University of Victoria School of Nursing

Practicum Handbook

For guidance during practice consolidation experiences

January 2005
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LETTER FROM THE DIRECTOR

Dear Colleagues,

I want to take this opportunity to thank each and every one of you for supporting the educational development of our new generation of practicing nurses. This Handbook is designed to act as a resource for both students and nurse mentors as you engage, together with the course instructor, in this important component of our nursing program—practice experiences: Consolidated Practice Experiences or (CPEs) and Nursing Practice VIII.

"Nursing Practice" is a phrase that sometimes rolls from our tongues as though we were speaking of something easily understood and consistent across all practice contexts. And yet it seems that contemporary nursing practice is marked now, as at no other time in recent history, by its complexity, change and distinctiveness.

The significance of these practice experiences for students is that they provide students with opportunities to work very closely with skilled and experienced nurses who can introduce them to the nuances of the practice world. It is through this collaborative effort between nurse, student and instructor that the concepts introduced to students in classrooms come to take on specific meaning within the context of the hospital or the community where people receive care.

It is my hope that in this Handbook you will find answers to your questions about these important and highly valued learning experiences. If you do not find answers, please do not hesitate to be in touch with the course instructor. Our instructors are there to foster learning relationships. It is equally important for preceptors/nurse mentors and students to see the instructor as his or her resource for the learning that occurs during these final months of the UVic Bachelor of Science in Nursing (BSN) Program.

On behalf of the School of Nursing, I thank you for your contributions.

Sincerely,

Dr. Mary Ellen Purkis
Associate Professor & Director
COLLABORATION FOR ACADEMIC EDUCATION IN NURSING (CAEN)

UVic offers the third and fourth years of a Bachelor of Science in Nursing (BSN) degree to generic continuing students on our Victoria and Lower Mainland campuses, and to post diploma students by distance education. This handbook guides consolidated learning for BSN students continuing directly into third year from CAEN college partners. These students complete their RN exams after they meet their BSN degree requirements.

As of May 2004, the University of Victoria (UVic) School of Nursing became a member in the Collaboration for Academic Education in Nursing (CAEN). This new partnership includes some existing members of the former Collaborative Nursing Program in BC (CNP) and a new college partner. The innovative curriculum used by these partners is based on phenomenological, feminist, and social critical theories. It has been evolving since 1989, and will continue to change as the nursing profession and health care delivery change.

The purpose of the curriculum is to educate nurses to work within a changing health care system as partners with individuals, families, groups, communities and other health care professionals in a variety of settings. The goals of the CAEN are that graduates:

1) practice nursing guided by a health promotion perspective and an ethic of caring;
2) be independent, self-directed, self-motivated, and life-long learners with a questioning mind;
3) be self-reflective, self-evaluative, accountable and critical thinkers;
4) create and influence the future of nursing practice at political, social and professional levels; and,
5) be prepared to meet the professional practice requirements identified by the Registered Nurses Association of BC (RNABC).

OVERVIEW FOR PRECEPTORS AND COLLABORATIVE LEARNING UNITS

UVic has developed two practicum models for student full-time senior consolidation experiences: preceptorship and collaborative learning unit models.

What is a preceptorship?
During a preceptorship, a learner is paired exclusively with one or two experienced registered nurse or registered psychiatric nurse preceptors and guided through the everyday activities of the nurse(s). The student works the same shifts, has the same days off, and shares the duties and responsibilities of the preceptor(s) dependent on the level of competency of the learner. The instructor works with each student/preceptor(s) grouping on an individual basis. Preceptorships work best in specialty areas, those settings with fewer patients or where a group of students would not be feasible.

What is a Collaborative Learning Unit (CLU)?
The CLU model involves a group of learners, and care is a shared responsibility of all staff in the setting. The academic instructor provides direct supervision of students’ learning and supports staff on matters of evidence-based practice and educational principles. Student assignments are made based on their learning needs, level in the program and past practice experiences, thus they work with a variety of staff during the experience. Each student works on their own line or schedule of work with their own patient assignment.

As all students proceed through their practice experiences, they gain increasing independence and competence in practice. Nurses serve as role models and teachers, and greatly accelerate a student’s progression in the nursing program. Students learn by observing, following directions, questioning, working side-by-side, and taking on increasing responsibility. Students do not receive a salary and are supernumerary to regular staff, but learn to function as members of the team.

Through these valuable learning experiences students gain an exposure to the “knowing”, “being” and “doing” of nursing. The guidance
of practicing nurses helps students to expand their knowledge base, begin to synthesize ideas learned throughout the year, participate in helping relationships with clients, their families and communities, work colleagues and peers, gain increasing expertise with psychomotor skills and the delivery of care, and continue to develop a professional identity. In emulating the nursing staff, students gradually take on the skills, customs, and values of their chosen profession, thus increasing their confidence and enhancing their professional identity. Because of the diversity of practice settings in which students are working, no one instructor can have the knowledge and expertise to facilitate student learning in all settings. Nurses working in a particular setting are the best people to mentor students’ learning. Instructors can help staff develop their mentoring role and introduce them to current ideas in nursing education and practice.

**Student Progress and Information Sharing**

Within the UVic School of Nursing we are committed to open, transparent processes of evaluation. We encourage students to be proactive in approaching their instructors and preceptors about past progress and challenges as each new course starts.

Faculty, students and staff work as a team to maximize learning opportunities and enhance the quality of instruction. Evaluative feedback about current and past student progress is shared by course instructors with other faculty or staff in the UVic School of Nursing as needed in order to promote student success.

**What is unique about these students?**

In response to the changing health care system, our curriculum places considerable emphasis on health promotion in nursing, nursing care of families and communities, and influencing change in the health care system. Students develop a critical understanding of the social forces that influence health, healing, and health care. At the same time, there is considerable emphasis on practice in general and some specialized acute and community care settings.

**How do the students become practice ready?**

Continuing students who enter the UVic portion of their program come with two and a half years of nursing education, including practice experiences at one of our partner colleges. Although sharing a common curriculum, each college provides different practice opportunities specific to their catchment area. Therefore, students who come to UVic for the final year and a half of their baccalaureate degree in nursing bring varied experiences. Students within the same year may be at different practice levels, so students are expected to identify their particular learning strengths and challenges and plan experiences that build on strengths and address gaps in knowledge and experience.

