

STUDENT HANDBOOK

2011-2012



Whatever things are true

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Mission

*School of Nursing
Saint Francis Xavier University*

The primary mission of the School of Nursing (SON) is to prepare professional nurses to engage in evidence-informed practice directed toward promoting health, preventing illness, managing disease processes, restoring optimal function, and alleviating suffering in clients across the life-span in a variety of settings. The SON strives to provide the highest quality nursing educational experience in Canada in an environment where the undergraduate comes first. In its commitment to excellence, the SON desires to enhance the intellectual, social, spiritual, cultural, and personal development of its constituents by integrating innovative teaching, rigorous research, holistic practice, and creative community outreach programs. The SON endeavors to search for truth through the processes of professional caring, critical inquiry, reflection, and life-long learning. The SON seeks to develop, advance, and disseminate nursing knowledge as well as proactively influence public policy that impacts on the health and well-being of individuals, families, groups/populations, and communities, including the global community. The SON seeks to actualize the values of academic freedom, academic honesty, and academic integrity while cultivating a culture of scholarship that includes the scholarship of discovery, teaching, application, integration, and service. In keeping with the University's distinctive Catholic character, the SON aspires to uphold those spiritual values and principles that are integral to the dignity and worth of every human being. The SON embraces students, faculty members and clinical associates, and staff from diverse backgrounds and respects the ideals of social justice, inclusivity, and equity. Students, faculty members and clinical associates, staff, alumni, and partners in the community and health care sector are considered to be valued resources in fulfilling this mission.

Historical Background

As one of five professional programs housed within a small primarily undergraduate liberal arts university nestled in a vibrant town in rural northeastern Nova Scotia, the School of Nursing was established in 1926. Since its inception it has evolved from a small but dedicated “department” to a flourishing “school” with more than 1000 nursing students enrolled in various innovative on-campus and distance education programs.

National awards of excellence and the awarding of accreditation from the Canadian Association of Schools of Nursing (CASN) are consistent reminders of the School’s commitment to foster the personal and professional growth of students and to the delivery of exceptional nursing education. The hallmark of the School of Nursing at St. Francis Xavier University is the caliber of its graduates who are known nationally and internationally to be extraordinarily caring, compassionate, competent, conscientious, and committed professional nurses.

Core Values

We, the SON, value excellence in all scholarly and professional pursuits, integrity in all endeavors and encounters, accountability for one’s actions and decisions, social justice as a means to an end and an end in itself (CNA, 2006), acceptance of and respect for uniqueness and diversity, innovation and creativity in teaching, collaboration with students and stakeholders (including clients), commitment to continuing competence, and service to the profession and the wider community.

Philosophy

The School of Nursing (SON) philosophy statement explicates the nature of persons, health, environment, nursing, nursing education, and nursing scholarship from the perspective of its members. It builds on the mission of the SON and provides the philosophical basis for the nursing program’s purpose, goals and objectives, and curriculum design. While recognizing the diversity of philosophical thought that currently exists among nursing scholars, the espoused values and beliefs of the SON regarding nursing’s metaparadigm concepts are primarily influenced by socio-ecological thought and the tenets of self-care.

The Nature of Persons

The nature of persons reflects the variable nature of client (e.g., populations, communities) and the nuances of nursing practice as enacted in various specialty areas (e.g., perinatal) and settings (e.g., community). Persons are viewed as embodied beings who live, function, and develop physiologically, psychologically, socially, and spiritually in their environments as unique individuals and as members of families, groups, communities, and populations. They influence and are influenced by their environments. Persons have the capacity to know by sensing, reflecting, reasoning, and understanding. Persons uniquely experience and assign

meaning to common human experiences. They are capable of possessing an awareness of self and the environment, making decisions, and engaging in deliberative action to attain ends or goals. Persons have free will and the right to make choices; yet, they “have requirements and responsibilities for self-maintenance, self-management, care of dependents, and fulfillment of their human potential” (Orem, 2001, p. viii).

The SON embraces a view of people, which considers each person to be created in God’s image, to be sacred, and to possess the gift of intrinsic worth, irrespective of social status, race, culture, ethnicity, gender, achievement, utility, desirability, physical or mental ability, personal values, beliefs, preferences or practices, and so forth. “To be a person is always to be in relationship, to live in a community of persons, to seek a community embraced by love . . . as the human person is created from love, for love, to be love (Roach, 2002, p.8).” As an element of human love, people possess an innate capacity to care and show concern for others. In the unfolding of this capacity, human development and human fulfillment are achieved (Roach, 2002), and the moral response of reverence is expressed and preserved.

The Nature of Health (and Well-Being)

In attempting to be comprehensive, the SON endorses several different, but compatible and expanding, perspectives on the nature of health: the health of individuals, families, communities, and populations, which subsumes groups. Health as a multi-dimensional concept has physical, psychological, social, and spiritual aspects. It is influenced by several, often interrelated, determinants: income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture (Health Canada, 2002). As such, health is a societal responsibility as well as an individual one (Orem, 2001).

Personal health and its counterpart, well-being, are two different, but related, human states (Orem, 2001). Health represents a state of structural and functional wholeness or integrity and not merely the absence of disease; whereas well-being refers to the individual’s “perceived condition of existence” (p. 186).

Well-being is “characterized by experiences of contentment, pleasure, and kinds of happiness; by spiritual experiences; by movement toward fulfillment of one’s ideal; and by continuing personalization” (Orem, 2001, p. 186). Although the experience of well-being is “associated with health, . . . success in personal endeavors, and . . . sufficiency of resources”, individuals may still experience well-being “under conditions of adversity, including disorders of human structure and functioning” (Orem, 2001, p. 186)

Deliberate action, known as self-care, is necessary for maintaining health. Such action evolves from a base of education in self-care acquired in the home, at school, and from practical experiences in self-care (Orem, 2001). The performance of self-care activities fulfills those self-care requisites that maintain life, health, continuing development, and a sense of well-being.

Given the complex interactions between social and economic factors, the physical environment, and behavior that influence health, approaches to promote, maintain, and restore health of individuals, families, groups, communities, and populations must extend beyond self-care to include socio-ecological approaches which, in addition to the goal stated above, also work toward eliminating health disparities. Out of necessity, socio-ecological approaches must be multi-sectoral and collaborative in nature.

The SON espouses the Vanier Institute of the Family's definition of family as any combination of two or more persons who are bound together over time by ties of mutual consent, birth, and/or adoption or placement and who, together, assume responsibility for variant combinations of some of the following: physical maintenance and care of group members; addition of new members through procreation or adoption; socialization of children; social control of members; production, consumption, distribution of goods and services; and, affective nurturance — love”.

As such, the family is the primary social context in which self-care is learned and enacted. The health of the family unit is influenced by many factors (e.g., relationships, beliefs, values, practices, economic resources, political and policy decision-making contexts, geographical boundaries, coping capacity, support systems, and access to health care services). These in turn influence the health of its members, the community, and the larger population. A healthy family is one that

is able to integrate the need for stability with the need for growth and change, ...has a structure that allows adaptable performance of tasks and acceptance of help from outside the family system, ... has control over the environment, [and] ...exerts influence on the immediate environment of home, neighborhood, and school (Ross-Kerr & Wood, 2006, pp. 299-300).

A healthy community is one that possesses the following attributes: a clean and safe environment; peace, equity, and social justice; adequate access to food, water, shelter, income, safety, work, and recreation for all; adequate health care services; opportunities for learning and skill development; strong, mutually supportive relationships and networks; workplaces that are supportive of individual and family well-being; wide participation of residents in decision making; strong local cultural and spiritual heritage; diverse and vital economy, protection of the natural environment; and, responsible use of resources to ensure long term sustainability (Ontario Healthy Communities Coalition, 2003)

“A healthy population is composed of healthy individuals, and the health of individuals is considered an overall aggregate that reflects an average or general healthiness or health status” (Ross-Kerr & Wood, 2006, p. 53). The health status of a population is determined and measured by such indicators as well-being, life expectancy, incidence and prevalence rates, crude death rate, mortality rates, burden of illness, and case fatality rate (Shah, 2003) as well as by the influence of the determinants of health as outlined above.

The Nature of Environment

Persons exist within complex interacting physical, chemical, biologic, and socioeconomic-cultural environments that influence their self-care requisites and their self-care capabilities and in turn positively or negatively affect their lives, health, development, and well-being (Orem, 2001). Ideally, persons are capable of controlling, protecting, or improving certain aspects of their environments in the interest of maintaining life, healthy functioning, continuing development, and well-being.

However, for those aspects of the environment that are not amenable to action at the personal level (e.g., poverty, oppression, climate change) and also influence the health of collectives (i.e., families, groups, local and global communities, and populations), action at the community level involving interdisciplinary collaboration and multi-sectoral collaboration between the health care sector and others such as government, education, agriculture, business, to mention a few, is required (Ross-Kerr & Wood, 2006). By incorporating and promoting the principles of primary health care (CNA, 2003) in the delivery of services in various settings, such action to enhance the health of individuals, families, groups, communities, and populations is achievable while simultaneously working toward creating a model of care that is affordable, accessible, equitable, participatory, and sustainable.

The Nature of Nursing

We, the SON, recognize nursing as both a practical science and an art. The science of nursing seeks generalizable knowledge for the practical end of nursing. The art of nursing is “the ability to nurse well” (Johnson, 1991, p. 10). The art of nursing implies the achievement of a particular end or goal in a particular client situation and thus embodies scientific knowledge, skill, understanding of the particular situation, and prudent judgment (Johnson, 1991). The establishment of a nurse-client relationship and a committed stance on the part of the nurse is assumed (Hawley, 2005, p.13). Intuition, wisdom, creativity, moral insight, and personal knowledge of both client and self also contribute to the achievement of particular ends or goals and, therefore, also fall under the rubric of nursing art (Hawley, 2005). That being said, the knowledge used within nursing is multi-faceted, comprising both theoretical and practical knowledge, and necessarily requires methodological pluralism for its development.

Nursing, as a human service, is concerned with what is good and desirable for human beings (e.g. health and well-being) and thus constitutes a moral enterprise. Caring is an important and essential aspect of nursing, providing the moral impetus to act and signifying the affect that, when conveyed, humanizes care in a way that is therapeutic (Hawley, 2005).

At the individual or personal level, the goal of nursing is to promote, maintain, and restore health and well-being through self-care. At the collective level, the goal of nursing also includes eliminating health disparities. Accordingly, nursing actions also embrace advocating for healthy public policy, collaborating with multiple sectors, and engaging in socio-political action (Ogilvie & Reutter, 2003).

The Nature of Nursing Education

In the broadest sense, and in keeping with the University's liberal arts focus, the SON aspires to provide an educational experience that fosters life-long learning and nurtures the development of the whole person in service to humanity. The development of the whole person goes beyond the development of intellect and encompasses the emotional, socio-cultural, and spiritual dimensions of personhood. The liberal arts focus plays a critical role in developing practitioners of nursing who think critically, rationally, reflectively, and creatively, problem solve effectively, and assume leadership roles in a rapidly changing health care environment.

In keeping with a balanced and dynamic approach to education, the nursing curriculum is based on an eclectic philosophical approach that incorporates the principles of adult learning and employs a variety of traditional and innovative teaching strategies with the intent to equip beginning practitioners for professional nursing practice that is based on empiric, ethical, personal, aesthetic, and emancipatory knowledge (Chinn & Kramer, 2008). Consequently, the curriculum represents an intentional blending of professional nursing courses with liberal arts and science courses. Evidence-informed practice is emphasized in conjunction with understanding of the particular client situation, skill, and artistic nursing prudence in achieving particular ends or goals.

Teaching is an interactive process that facilitates learning, enhances praxis, and raises socio-political awareness. It requires attentiveness to best practices in education. Learning is part of the growth process and the means by which skills, knowledge, values, attitudes, and emotions are acquired. Learning is influenced by the context in which it occurs, the ability, motivation, and stance of the student, and the extent to which the student is actively involved, self-directed, and values the content being learned. Learning is both hierarchical (i.e., it progresses from simple to complex, concrete to abstract, and known to unknown) and circuitous. Reflection on experience serves as a rich resource. Learning is enhanced in a climate of physical comfort, mutual trust and respect, openness, and acceptance of differences and when past experience is acknowledged and valued. Learning is a life-long process and, for the professional nurse, a life-long commitment.

Students have preferred styles of learning and are exposed to an array of teaching strategies. They are expected to take ownership of their learning, utilize and integrate previous knowledge, skill, understanding, and experience, identify their strengths and areas in need of improvement, and, in collaboration with faculty members or clinical associates, devise and implement appropriate strategies to address their individual learning needs. Students require opportunities to give and receive constructive feedback and ought to participate in ongoing curriculum evaluation and design.

Faculty members and clinical associates are mentors and role models. They possess expert knowledge and engage in evaluative processes that determine student progression. Despite the teacher-learner power differential, faculty members and clinical associates are considered to be partners in the learning process. In the presence of learning challenges they work collaboratively with students in an attempt to achieve student success. They set clear

and realistic expectations and their evaluative processes are consistent and fair. They are concerned about student well-being and, to the extent possible, accommodate individual or personal needs.

Faculty members and clinical associates strive to be non-threatening and supportive of students in creating and maintaining a safe learning environment. They reward curiosity, stimulate critical thinking, cultivate self-reflection, foster self-directedness, promote leadership skill development, enhance problem solving ability, and encourage independence.

The Nature of Nursing Scholarship

The SON recognizes the interdependence of professional practice, education, and scholarship, and considers engagement in scholarly activity to be integral to actualizing its mission. Scholarship drives excellence and encompasses a full range of intellectual and creative activities...to advance teaching, research, practice, and professional service outside of the academic setting (CASN, 2006). The SON endorses CASN's definition of scholarship which embraces the scholarship of discovery, the scholarship of teaching, the scholarship of service, the scholarship of application, and the scholarship of integration.

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**St. Francis Xavier University
School of Nursing**

Statement of Program Purpose and Goals

The StFXU educational unit offers a program of study leading to a Bachelor of Science in Nursing. Variation within this program of study (e.g., time frame for completion, program requirements, and course sequence) accommodates undergraduate transfer students, post-degree students, aboriginal students, and those students who possess diploma preparation in nursing. A designation of Advanced Major or Honours is available to qualifying students. The purpose in all program options is to prepare professional nurses who are proactive and responsive to the changing health needs of society and able to engage in safe, competent, compassionate, and ethical evidence-informed nursing practice with clients across the life span and in a variety of settings. The program also provides a solid foundation for graduates who wish to pursue specialization in nursing, advanced nursing practice roles, or study at the graduate level.

Program Goals

Irrespective of the program option completed, graduates will be able to:

1. Engage in evidence-informed professional nursing practice that is directed toward promoting health, preventing illness, managing disease processes, restoring optimal function, and alleviating suffering in clients across the life span in a variety of settings and in accordance with the Standards for Nursing Practice (CRNNS, 2004), the Entry-level Competencies (CRNNS, 2009), and the CNA Code of Ethics (2008).
2. Incorporate and promote the principles of primary health care and population health.
3. Address the determinants of health throughout all phases of the nursing process.
4. Apply professional, ethical/moral, and legal standards in decision-making with respect to health and health care delivery.
5. Act and interact in a caring and professional manner.
6. Demonstrate accountability and responsibility in all nursing actions and interactions.
7. Implement nursing practice models that promote the principles of self-care and societal responsibility.
8. Uphold the ideals of social justice, inclusivity, and equity through respectfulness, cultural competence, and cultural safety.
9. Support interdisciplinary and multisectoral collaborative participation in health care delivery and research.
10. Use facilitative and deliberate interaction in all client encounters.
11. Employ leadership and advocacy skills to positively impact on population health and health care policy.
12. Participate in activities that foster personal growth and continuing competence.
13. Exemplify professional nursing practice that is proactive and responsive to the changing health needs of society.
14. Demonstrate critical thinking, flexibility, and creativity in unpredictable and complex situations.

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**St. Francis Xavier University
School of Nursing**

Leveled Objectives

Level Four

Irrespective of the program option in which the student is enrolled, the student at level four will:

1. Consistently engage in evidence-informed professional nursing practice that is directed toward promoting health, preventing illness, managing disease processes, restoring optimal function, and alleviating suffering in clients across the life span in a variety of settings and in accordance with the Standards for Nursing Practice (CRNNS, 2004), the Entry-level Competencies (CRNNS, 2009), and the CNA Code of Ethics (2008).
2. Consistently incorporate and promote the principles of primary health care (e.g., accessibility, public participation, health protection, health promotion, illness and injury prevention, appropriate use of technology, and inter-sectorial cooperation) and population health.
3. Consistently address the determinants of health throughout all phases of the nursing process (e.g., income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture).
4. Consistently attends to the unique spiritual values, beliefs, and preferences of clients in the planning and provision of care.
5. Consistently demonstrate application of professional, ethical/moral, and legal standards in decision-making with respect to health and health care delivery.
6. Consistently act and interact in a caring and professional manner
7. Consistently demonstrate accountability and responsibility in nursing actions and interactions.
8. Consistently implement nursing practice models that promote the principles of self-care and societal responsibility.
9. Consistently uphold the ideals of social justice, inclusivity, and equity through respectfulness, cultural competence, and cultural safety.
10. Consistently support inter-disciplinary and multi-sectoral collaborative participation in health care delivery and research.
11. Consistently use facilitative and deliberate interaction in client encounters.

12. Consistently employ leadership and advocacy skills to positively impact on population health and health care policy.
13. Consistently participate in activities that foster personal growth and continuing competence.
14. Consistently exemplify professional nursing practice that is proactive and responsive to the changing health needs of society.
15. Consistently demonstrate critical thinking, flexibility, and creativity in unpredictable and complex situations.
16. Students graduating with an **Advanced Major** will have disseminated evidence-informed knowledge gained while partaking in a concentrated independent nursing practice experience in a clinical area of their choice.
17. Students graduating with **Honours** will have generated and disseminated new nursing knowledge by successfully completing and defending an Honours thesis.

Level Three

Irrespective of the program option in which the student is enrolled, the student at level three will:

1. Demonstrate the ability to engage in evidence-informed professional nursing practice that is directed toward promoting health, preventing illness, managing disease processes, restoring optimal function, and alleviating suffering in clients across the life span in a variety of settings and in accordance with the Standards for Nursing Practice (CRNNS, 2004), the Entry-level Competencies (CRNNS, 2009), and the CNA Code of Ethics (2008).
2. Demonstrate the ability to incorporate and promote the principles of primary health care (e.g., accessibility, public participation, health protection, health promotion, illness and injury prevention, appropriate use of technology, and inter-sectoral cooperation) and population health.
3. Demonstrate the ability to address the determinants of health throughout all phases of the nursing process (e.g., income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture).
4. Demonstrate increasing ability to attend to the unique spiritual values, beliefs, and preferences of clients in the planning and provision of care.
5. Demonstrate increasing ability to apply professional, ethical/moral, and legal standards in decision-making with respect to health and health care delivery.
6. Demonstrate increasing ability to act and interact in a caring and professional manner.

7. Demonstrate accountability and responsibility in all nursing actions and interactions.
8. Demonstrate the ability to implement nursing practice models that promote the principles of self-care and societal responsibility.
9. Uphold the ideals of social justice, inclusivity, and equity through respectfulness, cultural competence, and cultural safety.
10. Demonstrate the ability to support inter-disciplinary and multi-sectoral collaborative participation in health care delivery and research.
11. Demonstrate the ability to use facilitative and deliberate interaction in client encounters.
12. Demonstrate the ability to employ leadership and advocacy skills to positively impact on population health and health care policy.
13. Participate in activities that foster personal growth and continuing competence.
14. Demonstrate the ability to exemplify professional nursing practice that is proactive and responsive to the changing health needs of society.
15. Demonstrate the application of critical thinking, flexibility, and creativity in unpredictable and complex situations.

Level Two

Irrespective of the program option in which the student is enrolled, the student at level two will:

1. Demonstrate a beginning ability to engage in evidence-informed professional nursing practice that is directed toward promoting health, preventing illness, managing disease processes, restoring optimal function, and palliating symptoms in clients across the life span in a variety of settings and in accordance with the Standards for Nursing Practice (CRNNS, 2004), the Entry-level Competencies (CRNNS, 2009), and the CNA Code of Ethics (2008).
2. Demonstrate a beginning ability to incorporate and promote the principles of primary health care (e.g., accessibility, public participation, health protection, health promotion, illness and injury prevention, appropriate use of technology, and inter-sectorial cooperation) and population health.
3. Demonstrate a beginning ability to address the determinants of health throughout all phases of the nursing process (e.g., income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture).
4. Demonstrate beginning ability to attend to the unique spiritual values, beliefs, and preferences of clients in the planning and provision of care.
5. Demonstrate developing ability to apply professional, ethical/moral, and legal standards

- in decision-making with respect to health and health care delivery.
6. Demonstrate increasing ability to act and interact in a caring and professional manner.
 7. Demonstrate accountability and responsibility in all nursing actions and interactions.
 8. Demonstrate a beginning ability to implement nursing practice models that promote the principles of self-care and societal responsibility.
 9. Uphold the ideals of social justice, inclusivity, and equity through respectfulness, cultural competence, and cultural safety.
 10. Demonstrate a beginning ability to support inter-disciplinary and multi-sectorial collaborative participation in health care delivery and research.
 11. Demonstrate a beginning ability to use facilitative and deliberate interaction in client encounters.
 12. Demonstrate a beginning ability to employ leadership and advocacy skills to positively impact on population health and health care policy.
 13. Participate in activities that foster personal growth and continuing competence.
 14. Demonstrate a beginning ability to exemplify professional nursing practice that is proactive and responsive to the changing health needs of society.
 15. Demonstrate the application of critical thinking, flexibility, and creativity in unpredictable and complex situations.

