secondary general education institution in Canada to offer a diploma nursing program. Based on recommendations from the Rowles' (1963) study (as cited in Allen & Reidy, 1971), the program was developed to demonstrate the feasibility of offering a nursing program in a general education setting, as opposed to the typical hospital setting.

The success of this program proved Ryerson's ability to provide unique and innovative nursing education. The program was also the subject of an ongoing evaluation study (Allen & Reidy, 1971) that reinforced Rowles' (1963) original recommendations, but paved the way for changes in the nursing educational system. When the provincial government transferred responsibility for nursing diploma programs to the Ministry of Colleges and Universities in 1973, the Schools of Nursing from The Wellesley Hospital,

Women's College Hospital and the Hospital for Sick Children joined Ryerson's nursing school. The amalgamated school offered a diploma nursing program curriculum until 1988.

In January 1980, the Bachelor of Applied Arts (Nursing) program for registered nurses was approved and implemented. This program was designed to enable diploma graduates to develop an analytical approach to nursing practice and expand their knowledge and understanding of the profession and the health care system. In 1983, the program was expanded to admit students on a part-time basis.

The Post Diploma Degree Program currently has over seven hundred students. Part-time students and non-program nurses can access most courses at over twenty regional access centres, through partnership with The G. Raymond Chang School of Continuing Education. We offer flexibility to nurses considering baccalaureate education through a variety of degree completion schedules. Currently, the Post Diploma Degree Program team is involved in pilot projects to evaluate the success of admitting to the program graduates from selected approved full time and part time bridging programs for internationally educated registered nurses and 2-year diploma prepared registered practical nurses. The bridging students are admitted to the respective full time and part time programs only during the evaluation phase.

All graduates earn the degree designation Bachelor of Science in Nursing (BScN.). The Daphne Cockwell School of Nursing is a member of the Canadian Association of Schools of Nursing (CASN), and is one of a selected group of university Schools of Nursing to receive accreditation.

The Daphne Cockwell School of Nursing is part of the Faculty of Community Services at Ryerson. This Faculty includes Child and Youth Care, Occupational and Public Health, Nutrition, Early Childhood Education, Social Work, Urban and Regional Planning, Midwifery, Health Services Management, and Disabilities Studies. Theory and applied learning experiences are a hallmark of nursing education at Ryerson. Classroom courses are continually reinforced through nursing practice placement, field trips, outside projects, and actual experience in the professional community. Humanities and social sciences are included in all programs to give students a better understanding of the social and cultural environment in which they will function, both as professionals and as educated citizens. The Daphne Cockwell School of Nursing strives to offer our students a plethora of learning opportunities: in the classroom; in practice settings; within the school itself, and beyond. The learning-teaching environment is supported through the use of various methodologies such as traditional large group lectures, simulations, problem based learning, small group study, self-directed instruction, and computer supported learning.

To recognize excellence in research, practice and scholarly activities, the Daphne Cockwell School of Nursing has joined Lambda Pi At-Large Chapter of Sigma Theta Tau International. The School has approximately 700 members including faculty, alumni, students and other community leaders. Not only does the Society position the school in the international community, it gives students greater access to conferences and increased opportunities to meet the nursing leaders in the area of research, practice and academia. Undergraduate students are required to have completed 1/2 of the nursing curriculum, have approximately a 3.67 GPA and be situated in the upper 20% of their cohort.

Ryerson is committed to providing continuing education opportunities that reflect real needs. Each year, the University continues to develop new programs and expand its services to meet the changing requirements of the community. Today, there are over 450 subject areas offered that provide students choice in credit and professional development courses, management seminars, courses leading to professional certification, more than 45 certificate programs, and part-time degree studies.

Reference

Allen, M., & Reidy, M.(1971). Learning to nurse: The first five years of the Ryerson nursing program. Toronto: Registered Nurses Association of Ontario.

PHILOSOPHY OF THE DAPHNE COCKWELL SCHOOL OF NURSING

The purpose of the program is to educate nurses to work with persons and communities of diverse backgrounds, ages, degrees of health/illness and in a variety of contexts. Therefore, it is important that it have philosophical foundation that addresses the unique way in which experiences inform our practice. Through their participation in the learning process as students, graduates will become active participants in the provision of care and achievement of health for all.

Optimal nursing care is advanced by using philosophical underpinnings and multiple methods of inquiry to address complex and diverse nursing questions. Within the empirical paradigm, for example, controlled trials are crucial in the establishment of effective interventions and best practices. Empiricism encompasses an array of research approaches ranging from randomized controlled trials to phenomenological studies. The constructivist paradigm, on the other hand, enables nurses to make professional judgments that incorporate expert opinion and sensitivity to unique individuals within particular family and cultural contexts. Different inquiry methods are adopted by nurses according to the work to be accomplished. Interdisciplinary research is a continuing challenge for the nursing profession during the 21st Century because it serves to maximize the benefits of complementary health care services and resources.

Phenomenology:

A central tenet of phenomenology is understanding the meaning of lived experience. Within the curriculum, phenomenology is actualized through the nurse-client relationship with the primary focus being on the exploration of the meaning of clients' experiences of health and healing.

Critical Social Theory:

Integral to critical social theory is a commitment to penetrate the world of objective appearances in order to expose the underlying social relationships that are often concealed. Within the curriculum, critical social theory addresses the unequal social, economic and power relations that often exist within health care and society. (adapted from the University of Victoria Collaborative Nursing Program)

The beliefs that underpin the nursing program are based on Phenomenology and Critical Social Theory and together they resonate with Ryerson University's Mission to advance "applied knowledge and research to address societal need". These beliefs provide the normative basis of the program:

1. The nurse understands health, well-being and quality of life from the client's perspective.
2. The nurse affirms that every human being deserves equal concern, respect and consideration and therefore challenges systems that oppress the health status of some people while privileging others.

In order to realize these normative beliefs, nurses pursue evidence through data-gathering processes that are used to inform professional nursing practice. However, the means of actualizing these beliefs remains broad and varied, ranging from works of art to scientific trials. The aims of this philosophy are to assist students to acquire the knowledge, skills and dispositions needed to enhance the health of the people in the global community, as well as to promote a progressive, dynamic and inclusive learning community for students, faculty and staff.

With these philosophical approaches underlying the foundation of the curriculum, five Program Threads have been identified. These threads will serve to organize the content of the curriculum and will be reflected in all years of the program in varying degrees of depth.

With this philosophy underlying the nursing program, the metaparadigm of the discipline can be described as follows:

Nursing

Nursing is a humanitarian and caring profession, guided by ethical and legal standards. It is viewed as a systematic, theory-based process, with its own body of knowledge, consisting of both independent and collaborative roles. Its members are held accountable for their professional competence and for the advocacy of clients, peers and the discipline itself. Nursing is a social force within the total context of the health care system. As a practice discipline, nursing requires its members to have a strong professional identity, be politically informed and involved, and advance public policy that improves the health of individuals and society. Nursing acknowledges that political activities, consumerism and changing health/illness patterns influence health care policy and health care delivery patterns. The professional recognizes the value of innovative multidisciplinary relationships as an effective approach to health care.

Nursing is both a science and an art. The science of nursing examines the relationships among person, health and environment. The art of nursing is embedded in the caring relationship between nurse and client. Nurses work in partnership with clients, learning from them the personal meanings of their health situations. Client-specific situations and meanings direct the selection of a theoretical base to guide nursing practice with the goal being a fostering of client well being. The art and science of nursing develop through, and are informed by, the dynamic interaction of theory, practice, education and research.

Health

Health is a concept that has multiple meanings. It is related to quality of life, is individually defined and is in dynamic interaction with the environment. Individuals, families, groups, communities and society share responsibility for health. The major principles of primary health care: health promotion, accessibility, public participation, appropriate use of technology and multi-disciplinary collaboration, are seen as fundamental in achieving health for all.

Person/Individual

Person is viewed as an individual, a family, group or community. Persons have their own subjective experiences of the world, the freedom to choose values, and to develop potential and aspirations that give meaning to living and reflect well-being.

Environment

Environment is the context within which an individual exists. It is integral with the person, comprehensive and unique.

PROGRAM THEMES

- **Primary Health Care/Health Promotion** Primary Health Care encompasses a philosophy of care as well as the services provided. Incorporation of all aspects of the care necessary to achieve health for all, with appropriate nursing implications will be a focus for each year.
- **Reflective Practice/Critical Thinking** Central to all aspects of a nurse's practice are the skills of reflection and critical thinking. These will be central elements in the student's way of learning as well as an outcome for all graduates.
- **Meaningful Relationships/Caring/Communication** The nurse-patient relationship is one of understanding of the other, communicating effectively, and emphasizing the meaning of the experience from the patient's perspective. Only through caring meaningful relationships with self and others can this be achieved.
- **Political/Social Justice** Knowledge of the political, social and economic context of health care is essential to the current study of the nursing profession. Awareness and understanding of the roles of the nurse in social and political arenas is a requirement of the graduate.
- **Personal/Professional Development** Students are self-directed learners in the pursuit of knowledge for personal and professional purposes. Personal perceptions and meaning making as they relate to self and others are encouraged throughout the curriculum.

POST DIPLOMA DEGREE PROGRAM LEARNING

Program Outcomes guide the development and delivery of theory and practice courses. The development of the philosophy and program outcomes reflects the position statement of baccalaureate education of the Council of Ontario University Programs in Nursing (COUPN) and the College of Nurses of Ontario, Standards of Practice for Nursing.

- Student progress is monitored to reflect learning in relation to the Professional Standards as defined by the College of Nurses of Ontario, 2002.
- Student performance is appraised in accordance with the practice outlined within each standard at a level appropriate to the stage of the program.
- Students demonstrate knowledge, skills, attitudes and judgment congruent with expectations within classroom and nursing practice.

Program outcomes:

1. demonstrates caring as it relates to the self and others.
2. determines meaning and significance in client encounters.
3. establishes meaningful connections with clients to facilitate therapeutic interactions.
4. collaborates with clients and colleagues to ensure consistent, safe, effective care.
5. uses personal knowledge and theory from nursing and related disciplines to determine an appropriate course of nursing actions.
6. uses reflective, critical and analytical thinking to facilitate creative and flexible nursing practice.
7. critically appraises research studies and utilizes the findings as a basis for nursing practice.
8. identifies gaps in nursing knowledge, considers research possibilities, and participates in research activities where appropriate.
9. analyses health and practice issues within the social/economic/political environment.
10. practices nursing in a skilful, therapeutic and culturally sensitive manner.
11. provides leadership within his/her own practice to facilitate clients' and colleagues' desired outcomes.
12. uses population health principles to plan, market, implement and evaluate health promotion and disease prevention programs.
13. works within the context of multidisciplinary health care team to apply primary health care principles.
14. participates in developing and implementing strategies for the improvement of the health environment through the use of the political process and the principles of social justice and equity.
15. practices nursing within legal, ethical and professional guidelines.
16. is an active participant in his/her personal and professional development.

CURRICULUM OVERVIEW

The Post Diploma Degree Program curriculum, 4 semesters full-time, consists of the equivalent of 19, one-semester courses. The following concepts are organizing themes throughout the program: diversity, health promotion and population health, developmental stages, reflective practice/critical thinking, research, meaningful or caring relationships, communication, leadership, political and social justice, ethics, and personal and professional development. The courses are sequenced so that students can apply acquired knowledge in a logical fashion.

The nursing courses in semester one (Nursing: Current Issues and Future Perspectives, Nursing: The Evolution of Theoretical Knowledge, and Nursing: Health Assessment) establish the context for post diploma baccalaureate level nursing education and professional practice. Nursing: Research Design, Measurement Applications courses emphasize that nursing is a research-based practice discipline and provide students with the necessary knowledge and skills to understand and apply the research process throughout the program.

During the second semester, students focus on health and health related concepts, reinforced by an epidemiology course that provides an understanding of risk factors related to the development and prevention of illness. The Nursing: The Community Nursing and the Nursing: Epidemiology, Major Health Problems courses are situated together in the second semester because of their complementarities. Theory and practice related to nursing leadership within the health care system is addressed this semester.

Semester three provides the opportunity for students to apply theory as it relates to specific nursing organizations. The Nursing: Concepts in Contemporary Nursing Practice course enhances the students' ability to examine major issues related to individual clients and their families within the nursing practice context. The first practice course (Nursing: Nursing Practice I) allows students to apply this knowledge within a practice setting of their choice.

During semester four, the nursing elective course and a second nursing practice II course (Nursing: Nursing Practice II) allow students to focus on a selected client population and acquire in-depth knowledge of that population.

The nursing practice experiences are designed to reflect the philosophical beliefs of the curriculum and are leveled, based on the focus and progression of the students through the curriculum. Planned nursing practice experiences focus on applying accumulated program theory. For example, Nursing Practice I (NCL700) is a third semester course that places an emphasis on critical thinking, self-reflection, utilization of research findings and the application of concepts from leadership and change. Nursing Practice II (NCL800) is a fourth semester course that places an emphasis on the multiplicity of nursing roles in hospital and community settings. The intent of the second nursing practice course is to expand the student's perspective of nursing practice through the use of critical social theory and their lived experience as a reflective practitioner. Students have the opportunity to develop increased depth and breadth of knowledge and skill application to the care of particular populations guided by career plans and goals identified during their Leadership Course (NUR831). In addition, personal learning goals are enlightened by discussion of nursing knowledge, issues of practice, health assessment, community nursing, epidemiology, nursing research, contemporary nursing concepts in practice, and organizational contexts of practice that are introduced, and discussed during their curriculum courses.

Learning experiences and teaching methodology foster the growth of the student as a professional nurse. We believe the professional nurse is critically reflective and an active agent for change within nursing, health care, and society at large. Nursing practice learning opportunities are enhanced through learning/teaching relationships with expert practitioners. Teaching methodology includes: experiential, emancipatory, reflective, collaborative, situation-based inquiry, and integrative practice.

Professionally Related Electives and Upper Level Liberal Studies have been incorporated in accordance with program balance guidelines suggested by Ryerson University.

MODES OF DELIVERY

A variety of teaching methodologies are utilized within this curriculum. In addition to didactic presentations, students are taught through use of situation based learning methods, such as case studies that use small group learning formats, and distributive learning modes. Critique and inquiry are enhanced through use of debates and group/individual presentations, with strong emphasis on the students' self-evaluation and reflection of their learning. Another interactive and situation-based learning method utilized is the seminar discussion format that aims to enhance the in-depth discussion of a variety of nursing issues. Nursing practice and laboratory work develop psychomotor and communication skills necessary to graduate.

Nursing calendar course descriptions can be found in the Ryerson University Calendar and at www.ryerson.ca/ce/nursing.

TEACHING-LEARNING BELIEFS AND PRINCIPLES

Learning is an interactive, lifelong process, which involves the development of the learner as a person. Nursing students are adult learners who are accountable for their own learning and learn in collaboration with faculty. Multiple teaching/learning approaches facilitate the student's progression toward becoming lifelong independent nurse practitioners.

Learning comes from those interactions in personal and social situations that have continuity and connection to a person's unique experience in life. Learning also occurs in educative experiences where positive growth in personal, moral, ethical, aesthetic and professional aspects of life develops.

Learning is facilitated by a caring collaborative student-teacher relationship based on mutual trust and respect. Both bring diverse capabilities and experiences to the learning environment that are valued as enhancing learning. The learning environment reflects evolving equality through the fostering of interactive relationships, established through the development of trust, self-awareness, and dialogue. Strong collaborative relationships between nursing education and nursing practice also foster a rich learning environment.

The teaching/learning process is integral to providing a climate conducive to the development of intellectual pursuits. A supportive and challenging learning environment contributes to the development of a reflective nursing practitioner, who is capable of creative and critical thought, sound problem solving, and ethical decision-making.

Faculty involvement in scholarly activity and professional development is viewed as an important factor in enhancing the teaching/learning environment and maintaining teaching expertise. Scholarly activity includes nursing practice, research, publication and community involvement. The educational preparation and professional expertise of faculty members enrich the learning environment.

The Daphne Cockwell School of Nursing is a scent free zone.

Due to the number of allergies, students are asked **NOT** to wear any scented product to the school or in any nursing practice area.

NURSING PRACTICE

PREREQUISITES FOR NURSING PRACTICE PLACEMENT

1. Health Policy

The following **requirements are** guided by concern for the optimal functioning of the student, the maintenance of optimal health of clients, government regulations for health care workers/students in health settings, and the policies of nursing practice placement agencies.

2. Policy and Acknowledgement of Student Responsibilities

Completion of the Practice Requirement Records is the responsibility of the student and is required in order to enter practice settings. Our placement partners have the right to refuse students who do not meet the requirements outlined in the Practice Requirement Records documents (available on the CPO website at www.ryerson.ca/cpo). Placement agencies may, at any time, request to see proof of your immunizations, TB step 2 skin test, mask fit test certificate, CPR level HCP, vulnerable sector screen police check, and CNO license (if applicable).

With regard to mask fit testing:

- Attend a mask fit test clinic and provide evidence of a mask fit test certificate, which includes type and size.
- All nursing students must be clean-shaven in order to be fitted so that the mask attains a proper seal.
- At any time during clinical placements, if students are required to wear their Certified Safety Respirator Mask, at that time they must remove any facial hair.

Failure to comply with practice requirements will jeopardize a student's progress in the program.

3. Influenza Immunization

The influenza immunization is not mandatory, however, students who do not obtain influenza immunization may encounter challenges with clinical placement. Some placement partners may mandate that students receive influenza immunization and may require students to provide evidence of immunization. In the event of an outbreak, any student without the vaccination may be denied access to the placement facility, thereby, jeopardizing successful completion of their clinical course. The influenza vaccine is available free of charge from Ryerson Health Services in the Fall. If a student fails to provide documentation it will be assumed that the student has chosen not to be vaccinated for personal reasons.

4. Cardiopulmonary Resuscitation Certification (CPR)

All students are required to maintain current CPR – level HCP certification for the duration of their studies. . Certification must be renewed annually.

5. Vulnerable Sector Screen and Police Checks

In compliance with requests from nursing placement partners, all students in the Post Diploma Nursing Degree Program are required to have completed these checks annually. These reference checks are done to protect clients in the nursing practice setting and meet the requirements of nursing practice partners.

All students are required to complete a yearly vulnerable sector screen police check. If you reside in the city of Toronto, you must complete the consent forms that are available in the CPO. Please note that police checks filed in Toronto can take 8 weeks or longer, therefore your form should be filed well in advance. If you live in other municipalities, please go to your local police station. A clear police check is required every year in order to attend practice.