At UVic, students have four full-time intensive consolidation experiences. Nursing 370 (CPE III) and Nursing 470 (CPE IV) are often completed back-to-back on the same unit. Nursing 475 (CPE V) and Nursing 491: Transitions (NP VIII in an area of student focus) may be completed on the same or different units.

By the end of these four experiences, students have at least 760 hours of direct clinical practice. Combined with the practice hours in the first two and a half years of the program and a minimum of 156 hours of additional practice focusing on community health promotion and influencing change, students graduate with more than 1500 hours of practice experience.

Over the course of the final four practice experiences, students gradually take on more responsibility and practice with increasing independence. While the level of independence depends on the practice context, many of the specialty areas, such as Emergency, Special Care Nursery, and the Operating Room, require additional post-basic preparation for more independent practice. Therefore, students in these settings function to the level negotiated with the staff and instructor.

Overall, our goal is that every student meets the Competencies Required of a New Graduate (2000) as outlined by RNABC by the end of N491. “Practice ready” is a difficult term to
define, but a pragmatic definition is that the student would be able to work as a new entry-level RN (after appropriate unit orientation), on a general medical-surgical hospital unit in accordance with the Standards for Registered Nursing Practice in BC (RNABC, 2003) and the CNA Code of Ethics for Registered Nurses (2002).

How much orientation will the student require?
The amount of orientation required is individual. If required by the agency, students attend a general orientation to the hospital or community agency prior to commencing practice courses. Some students may have had this orientation during previous practice experiences in the program. However, all students require orientation to the specific unit where they are placed, and time to become comfortable on the unit. Expectations for competencies change with each course. It is the responsibility of students to ensure that they familiarize themselves with the knowledge, practice, and skills required in every placement. As much as possible, this should take place before the course starts. Students are encouraged to meet their preceptors or the team nurses in the setting prior to the start of the course in order to begin to familiarize themselves with the layout and routines, and to discuss practice expectations.

Students’ immediate orientation needs are:
- Safety protocols,
- Schedules for shifts,
- Specific policies and procedures for the practice area including those regarding students, regular routines, equipment and techniques, and resources for learning.

In addition to a hospital or agency orientation, workshops at the beginning of each term, and seminars during the practicum help students be successful in their clinical placements, reflect on practice, and think critically about the connections between theory and practice (praxis).

Are students expected to do assignments during this course?
Specific course requirements may vary according to the level and learning needs of the students. Students are expected to:
- Complete preparatory studies outside their practicum hours.
- Submit ‘research’ assignments about patients in their care.
- Explore case studies in practice seminars.
- Discuss experiences throughout their practicum with their preceptors/unit nurses and instructor.
- Reflect on their professional development over the term and report on this in weekly check-ins.
- Record reflections in practice narratives and submit these to their instructors. Students may offer to share their practice narrative critiques with their preceptors and/or peers, but this is the decision of the student.
- Complete self-appraisals at midterm and the end of the course.

How do I assess a student’s readiness for assuming more responsibility?
In deciding how much responsibility to give to the student, patient safety is paramount. You must judge this for yourself because it varies from student to student, from unit to unit, and from day to day on a given unit. At the beginning of the practicum, it is helpful for students to “buddy” with a nurse for the first shift or two before the student has a patient assignment. Over the course of the practicum, the number of patients assigned can be increased as the student’s confidence and competence increases. Procedures would be supervised until the student, preceptor or CLU nurses, and instructor are comfortable with the student’s performance and mentors are confident of the student’s ability to maintain correct techniques and safe practices in a variety of treatments.

In such activities as medication administration, students should be able to follow the Five Rights of Drug Administration (right dose, drug, time, patient, and route) and to document their actions correctly. This includes proper transcription of the order on the medication record, a check to ensure the order is not outdated, and the patient response to the medication as indicated. Students are expected to take the Medication Administration Record to the beside with each medication administration.
Ask students how much responsibility they feel they can safely handle. As the course progresses, you "step back" to allow the students to become more independent unless, of course, patient safety is compromised. Students need the opportunity to learn to practice independently. The students who do best in practice are those who have the opportunity to "work through" problematic situations on their own and make independent decisions with constant support but decreasing supervision over time.

The course instructor is always available for consultation.

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

What students are able to do will depend upon the institutional policies, student preparedness, and staff comfort level. Students are allowed to perform most tasks within the written job description for RNs in an institution, and for which they have received the level of instruction set as a standard by that institution. Some tasks and procedures, however, may be new to the student so support and supervision is necessary. Institutional policies about students must be adhered to at all times. When in doubt, instructors should be consulted about what the student is authorized to do.

Students may not perform skills that require certification in the organization without special arrangements. For specifics, please refer to the Policy section of this handbook.

Students have practiced most basic psychomotor nursing skills in the lab and some in the clinical setting. Together, students and staff identify those skills, competencies, and nursing care functions for which students require supervision, or for which they have not yet received instruction nor had experience.

Review the RNABC nursing competencies and skills with the student to determine the level of comfort and competence in the variety of skills expected in the practice area. For Victoria area agencies, it is beneficial to review the regional medical/surgical skill inventory with the student available on each unit or from the CRN.

What can I do to make this a good experience for the student?

Establishing and maintaining good lines of communication is critical! The student is responsible for ensuring the success of the clinical experience, however, it is beneficial if you introduce them to other team members, make them feel welcome, encourage them to ask questions and discuss their concerns, clarify expectations—yours and theirs, set mutual goals, supervise when necessary, and give the student more freedom when they are ready.

Students appreciate regular feedback about their progress. Take time every shift or set of shifts to review together what went well, and what areas still present challenges. When things go well, let the student know, publicly if appropriate. If things don't go well let the student know in private and provide concrete suggestions for improvement. If students are having difficulty in a particular area, it is important to focus on the behaviour that needs improving, without intimidating the student. If you aren't sure how to proceed, or if you wish to provide evaluative feedback at any time during the experience, please contact the instructor. Please refer to the next section of this handbook for an overview of student responsibilities.

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

What tips have experienced nurses offered about working with students?

Clinical judgment and decision-making is a particularly challenging teaching-learning situation for students and staff. Some nurses have found that talking out loud to students as they are demonstrating their nursing care helps students to understand the process by which decisions are made. Students also appreciate an opportunity to develop and demonstrate their planning, organizational and clinical decision-making skills. Experienced mentors suggest that, once the student has been oriented to the unit, it is a good idea to sit
down with students after report and ask them about how they will organize their day. Similarly, it is also a good idea to ask students to explain what they will do and why, whenever they are going to do a procedure or provide care. This helps them to articulate their decision-making process and helps you to assess their progress.