Level One

Irrespective of the program option in which the student is enrolled, the student at level one will:

1. Demonstrate awareness of the professional nurse's role in providing evidence-informed care that is directed toward promoting health, preventing illness, managing disease processes, restoring optimal function, and alleviating suffering in clients across the life span in a variety of settings and in accordance with the Standards for Nursing Practice (CRNNS, 2004), the Entry-level Competencies (CRNNS, 2009), and the CNA Code of Ethics (2008).
2. Demonstrate an awareness of the principles of primary health care (e.g., accessibility, public participation, health protection, health promotion, illness and injury prevention, appropriate use of technology, and inter-sectorial cooperation) and population health
3. Understand the importance of addressing the determinants of health throughout all phases of the nursing process (e.g., income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development,

- biology and genetic endowment, health services, gender and culture).
4. Understand the importance of attending to the spiritual values, beliefs, and preferences of clients in the planning and provision of care.
 5. Demonstrate beginning ability to apply professional, ethical/moral, and legal standards in decision-making with respect to health and health care delivery.
 6. Demonstrate beginning ability to act and interact in a caring and professional manner.
 7. Demonstrate accountability and responsibility in all nursing actions and interactions.
 8. Demonstrate a beginning understanding of a nursing practice model that promotes the principles of self-care and societal responsibility.
 9. Uphold the ideals of social justice, inclusivity, and equity through respectfulness, cultural competence, and cultural safety.
 10. Demonstrate an awareness of the importance of inter-disciplinary and multi-sectoral collaborative participation in health care delivery and research.
 11. Demonstrate a beginning ability to use facilitative and deliberate interaction in client encounters.
 12. Demonstrate an understanding of the importance of employing leadership and advocacy skills to positively impact on population health and health care policy.
 13. Participate in activities that foster personal growth and continuing competence.
 14. Demonstrate a beginning ability to exemplify professional nursing practice that is proactive and responsive to the changing health needs of society.
 15. Demonstrate an understanding of the importance of critical thinking, flexibility, and creativity in unpredictable and complex situations.

Approved by SON June 2003/Revised December 2008/Minor Revision 2010

CURRICULUM MODEL

*= 6 credit; all others are 3 credit courses

FALL

Biology 105 Intro to Cell & Molecular Biology
Nursing 105 Intro to Nursing Practice

WINTER

Biology 115 Microbes in Human Biology
Nursing 115 Health Promotion & Learning

FULL YEAR

Chemistry 150* Fundamentals of General
& Biological Chemistry
Nursing 125 Intro to Clinical Nurse Practice
Psychology 100* Intro
Religious Studies 120* Religion, Spirituality
& Health OR Philosophy 100

FALL

Biology 251 Human Anatomy & Physiology I
Human Nutrition 261
Nursing 205 Community Health I
Nursing 235 Intro to Pharmacology

WINTER

Biology 252 Human Anatomy & Physiology II
Human Nutrition 263
Nursing 245 Healthy Aging
Nursing 251 Nursing of Adults I Theory

FULL YEAR

Nursing 260 Developmental Psychology*
Nursing 275 Health Assessment

SPRING INTERSESSION

Nursing 252 Nursing of Adults I Practice

GUIDING PRINCIPLES

*Dynamic & Innovative
Student-Centered & Adult-Oriented
Hierarchical & Circuitous
Traditional & Contemporary*

FALL

Nursing 305 or 315 Nursing of Adults II/Children
Nursing 345 or 355 Mental Health/Perinatal

WINTER

Nursing 305 or 315 Nursing Adults II/
Children
Nursing 345 or 355 Mental Health/
Perinatal Nursing

FULL YEAR

Nursing 300 Research Methods)
Honours Students or Nursing 310
Nursing Research Methods (all other
Students)*
Nursing 330 or 336 Legal & Ethical Issues in
Nursing Care/Ethics in Health and Medicine *
Arts/Science Electives (6 credits)
Co-operative Learning Experience 399
(Optional)

FALL (2011-2012)

Nursing 455 Community Health Nursing II
Nursing 405 Nursing of Adults III
Nursing 491 or 493 Trends in Health Care/
Nursing Leadership & Research in Nursing

WINTER

Nursing 416 Nursing of Adults IV*
Nursing 491 or 493 Trends in Health Care/
Leadership & Research in Nursing

FULL YEAR

Open Electives (6 credits)
Arts/Science Electives (3 credits)

ADVANCED MAJOR

(N405, 416, 491, 493, 499 (Directed Study &
Practice) & 6 Open Electives

HONOURS

(N405, 416, 491, 493, 496 (Seminar), 498
Honours Thesis), 3 credits Nursing
Electives & 3 Open Electives

Overview of the Curriculum Model

The curriculum model for the School of Nursing (SON) depicts a unified, coherent curriculum that is congruent with the SON's mission, core values, philosophy, core curriculum concepts, intended curriculum goals, teaching-learning approaches, and key professional practice competencies. Through ongoing refinement, the SON strives to maintain a "context-relevant curriculum" (Iwasiw, Goldenberg, & Andrusyszyn, 2009, p. 101) that assists baccalaureate students to progressively develop the knowledge and skill that will enable them to engage in safe, competent, compassionate, culturally-sensitive, ethical, and evidence-informed professional nursing practice with individuals, families, groups, communities, and populations in a variety of settings. In keeping with the University's liberal arts focus, there is a deliberate attempt to foster life-long learning and to nurture the development of the whole person. Although the achievement of curriculum responsiveness to complex and ever-changing internal and external contextual factors is considered paramount, the curriculum is guided by several enduring principles which are explicated below.

The philosophical base upon which the curriculum rests is pluralistic in nature; however, the SON philosophy is heavily influenced by socioecological thought and the tenets of self-care. The core curriculum concepts (e.g., nursing's metaparadigm concepts, primary health care, social determinants of health, social justice, cultural competence, critical thinking, leadership, advocacy, collaboration, caring) permeate the substance of the curriculum and are emphasized in nursing practice experiences.

Given the changing context in which the curriculum is executed, the nursing curriculum remains **dynamic and innovative**, calling forth the creativity and ingenuity of its developers as it evolves at both the macro and micro level. While the curriculum is predominantly delivered by traditional means, with face-to face instruction in the classroom, laboratory, and practice environment being the norm, students do have the option to complete elective and/or non-nursing courses via distance delivery, either from StFXU or from other comparable institutions, pending approval from the Chair.

The selection and organization of the curriculum content is an intentional blending of nursing and non-nursing courses in each year/level of the program. The curriculum is **student-centered** with student interests accommodated (e.g., students are permitted choice in their elective options and, to the extent possible, choice in the location and type of practice experiences they will pursue), student input sought (e.g., student representation on the curriculum committee, completion of course and program evaluations, evaluation of nurse educators in both the classroom and nursing practice setting), and student-centered approaches to learning incorporated throughout the program (e.g., active learning is promoted, responsibility for one's own learning is encouraged, learner diversity is considered, self-evaluation of nursing practice performance is expected). Likewise, the curriculum is **adult-oriented**. For example, to the extent that the curriculum embraces self-directed learning, promotes inquiry and

autonomy, values the experiences of students, provides experiential learning, and encourages reflection on experiences, key elements of adult learning are supported. The pattern of course sequencing is mixed, with several configurations possible. For example, some courses have practical and theoretical portions running concurrently while others have a consolidated practice experience following completion of the theoretical component or a combination of both of the above. Course content is sequenced such that teaching proceeds in a **hierarchical** and **circuitous** fashion, with foundational content building in depth and complexity over time. Thus, teaching proceeds in a manner that is closely aligned with the principles that enhance learning; that is, from the simple to the complex, from the known to the unknown, and from the concrete to the abstract. A similar process occurs with respect to experiential learning in the practice area wherein students are assigned to increasingly complex clients and client situations as they progress through the program.

In keeping with the eclectic spirit of the SON, a mix of **traditional** and **contemporary** teaching-learning strategies are used. Accordingly, the more traditional strategies such as lecture, discussion, case study, seminar, demonstration, questioning, and so forth co-exist with the more contemporary strategies of multimedia application, simulation, laboratory, debate, reflective journaling, role-playing, and student presentation, to mention a few. The sum totality of these strategies coupled with various clinical teaching-learning strategies (e.g., pre-and post-conferences, on the spot consultations, direct care provision, observation, peer teaching, and care planning) optimize student learning in the cognitive, affective, behavioral, and psychomotor domains enhancing students' achievement of curriculum goals and key professional practice competencies.

Reference

Iwasiw, C., Goldenberg, D., & Andrusyszyn, M. (2009). *Curriculum development in nursing education* (2nd ed.). Toronto, ON: Jones & Bartlett.

**St. Francis Xavier University
School of Nursing**

Curriculum Sequence and Level Synopsis

<u>Year 1</u>	<u>Year 2</u>
<p>FALL Biology 105 (3 credits) Nursing 105 - Introduction to Nursing Practice (3 credits)</p> <p>WINTER Biology 115 (3 credits) Nursing 115 (3 credits)</p> <p>FULL YEAR Chemistry 150 (6 credits) Nursing 125 (3 credits) Psychology 100 (6 credits) Religious Studies 120 or Philosophy 100 (6 credits)</p> <p>SPRING INTERSESSION 80 hours of clinical practice in health care setting</p>	<p>FALL Biology 251 (3 credits) Human Nutrition 261 (3 credits) Nursing 205 - Community Health I: Community Health Nursing (3 credits) Nursing 235 - Pharmacology (3 credits)</p> <p>WINTER Biology 252 (3 credits) Human Nutrition 263 (3 credits) Nursing 245 - Healthy Aging (3 credits) Nursing 251 - Nursing of Adults I: Theory Component (3 credits)</p> <p>FULL YEAR Nursing 260 - Developmental Psychology (6 credits) Nursing 275 - Health Assessment (class and lab on Alternating weeks throughout the year) (3 credits)</p> <p>SPRING INTERSESSION Nursing 252 - Nursing of Adults I: Clinical Component (3 credits)</p>
<u>Year 3</u>	<u>Year 4</u>
<p>FALL Nursing 305 <u>or</u> 315 - Nursing of Adults II/Nursing of Children (3 credits) Nursing 345 <u>or</u> 355 - Mental Health Nursing/Perinatal Nursing (3 credits)</p> <p>WINTER Nursing 305 <u>or</u> 315 - Nursing of Adults II/Nursing of Children (3 credits) Nursing 345 <u>or</u> 355 - Mental Health Nursing/Perinatal Nursing (3 credits)</p> <p>FULL YEAR Nursing 300 - Research Methods (Honours Students) <u>or</u> Nursing 310 - Nursing Research Methods (all other students) (6 credits) Nursing 330 <u>or</u> 336 - Legal & Ethical Issues in Nursing Care/Ethics in Health and Medicine (6 credits) Arts/Science Electives (6 credits)</p> <p>OPTION Nursing 399 - Co-operative Learning Experience (no credit)</p>	<p>FALL Nursing 405 - Nursing of Adults III (3 credits) Nursing 455 - Community Health Nursing II (3credits) Nursing 491 - Trends in Health Care (3 credits)</p> <p>WINTER Nursing 416 - Nursing of Adults IV (3 credits) Nursing 493 - Leadership and Research in Nursing (3 credits)</p> <p>FULL YEAR Open Electives (6 credits) Arts/Science Electives (3 credits)</p> <hr/> <p>Advanced Major – N405, 416, 455, 491, 493, 499 (Directed Study and Practice) and 6 credits Open Electives</p> <p>Honours – N405, 416, 455, 491, 493, 496 (Seminar), 498 (Honours Thesis), 3 credits Nursing Electives and 3 credits Open Electives</p>

**St. Francis Xavier University
School of Nursing**

Course Requirements for the 24-Month Post-Degree Program Option

The table below outlines the course sequence for the **24-month accelerated option** for post-degree students (2012-2013). To qualify for entry into this program, potential candidates must have their science, human nutrition, and elective courses completed. Unfortunately, due to the accelerated time frame for completion of this program, insufficient time is available to enroll in nursing elective courses or the honours program. Nursing courses are all three credit courses unless marked with an asterisk, in which case they are six-credit courses.

NB: Availability of this program option is dependent on enrolment numbers.

January - February 2012

- N105 Introduction to Professional Nursing (3 cr)
- N115 Health Promotion and Learning (3 cr)
- N125 Introduction to Clinical Nursing Practice (3 cr)

March - August 2012

- N205 Community Health I: Community Health Nursing (3 cr)
- N235 Introduction to Pharmacology (3 cr)
- N245 Healthy Aging (3 cr)
- N275 Comprehensive Health Assessment (3 cr)
- N251 Nursing of Adults I: Theory Component (3 cr)
- N252 Nursing of Adults I: Practice Component (3 cr)

September 2012 - April 2013

- N305 Nursing of Adults II (3 cr)
- N315 Nursing of Children (3 cr)
- N345 Mental Health Nursing (3 cr)
- N355 Perinatal Nursing (3 cr)
- N330 Legal & Ethical Issues in Nursing Care (6 cr) **or** N336 Ethics in Health & Medicine (6 cr)
- N310 Nursing Research Methods (6 cr) **or** N300 Research Methods (6 cr)
- N493 Leadership & Research In Nursing (3 cr)

May - July 2013

- N455 Community Health
- N399 Optional - Co-operative Learning Experience (non credit)

August - December 2013

- N491 Trends in Health Care (3 cr)
- N405 Nursing of Adults III (3 cr)
- N416 Nursing of Adults IV (6 cr)

Graduation in December of 2013

**St. Francis Xavier University
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Guidelines for the BScN with Advanced Major

Application process:

Students must complete an application to be admitted to the Advanced Major program. The application forms are distributed during the sophomore year and must be completed and submitted to the Advanced Major Coordinator by April 1 of that year. The coordinator reviews the applications once the final second-year transcripts are available, and makes recommendations to the Chair of the School of Nursing. The SON Chair signs the list of recommended applicants prior to sending it to the Dean of Science. The office of the Dean of Science carries out the final decision and student notification.

Admission Requirements:

- A minimum average of 65% in both their freshman and sophomore years.
- A minimum grade of 65% in each nursing course.
- Demonstrated acceptable performance in nursing practice (i.e., no nursing practice alert).

In order to advance from the junior to the senior year of the advanced major program, candidates must have:

- A minimum average of 70%.
- A minimum grade of 70% in each nursing course.
- Demonstrated acceptable performance in nursing practice (i.e., no nursing practice alert).

In order to graduate with the advanced major declaration, candidates must have:

- A minimum average of 70%
- A minimum grade of 70% in each nursing course
- Demonstrated acceptable performance in nursing practice (i.e., no nursing practice alert)
- Fulfilled the course requirements of the School of Nursing
- Fulfilled the additional requirements associated with the option chosen (see below).

Candidates who fail to meet the requirements for the degree for which they have applied may be eligible for another degree provided those requirements are met. Exceptions to these requirements need the approval of the Dean of Science and the School Of Nursing Chair.

Candidates pursuing the advanced major declaration must choose one of the following three program options:

- A nursing practice experience with a seminar presentation
- A nursing practice experience with academic paper
- A nursing practice experience with a poster presentation

Regardless of the option chosen, **all candidates must complete a literature review, develop learning goals and objectives, create evaluation criteria that capture their learning goals and objectives, and submit a written summary of the nursing practice experience that includes a synthesis of their experience, findings, and recommendations for future research/study; give an oral presentation of their experience to the School of Nursing.**

School of Nursing Deadlines and Regulations:

- Potential candidates must advise the Coordinator of the Advanced Major Program regarding their intent to apply to the advanced major program prior to April 1 of their sophomore year.
- Once acceptance to the program has been established, the candidate must consult the Coordinator regarding the selection of a qualified (i.e., Masters degree or near completion of same) and suitable advisor. Once this has been determined, the candidate will proceed with a request to the SON member of their choice.
- The candidate must meet with both the Advanced Major Coordinator and their advisor to discuss the proposed project by November 30 of the candidate's junior year.
- The candidate will meet with her/his advisor and submit a short (one page) proposal in writing prior to January 31 of the candidate's junior year.
- The frequency of meetings with the candidate's advisor will be determined according to need; the time will be one that is mutually convenient.
- The candidate is responsible for meeting all deadlines.
- The candidate must enroll in N499 in their senior year.

Specific Guidelines for Option I: Nursing Practice Experience with Seminar Presentation

- 1) A complete proposal for the nursing practice experience must be submitted to the candidate's advisor by April 1 of the candidate's junior year. The proposal must include:
 - The chosen site for the completion of a 48 hours nursing practice experience. The site can be anywhere that professional nursing is practiced
 - The name and position of the preceptor/mentor selected. The preceptor/mentor must be a baccalaureate-prepared RN and one whom your advisor approves. In extenuating circumstances (i.e., when a baccalaureate-prepared RN is not available in the immediate practice area), the candidate must find a "nurse consultant" (i.e., a baccalaureate-prepared RN who has knowledge of the practice area and is willing to act in an advisory capacity to the candidate and the preceptor.

(Motion passed by the SON March 29, 2000).

- A written authorization from the site of choice.
- 2) The proposed nursing practice experience must be completed by March 10 (or thereabouts) of the candidate's senior year.

- 3) Candidates will present their seminar to the School of Nursing during the 3rd week of March. **Please note that the nursing practice experiences associated with the Co-op Program (N399) and the Advanced Major Program can not be one and the same.**
- 4) Candidates must submit an abstract of their seminar presentation to the coordinator of the advanced major program at least seven days prior to the date scheduled for the presentation.
- 5) Candidates must make copies of their abstracts available to seminar attendees. **Please note that attendance is restricted to Members of the SON and nursing students** (Motion passed by the SON in 1998).
- 6) The length of the presentations must not exceed 30 minutes, including time for questions.
- 7) Candidates are responsible for making all the necessary arrangements for their seminar presentations.
- 8) Candidates must incorporate current and relevant research/theory into their seminar presentations and clearly demonstrate the link with evidence-informed practice.
- 9) Advisors must submit their recommendations re: approval of seminar presentations to the School of Nursing by March 31 of the candidates' senior year.

Specific Guidelines for Option II: Nursing Practice Experience with Academic Paper

- 1) A complete proposal for the nursing practice experience must be submitted to the candidate's advisor by April 1 of the candidate's junior year. The proposal must include:
 - The chosen site for the completion of a 48 hours nursing practice experience. The site can be anywhere that professional nursing is practiced
 - The name and position of the preceptor/mentor selected. The preceptor/mentor must be a baccalaureate-prepared RN and one whom your advisor approves. In extenuating circumstances (i.e., when a baccalaureate-prepared RN is not available in the immediate practice area), the candidate must find a "nurse consultant" (i.e., a baccalaureate-prepared RN who has knowledge of the practice area and is willing to act in an advisory capacity to the candidate and the preceptor.(Motion passed by the SON March 29, 2000).
 - A written authorization from the site of choice.
- 2) The proposed nursing practice experience must be completed by March 1 (or thereabouts) of the candidate's senior year.
- 3) Candidates must submit their academic papers to their advisors by March 14 of their senior year.

- 4) Academic papers must be typed, double-spaced, and approximately 25 pages in length, excluding references and appendices. The most current APA formatting (e.g., 5th ed.) must be used throughout.
- 5) Candidates must incorporate current and relevant research/theory into their academic papers and clearly demonstrate the link with evidence-informed practice.
- 6) Advisors must submit their recommendations re: approval of academic papers to the School of Nursing by March 31 of the candidates' senior year.
- 7) Three Cerlox-bound copies of the final academic paper must be distributed; one to the Advanced Major Coordinator's office, one to the advisor, and one to the library.

Format for the Academic Paper

The first or title page should include the following:

The **title** of the paper

A thesis presented to the Faculty of Science
 St. Francis Xavier University.
 In Partial Fulfillment of the Requirements
 For the Degree of
 Bachelor of Science in Nursing with Advanced Major.