If your police check is positive you may be required to disclose this information to your assigned nursing practice agencies through arrangements made by the Central Placement Office. This will be required for every nursing practice placement until your police record has been cleared. In the event of a positive police check, the placement facility has the final decision whether or not to accept the student for placement.

6. Workplace/Education Placement Agreement – Postsecondary (WEPA Information)

Work/Education Placement agreements provide students with insurance coverage in the event of an accident while attending clinical placement.

In the event of a student accident or injury, requiring more than first aid, the student must submit the appropriate paperwork to the Workplace Safety and Insurance Board within seven working days from the incident. Students must retrieve the appropriate forms and follow the instructions outlined on the CPO website at www.ryerson.ca/cpo.

7. All nursing students, in order to practice nursing, must be an active participant in the education of providing care to all genders, including male, female, and transgender. Students who are unable to provide such care will jeopardize their progress in the program.
8. All nursing students who are currently on WSIB, and/ or sick leave from their employer must notify the Post Diploma Practice Placement Coordinator located in the Central Placement Office (CPO) well in advance to starting the placement and register with the Access Centre for Students with Disabilities.

For more information please go to www.ryerson.ca/cpo

COLLEGE OF NURSES OF ONTARIO CERTIFICATE OF REGISTRATION

Students who are enrolled in the Post Diploma Degree Program are required to provide evidence of a current Ontario Certificate of Registration or Academic Pathway Certificate from Centennial College and an RPN registration. If a student experiences any change in her/his RN or RPN status with the CNO, s/he must report the change in status to the Associate Director of the Post Diploma Degree Program.

Students who fail to meet the above requirements will not be permitted to begin their nursing practice courses and will be subject to concomitant academic penalties.

WORKSTUDY OPTION FOR NURSING PRACTICE COURSES

Purpose: To offer diploma-prepared RN (RN) students with a multipurpose nursing practice course opportunity for the courses NCL 700 and/or NCL 800.

Work: Means paid employment, which has been arranged by the students.

Strategy: Diploma prepared RN students who are currently employed in a nursing role at their work place will independently complete a learning plan. Successful completion of the work-study option will meet the requirements of a Post Diploma Degree nursing practice course.

Role of the Employee/Student:

The primary role is that of a (paid) employee with performance expectations and responsibilities. The employee/student will report to the agency supervisor on all work-related issues. The employee/student will implement a learning plan that takes into account opportunities in the role and workplace that are mutually beneficial and do not conflict with job performance. The student will submit evidences to faculty in a timely way. It is the student's responsibility to demonstrate the ability to apply theory from the program in nursing practice. Submitted evidences will be evaluated relative to program theory. Students must meet with their faculty advisor during the semester to review their progress. Details about expectations are found in the course syllabus.

Role of the Faculty Advisor:

Faculty will be available to employees/students regarding the learning plan and outcomes. Consultation and evaluation of the learning outcomes or evidences will be done by faculty on an on-going basis. Students and faculty may negotiate modes of communication that are mutually acceptable, including attendance at scheduled group meetings.

Note: Failure to submit course assignments on prescribed due dates as outlined in the course syllabus or as negotiated with faculty will result in a fail grade and may result in withdrawal from the course.

Role of the Workplace:

Workplaces will have the opportunity, but not the obligation, to facilitate employee's ability to meet learning objectives. They will provide the faculty with a current evaluation of the employee, if possible, and submit a letter indicating that the student is an employee who met the required number of work hours. It is the student's responsibility to obtain this documentation and submit to the faculty.

Student Criteria:

In order to be eligible for consideration for the Work Study option, students must meet the following criteria:

- o successful completion of all pre-requisite course work and a cumulative GPA of >2.0 (check the University calendar for pre-requisites);
- o employment in a workplace that meets established criteria (see below);
- o demonstrated ability to work independently;
- o demonstrated ability to achieve course objectives.

Workplace Criteria:

In order to be eligible to support the Work Study option, the workplace must meet the following criteria:

- o job description or objectives for employment work available;
- o on-site in-services or continuing education available for the employee/student;
- o opportunities for mentoring relationships available for the employee/student;
- o willingness to provide a written performance appraisal or evaluation upon completion of the work term;
- o opportunities for client contact, problem solving, and participation in a health team in a nursing capacity;
- o practice opportunities for motor and intellectual skills, professional judgement and decision-making;
- o time frame of employment to be at least equivalent to nursing practice course hours (208 hours).

Potential Learning Activities:

- o Within the scope nursing practice for the employee/student role, examples of potential learning activities could be:
 - o client-centered teaching plans, their implementation and evaluation;
 - o peer teaching plans, their implementation and evaluation;
 - o development of continuous quality improvement, tools/plans/programs in collaboration with others;
 - o conducting a case conference or participating in nursing or multidisciplinary rounds;
 - o participation in clinical nursing research;
 - o participation in professionally or clinically relevant organizations.
- o precepting new staff or nursing students

For more detailed information go to www.ryerson.ca/nursing ; to clinical information, then Frequently Asked Questions (Work Study).

PRACTICE PLACEMENT PROCESS

Students may not arrange their own placements. Please be advised that all practice placements for the Post Diploma Degree Program must be organized through the Central Placement Office at Ryerson University. The Central Placement Office has pre-existing relationships and agreements with partners (agencies/hospitals) throughout Ontario for practice placements. Our partners will only accept students for placements that are arranged by their placement offices directly with the Central Placement Office. All institutions have formal methods of negotiating placements and an official representative from the Central Placement Office will contact the agency using the mutually agreed upon protocols. Students are encouraged to share information/ideas regarding potential new placements with their faculty advisors and the Central Placement Office.

Students are required to complete the Practice Information Record form every year of their studies. Specific information and deadlines will be made available during the fall term. For more information go to www.ryerson.ca/cpo. The information on this form is collected under the authority of the Ryerson University Act and is needed to confirm a practice placement. The information will be used in connection with placement negotiations and communication with placement agencies. Any concerns regarding the collection, use and disclosure of this information by the Daphne Cockwell School of Nursing are to be directed to the **Post Diploma Degree, Practice** Placement Coordinator, Ryerson University, POD 477, 350 Victoria Street, Toronto M5B 2K3, 416 979-5000 extension 2769.

Decisions regarding nursing practice experiences are based on the following:

- Congruence with program outcomes and year curriculum themes
- Commitment to the ongoing educational preparation of nursing professionals
- Placement Availability
- Availability of preceptors
- Geographical location
- Inclusion of research findings in nursing practice
- Grade Point Average
- Interviews and Faculty consultations
- Past practice experiences
- Please note: Geographical preferences are considered when assigning placements; however, due to circumstances beyond the control of the Central Placement Office, there is no guarantee.

Placements are not always available in each location due to geographical preferences, placement availability, past practice experiences and curriculum requirements. Community partners (hospitals and agencies) consider many factors before deciding to accept a student for placement. Not all hospitals and agencies accept students every year. They may also limit the number of students accepted based on organizational changes and structures.

Nursing Practice Placement schedule will include a variety of shifts and days of the week (days, evenings nights and week-ends). Any student attending nursing practice placement activities outside of their assigned schedule **must** notify their faculty prior to attending the activity. Although practice days are indicated on individual timetables – this is for scheduling purposes only and it is expected that students will be as flexible in planning their nursing practice time to follow assigned preceptor schedules – provided that scheduled classes are not being missed. It is anticipated that students and their preceptors negotiate nursing practice time for optimal learning experiences. Normally, practice placements are scheduled for all shifts 16 hrs/wk, every Thursday, Friday and some weekends to follow preceptor's schedule.

PREPARATION FOR PLACEMENT

INTERVIEWS

At times, students may be required to attend an interview prior to the placement accepting the student for the term. Student grades and evaluative feedback (including practice course mid-term and final evaluations) are part of the student's academic record and are considered "Confidential" under university policy. However, students should be prepared to discuss their strengths and areas they wish to develop. If asked for evaluation information during the interview, the student may feel comfortable responding along these lines:

"While university policy maintains the confidentiality of my course evaluations, I would be pleased to identify my strengths and talk about my developmental areas I would like to focus on during my placement."

Arranging an Interview

If contacted by the placement coordinator with a request for an interview students are required to:

- Contact the agency whose name you have been given within two working days
- Identify yourself as a Post Diploma Degree Program nursing students and provide your name, phone number, your program year, and the purpose of your call (eg. "nursing practice placement")
- Arrange a mutually agreeable date and time
- On completion of your interview, notify your placement coordinator

Preparing for an Interview

Interviews with individuals representing your tentative placement should be managed as a professional interview and you should take with you a copy of:

- Personal learning goals (based on year curriculum theme and self assesses areas for nursing practice development)
- Typed, on letter quality paper, a one page resume of your nursing practice experience as well as related employment and volunteer experiences
- Be prepared to discuss your rationale for the selection of this placement
- Be prepared to discuss the pertinent sections of the Post Diploma Degree Nursing Degree program curriculum.
- Consult with your placement coordinator or other faculty for assistance as necessary

Placement Interviews & Placement Orientation

Students who do not attend the required placement interviews and who do not attend orientation **may not be accepted by that agency and may jeopardize any other placement in that course.** Orientation to an agency will normally have precedence over class. Should there be a timetable conflict, your professor should be notified of your nursing practice orientation priority. Students who do not attend orientation to practice setting will not be allowed to begin their practice experience.

Student grades and evaluative feedback (including practice course mid-term and final evaluations) are part of the student's academic record and are considered "Confidential" under university policy. Students are not expected to provide this type of evaluation information to agency personal during an interview. However, students should be prepared to discuss their strengths and areas they wish to develop. If asked for evaluation information during the interview, the student may feel comfortable responding along these lines:

"While university policy maintains the confidentiality of my course evaluations, I would be pleased to identify my strength and talk about developmental areas I would like to focus on during my placement"

NURSING PRACTICE COURSE EXPECTATIONS

These guidelines provide an overview of expectations for students, faculty, and preceptors (if placement option selected) in relation to nursing practice.

ORIENTATION

Students are required to obtain the following information during orientation:

- the name of your faculty advisor/teacher, location of office, office hours, telephone number, e-mail address, course description, methods for performance review, and the scheduled nursing practice hours for the course, times of conferences;
- the full name of your preceptor, her phone number, both at work and at home (if she wishes to provide you with this), her email address;
- interpretations of program outcomes for the course and related College of Nurses competencies;
- relevant Ryerson and agency policies;
- must have a Ryerson Matrix account for use with Blackboard discussions;
- emergency protocols including fire, safety, and CPR;
- roles and responsibilities of various health care workers;
- available human and physical resources;
- care delivery and documentation protocols;
- relevant knowledge and skills related to the specific population.

NURSING PRACTICE ROLES

Student Practice role includes:

- acquiring a name tag at the Ryerson Bookstore;
- being professionally responsible;
- orienting self to the practice environment;
- creating and supporting a healing environment;
- focusing on quality of life from the client's perspective;
- acquiring psychomotor skills as per policy and procedure of the health care faculty;
- critiquing the quality and integration of health sciences in the setting/community population;
- negotiating with the client the role and time spent in the situation;
- negotiating with the preceptor the nursing practice hours – the student is expected to be flexible;
- providing comprehensive, individualized care;
- using intuitive and critical analysis abilities to continually enhance practice.

Student Learner role includes:

- applying knowledge/ theory to practice;
- building on one's own experience, personal knowledge and wisdom;
- contributing to and supporting the learning of others;
- developing critical thinking skills using the reflective process;
- capitalizing on learning opportunities in the settings;
- developing personal learning plans related to Program Outcomes and placement goals/outcomes;
- developing professional relationships with the faculty advisor and the preceptor;
- generating questions and hunches in the search of excellence in nursing;
- integrating theory/ knowledge and practice during nursing practice conferences;
- partnering with peers to co-construct nursing expertise;
- working interdependently with others;
- submitting required evidence of nursing practice learning.

Faculty Advisor role

The faculty are expected to engage in:

- providing sufficient information during orientation to facilitate student preparation for the nursing practice setting;
- assisting students to develop strategies to enter the nursing practice setting in a professional manner;
- discussing the preceptor role with other nursing practice setting staff;
- advocating for students to promote their freedom of expression and freedom from discrimination;
- building on one's own experience, personal knowledge and wisdom;
- dialoguing with students to assist them in building on their strengths and addressing their practice limitations;
- generating questions and hunches in search of excellence in nursing and teaching/learning;
- monitoring and mediating interactions and concerns between staff and students;
- promoting professional growth of self, students, and colleagues;
- providing ongoing clarification of performance expectations and competencies of students with staff, preceptors, and colleagues;
- supervising the provision of safe care;
- discussing student progress with students;
- consult agency staff, preceptors about the appropriateness of learning plans and student practice;
- integrating agency staff, preceptor, and student reviews into the mid course and final reviews;
- informing the preceptor of events of professional interest in the Daphne Cockwell School of Nursing;
- being available to agency staff and preceptors for support and discussion in the fulfilment of their role e.g. incorporating new teaching methodologies, adapting methods of feedback.

Preceptor role (applies to placement students only):

The Preceptor role focuses on augmenting the student's understanding and learning about nursing practice in a particular setting and includes:

- promoting orientation to the practice setting;
- negotiating mutual role expectations;
- assisting the student to tailor the learning plan so that it is relevant and feasible within the nursing context of the setting;
- collaborating with the student 's faculty advisor about progress throughout the semester;
- assisting students to access resources and relevant experiences;
- mentoring students to help increase their competence and confidence;
- sharing verbal and written feedback with both the student and the faculty advisor;
- contributing (in writing where possible) information for the student's final appraisal;
- immediately reporting concerns about unsafe nursing practice to both the student and the faculty advisor.

The role does not involve marking the evidences that the students complete as part of their learning plans or assigning of final grades.

Preceptors are assigned or volunteer to work with students. A preceptor provides individualized teaching, as well as acting as role model, resource person, and facilitator. Two elements distinguish the preceptor/student relationship from the traditional faculty/student relationship. First, the preceptor/student ratio is small, usually one to one. Secondly, the student works only in the preceptor's area of nursing practice expertise. The preceptor must also integrate this additional responsibility for the student with her/his other roles/professional responsibilities.

Ultimately, the preceptor has a positive outcome on the student's adjustment to the profession. The Daphne Cockwell School of Nursing at Ryerson believes that the preceptor approach is one of the most effective ways to prepare students to function and to feel more satisfied in their roles as practising professionals upon graduation.

COMPONENTS OF NURSING PRACTICE: COURSE EXPECTATIONS

1. NURSING PRACTICE CONFERENCES

Note: Nursing Practice Conferences are an integral part of nursing practice courses. There will be in-person and online conferences during the semester.

Responsibilities and accountability for nursing practice conferences/ seminars.

All students will be expected to:

- attend all nursing practice conferences (either face-to-face or web-based);
- raise thoughtful and thought-provoking questions;
- expand on issues raised by peers;
- seek clarification of ideas from others in a positive manner;
- support group members with a constructive approach;
- share new information with groups;
- contributes positively to the emotional climate of the group;
- prepare for all conferences in order to be an effective participant;
- show sensitivity to ideas expressed by peers;
- be involved in Blackboard internet group discussions (web-based).

2. LEARNING PLAN

Adult learning theory states that adults learn what is relevant to them, what builds on experience and prior learning, and that teachers are coaches and facilitators. Learning plans enable students to make choices and decisions that individualize learning and promote self-direction. Learning plans are explicit, written agreements between students, faculty and preceptor/nursing practice advisor which outline the learner's objectives, resources/strategies, evidences of achievement, target date and criteria for evaluation. Learning plans allow students to integrate their learning needs with program outcomes. Plans can be modified or renegotiated as circumstances dictate. Refer to program and course outcomes as well as the draft competencies from the College of Nurses when developing your Learning Plan. See Daphne Cockwell School of Nursing webpage for a sample learning plan.

3. REFLECTIVE PRACTICE

In addition to the development of reflective thinking, students apply the central tenets from both phenomenology and critical social theory to develop their critical reflective practice skills. As Davies (1995) indicates:

By its grounding in self-responsibility for learning, reflection on practice has the capacity to encourage inquiry and autonomy in seeking information that is necessary for practice. (pg. 168)

Reflective practice incorporates the processes of critical thinking and critical reflectivity. These processes require that the practitioner consciously and deliberately recognize and vigorously critique the assumptions, values, and beliefs that guide his/her practice (Mezirow, 1990). It is through these processes of self-inquiry and discovery that the practitioner acknowledges the perceptions that filter his/her experiences; identifies intellectual and behavioral patterns; and makes explicit the biases that constrain his/her practice perspectives (Brookfield, 1998); thus creating the opportunity to transform his/her practice.

Brookfield, S. (1998). Critically reflective practice. *Journal of Continuing Education in the Health Professions*, 18(4), 197-206.

Davies, E. (1995). Reflective practice: A focus for caring. *Journal of Nursing Education*, 34(4), 167-174

Mezirow, J. (1990). How critical reflection triggers transformative learning. In J. Mezirow and Associates, *Fostering critical reflection in Adulthood* (pp. 1-20). San Francisco, CA: Jossey-Bass.

Reflective practice is a key component of the College of Nurses of Ontario's Quality Assurance Program. Engaging in reflective practice is the core difference between whether a person repeats the same experience several times, becoming proficient at one behavior, or learns from experience in such a way that thinking or feelings are changed (Brokenshire, 1998).

The college uses the acronym LEARN to guide the process however, since this is an academic program and one of the program expectations is integration, synthesis and application of concepts and theory, we have revised the College guidelines to reflect this. Critical thinking is an integral part of the process.

Each reflective practice entry must contain 5 areas... **Look back**, **Elaborate** and describe, **Analyze** the outcomes, **Revise** the approach, **New trial**. The last 4 areas are included in your written reflective practice entries. Entries should be at least 6 pages long and written as close to the situation as possible.

1. **Look back** at a recent meaningful nursing practice situation.
2. **Elaborate** and describe:
 - What happened during the event? (what did you see, hear?)
 - Who was involved?
 - Where and when did it happen?
 - How did you feel?
 - How do you think others felt?
3. **Analyze** the outcomes:
 - Select the key issue(s)/heart of the matter of this situation
Consider what you know from nursing and related courses, what you need to know and where you might find the information.
 - Complete the literature review on the key issue (where possible research studies relevant to nursing should be included).
 - Critique the literature.
 - Compare and contrast the situation with what you have learned, incorporating and citing significant findings from the literature. Include a reference list and a copy of each article used with your submission.
 - Question values, assumptions and the nature of systems impacting on individuals.
4. **Revise your** approach. Based on your analysis:
 - Decide what ought to be preserved, how and why
 - Decide what ought to be changed, how and why
This might involve asking others for ideas to manage a similar situation or to identify a personal learning need. With your new learning, you may decide to try a new approach, learn more about the subject or decide that you handled the situation well.
5. **New Perspective**
 - Recommendations for learning or actions in a similar situation.