What is the role of the instructor?

A successful experience for the student depends on developing a good working relationship between the core members of the learning team: student, preceptor or CLU team member, and instructor. Nurses have expertise necessary to guide student learning in a particular practice setting, but they do this in consultation with the instructor as appropriate. Although all instructors have active practicing registration with the RNABC, an individual instructor may not have expertise in a particular practice area.

The role of the instructor is to evaluate the student’s progress, ensure students are able to integrate theory and practice and facilitate the relationship between the student and the staff. The instructor sets aside regular times to be available for students either by phone or in person. She/he also negotiates the frequency of contact with the nursing staff and student. During preceptorships, the instructor makes at least two site visits during the practice experience; more if required. In the CLU setting, the instructor sets times she/he is available on the unit. Students must ensure that they are in touch with the instructor weekly.

Both staff and students are urged to notify the instructor as soon as any difficulty is encountered or something puzzling arises. Even if they can’t quite put their finger on the issue, it is best to seek clarification from the instructor so the situation does not turn into a major difficulty. Thus, early intervention often prevents problems from developing.

It is the instructor’s responsibility to evaluate student progress and make a judgment at the end of the practice experience about whether the student passes. Student self-evaluation and staff feedback are critical to the instructor’s evaluation of the student. The instructor seeks staff input throughout the practice experience.

It is the student’s responsibility to ensure that the instructor has sufficient information to evaluate their practice. The student is evaluated with a completed or failed grade. This judgment is based on the student’s ability to demonstrate the competencies and quality indicators in each of five domains of practice on the practice appraisal form are listed at the end of this handbook. These domains incorporate the RNABC Standards for Registered Nursing Practice in BC. Please review these criteria with the student so the basis upon which the student’s practice is evaluated is clear.

How do I contact the instructor?

Students and staff should feel free to contact the instructor to ask questions or obtain assistance in clarifying and solving problems at any time. Instructors inform their students and preceptors/CLU unit about how and when to reach them or their designate on-call, and have a pager and/or other communication device available. There is an instructor "on-call" on a 24-hour basis at both the Victoria and Lower Mainland campuses.

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

The instructor should be notified immediately if the student’s continuation on the unit is in jeopardy for any reason. Depending on the circumstances, the student may continue with another nurse who is willing to work with the student. If the preceptor’s absence is prolonged, the instructor can help ensure other arrangements are made for the student to obtain the necessary practice hours.

What if the student is ill?

The School of Nursing expects students to attend all of their practice experience. If a student is ill or must be absent for some other valid reason, the preceptor/CLU unit and instructor must be notified as soon as possible, and arrangements to make up required hours.

What if a student makes a medication error?

If the student makes a medication error, follow the agency procedure for reporting medication errors. The preceptor/CLU unit staff and instructor should be notified immediately. Instructors must sign an incident report prior
to the document leaving the practice area (see Policy section of this handbook).

**What about observational experiences?**

If a unique learning experience arises, and the student's workload permits, encourage the student to take advantage of it. For example, there may be:

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

You and the student need to balance these kinds of observational opportunities with the student's need to become competent in practice. For example, it would be important for the student to research a patient's medical history if observing a procedure. Above all, the ethical rights and preferences of the patient and family should be foremost in considering whether or not to allow the student to observe procedures. When in doubt, consult the instructor.

**What if the experience is in the community?**

Many students choose to do a consolidation experience in a community setting. The work of community-based nurses varies greatly from setting to setting, and may be quite different from the work of hospital-based nurses. However, students do not come to these kinds of experiences without some theory and practice related to community nursing. Some classroom learning during third and fourth years of the program offered at the University of Victoria is centered on students working with people in community settings, and all students have had some experience in health-related work in the community.

In Term 6 and Term 7 prior to the consolidation experiences, UVic students complete two practice experiences, usually in community settings. In Term 6, students are placed in an agency to gain experience with community health promotion practice and community organizing. They explore the meaning of empowerment, marginalization, social determinants of health, etc. During Term 7, students focus on influencing change to promote societal health. Students explore the current health care system, health reform, and health policy. Community nursing practice placements are rich in opportunities for students to explore how front-line workers enact change and how it impacts nursing practice. During consolidation experiences in community settings, they experience the full day-to-day work of the community registered nurse or registered psychiatric nurse.

One aim of the consolidation experiences is to give students an opportunity to examine theory and integrate knowledge in the context of the everyday realities faced by nurses in the work world. Mentors are encouraged to have students actively involved in as many of their practice activities as possible. Arranging for students to spend some time with other interdisciplinary team members in the community can enhance the student's experience.

We are frequently asked by nurses in community settings about how much independence they can give a student, particularly around complex aspects of work such as monitoring IVs and medications in the home, advanced wound management, health and lifestyle teaching, health assessments, and home visits. As a broad guideline, preceptors might think about students in their second CPE (N470) as almost halfway through their nursing program at UVic, whereas students in their final practicum (N491) are approaching entry-level RN practice. Thus, N470 students need closer supervision for most of the experience. Nevertheless, in the final week or two, based on the student's performance and the mentor's level of comfort with that progression, some independent activities could be offered. Students enrolled in N475 and N491 may feel more confident in their knowledge and skills and may negotiate more independence earlier in their experience. However, each nurse's judgment must always be a guide to what the student is allowed to do independently. Consult the instructor if necessary.

**Can students participate in immunizations?**

UVic recognizes immunization is a specialized skill based on specific theoretical knowledge. If there is support for student participation in immunizations, some Health Authorities may offer an opportunity for students to become
certified to administer vaccines. Where students cannot be certified, nurses may include them in selected immunization tasks such as assessment, screening, or teaching.

STUDENT RESPONSIBILITIES

During practice experiences, students work under the supervision of experienced nurses at all times. Sharing patient care responsibilities is usually a rewarding experience. In order to facilitate practice experiences, the student is responsible for the following:

1. Preparing for the practice experience:
   - Contact the agency as soon as the placement is confirmed to determine the nature of orientation required for placement, and relevant agency policies.
   - Commence self-study to prepare for the placement.
   - Meet preceptor or members of the CLU team prior to or at the beginning of practice experience. Ensure the staff has a copy of this handbook.
   - Prepare or update the student resume or practice record and share this with the staff (and practica coordinator).
   - Prepare a written copy of goals by the end of the first set of shifts.
   - Attend agency-specific orientation (if required).
   - Attend pre-course workshops and labs.
   - Thoroughly review this handbook.

