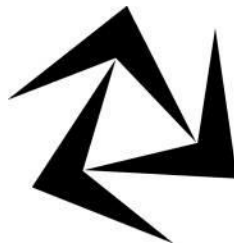


RYERSON, CENTENNIAL, GEORGE BROWN COLLABORATIVE NURSING DEGREE PROGRAM



Preceptor Information: Guiding, Teaching & Supporting

A PARTNERSHIP IN EXCELLENCE



Centennial College



The information in this package is specific to the Ryerson, Centennial, George Brown Collaborative Nursing Degree Program. Students are required to adhere to the policies and procedures of the University/College. While attending clinical placement students are also required to adhere to any applicable policies that guide student placements at the Hospital or Agency at which they are placed. Information about academic policies and procedures is available from the University and College Calendars and from relevant Student Organizations.

For more information about the Central Placement Office, contact information, and an online version of this handbook, please visit www.ryerson.ca/cpo

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Collaborative Nursing Degree Program

Leadership Knowledge Compassion | nursingdegree.ca

Dear Preceptor,

Thank you for taking on the role of preceptor for one of our nursing students. We appreciate that you are willing to share your experience and knowledge with our students.

You will be contacted by the faculty member who will be working with the student assigned to you. It is important that students receive ongoing feedback about their performance throughout the term. Frequent and open communication between student, preceptor, and faculty advisor will create an excellent learning environment and we encourage you to contact the faculty advisor at anytime during the term. We trust that this Preceptor Handbook also serves as a resource for you.

With your partnership, we are able to guide and support our students as they continue to develop their professional practice. Once again, thank you for your commitment as you are a very important part of our students' learning environment.

Sincerely,

Don Rose, RN, PhD
Director

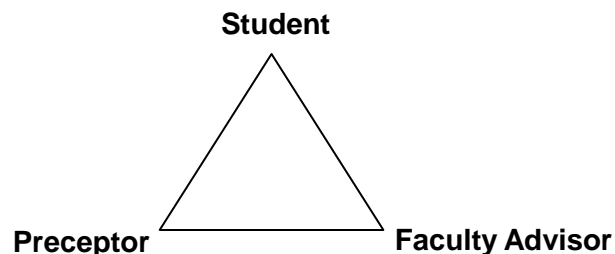


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Introduction

Thank you for being a partner in nursing education as a preceptor. Preceptors are experienced professionals, employees, and individuals who facilitate a nursing student's learning and contributions within a professional setting. Preceptors are paired with a student for a specific time period in order to assist and support learning experiences and orient the student to the practice placement (University of British Columbia, 2009). By working with a student you are demonstrating both your commitment to your practice field and your own professional development. These guidelines are included to assist those who are precepting for the first time or have previous precepting experience. The role of a preceptor is integral in the growth and development of student nurses. You will have an influential role in the professional development of the student you will be working with, but you are not alone in this journey.

The Ryerson, Centennial, George Brown Collaborative Nursing Program emphasizes a *triad model* for students in a preceptored experience. The triad model involves the student, the preceptor and the student's faculty advisor. Together, open and transparent communication related to the development of the student's practicum competence is promoted. The purpose of this relationship is to support the student in meeting the course outcomes as identified in the course syllabus. Below is a diagram outlining the model and the key players.



When a student begins a new clinical experience, they may be excited, shy, and/or afraid, as it is probably the first time that they have had exposure to your specific practice area. Your role as a preceptor includes: welcoming the student to the environment and supporting their learning needs within your facility. Each student is assigned a faculty advisor who works with both you the preceptor and the student to ensure that a successful learning experience is obtained. In addition, placement coordinators both at your agency and within the Collaborative Program assist in the arrangement of student placements.

A student's clinical course not only includes the time spent in the practice setting, but also a number of learning activities and written assignments that are evaluated by the faculty advisor. In addition to the time he/she spends learning with you the student will develop a learning plan for the practice setting, write several reflective practice papers, participate in group learning activities and teach their peers about your practice setting.

In addition to working with and supporting the preceptor and the student, the faculty advisor meets with students regularly to discuss the learning experience and to integrate research into practice. Communication (ie: e-mail, site visits, telephone conversations) between faculty advisors, preceptors and students may occur at mid-term and at the end of the semester to discuss progress and to ensure that the student meets all the course requirements. If you have any concerns or challenges while working with the student, it is very important that that you contact the assigned faculty advisor as soon as possible.

Initial Contact with Students

Students will be provided with the name and contact information for their preceptor and you should expect a phone call or e-mail from your student during the first week of the term, or earlier if requested. The following are some areas that should be addressed during your initial contact with your student:

- Share your area of clinical expertise or agency focus
- Assist student preparation for placement, identify common diagnoses, procedures, diagnostic tests, assessments and drug classifications common to your clientele

- Outline specific expectations in regards to preparing for their first day of clinical
- Share your typical schedule, number of hours per shift, any anticipated breaks during the semester (i.e. vacation) and how coverage will be handled during this time
- Exchange phone numbers and email addresses to facilitate ongoing communication
- Third Year Students – are not expected to work night shifts or attend placement outside of regular hours without faculty and preceptor approval. Third year placements are on Tuesday & Wednesday
- Fourth Year Students - are expected to be flexible and to be available to work a variety of shifts in order to follow their preceptor's schedule. The student's academic schedule should be taken into consideration so that the student is not attending placement for a night shift prior to a class day, during scheduled class time or immediately after a class. The student should share their academic schedule with you when planning the practice schedule

The First Day

On the first day of a new clinical experience, the student will have many administrative details to address, in addition to getting to know more about you and your facility.

Administrative Tasks to Accomplish

- The student will provide you with a copy of the Preceptor Information Package
- If applicable to your agency, please sign the student's Workplace/Education Placement Agreement (WEPA) Form – this is not applicable to the majority of hospital settings
- Exchange contact information, if you have not already done so and obtain contact information for the student's faculty advisor; the student will share your contact information with their faculty advisor

Orientation to the Unit/Agency

- Identify the location of important policy, procedure, emergency manuals and educational resources
- Introduce the student to your team and key people with whom they will have contact
- Orient team members to the nature of the student placement (i.e. what activities the student will be involved with and what days/shifts the student will be with you)
- Discuss the roles and responsibilities of other team members
- Identify care delivery and documentation protocols

Areas to Discuss During the First Few Days with your Student

- Utilize some time to share goals, expectations and interests to help student develop their learning plan based on experiences available in this placement
- Explore the students clinical experiences to date
- Ask the student to identify strengths and areas to develop based on their experiences
- Identify any special interests the student has at this point
- Discuss how the student will focus their weekly learning activities (this may assist with appropriate client selection)
- Discuss the staging of the student's experience and the related performance expectations

As You Go Along

Once the term is underway you may have additional questions about your role as a preceptor, in terms of guiding, teaching, and supporting your student. Below is a list of ideas to assist you with this:

- Before starting your day, review the patient assignment with the student and have them identify what skills/areas they will require assistance with or supervision of, what you will need to do together, and when they will give you an update on their progress throughout the day
- Remember that students may take more time to complete tasks than an experienced nurse
- Place the responsibility for client care on the student (i.e. expectations regarding updates or identifying concerns)
- Assess the student's knowledge related to skills, nursing assessments and interventions, integration of research and theory in order to enhance their learning

- Ask specific questions to guide student thinking, for example ask the student the meaning of a client's recent lab values in relation to their current condition
- Remember that you are a role model for the student in everything you do - assessments, professional interactions and client nurse communication
- Ask questions to provoke critical thinking and reflection skills
- Share helpful strategies from your experience to enhance organization, memory and prioritization
- Ask the student for their perspective on different situations; this will empower the student and enhance their judgment skills
- Be generous with deserved praise and maintain your sense of humour
- Keep brief descriptive daily notes as a reference for providing ongoing feedback, as well as for mid-term and final evaluation
- Give positive and constructive feedback as close to the event as possible.
- Encourage appropriate early independence within areas of competence
- Support the development of the student's own style; encourage watching other health care providers/team members for alternative styles
- Be comfortable saying that you do not have an answer; look for answers and solve problems together with your student

Relationships and Communication Within the Triad Model

The use of the triad model was briefly explained during the introduction. The model exists to outline the important individuals and lines of communication that exist in the support of both students and preceptors. The roles and responsibilities of those within the triad model are outlined below:

Preceptor Roles & Responsibilities

Preceptors are assigned or volunteer to work with students. A preceptor provides individualized teaching and acts as a role model and resource person to the student. 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 practice. The preceptor must also integrate this additional responsibility for the student with their other duties. Ultimately, the preceptor has a positive outcome on the student's adjustment to the profession. The preceptor approach is one of the most effective ways to prepare students for their position as a registered nurse and to feel more satisfied in their roles as practising professionals upon graduation.

- Conduct orientation to the practice setting
- Negotiate mutual role expectations of both yourself and the student
- Assist the student to tailor their learning plan so that it is relevant and feasible to the setting
- Collaborate with the student's faculty advisor as required and appropriate (Year 3 – mid term feedback is verbal, final term feedback is written. Year 4 – mid term feedback and final term feedback are both written)
- Share verbal and written feedback with both the student and the faculty advisor
- Assist students to access resources and relevant learning opportunities
- Mentor students to help increase their competence and confidence
- **Immediately** report concerns about unsafe nursing practice to both the student and the faculty advisor
- The preceptor role does not involve marking student assignments or assigning the final pass/fail grade. However, preceptors may be asked to provide feedback on the student's learning plan evidences.

Student Roles & Responsibilities

Student learning goes beyond what they learn during their practice placement. Students meet with their faculty advisor and other nursing students from different clinical settings on a regular basis to build on, learn from, and co-construct knowledge related to clinical experiences. In addition, at the start of each term the student is responsible for creating a learning plan appropriate to their professional practice learning needs within the assigned clinical setting. Learning plans enable students to make decisions that individualize learning and promote self-direction within the context of the nursing practice setting. Learning plans are explicit, written agreements between the student, faculty advisor and preceptor that

outline the learner's objectives, resources/strategies, evidences of achievement, target dates, and criteria for evaluation. Plans can be modified or renegotiated as circumstances dictate. Faculty advisors are responsible for grading evidences produced, but the involvement of the preceptor in outlining realistic learning opportunities and planning objectives/opportunities are key for the student during the development of the learning plan. For more information regarding the philosophical and theoretical foundations of the curriculum, please refer to Appendix A.

- Be professional and responsible; seek assistance appropriately; develop professional relationships and work interdependently within a multidisciplinary team
- Acquire psychomotor skills as appropriate to the level of the student, School of Nursing policies, and policies and procedures of the practice placement setting
- Negotiate nursing practice hours with their preceptor
- Use critical analysis and reflective practice to continually develop their practice
- Integrate knowledge, theory, research, and ethics into their practice
- Build on their own experience, personal knowledge and wisdom
- Contribute to and support the learning of others
- Capitalize on learning opportunities within the placement setting
- Develop personal learning plans related to program outcomes and placement goals and objectives
- Be accountable for their own actions and decisions
- Assume responsibility for knowing and adhering to all student-related school policies and nursing practice site policies relevant to the student practice

Faculty Advisor Roles & Responsibilities

The faculty advisor is your resource person and is ultimately responsible for grading the student. Faculty advisors want your input and feedback on all aspects of student learning, and you should feel free to contact them anytime during the semester with questions, concerns, and/or positive feedback.

- Be available to preceptors/agency staff for support and discussion in the fulfillment of their role
- Develop strategies with the student to enter the practice setting in a professional manner
- Assist the student in building on their strengths and addressing their limitations
- Monitor and mediate interactions and concerns between preceptors/agency staff and students
- Promote professional growth of students and preceptors
- Consult with preceptors regarding the appropriateness of the student's learning plan and practice
- Integrate feedback from the preceptor, agency staff, and student into both the midterm and the final evaluations
- Discuss student progress and evaluations with the student

Communication Patterns

The student, preceptor, and faculty advisor are all responsible for developing and maintaining open channels of communication within the triad. Discussions between a preceptor and student are important and provide opportunities for the growth and development of both the preceptor and the student. As well, open communication between the preceptor and faculty advisor is important in the identification of challenges the student is facing and also to provide positive feedback and information that will assist in the mid-term and final evaluations. At any time during the term, please feel comfortable in contacting the student's faculty advisor with any questions and/or concerns. The faculty advisor is your first line of communication.

Providing Feedback

Feedback requires courage, skill, understanding, and respect for both yourself and the student. The following are suggestions that may assist you in providing feedback to students.

- Feedback should be focused on a particular situation rather than on the person
- Focus feedback on observations rather than inferences
- Provide feedback as soon as it is appropriate, not later when it has less meaning
- Through your feedback provide an explanation of alternatives rather than answers or solutions

- Limit feedback to the amount of information that the person receiving it can absorb, rather than on the amount that you have to give

Note: Feedback is an essential part of learning/teaching and will continue throughout practice.

When to Contact the Faculty Advisor

At times you may feel it necessary to have direct contact with the student's faculty advisor to share either positive comments or constructive feedback regarding student performance. Outlined below are situations that the faculty advisor must be notified of in relation to students:

Patient Safety/Professional Concerns

- Behaviour that is inappropriate or that may place clients/ agency at risk
- Repeated tardiness, illness, absence
- Continuous student attendance at clinical placement with inadequate preparation

Concerns Related to Academic Progress

- Lack of follow through on suggestions related to clinical practice
- Difficulty/inability to transfer knowledge from one situation to another
- Inability to meet goals during an established time frame
- Limited critical thinking and/or reflective practice skills

Injury, Accidents, Illnesses on Site

- In the event of any student injuries/accidents/illnesses that occur while attending placement, agency policy must be followed and additional reporting information and paperwork (for completion by the student with help from the Faculty Advisor) is available at <http://www.ryerson.ca/cpo/students/injury-incident.html>.

