



Student Handbook

2015-2016

University of Saskatchewan,
Saskatchewan Institute of Applied Science and Technology, and
First Nations University of Canada

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Section 1 – Introduction

The purpose of this handbook is to provide information that will be useful to you as a NEPS student. Keep it handy throughout your program because it includes important dates, information about the program itself, and regulations and policies that apply to students in the program. Periodically, you will receive updates. You will find other useful information in the **Kelsey and Wascana Student Association Handbooks**, the **University of Saskatchewan Student Union Handbook**, the **SIAST and U of S Calendars and Websites**, and the **First Nations University of Canada calendars and student handbooks**.

If there is not a NEPS policy for a specific situation, the academic regulations of the appropriate institution will apply. For example, years three and four across all sites follow the University of Saskatchewan regulations. Students in year two in Saskatoon and Regina follow the SIAST academic regulations. Students taking non-nursing courses at institutions other than the above follow the academic regulations of that institution.

Section 2 – Important Dates

Term 1

September 3, 2015	Classes begin for third & fourth year NEPS
September 7, 2015	Labour Day-University closed
September 8, 2015	Clinical rotations begin for third & fourth year NEPS
September 12, 2015	Spring & Summer terms deferred and supplemental exams
October 9, 2015	Term 1 break day – no classes
October 12, 2015	Thanksgiving – University closed
November 11, 2015	Remembrance Day – University closed
December 7, 2015	Last day of Term 1 classes
December 9, 2015	Fall term final examinations begin
December 23, 2015	Last day of fall term final examinations

Term 2

January 4, 2016	Clinical rotations begin for NURS 450
January 5, 2016	Classes resume
January 7, 2016	Clinical rotations begin for third year NEPS
February 15-20, 2016	Midterm Break – no classes
February 16, 2016	Fall term deferred and supplemental examinations begin
March 25, 2016	Good Friday – University closed
April 5, 2016	Last day of clinical rotations for fourth-year NEPS
April 7, 2016	Last day of Term 2 classes
April 9, 2016	Term 2 final examinations begin
April 30, 2016	Last day of term 2 final examinations

Section 3 – Program Information*

3.1 INTRODUCTION

The NEPS was developed as a result of collaboration among SIAST, Kelsey campus; SIAST, Wascana campus; and the College of Nursing, University of Saskatchewan and commenced in 1996. First Nations University of Canada joined the partnership in March, 2003. The program is offered at three sites: Saskatoon, Regina, and Prince Albert. In Saskatoon, Year 1 and 2 classes are held at SIAST, Kelsey campus and Years 3 and 4 classes at the University of Saskatchewan. In Regina all nursing courses and the nutrition course are held at SIAST, Wascana campus. Students in Regina usually take their non-nursing courses at the University of Regina. In Prince Albert, Years 1 and 2 were delivered by First Nations University. In Prince Albert all nursing and non-nursing courses, including nutrition for Years 1 and 2, are offered on site. Years 3 and 4 are delivered by the University of Saskatchewan.

The NEPS is a four-year degree program, leading to a Bachelor of Science in Nursing from the University of Saskatchewan. Part-time study is possible although all courses must be completed within seven years from the time of enrollment in the first nursing course. Graduates of the program are eligible for recommendation to write registration examinations administered by the Saskatchewan Registered Nurses' Association (SRNA). In addition graduates may be eligible for recommendation to write registration examinations administered by the Registered Psychiatric Nurses Association (RPNAS). Graduates may choose to write the registration exams for either/both the SRNA and RPNAS. Graduates must be of good character and pass licensure exams before they are eligible to practice.

Social sciences, life sciences, and the humanities provide a foundation for the program. Nursing courses recognize that clients, students, and faculty draw their own personal meaning from experiences and interactions, and all are valued. It is acknowledged that the student population is likely to be diverse, with a variety of previous health care or work experience; differing levels of maturity; cultural backgrounds, various learning styles and preferences, family responsibilities, and skills. Thus, personal meanings (learning) drawn from experiences will differ.

The curriculum is process oriented, rather than content driven. As Bevis & Watson (1989) note, this means that there is a

. . . shift from a focus on training to education, from technique to understanding, from strict content to critical clinical decision making, from product line thinking to value-based human caring education for an educated person, as well as an educated values driven professional (p. 39-40).

This change in emphasis is supported by incorporation of the concept of praxis, whereby theory informs practice, informs theory. The NEPS fosters the centrality of clinical experience which is consistent with process orientation.