2. Establishing and maintaining communication with the staff regarding:
   - How to contact the student, e.g., phone number, email address, etc.
   - Scheduling of hours.
   - Expectations, progress, and challenges to ensure safe practice.
   - Clarification of goals, ends-in-view, learning needs (e.g., specific skills, medication administration, organization).
   - Student illness, absence, or injury.
   - Incidents related to patient safety during practice experiences.

3. Becoming familiar with:
   - UVic School of Nursing practice policies.
   - Policies of the agency, especially those related to students and safe practice.
   - General routines of the practice setting.

4. Maintaining communication with the instructor regarding:
   - All aspects of course work and practice experiences including scheduling of practice experiences and clarification of learning needs and goals.
   - Specific responsibilities during practice experiences to ensure safe practice, progress, and performance.
   - Clarification of general policies of the educational institution and agency.
   - Clinical incidents related to patient and family safety (e.g., incident reports).
   - Illness/absence/injuries/incidents related to patient/family and student safety during experiences.
   - Up-to-date contact information.
   - Communication mechanisms within the agency. Make sure to tell the instructor how to get to the placement, and give him/her contact numbers.

5. Participating in ongoing professional development and self-evaluation:
   - Review the PAF competencies and quality indicators regularly, but especially at the beginning of the course and prior to midterm and final evaluations.
   - Complete a minimum of 190 hours per course, working full sets of scheduled shifts during the course. Adjust schedules to make up any missed hours in consultation with staff and the instructor.
   - Participate as a member of the nursing team-- stay until the end of the shift, complete the required report, and assist others in the practice setting if possible.
   - Organize weekly instructor contact to discuss individual progress through site visits, telephone conversations, or e-mail check-ins. Attend seminars as required.
   - Provide the instructor with practice examples of your ability to meet the appropriate level of quality indicators in each domain of practice in telephone check-ins, reflective practice narratives and midterm and final practice appraisals.
   - Identify those quality indicators that present challenges.
• Continually assess your readiness to progress to more independent practice, clinical responsibility, additional patient assignments, etc. When in doubt, seek the assistance of the staff and/or instructor.

SPECIFIC UVIC SCHOOL OF NURSING PRACTICE POLICIES

Accompanying Patients in Ambulances

Students cannot take the place of an assigned RN to accompany a patient in an ambulance. Students may accompany a patient in an ambulance for observational and comfort purposes when an RN is in attendance, but the student would not be deemed responsible for the patient. In the event of an untoward patient occurrence, the ambulance attendant and assigned RN would be responsible.

Confidentiality of Information and Access to Patient Health Information

Access to health status, records, laboratory tests and results of procedures occurs in verbal, print and electronic formats within health authorities for planning patient care. Students must always maintain confidentiality of the information they have access to, and only appropriately access records or participate in discussions of patients for whom they nurse.

Criminal Record Checks

Criminal record checks are required prior to most agency placements. Students must maintain the currency of these checks. This is usually done for continuing students through student membership in the RNABC. If additional checks are required by the practice agency, it is the responsibility of all students to ensure that the checks are complete prior to each clinical placement.

CPR Certification

To fulfill our responsibilities to the institutions and our legal responsibilities to clients, students must maintain current CPR certification throughout the program. It is the student's responsibility to see that CPR certification is kept up to date.

Doctors' Verbal and Telephone Orders

During the practice experience, the agency’s policies regarding verbal and telephone orders apply. Each time a student is taking a telephone order, an RN must clarify the order (for example, by listening on another phone) to verify that the order has been understood and transcribed correctly.
Dress Code
Students must dress in accordance with the regulations of the hospital or community agency/WCB regulations. All students must wear a nametag on duty, when in uniform, or if going in to review charts prior to work. Where street clothes are required, students must dress in an appropriate manner in accordance with the standards of the setting.

Immunization Status
Students must ensure their immunization status is current prior to each placement. Note that some agencies, particularly pediatric settings, have specific requirements, which the students must adhere to.

Insurance Coverage
Students are in a pre-graduate experience and not employees of the University. The University agrees to:

- a. Maintain throughout the term of the Agreement comprehensive liability insurance covering claims for property damage and personal injury with limits of not less than $5 million with respect to the liability arising out of any act, error, deed, matter, thing, negligence or omission on the part of the university, its directors, employees, students, agents or volunteers. Upon request of the Agency, the University shall provide the Agency with evidence of insurance coverage in the form of an insurance certificate.
- b. University students are not eligible for Workers’ Compensation benefits and shall be advised of their individual responsibility to carry extended health insurance. The University carries a Practicum Insurance policy that provides additional medical benefits as well as accidental death and dismemberment, twenty-four (24) hours a day while the student is actively working on practicum.

Narcotic Keys
Students cannot carry narcotic keys or access narcotics without the presence of a RN to witness and sign for narcotics. They cannot do the narcotic count. Students may, however, observe the narcotic count done by two RNs or participate in the count when supervised by two RNs who take responsibility for signing the count. It is beneficial for students to become very familiar with narcotic procedures.

Release of Student Contact Information
On rare occasions it may be necessary for the School of Nursing to release personal information about students (reasonable interpretation of the Freedom of Information and Privacy Act). This could occur, for example, in the event that a student is exposed to TB on an acute care unit and the TB clinic needs contact information. If this occurs, the school will notify the student.

Specialized Courses
There are a variety of specialty courses that students may take to augment their clinical learning. These courses are often recommended or required by different units or agencies. Some examples of these include the breastfeeding course (for maternal-child and public health), the basic arrhythmia course (for cardiac and related units), and immunization (for public health). Students taking such courses may negotiate with their mentors to be able to attend, however, they are responsible for making up any time away from the practice setting. Attendance at these courses does not count as practice hours. Students taking such courses are responsible for any costs incurred.

Specialized Medication Administration
Insulin and heparin administration require specific supervision. Please check health authority policies for these medications.

Specialized Skills
Some hospitals require certification for certain skills, such as starting IVs, central line dressings, and so forth. These skills are sometimes taught in courses outside of the UVic curriculum. Only students who have met the hospital requirements can negotiate practice of those skills in the clinical setting. Students must be aware of, and abide by, all hospital policies with regard to certification and their own practice.