Support & Feedback

- If at any time during the semester you feel as though you need some support or guidance in directing student learning, contact the faculty advisor

Nursing Practice Guidelines and Policies

These guidelines and policies address issues of responsibility and accountability for all students in the School of Nursing and are intended to identify expected behaviours.

Nursing students are required to:

- Adhere to the Student Code of Academic Conduct and the Student Code of Non-Academic Conduct
- Adhere to the Standards of Practice for Nurses in Ontario as defined by the College of Nurses of Ontario (CNO). These standards of practice are available from the CNO at: http://www.cno.org/docs/prac/41006_ProfStds.pdf

In the event that a breach of policy or code of conduct occurs while attending placement, procedures are in place at the university to address the situation. Preceptors are encouraged to contact the faculty advisor immediately if there are concerns.

The following areas need to be considered when selecting student assignment.

Regulated Health Professions Act (RHPA)

Students may perform procedures that are Controlled Acts authorized to nursing provided that they have the knowledge, skills, and judgment to perform the procedure and to manage the outcomes of performing the procedure. The 3 acts authorized to the nursing profession as outlined in the Legislation and Regulation RHPA: Scope of Practice, Controlled Acts Model (College of Nurses of Ontario, 2009a) are:

- Performing a prescribed procedure below the dermis or a mucous membrane
- Administering a substance by injection or inhalation
- Inserting an instrument, hand or finger;

- a) Beyond the external ear canal
- b) Beyond the point in the nasal passages where they normally narrow
- c) Beyond the larynx
- d) Beyond the opening of the urethra
- e) Beyond the labia majora
- f) Beyond the anal verge
- g) Into an artificial opening into the body

Student Skill Competencies

Students may perform any of the skills for which they have received theoretical instruction. They are expected to seek supervision and guidance for any of these skills for which they have received theoretical instruction, which may involve the preceptor ensuring safe practice.

Additional Nursing Competencies

The opportunity to learn the skills necessary to practice competently, safely and ethically is an important part of a student's practical learning experience. Added nursing skills may include, but are not limited to, the following: venipuncture, phlebotomy, and glucose monitoring. If the preceptor, in collaboration with the student, decides that it is appropriate for the student to learn a specific additional competency, then the preceptor is accountable for the teaching they provide as well as the assessment and monitoring of the performance of the student. (See Agency Policies, pg. 11) Prior to teaching an additional competency, preceptors must review agency policy for any information that pertains to students performing additional competencies. Preceptors should also contact the faculty advisor to discuss the scope and limitations of the student's responsibilities and objectives for the experience. (See Agency Policies on pg. 11) Nurse preceptors may also find additional information from the College of Nurses of Ontario Supporting Learners documents available at http://www.cno.org/docs/prac/44034_SupportLearners.pdf.

The Professional Standards (College of Nurses of Ontario, 2009b) include statements in the Accountability, Leadership and Professional Relationships standards regarding accountability of nurses to share their knowledge with others. These statements are: "sharing nursing knowledge and expertise with others to meet client needs" (College of Nurses of Ontario, 2009b, p. 4); "providing direction to, collaborating with, and sharing knowledge and expertise with novices, students, and unregulated care providers" (College of Nurses of Ontario, 2009b, p. 10); and "sharing knowledge with others to promote the best possible outcome for clients" (College of Nurses of Ontario, 2009b, p. 12). 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" (College of Nurses of Ontario, 2009a, p. 3). While nursing students are not yet registered with CNO, they do 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" (College of Nurses of Ontario, 2009a, p. 5).

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 Supporting Learners 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" (College of Nurses of Ontario, 2009c, p. 5).

The faculty member is accountable for clearly communicating the objectives of the nursing practice experience, as well as the scope and limitations of the students' responsibilities, to the preceptor and others, as appropriate. It would be important to discuss any policies, either at the University/College or within the placement setting, which affect the scope of the students' clinical practice. The RN preceptor

needs to be aware of any such limitations in order to make safe decisions about teaching additional competencies. An RN in collaboration with the student decides that it is appropriate for the student to learn a specific additional competency, the RN is accountable for their own actions and decisions. This includes the method and content of any teaching provided, assessment of the students' competence, ensuring the student is aware of any parameters surrounding the performance of the procedure, and monitoring the students' performance. It is also important to consider whether the student is likely to have sufficient opportunity to perform the skill, to develop and maintain competency, when deciding whether or not to teach a particular skill.

Agency Policies

Although students may legally perform all functions assigned to the registered nurse role, providing they do so in a safe competent manner, agencies may restrict or allow certain activities to registered nurses. Many agencies have developed specific guidelines outlining the role functioning of the student nurse, these must be reviewed and followed.

Professional Appearance and Dress Code

All students are expected to maintain a professional appearance while attending clinical practice. If a specific dress code exists at the placement setting, students are expected to abide by the established policy. If there are not policies in place, then students are to dress professionally and appropriately. Unless otherwise indicated by the placement facility, students are required to wear their Collaborative name badges while attending placement. For additional information regarding student policies of professional appearance and dress code, please refer to the Collaborative Nursing Student Handbook, which may be found at <http://www.ryerson.ca/nursing/collaborativehandbook.pdf>.

Nursing Practice Attendance Policy

Nursing practice hours provide diverse and complex experiences necessary to learning and development. These experiences, unique in context, cannot be replaced. Students are required to meet the placement hours as outlined in the clinical course syllabus. In the event of absence from or an expected delay in attending nursing placement, the student must notify the placement setting and if possible their faculty advisor and preceptor no later than two hours prior to the commencement of practice.

In the event of absence from or lateness to nursing practice or lab practice, the student will:

- Call the nursing practice area and will identify themselves as a Collaborative Program nursing student, identify the site where they are studying and inform their faculty member and their preceptor.
- Initiate consultation with the faculty member and preceptor within one week of the event in order to negotiate an opportunity to make-up the nursing practice/lab experience within the semester as required/available.

Accompanying Clients

Prior to the occurrence of appointments and outings that require students to accompany clients alone, the student's faculty advisor must be consulted and decisions are made on a case-by-case basis.

Medication Administration

Students must have all narcotics and controlled drugs checked and co-signed by a registered nurse and may not carry narcotic keys/have narcotic access code until the final semester of Year 4, if supported by agency policy. In addition, students are required to know agency policies regarding all medications, in particular the following:

- Anticoagulants
- Hypoglycemics
- Chemotherapeutic agents
- Experimental drugs

Any medication error, including delayed administration, must be reported as per agency policy and the faculty advisor must also be notified. In the event of a medication error it is expected that agency protocols be followed and the appropriate documentation completed within the agency.