Advisor: _____ Successful Candidate: _____

Signature: _____ Signature: _____

Date: _____

Subsequent pages must include, where appropriate, those sections outlined below and be in the order in which they are presented below. Each section must begin on a new page.

- Abstract
- Table of content with pagination
- Introduction
- Purpose/Objective of the project
- Review of the literature
- Method/How the objectives were achieved
- Findings /discussion
- Summary/Conclusion/Recommendations for further research
- References

- Appendices

Specific Guidelines for Option III: Nursing Practice Experience with Poster Presentation

1) A complete proposal for the nursing practice experience must be submitted to the candidate's advisor by April 1 of the candidate's junior year. The proposal must include:

- The chosen site for the completion of a 48 hours nursing practice experience. The site can be anywhere that professional nursing is practiced
- The name and position of the preceptor/mentor selected. The preceptor/mentor must be a baccalaureate-prepared RN and one whom your advisor approves. In extenuating circumstances (i.e., when a baccalaureate-prepared RN is not available in the immediate practice area), the candidate must find a "nurse consultant" (i.e., a baccalaureate-prepared RN who has knowledge of the practice area and is willing to act in an advisory capacity to the candidate and the preceptor.

(Motion passed by the SON March 29, 2000).

- A written authorization from the site of choice.

2) The proposed nursing practice experience must be completed by March 1 (or thereabouts) of the candidate's senior year.

3) Candidates will present their poster during the 3rd week of March. **Please note that the nursing practice experiences associated with the co-op program (N399) and the advanced major program can not be one and the same.**

6) Candidates must submit an abstract of their poster presentation to the Coordinator of the Advanced Major Program at least seven days prior to the date scheduled for the poster presentation.

7) Candidates must make copies of their abstracts available to poster presentation attendees. **Please note that attendance is restricted to Members of the SON and nursing students** (Motion passed by the SON in 1998).

8) Candidates are responsible for making all the necessary arrangements for their poster presentation.

9) Candidates must incorporate current and relevant research/theory into their poster presentations and clearly demonstrate the link with evidence-informed practice.

10) Advisors must submit their recommendations re: approval of poster presentations to the School of Nursing by March 31 of the candidates' senior year.

Format for Poster Presentation

Typically, poster displays are 4' × 6' in size, accommodating 14 or 15 (8½×11) sheets. They should be concise, yet informative, visually attractive, and interactive with viewers.

The poster must include the following information as appropriate:

-
- Title
- Introduction (Where/Why)
- Purpose/Goals/Objectives/Questions/Hypotheses
- Outcomes in relation to purpose, goals, questions, or hypotheses
- Conclusion/Recommendations for further research

An annotated bibliography can be shared with viewers as handouts.

Important Information for Faculty and Clinical Associates in the School of Nursing Regarding Advanced Major Presentations

- 1) Under normal circumstances, attendance at candidates' advanced presentations is expected (and greatly appreciated).
- 2) Depending on the number of candidates, presentations will be organized for one or two evenings.
- 3) Invitations to various advanced major presentations will be circulated via the list serve and posted in various locations in the School of Nursing (e.g., bulletin boards, SON coffee room).
- 4) It is an expectation that those faculty and clinical associates in attendance (and only those in attendance) will evaluate candidates using the form provided.
- 5) Attendance at advanced major presentations is restricted to faculty, clinical associates, and nursing students (motion passed by the SON 1998).

Evaluation Criteria for Advanced Major in Nursing

Advanced major candidates will be evaluated using the following criteria:

1. Literature review 30%
2. Completion of the 48-hour nursing practice experience with attention to:
 - The learning plan (i.e., learning goals & objectives, evaluation criteria)
 - The self-evaluation of objectives including the synthesis of the experience, findings, and recommendations for future study/research
 - The preceptor's performance evaluation of the candidate 30%

3. Findings are linked to current and relevant research/theory as found in the literature and to evidence-informed practice 40%

Please note that in order to graduate with the advanced major declaration, candidates must achieve a minimum of 50/70 when the subtotals for criteria 1 (the literature review) and criteria 3 (the incorporation of current and relevant research/theory) are added together.

Revised June, 2010, November 20, 2008, July 2007, September 2006, January 2002
Approved by SON October 1999

**St. Francis Xavier University
School of Nursing**

Guidelines for the BScN with Honours

Students wishing to apply for an honours program are advised to consult with the School of Nursing Chair as early as possible to facilitate course selection. Students must apply to the Dean of Science for admission to the honours program by March 31 of their sophomore year. The completed application must be signed by the SON Chair prior to submission.

Qualifying students will be notified in the summer following submission. To qualify for admission, students must have:

- A minimum average of 70% in both their freshman and sophomore years.
- A minimum grade of 70% in each nursing course.
- Demonstrated acceptable performance in nursing practice (i.e., no nursing practice alert).

In order to advance from the junior to the senior year of the honours program, candidates must have:

- A minimum average of 70%.
- A minimum grade of 70% in each nursing course.
- Demonstrated acceptable performance in nursing practice (i.e., no nursing practice alert).

In order to graduate with the honours declaration, candidates must have:

- A minimum average of 70%
- A minimum grade of 70% in each nursing course
- Demonstrated acceptable performance in nursing practice (i.e., no nursing practice alert)
- Fulfilled the course requirements of the School of Nursing, including Nurs/Soci 300, Nurs 496, and Nurs 498
- Fulfilled the additional requirements associated with thesis completion.

Candidates who fail to meet the requirements for the degree for which they have applied may be eligible for another degree, provided those requirements are met. Exceptions to these requirements need the approval of the Dean of Science and the School Of Nursing Chair.

In the next three pages the deadlines for the B.Sc.N Honours program are outlined for the academic year. As such, the dates will fluctuate in subsequent years. That being said, the process and timeframe required for thesis completion will not change. **Please note that the initial deadline listed is in reference to the student's junior year.**

DEADLINES FOR BScN HONOURS PROGRAM

Committee Selection and Initial Proposal Work:

February 26 Last date for confirmation of:
-Thesis Supervisor
-Second Reader
-Thesis topic

April 11 Last date for research purpose and problem to be determined

Summer Complete a draft of proposal, inclusive of research problem, research purpose, research question, literature review, conceptual orientation/framework, research design, sampling method, and sample size

Proposal Draft Work:

September 29 Last day to submit completed **proposal draft** to Supervisor and Second Reader

October 9 Last day for proposal draft to be returned to the student by Supervisor and Second Reader

October 15 Last day for **revised proposal draft** to be submitted to Supervisor and Second Reader

Approval by the School of Nursing Research Ethics Committee:

October 23 Last day for submission of application to SON Research Ethics Committee for ethical approval [***applications may be submitted prior to this date**]

November 6 Last day for completed draft to be returned to student and for the Human Ethics Committee to notify the Supervisor regarding whether ethical approval was granted or not.

Completed Proposal:

November 13 Last day for the Supervisor and Second Reader to grant approval of the proposal and to submit same in writing (using the supplied form) to the Coordinator of the Honours Program

Proposal Abstract Distribution:

November 23 Last day for student to distribute proposal abstract to faculty [*** date may vary depending on Presentation date**]

Proposal Presentation:

- November 23** Last day for mock presentation of research proposal to Supervisor, Second Reader, and Honours Coordinator [*** date may vary depending on Presentation date**]
- November 25** Presentation of research proposal to specified audience (i.e., School of Nursing members and nursing students). Time limit is 20 minutes with 15 minutes for the presentation and 5 minutes for questions. [*** date may vary depending on Presentation date**]
- November 27** a) Submission of a disc copy of the completed proposal to the Honours Program Coordinator
b) Submission of a disc copy of accompanying PowerPoint slides to the Honours Program Coordinator [*** date may vary depending on Presentation date**]

Grade Submission: [see Grading Criteria]

- December 10** Last day for Supervisor and Second Reader to submit fall grade to the Honours Coordinator

Data Collection and Thesis Draft:

- February 12** Data collection completed; may be collected after this date only with the permission of the Supervisor
- March 5** Last date for complete draft of thesis to be submitted to Supervisor and Second Reader
- March 12** Last date for the completed draft of thesis to be returned to the student by the Supervisor and Second Reader

Thesis Abstract Distribution:

- March 15** Last day for student to distribute thesis abstract to SON members

Thesis Presentation: [date may vary depending on Presentation date**]***

- March 15** Last day for mock thesis presentation to Supervisor, Second Reader, and Honours Coordinator [*** date may vary depending on Presentation date**]
- March 17 or 18** a) Thesis Presentation to specified audience (i.e., School of Nursing members and nursing students). Time limit is 20 minutes

with 15 minutes for the presentation of the study findings and 5 minutes for questions

b) Submission of a disc copy of the PowerPoint slides used for the thesis presentation to be submitted to the Honours Program Coordinator

[* date may vary depending on Presentation date]

March 23

All corrections to be made and confirmed by the Supervisor, Second Reader, and Honours Program Coordinator in preparation for obtaining their signatures on the signature page.

March 25- 26

a) Obtained Supervisor, Second Reader, and Coordinator signatures/signature page

b) Submission of four copies of the completed thesis for binding (a copy each for the student, Supervisor, SON, and the University Library)

*Specific details about thesis binding will be provided

c) Submission of an unbound copy of the completed thesis for the Second Reader

c) Submission of a disc copy of the completed thesis to the Honours Program Coordinator.

Eighth Annual St. Francis Xavier University Student Research Day

March 25

Eighth Annual St Francis Xavier Student Research Day: a superb opportunity for presenting your research university wide in poster form and to dialogue with other students and faculty about your research. Specific details about StFX Student Research Day will be provided

April 14

Last day for Supervisor and Second Reader to submit final grade to the Coordinator, BScN Honours Program

Please note that, if for any reason a student is unable to maintain this schedule of dates, the Thesis Supervisor and Honours Program Coordinator should be contacted (in order of mention) to discuss the matter further (i.e., to explore alternatives and/or consequences).

Please note that, if listed deadlines occur on a weekend, the specified date will be modified to either the preceding Friday or the following Monday. This ought to be clarified each year by the Honours Program Coordinator.

Please note that the Annual St Francis Xavier Student Research Day may vary from year to year.

Updated: June 12, 2009; August 28, 2008; March 27, 2007; January 23, 2006; September 15, 2005; January 13, 2005; August 31, 2004; September 1, 2003; July 11, 2002; January 27, 1999 Approved by Nursing Faculty, March 24, 1999

B. Sc. In Nursing Honours Program Grading Criteria

(refer to: HONOURS BScN PROGRAM INFORMATION, July 16, 1997, p. 7)

First Semester

GRADE

50%	Supervisor	quality of written proposal
30%	Second Reader	quality of written proposal
20%	Honours Coordinator	quality of oral presentation and written proposal along with receipt of disc copies of the completed SON Research Ethics Application, the written thesis proposal, and the PowerPoint slides that accompanied the presentation
<hr/>		
100%		

(NOTE: 50% of the first semester grade will constitute 50% of the second semester/final grade)

Second Semester

FINAL GRADE

50%	of the First Semester Grade	
25%	Supervisor	quality of completed written thesis
15%	Second Reader	quality of completed written thesis
10%	Honours Coordinator	quality of oral presentation and written thesis along with receipt of disc copies of the written thesis and PowerPoint slides that accompanied the oral presentation
<hr/>		
100%		

JAS 05/2009

HONOURS PROPOSAL REVIEW SHEET

Study Title:

Student:

Supervisor:

Second Reader:

Papers are evaluated using the criteria and ratings outlined below: (5 - Superior, 4 - Satisfactory Plus, 3 - Satisfactory, 2- Inadequate/much improvement needed, 1- Unacceptable, and 0 -N/A)		
Criteria	Rating	Comments
A. CONTENT		
1. <u>Introduction</u>		
<ul style="list-style-type: none"> • Adequate introduction to the research question 		
<ul style="list-style-type: none"> • Scope of the problem outlined 		
<ul style="list-style-type: none"> • Scope of the purpose outlined 		
2. <u>Main Body of Paper</u>		
<ul style="list-style-type: none"> • Literature review: Background of topic well researched 		
<ul style="list-style-type: none"> • Current 'state of the art' related to the topic/question described 		
<ul style="list-style-type: none"> • Problem situated within a theoretical framework/orientation 		
<ul style="list-style-type: none"> • Appropriate definition of terms 		
3. <u>Method</u>		
<ul style="list-style-type: none"> • Research design is sound and clearly described 		
<ul style="list-style-type: none"> • Sampling design appropriate 		
<ul style="list-style-type: none"> • Data collection methods appropriate to capture phenomenon or concepts under study 		
<ul style="list-style-type: none"> • Data Analysis Plan clearly and appropriately presented 		
<ul style="list-style-type: none"> • Plan for representation of data clearly presented 		
<ul style="list-style-type: none"> • Issues of Rigor appropriately addressed 		
<ul style="list-style-type: none"> • Limitations of the study appropriately addressed 		
<ul style="list-style-type: none"> • Protection of Human Subjects 		

Criteria	Rating	Comments
B. WRITING STYLE AND APPEARANCE 1. <u>Conciseness</u> <ul style="list-style-type: none"> ● No trite expressions and use of slang/non-standard vocabulary; appropriate level of scientific language used 		
<ul style="list-style-type: none"> ● No unnecessary repetition of ideas/expressions 		
<ul style="list-style-type: none"> ● Only relevant facts/information included 		
2. <u>Concreteness</u> <ul style="list-style-type: none"> ● There is appropriate use of references, e.g.: <ul style="list-style-type: none"> - Specific references support statements as necessary - There is a logical connection to quotes - Quotes support author's ideas/points, rather than being main ideas - No evidence of plagiarism 		
3. <u>Clarity</u> <ul style="list-style-type: none"> ● Paper has effective sentences and logical paragraphs - Correct spelling/grammatical structure 		
<ul style="list-style-type: none"> ● Appropriate readability 		
<ul style="list-style-type: none"> ● There is correct use of headings to identify major components 		
<ul style="list-style-type: none"> ● There is an appropriate and consistent writing format (APA, 5th Edition) 		
C. FURTHER COMMENTS		

HONOURS THESIS REVIEW SHEET

Thesis:

Student:

Supervisor:

Second Reader:

Papers are evaluated using the criteria and ratings outlined below: (5 - Superior, 4 - Satisfactory Plus, 3 - Satisfactory, 2- Inadequate/much improvement needed, 1- Unacceptable, and 0 -N/A)		
Criteria	Rating	Comments
A. CONTENT		
1. <u>Introduction</u>		
<ul style="list-style-type: none"> • Adequate introduction to the research question 		
<ul style="list-style-type: none"> • Scope of the problem outlined 		
<ul style="list-style-type: none"> • Scope of the purpose outlined 		
4. <u>Main Body of Paper</u>		
<ul style="list-style-type: none"> • Literature review: Background of topic well researched 		
<ul style="list-style-type: none"> • Current 'state of the art' related to the topic/question described 		
<ul style="list-style-type: none"> • Problem situated within a theoretical framework/orientation 		
<ul style="list-style-type: none"> • Appropriate definition of terms 		
5. <u>Method</u>		
<ul style="list-style-type: none"> • Research design is sound and clearly described 		
<ul style="list-style-type: none"> • Sampling design appropriate 		
<ul style="list-style-type: none"> • Data collection methods appropriate to capture phenomenon or concepts under study 		
<ul style="list-style-type: none"> • Issues of Rigor appropriately addressed 		
<ul style="list-style-type: none"> • Data Analysis clearly and appropriately presented 		
4. <u>Results: Findings are clearly presented</u>		
<ul style="list-style-type: none"> • Sound explanations of findings presented 		

Criteria	Rating	Comments
<ul style="list-style-type: none"> • Limitations of the study appropriately addressed 		
<ul style="list-style-type: none"> • Protection of Human Subjects 		
5. <u>Discussion</u> demonstrates insight into the issue		
<ul style="list-style-type: none"> • Interpretations and conclusions are relevant to the information and data collection 		
<ul style="list-style-type: none"> • There is evidence of original ideas in the analysis and synthesis of information and data 		
C. WRITING STYLE AND APPEARANCE		
2. <u>Conciseness</u>		
<ul style="list-style-type: none"> • No trite expressions and use of slang/non-standard vocabulary; appropriate level of scientific language used 		
<ul style="list-style-type: none"> • No unnecessary repetition of ideas/expressions 		
<ul style="list-style-type: none"> • Only relevant facts/information included 		
3. <u>Concreteness</u>		
<ul style="list-style-type: none"> • There is appropriate use of references, e.g.: <ul style="list-style-type: none"> - Specific references support statements as necessary - There is a logical connection to quotes - Quotes support author's ideas/points, rather than being main ideas - No evidence of plagiarism 		
4. <u>Clarity</u>		
<ul style="list-style-type: none"> • Paper has effective sentences and logical paragraphs <ul style="list-style-type: none"> - Correct spelling/grammatical structure 		
<ul style="list-style-type: none"> • Appropriate readability 		

• There is correct use of headings to identify major components		
• There is an appropriate and consistent writing format (APA, 5 th Edition)		
D. FURTHER COMMENTS		

Information to be included in the Invitation to Participate and on the Informed Consent Forms includes:

1. Title of the research project.
2. The researcher's name and student status.
3. The researcher's contact information (e.g., office phone number/availability/e-mail address).
4. The name of the thesis supervisor and contact information (e.g., office phone number/availability/e-mail address).
5. A brief explanation about the research using in lay terms.
6. A description of the expectations regarding the level of subject/participant involvement.
7. A statement about any risks or benefits that may be associated with participation in the research.
8. A statement that outlines proposed intervention(s) in the event that risks are identified.
9. A statement that participation in the research is entirely voluntary and that the subject/participant may withdraw from the study at any time. Indicate the means by which to withdraw from the study and indicate that the subject/participant may refuse to answer particular interview or survey questions.
10. A statement that anonymity will be preserved and that all information provided will be treated as confidential.
11. An explanation about how the data (e.g., questionnaires, tape recordings, and transcriptions) will be stored and what will be done with it once the research is completed.
12. A place for the subject/participant and researcher to date and sign.
13. An explanation about how the results will be shared with the subjects/participants and the agency(s) involved.

Please note that, in order to increase the likelihood of participants reading the Invitation to Participate, and thus being truly informed, it should not exceed one page. It would be wise to consult your research methods text book and to search the University's Research Grants Office website for examples of Letters of Invitation and consent forms.

Revised September 2008; Reviewed June 2009

**St. Francis Xavier University
School of Nursing**

***Curriculum Committee
Terms of Reference***

Purpose

The Curriculum Committee is a standing committee of the School of Nursing with the responsibility to monitor the continuing contextual relevance of the nursing program and to make recommendations for curriculum changes to members of the School of Nursing. The Chair, on behalf of the Curriculum Committee, officially reports to members of the School of Nursing at regular and annual meetings.

Membership

Membership includes:

- a) Three students elected by the Nursing Society (two students from the generic four-year program option and one from the post-degree program option).
- b) Three public representatives from the Antigonish area, one of whom represents the Aboriginal community and another who represents the African Canadian community.
- c) Four level coordinators (i.e., one from each year of the generic BScN program).
- d) One clinical associate.
- e) Two “staff” nurses who are, at a minimum, baccalaureate prepared and selected by the School of Nursing (i.e., one from SMRH and the other from the Aberdeen Hospital).
- f) One public health nurse from GASHA who is, at a minimum, baccalaureate prepared and selected by the School of Nursing.
- g) Coordinator of the Post-RN Distance Program, as a voting ex-officio member.
- h) Coordinator of the Post-Degree program option, if not one of the above.
- i) Curriculum Coordinator, in the capacity of Chair
- j) Others as necessary, appointed by the general nursing faculty.

Committee Structure and Quorum

The Committee consists of two components, the Advisory Group Component (constituting the whole membership) and the Working Group Component (various coordinators, clinical associate).

A quorum for the Advisory Group Component of the Curriculum Committee is four, three of whom must be School of Nursing members. The Committee will hold meetings as necessary to assist with the achievement of the committee’s goals, with a minimum of one meeting per semester.

A quorum for the Working Group Component of Curriculum Committee is three. The Committee will hold meetings as necessary to pursue program goals and implement appropriate strategies, with a minimum of three meetings per semester.

The Coordinator of the Post-RN Distance Program will serve in an ex-officio capacity with voting privileges.

Term of Office and Eligibility

School of Nursing members are eligible to serve on the curriculum committee after completing a minimum of two years full-time employment. They normally serve a three-year term of office but are eligible to serve subsequent terms. The Curriculum Coordinator will normally chair the committee. Typically, the role of recording secretary will be filled by a SON representative on a rotating basis.

Student members are appointed by the Nursing Society. Two students are selected from the generic BScN program, one from the senior level and one from the junior level. One student is selected from either the junior or senior level of the post-degree program. Students are eligible to serve on the committee provided that they have attained an average over 70% in nursing courses during the preceding year and have no prior record of a nursing practice alert/failure.