Reference

Brokenshire, A. (1998). Toward reflective practice: Learning from experience. Registered Nurse 10(5), 7-8.
College of Nurses of Ontario (1997). Quality assurance program. Toronto: Author.

NURSING PRACTICE POLICIES

RESPONSIBILITY AND ACCOUNTABILITY FOR NURSING PRACTICE

The student shall:

- learn or review the knowledge, skills, theory and judgement necessary for safe nursing practice
- practice prior to assuming that responsibility for client care.
- be prepared to discuss the basis of practice with the teacher or preceptor, including learning plan.
- know (and operate) under the policies and procedures of the agency and Ryerson.
- submit required evidence of nursing practice learning.
- document and report in accordance with professional and agency standards
- maintain confidentiality (e.g. discussing clients only in appropriate places and with appropriate people).

PROFESSIONAL APPEARANCE AND DRESS CODE

All students are expected to maintain a professional appearance when attending any nursing practice setting. Where there are specific uniform policies, you are expected to follow those; where there are not policies, then dress professionally (in most cases that does not include jeans or track pants). Unique considerations that are specific to individual nursing practice settings will be discussed in nursing practice groups. If you are not appropriately attired or unkempt, the faculty or the agency representative may refuse your admission to the unit or agency.

ACCOMPANYING CLIENTS

Students accompanying clients to appointments will be decided on a case-to-case basis. The School insurance does cover students when functioning in a role for their practice placement. For example, students with a group of seniors on a mall walk would not be problematic. The safety of the student and the safety of a fragile client must be considered a priority. The student's own comfort level can be a guide and if the student is at all concerned then that concern should be honoured.

VENAPUNCTURE

Some hospitals and agencies do have a system of 'certifying' RN students to do certain procedures. According to the College of Nurses of Ontario this is at the discretion of the hospital.

MEDICATION ADMINISTRATION

- Any **medication error**, including delayed administration, must be reported to the faculty advisor and preceptor immediately.
- Both **medication errors** and **safety incidents** require completion of the Ryerson Daphne Cockwell School of Nursing Incident Report as well as the agency incident report form.

LATEX ALLERGIES

Allergies to latex gloves and other latex products are a growing problem, especially in the field of health care. Latex allergy is a condition in which sensitized individuals react in various ways when exposed to latex. Reactions to latex can be as mild as contact dermatitis or as severe as anaphylaxis.

Contact dermatitis is a non-allergic response involving cracking and redness of the skin. This may progress to a delayed hypersensitivity reaction that involves a rash or blistering as an immune response to the allergen (Chemicals found in latex). The severity of this reaction usually worsens with repeated exposure to the allergen.

Hives and wheals may also develop, along with itching and burning. This response will also increase in severity with repeated exposure.

More severe reactions include a systemic response characterized by shortness of breath, wheezing, tachycardia, urticaria, etc. This is a typical response to inhalation of powder from gloves. In this case, latex protein molecules are carried in the glove powder. Anaphylaxis – these symptoms may progress to include hypotension and shock.

Latex allergies pose a serious health risk to increasing numbers of people, especially health care workers. If a student suspects that he/she may be allergic to latex, please seek medical help right away. There is testing available for diagnostic purposes. Prevention of problems as always is the best treatment. Students will need to identify themselves as allergic in any and all school/work activities. Most agencies are prepared to take steps to help deal with the issue.

Reference

McCaskell, L. (1995) Update on Latex Allergy: Workplace Health. *The ONA News*,22(1), 18-19.

ACCOUNTABILITY

The *Professional Standards (Revised 2002) for Registered Nurses and Registered Practical Nurses in Ontario* include statements in the *Accountability, Leadership and Professional Relationships* standards regarding nurses' accountability to share their knowledge with others. These statements are : "sharing nursing knowledge and expertise with others to meet client needs"; "providing direction to, collaborating with, and sharing knowledge and expertise with novices, students, and unregulated care providers"; and "sharing knowledge with others to promote the best possible outcome for clients". They include nurses' accountability for facilitating student learning. However, the nurses' primary responsibility is always to the client.

Starting an IV is a controlled act, which falls within the first controlled act authorized to nursing – "performing a prescribed procedure below the dermis or mucous membrane". Nursing students not yet registered with CNO, have authority under RHPA to perform controlled acts "when, under the direct supervision or direction of a member of the profession, a student is learning to become a member of that profession and the performance of the procedure is within the scope of the profession's practice".

In teaching situations, accountability is shared among the student, preceptor, and faculty. This means that all parties have certain responsibilities in relation to the students' practice, with the goal of client safety in mind. Refer to the CNO document *Accountability Standards for Nurses Working with Students* which states that "nurses who are working with students are not accountable for the students' actions if they have fulfilled their responsibilities as outlined and if they had no way of knowing that the error was going to occur". The expectations of nurses whose clients are receiving care from a student; preceptors; administrators; educators; and students, are all outlined.

The faculty member is accountable for clearly communicating the objectives of the clinical experience, as well as the scope and limitations of the students' responsibilities, to the agency preceptor and administrator/manager. It would be important to discuss any policies in place, either at the University or in the hospital/organization, which affect the scope of the students' clinical placement. The RN preceptor needs to be aware of any such limitations in order to make safe decisions about teaching additional competencies.

The RN who then, in collaboration with the student, decides that it is appropriate for the student to learn a specific additional competency, is accountable for his/her own actions and decisions. This includes the method and content of any teaching they provide, assessment of the students' competence, ensuring the student is aware of any parameters around performing the procedure, and monitoring the students' performance.

Nurses do have a responsibility to support student learning, however, client safety must always be the main consideration when planning learning experiences for students.

The learning process must ensure the student has the necessary knowledge, skill and judgement to provide safe and competent care. It would also be important to consider whether the student is likely to have sufficient opportunity to perform a skill, to develop and maintain competency, when deciding whether or not to teach a particular skill.

Clear communication, consultation and collaboration between faculty, agency, preceptor and student are the hallmarks of creating a successful experience for students, nurses and clients.

NURSING PRACTICE PROGRESS

Monitoring Progress

The nursing practice progress of students will be monitored to reflect learning in relation to Program Outcomes and Professional Standards as outlined by the College of Nursing of Ontario 2002 (see Appendix C).

The approaches to monitor progress, written documentation required and the amount and type of teacher direction will vary according to the course, as well as individual learning and teaching styles. Specific nursing practice expectations will be negotiated and established during the first week of the nursing practice course. These expectations will be based on the year of the program, teaching team consensus, nursing practice teacher interpretation and student-teacher negotiation.

For the most part, the monitoring of progress is a mechanism to enhance and enrich the learning experience. When a student is not practicing at a safe, competent level, she or he may be at risk of failing. In this event, the student will be given verbal and written notification whenever possible that performance is unsafe, incompetent or ineffective.

This notification will be given by the teacher when problems are identified. The student is responsible for developing a plan and initiating discussion of the strategies for completion of course outcomes in consultation with the teacher. The student will be expected to incorporate current and past recommendations into a plan of action.

“Unsafe practice” vs. “Failure to meet course objectives”

Unsafe practice

For the purposes of consistent implementation, “**unsafe practice**” refers to patterns of behaviours or an incident that puts self, patient/client and/or others at a risk that is both imminent and of a substantive nature.

In accordance with the Academic Variations Policy in the School of Nursing, “at any point during the academic year, the School of Nursing reserves the right to terminate a student’s experience in a nursing practice setting when patterns of behaviour place self, patients/clients and/or others at risk. This will result in the student receiving an F grade for the course.” (Please see current Ryerson Academic Calendar)

Failure to meet course objectives

The term “**unsafe practice**” does **not** refer to patterns of behaviour that demonstrate the student is unable to meet the objectives of the course at a given time within a given context, e.g. demonstrable lack of accountability. Nor does it refer to a student who is not demonstrating satisfactory progress towards meeting course objectives. A student who fails to meet the objectives of the course within the allotted time for course completion will receive an F grade. Failure to meet course objectives does not constitute “unsafe practice”.

When it is deemed that a student is not progressing toward the successful completion of course objectives at an appropriate pace during the academic term, student, preceptor and faculty advisor must meet to discuss the student's performance to date and develop a remedial plan to address performance concerns. The discussion and plan must be documented and will be added to the student's file. Unless the identified concerns meet the conditions specified above, failure to meet course objectives at this time, does not constitute unsafe practice.

Nursing practice agencies reserve the right to refuse a placement to any student whose:

- 1) Performance does not meet the expected standards of practice for a student at that level of the course at that point in time; and/or
- 2) Patterns of behaviour fail to demonstrate successful progress towards meeting the course objectives. This situation is not considered to be unsafe practice unless it refers to patterns of behaviours or an incident that puts self, patient/client and/or others at a risk that is both imminent and of a substantive nature, as noted above in the definition of "unsafe practice".

If, after discussions between student, preceptor and faculty advisor, it is determined that a student's patterns of behaviour have resulted in the nursing practice agency terminating the placement, the student is deemed to have jeopardized her/his opportunity to complete the objectives of the course and will receive an F grade. The School of Nursing is under no obligation, in these cases, to find an alternative placement.

Failure to meet course objectives within the allotted time for course completion (i.e. one or two semesters, depending on the course) will receive an F grade.

Extensions to the semester or course year for practice hours will be granted **only** on medical or compassionate grounds and will be considered by the Course Faculty Leads in consultation with the Site Faculty Director.

Final Review with Faculty Advisor:

The Nursing Practice courses will be assigned a letter grade in accordance with Table 2, p29. To ensure consistency for summative progress reviews at the end of each nursing practice course a standard format will be used (see Appendix C).

In preparation for the final performance appraisal, students will submit their portfolio that includes:

- self-reviews
- preceptor review
- peer review
- all evidences submitted through the term, including reflective analyses
- confirmation of required nursing practice hours

HARASSMENT AND ABUSE

The faculty of the Daphne Cockwell School of Nursing are committed to ensuring the safety of students during nursing practice. The faculty recognize that students, nurses and clients may encounter situations involving abuse or harassment.

Students and faculty are responsible for becoming familiar with the individual policies and procedures of nursing practice agencies on abuse and harassment. The details of the Ryerson Harassment Policy are available in the Ryerson Student Guide. Copies of the policy are available at the office of Discrimination and Harassment Prevention Services on the second floor of Jorgenson Hall (JOR-254A).

Harassment or abuse in the nursing practice setting by anyone who is in control of their actions will not be tolerated. Although it may be more difficult to prevent harassment or abuse by someone who is physically or mentally incompetent, there are measures which can be taken to minimize the risk and to assist in protecting students, nurses and other clients.

For a student in a position where he/she believes abuse or harassment has occurred, whether by a client, or other person, and regardless of the "health" of the individual involved, faculty are available to give the student support and advice. The student may also choose to speak with the Coordinator of Ryerson's Discrimination and Harassment Prevention Services - on his/her own, with a faculty member or with some other support person(s).

Students and nurses must be aware that they may not direct any form of harassment or abuse toward clients or others. If situations involving such improprieties occur, penalties set out by the Daphne Cockwell School of Nursing and Ryerson Policy and Procedures will be enforced and, as well, the College of Nurses of Ontario may be informed about the offense.

Preventing harassment and abuse requires commitment of every member of the School. Please take the time to familiarize yourself with your rights and responsibilities. If you are concerned about harassment within the University, please go to the Associate Director.

ACADEMIC POLICIES AND PROTOCOLS

GUIDELINES FOR SCHOLARLY WORK

Professional nurses must be able to communicate clearly in writing. As part of the learning process, and ultimately as a foundational component supporting the highest quality of practice, the effort to become independent, creative, self-motivated, and critical thinkers requires significant attention to the development of scholarly writing skills.

Students are expected to have the appropriate level of knowledge and skill regarding computer access and keyboarding to complete scholarly requirements.

Writing Style and Format

Writing style involves form and format. Form refers to syntax, grammar, spelling and punctuation. Format covers the typographic arrangement, expression of ideas, readability, citations, and reference sources.

The Ryerson Post Diploma Degree Program follows the conventions and rules outlined in the Publication manual of the American Psychological Association, Fifth Edition (2001) or Sixth Edition (2009), known as "APA", for all assignments within the Program. In some courses, 'The SMART way: An Introduction to Writing for Nurses', 2002, coauthored by Zilm and Entwistle may be suggested as a supplemental reference text on writing style.

Formatting requirements related to the title page, the body of the paper, and references are outlined in the APA Manual. Generally, the current guideline provided by the Ryerson Writing Centre should be followed, but the particular expectations in each course, regarding adherence to APA standards, are provided in the course syllabi. The Post Diploma Degree Program has determined that a student's NAME AND/OR STUDENT NUMBER may appear on the title page of scholarly papers written for classroom courses. A good resource for APA formatting can also be found on www.ryerson.ca/nursing; go to Information and then Preparation for School info.



Academic Integrity and Plagiarism

What is academic integrity?

Academic integrity is defined as “honesty in the acknowledgement of ideas, words, data, written work, and solutions” (<http://www.bakeru.edu/spgs/Faculty/facmtg/AcademicIntegrity.pdf>). It is an essential part of any true educational experience. Both Faculty and Students are responsible for promoting academic integrity within their educational community. Integrity is important in this course precisely because integrity is important in all areas of life. If we don't have integrity in the small things, if we find it possible to justify plagiarism or cheating or shoddy work in things that do not seem important, how will we resist doing the same in areas that really do matter, in areas where client safety might be at stake, or the possibility of advancement, or our esteem in the eyes of others? Personal integrity is not a quality we're born to naturally. It's a quality of character we need to nurture, and this requires practice in both meanings of that word (as in practice the piano and practice a profession). We can only be a person of integrity if we practice it every day.

What does that involve for each of us in this course? Let's find out by going through each stage in the course. As you'll see, academic integrity basically requires the same things of students as it requires of teachers.

I. Preparation for Class*

What Academic Integrity Requires of Faculty in This Area

- be familiar with relevant literature,
- clarify information that may be difficult,
- prepare the class with an eye toward what is current today,
- plan the session so that it fosters personal and professional growth.

What Academic Integrity Requires of the Student in This Area

With regard to coming prepared for class, the principles of academic integrity suggest that students have a responsibility to themselves, to faculty, and to the other students to do the things necessary to put yourself in a position to make fruitful contributions to class discussion.

This will require students to:

- read the material before coming to class,
- clarify anything that seems unclear,
- formulate questions to ask in class, and
- think about the issues raised in the directed reading guide.

II. In Class*

What Academic Integrity Requires of Faculty in This Area

With regard to class sessions, the principles of academic integrity require that students are treated seriously and with respect.

This requires that faculty:

- show up for all class sessions, unless simply unable to do so,
- come to class on time, and not leave early,
- not waste class time, but use it well to fulfill the objectives of the course
- do the best to answer student questions,
- honestly acknowledge an answer is unknown, and then go out and get an answer by the next class,
- both encourage and give an equal opportunity, to participate in class discussions,
- contain enthusiasm for participating in the discussions which may make it difficult for others to participate,
- assume that students are prepared for class

- respect the views expressed and do not make fun of others,
- do not allow ideas to be ridiculed.

What Academic Integrity Requires of the Student in This Area

With regard to class sessions, the principles of academic integrity require students to take the teacher and fellow students seriously and to treat them with respect.

This requires that students:

- show up for all class sessions, unless simply unable to do so,
- come to class on time and not leave early,
- make good use of class time by being engaged in what's going on,
- ask questions about anything not understood,
- participate in the class discussions so as to contribute thinking to the shared effort to develop understanding and insight (remember that even something that's clearly wrong can contribute to the discussion by stimulating an idea in another student that s/he might not otherwise have had),
- monitor participation so as to allow for and encourage participation of others,
- respect the other students by not making fun of them or their ideas, and by not holding side-conversations that distract them from the class discussion.

III. With Regard to Exams*

What Academic Integrity Requires of Faculty in This Area

With regard to exams, the principles of academic integrity require that faculty:

- do their best during class time to prepare students for the exams,
- be available during office hours or at arranged times to work individually with students to help them get ready for the exams,
- develop exam questions that will be a meaningful test not only of the course content, but also as it relates to the teacher's ability to express and defend intelligent judgments about that content,
- carefully monitor the exam so that honest students will not be disadvantaged by other students who might choose to cheat if given the opportunity, and
- give due and careful consideration to student answers when evaluating them and assigning a grade.

What Academic Integrity Requires of the Student in This Area

With regard to exams, the principles of academic integrity require that students:

- come to class having done their best to prepare for the exam, including seeking faculty help if needed,
- make full use of the time available to write the best answers,
- accept one's limitations and not try to get around them by using cheat sheets, copying, or seeking help from another student,
- not giving help to other students, or making it easy for them to copy.

IV. With Regard to Written Assignments*

What Academic Integrity Requires of the Faculty in This Area

With regard to written assignments, the principles of academic integrity require that faculty:

- devise meaningful assignments that grow out of and further the work done in the classroom,
- provide a clear description of that assignment so that students know what is expected.
- give due and careful consideration to students' papers when evaluating them and assigning a grade, and
- confront suspected plagiarisms.

What Academic Integrity Requires of the Student in This Area

With regard to written assignments, the principles of academic integrity require the student to:

- start research and writing early enough to ensure that there is enough time needed to do the best work,
- hand in a paper completed by oneself specifically for this course and not borrowed from someone else or recycled from an earlier course,
- not be satisfied with a paper that is less than the best work,
- seek only appropriate help from others (such as proof-reading, or discussing ideas with someone else to

gain clarity in thinking), and
• give full and proper credit to sources.

V. With Regard to Your Final Grade*

What Academic Integrity Requires of the Faculty in This Area

With regard to the final grade, the principles of academic integrity require that all grades are carefully weighed during the course, as well as the other factors that affect the final grade as spelled out in the syllabus, before assigning a final grade.

What Academic Integrity Requires of the Student in This Area

With regard to a student's final grade, the principles of academic integrity require that, if the student feels there is a mistake in computing that grade, notify the teacher as soon as possible.