Harassment, Abuse, and Discrimination

The Collaborative Nursing Program is committed to ensuring the safety and well-being of students during nursing practice. The program recognizes that students, preceptors, and clients may encounter situations involving harassment, abuse, and discrimination. Students and faculty are responsible for becoming familiar with the individual policies and procedures of placement agencies regarding these issues.

Harassment, abuse, and discrimination in the placement setting by anyone who is in control of their actions will not be tolerated. If you or your student are in a position where you believe harassment, abuse, or discrimination is occurring or has occurred, whether by a client, or other person, the faculty advisor is available to provide support and advice, in addition to the responsible parties at your agency. Students and preceptors must be aware that they may not direct any form of harassment, abuse, or discrimination toward clients or others. If situations involving such improprieties occur, the appropriate management or regulatory body will be informed of the offence. Preventing these offences requires commitment of every member of the Collaborative Nursing Program. Please take the time to familiarize yourself with your rights and responsibilities.

If any related occurrences become apparent in the placement setting, please discuss your concerns with the Faculty Advisor as soon as possible. For clarification of the appropriate lines of communication, refer to Appendix D – Placement Concerns: Decision Making Tool.

For more information on these guidelines, please refer to the Ryerson University Discrimination & Harassment Prevention Services Policy, which can be found at <http://www.ryerson.ca/equity/dhpspolicy>

Privacy

Students will sign Confidentiality Agreements at their placement institution as required by the institution. Ryerson complies with the legislated requirements of the Freedom of Information and Protection of Privacy Act (FIPPA). Students are also subject to FIPPA legislation.

Monitoring Nursing Practice Progress

The nursing practice progress of students will be monitored to reflect learning in relation to program outcomes and professional standards outlined by the College of Nursing of Ontario.

The approach to monitoring progress, obtaining the required written documentation, and the amount and type of faculty 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.

Monitoring student 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. It is the faculty who decides if a student is failing. In this event, the preceptor is responsible for identifying these concerns and sharing them with the faculty advisor. The student will then be given notification, by the faculty advisor, that performance is unsafe, incompetent and/or ineffective. The student is responsible for developing a plan and initiating discussion of the strategies for completion of course outcomes in consultation with the faculty and preceptor. The student will be expected to incorporate current and past recommendations. There is a difference between failing due to 'unsafe practice' and the 'failure to meet course objectives'. If you have any questions call the student's faculty advisor.

Mid-Term & Final Feedback

Preceptors are not responsible for assigning the final grade to students for their nursing practice courses. However, preceptor input is valuable and considered when faculty advisors prepare for both mid-term and final feedbacks with students. Faculty advisors will provide preceptors with the feedback forms, giving adequate time for their completion. If you should have any questions regarding the completion the feedback forms, please feel free to contact the student's faculty advisor.

References

- College of Nurses of Ontario (CNO). (2009). *Legislation and regulation: RHPA scope of practice, controlled acts model*. Retrieved July 22, 2009, from Access: http://www.cno.org/docs/policy/41052_RHPAscope.pdf
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- The University of British Columbia, College of Health Disciplines (2004, August 18). *For preceptors: Overview*. Retrieved July 22, 2009, from Access: <http://www.health-disciplines.ubc.ca/pm/precepting/overview.htm>

Appendix A: Curriculum & Program Overview

Ryerson, Centennial, George Brown Collaborative Nursing Degree Program

Historical Perspective

In July 1996, the Nursing programs from Ryerson University and Centennial and George Brown Colleges of Applied Arts and Technology began the development of a collaborative, integrated baccalaureate nursing program. This innovative venture was a response to the 1982 position taken by the Canadian Nurses Association that by the year 2000, a baccalaureate degree would be the educational requirement for entry to the practice of nursing. Changes in the health status of Canadians, the health care delivery system, technology, the nature of nursing practice and societal expectations have laid the groundwork for changes in nursing education. These changes necessitate that nurses function in a broader spectrum of practice than the traditional hospital environment. There is a need to educate beginning practitioners to provide and co-ordinate care for individuals, families, groups and communities, in a variety of settings. By building on the strengths of each partner institution, a collaborative program offers a creative and unique mode of nursing education that can develop the critical thinking skills and competencies required of future practitioners. The collaborative program began in September 2001 with the admission of students at the three partner sites.

Philosophical and Theoretical Foundations of the Curriculum

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 the program have a 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. The philosophical beliefs defined below form the foundation of the collaborative nursing program.

Phenomenology:

A central principle 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 question 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).

With these philosophical approaches underlying the foundation of the curriculum, five Program Themes have been identified. These themes serve to organize the content of the curriculum and are reflected in all years of the four-year program in varying degrees of depth.

- **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 is 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 are 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.

With this philosophy underlying the Ryerson, Centennial and George Brown Collaborative Baccalaureate Nursing Program, the key elements 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.

Teaching-Learning Beliefs & Principles

Learning is an interactive, lifelong process, which involves the development of the learner as a person. Nursing students are adult learners, accountable for their own learning. Learning comes from interactions in both 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 in preceptored situations is facilitated by a caring collaboration between the student, preceptor, and faculty advisor. These relationships are based on mutual trust and respect, in which all parties are learners.

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 practitioner, who is capable of creative and critical thought, sound problem solving and ethical decision-making.

Curriculum Content Themes & Course Descriptions

Year 1

Year 1 of the program focuses on *knowledge of self in the context of health*. At this time the learner increases their awareness of self, the importance of wellness, and the relationship of health promotion in supporting and maintaining wellness.

The individual also develops an appreciation of the cultural diversity within the social and political context of the existing society. Within this environment, meaningful relationships are established and demonstrated by effective communication and reflective practice.

Students' practice experiences focus on the establishment of relationships with people who define themselves as healthy and may be with individuals across the lifespan, and in a variety of contexts (institutional and community). Learning experiences are structured to facilitate interaction between the learner and the environment.

NSE012 Nursing: Nursing Practice I: This course focuses on developing beginning nursing practice skills which provide the student with an introductory knowledge of how to assist themselves and others to promote and maintain health. Concepts to be discussed include: health, family, and community, with particular emphasis on the concepts of self-awareness, communication, learning/teaching, and therapeutic interventions as identified in the College of Nurses of Ontario Standards of Practice. The nursing role is discussed in relation to cultural, developmental, and selected legal and ethical aspects of practice. Laboratory experiences provide opportunities to focus on nursing individuals within the context of family and community.

Year 2

Year 2 of the program continues to develop a health promotion perspective based on *knowledge of others in the context of illness*.

The student further develops their role as a professional in building a therapeutic relationship with families. Students also gain an understanding of the broad systems of health care delivery and the social and political implications of these within society. A focus of illness during this year addresses problems related to stress and mental health, in addition to learning the skills of therapeutic care. Skills with research methodology are developed and incorporated in theory and practice courses.