Normally the junior level student representative will serve the following year as the senior level student representative on the Committee. To ensure that students from each level of the program are given an opportunity to provide feedback on curriculum-related issues, the junior level student representative will elicit and report on feedback from freshman and junior students and the senior level student representative will elicit and report on feedback from senior and sophomore students. Student representatives may use the student program evaluation questionnaire as a guideline in accruing feedback on curriculum issues.

Public Representatives are non-health care professionals from the Antigonish area who have an interest in nursing, nursing education, or and health care delivery. Ideally, public representatives will have a history of active participation in health care or education-related organizations or have served on committees/boards related to health care or education. The two-year term of office may be renewed.

Nurse Representatives will, at a minimum, be baccalaureate prepared, currently employed in the local community, and have at least three years of nursing experience. Demonstrated leadership ability, a record of excellent nursing practice, and an interest in the advancement of nursing education are considered to be desirable assets. The two-year term of office may be renewed.

Advisory Group Component

Membership consists of all members.

Function of the Advisory Group Component:

- a) Inform the Working Group about any issues or concerns that impact on the curriculum, including nursing courses, support courses, and any related practicums.
- b) Suggest and implement strategies that facilitate monitoring of the nursing curriculum for its ongoing contextual relevance.
- c) Propose recommendations for curriculum change.
- d) Provide evaluative feedback on curriculum-related actions taken by the Working Group, the SON, or both.

Working Group Component

Membership: Level and Program Option Coordinators/Clinical Associate representative.

Functions of the Working Component:

- a) Participate in establishing the annual goals of the Curriculum Committee.
- b) Participate in those activities directed toward achieving the agreed upon goals.
- c) Discuss curriculum-related issues/concerns/questions raised by various coordinators on behalf of the program level or option they represent.
- d) Discuss curriculum-related issues/concerns/questions raised by the clinical associate representing the clinical associates.
- e) Prepare motions to be brought forth to the SON regarding proposed curriculum changes.
- f) Implement strategies that facilitate monitoring of the nursing curriculum for its ongoing contextual relevance.
- g) Assist the Chair in fulfilling reasonable requests for information about the curriculum.

Minor editorial revisions (October 2006, July 2007, September 2008, November 2009)

Minor revisions (post-degree student + student advisory questions) March 8, 2006

Minor revisions for information April 1, 2005

Accepted by the S.O.N., April 23, 2004

**St. Francis Xavier University
School of Nursing**

***Scholarly Activities Committee (SAC)
Terms of Reference***

Purpose

To encourage, promote, and showcase research and scholarly activity within the School of Nursing by nurturing nursing discovery, teaching, service, integration, and application—the core areas of nursing scholarship identified by the Canadian Association of Schools of Nursing [CASN] (2004).

Mandate

To collaborate with members of the School to:

- 1) Showcase development of research and scholarship within the School of Nursing.
- 2) Support and encourage the development of research network linkages within and outside the School of Nursing.
- 3) Act in an advisory capacity to the Chair of the School of Nursing regarding issues related to research and other dimensions of scholarship.
- 4) Under the sponsorship of the Johnson Health Care Lectureship Funds or other available funds, seek visiting scholars and guest lecturers to present nursing and health-related research to the School of Nursing and to the wider academic or professional community as fitting.
- 5) Provide a forum for the dissemination of research findings and the discussion of emerging trends in nursing, health, and health care (e.g., lunch and learn speaker series).
- 6) Communicate timely information (e.g., bulletin board) about research activities, available grants, calls for abstracts, and upcoming conferences and seminars to interested parties within and outside the School of Nursing.
- 7) Encourage the mentorship for professional development among faculty and clinical associates.

Meetings

SAC will hold a minimum of two meetings per semester.

Membership

SAC membership includes 4 faculty or clinical associates from the School of Nursing.

The School Chair serves as an ex-officio member. Members will normally serve a three-year term.

Ad Hoc: The committee welcomes interested students and community members for the purpose of conducting collaborative research or engaging in other scholarly endeavors for which there is mutual interest.

Chair: The committee chair will be selected by the regular committee membership each September and may serve a maximum of two terms in succession.

Quorum: A quorum is three regular members.

Structure: SAC may seek additional members or form additional ad hoc or subcommittees as needed to achieve particular goals (e.g., conference planning).

Revised November 2009
Revised October 2007
Revised September 2007
Revised December 2005
Revised April 2004

**St. Francis Xavier University
School of Nursing**

***Research Ethics Committee (REC)
Terms of Reference***

Purpose

The Committee promotes nursing research that reflects the highest professional/research ethical standards while advancing the frontiers of knowledge. These standards reflect the moral imperative that all research involving human subjects/participants is required to reflect morally acceptable ends and morally acceptable means to achieve those ends. The Committee functions within the guidelines established by the Canadian Nurses Association and the Tri-Council policy statement entitled Ethical Conduct for Research Involving Humans.

Terms of Reference

1. The Committee will consist of four members (three faculty and one clinical associate).
2. The Committee will be elected by the SON members.
3. The Committee will elect a chair. The Chair will be a faculty member.
4. Members will serve a two-year term, Members terms may be renewable.
5. The REC requires a quorum of three.
6. The committee is responsible for creating and revising as necessary, written guidelines and the format for applications for human ethics review.
7. The Committee will meet when necessary, as often as required, to review applications for ethical approval submitted by students pursuing research in the context of the Honours Thesis.
8. The mandate includes the right to approve, reject, propose modifications to, or terminate any proposed research involving humans conducted by honours students – as a minimum standard- the principles set forth in this document and the Tri-Council policy statement.
9. Committee Chair will update faculty regarding the number of applications submitted for ethical approval and the outcome of the ethical review process itself:
10. Written feedback detailing the findings of the Committee will be provided to all applicants, thesis supervisors, and the coordinator of the Honours Thesis Program.

11. The REC will keep and maintain minutes of all meetings, records of decisions, and/or modifications of submitted research proposals.

12. Approval from the REC must normally be received before the data collection phase of the research commences.

Guiding Principles

The SON Research Ethics Committee bases its analysis of the ethical integrity of proposed research on moral/ethical principles identified by the Canadian Nurses Association, as well as the Tri-Council policy statement. These principles include respect for human dignity, justice, beneficence, and non-maleficence.

The principle of **Respect for Human Dignity** is demonstrated when researchers:

- Respect that individuals have the capacity and right to make free and informed choices
- Protect vulnerable persons from research practices that abuse, exploit, or discriminate.
- Respect privacy, confidentiality, and anonymity.

The principle of **Justice** is demonstrated when researchers:

- Protect the interests of subjects/participants to ensure they are not exploited for the advancement of knowledge.

The principles of **Beneficence and Non-maleficence** are demonstrated when researchers:

- Analyze harms and benefits to subjects/participants as a result of the research process
- Take steps to avoid, prevent, or minimize any risks to subjects/participants, other individuals, the profession of nursing, and/or society as a whole.

Revised August 2005

Approved by SON September 2005

**St. Francis Xavier University
School of Nursing**

Policy on Nursing Practice Alert

A student is placed on a Nursing Practice alert when, after receiving documented corrective feedback from a member of the School of Nursing, it is evident that she or he has minimally met the nursing practice/skills lab objectives for a particular course. This translates into a level of performance in nursing practice and/or skills lab component that is rated at a “Needs Improvement” level, or less. The following indicators, reflecting professional responsibilities, nursing code of ethics and standards of practice are of particular importance.

The need to:

- 1 demonstrate respect for clients’ autonomy and right to self-determination
- 2 demonstrate respect for client dignity
- 3 demonstrate sensitivity to the vulnerable
- 4 maintain client confidentiality
- 5 maintain veracity
- 6 demonstrate knowledge for nursing practice
- 7 demonstrate adequate preparation for all nursing practice assignments
- 8 demonstrate the appropriate use of all phases of the nursing process
- 9 integrate best practices knowledge into own practice
- 10 bridge theory to practice
- 11 provide a level of care that is consistent with standards of practice
- 12 demonstrate skill in professional/therapeutic interpersonal communication
- 13 demonstrate cultural competence in the delivery of nursing care
- 14 assess and address clients' learning needs
- 15 perform psychomotor skills competently
- 16 consistently demonstrate safety in the administration of medication
- 17 demonstrate prudent judgment
- 18 be accountable and responsible for own actions
- 19 maintain clear, concise, accurate, and timely documentation of nursing care
- 20 demonstrate effective time-management skills
- 21 be aware of own limitations and the need to seek appropriate guidance/consultation
- 22 assist clients to grow in a way that enhances their potential for healthful living
- 23 demonstrate growth in the practice of nursing
- 24 demonstrate an interest in, an enthusiasm for, and a commitment to nursing practice
- 25 demonstrate professionalism in nursing practice
- 26 maintain appropriate professional boundaries with clients
- 27 demonstrate appropriate attitude as exemplified by verbal and non-verbal behaviour
- 28 have a consistent pattern of attendance
- 29 submit assignments in a timely manner
- 30 be punctual and call the unit and instructor prior to the shift, clinical conference, etc. if not able to be present.
- 31 adhere to the CRNNS Standards for Nursing Practice
- 32 adhere to the CNA Code of Ethics

Process for Placing a Student on Nursing Practice Alert:

1. Normally, a member of the Nursing School (i.e., Clinical Educator) who has any concerns about the performance of a student in nursing practice must first meet with the student to discuss his/her concerns, provide the student with corrective feedback and assist the student in developing a plan for improvement. If no improvement occurs following corrective feedback, or if additional problems are noted, the member will discuss the possibility of a Nursing Practice Alert or a Nursing Practice Failure with the student. In some cases, concerns may warrant immediate consultation with the Nursing Practice Advisory Committee (NPAC).
2. The member should ensure that all pertinent written documentation related to the student's performance is provided to the NPAC. Reports on performance in previous courses may be relevant and therefore admissible.
3. The decision to place a student on nursing practice alert will be made by the member. The member will advise the student in writing that she or he has been placed on nursing practice alert. The letter will indicate the reasons why the student has been placed on nursing practice alert and will outline a plan for improvement. The original copy of the member's letter is sent to the student, a second copy is provided to the Chair, NPAC, and a third is placed in the student's file (SON office).
4. As per the Policy on Tracking Students on Nursing Practice Alert, the Chair of the NPAC will forward the following information to the School of Nursing Program Coordinator: the student's name, year in the program, the decision date, and a brief rationale for the decision.

Guidelines for Monitoring and Counselling Students on Nursing Practice Alert:

1. All members of the school are responsible for ascertaining whether any of their prospective students have been placed on nursing practice alert during a previous rotation/block. If such is the case, the member should review the student's complete file, paying particular attention to the problem areas identified as well as to the proposed recommendations for improvement.
2. Subsequently, the Clinical Educator concerned shall meet with the student(s) to appraise the proposed plan for improvement and to revise it as deemed necessary.
3. If, at the end of two consecutive nursing practice rotations, there is sufficient evidence (e.g., as demonstrated in the students' evaluation) to support consistent notable improvement in the student's practice performance, the nursing practice alert designation may be revoked by the NPAC Chair. It is the student's responsibility to apply, in writing, to the NPAC Chair, for this consideration. However, in situations where the student's performance does not meet the expected level, (i.e., concerns about the student's performance in certain areas persist), the Chair, in consultation with other NPAC committee members, has the authority to declare that the alert status remain. The Chair of the NPAC will notify the School Program Coordinator of any change in alert status.

Revisions approved SON 03/09/09; minor revision Feb. 2011

**St. Francis Xavier University
School of Nursing**

Policy on Nursing Practice Failure

Nursing Practice Failure

A nursing practice failure results when a student on nursing practice alert fails to demonstrate improvement in those areas of concern identified. A nursing practice failure can also be imposed on a student without a prior (not on) nursing practice alert in circumstances where the student is considered unsafe (in nursing practice) after receiving corrective feedback or following an isolated incident wherein unsafe practice resulted in harm, or (when there are clear indications that the student's performance in a particular incident) posed a serious risk to one or more clients—physically, emotionally or both. A student who receives a nursing practice failure will not receive credit for the course, even if a passing grade has been earned in the theory component of the course.

Specifically nursing practice failure will occur in the following instances:

- Failure to show improvement in those areas of concern identified in a previous nursing practice rotation/block during which the student was placed on nursing practice alert;
- A level of performance such that, on evaluation, the student rates below the minimally acceptable level on three or more performance criteria, (i.e. nursing practice indicators as hereinbefore set out). In other words, the student has received a failing grade (F) in these areas on performance evaluation; and
- One or more specific higher level discrepancies that negatively affect, or have the potential to negatively affect, client care, working relationships with others (i.e. peers, other health care personnel, faculty/clinical associate, family members, etc.).

Examples of such discrepancies include the following:

Consistent pattern of insufficient knowledge for nursing practice

Consistent errors in judgment

Consistent failure to react to significant changes in a client's condition

Consistent unpreparedness for nursing practice assignments

Consistent inability to relate theory to practice

Evidence of cruelty

Evidence of discriminatory behaviour

Consistent evidence of apathy

Consistent absenteeism

Consistent pattern of unprofessionalism

Behaviour that has the potential to endanger public health or safety

Behaviour that violates legal, ethical, moral and professional standards as stipulated in the Code of Ethics for Registered Nurses (CNA, 2008), the Entry-level Competencies of

Registered Nurses (CRNNS, 2009), the Standards of Nursing Practice (CRNNS, 2004), and the St. F.X.U. nursing program objectives.

Process for Imposing Nursing Practice Failure

1. A member who is recommending that a student receive a nursing practice failure shall first meet with the student and advise the student of his/her concerns. The member shall advise the student that a nursing practice failure is being considered. The member will provide the Nursing Practice Advisory Committee (NPAC) with a report on the student's case and the reasons that a nursing practice failure is being recommended. A copy of the member's report will be provided to the student.
2. Where a nursing practice failure is recommended by a member, NPAC will convene a meeting with both the member and the student. The member and the student should ensure that all pertinent written information related to the student's performance is provided to the NPAC. The NPAC after reviewing documentation, hearing evidence and submissions from both parties, may decide on a nursing practice failure, dismiss the matter with no penalty or in appropriate circumstances impose a nursing practice alert rather than a nursing practice failure.
3. The Chair of the NPAC will advise a student in writing as to the committee's decision. If a nursing practice failure is imposed, the NPAC will advise a student how this impacts on his/her continuation in the Nursing Program. Students receiving a nursing practice failure will not normally be readmitted to the program for a minimum of one (1) year following the failure. Readmission will be at the discretion of the Committee of Studies and on the advice of the School of Nursing. Students readmitted after failure will be placed on nursing practice alert. A nursing practice failure after readmission will normally result in permanent dismissal from the Nursing Program.
4. A student has the right to appeal a clinical failure pursuant to Section 3.12 of the Academic Regulations Section of the University Calendar which provides as follows:

3.12 APPEAL OF AN ACADEMIC REGULATION

“Academic penalties of suspension or dismissal may be appealed to the committee on studies of the appropriate faculty. Appeals must be in writing and must be made within 14 days of the date of notification of the decision. Notification will be deemed to have occurred on the seventh day after an academic penalty letter is mailed. The decisions of the committee on studies are final”.

(St. FXU Academic Calendar, 2011-2012, p. 15).

Also refer to school requirements, section 9.29 of the calendar, specifically e, f, g, h, i, j, & k, p. 93.

Revisions approved SON 03/09/09

St. Francis Xavier University
School of Nursing

Policy on Student Attendance

As expounded in the CNA Code of Ethics for Registered Nurses (2008), “nurses are accountable for their actions and answerable for their practice” (p. 18). They are expected to “practice according to the values and responsibilities in the Code of Ethics for Registered Nurses and in keeping with the professional standards, laws, and regulations supporting ethical practice” (p. 18). Accordingly, nursing students who are being socialized into the professional nursing role are held to the same expectations; they too are expected to be “accountable for their actions and answerable for their practice” (p. 18).

Attendance, a valid indicator of accountability, is **mandatory**. Thus, barring extenuating circumstances (i.e., **an illness, a family emergency, a personal crisis, or inclement weather**), nursing students are expected to attend all classes, all practicums, and all nursing practice conferences. In the event that a student fails to comply with this expectation, he or she may be deemed unsuitable for nursing and be asked to withdraw from the program.

In the event of absence from practicums, students will ultimately be expected to complete the number of practice hours as specified in the course requirements.

Attendance Guidelines

1. Attendance at all classes, all practicums, and all nursing practice conferences will be monitored on a regular basis.
2. A student’s record of attendance is considered in student evaluations.
3. In the event of an anticipated absence due to an extenuating circumstance, students are expected to provide written notice to the appropriate faculty member(s) in advance. Written notices will be kept on file.
4. In the event that prior notification of an anticipated absence due to extenuating circumstance is not possible, students must contact the faculty member(s) as soon as possible and supply a written explanation. Written notices will be kept on file.
5. Faculty are required to report to the dean all unexplained absences from class in excess of three hours over at least two classes in any term (see Academic Regulations re: class attendance in the university calendar).
6. Students are responsible for notifying the faculty member/clinical associate (in writing if possible) and the appropriate nursing unit/agency of any anticipated

- absence prior to the beginning of their scheduled practicum time. Scheduling of make-up time must be arranged with the appropriate faculty member/clinical associate and, where appropriate, the unit or agency.
7. Similar notification re: anticipated absence from nursing conferences is also an expectation.
 8. In the event of absence due to protracted illness or illness during examination periods, the nurse or physician at the university health center must supply a written excuse for students for whom they have immediate and first-hand knowledge. Excuses written by the nurse or physician “after the fact” of the illness will not be accepted.
 9. In the event of inclement weather, students should exercise prudent judgment when deciding whether or not to travel to scheduled practicums, conferences, and classes (see Policy on Student Travel). Timely and appropriate notification (e.g., telephone, e-mail) re: absence due to inclement weather is also an expectation.

Revised February 2009
Approved by SON March 2003

**St. Francis Xavier University
School of Nursing**

Policy on Skills Testing in the Laboratory Setting

The ultimate goal of nursing education is to prepare safe, competent, and ethical practitioners of nursing. In keeping with professional standards, members of the School of Nursing have set a high standard in order to fulfill this goal, particularly in relation to the performance of nursing skills. Practical testing of skill performance is often required to ensure that students are able to perform select skills safely and competently.

To ensure consistency, the following guidelines apply to all nursing courses with a skill testing component in the laboratory setting:

- A student's performance in any skill testing situation will be evaluated as either pass or fail.
- If a student fails to demonstrate competency during the testing situation (i.e., does not pass the skill test), the evaluator will provide corrective feedback to the student and recommend further practice.
- A student who does not pass the first test will be eligible for one re-take.
- A student who does not pass the second test will not be eligible to proceed to the next course in the nursing program.

Please note that the above guidelines should also be written in the course outlines of nursing courses with a skill testing component in the laboratory setting.

**St. Francis Xavier University
School of Nursing**

Policy on Medication Calculation Testing and Calculator Use

Regardless of the area in which nursing is practised, all nurses must be numerate (Ely & Scott, 2007). In other words, nurses must have skill with numbers and thus be able to perform basic mathematical functions without relying on calculators. In the interest of maintaining safe practice, this is a crucial skill to have; for example, when medication dosages need to be accurately calculated.

To ensure consistency, the following guidelines apply to all nursing courses that involve numeracy skills testing:

- 1) Students are not permitted to use calculators during quizzes or exams in any nursing courses.

- 2) In the context of N235, medication dosage calculation is considered to be a skill and is to be treated as such. Thus, students will be tested on this skill on an occasion separate from the final exam and will be permitted one retake if they do not pass the first test. As with other skills, students who do not pass the second test will not be eligible to proceed to the next course in the nursing program.

- 3) A minimum grade of 80% constitutes a pass.

In the practice area, the following guideline applies:

Students will be required to accurately calculate medication dosages without the use of a calculator. However, they will be permitted to use a calculator for rechecking their own calculations.

Reference

Ely, C., & Scott, I. (2007). *Essential study skills for nursing*. Philadelphia, PA: Mosby Elsevier.

*Minor revision, July 2007
Approved by the SON, November 2006*

**St. Francis Xavier University
School of Nursing**

Policy on Student Travel

The following overview provides essential information regarding travel by students in the School of Nursing.

- Students in the third and fourth year of the program who must travel to Halifax for mandatory field trips are responsible for their own travel, including their expenses.
- The School of Nursing is responsible for organizing and providing rental vehicles to third and fourth year students who must travel to various sites outside of Antigonish for their practicums during the academic year.
- The School of Nursing is responsible for organizing and providing rental vehicles to fourth year students who must travel to New Glasgow for their consolidated nursing practice experience.
- Advanced major students are responsible for their own travel, including expenses, during their associated practicums.
- Rented vehicles are only to be used to transport students to and from practicums.
- The School of Nursing is not responsible for any travel or travel expenses outside of the parameters outlined above.