*See NEPS Curriculum Manual for reference list for this section

3.2 PROGRAM INTENTS

The program provides opportunities for students to do the following:

- Develop an understanding of caring as the essence of nursing.
- Develop an understanding of self, which is fundamental for therapeutic interaction and collaborative relationships.
- Understand and appreciate the proactive role of nursing within a changing society.
- Integrate an understanding of nursing theory; the humanities; social sciences and life sciences as a basis for nursing.
- Develop knowledge, skills, abilities, values, and attitudes integral to judgments required for professional practice.
- Develop an understanding, respect, and valuing of the inherent worth, dignity, and diversity of individuals, families, groups, and communities and integrate these concepts into personal development and professional practice.
- Appreciate individuals, families, groups, and communities as holistic entities who have potential for growth and development and make choices based on the meaning they derive from their experiences.
- Develop critical thinking and appreciate the importance of critically examining practice.
- Value praxis, research-based practice, and life-long learning.
- Develop a commitment to promote healthier societies.
- Understand primary health care as a philosophy and a process of assisting individuals, families, groups, and communities to meet health goals.
- Develop an ethical framework to guide nursing practice in a variety of contexts.
- Meet professional and legal practice requirements.

3.3 CURRICULUM MODEL

Framework

Primary Health Care is the framework for the curriculum. Primary health care is

essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (WHO, 1978).

It is not limited to health facilities, but reaches to the home and family (WHO, 1988). Primary health care includes promotive, preventive, restorative, rehabilitative, and supportive services.

Services should not only be curative, but should also promote the population's understanding of health and healthy styles of life, and reach towards the root causes of disease with preventative emphasis. Treatment of illness and rehabilitation are important as well: communities rightly expect treatment services and indeed may be less interested in other services unless accompanied by curative services, and dealing with residual damage of illness through rehabilitation is an essential part of what health care can offer to support functionality and the dignity of life. (WHO, 1988, p. 15)

The five principles of primary health care are as follows:

1. *Accessibility*: Accessibility implies the continuing and organized supply of care that is geographically, financially, culturally, and functionally within easy reach of the whole community (WHO, 1978).
2. *Appropriate Technology*: Methods, procedures, techniques and equipment, together with the people using them, adapted to individual, family, group and community health needs and acceptable to all students. Technology should be appropriately adapted to the community's social, economic, and cultural development and maintainable by resources that the community can afford (WHO, 1978).
3. *Health Promotion*: "Social, education and political action that enhances public awareness of health, fosters healthy lifestyles and community action in support of health and empowers people to exercise their rights and responsibilities in shaping environments, systems and policies that are conducive to health and well-being. It is a process of activating communities, policy makers, professionals and the public in favour of health-supportive policies, systems and ways of living. It is carried out through acts of advocacy, empowerment of people and building of social support systems that enable people to make healthy choices and live healthy lives" (WHO, 1994, p. 9).
4. *Intersectoral Collaboration*: Collaboration among health care consumers, social, economic, political, and health sectors in the planning and coordination of health related activities (WHO, 1978).
5. *Participation*: A social process whereby individuals, families, groups, and communities participate in assessing, planning, organizing, managing, and evaluating their health (WHO, 1978).

Themes

In addition to the primary health care framework, there are five themes, which run throughout all courses: health, caring, ethics, diversity, and critical thinking.

1. *Health*: "The ability of an individual to achieve his or her potential and to respond positively to the challenges of the environment. It is a resource for everyday life and not the object of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities" (WHO, 1994, p. 119-120).
2. *Caring*: Is an interpersonal process, a manner of relating to another person that facilitates development of that person as well as development of the caring person (Mayeroff, 1971; Roach, 1984; Watson, 1988).
3. *Ethics*: Ethics is the systematic study of the principles and methods for distinguishing right from wrong and good from bad (Singer, 1993). The concept of nursing ethics implies a practice orientation that is based on and includes critical, reflective thinking about one's duties and obligations in relation to clients in search of a social contract for caring (Aroskar, 1986).
4. *Diversity*: Diversity encompasses difference in individuals, families, groups, and communities; for example age, gender, values, life experiences, goals, and abilities. Valuing diversity means developing awareness, sensitivity, and appreciation of differences, as well as accepting, respecting, encouraging, nurturing, and supporting the uniqueness of each individual, family, group, or community.
5. *Critical Thinking*: Critical thinking is a disciplined reflective process used to detect and analyze the assumptions underlying decisions, judgments and actions; a process which guides beliefs and actions (Brookfield, 1987, 1991, 1992; McPeck, 1985; Meyers, 1987; Mezirow, 1990, 1991; Paul, 1990).