NSE022 Nursing: Nursing Practice II: In this hospital based, nursing practice course, students use the scientific, problem solving process in their approach to clients/families who are experiencing acute and chronic illness across the lifespan. Using a theoretical approach that is relevant to the nursing practice situation, students collaborate with clients and colleagues to ensure caring, therapeutic, culturally sensitive nursing practice. Opportunities are provided for the development of proficiency in the nursing practice skills introduced in the first year of the program as well as the acquisition of increasingly complex nursing skills. There is continued emphasis on self-reflection. Students work in small groups with a nursing practice teacher.

Year 3

Year 3 of the program further develops the theme of health with an emphasis on *knowledge of community in the context of Primary Health Care*.

The student continues to develop the professional role by developing leadership skills. The Primary Health Care approach facilitates the use of advocacy and social activism in an interdisciplinary milieu. Learning experiences are provided in community settings that further enhance communication skills in the professional role.

NSE032 Nursing Practice III: Building on knowledge and skills developed in NSE022, this nursing practice course provides students with an opportunity to develop experience working with clients in a

variety of community-oriented settings. Using a theoretical approach that is relevant to the practice setting, students collaborate with individuals, families, groups and communities to ensure creative, caring, flexible, culturally sensitive nursing practice. Opportunities to develop skill in health promotion strategies, community based assessment and program planning and evaluation are encouraged. There will be an emphasis on the critical use of research findings to guide practice as well as a continued emphasis on self-reflection. Students work independently in nursing practice settings with agency personnel and a faculty advisor.

Year 4

Year 4 focuses on the *integration of the professional self into the health care system*. During this year the students explore a variety of ways in which they can influence and create their future as professionals. The students explore, in depth, issues related to professional practice and demonstrate leadership skills in the context of advanced, professional and therapeutic relationships as encountered in specialty areas.

The learning experiences foster the growth of the student as a professional nurse who 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 and teaching relationships with expert practitioners.

NSE417 Nursing: Nursing Practice IV: Building on knowledge and skills developed in previous nursing practice experiences, this nursing practice course provides students with opportunities to develop nursing practice competence. Using a theoretical approach that is relevant to the practice setting, students collaborate with individuals, families and/or groups to ensure creative, caring, flexible, culturally sensitive nursing practice. Emphasis is placed on critical thinking, self-reflection, utilization of research findings and the application of concepts of leadership and change. Students are expected to be active participants with clients and the multidisciplinary team, dealing with increasingly complex health-related situations. Students work independently in nursing practice settings with agency personnel and a faculty advisor.

NSE418 Nursing: Nursing Practice V: This nursing practice course provides students with the opportunity for the development of nursing practice skills. Using a theoretical approach that is relevant to the practice setting, students progressively assume responsibility for complex assignments as they progress towards functioning as beginning baccalaureate graduates. Critical analysis and reflective practice are key components of this course. Emphasis will be placed on the integrity and multiplicity of nursing roles both in the hospital and community. Scheduled hours can be negotiated with the agency and will include all shifts appropriate to the setting. Seminar days are scheduled throughout the term.

RYERSON, CENTENNIAL, GEORGE BROWN COLLABORATIVE BACCALAUREATE NURSING CURRICULUM OVERVIEW

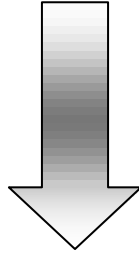
YEAR I		YEAR II		YEAR III		YEAR IV	
Semester I	Semester II	Semester III	Semester IV	Semester V	Semester VI	Semester VII	Semester VIII
NSE 11 A/B Nursing: Theory I: Theoretical Foundations of Nursing 3 hr, 2 terms		NSE 21 A/B Nursing: Theory II Concepts, Individual & Family 3 hr, 2 terms		NSE 31 A/B Nursing: Theory III: Community Nursing 3 hr, 2 terms		NSE 407 Professional Development III: Current & Future Perspectives 3 hr, 1 term	Professional Elective † 3 hr, 1 term
NSE 12 A/B Nursing: Practice I: Introduction to Nursing Practice 1 hr class, 2 terms 2 hr lab, 2 terms		NSE 22 A/B Nursing: Practice II: Acute & Chronic Care 14 hr, 2 terms		NSE 32 A/B Nursing: Practice III: Community Nursing 15 hr, 2 terms		NSE 417 Nursing: Practice IV 16 hr, 1 term	NSE 418 Nursing: Practice V 32 hr, 1 term
NSE 13 A/B Nursing: Assessment of the Healthy Individual 3 hr, 2 terms		PAT 20 A/B Nursing: Pathotherapeutics: Nursing Implications 3 hr, 2 terms		PHL 302 Philosophy: Ethics & Health Care 3 hr, 1 term	NSE 306 Professional Development II: Leadership & Management Concepts 3 hr, 1 term	Professionally-related Elective 3 hr, 1 term	
BLG 10 A/B Human Anatomy & Physiology 3 hr, 2 terms		NUR 80 A/B Nursing: Nursing Research, Measurement & Applications 3 hr, 2 terms		Professionally -related Elective 3 hr, 1 term	Professionally-related Elective 3 hr, 1 term	Liberal Studies 3 hr, 1 term	
FNN 111 Nutrition for Nursing Practice 3 hr, 1 term	NSE 112 Professional Development I: Social, Political & Economic Perspectives 3 hr, 1 term	PSY 402 Psychology: Adult Development 3 hr, 1 term	SOC 104 Sociology: Understanding Society 3 hr, 1 term	Liberal Studies 3 hr, 1 term	Liberal Studies 3 hr, 1 term	† Professional Electives: NUR 820 Gerontological & Geriatric Nursing; NUR 823 Acute Care & Traumatic Conditions; NUR 824 Women's Health; NUR 825 Family Health; NUR 826 Community Mental Health. NUR 827 End of Life Care NUR828 Global Health	
PSY 102 Psychology : Introduction to Psychology I 3 hr, 1 term	PSY 302 Psychology: Child Development 3 hr, 1 term	Liberal Studies 3 hr, 1 term *	Liberal Studies 3 hr, 1 term *				
Liberal Studies 3 hr, 1 term *							
21 hr	18 hr.	29 hr	29 hr	27 hr	27 hr		25 hr

Appendix B: Lines of Communication & Contact Information

1st Line of Communication and Contact Information

- Student's Faculty Advisor

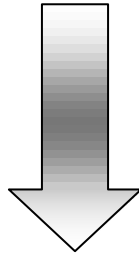
Contact information will be provided upon your student starting



2nd Line of Communication and Contact Information

- 3rd or 4th Year Lead Teachers
(Dependent upon your student's home site)

For contact information for the current Year Lead Teachers, please refer to <http://www.ryerson.ca/cpo> under Faculty/Staff