Revised July 2007

Approved by SON November 2002

Practical Suggestions for Safe Student Travel

Traveling by car:

- Make sure your vehicle is in good repair.
- Make sure that the fuel gauge is accurate.
- Ensure that you have sufficient fuel to get you to and from your destination.
- Make sure that your windshield washer container is full.
- Plan the route you will take in advance. Use main roads as much as possible.
- Have clear directions prior to leaving so as to avoid having to stop and ask for directions.
- Have your keys in your hand before you get into your car.
- Once you are in the car, lock all doors.
- If you suspect you are being followed, do not drive to your home. Rather, drive to a police station or to a service station/public place where you can call the police.

Parking your car:

- Carefully consider where you park if you are not returning to your car until after dark.
- If possible, park in a well-lit area.
- Avoid parking near walls, high fences, or vegetation that may provide cover for an intruder.
- Back your car into the parking space so you can drive ahead in the event that you need to make a quick exit.
- Before you get out of your car, check for any loiterers. If any are identified, seek another location to park your car.
- Always lock your car.
- Cover any valuables that you must leave in the car.
- Do not leave house keys, credit cards, personal information, or cash in your car.

If your car breaks down:

- If your car breaks down, summon help (e.g., raise the hood of the car, turn on four way flashers).
- Remain in your car.
- Sit on the passenger side of the front seat while waiting for help; this will give the impression that you are waiting for the driver to return.

Winter traveling:

- Before leaving for your destination, check the weather conditions and the road report.
- Use your discretion when deciding to travel on the roads in winter.
- Dress in clothing that is appropriate for the weather in the event of car problems.
- If your car malfunctions or you incur problems related to weather conditions, stay with your car for better protection and easy location.

General guidelines:

- Avoid walking at night.

- Avoid taking shortcuts through poorly lit areas.
- Carry enough change to make emergency phone calls.
- If possible, know the location of public payphones in the area where you expect to travel.

Reference

Continuing Care (2002). *First aid remote location plan*. Nova Scotia: Homecare Nova Scotia, Eastern Region.

Revised July 2007
Approved by SON August 2003

St. Francis Xavier University
School of Nursing

Policy on Immunization

Verification of Immunization and Tuberculosis (TB) Testing

In order to participate in clinical courses at STFX University, nursing students are required to have all immunizations and TB testing up to date. Being fully immunized is a safeguard for both you and the people in your care. Vaccines recommended in the Canadian Immunization Guide (Health Canada, 2006) for ALL Health Care Workers include Diphtheria, Pertussis, Tetanus and Polio, Measles (Rubeola), Mumps, Rubella, Hepatitis B, yearly influenza & varicella (chicken pox). In specific risk situations Hepatitis A and BCG vaccine (for TB) may be required. Agencies where students are placed for clinical are now requiring that the School of Nursing show written confirmation that students are up to date with their immunizations. All students who do not have documented proof of up-to-date immunization and TB Testing will not be permitted to practice in the clinical area and therefore will not receive credit for the associated Nursing course. Documented exceptions will only be granted for *true contraindications* as outlined in the current edition of the Canadian Immunization Guide. You must show proof that the following immunizations are up to date.

- Primary series for DPTP (diphtheria, pertussis, tetanus and polio) followed by Td (tetanus diphtheria) or dTap (diphtheria tetanus and acellular pertussis) booster
- MMR (measles, mumps and rubella) and booster
- Primary series for Hepatitis B
- Varicella or (chicken pox): or evidence of self reported history of chicken pox or shingles
- 2-step Mantoux test for TB (2 separate tests which each include administration of PPD and reading within 48 to 72 hours, then repeat process 7 to 21 days later) * *Note: TB skin tests are contraindicated for previous positive reactor, those with positive tests must provide a doctor's note to indicate non active TB status*

The attached Immunization and Tuberculosis (TB) checklist must be completed by your family doctor/nurse or public health official and submitted to the STFX School of Nursing upon registration in September. If you have questions, the Nursing Program Coordinator will re-direct your call to the appropriate person.

The university will not accept liability for any student who does not comply with local immunization requirement(s).

Immunization Checklist form

Student name _____ DOB _____

This checklist must be completed by your family Doctor/Nurse or Public Health Official:

Vaccine Preventable Infections	Dates	Notes
DTP + HIB (childhood)		
DTP (preschool)		
Td _____ or Td + Pertuisis _____		
MMR (2 doses)		
Hepatitis B		
Varivax (chickenpox) or evidence of infection		

Tuberculin skin test (TST) 2-step date: ____/____/____ Result: _____mm

DD MM YYYY

1-step date: ____/____/____ Result: _____mm

DD MM YYYY

If there is a documented prior positive TST, previous treatment for active TB, or previous treatment for latent TB, a TST is not required. Medical evaluation and a chest X-ray within 1 year (if asymptomatic) are required.

Signature of Physician (Nurse) or Public Health Official (required) Date: _____

St. Francis Xavier University
School of Nursing

***Policy on Interpersonal Safety and Risk Reduction among
Students***

The School of Nursing is concerned about the safety of its students, particularly given that health care workers are known to be the targets of verbal, physical, and/or sexual abuse by individuals who, for various reasons, have violent tendencies.

The following guidelines are offered in an attempt to minimize students' risk for abuse or harm by individuals they encounter during their nursing practicums:

- 1) All students must complete the Crisis Prevention and Intervention course offered by the SON during the second term of the first year of the program.
- 2) Students who feel unsafe or vulnerable at any time, in any practice setting, must remove themselves immediately. They must notify their instructor and, if appropriate, the administrative/supervisory personnel of the agency as soon as possible.
- 3) Before conducting a home visit, inform someone you know where you are going and when you expect to return.
- 4) Remove yourself from the home immediately if any persons present are under the influence of drugs or alcohol.
- 5) When attempting to conduct a "private" conversation in the home, avoid using private bedrooms.
- 6) Maintain professional demeanor in your dress (see policy on professional dress), actions, and use of language.
- 7) Maintain professional boundaries. Do not divulge personal or private information about yourself (e.g., your life-story, your phone number, or your home address).
- 8) Document any client history information that alerts you to the possibility of an unsafe or harmful situation in future encounters.
- 9) Inquire about the presence of pets before conducting a home visit and, in collaboration with the client, devise a plan to minimize any foreseen risks (e.g., allergic reaction, animal bite) before arriving.

The School of Nursing is also aware of the potential risk associated with travel to scheduled practicums. Accordingly, it has devised a separate policy re: Student Travel that can be found elsewhere in this document. In particular, please note the additional information sheet entitled: Practical Suggestions for Safe Student Travel.

Likewise, the School of Nursing is aware of the potential for injury or harm of students associated with safety hazards in the health care environment (or laboratory setting); for example, exposure to hazardous materials, exposure to infectious blood or body fluids, the nature of nurses' physical work, and so forth. As well, there may be additional hazards posed to students by virtue of their own personal history (e.g., allergies, pregnancy, immunosuppression).

While it is incumbent on the students to take appropriate measure to protect their personal safety; for example, by advocating for any special considerations, by using proper body mechanics, wearing a medic alert, abiding by the rules of infection control, and so on, the SON offers mandatory short course or lectures on such topics as the workplace hazardous materials information system (WHMIS), fire safety, and standard precautions. There are also several other applicable School of Nursing policies and guidelines for students, covering such topics as immunization, the safe use of the glucometer, latex allergy, and exposure to blood and body fluids. They are included elsewhere in this document.

References

Goudreau, K.A., & Chasens, E.R. (2002). Negligence in nursing education. *Nurse Educator*, 27(1), 42.

Skillen, L., Olson, J. K., & Gilbert, J.A. (2003). Promoting safety in community health. *Nurse Educator*, 28(2), 89-94.

Revised July 2007
Approved by the SON August 2003

St. Francis Xavier University
School of Nursing

Policy on Professional Dress

Preamble

According to Roach (2002), comportment, “meaning bearing, demeanor, and to be in agreement or harmony with...” (p. 64) is one of the six basic attributes of professional caring. Specifically subsumed under comportment is dress which is “...a symbol of communication and can be in harmony or disharmony with a caring stance” (Roach, 2002, p. 64). Given that one usually chooses dress “...consistent with one’s attitude toward the person or the occasion” (Roach, 2002, p. 64), professional dress can therefore reflect caring and ultimately work toward sustaining the caring image of the professional nurse (Bednarski & Rosenberg, 2008; DeKeyser, Wruble, & Margalith; 2003; LaSala & Nelson, 2005; Tamlyn, 2005). Moreover, first impressions are significant in establishing rapport and ensuring ongoing relationships (Lukes, 2009).

Nurses can convey professionalism and a sense of identity, establish credibility, and ensure that they get the respect and collegial treatment they deserve through their appearance, language, and behavior (LaSala & Nelson, 2005; Lukes, 2009). Consistent with other provinces and territories across Canada, “professionalism is considered ‘a way of being’ for registered nurses in Nova Scotia” (CRNNS, 2008, p.2). In contemporary society, it is crucial that nurses adopt a style of dress that furthers their efforts to affirm their professional identity and subsequently, to be treated more professionally (LaSala & Nelson, 2005).

Given the relevance and significance of the views presented above, the School of Nursing considers professional dress to be the most appropriate dress in each and every nursing situation. The guidelines below include more specific details regarding professional dress.

Specific Guidelines

The following guidelines apply to students in acute and continuing care settings such as hospitals and nursing homes, but exclude acute care mental health units.

Dress White dress or pants uniform, with the St. Francis Xavier University crest placed on the left sleeve, and the student's name bar on the front of the uniform. Dress uniform length must be professionally appropriate (i.e., below the knee). A white sweater or lab jacket worn over the uniform is acceptable if needed for warmth. Like the uniform, stethoscope covers, if worn, must be laundered after each clinical day. Students must change into and out of uniform at the institution where they are providing care unless a **full-length** coat is worn to completely cover the uniform. Thus, short-

length coats, jackets, or sweaters are not acceptable. **Uncovered uniforms and nursing shoes are to be worn on the premises only.**

- Shoes** Either white "nurses" shoes or all-white leather running shoes are acceptable. It is important that adequate support and "breathability" be provided. Shoes and laces must be kept clean.
- Hose** White in color.
- Lab Coat** Students who may need to spend time in the acute or continuing care setting outside of regularly scheduled practicum hours (e.g., to visit clients or to obtain data for professional purposes) must be appropriately identified. A white lab coat, kept for this purpose only, is worn over clean and well maintained professional clothing that promotes safe and sanitary conditions. Casual clothing items such as jeans, sweatshirts, sweatpants, and sneakers are not permitted. Lab coats used in Chemistry/Biology labs are not to be worn in the acute or continuing care setting. Name bars are to worn on lab coats.

The following guidelines apply to students in community-based settings such as the home, school, or daycare, as well as those in the acute care mental health setting.

- Dress** *Semi-casual street or dress clothes that are clean, neat, and permit the student to fulfill the nursing process with ease (e.g., it is difficult to sit on the floor with a toddler for assessment or assist in tub bathing while wearing a skirt). Casual clothing such as jeans, sneakers, sweatshirts, or sweatpants is not acceptable professional dress.*
- Shoes** Clean and supportive shoes with a closed toe and heel. If it is culturally unacceptable to wear shoes in a particular home, soled slippers may be worn.

The following guidelines apply to all students, regardless of the setting.

- Grooming** Hair must be clean and tidy, worn above the collar. If hair accessories are required, they must be secure and professionally appropriate. Nails must be appropriately trimmed and manicured so as not to injure clients. Artificial nails (e.g., gel nails) pose a risk of infection for clients and therefore are not permitted. Colored nail polish is not acceptable. Male students who are not full-bearded must be clean-shaven. Full beards must be neatly trimmed.
- Equipment** Students must have in their possession all equipment needed to carry out the nursing process in that particular setting; for example, a watch that displays seconds, a stethoscope, bandage scissors, a tape measure, and so forth.
- Jewellery** For client safety (i.e., to protect clients from injury due to scratching or the transmission of organisms), nurse safety, and to maintain a professional

appearance, jewellery is not to be worn. Small ear studs, non-dangling earrings, wedding bands, and flat school rings are considered exceptions. Likewise, body-piercing jewellery that includes nose, eyebrow, tongue, and lip piercing must be removed and body adornment/tattoos that may be considered disrespectful to clients and the community must be covered. (Capital District Health Authority, 2008).

- Name bar** A name bar must be worn during all nurse-client encounters. It must include the student's full name, student status, and the university's name. The print should be large enough to be easily read. **Please note:** The StFXU name bar is **not** to be worn when the student is care-giving in a capacity other than student nurse (e.g., CCA, PCW). This constitutes misrepresentation of self and it is considered unethical.
- Scents** To prevent harm to those people who suffer from chemical sensitivities, scented products are not to be worn. This includes perfume, cologne, and after-shave as well as scented deodorant, hairspray, shampoo, soap, lotion, or other personal care products.
- Other** Students are not permitted to chew gum. Professional conduct is expected in every nursing situation.

Mary Smith, Student Nurse St. Francis Xavier University
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References

- Bednarski, D. & Rosenberg, P. (2008). Nurses' uniforms and perceptions of nurse professionalism. *Nephrology Nursing Journal* 35(2): 169.
- Capital District Health Authority (2008). Dress: Standards. *Administrative Manual: Policy and Procedure*. Halifax: Author.
- College of Registered Nurses of Nova Scotia (2008). *Position statement: Professionalism and Registered Nurses in Nova Scotia*. Halifax: Author.
- DeKeyser, F. G.; Wruble, A. W.; & Margalith, I. (2003). Patients voice issues of dress and address. *Holistic Nursing Practice* 17(6): 290-294.
- LaSala, K. B. & Nelson, J. (2005). What contributes to professionalism? *Medsurg Nursing* 14(1): 63-67.
- Lukes, E. N. (2009). Image revisited. *American Association of Occupational Health Nurses* 57(6): 253-255.
- Roach, S. (2002). *Caring, the human mode of being: A blueprint for the health professions*. (2nd ed). CHA Press: Ottawa
- Tamlyn, D. (2005). The importance of image. *Canadian Nurse* 101(4): 26.

Revised November 2009

Approved by SON in November 2001

**St. Francis Xavier University
School of Nursing**

***Policy on Confidentiality of All Sources of Client
Information***

Preamble

The Code of Ethics for Registered Nurses (2008) states, “Nurses recognize the importance of privacy and confidentiality and safeguard personal, family, and community information obtained in the context of a professional relationship” (p. 15). Actualizing this nursing value requires that a number of ethical responsibilities be met. They are outlined in the Code of Ethics for Registered Nurses. The focus in this policy is to provide more specific guidelines to assist students in maintaining client privacy and confidentiality.

Client records are recognized as legal records of care or service. As such, the record/chart (electronic or hard copy) is the property of the agency (or the medical professional responsible for a client’s care). Client records may be used by several disciplines for research and education. When client records are used for this purpose, it is essential to ensure the confidentiality of this information. Although institutions/facilities allow access to information from health records for internal teaching purposes, any identifying information used outside of this context constitutes a breach of confidentiality.

Data collection sheets on which the students record their assessment data and nursing care plan assignments that students complete on their clients contain detailed and confidential information. Consequently, it is important that students not share this information with anyone but their instructor and refrain from using any identifiers such as full name in case of misplacement or inadvertent loss of the information. Initials are sufficient as the instructors know the identity of the clients.

Some additional guidelines that are applicable to maintaining client confidentiality include the following:

- 1) No part of a client record, including the medication sheet, is to be printed or photocopied by a student.
- 2) When major care plans have been completed and graded, the nurse educator responsible will remove and destroy the first page of the care plan containing the demographic data, psychosocial history, and family history.
- 3) Students must ensure that while working with any confidential information pertaining to their clients (including nursing care plans) that the information is safe and inaccessible to others.

Guidelines that are applicable to maintaining client confidentiality when using the Nova Scotia Hospital Information System (NSHIS) include the following (Adapted from the NSHIS Privacy and Security Policy, 2003):

- 1) Students and instructors must complete an orientation program prior to commencing use of the HShIS.
- 2) Students and instructors must read and sign the NSHIS document, *Conditions of Appropriate Use*, prior to commencing use of the NSHIS.
- 3) All users of the NSHIS must keep their system passwords confidential, that is, they must never reveal them to another person.
- 4) Students are only permitted to access the electronic/paper health records of clients for whom they are assigned. Access to non-assigned clients is permitted only with the permission of an instructor.
- 5) Access to multiple client records for the purpose of making a client assignment for fellow students or for administering medications to a host of clients during leadership experiences is permitted.
- 6) Even though a client may not be assigned to a particular student, an instructor may request a student to review a specific health record for educational purposes. This does not constitute a breach of confidentiality.
- 7) The NSHIS and the Guysborough-Antigonish-Strait Health Authority (GASHA), among others, will conduct routine audits of student/instructor activity in terms of access to information and use of the system. Audits may be conducted at any time and without notice. Violations can be identified through audit records or through reported observation by an individual or NSHIS audit staff.
- 8) Audit results will be forwarded to the StFX-NSHIS Liaison designate.
- 9) The StFX - NSHIS Liaison designate must distribute the audits to the Level Coordinators for review purposes.
- 10) The StFX-NSHIS Liaison designate must provide a report of the audit results to the Chair of the School of Nursing quarterly, or more frequently at the Chair's request.
- 11) Accessing the NSHIS to obtain information about an acquaintance, a friend, a family member, or indeed one's self constitutes a violation.
- 12) Reports of violations will be directed to the Nursing Practice Advisory Committee for review and possible disciplinary action.

The CRNNS (www.crnns.ca) provides the following additional guidelines for registered nurses with respect to safeguarding confidentiality when using electronic documentation systems:

- 1) Never reveal or allow anyone else access to your personal identification number or password ... this is your electronic signature.
- 2) Inform your immediate manager if you suspect that someone other than the individual to whom it was assigned is using a particular personal identification number.
- 3) Change passwords at frequent and irregular intervals (as per agency policy).
- 4) Choose passwords that are not easily deciphered.
- 5) Log off when not using an electronic documentation system or when leaving a computer terminal.
- 6) Maintain confidentiality of all information, including all print copies of information.
- 7) Shred any discarded print information containing client information.
- 8) Locate printers in secured areas, away from public access.
- 9) Retrieve printed information immediately.
- 10) Protect client information displayed on monitors (e.g., use of screen savers and/or privacy screens, location of monitors).
- 11) Only access client information required in providing care to a particular client (accessing client information for purposes other than providing care is considered a breach of confidentiality).

Note: 'Nurse educator' refers to either a St. F.X.U. clinical associate or faculty member who is supervising nursing students in the nursing practice setting.

References

Canadian Nurses Association (2008). *Code of ethics for registered nurses*. Ottawa: Canadian Nurses Association.

Revised August 2009
Approved by the SON June 2004

**St. Francis Xavier University
School of Nursing**

Policy on Leaving the Hospital during a Clinical Practice Shift

During an eight-hour clinical day in the hospital students are entitled to one 15-minute morning break and a one-half-hour lunch break. Students working a 12-hour shift are entitled to two 15-minute breaks and two one-half-hour breaks, one for lunch and the other for supper. Breaks should be a time to eat, reflect, and relax, and therefore, students are encouraged to take their breaks away from the clinical unit or department to which they are assigned. However, while on break, students share accountability for the safety of their clients. Accordingly, students, like their instructors and other hospital personnel (e.g., nurses), must not leave the hospital premises for any reason while on break and they must inform their client(s), instructors, and other key nursing personnel prior to leaving the unit or department and, as appropriate, communicate the information necessary to ensure the continuity of care of their clients during their absence. They must also inform the appropriate personnel (e.g., the charge nurse) of their whereabouts so that they can be easily and quickly located in the event of an emergency.

If under exceptional circumstances (e.g., a personal emergency), a student must leave the hospital during the scheduled shift, the following guidelines apply:

- If possible, the student must notify their instructor in advance.
- An RN must be prepared to assume the continuing care of the client during the student's absence.
- The student must forgo his/her regular break if planning to return during the scheduled shift.
- Only one student per instructor/unit may leave at any one time.
- The student must provide contact details (e.g., whereabouts, contact phone number) to the nursing instructor and the RN assigned to the client in the event that, for any reason, the student needs to be contacted.

Revised July 2007

Approved by SON February 2003

**St. Francis Xavier University
School of Nursing**

Policy on Student Awards

Through the generosity of several benefactors, the St. Francis Xavier School of Nursing is able to award a variety of scholarships and other awards to recognize nursing students who exhibit strong leadership ability, exceptional performance in nursing practice, or noteworthy ability in the conduct of research. Although the School of Nursing makes the final decisions regarding the recipients of these awards, student input is sought and highly regarded.