VI. Failures to Live up to Our Responsibilities*

In all of the areas listed above, faculty will do their best to live up to their responsibilities. Otherwise the student has every right to call the teacher on it. Faculty have a responsibility to give students respectful consideration. If a student feels that faculty do not do these things, he/she has the right (and the responsibility) to bring this to the attention of the Director.

Plagiarism: A violation of academic integrity

What is Plagiarism?

Plagiarism specifically can be understood as, the act of copying, reproducing, or paraphrasing significant portions of someone else's published or unpublished material, and representing someone else's thinking as one's own thinking by not acknowledging the appropriate source or by the failure to use appropriate quotation marks. Plagiarism may occur in areas such as, but is not limited to: literary compositions and phrasing, performance compositions, chemical compounds, art works, laboratory reports, design projects, research results, calculations, and the results of calculations, diagrams, constructions, computer reports or software, films, tapes, videos, and photographs. In addition, it is inappropriate to represent as one's individual writing and /or final product a jointly written or produced submission of any description. Any co-authored submission must be clearly identified as such.

What is the penalty for plagiarism?

Plagiarism is one of many forms of academic misconduct (such as cheating, misrepresentation, and submission of false information) that are described in the university Student Code of Academic Conduct. Strict penalties are enforced for students who commit academic misconduct, including plagiarism, at Ryerson (www.ryerson.ca/senate/polices/pol160pdf).

The minimum penalty is a mark of "0" for the work and a DN (Disciplinary Notice) will be placed on the student's academic history. It will not be possible for a student to drop a course in which misconduct has occurred. Students may fail the course, be required to attend information sessions concerning academic integrity, or be expelled from the program or the university. The faculty/program may recommend the maximum penalty regardless of whether this is the first charge of academic misconduct. In all cases of plagiarism, students will have a "disciplinary notice" designation "DN" placed on their academic record and their transcript. This notice will appear on the student's transcripts until after graduation or for eight years (whichever comes first). If students have a "DN" designation on their transcript and do not graduate (e.g. do not complete the program in which they are enrolled) the designation will remain on their transcripts for eight years.

Where can the student find guidelines for different reference formats?

The reference guidelines for the *American Psychological Association (APA)* can be found in the APA manual edition 5. A copy is available in the Ryerson University library reserve desk – Reserve item #

BF76.7 P82 2001. This book is also available for purchase at the Ryerson bookstore and most other bookstores. As well, APA referencing information can also be obtained from <http://www.apastyle.or/electref.html>.

Why is plagiarism a concern?

Plagiarism as it relates to academic integrity is an essential part of any true educational experience. That is integrity on my part as a faculty member and integrity on your part as a student.

References

Taylor, B. (n.d). *Integrity: Academic and Political. A letter to my students*. Retrieved from the world wide web June 11, 2004 from http://www.academicintegrity.org/pdf/Letter_To_My_Students.pdf

Baker University: School of Professional and Graduate Studies: <http://www.bakeru.edu/spgs/Faculty/facmtg/AcademicIntegrity.pdf>

For more information re: academic integrity refer to the following web sites:

<http://www.ryerson.ca/ombudsperson/>
<http://www.ryerson.ca/senate/policies/pol60.pdf>

* sections taken directly from Taylor's *Integrity: Academic and Political. A letter to my students*
Prepared by: Garrity, Fredericks & Gates
21/06/04

For information on the Policy on the Accommodation of Student Religious Observance or a reference to the policy see www.ryerson.ca/senate/policies/pol150.pdf.

For information on the Exam policy, go to www.ryerson.ca/senate/policies/pol135.pdf

DUPLICATE PAPERS

Handing in the same paper to more than one course, or handing in a paper that you have obtained from another person or the internet is considered Academic Misconduct. The penalties vary from a "0" for the paper or for the course, up to suspension from the University. Please see the section in the Ryerson Calendar for a full discussion on academic misconduct.

All students are to **keep copies** of their rough work. Students may be required to produce evidence of their rough draft. Failure to do so may result in a zero for that assignment.

CRITIQUING INTERNET SOURCES

There is much valuable information on the Internet. Many professional journals are available in full text format. However, as with any source of information, you need to critique material carefully. A few questions to ask:

- Who wrote the material? (i.e. qualifications)
- For whom was the article written?
- How current is the article? When was it composed?
- Can the source of the material be verified?
- If research is being cited, is there a description of the methodologies etc.?
- Is there a complete list of references?
- Is there any obvious bias being expressed?
- Are there any factual inaccuracies?
- Is the content Canadian? If not, do you need to consider the Canadian system before using the material?

It is rarely appropriate to use lay material as references for professional nursing courses. By lay material, this means anything written for general public, regardless of who wrote it. It is usually written in lay terminology and language, rather than the professional language required in a university program.

The library has excellent resources to assist you in evaluating resources from the web. Check their web page.

GRADING

The above requirements for scholarly papers also apply to written assignments in courses where the grade is expressed as pass or fail, as in the case of clinical course submissions.

Table 1: GUIDELINE FOR GRADING WRITTEN ASSIGNMENTS

PERCENTAGE	CATEGORY	DESCRIPTION
90 - 100 A+	EXCEPTIONAL	Assignment demonstrates superior performance as evidenced by: <ul style="list-style-type: none"> ◆ Comprehensive grasp of the subject matter ◆ Exceptional capacity for originality, creativity, and critical thinking ◆ Comprehensive review of literature and integration of relevant concepts ◆ Superior ability to organize and present ideas logically and fluently ◆ Superior ability to analyze, synthesize, and express ideas logically and fluently ◆ Exceptional ability to make critical and insightful evaluation of relevant materials ◆ Exceptional level of scholarly writing ability and correct use of APA guidelines.
80 – 89 A to A-	EXCELLENT	Assignment demonstrates excellent performance as evidenced by: <ul style="list-style-type: none"> ◆ Comprehensive grasp of the subject matter ◆ Excellent capacity for originality, creativity, and critical thinking ◆ Comprehensive review of literature and integration of relevant concepts ◆ Excellent ability to present ideas logically and fluently ◆ Excellent ability to analyze, synthesize, and express ideas logically and fluently ◆ Excellent ability to make critical and insightful evaluation of relevant materials ◆ Excellent level of scholarly writing style and use of APA guidelines. Form and APA format are essentially correct.
70 –79 B- to B+	GOOD	Assignment demonstrates good performance as evidenced by: <ul style="list-style-type: none"> ◆ Good grasp of the subject matter ◆ Good capacity for originality, creativity and critical thinking ◆ Comprehensive review of literature and integration of relevant concepts. One or more key areas of research may not be addressed ◆ Good ability to organize and present ideas logically and fluently ◆ Good ability to analyze, synthesize, and express ideas

		<p>logically and fluently</p> <ul style="list-style-type: none"> ◆ Good ability to make critical and insightful evaluation of relevant materials ◆ Good level of ability in use of APA format and writing form. Occasional minor errors in form and format.
63-69 c TO c+	SATISFACTORY	<p>Assignment demonstrates satisfactory performance as evidenced by:</p> <ul style="list-style-type: none"> ◆ Satisfactory grasp of the subject matter ◆ Adequate review of literature and integration of relevant concepts. One or more key concepts are not addressed ◆ Satisfactory ability to analyze and synthesize concepts ◆ Satisfactory ability in expressing ideas logically and fluently ◆ Inconsistent presentation of arguments ◆ Satisfactory ability to make critical and insightful evaluation of relevant materials. ◆ Satisfactory level of scholarly writing and use of APA guidelines. Some errors in form and format throughout.
50 - 62 D- to C-	<p>UNIVERSITY: MARGINAL NURSING: FAILURE</p> <p>NOTE: A FINAL GRADE IN THIS CATEGORY FOR NURSING COURSES WILL RESULT IN A PROBATIONARY STATUS (SEE UNIVERSITY CALENDAR) THE STUDENT MUST REPEAT THE COURSE AND ACHIEVE A "C" GRADE OR BETTER FOR PROBATION TO BE CLEARED</p>	<p>Assignment demonstrates minimally acceptable performance, as evidenced by:</p> <ul style="list-style-type: none"> ◆ Minimal familiarity with the subject matter ◆ Minimal review of appropriate literature ◆ Minimal ability analyze and synthesize key concepts ◆ Limited ability to problem solve ◆ Poor organization or lack of focus in the presentation of ideas ◆ Poor ability to make critical and insightful evaluation of relevant materials. ◆ Minimally acceptable or inconsistent ability in demonstrating scholarly writing and use of APA guidelines. Occasional major errors in APA form and format.
Below 50 percent	UNIVERSITY: FAILURE	<p>Assignment demonstrates unsatisfactory performance as evidenced by:</p> <ul style="list-style-type: none"> ◆ Superficial treatment of the subject matter ◆ Adopts a personal rather than a professional view of the subject matter ◆ Absence of originality, creativity and critical thinking ◆ Fails to identify and review appropriate literature ◆ Lack of analysis and synthesis of key concepts ◆ One or more major sections of the assignment is missing ◆ Unacceptable writing style and/or failure to use APA guidelines appropriately. Consistent gross errors in form and APA format.

Revised and approved by Faculty, May 2002

INC – incomplete coursework or a missed final examination due to documented medical or compassionate grounds**. An INC can be awarded only when some work remains to be completed and when the completion of the outstanding work or an alternate final examination may result in a passing grade. The outstanding work or alternate examination must be completed by a specified date within 4 months of the submission of the INC. The INC will be replaced by an official course grade when the work is completed. If the work is not completed by the deadline the INC will become a grade F. The designation INC is not included in calculating the grade point average nor is it counted as a course credit or failed course.

** Students must petition their instructor to receive an INC grade within 3 working days of the missed final examination or final assignment deadline. Supporting documentation (e.g. Ryerson Medical Certificate) must be provided. Instructors awarding an INC grade must provide the student with a written statement of outstanding work to be completed and the date by which it must be completed (or the date of the alternate final examination). The instructor must also file a copy of this documentation with the Chair/Director of the Teaching Department/School.

Table 2: GRADING GRID

GRADE	10%	15%	20%	25%	30%	35%	40%	45%	50%
A+ 90-100	9.5	14.3	19	23.8	28.5	33.3	38	42.8	47.5
A 85-89	8.7	13.1	17.4	21.8	26.1	30.5	34.8	39.2	43.5
A- 80-84	8.2	12.3	16.4	20.5	24.6	28.7	32.8	36.9	41
B+ 77-79	7.8	11.7	15.6	19.5	23.4	27.3	31.2	35.1	39
B 73-76	7.5	11.2	14.9	18.6	22.4	26.1	29.8	33.5	37.3
B- 70-72	7.1	10.7	14.2	17.8	21.3	24.9	28.4	32	35.5
C+ 67-69	6.8	10.2	13.6	17	20.4	23.8	27.2	30.6	34
C 63-66	6.5	9.7	12.9	16.1	19.4	22.6	25.8	29	32.3
C- 60-62	6.1	9.2	12.2	15.3	18.3	21.4	24.4	27.5	30.5
D+ 57-59	5.8	8.7	11.6	14.5	17.4	20.3	23.2	26.1	29
D 53-56	5.5	8.2	10.9	13.6	16.4	19.1	21.8	24.5	27.3
D- 50-52	5.1	7.7	10.2	12.8	15.3	17.9	20.4	23	25.5
F1 40-49	4.5	6.7	8.9	11.1	13.4	15.6	17.8	20	22.3
F2 30-39	3.5	5.2	6.9	8.6	10.4	12.1	13.8	15.5	17.3
F3 1-29	1.5	2.3	3.0	3.8	4.5	5.3	6.0	6.8	7.5
F4 0	0	0	0	0	0	0	0	0	0

STUDENTS MUST ACHIEVE A GRADE OF C OR ABOVE IN ALL NURSING THEORY COURSES AND NURSING PRACTICE COURSES IN ORDER TO BE ELIGIBLE TO REGISTER FOR NURSING COURSES IN FOLLOWING SEMESTERS. A PASSING GRADE IN A REQUIRED NURSING COURSE IS 63%.

NEGOTIATING EXTENSIONS AND LATE ASSIGNMENT PENALTIES

It is the student's responsibility to submit all assignments directly to the teacher of the courses on or before the specific due date and time.

If a student cannot submit an assignment on the date for any reason, he/she must notify the appropriate teacher at least 24 hours in advance or as soon as possible and may request/negotiate an extension giving reasons for the delay.

In deciding whether to grant an extension, the teacher may request the reason for the extension and ask individual students to show drafts of the work already done. If the extension is for health reasons, the student may be asked for a note from a health practitioner. When the extension is granted, the teacher will give a new due date for the assignment in writing. Students who receive an extension will receive a fail grade if the assignment is not in by the designated date.

If you fail to negotiate and submit an assignment after the scheduled due date (or the extended due date), the following **penalties** will be imposed:

- up to one week late - one full grade (e.g. B+ to C+)
- up to two weeks late - two full grades (e.g. B+ to D+)
- over two weeks late - paper not accepted, a grade of zero assigned.

COURSE MANAGEMENT

For policies related to Course Management, including statements about group work and class participation, please refer to www.ryerson.ca/senate/policies/pol/145.pdf or see course outlines.

REQUEST FOR SECOND READER/CALCULATION ERROR

At any time during the semester, a student who believes that an assignment, test, or exam, either in whole or in part, has not been appropriately graded OR believes that there has been a miscalculation of a grade due to an omission, improper addition, etc., must first review her/his concerns with her/his course instructor within ten (10) working days of the date when the graded work is returned to the class. Grades not questioned within this period will not be reassessed at a later date. Some assignments such as presentations, physical assessment performances, or clinical practice assessments do not lend themselves to independent re-evaluation and may not be reassessed.

An instructor may require a written request that you justify with details pertinent to the assignment why the work warrants a higher grade. If an instructor does not agree to review the work, does not provide sufficient rationale for not reviewing the work, or does not respond to the student within five (5) working days, the student may consult the Associate Director, Post Diploma Nursing Degree Program: Dr. Elaine Santa Mina, 416-979-5000 ext. 4559 or esantami@ryerson.ca, who will assist in either resolving the issue or have another instructor reassess/re-grade the work. The work will be remarked by a qualified person other than the original instructor as determined by the School. In this event, the course instructor will provide a copy of the grading/marking criteria and the student will provide the original work and a "clean" copy of the work (with no personal identifying information on it) to the Associate Director/Site Director. The reassessing instructor will receive the marking criteria and the "clean" copy of the work only.

If a student, having gone through these processes, does not accept an instructor's regarding/recalculation of the work and wishes to request a formal regarding, she/he must submit specific and detailed reasons, in writing with rationale, to the Director/Site Director. **ASSERTING THAT THE WORK DESERVES MORE MARKS OR THAT THE STUDENT DISAGREES WITH THE MARK IS NOT SUFFICIENT SUPPORT FOR THE REASSESSMENT/RECALCULATION**

A reassessment may result in the grade remaining the same, being raised or being lowered, and the

reassessed grade becomes the official grade for that work. The revised grade cannot be subsequently appealed.

Please refer to the University Undergraduate Academic Consideration and Appeals Policy www.ryerson.ca/senate/policies/pol134.pdf

ABSENCE FOR TESTS & EXAMS

Attendance is compulsory for all scheduled tests and examinations. Written documentation **IS REQUIRED** to support claims of extenuating circumstances, i.e., illness or death of a family member. Refer to Ryerson Calendar.

A student missing an evaluative method must contact the professor prior to the test/exam/assignment and clarify the reason for absence. Failure to notify teacher of absence will result in a grade of zero for that evaluative method. Alternate make-up activities could be negotiated and contracted with the teacher.

NOTE:

- * ***It is the student's responsibility*** to follow up with the teacher regarding missed, late or absent assignments, tests or exams.
- ** Teachers have the right and obligation to make the final decision about course evaluation activities, noting that certain courses may have specific course policies. Please refer to the Course Outline for details.

Please be advised that records of absence from tests/examinations may be kept in the student files.
See www.ryerson.ca/senate/forms/medical.pdf

SUPPLEMENTAL EXAMS

Supplemental exams for nursing courses are not provided. Please refer to www.ryerson.ca/senate for policy and procedures for students requiring exam/assignment accommodations.

GRADE POSTING

Faculty may post grades for tests and exams. If grades are posted, to protect students' confidentiality, only the last 6 digits from student identification numbers are posted to identify individuals. If you do NOT wish to have your grades posted, you must inform the teacher, in writing, before the first course grades are posted. Faculty are entitled to decide against posting grades. Final grades are never posted.

ACADEMIC PROMOTION

Promotion Policy Variances

1. Students must achieve a grade of 'C' or above in all nursing theory and practice courses (all NCL, NUC, NUR courses) in order to be eligible to enroll in nursing courses in subsequent semesters. Students who earn a grade of 'C-' or below in any nursing theory or practice course will be given a PROBATIONARY Standing regardless of their overall GPA.

Students will remain on PROBATION until they receive a grade of 'C' or above in all nursing courses.

Students on PROBATION who earn a grade of 'C-' or below in a nursing theory course other than the nursing theory course(s) in which they previously obtained a grade of 'C-' or below, OR who receive a first time 'C-' or below in a nursing practice course, will be given a REQUIRED TO WITHDRAW status.

Students who receive a second grade of 'C-' or below in the same nursing theory course (either a repeated or subsequent practice course) will result in a PERMANENT PROGRAM WITHDRAWAL Standing. This variation will be enacted even when the student has taken less than three courses and has not acquired a cumulative grade point average.

2. i) At any point during the academic term/year, the School of Nursing reserves the right to terminate a student's experience in a nursing practice setting, when patterns of behaviour place self, clients or others at risk. This will result in the student receiving a fail grade (F) for the course. In this circumstance, students shall have established rights of appeal; however, they cannot remain in the course while the appeal is underway. The appeal will be conducted promptly in order to protect student rights.

ii) The student may be withdrawn from the nursing program for reasons of professional unsuitability.
3. An Incomplete grade assigned to a nursing practice course must be cleared prior to the official start date of the subsequent nursing practice course.
4. All nursing theory courses must be completed within 5 years of the prerequisite professional courses. (For example, no more than 5 years can elapse between completion of Year 1 professional courses and enrolment in Year 2 professional courses).

STUDENT CONFIDENTIAL FILES

Student academic progress files are kept in the Daphne Cockwell School of Nursing. They must be respected as a confidential file. Students may access their own file but MAY NOT remove any of the contents.

ACADEMIC APPEALS

The details for appeals are outlined in the Ryerson University Calendar and at www.ryerson.ca/senate/policies/pol134.pdf. The following modifications apply within the Daphne Cockwell School of Nursing.