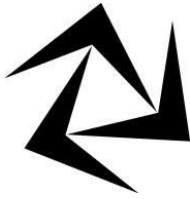


3rd Line of Communication and Contact Information

- Central Placement Office

To contact the Placement Manager or Year Coordinator:
Phone: 416-979-5000 ext. 4956
E-mail: cpo@ryerson.ca
Website: <http://www.ryerson.ca/cpo>

Appendix C: Preceptor Feedback & Samples



**RYERSON, CENTENNIAL, GEORGE BROWN
COLLABORATIVE NURSING DEGREE PROGRAM**

NSE 32A / 32B Feedback Form – Preceptor

Student Name / Number: _____

Course: NSE 32A / 32B: Community Health Nursing
Practice

Semester: Fall / Winter (circle)

Faculty Advisor:

Practice Setting:

Preceptor:

Practice Hours:

- Performance appraisal (PA) is a collaborative process, and is comprised of both the student's self-assessment and the faculty advisor's evaluation. It also takes into account feedback from the student's placement preceptor.
- *While the preceptor's feedback, along with the student's self-assessment are necessary and integral components of the process of evaluation, it is the faculty advisor who makes the ultimate decision regarding whether the student passes or fails NSE 32 AB.*
- Placement preceptors should provide examples of how the student has met specific expectations.
- Placement preceptors will provide additional comments/examples in areas where the preceptor perceives that student is not meeting expectations.
- Faculty Advisors will evaluate the student according to the College of Nurses of Ontario (CNO) Standards of Professional Practice and will assess each standard as Satisfactory or Unsatisfactory.
- Faculty Advisors will provide additional comments for standards that are evaluated as Unsatisfactory. Evaluation includes but is not limited to the indicators listed in this performance appraisal (refer to the course outline or Student Handbook for the CNO Standards and a complete list of all indicators).

This Performance Appraisal consists of _____ pages, including the cover sheet.

STANDARDS of Practice

1. Accountability: *Nurses are responsible for their actions, and for the consequences of those actions. This includes conduct that promotes respect for the profession.*

ME	NME	N/A	Expectations	Comments
			Attends orientation	
			Attends placement two days per week and maintains a signed log of activities	
			Demonstrates punctuality and reliability	
			Takes responsibility for own actions.	
			Seeks assistance appropriately and in a timely manner	
			Prepares and shares knowledge appropriate to the student/client/target population	
SUMMARY OF STANDARD			<i>Meeting Expectations/ Not meeting expectations</i>	
<i>Additional Comments:</i>				

2. Continuing Competence: *Competence is the nurse's ability to use knowledge, skill, judgment, attitudes, values or beliefs to perform in a given role, situation and practice setting. It ensures that the nurse is able to perform in a changing health environment and contributes to quality nursing practice.*

ME	NME	N/A	Expectations	Comments
			Develops a Learning Plan in consultation with preceptor	
			Demonstrates responsibility for professional development in the agency/practice setting	
			Invests time, effort and resources to improve knowledge, skill and judgment in working in the practice setting	
			Shows evidence of accepting and utilizing constructive feedback	
			Demonstrates evidence of learning through reflection in discussions with preceptor	
SUMMARY OF STANDARD			<i>Meeting Expectations/ Not Meeting Expectations</i>	
<i>Additional Comments:</i>				

3. Ethics: *Includes acting with integrity, honesty and professionalism when dealing with clients and other health team members.*

ME	NME	N/A	Expectations	Comments
			Maintains confidentiality	
			Acts with integrity and honesty and keeps commitments	
			Demonstrates cultural sensitivity	
			Identifies options to resolve ethical issues	
			Identifies personal values and ensures they do not conflict with professional practice	
SUMMARY OF STANDARD			Meeting Expectations/ Not Meeting Expectations	
Additional Comments:				

4. Knowledge: *Each nurse possesses, through basic education and continuing learning, knowledge relevant to their professional practice.*

ME	NME	N/A	Expectations	Comments
			Knows where and how to access learning resources	
			Reviews health needs of population & programs available in order to identify programs gaps for the development of health promotion activities	
			Uses philosophy, theory and research to inform practice in the development of health promotion plans and activities for the population	
			Knows where and how to access learning resources	
SUMMARY OF STANDARD			Meeting Expectations/ Not Meeting Expectations	
Additional Comments:				

5. Knowledge Application: *Each nurse continually improves the application of professional knowledge.*

ME	NME	N/A	Expectations	Comments
			Assesses, student/client learning needs using a theoretical framework or evidence-based tool.	

			Ensures health promotion activities are theoretical and evidence based and meets all relevant standards and guidelines/policies of the school/agency	
			Applies theoretical knowledge to community health nursing practice	
			Meets the student's/client's learning needs regardless of complexity and predictability	
SUMMARY OF STANDARD			<i>Meeting Expectations Not Meeting Expectations</i>	
<i>Additional Comments:</i>				

6. Leadership: *Each nurse demonstrates leadership by providing, facilitating and promoting the best possible care / service to the public.*

ME	NME	N/A	Expectations	Comments
			Demonstrates self-direction in the development and implementation of health promotion activities.	
			Role-models professional values, beliefs, attributes	
			Provides leadership through formal and informal roles	
			Collaborates with preceptor, team members (e.g. teachers/parents, other disciplines) and clients/ colleagues/students in the development and delivery of health promotion activities.	
SUMMARY OF STANDARD			<i>Meeting Expectations /Not Meeting Expectations</i>	
<i>Additional Comments:</i>				

7. Relationships: *Each nurse establishes and maintains respectful, collaborative, therapeutic and professional relationships.*

ME	NME	N/A	Expectations	Comments
			Maintains boundaries between professional and non-professional relationships	
			Develops collaborative partnerships	
			Uses a wide range of communication and interpersonal skills to establish and maintain effective collegial relationships	
SUMMARY OF STANDARD			<i>Meeting Expectations/ Not Meeting Expectations</i>	
<i>Additional Comments:</i>				

Areas of Strength:

Areas for Growth:

Overall Performance:

Meeting Expectations

Not Meeting Expectations

Preceptor Signature: _____

Date: _____

Faculty Signature: _____

Date: _____

Student Signature: _____

Date: _____

Preceptor Instructions: How to Complete “NSE 32A / 32B Feedback” Form

NOTE: Do not include this page in the performance appraisal

1. This PA template can be used for both fall and winter semesters
2. On front page, indicate NSE32A for Fall term, *or* NSE32B for winter term.
3. We suggest that you work on completing this form *during* the term, rather than waiting to complete it at the END of term. Areas of concern should be discussed with students during the term, so that students may take steps to improve.
4. **“ME”, “NME”, “N/A”**: Place a “ME” (meeting expectations), “NME” (not meeting expectations) , or “N/A” (not applicable) by each indicator that applies to the student’s performance, for each CNO (College of Nurses) Standard.
5. **“Comments”**: We encourage you to provide written examples under “comments” section, of how students met each indicator whenever possible.
6. **Summary of Standard**: After assessing the indicators, please provide your perception in summary of whether the student is “*Meeting Expectations*”, *or* “*Not Meeting Expectation’s*, for each CNO Standard. In the “Summary of Standard” section, **state** “Meeting expectations” or “Not meeting expectations”, and **delete** the phrase that *does not apply*.
7. **Additional Comments**: You may expand the “Additional Comments” section for each standard to accommodate as much written feedback as you wish to provide to the student. Where you have stated “Not Meeting Expectations”. written commentary for the standard needs to be included here
8. **Areas of Strength/ Areas for Growth**: Please complete this as an overall summary of suggestions for students.