The procedures entailed are outlined below:

1. A list of the various awards and their criteria are located on the School of Nursing website (http://www.mystfx.ca/academic/nursing/current_students.htm), in the Student Handbook, and in the Faculty Orientation Manual. Timely reminders about the availability of these awards and the application/nomination process, including deadlines, will be sent to students (via the Advisor to the Student Nursing Society) and faculty/clinical associates (via the Chair of the SON Students Award Committee). To ensure that all students are informed, all pertinent information will be encouragingly reinforced by faculty in their respective classes.
2. Students may apply for the awards for which they are deemed eligible by completing and submitting the applicable form(s).
3. Students may nominate a classmate by completing and submitting the form for the specific award. Likewise, faculty and clinical associates may nominate a current student using the same process.
4. All applications/nominations must be submitted to the School of Nursing Program Coordinator by the deadline designated on the form (e.g., March 1st).
5. Normally, any student who has received a SON award in excess of \$500 will not be eligible to receive another SON award in the same academic year.
6. Students who have received renewable scholarships/awards will automatically be assessed by the SON to determine whether or not they meet the criteria for renewal. Therefore, students need not reapply.
7. Prior to the date set by the Awards Committee, level coordinators will collect all applications/nominations from the SON Program Coordinator in preparation for the meeting they will conduct with colleagues in their respective years to consider

- all applicants/nominees and to select award winners.
8. At their discretion, faculty and clinical associates may provide their nominee(s) with a copy of their submission(s).
 9. Students who are unsuccessful in attaining an award for which they applied may indeed unknowingly qualify for other awards. As such, the SON will automatically consider them for the other awards using the information already supplied on their original applications.
 10. The Chair of the School of Nursing Awards Committee will notify the April award recipients in writing at least seven days prior to the Nursing Banquet.

Please note the following qualifiers:

1. Awards to Advanced Major and Honours students are based on superior academic standing in their respective programs. As such, students do not apply for these awards; nor do others nominate them.
2. For scholarships/awards that have established *residency or place of residence* as one of the criteria, it is the community in which students attended high school that is considered to be the place of residence for direct from high school entrants. For students designated as mature, residency is the place where they have resided during the two years prior to being admitted to the nursing program.

Revised January 2009

Revised July 2007

**St. Francis Xavier University
School of Nursing**

Policy on Clinical Reintegration

Continuing competence, the ongoing “ability ...to integrate and apply the knowledge, skills, and judgment required to practice safely and ethically in a designated role and practice setting” (CRNNS, 2008, p. 3), is a requirement for annual licensure renewal for graduate nurses and a condition from which the student nurse is not exempt. Thus, regardless of the timeframe or underlying circumstance, **any student whose progression through the nursing program has been interrupted is required to complete a clinical reintegration process before re-entering the practice environment.** It is anticipated that through this process students will regain lost skills, abilities, and confidence such that they are unencumbered and able to continue to grow in the practice of nursing relative to their program level. While re-entry students are expected to be accountable for competent nursing practice, the School of Nursing promotes an environment that supports re-entry students in their acquisition of competence.

Although there may be some variation in the clinical reintegration process based on individuals’ unique learning needs, the following guidelines will normally apply to re-entry students:

- 1) After reviewing the steps of and rationale for previously learned psychomotor skills, students must practice these skills in the lab.
- 2) Once students feel they are ready, they must arrange to perform a return demonstration of these skills for the Nursing Lab Coordinator.
- 3) Students must review the principles of safe medication administration as well as the numeracy skills necessary for accurate medication dosage calculation.
- 4) Students must review the nursing process and the care planning guidelines
- 5) Prior to beginning their next practice rotation, students must meet with the clinical instructor to whom they have been assigned to discuss the clinical reintegration process just completed.
- 6) If, at any time, assistance is required or concerns arise, students must consult the course professor ASAP.

Normally, students who have not been enrolled in the nursing program for two years or more must take/retake the following courses before (re)entering the clinical setting: N235, N275, N251, and N252. **Prior to readmission, a pass in a challenge exam for N125 is also required. If unsuccessful, this course will have to be retaken before beginning any of the two hundred level nursing courses previously listed.** Students in this category must also submit proof of up-to-date immunization, evidence of current certification in standard first aid, Level C CPR with ACD and CPI, and documentation re: a criminal records check and screening through the home province child abuse registry.

Reference

College of Registered Nurses of Nova Scotia. (2008). *Building your profile™: A guide to continuing competence and professional development*. Halifax, NS: Author.

Minor revisions November 2009
Approved by the SON April 2009,

**St. Francis Xavier University
School of Nursing**

Policy on the Use of Personal Electronic Devices

Student use of electronic devices during classroom and lab time deters the teaching-learning process. Devices include but are not limited to the following: cell phones, blackberries, pagers, tablet PCs, mobile presenters, wireless tablets, any recording device, beepers, palms, Ipods, MP3 players, texting calculators, camera phones, digital cameras, and laptops. In a practice profession such as nursing, electronic device distraction carries strong ethical implications. Students who are not listening/engaged will miss core content/discussions needed to provide safe, competent care to their clients in while nursing school, *and* after graduation.

To ensure consistent implementation of this policy the following guidelines apply:

- We respect and recognize that some students require electronic devices for their day-to-day functioning in the academic setting. Exceptions include students with documented disabilities or exceptional needs. Students must coordinate the use of electronics during class sessions with their course professor or clinical associate.
- Unless the professor or clinical associate **authorizes their usage** for a class-related purpose, all electronic devices are to be **turned off during class and in the clinical areas**. With the exception described in number 1 above, **the SON has a zero tolerance policy for the use of electronic devices**. These devices are to be stored in areas such as a book bag or purse, and may not be placed on the table, desktop, or individual's lap.
- Regarding Emergency Contact, the SON recognizes that there are times when students face personal emergencies and may need venues to receive information during class. If an individual faces an urgent situation s/he should follow these steps:
 - Students may wish to provide their daily class schedule to those who are trying to contact them. They may coordinate times outside of their classes during which they can place and receive messages such as telephone calls or text messages.
 - Students enrolled in classes between 9am am and 4:00 pm Monday through Friday, who anticipate that an emergency might arise, may provide the SON telephone number (902-867-2240 or 902-867-3673) as the contact point. A SON staff member can receive the call and inform the professor of the need for you to leave a class so you may respond to your personal situation.
 - Students enrolled in classes after 4:00 pm who anticipate a pending emergency should discuss, with the course instructor, about leaving class to respond to a "silent ring" on their cell phone.
- Students in SON courses are expected to comply with this policy. Individuals using these devices without instructor approval/ authorization will be asked to leave the room for that class. A pattern of unauthorized use in clinical settings will result in referral to the Nursing Practice Advisory Committee.

Approved at the SON April 16, 2010

**St. Francis Xavier University
School of Nursing**

Guidelines for the Safe Use of the Glucometer

A glucometer enables one (e.g., client, nurse) to quickly test blood glucose level using a reagent strip, a reflectance meter, and a single-use lancet attached to a spring-loaded device.

When using a glucometer to test clients' blood glucose level, nurses must take precautions to prevent contact with blood or blood borne pathogens.

According to Standard Precautions, the following precautions apply to students anywhere, anytime:

1. Don gloves after preparing the equipment *but prior to* puncturing the skin.
2. Immediately dispose of the used lancet in the sharps container.
3. Handle the test strip carefully – it contains a droplet of blood.
4. Dispose of the test strip in the garbage either in its original package or wrapped inside a Kleenex.
5. Remove your gloves and wash your hands.

References

Canadian Nurses Association. (2000). *Exposure to Blood Borne Pathogens*. Ottawa, Ontario: Author.

Perry, A, & Potter, P. (2006). *Clinical nursing skills & techniques* (6th ed.). St. Louis: Mosby.

Revised July 2007

Approved by SON April 2003

**St. Francis Xavier University
School of Nursing**

Guidelines Regarding Latex Allergy

Latex, a natural rubber commonly used in the manufacturing of gloves (and carried in the powder they contain) and other medical products, has been known to cause allergies in certain individuals. Latex proteins can enter the body through the skin or respiratory system potentially leading to allergic (hypersensitivity) reactions with symptoms that range from mild to severe. A mild reaction may involve skin redness and itching. A more severe reaction may involve: redness, itching, hives, and localized swelling in the skin; red, itchy and runny eyes; a runny nose; and a cough. The most severe latex allergy is life threatening with the following signs and symptoms: itching, skin rash/hives, wheezing, difficulty breathing, diarrhea, nausea, hypotension, tachycardia, and respiratory or cardiac arrest; in short, anaphylaxis.

To protect yourself apply the following guidelines:

1. If you have a known allergy to latex, notify your instructors as latex-free gloves are available.
2. If you have a known allergy to latex, familiarize yourself with, and avoid, the products that are known to contain latex (*e.g., blood pressure cuff, tubing and bladder, IV rubber injection ports, tourniquets).
3. Wear a medic alert.
4. If you do not have an epi-pen, talk to your doctor about securing one. An epi-pen is an injection device that allows an individual to self-inject an emergency drug known as epinephrine into the subcutaneous tissue in the event of an anaphylactic reaction.
5. If you experience any of the above symptoms after contact with latex gloves, remove them immediately, wash your hands thoroughly, move to a well ventilated area, and notify your instructor.
6. In the event of symptoms following contact with any other products containing latex, immediately withdraw contact, wash your hands thoroughly, move to a well ventilated area, and notify your instructor.
7. If you experience an anaphylactic-like reaction (e.g., you begin to experience difficulty breathing) immediately call, or have someone call, 911, or immediately proceed to the nearest emergency room.

* A fairly comprehensive list of latex containing products and their latex-free alternatives is usually found in any medical-surgical textbook; for example, see Brunner & Suddarth's Textbook of Medical-Surgical Nursing (p. 1609) referenced below.

References

Day, R., Paul, P., Williams, B., Smeltzer, S., & Bare, B. (2007). *Brunner & Suddarth's textbook of medical-surgical nursing* (First Canadian ed). Philadelphia, PA: Lippincott, Williams, & Wilkens.

Karoven, C. (1999). Latex allergy in health care workers: What are the risks? *AAOHN Journal*, 47(11).

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Revised July 2007
Approved by the SON April 2003

**St. Francis Xavier University
School of Nursing**

***Guidelines Regarding Exposure to Blood and Body Fluids
While in the Skills Lab (or Other Setting)***

*Standard precautions (e.g., appropriate use of personal protective equipment such as gloves, gowns, masks, and so forth, appropriate disposal of bio-hazardous waste such as used needles and syringes into the “sharps” container) apply to all situations in which exposure to blood and other potentially infectious body fluids is a possibility. However, in the event that a student is inadvertently exposed to blood or other potentially infectious body fluids, for example, through a needle stick injury or other break in the skin, the following measures must be implemented:

1. Immediately wash the affected area with soap and water for 2-4 minutes. Do not use antiseptics or make the wound bleed as they do not reduce the risk of infection. Do not use bleach or other caustic substances that may damage the skin.
2. If the event occurs in the lab, report the incident to the lab instructor and, to the best of your ability, determine whether or not contamination of the penetrating object with blood borne pathogens is a possibility. For example, determine whether the penetrating object was ever used to penetrate another. Please note that needles and syringes that you yourself removed from their sterile packages and have not been used on another person do not pose a bio-hazard. However, if you have any doubt whatsoever, err on the side of caution. Wash the affected area and **immediately proceed to the emergency department** so that post-exposure assessment can be conducted and any needed treatment instituted.
3. Within 24 hrs of the event, meet with your lab instructor to discuss and document the incident.
4. Follow similar guidelines in similar situations in other contexts (e.g., in an agency), reporting the incident to the appropriate individuals (e.g., as indicated in the agency’s policies and procedures).

*Please note that more in depth information re: instituting standard precautions is available in any clinical nursing skills textbook (e.g., Perry and Potter referenced below) and should be available in any agency’s policies and procedures manual.

References

- Canadian Nurses Association. (2000). *Exposure to Blood Borne Pathogens*. Ottawa, Ontario: Author.
- Finney, J. (2000). When a needle stick occurs. *Surgical Services Management*, 6 (3), 41-47.
- Perry, A., & Potter, P. (2006). *Clinical nursing skills & techniques (6th ed.)*. Philadelphia, PA: Elsevier Mosby. *Revised July 2007; Approved by SON April 2003*

SKILL ACQUISITION BY THE END OF LEVEL FOUR

Please note that the skills listed in each of the columns have been demonstrated and practiced in laboratory settings. Fourth year nursing students may have had additional opportunities to practice skills depending on their experiences in the nursing practice setting. Although students may request/require preceptor supervision/assistance when performing certain psychomotor skills, all nursing students do require direct supervision when preparing and administering IV medications and when preparing unfamiliar, or high alert, parenteral drugs (e.g., insulin, heparin). Students must never administer drugs by “IV push”! Legally, a student nurse is never in the position to use or carry the “narcotic keys”.

<ul style="list-style-type: none"> • History taking, head to toe physical exam • Hand washing • Bed making: unoccupied, occupied & post-op • Pre & postoperative care • Admission, transfer & discharge • Assisting with bowel elimination: enema, colostomy care • Assisting with bladder elimination: insertion, care, and removal of urinary catheters (e.g., straight, foley, Texas), and bladder irrigation (CBI) • Transferring: to stretcher, wheelchair • Ambulation, ROM • Use of cane, crutches, walker • Cast care • Use of proper body mechanics • Positioning • Medication administration: PO, IV, SQ (including Butterfly), IM, S/L, PR, inhaled, topical, via gastric tubes • Management of narcotics • Sterile technique • Donning sterile gloves/gown • Wound care & dressings: simple wet or dry & occlusive • Compresses: warm, cool, ice pack • Oral feeding 	<ul style="list-style-type: none"> • Referral • Monitoring, measuring/recording intake & output • CBI monitoring • Administration of oxygen: face mask, nasal prongs, portable oxygen • Pulse oximetry • Peak flow measurement • Naso-gastric tube insertion, ongoing care, and removal • Enteral feeding: NG, G-tube, and J-tube • Foley catheter removal • Peripheral IV therapy management • Care of saline lock flush • Removal of IV intercath • Care of central lines • Administering TPN • Wound irrigation • Care of hemovac, Jackson Pratt drain • Shortening of a penrose drain • Tracheostomy care • Care of chest tubes • Assisting with bathing, grooming, and dressing (e.g., complete bed bath, oral hygiene, eye care, hair care, nail care, back care, HS care, sitz bath) 	<ul style="list-style-type: none"> • Delegation • Preparation for common diagnostic tests (e.g., blood studies, electrodiagnostic, endoscopic, fluid analysis, nuclear scanning, ultrasound, urine studies, radiological) and follow-up care. • Teaching & discharge planning • Teamwork, team leading, & conducting post-conferences • Chest physiotherapy (percussion, vibration, postural drainage) • Suctioning: oral, nasal, nasotracheal) • Blood glucose monitoring • Administration of blood & blood products • OR & delivery room observations • Obtain specimens for culture and sensitivity (e.g., urine [MSSU & catheter], stool, sputum, wound, throat) • Removal of sutures/clips 	<ul style="list-style-type: none"> • Post mortem care • Vital signs • Measurement of height and weight • Telemetry set-up • Documentation : flow sheets, progress notes • Reporting: end of shift; unit to unit • Pre op check list • General pre and post-op care, including “preps” (e.g., skin, bowel) • OR scrub, gown, glove • Bandaging • Isolation technique • Assisting with common medical procedures (e.g., thoracentesis, LP, suturing, minor surgery, BMA) • Relaxation techniques • Pain assessment & management
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SKILL ACQUISITION BY THE END OF LEVEL THREE

Please note that the skills listed in each of the columns have been demonstrated and practiced in laboratory settings. Third year nursing students may have had additional opportunities to practice skills depending on their experiences in the nursing practice setting. Although students may request/require preceptor supervision/assistance when performing certain psychomotor skills, all nursing students **do require** direct supervision when preparing and administering IV medications and when preparing unfamiliar, or high alert, parenteral drugs (e.g., insulin, heparin). Students **must never** administer drugs by “IV push”! Legally, a student nurse is never in the position to use or carry the “narcotic keys”.

<ul style="list-style-type: none"> • History taking, head to toe physical exam • Hand washing • Bed making: unoccupied, occupied & post-op • Pre & postoperative care • Admission, transfer & discharge • Assisting with bowel elimination: enema, colostomy care • Assisting with bladder elimination: insertion, care, and removal of urinary catheters (e.g., straight, foley, Texas), and bladder irrigation (CBI) • Transferring: to stretcher, wheelchair • Ambulation, ROM • Use of cane, crutches, walker • Cast care • Use of proper body mechanics • Positioning • Medication administration: PO, IV, SQ (including Butterfly), IM, S/L, PR, inhaled, topical, via gastric tubes • Management of narcotics • Sterile technique • Donning sterile gloves/gown • Wound care & dressings: simple wet or dry & occlusive • Compresses: warm, cool, ice pack • Oral feeding 	<ul style="list-style-type: none"> • Referral • Monitoring, measuring/recording intake & output • CBI monitoring • Administration of oxygen: face mask, nasal prongs, portable oxygen • Pulse oximetry • Peak flow measurement • Naso-gastric tube insertion, ongoing care, and removal • Enteral feeding: NG, G-tube, and J-tube • Foley catheter removal • Peripheral IV therapy management • Care of saline lock flush • Removal of IV intercath • Wound irrigation • Care of hemovac, Jackson Pratt drain • Shortening of a penrose drain • Assisting with bathing, grooming, and dressing (e.g., complete bed bath, oral hygiene, eye care, hair care, nail care, back care, HS care, sitz bath) 	<ul style="list-style-type: none"> • Delegation • Preparation for common diagnostic tests (e.g., blood studies, electrodiagnostic, endoscopic, fluid analysis, nuclear scanning, ultrasound, urine studies, radiological) and follow-up care. • Teaching & discharge planning • Chest physiotherapy (percussion, vibration, postural drainage) • Suctioning: oral, nasal, nasotracheal) • Blood glucose monitoring • Administration of blood & blood products • OR & delivery room observations • Obtain specimens for culture and sensitivity (e.g., urine [MSSU & catheter], stool, sputum, wound, throat) • Removal of sutures/clips 	<ul style="list-style-type: none"> • Post mortem care • Vital signs • Measurement of height and weight • Telemetry set-up • Documentation: flow sheets, progress notes • Reporting: end of shift; unit to unit • Pre op check list • General pre and post-op care, including “preps” (e.g., skin, bowel) • OR scrub, gown, glove • Bandaging • Isolation technique • Assisting with common medical procedures (e.g., thoracentesis, LP, suturing, minor surgery, BMA) • Relaxation techniques • Pain assessment & management
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SKILL ACQUISITION BY THE END OF LEVEL TWO

The skills listed in each of the columns have been demonstrated and practiced in the lab setting, many of them during N252 intercession. By the end of second year nursing students will have had an opportunity to practice these skills in the lab and, depending on their nursing practice experiences, to perform them in the practice setting. Although students may request/require preceptor supervision/assistance while performing certain psychomotor skills, all nursing students do require direct supervision when preparing and administering IV medications and when preparing unfamiliar, or high alert, parenteral drugs (e.g., insulin, heparin). Students must never administer drugs by “IV push”! Legally, a student nurse is never in the position to use or carry the “narcotic keys”.