For students to learn and practice specialized skills, the following must be negotiated with the instructor and preceptor/CLU team:
a. The agency policy must allow students to perform the skill.
b. The student has completed the specialized training on the skill required by the agency.
c. The student, preceptor, and instructor agree that the student is ready to "take on" the skill (i.e., the performance of the skill will not interfere with the student's ability to learn how to organize care, make clinical judgments, etc.).
d. The student is always supervised by a qualified RN when performing the skill.

Student Accident or Injury

Students must ensure that their own basic and extended medical insurance plans are current in case of accident or injury. Students are NOT covered by Workers' Compensation in the event of sustaining an injury or having an accident while in a practice experience. They are covered by an insurance policy carried by the university. In the event of an accident or injury sustained by the student during a practicum, the student must:

1. Follow the agency policy for any injury sustained during a practice experience (e.g., needle stick, back strain, acute infection). This usually includes, but may not be limited to:
   • receiving appropriate treatment,
   • documenting the injury/accident for the agency, the university and student, and
   • notifying the field guide and the instructor.

2. Seek treatment from the agency emergency department where the accident/injury occurred, the community medical clinic or your family doctor. Ask for documentation of the care received. It is the student's responsibility to keep a record of any tests, treatments, procedures etc. that are in follow-up to an accident or injury sustained while in a practice experience. This record is important to have if the student chooses to pursue an insurance claim through the university at a later date.

3. For insurance purposes, complete the Incident Report regarding the accident/injury available on the UVic School of Nursing Website in the “Forms and Documents” section http://web.uvic.ca/nurs/forms.htm. Send the Incident Report to the Practicum Coordinator at the School of Nursing.

4. Be sure to discuss the accident/injury with staff and your instructor within 24 hours.

Unusual Incident Occurrence

Follow the agency policy for an incident or unusual occurrence (e.g., a medication error, injury to a patient) and immediately notify the field guide, provide appropriate follow-up care to the patient/family, complete the appropriate form(s) for the agency and the Incident Report for UVic, and notify the instructor (within 24 hours). Debrief with the instructor for critical reflection and learning.

Witnessing Consents

Students can witness signatures on consents, although agency policy must be followed in terms of the process of witnessing signatures on consent. In the absence of specific agency policy, prior to the patient signing the form, the student should inquire about the understanding the patient has in regard to the procedure/surgery. If the patient has an appropriate understanding, then the student may witness the signature. If there are any doubts about the patient's understanding of the information, the student should not obtain a signature and should report this to the preceptor. The student should follow the agency protocol in documenting the assessment of the patient's understanding.

Vehicle Insurance Coverage

The Dean of Human and Social Development at the University of Victoria advises students that:

If students choose to use their own vehicle for practica, clinical, or co-op placements, individual students and not their 'employer' [the practice agency] will be legally liable if an accident occurs.

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

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

Students should consider the potential risks in any situation and behave according to sound professional judgment.

CURRICULUM META CONCEPTS

The curriculum has two overarching concepts that guide practices.

Caring

Caring has been defined as the moral imperative to act justly and ethically. Students explore ways of caring both from a personal and a professional perspective in relationships the students develop with their agency families. Students reflect on their own caring and the caring around them how they care for themselves, for their family, friends, colleagues, and their clients; and how other people are caring towards them and one another.

Health Promotion

Like caring, health promotion is one of the foundations upon which the curriculum is built and focuses on the meaning of people’s experiences of health and healing. Hartrick, Lindsey and Hills (1994) outline assumptions that underlie health-promoting nursing practice and state:
1. All people have strengths and are capable of determining their own needs, finding their own answers, and solving their own problems. This requires an unyielding trust in people.
2. Every person and family lives within a social historical context that helps shape their identity and social relationships. This social historical context can lead to restriction of choices, limited resources, and a state of perceived powerlessness.
3. Diversity (race, gender, family form, age, sexual preference, etc.) is positively valued.
4. People with little power have as much capacity as the powerful to assess their own needs. (People are their own experts).
5. Relationships between people and groups need to have an equitable balance of power. (This includes the professional nurse-client relationship.)
6. The power of defining health and health problems belongs to those experiencing the problem.
7. The people disadvantaged by the way society is currently structured must play a primary role in developing strategies by which to gain control of valued resources.
8. Empowerment is not something that occurs purely from within; nor is it something that can be done for others. Rather, empowerment describes our intentional efforts to create more equitable (fair) relationships where there is greater equity in resources, status, and authority.
9. Health care professionals provide their knowledge and skills in new ways such that greater equity of power in interpersonal and social relationships results.

PHILOSOPHICAL FOUNDATIONS

The philosophical foundations of the curriculum reflect the traditions of phenomenology, humanism, critical social theory and feminism. Phenomenology is reflected in the PAF by how you focus on your own lived experiences as well as the lived experiences of your clients, colleagues, preceptors and instructors. Humanism attends to the quality of your relationships with others and in particular your caring relationships. Critical social theory reflects critical thinking, critical reflection, and a commitment to attending to the impact of structural aspects at work in organizing practice settings and their effects on everyday practice. Feminism also attends to the elements of critical social theory, however, the emphasis is on the influence of gender as it relates to the experiences of nurse caregivers.

FOUNDATIONAL CONCEPTS OF THE PROGRAM

Ways of Knowing

Multiple ways of knowing are valued in this curriculum. Nursing knowledge is derived from practical experiences with families it is embedded in nursing practice. Students reflect
on their personal and professional ways of knowing and the different ways families know about health, healing, and health promotion. We believe that knowing is augmented by the dynamic interaction of theory and practice. This is praxis where students use theory in practice and reflect on their actions to come to a deeper understanding of people's experiences, thus enhancing their practice. Reflective writing provides opportunities for students to contemplate and critique this process.

**Personal Meaning**

People make meaning of experiences based on past and present experiences, and on future expectations. Students consider their own personal beliefs, values, and assumptions about health, healing and health promotion and how these are reflected in their professional practice. This is a basis for discovering how families assign meaning to their experiences of health and healing and for practicing nursing in a health promotion, caring, and ethical manner.

**Time/Transitions**

The foundational concept of time/transitions emphasizes changes in health, healing, and illnesses in the life span. Changes bring unknowns, anxieties and upsets along with joys. The meanings of these transitions are attended to in nursing practice.

**Context/Culture**

The final foundational concepts are context and culture. Context is considered to be the environment in which people live and work. By culture, we mean not only ethnicity, but the different beliefs, values, assumptions, and personal views that people bring to their experiences. In this sense, people of differing ages, socio-economic status, sexual orientation, genders, races, and so on may be thought of as having different cultural perspectives.