9. **Overall Performance:** Please indicate at the end of this performance appraisal (PA), whether student performance is “Meeting Expectations”, or “Not meeting expectations”.

10. **Discuss PA with student:** Preceptors should discuss this final written appraisal with student at or near the end of term. Be sure to sign and date the form.

Thanks to you for taking the time to share this valuable feedback with students.

4th Year Theme: *Integration of Professional Self into the Health Care System*
Connecting Theory and Practice across NSE417, NSE418, NSE407, NUR 820/823/824/825/826

NSE 417/418– Preceptor Feedback Form
Mid-Term_____Final _____

Student Name:

Preceptor Name:

Faculty Advisor Name:

Clinical Practice Setting:

Term:

This Student Feedback Form is to be completed by the preceptor in collaboration with their student. Please refer to the Collaborative Program Preceptor Handbook for the CNO Standards of Practice and related indicators for further details re: each identified standard. If you have any questions or concerns, please contact your student's faculty advisor directly.

Satisfactory progress is defined as demonstrating a level of performance consistent with the midterm/final expectations for NSE417/418 course, as per syllabus.

Professional Learning Goals for the Term

Evidence of Progress towards Learning Goals
--

<p>Accountability <i>Students are accountable to the public and responsible for ensuring that their practice and conduct meets legislative requirements.</i></p>	
<p>Continued Competence <i>Students must assume responsibility for their ongoing professional development in the practice setting (progressive improvement in knowledge, skills and judgment).</i></p>	
<p>Ethics <i>Students must understand, uphold and promote the values and beliefs described in the ethical framework (1999). For example, identification of ethical issues in the practice setting and identifying strategies, in consultation with the health care team, to resolve ethical issues.</i></p>	
<p>Knowledge <i>Students possess through basic education and continuing learning knowledge relevant to their professional practice. For example, being informed about nursing and its relationship to the health care system. Students demonstrate the ability to provide theoretical and evidence based rationale for all decisions in the practice setting.</i></p>	
<p>Knowledge Application <i>Students continually improve their application of professional knowledge. Ensures practice is based in theory, evidence and meets all standards and guidelines</i></p>	

Relationships <i>Students establish and maintain respectful, collaborative, therapeutic and professional relationships</i>	
Leadership <i>Students demonstrate leadership by providing, facilitating and promoting the best possible care service to the public.</i>	
Areas for Growth and Development	