<ul style="list-style-type: none"> • History taking, head to toe physical exam • Hand washing • Bed making: unoccupied, occupied & post-op • Pre & postoperative care • Admission, transfer & discharge • Assisting with bowel elimination: enema, colostomy care • Assisting with bladder elimination: insertion, care, and removal of urinary catheters (e.g., straight, foley, Texas), and bladder irrigation (CBI) • Transferring: to stretcher, wheelchair • Ambulation, ROM • Use of cane, crutches, walker • Use of proper body mechanics • Positioning • Medication administration: PO, IV, SQ (including Butterfly), IM, S/L, PR, inhaled, topical, via gastric tubes • Management of narcotics • Sterile technique • Donning sterile gloves/gown • Wound care & dressings: simple wet or dry & occlusive • Compresses: warm, cool, ice pack • Oral feeding 	<ul style="list-style-type: none"> • Monitoring, measuring/recording intake & output • Pulse oximetry • Naso-gastric tube insertion, ongoing care, and removal • Enteral feeding: NG, G-tube, and J-tube • Foley catheter removal • Peripheral IV therapy management • Care of saline lock flush • Removal of IV intercath • Wound irrigation • Care of hemovac, Jackson Pratt drain • Shortening of a penrose drain • Assisting with bathing, grooming, and dressing (e.g., complete bed bath, oral hygiene, eye care, hair care, nail care, back care, HS care) 	<ul style="list-style-type: none"> • Preparation for common diagnostic tests (e.g., blood studies, electrodiagnostic, endoscopic, fluid analysis, nuclear scanning, ultrasound, urine studies, radiological) and follow-up care. • Teaching & discharge planning • Suctioning: oral, nasal, nasotracheal) • Blood glucose monitoring • Administration of blood & blood products • OR & delivery room observations • Obtain specimens for culture and sensitivity (e.g., urine [MSSU & catheter], stool, sputum, wound, throat) • Removal of sutures/clips 	<ul style="list-style-type: none"> • Post mortem care • Vital signs • Measurement of height and weight • Documentation: flow sheets, progress notes • Reporting: end of shift; unit to unit • Pre op check list • General pre and post-op care, including “preps” (e.g., skin, bowel) • OR scrub, gown, glove • Bandaging • Isolation technique • Relaxation techniques • Pain assessment & management
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SKILL ACQUISITION AT THE END OF LEVEL ONE

<ul style="list-style-type: none"> • Hand washing • Basic infection control (i.e., medical asepsis) • General safety (e.g., prevention of falls)
<ul style="list-style-type: none"> • Bed making: unoccupied, occupied, and post-operative
<ul style="list-style-type: none"> • Assistance with bathing, grooming and dressing (e.g., complete bed bath, oral care, eye care, hair care, nail care, foot care, back care, HS care)
<ul style="list-style-type: none"> • Assistance with feeding
<ul style="list-style-type: none"> • Positioning • Range of motion exercise, ambulation • Transfer to stretcher, wheelchair • Use of cane, crutches, walker • Use of good body mechanics
<ul style="list-style-type: none"> • Basic sterile technique (e.g., donning sterile gloves, opening a dressing tray)
<ul style="list-style-type: none"> • Assisting with bowel and bladder elimination (e.g., PR suppositories, enemas, ostomy care)
<ul style="list-style-type: none"> • Catheter care • Monitoring, measuring, and recording output
<ul style="list-style-type: none"> • Nutrition via a NG tube in situ
<ul style="list-style-type: none"> • Vital signs
<ul style="list-style-type: none"> • Measurement of height and weight
<ul style="list-style-type: none"> • Isolation technique
<ul style="list-style-type: none"> • Collecting specimens for culture and sensitivity (e.g., urine, sputum, stool, wound, throat)
<ul style="list-style-type: none"> • Blood sugar testing using a Glucometer
<ul style="list-style-type: none"> • Basic therapeutic communication techniques • Basic interviewing skills (e.g., history taking)
<ul style="list-style-type: none"> • Basic application of the nursing process and Orem's theory of self-care
<ul style="list-style-type: none"> • Health teaching

Please note that the skills in the above lists are primarily psychomotor in nature and that they do not include of all the skills required by nurses. For example, nurses are also expected to have other “skills”, so to speak. They must be able to communicate therapeutically, behave professionally, think critically, problem solve adequately, and make decisions wisely, and so forth.

Please note that appendices often contain a list of terminology, prefixes, and suffixes. For example, see Appendix T in the 2006 edition of “Clinical nursing skills & techniques” by Perry and Potter.

Common Descriptive Terms

Assessment of...	Idea or Observation to be Communicated	Term Suggested
Abdomen	Bloated, filled with gas Hurts when touched Hard, boardlike Large, extends out Filled with fluid	Tympanic/distended Tender to palpation Rigid Protruding Ascites
Amounts	Large amounts Very small amounts	Copious, profuse Scant
Appearance	Thin and undernourished Overweight Bluish color Skin yellowish Puffy or swollen	Emaciated/cachexic Obese Cyanotic/mottled Jaundiced Edematous/edema
Appetite	Loss of appetite	Anorexic/anorexia
Arm	Shoulder to elbow Elbow to wrist In bend of elbow	Upper arm Lower arm/forearm Antecubital fossa
Back (spine)	Upper back Small of back End of spine	Thoracic, interscapular Lumbar area Sacral area
Bleeding	Nosebleed Blood in vomitus Blood in urine Blood in sputum Blood in stool Obscure or hidden from view Bruise	Epistaxis Hematemesis Hematuria Hemoptysis Melena Occult Hematoma
Breathing	Difficulty breathing Absence of breathing Rapid breathing Difficulty breathing supine Breath odor	Dyspnea/dyspneic Apnea/apneic spells Tachypnea/tachypneic Orthopnea/orthopneic Halitosis
Consistency	Remains together/retains shape Running like water Thick and sticky Looks like mucus	Formed Liquid Viscous Mucoid
Cough	Coughs material from trachea and lungs Coughs without ejecting material	Expectorate/productive cough Non-productive cough
Dizziness	Feeling unsteady/unstable	Vertigo
Drainage	Watery from nose Contains pus Bloody Watery/Bloody Mucus and Pus Contains bowel material	Coryza Purulent Sanguinous Serosanguinous Mucopurulent Fecal
Ears	Ringings sensation	Tinnitus
Emesis	Return of swallowed food into mouth Material coming from stomach	Regurgitation Emesis

	Emesis ejected forcefully without warning Medication given to induce vomiting Medication given to stop vomiting	Projectile Emetic Antiemetic
Exercise	Active exercise performed against stable resistance, without change in length of the muscle Active exercise without appreciable change in the force of muscular contraction, with shortening of muscle	Isometric Isotonic
Eyes	Ability to see Inability to see clearly Sees double/ double vision Drooping eyelid Whites of the eyes appear yellow Discomfort from light	Visual acuity Blurred vision Diplopia Ptosis Icterus Photophobia/photophobic
Face	Without normal pink color Unusually pink	Pale/pallor Flushed
Fever	No fever/temp normal T > normal Medication to reduce fever	Afebrile Pyrexia/pyrexia/febrile Antipyretic
Gas	Abdominal distention by gas	Flatulence/flatus
Hair	Absence of	Alopecia
Head	Forehead Near ear Side of head at top Back of head	Frontal area Temporal area Parietal area Occipital area
Heart rate	Irregular < 60 >100	Dysrhythmia/arrhythmia Bradycardia/bradycardic Tachycardia/tachycardic
Hives	Raised reddened areas on skin (allergic) Itching	Hives/Urticaria Pruritus
Joints	Bent Straightened Turned downward Turned upward Move away from center Move toward center Stiff joint	Flexion/flexed Extension/extended Pronation Supination Abduction Adduction Ankylosis/ankylosed
Legs	Between knee and hip Thigh to knee Knee to ankle	Thigh Upper leg Lower leg
Lips	Blue in color With tiny cracks	Cyanotic/circumoral cyanosis Fissured
Location	Toward the end of a reference point (or joint) Closest to the point of reference (or joint) Pertaining to the body as a whole In the area of ribs	Distal Proximal Systemic Costal
Memory	Loss of memory	Amnesia
Muscle	Loss of normal tone or size/muscle wasting Increased tone Decreased tone	Atrophy Spastic Flaccid
Paralysis	Face	Facial paralysis

	Lower extremities One side of body Four extremities Single limb	Paraplegia Hemiplegia Tetraplegia/Quadriplegia Monoplegia
Positions	Flat, on back On back with head elevated On back with knees flexed On back with pelvis higher than head On abdomen with head turned to one side	Supine Semi-fowler's Dorsal-recumbent Trendelenburg Prone
Skin	Redness caused by increased blood flow Injury by rubbing or scraping Artificially created opening between a body cavity and the body's surface -Excessive hardness or firmness at a body site -Removal of dead tissue from a wound -Dead tissue -Decreased blood supply to tissue -Softened by excessive moisture	Erythema Abrasion Stoma Induration Debridement Necrosis/necrotic Ischemia/ischemic Maceration/macerated
Sleep	Unable to sleep	Insomnia
Speech	Unable to be understood Runs words together Difficulty speaking Ability to express oneself verbally is impaired Unable to understand spoken words	Incoherent Slurred Dysphasia Expressive/motor aphasia (Broca's aphasia) Receptive/sensory aphasia (Wernicke's aphasia) **if both types are present = (Global aphasia)
Teeth	Decay Without teeth	Caries Edentulous
Throat	Difficulty swallowing	Dysphagia
Treatment	To prevent To give relief of symptoms (no cure)	Prophylactic Palliative
Urination	Pass fluid from bladder Unable to control urination Large amount at once No Urine Frequent night urination Frequent and much urination Pus in urine Sugar in urine Albumin in urine Protein in urine Ketones in urine Blood in urine Scantiness of urine (< 30cc/hr in an adult)	Void/micturate/urinate Incontinent Diuresis Anuria Nocturia Polyuria Pyuria Glycosuria Albuminuria Proteinurea Ketonuria Hematuria Oliguria
Stools	Passage of stool Sticky/contains blood	Defecation Tarry
Perspiration	Excessive perspiration	Diaphoresis
Thirst	Excessive thirst	Polydipsia
Miscellaneous	Painful or unpleasant stimulus Worsening of disease, marked by greater intensity in signs and symptoms	Noxious Exacerbation

IMPORTANT REMINDERS FOR STUDENTS RE: CPR, FIRST AID, IMMUNIZATIONS, NURSING SOCIETY, AND PHOTOCOPYING FEES

The following reminders were originally detailed in the welcome letter that accepted students received from the Chair of the School of Nursing.

All nursing students who have confirmed their acceptance into the program must supply the following documentation to the School of Nursing:

- Child abuse screening results from their home province, if applicable, and Nova Scotia
- Criminal records check – from home community
- A birth certificate (copy)
- Evidence of recent completion of a course in **Standard First Aid**
- Evidence of recent completion of a course in **CPR (Level C)**
- WHMIS
- Immunization records

With protection of the public in mind, the School of Nursing expects all nursing students to meet the current immunization and tuberculosis testing requirements for ALL health care personnel as recommended in the Canadian Immunization Guide, Seventh Edition (Health Canada, 2006), and to provide verification thereof. Please see the SON **Policy on Immunization** previously outlined in this student handbook for further details.

In preparation for clinical practice, nursing students are required to purchase at least one **white** uniform, a pair of **white** nursing shoes or completely **white** (ideally leather) sneakers, **white** hosiery, a stethoscope, bandage scissors, a StFXU crest, and a name tag. A watch with a second hand is also required. Please see the **Policy on Professional Dress** previously outlined in this student handbook for further details. The school crest and name tag (according to the specifications) will be available for purchase on campus prior to students embarking on their first nursing practice experience. Further instructions re: the purchase of the crest and the name tag will be provided as needed by the appropriate persons.

The nursing program distributes a large volume of printed documents in the form of course syllabi, class handouts, assessment and evaluation tools, and so forth to students. To help cover the cost of printing these materials, students are required to pay a nominal fee of \$25.00 yearly. This fee, which also includes membership in the Nursing Society, will be automatically debited to students' accounts by the Business Office.

The Nursing Society is a very active student organization. Nursing student participation in the activities of the Nursing Society is highly desirable. It can be a very rewarding experience as well as one that provides an excellent opportunity to meet other nursing students in the program.

All university buildings, including residences, and all institutions (including their premises) in which nursing is practiced are designated as "Smoke Free". We hope that

all “to be” nurses are, or aspire to be, non-smokers. Additionally, the School of Nursing and all nursing practice settings are designated as “Scent Free”.

At several points during the program, nursing students may be required to engage in nursing practice in hospitals and community settings outside the area of Antigonish. As such, transportation will be provided to any practicum site outside the Antigonish area for those whose departure site is Antigonish. Charges will be applied for third and fourth year clinical travel. However, please note that students are responsible for providing their own transportation, and covering the associated expenses, for intersessions, fieldtrips, and advanced major nursing practice experiences. On occasion, students may be required to attend workshops or to engage in special nursing practice experiences on weekends.

There are two spring intersessions during the program. The first one is two weeks in length following the first regular school year (dates to be announced yearly). The second one (N252) is eight weeks in length and follows the second regular school year. Where possible, students will conduct their nursing practice experience in, or near, their place of permanent residence. Fees for the second year intercession, the equivalent of a three-credit course, are associated with the second year intercession.

Most nursing courses have “required” textbooks. Because they are expensive (~ \$125 each) and newly updated editions appear frequently, or the required text changes to a completely different title, it is advisable that students refrain from buying used textbooks until they know for certain what the required text in any particular course will be. A number of required textbooks will serve students well throughout the four years of the program (e.g., physical examination/nursing assessment textbook, nursing skills textbook, laboratory and diagnostic tests textbook, nursing diagnosis textbook, medical-surgical textbook, medical and nursing dictionary, drug guide, APA publication manual) and beyond. Aside from the official required textbooks for courses, students are required to purchase a medical and nursing dictionary and the latest edition of the APA publication manual in their first year. There may also be some textbooks that course professors may designate as “recommended” rather than “required”. Students will be notified about other textbooks as they proceed through the program. Students can expect to pay approximately \$1300 for the textbooks required in all courses during their first year in the program.

Upon graduation from the program, graduates must write the Canadian Nurse Registration Examination (CNRE) to enable them to be licensed to practice as Registered Nurses in Nova Scotia. There is a fee to write this exam and a separate fee to obtain the actual license to practice. This latter fee is paid yearly for as long as you are actively practicing nursing. In the event that you become employed in another province, you will have to register to practice in that particular province and pay the fee as set by the individual province. Students will be provided with more detailed information re: the CNRE during the senior year.

Finally, students are advised to visit the School of Nursing website (www.stfx.ca/academic/nursing) for more in-depth information and to continue checking for updates on a regular basis. It is also a good idea for students to keep the most current academic calendar handy for quick access to various academic regulations, requirements, policies, deadlines, and so forth.

St. Francis Xavier University
School of Nursing

Overview of Orem's Self-care Deficit Nursing Theory

A basic overview of the main concepts of Orem's Self-care Deficit Nursing Theory is presented below, the intent of which is to reinforce the classroom content. The complete theory is explicated in Orem's (2001) text entitled "Nursing: Concepts of practice (6th ed.)."

According to Orem (2001), **health and well-being** are two different, but related, human states. Health represents a state of structural and functional wholeness or integrity and not merely the absence of disease; whereas well-being refers to "individuals' perceived condition of existence" (Orem, 2001, p. 187). As Orem (2001) further elaborates:

Well-being is a state characterized by experiences of contentment, pleasure, and kinds of happiness; by spiritual experiences, by movement toward fulfillment of one's ideal; and by continuing personalization. Well-being is associated with health, with success in personal endeavors, and with sufficiency of resources. However, individuals experience well-being, and their human existence may be characterized by features of well-being even under conditions of adversity, including disorders of human structure and functioning. (p. 186)

Deliberate action, known as **self-care**, carried out by adults for themselves and their dependents is necessary for maintaining a state of health. It basically refers to the personal care necessary each day to regulate functioning and development, whether it is performed by one's self or by a self-care agent (e.g., parent, guardian) on the behalf of dependants (e.g., infants, children). Although the ability to engage in the activities of self-care evolve from a base of education in self-care acquired in the home, at school, and from practical experiences in self-care, level of maturity, life experiences, habits of thought and body, as well as mental state further influence the actual performance of self-care. In circumstances where individuals are no longer able to provide continuously for themselves (of their dependents) the amount and quality of self-care that is therapeutic in sustaining life and health, in recovering from disease or injury, or coping with their effects, nursing is required.

Orem (2001) considers **persons** as beings who function biologically, symbolically, and socially, and who have potential for learning and development. As such, persons, as individuals and as members of families, groups, and communities, have a host of self-care requisites, in several realms; namely universal self-care requisites, developmental/maturational self-care requisites, and, in the event of illness, injury, or disability, therapeutic self-care requisites. The sum totality of self care requisites is referred to as the **therapeutic self-care demand (TSCD)** and can be expressed in the equation: $TSCD = USCR + DSCR + HDSCR$. Although they are specific to individuals, there are commonalties in requisites based on comparable age, developmental state, and health state, among others. The factors that may influence an individual's TSCD as well

as their ability to meet these demands in any time-place situation are known as the **basic conditioning factors**. These factors include (see Orem's text, pp. 245-247):

- age
- gender
- developmental state
- health state
- socio-cultural orientation
- health care system factors
- family system factors
- pattern of living
- environmental factors
- resource availability and adequacy

Universal self-care requisites (USCR) are those that are common to all individuals (i.e., they are “universal”) and must be met in order to maintain human life, human structure, and human functioning and in turn support human development and maturation. As a component of the TSCD, they are influenced by the basic conditioning factors. They include (see Orem's text, pp. 225-229):

- the maintenance of a sufficient intake of air
- the maintenance of a sufficient intake of water
- the maintenance of a sufficient intake of food
- the provision of care associated with elimination processes and excrements
- the maintenance of a balance between activity and rest
- the maintenance of a balance between solitude and social interaction
- the prevention of hazards to human life, human functioning, and human well-being
- the promotion of human functioning and development within social groups in accordance with human potential, known human limitations, and the human desire to be normal, in short, the promotion of “normalcy”

Developmental self-care requisites (DSCR) (see Orem's text, pp. 230-233) are those self-care requisites that sponsor human development across the life span, beginning in the intrauterine stage and continuing through to the neonatal stage, infancy, childhood (including adolescence), and the various stages of adulthood as well as during pregnancy. In addition to being able to meet the requirements that promote development, DSCR also include requisites that demand self-engagement in the process of development, and requisites that will help to prevent the occurrence of deleterious effects on development or, in the event of their occurrence, to mitigate or overcome them.

Health-deviation self-care requisites (HDSCR) (see Orem's text, pp. 233-235) are those self-care requisites that arise because of health deviations; for example, injury or illness, defects or disabilities, and/or the mere fact that an individual has a medical diagnosis and is undergoing medical treatment. If individuals are to successfully manage and cope with the effects of their pathologic conditions, continue to develop as individuals, and to experience a sense of well-being, they must be able to meet the following HDSCRs:

- to seek and secure appropriate and timely assistance from health care professionals
- to be aware, and take care, of the effects of pathological conditions
- to effectively carry out medically prescribed diagnostic, therapeutic, and rehabilitative measures
- to be aware, and take care, of the discomforting or deleterious effects of medical care measures performed or prescribed by the physician, including effects on development
- to modify one's self-concept and self-image in accepting oneself as being in a particular health state and in need of health care
- to learn to live with the effects of pathological conditions and states and their associated treatments in a life-style that continues to promote personal development

As allude to above, under so-called normal circumstances, individuals have the capacity for self-knowledge, can rationally engage in deliberate action, interpret experiences, and perform beneficial actions; therefore, they are capable of engaging in self-care activities. When they adequately engage in self-care, they are said to possess adequate **self-care agency**. However, in situations in which they are unable to provide the kind and amount of self-care activity required in the time-place situation (e.g., dependants, the ill) a **self-care deficit** exists. In other words, they are in situations in which the sum totality of their therapeutic self-care demands exceeds their ability to meet them. Thus, they will require assistance from others, and most likely nurses.

As Orem (1971) indicated in earlier work and continues to purport, “**Nursing** has as its special concern ...[the individual’s] need for self-care action and the provision and maintenance of it on a continuous basis in order to sustain life and health, recover from disease or injury, and cope with their effects (pp. 1-5). Nursing actions are deliberate and are directed toward one or all of the following broad goals: meeting self-care requisites, helping individuals to undertake responsible actions in matters of self-care, and increasing family members’ (or non-nurse attendees’) competence in attending to matters of self-care. Contrary to the erroneous belief of many, the promotion of self-care does not mean that individuals are left to fend for themselves; nor does nurses’ performance of self-care activity to meet the TSCD of others foster dependence.

Broadly speaking, the series and sequences of deliberate practical actions that nurses perform are based on the individual’s particular situation and constitute what is referred to as a **nursing system (or helping system)**. Accordingly, the choice of nursing system is based on who can or should perform the self-care actions required to meet the individual’s TSCD. If the answer is solely the nurse, the nursing system is wholly compensatory; if it is the nurse and the individual, the nursing system is partly compensatory; and, if it is solely the individual, the nursing system is supportive-educative (see Orem’s text, pp. 350-355). For example, as it is only the nurse who can perform the self-care activities to meet the TSCD of a comatose individual, a “wholly compensatory nursing system” is required. On the other hand, a “partly compensatory nursing system” would be appropriate for a debilitated elderly individual who, with a

little support, is quite capable of feeding him or herself. To do otherwise would actually contravene the philosophical underpinnings of Orem's self-care deficit nursing theory. Finally, if a woman wants to learn to breastfeed or a man needs to learn about the effects of a certain medication, it is appropriate that the nurse use the educative-supportive nursing system.

A **helping method** "is a sequential series of actions, which, if performed, will overcome or compensate for the health-associated limitations of individuals to engage in actions to regulate their own functioning and development or that of their dependents" (p. 55). Nurses use five helping methods, often in combination, to compensate for or overcome the limitations of others to act for themselves to meet their self-care requisites. These five helping methods are (see Orem's text, pp. 55-61):

- acting for or doing for another
- guiding another
- supporting another
- providing a developmental environment
- teaching another

Just as self-care agency describes an individual's ability to care for oneself, **nurse agency** refers to the nurse's ability to compensate for or help someone overcome his or her limitation for self-care. Like self-care agency, nurse agency is a set of abilities developed by the nurse through education and experience.