The philosophy, and meta and foundational concepts are contextualized in the domains and competencies of the PAF, and are reflected in the quality indicators. At times, these philosophical foundations are more explicit, and at other times, they are more implicit. Together with your instructors and student colleagues you can identify how these philosophical orientations are actualized.

**REFLECTIVE PRACTICE**

Students are asked to reflect on their practice through regular writing (or audiotaping) of reflective practice narratives and through regular conversations with their preceptor(s)/CLU staff and instructor. The details for submission and timing of these narratives can be found in the course outline and are generally negotiated with the instructor.

It is mandatory for students to do some type of reflective writing during consolidation experiences. Nurses can assist students to process the meaning of experiences by providing feedback and information, and by asking questions to "walk through" the reasoning behind a practice or a pathophysiological process. Nurses cannot, however, consolidate experiences for students. The record of student experiences (or "anecdotal notes"), plus any data sheets from care given, along with selected reflections, combine to form a record of the student's practice that is the evidence of ability to practice within the standards for performance set out by the School in the PAF "Domains of Nursing Practice, Competencies, and Quality Indicators".

These are established so that students will be able to meet the Registered Nurses Association of British Columbia (RNABC) Standards for Registered Nursing Practice in BC (2003) upon graduation. These practice standards have been developed by the RNABC in response to the Nurses (Registered) Act of BC's requirement that the profession self-regulate through a systematic means of assessing members' competencies. A similar process of self-assessment is required each year of all RNs practicing in BC.

**REMEMBER:**

You cannot write a self-appraisal without the evidence on which to base your summary statements.

Your notes or reflective practice narratives provide direct access to detailed data about your clinical skills as they unfold, and as you
experienced them. You need to write your notes as soon after practice experiences as possible. You will be amazed how fast you forget details if you delay recording them.

Your reflective practice narratives are strictly for your personal use and that of your instructor. Ethical principles apply. Your instructor will keep the material confidential, and you must avoid names of patients, families, or staff on all written materials.

Regardless of the format you choose, make sure that you have relevant examples to incorporate into your self-evaluation when you write your mid-term and final evaluative summaries.

EVALUATION OF STUDENTS

Both the student and the practice instructor complete a mid-term and final evaluation. The student is evaluated on a completed/failed basis. Students receive copies of their evaluations, and should keep the copies to build a practice portfolio.

Preceptors/CLU staff are not required to complete formal documentation for evaluation of the student's progress. However, students benefit from and should seek regular feedback on their progress. Instructors usually meet with the staff working with students to collect verbal feedback in three-way conversations during the term.
NURSING PRACTICE APPRAISAL
OVERVIEW

Consolidated Practice Experiences III, IV, V, & Nursing Practice VIII.

As a form of praxis, the Practice Appraisal Form (PAF) is designed to be a learning tool as well as a guide to assess and evaluate your nursing practice. As a guide, the form is a flexible tool that can be used in a variety of ways depending on your learning needs and the level you are at in the nursing program. The overall intent of the PAF is to guide the development and evaluation of your nursing practice in each semester of the nursing program. Together with your instructor, you are to attend to four guiding principles:

1. Envision what high quality nursing practice is in your practice setting.
2. Discuss quality nursing practice with your instructor, preceptor/CLU team, and nursing practice colleagues.
3. Set goals for your own nursing practice.
4. Critically analyze your nursing practice.

The PAF has been adapted from the work of Benner (1984) to reflect your learning in nursing practice, the philosophy of the CAEN curriculum, the expectations and standards of practice of the RNABC for nursing education and practice, and the CNA Code of Ethics for Registered Nurses.

The form includes:
(a) the five domains of nursing practice which are addressed very briefly below,
(b) competencies that correspond to the five domains, the Standards for Registered Nursing Practice in British Columbia (2003) and the CNA Code of Ethics for Registered Nurses (2002), and
(c) quality indicators that are examples of successful progression in the nursing program.

The five domains address different forms of learning as outlined below.

The Health and Healing Domain
Attends to health promotion through working with persons in their experiences of health and healing. This domain is exemplified through fostering caring relationships with clients, colleagues, preceptors, and your instructors.

The Teaching-Learning Domain
Focuses on how you work with clients to best facilitate their learning as well as on your own learning progression.

Decision Making for Nursing Practice Domain
Reflects the art and science of nursing. The art of nursing is actualized through your decision-making and the science of nursing is reflected in your competence in nursing practice.

The Professional Responsibility Domain
Attends to your standards of nursing practice, your ability to practice legally and ethically, and your ability to remain current in your practice.

The Collaborative Leadership Domain
Reflects your ability to take a leadership role when required, as well as to critically examine health care practices, and to become involved in facilitating necessary changes.

It is intended that the PAF be used in a flexible manner. The domains and competencies remain the same throughout your program and are directed toward your nursing practice ability at the culmination of your program.

The quality indicators reflect your nursing practice in a particular semester and are organized according to three levels of practice. Although the domains and competencies remain constant throughout your nursing program, the relative significance of each domain may vary with each semester. Based on the four guiding principles and in conjunction with your instructor, you may choose to work with the form in different ways. In this sense, the quality indicators are intended as a guide for your nursing practice,
and as such, they may be used in variety of ways. For instance, you and your instructor might choose to attend to each quality indicator, to cluster various indicators, or you might choose to focus on a selection of quality indicators. Similarly, you and your instructor might choose to add more quality indicators, or to delete others. The important element here is that you use the PAF as a learning tool and as such, your practice guides your use of the quality indicators. How you use this form is to be agreed upon by yourself and your instructor. It should also be noted that the quality indicators within each level as well as across domains are not necessarily written in a sequential manner, neither is there a hierarchical order. It is important that you study the overall intentions of each semester and the quality indicators of the PAF to help guide your learning. Your instructor works with you as you assess your learning needs and make decisions about your nursing practice experiences.

Throughout all practice experiences there is ongoing evaluation. This evaluation takes different forms. Evidence of progress is assessed through avenues such as practice narratives, discussions with instructors, preceptors/CLU staff, peers and practice colleagues, check-ins, and so on. It is expected that students participate in self-evaluation and articulate experiences in practice. That is, you are expected to reflect critically on your practice and to identify your own learning needs, challenges and strengths. Your instructor evaluates your nursing practice and provides formal feedback at least twice a term, at midterm and end-of-term evaluations.