Clinical Hours to date: _____

Preceptor has reviewed Student's self-evaluation ____ Yes ____ No

Preceptor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

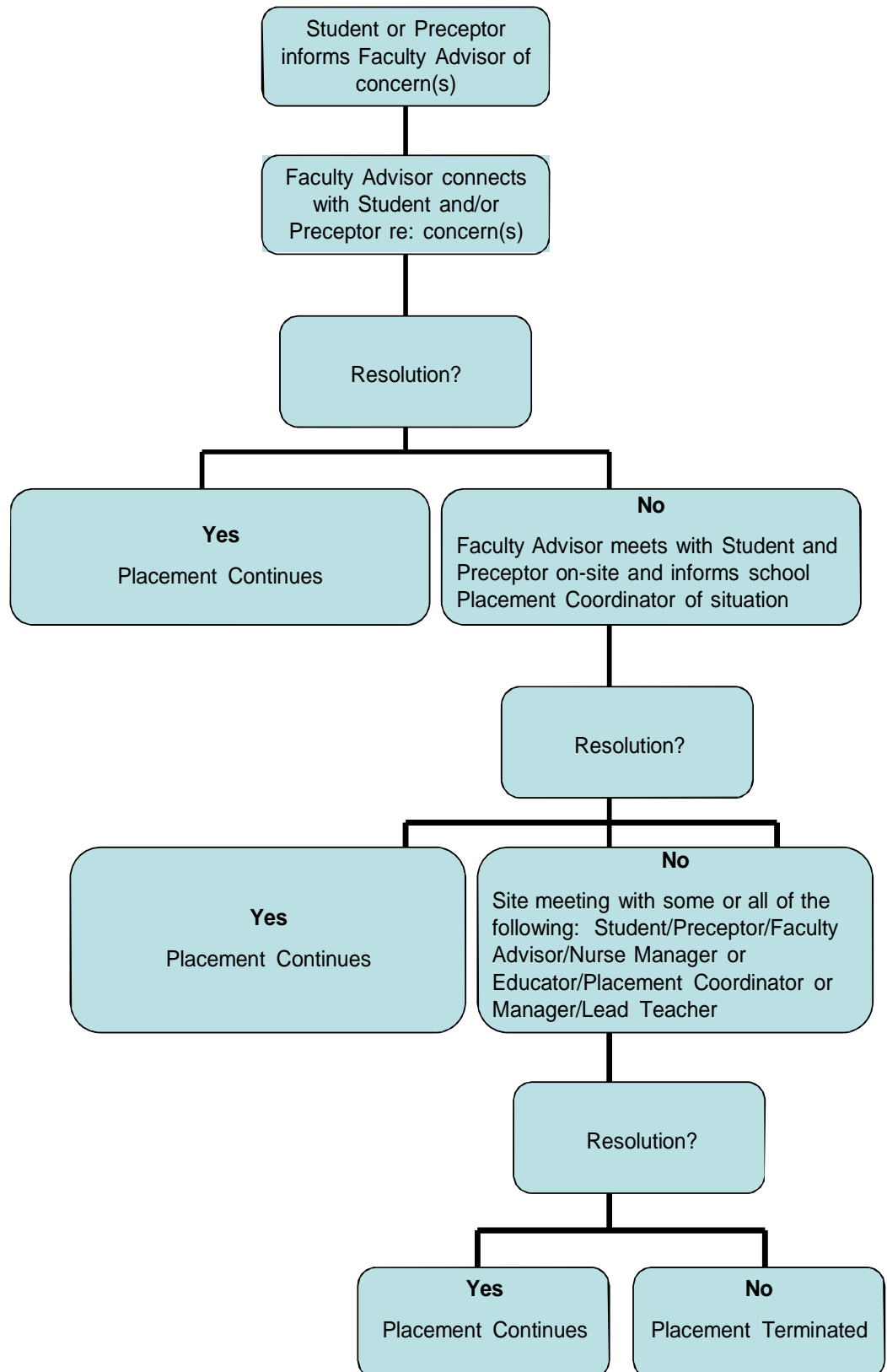
SAMPLE FEEDBACK NSE417/418

<p>Professional Learning Goals for the Term</p> <p>[Carmen's] learning objectives for this pediatric experience were to: a) improve communication skills, particularly with parents of children on the cardiology unit, and b) to work on teaching skills with parents and children who were being discharged from the cardiology unit.</p>	
<p>Evidence of Progress towards Learning Goals</p> <p>[Carmen] made progress with each objective during their placement on this unit. [Carmen] developed a very effective communication style with both children and parents. By the end of the placement, [Carmen] was able to care for a full stable client load with minimal direct supervision. [Carmen] recognized their limitations and would seek me out if they needed help. With supervision s/he was developing confidence and skill in working with children with complex physical needs. [Carmen] identified a need to have a more organized and methodical approach to discharge planning. In light of this [Carmen] developed a useful, unit-based discharge-planning checklist for use by student and novice nurses. Use of this checklist helped her/him to cover what was necessary for the discharge, as well as to remind her/him to address the individual needs of the families. [Carmen] was very willing to help out on the unit.</p> <p>At times [Carmen] reacted to, or interpreted, client situations/experiences based on their own past experiences and values, rather than attempting to look at it from the perspective of the parent or child. For example... This is an area where [Carmen] can work on developing.</p>	
<p>Accountability</p> <p><i>Students are accountable to the public and responsible for ensuring that their practice and conduct meets legislative requirements.</i></p>	<p>[Carmen] was accountable and responsible during the time on the unit. S/he worked well as a team member and with the children and families. S/he maintained confidentiality and was professional in their manner. S/he performed her/his daily tasks in a timely and appropriate manner at all times. Yet, when unsure about a task, s/he would seek assistance from her/his colleagues or me immediately. On the occasion that [Carmen] made an error, s/he took responsibility for her/his actions and took the appropriate measures to maintain client safety.</p>
<p>Continued Competence</p> <p><i>Students must assume responsibility for their ongoing professional development in the practice setting (progressive improvement in knowledge, skills and judgment).</i></p>	<p>[Carmen] is in the process of developing confidence and skill in the care of children and families admitted to the cardiac unit. However, s/he has a limited knowledge base of cardiac medications and their implication on client care. [Carmen] also needs to prepare more adequately for clinical experience while keeping the client as the focus of her/his learning at all times.</p>
<p>Ethics</p> <p><i>Students must understand, uphold and promote the values and beliefs described in the ethical framework (1999). For example, identification of ethical issues in the practice setting and identifying strategies, in consultation with the health care team, to resolve ethical issues.</i></p>	<p>[Carmen] practiced within the ethical guidelines appropriate to entry-level nurses put forth by the College of Nurses of Ontario. S/he makes every effort to meet her/his specific learning needs and to seek resources as needed. S/he is sensitive and responsive to children and their families and makes every effort to work with them. Carmen needs to be aware of how her/his personal values impact client care. For example...</p>

<p>Knowledge <i>Students possess through basic education and continuing learning knowledge relevant to their professional practice. For example, being informed about nursing and its relationship to the health care system. Students demonstrate the ability to provide theoretical and evidence based rationale for all decisions in the practice setting.</i></p>	<p>[Carmen] was generally well-prepared for caring for the clients with whom s/he worked. S/he used a number of resources both on the unit and from her/his own research to help her/him to understand the conditions of her/his patients. At times s/he tended to focus only on her/his specific learning objectives, without looking more broadly at the needs of the client. When this was mentioned to [Carmen], s/he made effort to ensure that s/he was also researching other areas of practice that were of importance to the care of her/his patients.</p> <p>[Carmen] was very receptive to any feedback given to her/him regarding her/his clinical performance. Once s/he had been shown a procedure and received feedback, s/he was usually able to do it correctly.</p>
<p>Knowledge Application <i>Students continually improve their application of professional knowledge. Ensures practice is based in theory, evidence and meets all standards and guidelines</i></p>	<p>[Carmen] was skilled in practice-based critical thinking and problem solving for her/him level of practice. S/he was able to perform assessments of children and their families experiencing cardiac problems, and develop appropriate plans of care. Continued attention to psychosocial assessments and including psychosocial goals in her/his care plans is encouraged. [Carmen] willingly shared articles from her/his classes and her/his research with the nursing staff. S/he was a respectful and contributing team member.</p> <p>[Carmen] progressed well in terms of her/his documentation and was able to document independently by the end of the term.</p>
<p>Relationships <i>Students establish and maintain respectful, collaborative, therapeutic and professional relationships</i></p>	<p>[Carmen] was very respectful of clients and demonstrated a profound interest in their care. S/he understood and maintained the boundaries between professional, therapeutic relationships and non-therapeutic, personal relationships. Also s/he was able to develop a collaborative relationship with her/his clients and their families in order to respect their needs, values, wishes and beliefs. S/he worked well as a member of the interdisciplinary team as evidenced by [Jane's/John's] participation in meetings, accessing the team for knowledge development and interest in attending optional lectures which were outside required hours.</p>
<p>Leadership <i>Students demonstrate leadership by providing, facilitating and promoting the best possible care service to the public.</i></p>	<p>[Carmen] was an excellent model of professionalism. S/he collaborated well with health team members, clients and their parents. S/he contributed a great deal to health team meetings and posed many beneficial questions. [Carmen] also demonstrated excellent conflict resolution skills. S/he was able to solve any misunderstandings with her/his colleagues or clients in a non-defensive manner and s/he was able to develop innovative solutions. [Carmen] was a great role model to the second year nursing students who were also on the unit. S/he offered students sound advice and willingly assisted them when they were in need of some guidance.</p>
<p style="text-align: center;">Areas for Growth and Development</p> <p>Ongoing value clarification would be important for [Carmen]. S/he has made a good start in working with the parents of children admitted to the cardiology unit. Making a point of always including the parents as part of the health care team will help her/him to keep their needs in mind. [Carmen] needs to invest more time in preparation for clinical, with a particular emphasis on medications. As s/he is soon to enter the profession as a graduate nurse, I encourage her/him to become an active member of our professional organizations.</p>	

Appendix D: Placement Concerns: Decision Making Tool

Placement Concerns: Decision Making Tool



Appendix E: CNO Professional Standards (2002) & Entry-to-Practice Competencies (2014)

To access the College of Nursing of Ontario (CNO) Professional Standards, please refer to http://www.cno.org/docs/prac/41006_ProfStds.pdf

To access Entry-to-Practice Competencies for Ontario Registered Nurses as of January 2014, please refer to http://www.cno.org/docs/reg/41037_EntryToPractic_final.pdf

For more information:
College of Nurses of Ontario
Phone: 416-928-0900
Toll Free in Ontario: 1-800-387-5526
Website: <http://www.cno.org>