**St. Francis Xavier University
School of Nursing**

Guidelines for Completing a Nursing Care Plan

Although the expectations may vary for each year of the program as well as for the area of nursing practice, the following guidelines will assist students to develop and complete holistic and individualized nursing care plans for their clients.

Please note that the term client may refer to individuals, families, groups, populations, or communities.

Assessment and Client Situation

The plan of care for a client emerges from the baseline (and ongoing) assessment (i.e., the database) of the client. The collection of assessment data using the appropriated assessment form as a guide helps students to identify, outline, and prioritize nursing diagnoses. The assessment form includes information that the client reports (history data), findings on physical assessment, relevant laboratory and diagnostic test results, diagnostic tests planned, procedures/therapies in progress (e.g. the presence of an IV or a foley catheter), procedures/therapies planned, current medications (including OTC drugs and herbal remedies), and so forth. Use of the assessment form ensures that students capture data that is holistic in nature; that is, data that captures the psychosocial and spiritual dimensions of clients in addition to the physical dimensions. It also facilitates collection of the social determinants of health, data that must also be considered when planning appropriate (e.g., individualized) care for particular clients. A description of the client situation provides an overall summary of the client's current health status, priorities for care, identified risks and available supports. It only needs to appear once in the written care plan that is submitted for marking.

Nursing Diagnostic Statements

Nursing Diagnostic Statements are formulated based on client assessment and situational information. They may contain one, two, or three of the following elements: a nursing diagnosis, an etiology (underlying cause), and the defining characteristics (e.g., the signs and symptoms that together provide supporting evidence for the nursing diagnosis).

Nursing Diagnosis related to {r/t} (Etiology) as manifested/evidenced by {amb/aeb} [Defining Characteristics].

Please note the following examples:

Health promotion/wellness diagnosis (1 part): Readiness for enhanced parenting

Health promotion/wellness diagnosis (2 part): Sustained awareness of pedestrian safety related to (supportive community programs)

Illness diagnosis: Altered Nutrition-less than body requirements related to (anorexia) as manifested by [a body weight of 10% below ideal for height and frame and decreased serum albumin]

Nursing Diagnosis

A nursing diagnosis is a label that reflects the client's self care deficits, self care strengths, or both in response to actual or potential health status changes, life processes, or life events. "Nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable" (Carpenito-Moyet, 2010, p. 10). Detailed information regarding approved diagnostic categories may be found in Carpenito-Moyet (2010).

Please note that actual, possible, risk/high-risk, wellness, or syndrome diagnoses may be incorporated into the care plan. These types of diagnoses and their components are further explained in the 2010 edition of Carpenito-Moyet (pp. 13-19).

Collaborative problems should also be a consideration, most commonly in states of illness. They are outlined in Section Three (pp. 843-953) of Carpenito-Moyet (2010). "Collaborative problems are certain physiologic complications that nurses monitor to detect onset or changes in status. Nurses manage collaborative problems using physician-prescribed and nursing-prescribed interventions to minimize the complications of the events (Carpenito-Moyet, 2010, p. 24)." Collaborative problems are written as potential complications (e.g., PC: Pulmonary Embolism; PC: Hypovolemic Shock; PC: Postpartum Hemorrhage; PC: Septic Shock; PC: Medication Therapy Adverse Effects; PC: Atelectasis/Pneumonia). The etiology **is not** included in the diagnostic statement but rather it is discussed in the rationale where the risk of **this** problem for this client is explained. Likewise, there are no clinical manifestations (i.e., amb/aeb) as the problem does not exist (and with an appropriate plan of care will, hopefully, be prevented).

It is important to **read** any "**Author's Note**" sections shaded in blue when selecting a nursing diagnosis. They provide qualifying statements that help to clarify the appropriateness of the nursing diagnosis being considered. For example, deficient knowledge is a related factor that can contribute to a particular nursing diagnosis such as risk for injury. In other words a client may be at risk for a particular injury because of insufficient knowledge about protection from, or prevention of, the injury (see Carpenito-Moyet, 2010, p. 347). Carpenito-Moyet (2010) also included shaded boxes entitled "Errors in Diagnostic Statements". They too may provide important qualifying information and thus should also be read.

Etiology

The etiology refers to the contributing, influencing, or risk factors related to the nursing diagnosis. The nature of the etiology may be pathophysiologic (biologic or psychological), treatment-related, situational (environmental, personal), maturational, and/or spiritual. The etiology must be precise in order to direct the interventions. In cases where the etiology is complex, it may need to be explained further in order to direct the interventions. Use of the phrase "**secondary to**" is helpful (e.g., Altered Nutrition (less

than body requirements) r/t anorexia **secondary to {2⁰}** chemotherapy amb a body weight of 10% below ideal for height and frame and decreased serum albumin). For some nursing diagnosis, more than one etiology may apply for a particular client. In such circumstances, all etiologies should be listed and considered so that interventions will be directed toward all applicable contributing, influencing, or risk factors (e.g., Impaired skin integrity r/t bowel incontinence, immobility, and obesity).

In some cases the etiology may be unknown and therefore more data needs to be collected before an accurate etiology can be established. In the interim, however, only general interventions can be implemented and part of the plan of care will be to collect more data as the clinical situation unfolds.

Defining Characteristics (Signs {objective}, Symptoms {subjective}, and other relevant data)

The defining characteristics for each nursing diagnosis represents the data that, when clustered together, support the existence of, or validate, the diagnosis. They are designated as major and minor. To be a legitimate nursing diagnosis, a major defining characteristic must be present.

Please note, however, that risk/high risk diagnoses and collaborative problems (i.e., potential complications) do not have defining characteristics as they do not exist; they remain a potential only. In the case of risk/high risk diagnoses, interventions take the form of preventive actions and close monitoring of the client's condition. In the case of collaborative problems, physician-prescribed and nursing-prescribed interventions are directed toward prevention, and in the event of occurrence, early detection, emergency management, and prompt reporting.

Rationale for Nursing Diagnostic Statement

In the rationale for a nursing diagnostic statement, the reason for the inclusion of this particular nursing diagnostic statement into the client's nursing care plan needs to be explained. Two types of rationale are needed: 1) evidence from the current literature (e.g., scientific and theoretical) to support the diagnostic statement and 2) data from the client's situation that more readily personalizes the diagnostic statement and supports the etiology of the nursing diagnosis.

Literature-Based Rationale:

Sources of literature-based rationale may include scientific research-based and/or theoretical information from current nursing and/or health-related texts and journals. Sources must be cited using APA format.

When developing literature-based rationale the following questions must be answered:

- a) How can the relationship between the etiology and the diagnosis be explained?
- b) How can the appearance of the defining characteristics be explained? Why do they exist?

Pathophysiology may be especially pertinent in this section.

For a collaborative problem, the reason why the client is at risk for the complication must be explained.

Please note that if the complication has arisen (i.e., the client is experiencing the actual complication), the nursing diagnosis should reflect the client's responses to the complication. For example, if the complication is pneumonia, the following nursing diagnoses would be appropriate:

- 1) Risk for fluid volume deficit **r/t** ↑ fluid loss **2^o** fever and hyperventilation
- 2) Ineffective airway clearance **r/t** weak cough and ↑ tracheobronchial secretions **amb** crackles auscultated on inspiration in RLL, CXR report reveals consolidation in RLL, ↑ vocal and tactile fremitus in RLL
- 3) Activity intolerance **r/t** insufficient oxygenation **2^o** impaired gas exchange **amb** dyspnea on exertion, tachycardia with exertion, C/O shortness of breath and easy fatigue, SaO₂ 88% on room air

2. Client Situation Rationale:

The client's situational data, supporting the nursing diagnosis statement, must be identified in order to further **individualize/personalize** the client's nursing care plan. It is essential that the data reflect a holistic view of the client's life and clinical situation. As this data is gleaned from the original data base it may include data obtained directly from the client (e.g., nursing history, physical exam), the individual client's family, other health care team members, or the client's health record (e.g., lab and diagnostic test results). Similarly, situational data regarding client as family or community would be gleaned from the respective databases and would include data obtained directly from individual members, spokespersons, or both.

When determining *client situation rationale* the following question must be answered: Considering all aspects of the client's life and clinical situation, has all the relevant data that supports **this** nursing diagnosis for **this** client been included?

Client Goals

Goals are broad conceptual statements that reflect a desired health state/level of self care for the client (e.g., involving problem resolution, growth & development, successful transition, a higher level of wellness, etc.) and thus direct the prioritizing, planning, and implementation of care. To the extent possible, client goals are developed collaboratively, that is, between the client and the nurse.

An example of a goal for a parenting education program would be:

All program participants will be confident in their parenting skills.

An example of a goal for a surgical client would be:

The client's surgical incision will heal without complications.

Client Outcomes

On the basis of identified nursing diagnoses and client goals, expected outcomes are decided. Expected outcomes, also known as evaluative criteria, are those desired behaviors or responses (e.g., physiological, psychological, spiritual, and lifestyle) that the nurse and, where applicable, the client anticipate occurring as a result of the actions/interventions undertaken by the nurse, the client, or both. They enable the nurse (and client) to evaluate to what extent the plan of care has been successful in achieving the goals (i.e., they provide the evidence to support the extent of client goal achievement). Expected outcomes should be:

- 1) client centered (i.e., specify an outcome for the client, not the nurse)
- 2) singular (i.e., each statement should specify only one outcome)
- 3) measurable to the extent possible (i.e., the desired outcome can be assessed as being achieved or not achieved, for example, a desired behavior is present or absent, a desired verbalization is made or not made, the frequency can be counted, or the amount can be measured or weighed, and so forth)
- 4) client specific (i.e., where applicable, the degree of proficiency or conditions required for the outcome to be considered achieved by the client should be specified)
- 5) time limited (i.e., where appropriate, the time frame for an expected response should be specified)
- 6) mutual (i.e., where possible, the client should be in agreement with the outcomes to ensure a greater chance of success)
- 7) realistic (i.e., the outcomes must be attainable)

The following list provides some examples of measurable verbs to help formulate appropriate client outcomes. This list is a guide and is not all inclusive:

...will maintain..., will return to..., will remain free of..., will not sustain..., will show evidence of..., will show no evidence of..., will have an increase in..., will have a decrease in..., will have an absence of (a sign), will report an absence of (a symptom), will demonstrate..., will comply with..., will select, will decide to..., will administer..., will document..., will state..., will communicate..., will consult..., will delegate..., will discuss..., will identify..., will report..., will participate in..., will restrict..., will engage in..., and so on.

Examples of Client Outcomes

The following example is related to a prenatal education program.

At least 50% of program participants will breastfeed exclusively (i.e., with no supplementation) at 6-8 weeks postpartum.

The following example refers to a client who is experiencing mouth ulcers due to chemotherapy.

Client will have intact, pink, and moist oral mucus membranes with no evidence of inflammation or infection and no complaints of pain or difficulty swallowing by 1-week post chemotherapy.

Please note that the client outcomes are often closely linked to the defining characteristics as outlined in the diagnostic statement. Consider the client who has a fluid volume deficit r/t decreased fluid intake secondary to nausea and vomiting amb C/O thirst, concentrated urine, diminished skin turgor, dry skin and oral mucous membranes, ↑BUN and HCT, and so on. In this case the goal would be that the client would return to a state of hydration, exhibiting such expected outcomes as dilute urine, moist skin & oral mucous membranes, elastic skin turgor, absence of thirst, a BUN & HCT within normal parameters, and so on.

Interventions

The client's nursing care plan includes two types of interventions, nursing interventions and, when applicable, client interventions. Interventions are those actions derived in partnership with the client, others (e.g., family, other members of the health care team) or both in order to meet the client goals/expected outcomes and can be implemented by the nurse, the client, or a family member, depending, in part, on the knowledge and skill required. Interventions must be specific and address the need or desire for a change in client response within the context of a particular situation. While there are often several interventions derived for each diagnosis, some interventions can only be implemented by the client. For example, it is the client who uses an incentive spirometer q1h while awake, it is the client who attends the fitness program three times a week, it is the client who engages in active ROM exercises bid, it is the client who does the deep breathing and coughing exercises q2h while awake, it is the client who self administers insulin q am, it is the client who does calf pumping exercises hourly, it is the client who reports an episode of chest pain to the nurse stat, it is the client who ambulates in the hallway bid, etc. If knowledgeable, skilled, and motivated, the client can also do many other things to help achieve the client goals/expected outcomes, such as measure peak flows bid, weigh self every morning before breakfast, record intake and output on an ongoing basis, record dietary intake after meals, etc.

Please note that client interventions do not mirror nursing interventions. For example, if the nurse administers an oral medication, one can assume the client will swallow it. If not, then it would be appropriate for the nurse to make a diagnosis that reflects the situation, for example, noncompliance or impaired swallowing and derive an appropriate plan of care. If the nurse is going to assist the client with something (e.g., assist with dressing), there is no need for a corresponding client action. To do so is redundant. There are times, however, when a nursing action must precede a client action such as would be the case when the nurse must teach the client how to do something and then the client can proceed unassisted. In this case the nursing intervention is “to teach” and, following successful implementation of this intervention, the client intervention is “to do”.

Writing/Formatting Interventions:

Interventions must be written in the following format: Verb – Noun – Modifier

Where applicable, the action (verb) should be accompanied by what (noun) as well as by how much, how often, and/or under what conditions/circumstances (modifiers).

<i>Verb</i>	<i>Noun</i>	<i>Modifier</i>
Administer	Tylenol 325 mg.	for temp > 38.5
Discuss	Client's	support system
Irrigate	Client's N/G tube	with 30cc's H ₂ O q4h

Interventions (using action verbs) may include, but are not limited to those listed in the categories below:

- a) **Act for/do for:** adjust, aspirate, decrease, empty, give, assess, auscultate, examine, measure, monitor, note, observe, palpate, percuss, watch, measure, monitor, observe, palpate, watch, collaborate, advocate, confer, consult, discuss, refer, request, administer, insert, report, anticipate, remove, reposition, suction, self-administer, ambulate, dress, and so forth.
- b) **Guide:** guide, inform, discuss, show, counsel, assist, and so forth.
- c) **Support:** share, suggest, talk, promote, encourage, assist, maintain, explain, ask, reinforce, and so forth.
- d) **Teach:** demonstrate, discuss, explain, inform, instruct, list, reinforce, review, show, and so forth.
- e) **Provide an environment that promotes physical, psychosocial and spiritual development and/or positive lifestyle change:** provide, promote, encourage, suggest, give, etc.

Literature-Based Rationale for Interventions

The literature-based rationale for interventions describes/explains the basis for the interventions. The rationale is based on scientific research-based and/or theoretical information from current nursing and/or health-related texts and journals. Sources must be cited using APA format.

Please note that additional rationale may emerge from situational data and it should be included in this section whenever possible.

Evaluation

Evaluation involves assessing or reflecting on how effective the care plan interventions were in achieving the client goals/expected outcomes. It is assumed that the interventions listed in the intervention columns (nurse, client, or both) were carried out, and therefore, there is no need to list them again in this section. Rather, this is the time to evaluate

whether in fact the client goals/expected outcomes were met, partially met, or not met. If the client goals/expected outcomes were not met or only partially met, this is the time to reflect and comment on what interventions were not helpful and why. It is also the time to discern and propose what interventions might be helpful if faced with similar circumstances or client situations in the future. In other words, it is a time to troubleshoot and grow in the practice of nursing. To assist in the overall evaluation phase, the following questions may be helpful:

- Have the client goals/expected outcomes been met?
- If so, what nursing/client interventions helped?
- If the client goals/expected outcomes were not met, why? What factors or variables may have interfered with the achievement of the client goals/expected outcomes? What challenges in nursing judgment existed in the planning and implementation of the care plan? Is it possible that the client was misdiagnosed? Is it possible that the interventions were not appropriate? Is it possible that the goals/expected outcomes were unrealistic given the client situation, the etiology, or the time frame?
- If I had to care for this client again, what would I do differently? What new or alternative interventions would I consider in future situations? What interventions, if any, would I delete?

Please note that in some circumstances, especially given the short contact time with the client, it may not be possible to evaluate all aspects of the care plan. On the other hand, there may be enough time to do an “interim” evaluation, so to speak, and to modify the plan of care accordingly.

References

- Carpentio-Moyet, L. J. (2010). *Nursing diagnosis: Application to clinical practice* (13th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

**St. Francis Xavier University
School of Nursing**

Academic Integrity: Definitions and Regulations

All members of St. Francis Xavier University are expected to conduct themselves in an ethical manner as they pursue their academic work. According to the University's policy on Academic Integrity (Section 3.8 in the Academic Calendar), any form of academic dishonesty is unacceptable and subject to discipline. As stated in this policy, academic dishonesty is defined as any act, practice, or behavior that gives a student an unearned academic advantage over another or that counteracts or undermines the integrity of academic or scholarly endeavors" (p. 14). As a constituent of the University, the School of Nursing endorses and enforces this policy.

Details of The Code of Academic Conduct (Section 3.8.1) and key points regarding the more common offences that constitute academic dishonesty are included herein as a means of reinforcing the position of the School of Nursing regarding the seriousness of such matters. Just as unethical behavior is considered unacceptable in nursing practice, unethical behavior, for example, in the form of academic dishonesty, is equally unacceptable in the academic setting.

Please note that the following description is not an exact replica of the policy. In the event that you must officially refer to this policy, you are advised to consult the original in the Academic Calendar.

The Code of Academic Conduct (Section 3.8.1)

An academic community flourishes when its members are committed to five fundamental values. An academic community of integrity:

- a) advances the quest for truth and knowledge by acknowledging intellectual and personal honesty in learning, teaching, research, and service;
- b) fosters a climate of mutual trust, encourages the free exchange of ideas, and enables all to reach their highest potential;
- c) establishes clear standards, practices, and procedures and expects fairness in interactions of students, faculty, staff, and administrators;
- d) recognizes the participatory nature of the learning process and honours and respects a wide range of opinions and ideas; and,
- e) upholds personal responsibility and accountability and depends upon action in the face of wrong-doing.

Offenses against Academic Integrity (Section 3.8.2)

The following is a list of offenses constituting academic dishonesty subject to discipline; this list is not intended to be exhaustive.

Plagiarism

Plagiarism is the misrepresentation of another's work—whether ideas, words, or creative works—published or unpublished, as one's own. Examples of plagiarism include:

- i) quoting, paraphrasing, or summarizing text without proper acknowledgement;
- ii) paraphrasing too closely (e.g., changing only a few words or simply rearranging the text); and,
- iii) downloading all or part of a paper, journal article, or book from the Web or a library database and presenting it as one's own work.

Cheating

Some examples of cheating are:

- i) submission of purchased written work as one's own;
- ii) sharing papers, including the selling of essays, tests, or other assignments;
- iii) submission, without the prior expressed written consent of the appropriate instructor(s), of any work for which credit has or is being sought in another course; including any work that has been submitted at another institution;
- iv) collaboration (i.e., working together) on an assignment when the instructor had specified the work was to be done individually;
- v) use of unauthorized aids or assistance including copying during tests and examinations;
- vi) impersonation of another student in a test, examination, assignment, or attendance record, or knowingly permitting another to impersonate oneself;
- vii) knowingly helping another to engage in academically dishonest behavior (including, but not limited to, providing answers to a test or examination or providing an essay or laboratory report that is subsequently plagiarized or submitted by another student as his or her work);
- viii) obtaining or looking at a copy of a test or examination before it is administered; and
- ix) altering a test or examination after it has been graded and returned by the professor/instructor

Falsification

Some examples of falsification are:

- i) falsification of any research results, whether in laboratory experiments, field trip exercises, or other assignments;
- ii) alteration or falsification of transcripts or other academic records for any purpose;
- iii) submission of false credentials;
- iv) making false representation on an application for admission;
- v) making false representation on an application for ethical approval for a research project involving human or animal subjects; and,
- vi) requesting the extension of a deadline citing reasons the student knows to be false, including submitting false documentation supporting that request.

Tampering

Examples of tampering are:

- i) unauthorized access to, use of, or alteration of computer data sets, including course, student, alumni, and corporate records;
- ii) gaining unfair advantage by using software and computer tools that inhibit the use of the resources by others;

- iii) damage to, or destruction of, library materials or laboratory resources; and,
- iv) willful or negligent damage to the academic work of another member of the University.

Miscellaneous

- a) any other form of misrepresentation, cheating, fraudulent academic behaviour, or other improper academic conduct of comparable severity to the above.

Please note that the full academic integrity policies and procedures document is available at <http://www.mystfx.ca/services/registrar/> and thus is not included here. Further information is also available at: http://library.stfx.ca/faculty/academic_integrity.php