Finally, students and instructors might find it helpful to include peer evaluation. Depending on progress throughout the semester, you might be required to participate in more frequent evaluations. The important element to note is that you and your instructor have the opportunity to assess your practice and your learning needs. Written assessments are dated and signed by yourself and your instructor usually at midterm and at the end of the semester. Midterm evaluations may be verbal, and written evaluative reports may be more frequent if it is deemed necessary by yourself or your instructor. At minimum, the final evaluation summary is kept on your file.
University of Victoria School of Nursing

PRACTICE APPRAISAL SUMMARY

Nursing Course: ________________

Student Name: __________________________ Student #: ______________________

Instructor: ______________________________ Date: _________________________

Practice Placement Area: ___________________________

Preceptor Name: ___________________________

Total Practice Hours to Date: ___________________

Instructor Comments: (Please attach extra pages if necessary)

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<thead>
<tr>
<th>Mutually Identified Learning Needs</th>
<th>Learning Strategies for Next Practice Experience</th>
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STUDENT SELF-EVALUATION

For all Consolidated Practice Experiences (CPEs) and Nursing Practice VIII, it is the student's responsibility to ensure the instructor has sufficient information about the student's performance on the competencies and quality indicators in each domain of practice to make a judgement about the student's practice. This information is obtained from a number of sources, including feedback from preceptors/CLU staff, practice narrative critiques, regular check-ins with the instructor, seminars, or other means negotiated with your instructor. A major source of information is your own self-evaluation of your nursing practice. For this reason, you are asked to complete a self-evaluation and submit it to your instructor prior to your practice appraisal meetings, on the date negotiated with your instructor.

Student Self-Evaluation: *(Complete and attach as described below)*

A. For each of the five domains of practice, please provide examples from your practice that exemplify several of the quality indicators (QIs). Be as concrete and as specific in your examples as possible, and then discuss how your examples reflect one or more of the QIs.

B. For each of the five domains of practice, identify those QIs that challenge your practice. This does not just mean those QIs that you have not had an opportunity to demonstrate, but those that "stretch" your thinking or your practice. It can mean those QIs that you feel you have not performed as well as you might have liked, or others for which you will seek opportunities for development or improvement. These challenges may then form the basis for the discussion with your instructor about Mutually Identified Learning Needs and Strategies.

Student Comments:

(Student's signature indicates she/he has read this evaluation. Evaluations are placed in the student's file.)

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20 / Preceptor • Student • Instructor Practicum Handbook
DOMAINS OF NURSING PRACTICE, COMPETENCIES & QUALITY INDICATORS

Consolidated Practice Experiences III, IV, V, & Nursing Practice VIII

Client(s) in these practice experiences refers to individuals, families, and where appropriate, groups and communities

HEALTH AND HEALING DOMAIN

Competencies

1.1 Creating a climate for and establishing a commitment to health and healing
1.2 Providing comfort measures
1.3 Preserving personhood
1.4 Presencing: being with the client
1.5 Maximizing the clients’ participation and control
1.6 Facilitating understanding through communication
1.7 Guiding and supporting clients through transition
1.8 Providing emotional support

Quality Indicators

1. Demonstrates an evolving understanding of factors necessary to maintain the wholeness and uniqueness of persons. This understanding will include a sensitivity to personal meaning, ways of knowing, culture/context, and time/translations.
2. Commits to health promotion perspective
3. Commits to an ethic of caring
4. Establishes rapport and creates a therapeutic environment
5. Is available to the client and demonstrates empathy with the client
6. Preserves clients’ dignity and validates clients’ experiences of health and healing
7. Provides emotional support
8. Recognizes the significance of and creates opportunities for clients to guide their own care
9. Facilitates therapeutic communication and initiates, maintains and terminates a caring relationship
10. Maximizes client participation and control
11. Is sensitive and self-reflective of own communication patterns
12. Promotes clients’ health and healing by mobilizing resources
13. Where appropriate, initiates and mutually plans for client discharge and/or referral and identification of community resources
14. Identifies preventive measures for safe and effective client care
15. Identifies community resources / capacity for comprehensive client care
16. Identifies barriers and facilitates access to holistic health care
17. Integrates competent nursing skills within safe nursing practice
18. Provides effective comfort and pain control measures using pharmacological and non-pharmacological strategies as well as alternate forms of healing
19. Demonstrates caring as the moral imperative to act ethically and justly
20. Identifies effects of own values and assumptions on interactions with clients (RNABC Competencies)
21. Demonstrates attitudes that contribute to effective partnerships with clients (respect, empathy, honesty) (RNABC competencies)
22. Provides care that demonstrates sensitivity to client diversity (culture, race, age, sexual orientation, gender, chronic illness, disability, lifestyle) (modified from RNABC competencies)
23. Promotes clients rights and responsibilities (modified from RNABC competencies)
24. Acts as an advocate to protect and promote a client’s right to autonomy, respect, privacy, dignity, and access to information (RNABC Standards for Nursing Practice).
25. Attends to health service needs availability by identifying assets and gaps in health services (modified from RNABC competencies)
TEACHING/LEARNING DOMAIN

Competencies

2.1 Timing: capturing the client’s readiness to learn
2.2 Participating with clients to integrate health and healing processes into his/her lives
2.3 Eliciting and understanding clients’ interpretation of health and healing experiences
2.4 Providing opportunities to facilitate clients’ understanding of health and healing
2.5 Providing relevant information for clients to make informed decisions
2.6 Facilitating client-directed change
2.7 Evaluating learning outcomes

Quality Indicators

1. Identifies the multitude of factors that influence clients’ readiness to learn
2. Is sensitive to clients’ learning patterns
3. Is sensitive to cues that show clients’ readiness to learn and acts on those cues
4. Tailors teaching/learning to clients’ experiences
5. With the client, identifies the effectiveness of the teaching/learning process
6. With clients, identifies the need for further teaching/learning
7. Participates in incidental and planned teaching/learning opportunities
8. Provides relevant information for clients to make informed decisions
9. Facilitates clients’ understanding by being available to provide information at clients’ requests
10. Is self-aware of own capacity for teaching/learning
11. Is self-reflective of own learning
12. Shares knowledge and takes an active role as co-learner with peers
13. Recognizes and honours the reciprocal nature of teaching/learning with clients, colleagues and peers
14. Recognizes the significance of personal and professional growth and of life-long learning
15. Supports clients to draw on own assets and resources for self-care and health promotion (RNABC competencies)
16. Encourages clients to seek out support groups for mutual aid and support as appropriate (modified from RNABC competencies)