Specifically:

- Deadlines for the first level appeal of a nursing course will be within 10 working days of receipt of written nursing final grade.
- Students who are appealing a failed nursing course grade will not be allowed to continue in a subsequent nursing practice course until the appeal is granted (or the course is repeated). Every effort will be made to expedite the appeal process in order to protect student rights.
- Medical documentation will be required when illness cited as a reason for difficulties.
- The Director receives the appeal and the Daphne Cockwell School of Nursing Appeals Committee adjudicates the appeal.

STUDENT CODE OF NON-ACADEMIC CONDUCT

Each Nursing Student will follow and adhere to the code of non-academic conduct of Ryerson while on the Ryerson campus. See www.ryerson.ca/senate/policies/pol161.pdf

PROFESSIONAL CONDUCT GUIDELINES FOR POST DIPLOMA DEGREE PROGRAM NURSING STUDENTS

In accordance with the Professional Misconduct Regulation (Ontario Regulation 799/93) under the Nursing Act, 1991, it is an act of professional misconduct to fail to report an incident of unethical conduct of a healthcare provider. Faculty and students who are registered with the College of Nurses of Ontario are required to abide by this legislation.

Verbal or written information that is deemed to be an act of Professional Misconduct disclosed by a member of the College of Nurses of Ontario while a student is in a nursing course/program will be reported.

The following University policies have been added or revised and should be reviewed as stated in the University Calendar.

Preamble

These guidelines address issues of responsibility and accountability for all students in the Post Diploma Degree Program and are intended to identify expected behaviours, outline procedures to respond to inappropriate behaviour, and indicate the possible consequences of such behaviour.

Guidelines are important for the public, in that they ensure that the student has criteria to follow with respect to professional conduct. Guidelines are important for the student, in that they provide direction regarding acceptable and expected professional behaviour.

Nursing students are required to:

- adhere to Ryerson's *Student Code of Academic and Non-Academic Conduct* in the University calendar
- refer to Student Religious Observances: see University calendar
- refer to Exam policy: go to www.ryerson.ca/senate/policies/pol135.pdf
- refer to the Professional Standards (2008) as defined by the College of Nurses of Ontario (CNO).
- follow the *Guidelines for Specific Clinical Practice Situations* (section 2 of the Guidelines for Professional Behaviour, College of Nurses of Ontario (CNO), (February 1995).
- be aware of the CNO document on *Explanation of Professional Misconduct* (1999).

The following conduct guidelines will also be enforced if a breach has occurred off-campus that affects the rights of members of the university communities to use and enjoy the university's learning and working environments. For the purpose of these guidelines, a student is a person registered in an undergraduate program proceeding towards a nursing degree, or otherwise taking credit courses offered by the university.

Student Responsibilities

Over the course of the program, students are expected to develop and demonstrate the attributes of a professional nurse. The following are expectations with respect to the student's professional conduct within the Post Diploma Degree Program and nursing practice settings:

- uses effective time management skills to organize workload (prioritizes, sets time frames, and evaluates own work patterns);
- accepts accountability for own actions and decisions;
- seeks assistance appropriately;
- provides constructive feedback to colleagues;
- demonstrates honesty, integrity, and respect (for self and others) in relationships with colleagues, faculty and staff;
- promotes team problem-solving and decision making in collaboration with colleagues and faculty;
- uses conflict resolution skills directly and in a timely manner to facilitate interpersonal relationships;
- identifies the effect of personal values and assumptions on interactions with colleagues and faculty;

- maintains a distinction between social interaction and professional communication;
- uses established communication protocols within the Daphne Cockwell School of Nursing and the university;
- recognizes and reports situations involving colleagues and/or faculty which are potentially unsafe;
- assumes responsibility for knowing all student-related school policies and nursing practice site policy relevant to the student practice;
- maintains client confidentiality;
- demonstrates sensitivity to diversity;
- respects others by turning off cell phones and maintaining a scent free environment.

Procedures

Failure to demonstrate consistent achievement in the development of the above behaviour will jeopardize the successful completion of a course and/or the program. Allegations of unprofessional behaviour and/or professional misconduct may be made by any faculty member, nursing practice agency representative, or peer. Once inappropriate behaviour/conduct has been brought to the attention of the Post Diploma Degree Nursing Program, the student will be notified in writing by the Chair/Director or designate and involved parties will be invited to meet with the Chair/Director or designate. If the allegation is substantiated, the issue, student response, and recommendations/ penalties/ disciplinary action will be documented, a copy given to the student, and a copy placed in the student file.

If the inappropriate behaviour contributes to interfering with the safety of others, and/or crosses the boundaries of legal* nursing practice:

- the student will be immediately removed from the nursing practice area and/or the school;
- a meeting of the student and involved persons will be convened within 5 working days to determine further penalties/disciplinary action.
- In matters of legal/professional misconduct, the College of Nurses of Ontario and/or legal authorities may be informed.

* legal refers to protocols for nursing practice as stated in the Regulated Health Professions Act (RHPA)

For unprofessional behaviour other than the above:

- a discussion will take place between the person identifying the behaviour and only the student exhibiting it.

If this discussion fails to resolve the behaviour:

- the Chair/Director or designate will be notified in writing of the behaviours and discussion to date;
- within 5 days of receipt of the written notification, a meeting will be convened including the Chair/Director or designate, the student, and other appropriate parties to determine other recommendations, penalties/disciplinary actions. These actions may range from remedial counselling to failure of the course or expulsion from the program. Documentation of this meeting shall be placed in the student file and remain as a permanent record in the file.
- if a prior record exists of professional misconduct/unprofessional conduct, a more severe penalty may be imposed.

The following persons will be informed of any penalty imposed at this stage: student, faculty member, chair/director of the student's program. Follow-up will be dependent upon the recommendations and/or disciplinary action determined by the Post Diploma Degree Program. Records in the student's file will be made available to faculty only for the purpose of determining whether there is a repeated pattern of offences. No record of any penalty other than expulsion will appear on the student transcript.

GENERAL POLICIES

TRANSFER CREDITS

Application forms are available in the forms cabinet of the current student web site at <http://www.ryerson.ca/currentstudents/forms/>

LETTERS OF PERMISSION

It is agreed that in order for a Nursing Student at any partner institution to take a program course at one of the other partner institutions, the student must receive a letter of permission from his/her Home Institution. The student must then approach the institution offering the course in question. Permission may be given if there is space available and the hours do not conflict with the student's timetable from his/her home institution.

In order to allow Nursing Students the option of taking a course off site at a non-partner institution, each partner institution will offer a Letter of Permission option to its Nursing Students. Courses at other institutions will be deemed equivalent to program courses based on the transfer credit assessment process in place at Ryerson.

REFERENCE REQUESTS

Students and graduates are encouraged to use specific faculty members as referees for nursing practice performance and other professional characteristics. Employing agencies may, however, phone the year lead teacher for a general professional reference. In order to protect student privacy and rights, it is our policy to furnish both general references and individual teacher references only on the student's request and with his/her permission.

In order to facilitate this, remember to tell agencies this fact and either sign a waiver with them (which can be sent to us with the reference form) or write directly to the year lead teacher authorizing the reference's release. The Post Diploma Degree Program does not provide formal references for summer employment. If a student needs a reference for employment ask a teacher if he/she would be willing to do so. The Post Diploma Degree Program will send references for graduating students only.

REQUEST FOR PROGRAM EXTENSION

Ryerson degrees have time allotments for completion of the program as indicated in the Ryerson Calendar. Any extension for completion of nursing programs can be granted only by the Dean of Community Services. To request an extension, a student must write to the Dean providing sufficient detail about the reasons for the extension and the courses that need to be completed. The letter should be signed by the Associate Director or designate who will ensure that all the relevant details have been included.

TRANSCRIPTS

Students requiring "official" transcripts must obtain them from Ryerson University.

SUGGESTIONS FOR COURSE AND PROGRAM CHANGE

The Post Diploma Degree Program has a commitment to respond to students' suggestions, concerns, and/or complaints related to course or program changes. The following protocol has been devised for use within the Program.

During Term:

- Discuss with faculty involved.
- If unresolved, make an appointment with the Course Lead Teacher.

Following Course:

- Written course and faculty evaluations are to be completed by all students. Summaries of student responses to the course evaluations are used in planning course revisions and are made available to the Director .

After students have completed the above, if they wish to propose formal changes, they are to submit them in writing, with the rationale and an indication of the extent of class support. Submit the proposal to either the Associate Director, the Post Diploma Degree Curriculum Committee or School Council. Be prepared to discuss the proposal with the Curriculum Committee or Council.

If the students have followed the above protocol and they still feel their concerns have not been adequately addressed, they may contact their student association. All changes must be approved by the Daphne Cockwell School of Nursing School Council.

RESEARCH

As part of a University environment, the Daphne Cockwell School of Nursing is committed to the development and enhancement of research and scholarly activities. Many faculty members are involved in research projects, scholarly activities or advanced education, and have varied expertise in nursing practice areas, educational approaches and research methodologies. They can be excellent resources for students interested in specific nursing practice or research topics. Specific faculty interest and expertise can be found on the Daphne Cockwell School of Nursing website at <http://www.ryerson.ca/nursing/facultystaff.html>.

Research and creative activities initiated by students are encouraged within the School, and are an essential component to many nursing practice and classroom assignments. It is possible that the student may be engaged in any level of the research process, from reviewing the literature, to collecting data and analyzing it for the purposes of assisting in a research study. In such instances, students are expected to conduct themselves in a professional manner, with adherence to the ethical guidelines indicated below.

RESEARCH ETHICS

All research conducted in a University setting (whether by faculty, staff or students) is guided by policies and procedures designed to protect study participants, the researcher, the University and the public. Ryerson's policies and guidelines for ethical conduct of research can be found at:

<http://www.ryerson.ca/about/vpresearch/reb.html>

These policies are in accordance with Canadian guidelines known as the **Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans** established by the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council, and the Social Sciences and Humanities Research Council. In order to ensure that research is consistent with these policies, all research with human subjects must be reviewed and approved by the Ryerson University Research Ethics Board (REB).

STUDENT RIGHTS AND RESPONSIBILITIES RELATED TO RESEARCH

Undergraduate students conducting research as part of their course work or class assignments must work closely with their faculty member to ensure that the project meets the requirements for ethical conduct. Ryerson has established guidelines for undergraduate students conducting research for class assignments that include data collection involving human participants. These guidelines can be found at: http://www.ryerson.ca/about/vpresearch/student_research.html

Student **research** is different from information gathering that a student may do as part of a **professional practice experience**. Undergraduate student **research** is defined as "work done by an undergraduate student as a course assignment that entails data collection involving humans for the purpose of obtaining either primary or secondary data on research participants." **Professional practice** is undertaken by students "when learning or doing the work of the profession. In general, professional practice for

undergraduate students involves the development of skills which are considered standard practice within a profession or field and includes information-gathering processes that are typically a part of the normal relationship between a student in a field and the people the student interacts with in that context.”
http://www.ryerson.ca/about/vpresearch/student_researchers.html

Students or faculty who are in doubt about the nature of a particular project (i.e. research versus professional practice) should review the Flowchart to Assist Undergraduate Researchers available at:
http://www.ryerson.ca/about/vpresearch/student_researchers.html

Students may also be invited to participate in the research process as study participants. In such instances, students may wish to familiarize themselves with their rights as research participants, which can be found at: http://www.ryerson.ca/about/vpresearch/rpp_guidelines.html

Note: The above standards are meant as guidelines or principles, and do not exhaust a researcher’s responsibility to be sensitive to the needs of subjects or to put those needs ahead of the need to acquire new knowledge. Any student or faculty member who has questions about the ethical standing of a particular project is encouraged to consult the Ryerson Research Ethics Board (REB). The REB committee membership can be found at: <http://www.ryerson.ca/research/reb/>.

SCHOOL COUNCIL

The function of the School Council is to develop and recommend policy relevant to the School and its programs as it relates to the general policy of Ryerson University. In accordance with the bylaws of the University, curriculum and major program policy matters are vetted through the Ryerson Daphne Cockwell School of Nursing School Council.

School Council Composition

There shall be a School Council of the Ryerson Daphne Cockwell School of Nursing which shall be composed as follows:

- the Director of the School
- all RFA faculty of the School
- Collaborative Program Site Director, Centennial College
- Collaborative Program Site Director, George Brown College
- Collaborative Program Year Lead Teachers, Centennial College
- Collaborative Program Year Lead Teachers, George Brown College
- one (1) member chosen by and from sessional and part-time instructors of the School
- student representatives in the ratio of not less than one-third and not more than one-half (this is a requirement of Ryerson's Academic Council policy and procedure re: School Councils) of the total faculty members on the Council, elected at the end of September each year by and from the student population as follows:
 - one (1) student from each of years 1 through 4 of the generic program, Ryerson site
 - one (1) student from each of the years 1 and 2 of the generic program, Centennial site
 - one (1) student from each of the years 1 and 2 of the generic program, George Brown site
 - one (1) student from each year of the full-time Post Diploma Degree program
 - one (1) student from the part-time Post Diploma Degree program
 - one (1) Canadian Nursing Student Association official representative
 - one (1) Ryerson Nursing Course Union official representative

Vacancy

In the event that an elected student representative should resign or otherwise cease to act during the term of office, the School Council shall appoint from the same program, as was represented by the member who has ceased to act, a replacement for the un-expired portion of that term.

Voting

Each member of Council shall represent one (1) vote on all issues related to the Collaborative Nursing Degree Program, including those related to policy/procedure. Only Ryerson representatives shall vote on issues that relate exclusively to other programs or policy within the School.

Chair of the Council

The Director of the Daphne Cockwell School of Nursing and a Ryerson student representative of Council elected from all the student representatives of Council shall act as co-chairs of the School Council. They will prepare the agendas jointly and be responsible for conducting meetings.

Notices of Council Meetings

A notice in writing of a meeting of the School Council shall be given by the secretary to each member of the Council two (2) weeks before the date of the meeting.

Meetings of the Council

The School Council shall meet at least two (2) times per academic year at such times and places as the Council may determine. Additional meetings of the Council may be held upon resolution of the Council or at the call of the co-chairs.

Quorum for Council Meetings

A quorum for a meeting of the School Council shall be not less than fifty percent (50%) of the total membership of the Council.

School Council Committees

The Standing Committees of the School Council shall be:

- the Curriculum Committee.
- the Evaluation Committee.

Special Committees may be appointed by the School Council at any time for any purpose (such purposes to include long term planning, financial matters, physical resources, etc). The convenors of such committees shall be from the members of the School Council.

All *Ad Hoc Committees* established to determine School policy will form through the School Council. A *Quorum for Committee Meetings* should not be less than fifty percent (50%) of the total membership of the committee.

Committee Chairs in conjunction with committee membership are responsible for:

- calling meetings.
- establishing committee priorities (based on School need).
- reporting to the School Director.
- reporting to the School Council when appropriate.

Amendments

The School Council may revoke, amend or re-enact these bylaws provided that notice in writing is given to each member of the Council at least two (2) weeks before the next meeting of the Council. The revocation, amendment, or re-enactment shall not come into force until it is ratified by the Academic Council.

(Approved by School Council, April 2002)
(Approved by Academic Council, October 2002)

STUDENT NURSING ORGANIZATIONS

RNAO PROVINCIAL NURSING STUDENT INTEREST GROUP (PNSIG)

The Provincial Nursing Student Interest Group is an interest group of the Registered Nurses' Association of Ontario (RNAO). Its aim is to address issues of particular importance to nursing students in Ontario.

Focus

- To increase student awareness of RNAO's philosophy, mission, objectives, structure, programs and services.
- To encourage student participation in RNAO by focusing on involvement in local and provincial nursing student interest groups.
- To improve accessibility to RNAO for nursing students.
- To promote unity among Ontario nursing students through communication and collaboration with other nursing student organizations.
- To provide a forum which encourages the professional growth of nursing students.

Membership is open to all nursing students in Ontario who are members of the RNAO.

The RYERSON NURSING COURSE UNION

The Ryerson Nursing Course Union (NCU) is the student council for Ryerson site nursing students. It is a body of nursing students, elected by the students. The NCU is an important connection to faculty, other students, and information.

The NCU is a division of RyeSAC (Ryerson Student Academic Council) designed to represent the nursing student body at Ryerson University. Our mandate is to provide support, guidance, social events, educational opportunities and political involvement for our students. We liaise with other Course Unions to provide you with social events that will link you to the Ryerson Community at large.

Keep your eyes open for:

- Scrub and Equipment Sales
- Lunch time talks on various nursing careers
- Social events
- Newsletters
- Fundraisers
- Elections in March for a NEW NCU Executive

We are available to respond to any of your questions and suggestions. We are here to help you make the most of your time at Ryerson University's Daphne Cockwell School of Nursing.

To get involved, or meet your executive, stop by to see us on the fourth floor of Jorgenson Hall, in POD-467, or email us at ncu@ryerson.ca

We look forward to making this an amazing and successful year for all!!

CANADIAN NURSING STUDENTS' ASSOCIATION (CNSA)

The Canadian Nursing Students' Association (CNSA) is the national voice of Canadian nursing students. Our aim is to increase the legal, ethical, professional, and educational aspects of the profession, which are an integral part of nursing. CNSA is committed to the active and positive promotion of nurses and the

nursing profession as a whole, and promotes concepts such as professionalism, leadership, visibility, education and advocacy. CNSA represents, is run by, and is independently controlled by the nursing students that are our members. CNSA, while being dynamic, and responsive to the current issues and events, is guided by several underlying principals and objectives.

The objectives of the CNSA are:

1. to provide a communication link among nursing students across Canada, recognizing the specific language needs of our bilingual country
2. to act as the official voice of nursing students
3. to provide a medium through which members can press their opinions on nursing issues
4. to encourage participation in professional and liberal education
5. to provide a liaison with other organizations concerned with nursing
6. to increase the awareness of both the existence of and the need for nursing research

(Affiliate Student Group with RyeSAC)

E-mail: ryerson.cnsa.ca

Phone: 416-979-5000 ext. 6335

Website: www.cnsa.ca

PRACTICE INJURY/INCIDENT REPORTING

The process overview and forms for reporting practice injuries/incidents are available on the Central Placement Office (CPO) website (<http://www.ryerson.ca/cpo/students/injury-incident.html>).

RESOURCES AT RYERSON

CONTACTING TEACHERS

Telephone: All telephones within the Daphne Cockwell School of Nursing are equipped with voice mail for messages. Extensions can be accessed through the Ryerson central line (**979-5000**). Messages can also be left on the voice mail of the Daphne Cockwell School of Nursing general office line (**979-5300**).

Office Hours: Each teacher posts office hours during which he/she is available to meet with students.

COMPUTER LABS AND EMAIL

Computer labs located around campus offer e-mail, World Wide Web access, word processing, printing, and much more.

Computer Labs

KHW71 (basement of West Kerr Hall) is the central computing facility. An advisor is available to assist during hours of operation. There is also support from home: 416-979-5000 X6840.

Computer labs in West Kerr Hall (KHW377 and KHW379), and on the third floor of the Library (LIB393 and LIB386L) operate as remote labs.

Community Services Lab

The Faculty of Community Services also has a separate fully equipped computer lab (KHW71G) with 40 computers available to Daphne Cockwell School of Nursing students. The hours are the same as KHW71.

E-Mail Accounts

All students will be required to activate and maintain a Ryerson e-mail (RMail) account. According to the policy www.ryerson.ca/senate/policies/pol157.pdf students are expected to monitor and retrieve messages and information issued to them by the University via Ryerson online systems on a frequent and consistent basis. Students have the responsibility to recognize that certain communications may be time-critical.

If students do not have an account, refer to www.ryerson.ca/accounts to activate your Ryerson Online Identity, which includes RMail.

Students have the right to forward their Ryerson E-mail account to another electronic mail service provider address but remain responsible for ensuring that all University electronic message communications sent to their official Ryerson E-mail account is retrieved and read.

Daphne Cockwell School of Nursing Web Page

The Daphne Cockwell School of Nursing has a Web Page found at <http://www.ryerson.ca/nursing> linked to the Ryerson Web Page.

ASSIGNMENT PICKUP

All hard copy assignments are to be handed in by students and returned to students **during scheduled class/seminar time** whenever possible. **Students are expected to be in class to receive assignments from their teachers.** However, when this is not possible due to extenuating circumstances, **students are to be advised that assignments can be picked up during the teacher's office hours** or at a mutually agreed upon time. When it is necessary to leave assignments for students in the "Assignment Cubby", the assignments **must be in a sealed envelope** with only the student's ID number on the envelope.

NON-ASSIGNMENT OR OTHER MATERIAL PICKUP

Students are required to show identification (Ryerson ID) when picking up reference letters or other student-related materials left at the Main Office Reception for pickup. Should they need to have an alternate person pick up on their behalf, the student must email the Department Secretary (lduffus@ryerson.ca) authorizing and naming that alternate person. The alternate will be required to provide photo ID upon pickup.

FACULTY PERSONNEL

FACULTY (RFA):

ANNETTE BAILEY, RN, MScN, PhD

- Community Health
- Violence and Resilience
- Women's Health

email:

- Therapeutics & Pharmacology
- Health Promotion
- Advanced Practice Nursing Research

email: fdonald@ryerson.ca

HEATHER BEANLANDS, RN, BScN, MScN, PhD

- Nephrology Nursing
- Chronic Illness
- Adult Med. / Surg.
- Nursing Research

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SUSANNA EDWARDS, RN, BScN, MSc, PhD

- Community Health Nursing
- HIV/AIDS: Education, Counseling & Hospice Care
- Health Promotion
- Nursing Research

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SUSAN BISHOP, RN, BScN, MSc, PhD

- Childbirth Education
- Women's Health
- Nursing Research
- Genetics/genomics
- Nurse-client Decision Making

email: s2bishop@ryerson.ca

SHERRY ESPIN, RN BScN, MEd, PhD

- Qualitative Research
- Patient Safety
- Perioperative Nursing
- Interprofessional Teamwork
- Education of Healthcare Professionals

email: sespin@ryerson.ca

JUDY BRITNELL, RN, BScN, MS, MEd

- Mental Health/Psychiatric Nursing
- Interpersonal Skills Teaching
- Teaching / Learning Methodologies
- Research - Nursing Education, Nurse Abuse, Simulated Clients
- Nursing Informatics

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SUZANNE FREDERICKS, RN, BScN, MN, PhD

- Cardiovascular Surgical Patient Education.

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CRISTINA CATALLO, RN, BScN, PhD

- Public Health – evidence informed strategies, evidence uptake and use among decision makers
- Women's health – violence against women

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SEPALI GURUGE, RN, BScN, MSc PhD

- Women's Health
- Family Violence

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- Disability Studies
- Health Professional Education
- Pain Management
- End of Life and Oncology Care
- Community Nursing

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CORINNE HART, RN, BScN, MHSc, PhD

- Community Health
- Health Promotion
- Models of work in home care
- Home care and AIDS
- Issues of diversity

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LINDA COOPER, RN, BScN, MS, PhD

- Nursing Theory - Development and Application
- Women's Health Issues
- Community Violence and Children
- Research
- Relaxation / Guided Imagery as Therapeutic Intervention

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MARIA KJERULF, RN, BScN, MSc, PhD (cand)

- End of Life Care
- Critical Care
- Organ Donation Transplant Donation

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FAITH DONALD, RN(EC), BSN, MS(CHN), PHCNP

- Advanced Practice Nursing
- Nurse Practitioner
- Primary Health Care across the life-span
- Health Assessment
- Anatomy, Physiology & Pathophysiology

JENNIFER LAPUM, RN, BScN, MN, PhD

- Critical care nursing
- Qualitative traditions and narrative inquiry
- Arts-informed research and education
- Discursive ways of knowing & practice (technological discourses)
- Cardiovascular research (cardiac surgery and secondary prevention)

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KAREN LEGROW, RN, MN

- High risk neonatal and Pediatric Nursing
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MARGARET MALONE, RN, C-PHN, BA, BAAN, MA, PhD

- Theories of Knowledge, Gender & Emotions
 - Community Health, Health Promotion & Community Development
 - Feminist, Social Justice & Equity Issues
 - Marital Separation & Divorce
 - Violence
 - Qualitative Research Methods
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ELIZABETH MCCAY, RN, BNSc, MScN, PhD

- Mental Health/Psychiatric Nursing
 - Schizophrenia Spectrum Disorders
 - Self Concept & Illness
 - Nursing Research
 - Group Process & Interventions
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JOYAL MIRANDA, RN, BScN, MN, PhD

- Research Methodology & Statistics
 - Community Health
 - Client-centred care
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- Gerontology
 - Geriatric mental health
 - Teaching and learning in Laboratory and Nursing Practice
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NANCY PURDY, RN, BScN, MScN, PhD

- work environments
 - leadership
 - patient outcomes
 - program evaluation: educational delivery systems
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- Paediatric Nursing
 - Parent-Nurse relationships re hospitalized child
 - Nursing education (preparing nurses for paediatric nursing practice)
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DON ROSE, RN, MN, PhD

- Mental Health/Forensic Psychiatric Nursing
 - Qualitative Research Methods
 - Nursing Ethics
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- Mental Health Nursing
 - Acute Psychiatric Care
 - Adult self harm/suicidal behaviour
 - Patient and staff safety in mental health settings
 - Instrument development and the clinical utility of measures
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 - Relationship-centred Care
 - Geriatrics
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- Human Lived Experience of Illness
 - Professional Therapeutic Relationships
 - Teaching-Learning of the Art of Caring
 - Development of Professional Self
 - Narrative Reflective Process and Aesthetic Reflection
 - Metaphors
 - Narrative Inquiry
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 - Health Services Research
 - Qualitative Research Methods
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 - Use of Technology in the Classroom
 - Pathophysiology & Epidemiology
 - Online Learning and Student Engagement
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- Leadership and Nursing Administration
 - Professional Issues and Trends
 - Communication and Teaching
 - Nursing Theory / Process
 - Professional Image Development and Operationalization
 - Curriculum Design and Development
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MANDANA VAHABI, RN, PhD

- Women's Health
 - Health Policy/Health Services
 - Epidemiology
 - Program Planning & Evaluation
 - Community Health
 - Immigrants and Equity
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- Mental Health/Pediatric Mental Health
- Family Violence - Children Victims/witnesses
- Career Planning/Development for Nurses and Nursing Students
- Professional Issues/Women's Issues

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NANCY WALTON, RN, BScN, PhD

- Bioethics
- Priority-Setting
- Research & Developing Countries
- Ethics Education

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JOSEPHINE PUI-HING WONG, RN, BA, BScN, MScN

- Critical public health: research, policy and practice
- Qualitative approach: community action research, place-based analysis
- Health equity: working with marginalized communities (immigrant/refugees; youth; LGBTTTQ)
- Health promotion: mental health and sexual health

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MARGARETH ZANCHETTA, BN, MScN, DN, PhD

- Oncology Nursing
- Intensive and Emergency Care
- Qualitative Research

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INSTRUCTORS (SESSIONAL AND PART-TIME)

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NURSE PRACTITIONER PROGRAM

Luisa Barton, Site Coordinator

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Don Newton, Program & Technical Assistant

Office Y1604 Telephone 979-5000 ext. 6561

NURSING - CONTINUING EDUCATION

Paula Mastrilli, Program Manager

Office: **POD-481D** Telephone: 979-5000 Ext. 5178 pmastril@ryerson.ca

Jouanna Labib, Student Affairs Coordinator

Office: **POD-481B** Telephone: 979-5000 Ext. 5238 jlalib@ryerson.ca

Sheila Jones, Administrative Program Advisor

Office: **POD-481A** Telephone: 979-5000 Ext. 4774 sjones@ryerson.ca

COLLABORATIVE CENTRAL PLACEMENT OFFICE

Please contact the Central Placement Office ext. 4956 or cpo@ryerson.ca. For information go to www.ryerson.ca/cpo

CONTACT PERSONNEL

The first line of contact for students is their faculty instructor. Other faculty and staff, including those listed on the previous pages, are available to provide information, advice and/or support as necessary.

POST DIPLOMA DEGREE PROGRAM

Associate Director Dr. Elaine Santa Mina ext. 4559
email: esantami@ryerson.ca

Program Advisor Ivone Alvarez ext. 6301
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Program Secretary Judy Lunney ext. 4073
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MASTER OF NURSING PROGRAM

Program Director Dr. Don Rose ext. 6324
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Program Assistant Gerry Warner ext. 7852
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SCHOLARLY RESEARCH & CREATIVE

Associate Director Dr. Lori Schindel Martin ext. 4257
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**DIRECTOR, COLLABORATIVE NURSING DEGREE PROGRAM and
DIRECTOR, DAPHNE COCKWELL SCHOOL OF NURSING**

Dr. Karen Spalding

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**Associate Director
Collaborative Degree Program
Ryerson Site**

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Administrative Officer

Janis Higgins-Tramov

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**Collaborative & SRC
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Student Affairs Coordinator

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Student Affairs Assistant

Sothy Son

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**Professional Practice &
Simulation Coordinator**

Jacqui Schmid

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Department Secretary

Lisa Duffus

ext. 5300

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DAPHNE COCKWELL SCHOOL OF NURSING COMMITTEES

There are a number of School committees in addition to School Council upon which students have representation, as dictated by department bylaws. If you are interested in becoming involved in the School's committee work, please contact Janis Higgins-Tramov, Administrative Officer, at ext. 5331.

* Representatives from the student body have voting positions on these committees.

** Representatives from the student body may be requested to participate on these committees.

Curriculum*

Nursing Practice and Preceptor Development **

Lambda Pi At-Large, Sigma Theta Tau International Nursing Honours Society*

Ryerson Academic Senate*

APPENDICES

APPENDIX A

POST DIPLOMA DEGREE CURRICULUM DESIGN

OVERVIEW OF THE POST DIPLOMA DEGREE CURRICULUM (REVISED SEPTEMBER 2001)

SEMESTER 1	HRS	SEMESTER 2	HRS	SEMESTER 3	HRS	SEMESTER 4	HRS
		Philosophy: Ethics and Health Care (PHL302)	3	Professionally Related Elective	3	Professionally Related Elective	3
Upper Level Liberal Studies Elective	3			Upper Level Liberal Studies Elective	3	Upper Level Liberal Studies Elective	3
Nursing: Current Issues and Future Perspectives (NUR 830)	3	Nursing: Leadership Development for Practice (NUR 831)	3	Nursing: Organizational Context of Practice (NUR 833)	3		
Nursing: The Evolution of Theoretical Knowledge (NUR 805)	3	Nursing: Epidemiology, Major Health Problems (NUR 600)	3	Nursing: Concepts in Contemporary Nursing Practice (NUR 810)	3	Professional Elective Nursing: Special Topics (NUR 820/823/824/825/826/827)	3
Nursing: Health Assessment (NUR 816)	4	Nursing: Community Nursing (NUC 832)	3				
Nursing: Research Design, Measurement, Applications (NUR 850)	3	Nursing Research Design, Measurement, Applications (NUR 860)	3	Nursing: Nursing Practice I (NCL 700)	1-Lect 15-Lab	Nursing: Nursing Practice II (NCL 800)	1-Lect 15-Lab
Total Hours	16		15		28		25

APPENDIX B

RYERSON POST DIPLOMA DEGREE PROGRAM

DAPHNE COCKWELL SCHOOL OF NURSING

Final Feedback Form for Nursing Practice Preceptors/Peers

STUDENT NAME:

PRECEPTOR NAME:

PRACTICE SETTING:

TERM:

Summary

Accountability

Continued Competence

Ethics

Knowledge

Knowledge Application

Relationships

Leadership

Suggestions for Growth/Learning Strategies

Nursing practice hours to date: _____

Student Signature: _____

Preceptor Signature: _____

Date: _____

RYERSON UNIVERSITY
Daphne Cockwell School of Nursing

Final Performance Appraisal for Faculty & Students

Signature _____

Student Name:

Term:

Course:

Grade:

Setting:

Preceptor:

Faculty Advisor:

Materials Included

Learning Goals	
Student performance appraisal	
Preceptor performance appraisal	
Peer performance appraisal	
Faculty performance appraisal	
Midterm performance appraisal	
Revised career plan	

RYERSON UNIVERSITY
Daphne Cockwell School of Nursing
Final Performance Appraisal

Self-Review comments with regard to

LEARNING PLAN

REFLECTIVE PRACTICE: Grade Achieved

GROUP DISCUSSION:

	Comments
Progress toward meeting the program outcomes and the learning experiences this semester	
Progress with integrating philosophy and program themes of the Daphne Cockwell School of Nursing in the learning experiences this semester	
Strategies for Future Professional Growth and Learning	

APPENDIX C

College of Nurses Standards

A Guide to Practice Decision-Making for Entry-Level Registered Nurses

Purpose of this document:

This document contains the competencies Entry-Level RNs in Ontario are expected to possess as an outcome of their nursing education in order to provide the public with safe, effective and ethical care. The competencies serve as a guide to curriculum development and review, and inform the public and employers of what they may expect from Entry-Level RNs.

Practice decision-making is context specific and changes according to client and practice setting circumstances. Accordingly, this guide identifies expectations of Entry-Level RNs and quality practice settings, and is intended to assist Entry-Level RNs with practice decision-making.

This guide also provides assistance to experienced nurses moving to new settings or roles, recognizing that although in a new setting or role, experienced nurses will bring established nursing practice competencies with them.

Definition: The Entry-Level RN

A Registered Nurse who has graduated from the basic nursing program and is at the point of initial registration with the College of Nurses of Ontario.
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CNO Assumptions about Practice and the Entry-Level RN

1. Entry-level RNs possess the knowledge required to demonstrate the wide range of competencies listed in the document; however their experience in practising the competencies during their education will vary significantly and in some cases will be limited.
2. The foundation of professional practice is autonomy in decision-making and respect for clinical judgement.
3. Practice decisions are client specific, and must take into account the environment, the client's circumstances and the Entry-Level RN's knowledge and judgement.
4. Only expert nurses practise at or near the limits of practice (as noted in CNO's *Decision Guide: Determining the Appropriate Category of Care Provide*); therefore it is unrealistic to expect Entry-Level RNs to assume responsibilities at the limits of practice for the Registered Nurse.
5. The Entry-Level RNs may be less efficient than experienced RNs (for example, they may require more time to provide a specific care intervention).
6. The Entry-Level RN will seek out the knowledge/information required to provide client care from the practice setting resources (e.g. Nurse Educator, colleague, etc.) or from external sources (e.g. research literature, CNO Practice Consultants, etc.).
7. The Entry-Level RN will identify learning needs and a plan to address them.
8. As regulated health professionals, RNs maintain commitments to each other including sharing their expertise and knowledge with one another, (e.g. through orientation programs and/or preceptoring) and referring to each other when they do not have the necessary competence to provide a specific part of the nursing care themselves (CNO *Ethical Framework for Nurses in Ontario*).
9. Employers active identify and respond to the needs of Entry-Level RNs for effective orientation to the practice setting and on-the-job resources for consultation and advice as the need arises.

A) EXPECTATIONS OF THE ENTRY-LEVEL RN

The Entry-Level RN is accountable for:

- Knowledge and meeting the CNO standards of practice.
- Understanding the scope of practice/controlled acts model as documented in the *Nursing Act (1991)* and the *Regulated Health Professions Act (1991)*¹.
- All client care he/she provides, and for decisions about assigning care to other care providers
- Decisions regarding personal competency to provide care given the context and client circumstances, including decisions not to provide care when the condition of personal competency is not met.
- Actively identifying and asking questions of self, colleagues (including multidisciplinary) and clients.
- Applying a consistent framework to practice decision-making.
- The conscious and deliberate application of theory to practice via the use of critical thinking and problem solving skills.

Critical Thinking and Decision-Making

Decision-making involves asking, and considering the answers to a number of questions. The skill and willingness to question has been called an “attitude of inquiry”², and is a component of critical thinking. Critical thinking is integral to decision-making and includes the activities of organizing assessment information, recognizing patterns and compiling evidence to support the conclusions drawn.

¹The practice of nursing is the promotion of health and the assessment of, the provision of care for, and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function. *The Nursing Act, 1991*.

²Case, B. (1994). Walking around the elephant: A critical-thinking strategy for decision-making. The Journal of Continuing Education in Nursing. 25 (3), 101-109.

A Practice Decision-making Framework for the Entry-Level RN

The following questions provide a decision-making framework for the Entry-Level RN. The framework is applied after the client assessment is completed.