DECISION MAKING FOR NURSING PRACTICE DOMAIN

Competencies

3.1 Assessing the client’s potential for health and healing
3.2 Making clinical decisions in relation to clients’ experience and understanding of health and healing
3.3 Detecting, reporting and documenting changes in clients’ health and healing experiences
3.4 Anticipating health and healing issues
3.5 Anticipating change prior to confirming signs
3.6 Recognizing patterns of client response to similar situations
3.7 Assessing the client’s response to various health and healing initiatives
3.8 Adapting practice to reflect an understanding of the client’s experience of health and healing
3.9 Performing skillfully in situations that are changing
3.10 Setting priorities to meet multiple client needs and requests
3.11 Systemically monitoring client health status
3.12 Evaluating decision making for nursing practice

Quality Indicators

1. Demonstrates increasing ability in clinical decision making when working with stable clients, with simple to moderately complex health challenges
2. Refines and extends client assessment information by:
a) Collecting data from a variety of sources (client’s reports of their experiences, physical assessment, family members, other health care team members, diagnostics and knowledge from nursing and other disciplines);
b) Using initial assessment findings to focus on additional and more detailed assessments;
c) Incorporating the determinants of health (income, social status, education, employment, work conditions). (modified from RNABC competencies)

3. Demonstrates the ability to critically analyze and discriminate the salience (importance) of information as it relates to clients’ health status
4. Anticipates potential changes in clients’ health when working with stable and unstable clients, with simple to complex health challenges
5. In collaboration with clients and other members of the health care team, makes decisions based on different ways of knowing (e.g., clients’ experiences, nursing knowledge, knowledge from other disciplines, epidemiology, biology, sociology, medicine, psychology, etc.) as it relates to holistic client care
6. Demonstrates increasing sophistication in the ability to critically reflect on clinical judgments/decisions and makes changes to own nursing practice based upon this reflection
7. In collaboration with clients and members of the health care team, develops increasing ability to prioritize and organize own nursing care
8. Shares significant information (e.g., during report, in client documents, during multi sectoral conferences, data banks, etc.) for holistic client care
9. Identifies clients “at risk” and accesses the appropriate resources when working with stable and unstable clients, with simple to complex health challenges
10. In collaboration with clients, is able to independently make clinical decisions for routine or simple problems and seeks guidance for complex clinical decisions from an appropriate resource
11. Begins to consult/co-ordinate with members of the health care team in planning holistic client care
12. Is responsive in recognizing the signs and symptoms that are indicative of an emergency and seeks help to initiate appropriate, immediate actions
13. Demonstrates ability to adapt to change
14. Identifies and prioritizes care: a) with each client; b) among all clients when working with stable and unstable clients, with simple to complex health challenges
15. Collaborates with clients and other members of the health care team to develop a plan of care for stable to unstable clients with simple to complex health challenges:
   a) Identifying expected outcomes
   b) Selecting and individualizing a range of nursing actions;
   c) Performing and evaluating the selected actions. (modified from RNABC competencies)
16. Develops plans to ensure continuity of care for clients as they move through the health care system (RNABC competencies)

PROFESSIONAL RESPONSIBILITY DOMAIN

Competencies

4.1 Monitoring and ensuring the quality of health care practice
4.2 Performing responsibly and in congruence with knowing the client as a person with his/her own context
4.3 Critically examines the quality of own caring practices
4.4 Critically examines ones overall standards of practice
4.5 Monitoring health care environment for physical and psychological safety
4.6 Advocation for client regarding safe health healing practices
4.7 Practicing according to CNA’s Nursing Code of Ethics and RNABC’s Standards of Nursing Practice
4.8 Practicing within the legal requirements for nursing
4.9 Practice reflects continuing currency in nursing
4.10 Participating in the evolution of the nursing profession
Quality Indicators
1. Practices according to the CNA Code of Ethics and RNABC Standards of Nursing Practice
2. Functions in accordance with agency, college, university college and university policies, procedures and guidelines
3. Is accountable for own actions
4. In collaboration with clients and other health care team members, provides safe, competent, and holistic nursing care including: physical, psychological, social and spiritual components.
5. Reflects upon and critically analyzes aspects of own nursing care
6. Applies principles of safety at all times for self and others in relation to holistic client care
7. Is self-reflective in understanding nurses’ roles in safe nurse/client relationships
8. Demonstrates honesty, integrity and confidentiality
9. Responds constructively to feedback and suggestion from health care team members, faculty, clients and student colleagues
10. Recognizes and seeks assistance in situations where the context of the practice environment places clients and/or self at risk (e.g. excessive workload, patient acuity beyond current competence level)
11. Invests time, effort and/or other resources in maintaining and obtaining knowledge and skills required for nursing practice
12. Critically evaluates own caring practices
13. Is aware of own needs/health and seeks appropriate support and resources
14. Is aware of own environment and works to ensure personal safety
15. Identifies effects of own values and assumptions on interactions with clients and health care team members (modified from RNABC competencies)
16. Maintains own physical, mental, and emotional well being (RNABC Standards of Practice)
17. Seeks opportunities for professional growth which enhance competence (reading journals, attending in services, taking courses)

COLLABORATIVE LEADERSHIP DOMAIN
Competencies
5.1 Taking a leadership role in health and healing practices
5.2 Coordination of and involvement in multidisciplinary teams
5.3 Perceiving the hegemony and creating a vision for change
5.4 Engaging in the political process to facilitate the counter-hegemony

Quality Indicators
1. Initiates / participates in the collaborative process of planning client care
2. Where appropriate, co-ordinates activities as a team leader
3. At a beginning level, is an effective team leader
4. Delegates tasks appropriately
5. Provides guidance to team members
6. Evaluates the effectiveness of collaborative care plans
7. Progresses in assuming added responsibility for holistic nursing care
8. Makes appropriate suggestions for changes in holistic nursing care
9. Uses appropriate channels of communication to facilitate change and resolve conflict
10. Articulates nurses’ roles on a multi sectoral team
11. Recognizes the roles of public policy in influencing health care
12. Recognizes the active leadership role of nurses in influencing change
13. Identifies empowering strategies when creating an environment conducive to change
14. Questions and challenges taken-for-granted practices (routines, procedures) to foster own understanding and identify how to initiate change in health care
15. Makes referrals to other health team members for clients who require consultation (modified from RNABC competencies)
16. Participates in, encourages, and supports initiatives for quality improvement (RNABC Standards for Nursing Practice)