1. Do I need assistance to analyze the assessment data?
2. Based on the assessment data, what are the possible options of care, and the indications and contraindications for each?
3. Am I satisfied that the proposed care is appropriate for the client given the particular circumstances and the range of alternative options available?
4. Do I have the authority to provide the proposed care?
5. Am I competent to provide the proposed care?
6. Has the nursing care provided achieved the desired outcome(s)? (evaluation)

Description of Framework

1. *Do I need assistance to analyze the assessment data?*

Seeking assistance may contribute to the identification of gaps in knowledge and information, including whether or not the assessment is complete. For example, the entry-level RN assesses and records the amount of wound drainage from a post-operative client. Knowing the volume of drainage is an important piece of the post-op assessment, but without the knowledge of how much drainage is usual for clients having that type of surgery (as well as colour, consistency, etc.) the assessment is incomplete. Therefore the entry-level RN may ask an experienced colleague for assistance to analyze the assessment data.

2. *Based on the assessment data, what are the possible options of care and the indications and contraindication for each?*

The assessment data may lead to the identification of numerous options of care. Each care option is considered in terms of the client's needs and status, and what outcome the care aims to achieve. Identifying the indications and contraindications for each possible care option individualizes the care and helps to identify the care option likely to be the most effective for the client. Collaboration with the client is an important component of this step in decision-making.

3. *Am I satisfied that the proposed care is appropriate for the client given the particular circumstances and the range of alternative options available?*

Knowing the full range of care options available in a specific practice setting for a particular client situation may present a challenge to the entry-level RN. Collaborating with a colleague may be beneficial in validating and confirming that the choice of care option is appropriate.

4. *Do I have the authority to provide the proposed care? (e.g. is the care a controlled act procedure authorized to nursing?)*

Authority to provide nursing care is derived from the scope of practice for Registered Nurses outlined in both legislation and the standards of practice published by CNO.

Many of the care activities RNs provide arise from nursing's philosophy, theory and beliefs and are entirely within the decision-making realm of nursing. Such activities do not require an order from another regulated health professional. Examples of these activities are promoting clients' rights and responsibilities; advocating for clients; conducting health assessments, and monitoring client status.

Other care activities provided by Entry-Level RNs have been designated by the RHPA as controlled acts. Of the 13 controlled acts listed in the RHPA, RNs are authorized to perform three. The initiation regulation under the RHPA permits RNs to "initiate", or "order" some of the controlled act procedures authorized to

nursing (i.e. perform the procedure without an order from the physician or other authorized health practitioner providing the RN doing the initiating has the competence to do so safely)³. Otherwise, the performance of a controlled act requires an order from a physician, dentist, chiroprapist or midwife.

Even when care activities are not designated as controlled acts under the legislation, practice settings may have policies which require the RN to obtain an order to provide the care (e.g. discontinuing intravenous fluids).

5. *Am I competent to provide the care? (That is, do I have the knowledge, skill and judgment required?)*

To answer this question, a self-assessment is helpful, and might include the following sub-questions:

- a) What is the intended outcome(s) of the care for the client?
- b) Do I know the anatomy and physiology relevant to the care?
- c) What are the benefits and known risks to the client?
- d) What is the predictability of the outcome(s)?
- e) Does my scope of practice permit me to manage the possible outcomes?
- f) Am I competent to manage all possible outcomes?
- g) What resources (personnel, materials) are available to assist me if needed?

Depending on the outcome of the above self-assessment, the Entry-Level RN will now decide how to provide the care. Options include:

- providing the proposed care independently/autonomously
- consulting with a health team colleague about the proposed (or alternate) care
- asking a health team colleague to be present and offer advice while providing the care
- asking another RN to provide the care while the Entry-Level RN observes, or if no colleagues are available, informing the employer of inability to provide care*

(*In this case the Entry-Level RN is then responsible for identifying a plan for attaining competence in the care).

³For detailed information about scope of practice/controlled acts see CNO documents such as: *A Guide to Decide* (1995); *The Regulated Health Professions Act: An Overview for Nursing* (1997) or “*Competencies for Initiation of Controlled Act Procedures*”

As each of the three above options reflects a different level of independence, or practice autonomy, a brief discussion about practice autonomy is indicated.

Professional Practice and Autonomy

Autonomy has been called the “hallmark of a profession”⁴. It has been defined as “an individual’s ability to independently carry out the responsibilities of the position without close supervision”⁵. As noted earlier in this document, RNs have the authority to provide care that falls within their scope of practice. That authority is independent of other health care professionals and therefore gives RNs the right to work autonomously.

Autonomy means “the freedom to act on what you know”⁶. Autonomy also means being free to seek whatever input into clinical decision-making the RN feels is appropriate. Autonomy is linked to competence because competence involves not only knowing, but “knowing that you know”. It is therefore tied to the professional responsibility to identify what one knows or doesn’t know.

Entry-Level RNs may frequently choose to seek consultation, or provide care under the direction of an available colleague. As the complexity of care increases there may be a need for more consultation/collaboration. Complexity is a combination of five factors (complexity of care needs; predictability of outcome; the cognitive requirements necessary to provide the care, technical requirements, and the potential for a negative outcome (See the CNO Document *A Decision Guide: Determining the Appropriate Category of Care Provider*).

Having decided on an option for providing the care the last step in the decision-making framework is considered.

6. Has the nursing care achieved the desired outcome? (evaluation).

Evaluation of client care involves a re-assessment of the client’s status and a determination of whether or not the desired outcomes of the care were achieved. If the outcomes were not achieved, or only partially achieved, the steps in the decision-making framework are repeated.

⁴Edwards, D. (1988). Increasing staff nurse autonomy: A key to nurse retention. Journal of Pediatric Nursing. 3(4), 265-268.

⁵Blanchfield, K.C. and Biordi, Di. (1996). Power in practice: A study of nursing authority and autonomy. Nursing Administration Quarterly. 20 (3), 42-49.

⁶Kramer, M. & Schmalenberg, C. (1993). Learning from success: Autonomy and empowerment. Nursing Management. 24(5), 58-64.

B) EXPECTATIONS OF QUALITY PRACTICE SETTINGS

Employers share responsibility with the Entry-Level RN for the quality of care that clients receive. Employers have a responsibility to create practice environments with strong organizational attributes that support competent nurses to provide a quality outcome for the client⁷.

Specific Expectations of Quality Practice Settings Include:

- Provision of position-specific education and professional development through such elements as an orientation and preceptorship program.
- Promoting an environment which encourages Entry-Level RNs to pose questions, engage in reflective practice and ask for consultation/assistance without being criticized.
- Staff scheduling that accommodates the needs of the Entry-Level RN, e.g. matching a Entry-Level RN with an experienced RN.
- Identifying the competencies required in a particular setting for positions of added responsibility (e.g. "in charge") and providing an opportunity for the Entry-Level RN to meet them before being placed in such a position.
- Identifying and informing the Entry-Level RN of the resources available to provide expert advice/consultation.

⁷College of Nurses of Ontario (1998). *Building Quality Practice Settings, Practice Setting Consultation Program: An Information Guide*.

APPLYING THE PRACTICE DECISION-MAKING FRAMEWORK

The following clinical scenario may be used to illustrate the application of the decision-making framework. A diagram of the steps of the decision-making framework follows the scenario.

You are working the night shift only one month after being hired as an RN on a busy medical/surgical floor. One of your clients is an 80 year old man two days post-operative from a heart valve replacement. You assess his vital signs and observe that he is short of breath, with laboured respirations, he has had no urine output since your shift began, and he appears more confused than when you cared for him previously. You have some prn orders from the physician, including applying oxygen and inserting a foley catheter if necessary.

Assessment: Vital signs, chest auscultation, output, mental status, edema

Analyze the Data. Assistance needed? Yes -- having difficulty making sense of the data. Change in vital signs are minimal, change in mental status subtle, chest sounds are difficult to hear, you have had minimal experience with similar client situations. Assessment not complete as don't know intake prior to your shift. You plan to seek assistance from a colleague.

Identify Options of Care: You tell your colleague that options include: a) sitting client in high fowler's position (which you already did); b) re-starting oxygen; c) inserting a foley catheter, d) Notifying the physician. You jointly agree on the indications and contraindications for each option.

Choose the Care Option: You decide re-starting the oxygen is a priority, and plan to review the plan with the client and seek his input. (You decide not to insert a foley catheter because there is no clinical rationale to do so at this time).

Do I have the Authority to Provide the Care: Yes, have a physician's order for the oxygen.

Am I competent to perform the care? (Can I manage the potential outcomes of care?) Yes, familiar with physiological considerations re. oxygen, familiar with equipment and set-up. No immediate negative systemic outcomes expected related to oxygen.

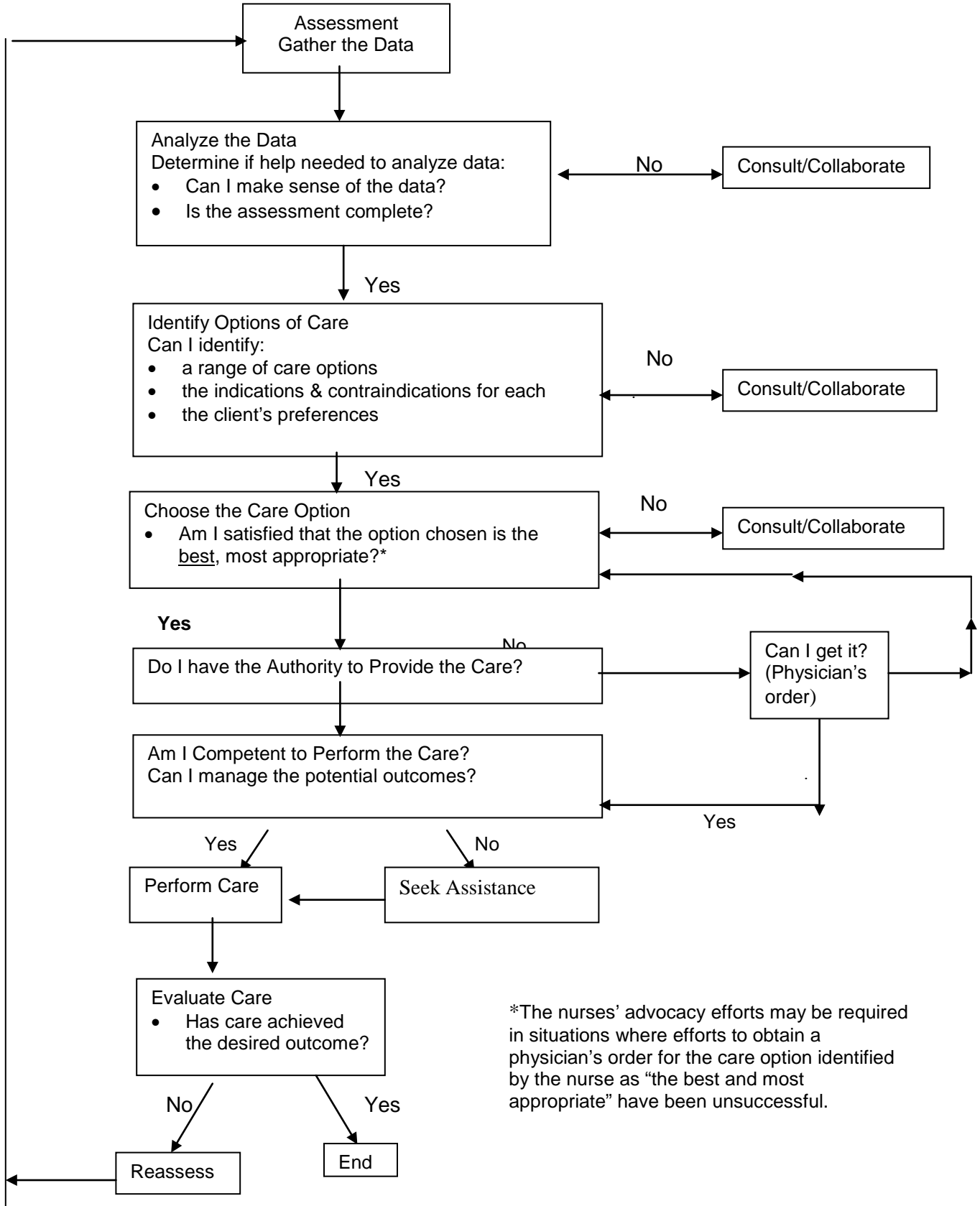
Perform the Care: You start the oxygen.

Evaluate the Care: You evaluate the client's response to the oxygen administration, if condition has improved (respirations less laboured, lung sounds improved, etc.) you continue the care, frequently assessing the client's status. If condition is unchanged, or has deteriorated you begin the steps of decision-making once again.

Summary

This section has identified CNO's expectations of Entry-Level RNs and practice settings with regard to practice decision-making. The framework and elements to support autonomous practice decision-making have been described. Practice experience will further contribute to skill and confidence in making practice decisions that promote quality client outcomes.

A Guide to Practice Decision Making for the Entry-Level Registered Nurse



*The nurses' advocacy efforts may be required in situations where efforts to obtain a physician's order for the care option identified by the nurse as "the best and most appropriate" have been unsuccessful.

CNO STANDARDS OF PROFESSIONAL PRACTICE

Introduction

The *Professional Standards* provide an overall framework for the practice of nursing and link with other standards, guidelines and competencies developed by the College of Nurses of Ontario (CNO). The *Professional Standards* describe in broad terms the professional expectations for nurses¹ and apply to all nurses, in every area of practice.

The *Professional Standards* include seven broad standard statements, a description of the statement and indicators that illustrate how the standard may be demonstrated. To help nurses apply the standards, there are indicators for all nurses and for those in administrative, educational and research positions. As well, three of the standards (Knowledge, Application of Knowledge and Leadership) have indicators for RNs.

The indicators used in this document are not a complete list, nor do they apply to all nurses at all times. As well, the seven standards are interrelated and an indicator used to illustrate one standard may also demonstrate the application of other standards. How a nurse demonstrates a standard is influenced by the nurse's level of competence, role, practice setting and the situation. However, it is expected that all nurses will meet the expectations of these professional standards and will be able to articulate how they demonstrate the standards in their practice.

Guiding principles

The following principles were used in the development of the *Professional Standards*:

- in Ontario, nursing is one profession with two categories — RN and RPN;
- the foundational knowledge base of RNs and RPNs is different as a result of differences in basic nursing education;
- all nurses are accountable for their own decisions and actions and for maintaining competence throughout their careers;
- clients² are the central focus of the professional service nurses provide, and as partners in the decision-making process, they ultimately make their own decisions;
- the goal of professional practice³ is to obtain the best possible outcome for clients, with no unnecessary exposure to risk of harm; and,

- all nurses continually enhance their knowledge through education, experience and Reflective Practice. Nurses can become experts in an area of practice within their category.

A standard is an authoritative statement that sets out the legal and professional basis of nursing practice. Examples of CNO's standards of practice include the *Therapeutic Nurse-Client Relationship*, *Medication*, and the professional misconduct regulations.

All standards of practice provide a guide to the knowledge, skills, judgement and attitudes that are needed to practise safely. They describe what each nurse is accountable and responsible for in practice. Standards represent performance criteria for nurses and can interpret nursing's scope of practice to the public and other health care professionals. Standards can be used to stimulate peer feedback, encourage research to validate practice and to generate research questions that lead to improvement of health care delivery. Finally, standards aid in developing a better understanding and respect for the various and complementary roles that nurses have.

GLOSSARY

Client: The focus of the nurse's care; with whom the nurse is engaged in a professional therapeutic relationship. The client can be an individual, family, group, population or community.

Collaborate: To work together with one or more members of the health care team who each make a unique contribution to achieving a common goal. Each individual contributes from within the limits of her or his scope of practice.

Community: A group of people living in one place, neighbourhood or district, or sharing common characteristics / interests which bind them together, or having common health needs. The term community (when used to describe a client) does not mean providing care to an individual in the community. Nursing practice aimed at the community as a client involves assisting communities to identify, articulate and successfully manage their health concerns. It is concerned primarily with care that is continuing, rather than episodic. The focus is on the collective or common good, instead of an individual's health.

Competence: The ability of a nurse to integrate the professional attributes required to perform in a given role, situation, or practice setting. Professional attributes include, but are not limited to, knowledge, skill, judgement, values and beliefs.

Competency-Statements: Descriptions of the expected performance behaviour that reflects the professional attributes required in a given nursing role, situation or practice setting.

Critical Thinking: Reasoning in which we analyze the use of language, formulate problems, clarify and explain assumptions, weigh evidence, evaluate conclusions, discriminate between good and bad arguments, and seek to justify those facts and values that result in credible beliefs and actions.⁸

Family: People united by a common ancestry (biological families), acquisition (marriage or contract) or choice, and their friends.

Group: A set of individuals who have come together for a shared purpose.

Habilitate: To provide the means by which the client will be able to make her/himself fit or improve own health status.

Individuals: Single human beings throughout the lifespan, including neonates (birth to 28 days); infants (29 days to 1 year), children (1 year to 12 years), adolescents (13 to 18 years), adults (19-65 years) and elderly adults (65 years and older).

Initiate: To make the *decision* to carry out a procedure, or cause someone else to carry out a procedure (which is a controlled act) in the absence of a specific order or protocol written by another person. Initiate differs from "perform" in that perform means *to carry out* a procedure, while "initiating" refers to the *ordering* of a procedure. Performing occurs after the decision to carry out the procedure has been made.

Nurse: The term nurse(s) refers to both a Registered Nurse (RN) and a Registered Practical Nurse (RPN).

Participates: To take part in. Participation is not an independent act; the nurse works in partnership with others when she/he is a participant. When participating in an activity, the nurse contributes, but is not the sole provider of the service being delivered.

Partnership: Refers to situations in which the nurse works with the client and other members of the health care team to achieve specific health outcomes for the client. Partnership implies consensus building in the determination of these outcomes.

⁸Bandman, E. & Bandman, B. (1995). Critical thinking in nursing (2nd ed.). Appleton & Lange, Connecticut.

Performs: See initiate.

Population: All persons sharing a common health issue, problem or characteristic (e.g. all pregnant women; all people with TB; all people with bi-polar disorders). These people may or may not come together as a group.

Predictable Outcomes: Client health outcomes that can reasonably be expected to follow an anticipated path.

Professional Practice: In this document “professional practice” is defined as the care and/or services that nurses provide to clients. Care/services is the process of working with clients to identify care needs and establish, implement and continuously evaluate plans of care.

Research: Systematic inquiry that uses orderly scientific methods to answer questions or solve problems.⁹ Conducting research involves formation of a researchable question, design of the research project, implementation of the project, and analysis and presentation of results. A nurse who assists in a research project by collecting information/data may be “participating” in research, but is not her/himself “conducting” research.

Stable: Situations in which the client’s health status can be predicted or anticipated. Interventions have predictable outcomes and/or a known level and range of negative outcomes.

Scope of Practice: The Scope of practice for nursing in Ontario is set out in the *Nursing Act*. It is: “The practice of nursing is the promotion of health and the assessment of, the provision of care for, and the treatment of health conditions by supportive, preventive, therapeutic, palliative, and rehabilitative means in order to attain or maintain optimal function”.¹⁰

Unpredictable Outcomes: Client health outcomes that cannot reasonably be expected to follow an anticipated path.

Unregulated Care Provider (UCP): A family member, household member or paid individual who assists with or provides personal care, and may deliver some basic elements of nursing care such as personal hygiene, dressing, feeding and assisting with medications. UCPs are not regulated health professionals under the *Regulated Health Professions Act*. They are accountable to their employer for their actions. They are also known as personal support workers (PSWs), health care aids (HCAs) or personal care providers (PCPs).

Unstable: Situations in which the client’s health status is fluctuating, with atypical responses. The care is complex, requiring frequent assessments, interventions and modifications. Interventions may have unpredictable outcomes and/or risks.

⁹Polit, D., and Hungler, B.P. (1991). *Nursing research principles and methods*. (4th ed.). J.B. Lippincott, Philadelphia.

¹⁰The legislation also identifies three controlled acts for nursing which are those activities which could pose a risk of harm to individuals if done by an unqualified person.

Standards

The seven standards are presented in alphabetical order. All standards have equal importance and all are interconnected.

Accountability

Each nurse is accountable to the public and responsible for ensuring that her/his practice and conduct meets legislative requirements and the standards of the profession.

Nurses are responsible for their actions and the consequences of those actions. Part of this accountability includes conducting themselves in ways that promote respect for the profession. Nurses are not accountable for the decisions or actions of other care providers when there was no way of knowing about those actions.

Indicators

A nurse demonstrates the standard by:

- identifying her/himself and explaining her/his role to clients;
- providing, facilitating, advocating and promoting the best possible care for clients;
- advocating for clients, the profession and the health care system;
- seeking assistance appropriately and in a timely manner;
- sharing nursing knowledge and expertise with others to meet client needs;
- ensuring practice is consistent with standards of practice, guidelines and legislation;
- taking action in situations where client safety and well-being are compromised;
- maintaining competence and refraining from performing activities for which she/he is not competent;
- taking responsibility for errors when they occur and taking appropriate action to maintain client safety;
- reporting to the appropriate authority any health team member or colleague whose actions or behaviours toward clients are unsafe or unprofessional, including physical, verbal, emotional, and/or financial abuse; and,
- reporting sexual abuse of a client by a regulated health professional to the appropriate regulatory college as legislated by the *Regulated Health Professions Act*.

In addition, a nurse in an administrator role demonstrates the standard by:

- ensuring that mechanisms allow for staffing decisions that are in the best interest of clients and professional practice;
- ensuring appropriate use, education and supervision of staff;
- advocating for a quality practice setting that supports nurses' ability to provide safe, effective and ethical care; and,
- creating an environment that encourages ongoing learning.

A nurse in an educator role demonstrates the standard by:

- ensuring appropriate supervision of students;
- communicating the level of preparation of the student and the objectives of the learning experience;
- using standards of practice and evidence-based knowledge in the to educate students; and,
- ensuring that nurses receive the appropriate education, support and supervision when acquiring new knowledge and skills.

A nurse in a researcher role demonstrates the standard by:

- ensuring the safety and well-being of the client above all other objectives, including the search for knowledge.

Continuing Competence

Each nurse maintains and continually improves her/his competence by participating in the College of Nurses of Ontario's Quality Assurance (QA) Program.

Competence is the nurse's ability to use her/his knowledge, skill, judgement, attitudes, values and beliefs to perform in a given role, situation and practice setting. Continuing competence ensures the nurse is

able to perform in a changing health environment. Continuing competence also contributes to quality nursing practice and increases the public's confidence in the nursing profession.

Participation in the College's QA Program assists nurses to engage in activities that promote or foster lifelong learning. The program helps nurses to maintain and improve their competence and is a professional requirement

Indicators

A nurse demonstrates the standard by:

- assuming responsibility for her/his own professional development and for sharing knowledge with others;
- investing time, effort and other resources to improve knowledge, skills and judgement;
- engaging in a learning process to enhance her/his practice;
- participating in Reflective Practice on an annual basis and/or when her/his practice area or role changes. Participation includes:
 - performing a self-assessment;
 - receiving peer feedback;
 - developing a learning plan;
 - implementing the plan; and
 - evaluating the outcomes of the plan;
- keeping records of Reflective Practice participation;
- providing colleagues with feedback that encourages professional growth;
- participating in Practice Review when selected;
- participating in and supporting the Practice Setting Consultation Program™ when it is part of a workplace initiative;
- advocating for quality practice improvements in the workplace; and
- working together to create quality practice settings that promote continuing competence.

In addition, a nurse in an administrator role demonstrates the standard by:

- supporting nurses to become reflective practitioners;
- encouraging nurses to engage in ongoing learning;
- seeking opportunities for nurses to participate in continual learning activities;
- seeking opportunities to incorporate Reflective Practice into agency professional development systems; and
- advocating for a quality practice setting.

A nurse in an educator role demonstrates the standard by:

- supporting students and nurses to become reflective practitioners;
- developing, implementing and facilitating learning activities that help nurses to enhance their practice; and
- supporting nurses to engage in ongoing learning.

A nurse in a researcher role demonstrates the standard by:

- encouraging evaluation of practice through research; and
- communicating best-practice research findings to others.

Ethics

Each nurse understands, upholds and promotes the values and beliefs described in the CNO standard entitled *Ethics*.

Ethical nursing care means promoting the values of client well-being, respecting client choice, assuring privacy and confidentiality, respecting sanctity and quality of life, maintaining commitments, respecting truthfulness, and ensuring fairness in the use of resources. It also includes acting with integrity, honesty and professionalism in all dealings with the client and other health team members.

Indicators

A nurse demonstrates the standard by:

- identifying ethical issues and communicating these to the health team;
- identifying options to resolve ethical issues;
- evaluating the effectiveness of the actions taken to resolve ethical issues; and
- identifying personal values and ensuring they do not conflict with professional practice.

In addition, a nurse in an administrator role demonstrates the standard by:

- creating environments that promote and support safe, effective and ethical practice;
- valuing time taken to resolve ethical issues;
- advocating for resources and establishing mechanisms to assist nurses in recognizing and resolving ethical issues;
- supporting nurses to develop skills to recognize and manage ethical issues; and
- facilitating/advocating for nursing input on ethics committees.

A nurse in an educator role demonstrates the standard by:

- encouraging and supporting critical thinking and dialogue about ethical issues; and
- assisting nurses and students to identify resources to improve recognition and resolution of ethical issues.

A nurse in a researcher role demonstrates the standard by:⁴

- ensuring the client has all the information necessary to make informed decisions;
- advocating for nursing involvement on ethical review boards;
- participating in the ethical review of research; and
- ensuring ethical guidelines are followed to protect research participants.

⁴ Canadian Nurses Association. (1994). Ethical Guidelines for Nurses in Research Involving Human Participants.

Knowledge

Each nurse possesses, through basic education and continuing learning, knowledge relevant to her/his professional practice.

RNs and RPNs study from the same body of nursing knowledge. RPNs study for a shorter period of time resulting in a more focused or basic foundation of knowledge in clinical practice, decision-making, critical thinking, research and leadership. RNs study for a longer period of time for a greater breadth and depth of knowledge in clinical practice, decision-making, critical thinking, research utilization, leadership, health care delivery systems and resource management. All nurses add to their basic education and foundational knowledge throughout their careers by pursuing ongoing learning.

Indicators

A nurse demonstrates the standard by:

- providing a theoretical and/or evidence-based rationale for all decisions;
- being informed and objective about the various nursing roles and their relationship to one another;
- being informed about nursing and its relationship to the health care delivery system;
- understanding the legislation and standards relevant to nursing and the practice area;
- understanding the knowledge required to meet the needs of complex clients;
- having knowledge of how bio-psychosocial needs and cultural background relate to health needs;
- knowing where/how to access learning resources when necessary;
- seeking and reviewing research in nursing, health sciences and related disciplines;
- using research to inform practice/professional service; and
- being aware of how the practice environments affect professional practice.

In addition, an RN demonstrates the standard by:

- contributing to the generation of new professional knowledge through research;
- seeking and critiquing philosophical, theoretical and research-based literature in nursing, health services, etc.; and
- using philosophy, theory and research to inform practice.

A nurse in an administrator role demonstrates the standard by:

- understanding how a practice environment can foster professional growth and improve professional practice;
- facilitating nurses to seek new knowledge continually;
- knowing how to access resources to enable nurses to provide the best possible care;
- critically evaluating research related to outcomes and advocating for its application in practice;
- using relevant leadership and management principles; and
- understanding and promoting nursing work as knowledge-based and research-informed.

A nurse in an educator role demonstrates the standard by:

- identifying and evaluating information sources that are useful for professional practice;
- promoting an environment that facilitates questioning and learning; and
- possessing/developing knowledge of teaching-learning theories and practices.

A nurse in a researcher role demonstrates the standard by:

- identifying research methods useful to the nursing profession;
- identifying resources to answer research questions; and
- sharing knowledge gained through research.

Knowledge Application

Each nurse continually improves the application of professional knowledge.

The quality of professional nursing practice reflects nurses' application of knowledge. Nurses apply knowledge to practice using nursing frameworks, theories and/or processes. This includes the performance of clinical skills because the technical and cognitive aspects of care are closely related and cannot be separated.

Indicators

A nurse demonstrates the standard by:

- ensuring practice is based in theory and evidence and meets all relevant standards/ guidelines;
- assessing/describing the client situation using a theory, framework or evidence-based tool;
- identifying/recognizing abnormal or unexpected client responses and taking action appropriately;
- recognizing limits of practice and consulting appropriately;
- planning approaches to providing care/service with the client;
- creating plans of care that address client needs, preferences, wishes and hopes;
- using best-practice guidelines to address client concerns and needs;
- managing multiple nursing interventions simultaneously;
- evaluating/describing the outcome of specific interventions and modifying the plan/ approach;
- identifying and addressing practice-related issues; and
- integrating research findings into professional service and practice.

In addition, an RN demonstrates the standard by:

- analyzing and applying a wide range of information using a variety of frameworks or theories that result in a global approach and creative solutions;
- anticipating and preparing for possible outcomes by analyzing all influences;
- identifying a full range of options based on depth and breadth of knowledge;
- creating comprehensive and creative plans of care that reflect the complexity of client needs;
- meeting client needs regardless of complexity and predictability;
- analyzing and interpreting unusual client responses; and
- evaluating theoretical and research-based approaches for application to practice.

A nurse in an administrator role demonstrates the standard by:

- creating practice environments that support quality nursing practice;
- establishing and maintaining communication systems to support quality service and research;
- supporting and contributing to practice environments that encourage learning, application of nursing knowledge and research; and
- articulating an evidence base for all decisions and measuring the impact on practice.

A nurse in an educator role demonstrates the standard by:

- planning and implementing creative learning opportunities for students/nurses;
- critically analyzing and evaluating nursing practice and education; and
- creating an environment where learning is encouraged.

A nurse in a researcher role demonstrates the standard by:

- supporting and evaluating practice through research;
- facilitating the involvement of others in the research process;
- ensuring high standards are used in the research process;
- communicating research findings to decision-makers and others;
- supporting and contributing to environments that encourage the application of research findings to professional practice;
- securing resources to explore nursing research; and
- fostering an atmosphere of inquiry.

Leadership

Each nurse demonstrates her/his leadership by providing, facilitating and promoting the best possible care/service to the public.

Leadership requires self-knowledge (understanding one's beliefs and values and being aware of how one's behaviour affects others), respect, trust, integrity, shared vision, learning, participation, good communication techniques and the ability to be a change facilitator.⁵ The leadership expectation is not limited to nurses in

formal leadership positions. All nurses, regardless of their positions, have opportunities for leadership.

Indicators

A nurse demonstrates the standard by:

- role-modelling professional values, beliefs and attributes;
- collaborating with clients and the health team to provide professional practice that respects the rights of clients;
- advocating for clients, the workplace and the profession;
- providing direction to, collaborating with and sharing knowledge and expertise with novices, students and unregulated care providers;
- acting as a role model and mentor to less experienced nurses and students;
- participating in nursing associations, committees or interest groups;
- providing leadership through formal and informal roles (e.g., team leader, charge nurse);
- taking action to resolve conflict; and
- developing innovative solutions to practice issues.

In addition, an RN demonstrates the standard by:

- coordinating care for complex clients and demonstrating leadership when collaborating with care providers.

A nurse in an administrator role demonstrates the standard by:⁶

- identifying goals that reflect CNO's mission and values and facilitate the advancement of professional practice;
- guiding/coaching nursing projects;
- providing feedback and support to staff about nursing issues at an individual and organizational level;
- creating opportunities for nurses to assume various leadership roles;
- involving nursing staff in decisions that affect their practice; and
- coordinating and supervising the development of client programs and services.

A nurse in an educator role demonstrates the standard by:

- role-modeling the development of expertise and leadership qualities;
- enabling others to develop expertise and confidence in their abilities; and
- providing professional and educational advice to committees and teams.

A nurse in a researcher role demonstrates the standard by:

- communicating research findings to nurses and other team members;
- promoting nursing research;
- educating staff about the research process;
- promoting nursing through research that improves or validates professional practice; and
- advocating for nursing representation on research review committees.

⁵ Murdoch-Perra, B. (2001). Leadership: The keys to quality outcomes. *Journal of Nursing Care Quality*, 15(2), pp. 68–73.

⁶ Ferguson-Pare, Mary. (1998). Nursing leadership and autonomous professional practice of registered nurses. *Canadian Journal of Nursing Administration*, 11(2), pp. 7–30.

Relationships

Each nurse establishes and maintains respectful, collaborative, therapeutic and professional relationships.

Relationships include therapeutic nurse-client relationships and professional relationships with colleagues, health team members and employers.

Therapeutic Nurse-Client Relationships

The clients' needs are the focus of the relationship, which is based on trust, respect, intimacy and the appropriate use of power.⁷ Nurses demonstrate empathy and caring in all relationships with clients, families and significant others. It is the responsibility of the nurse to establish and maintain the therapeutic relationship.

Indicators

A nurse demonstrates the standard by:

- practising according to the *Therapeutic Nurse- Client Relationship* practice standard;
- demonstrating respect, empathy and interest for clients;
- maintaining boundaries between professional, therapeutic relationships and non-professional, personal relationships;
- ensuring clients' needs remain the focus of the nurse-client relationship;
- ensuring that her/his personal needs are met outside of the therapeutic nurse-client relationship;
- developing collaborative partnerships with clients and families that respect their needs, wishes, knowledge, experience, values and beliefs;
- recognizing that the potential for abuse of clients exists;
- preventing abuse where possible; and
- taking action to stop abuse and report it appropriately.

In addition, a nurse in an administrator role demonstrates the standard by:

- fostering an environment in which clients and nurses are safe from abuse;
- supporting the therapeutic nurse-client relationship;
- promoting a philosophy of client-centred care and collaborative relationships; and
- advocating for systems of care that acknowledge and support nurses in developing and maintaining therapeutic relationships.

⁷ Refer to the practice standard document *Therapeutic Nurse-Client Relationship*.

A nurse in an educator role demonstrates the standard by:

- role-modelling therapeutic nurse-client relationships; and
- identifying and supporting education related to professional and therapeutic relationships.

A nurse in a researcher role demonstrates the standard by:

- communicating knowledge of evidence-based, best-practice guidelines related to caring and therapeutic relationships.

Professional Relationships

Professional relationships are based on trust and respect, and result in improved client care

Indicators

A nurse demonstrates the standard by:

- role-modelling positive collegial relationships;
- using a wide range of communication and interpersonal skills to establish and maintain collegial relationships effectively;
- demonstrating knowledge of, and respect for, each other's roles, knowledge, expertise and unique contribution to the team;
- sharing knowledge with others to promote best possible outcomes for clients;
- developing networks to share knowledge related to best practices; and
- demonstrating effective conflict-resolution skills.

In addition, a nurse in an administrator role demonstrates the standard by:

- promoting a work environment in which trust and respect among all health care disciplines is expected;
- ensuring systems are in place to reduce and manage conflict between team members effectively;
- supporting nurses to take action when clients are at risk of harm from colleagues; and
- valuing and acknowledging nursing expertise and contributions to the health care of clients.

A nurse in an educator role demonstrates the standard by:

- facilitating the development of conflict-resolution skills; and
- supporting nurses to develop skills to address unethical, unprofessional or unsafe behaviour of colleagues.

A nurse in a researcher role demonstrates the standard by:

- communicating knowledge of the research process and relevant studies to other nurses and team members; and
- supporting nurses to participate in research studies.

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APPENDIX D

Freedom of Information and Protection of Privacy Act [FIPPA]

FIPPA is a provincial statute which was previously applied to government agencies and colleges but as of June 10, 2006 is applied to universities.

There are two principles to FIPPA regarding the collection or use of personal information. First, **Transparency**, which means access to information. Second, **Privacy**, which assures that personal information and privacy must be protected.

This act is applied to records that include an individual's personal information that is requested of the individual by the University or held by the University. It applies to all recording means such as printed, electronic, film, email, blackberry messages. It does not include archival records, research and teaching materials. For research materials there must be disclosure of the subject and amount of research.

FIPPA requires that individuals must be notified of the University's legal authority to collect information, the purpose of the information collection, and a contact person who can answer questions about the collection. In the case of the Daphne Cockwell School of Nursing it is the Placement Manager.

Samples of forms requiring a FIPPA disclosure include health records, placement applications, collection of student phone numbers and emails. If you are collecting preceptor information you don't need to use FIPPA if a business address and contact information is collected. The use of home address or number would require a FIPPA statement. The statement that must be added to a form is as follows,

Protection of Privacy

The information on this form is collected under the authority of the Ryerson University Act and is needed to process your application for_____. The information will be used in connection with_____. If you have any questions about the collection, use and disclosure of this information by the University please contact the Central Placement Manager at (416) 979-5000, extension 6573.

Under this statute, any personal information collected must be kept for one year in order to comply with the access to information under the transparency principle. There is a process for access of information which is administered by Daphne Cockwell School of Nursing designated contact person, the Placement Manager.

For further or detailed information about procedures, a binder with information about FIPPA is available in the Placement Office.

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