Functions and Competencies

Another consideration in the overall model for the curriculum is the identified functions and competencies of graduates of the program. The nine functions are Accompanying, Advocating, Counselling, Educating, Managing, Providing Nursing Care, Professional, Therapeutic Use of Self, and Therapeutic Use of Group, and are described below:

1. *Accompanying*: Accompanying is a fundamental way of being with others. Demonstrates respect, caring and unconditional positive regard, as the client moves towards a goal. Without accompaniment in one form or another, human existence would not be possible.
2. *Advocating*: Engaging in activities for the purpose of protecting the rights of individuals, families, groups, and communities while supporting their ability to be self-determined. Has a responsibility to promote community awareness and services, to meet the needs and rights of clients within the health system. Promotes a climate in which individuals, families, groups, and communities can act in their own interest, and acts on their behalf when they are unable to achieve their own goals.
3. *Counselling*: Facilitates individuals, families, groups, and communities to develop competency and confidence in their ability to be self-reliant and self-determined. Utilize knowledge, skills and attitudes gained from various helping approaches to facilitate growth and development in the individual, family, group, and community. The nurse/client relationship is the foundation for reaching the client's energies and potentials and freeing them for use.
4. *Educating*: Assists individuals, families, groups and communities to develop competency and confidence in their ability to be self-reliant and self-determined. Facilitates individuals, families, groups and communities to acquire knowledge, values and skills needed to achieve optimum health. Collaborates with the interdisciplinary team to access, coordinate and manage resources and services.
5. *Managing*: Collaborates with individuals, families, groups, and communities to achieve desired health outcomes through the effective use of resources within a multidisciplinary system.
6. *Providing Nursing Care*: Through nursing practice assists individuals, families, groups, and communities to meet their health needs. Assess, plan, implement, and evaluate holistic interventions in a safe and competent manner within the context of a therapeutic nurse-client relationship. Critical thinking and sound clinical judgment are central to a caring nursing practice.
7. *Professional*: Demonstrates accountability for the quality of nursing practice. Responsibility to the public to provide safe, competent care. Demonstrate accountability for the quality of nursing practice through meeting professional standards and complying with the professional code of ethics, human rights, and legislation regarding client rights.
8. *Therapeutic Use of Self*: In order to facilitate growth and self-awareness in others, one must be prepared to first gain self-understanding. Through the process of self-exploration, gaining awareness of own strengths and limitations and how these affect others.
9. *Therapeutic Use of Group*: Utilizes therapeutic communications to facilitate healing and growth of members within a group. Utilizes group dynamics to create an environment which explores alternate ways of thinking, feeling and behaving.

Twelve competencies pervade all functions. The common competencies, listed below, may be operationalized differently within each function:

- Interpersonal skills
- Communication
- Self-awareness
- Sensitivity to diversity
- Creative thinking
- Empowering self and others
- Adaptability
- Basing practice on current knowledge and research
- Self-direction
- Decision-making
- Problem-solving
- Health Promotion

Underlying Approaches

The approach to curriculum implementation, also included in the model will be based on humanism, critical social theory, and phenomenology.

Critical Social Theory

Critical theories are founded on the belief that a progressive development of knowledge occurs through an ongoing critique of the status quo and orientated toward the continuous reconstruction of a more just, equitable and humane society. (Campbell & Bunting, 1991) They also attempt to look at ideologies put forth by a group of people and unquestionably accepted by another group. They attempt to uncover ideologies and questions so that ideologies are raised to conscious choice. (Baillie, 1993)

The central value of critical social theory is the goal of emancipation from the constraints of domination and an unreflected consciousness. Critical social theory can be used by nurses to expand their own awareness of the values and belief that determine their interactional patterns, and in the process of expanding their consciousness about these values; they can participate more freely in determining the normative patterns of their relationships. (McLain, 1988, p. 398) Critical social theory challenges us to devise methods of investigation that are empirically sound and descriptively powerful; interpretively plausible and phenomenology meaningful, and yet critically pitched, and ethically insightful. (Forrester, 1993)

The major aim of curriculum from the perspective of the critical paradigm is to foster a spirit of what Maxine Greene (1978) calls “Wide Awakeness”. Critical social theory is a potentially fruitful framework within which to analyze ethical issues in family and community health (Allen, 1987). Almost by definition, health care that focuses on families and communities is centrally concerned with social processes; that is with relationships within or among groups or groups of individuals.

Humanism

Humanism is an educational and philosophical outlook that emphasizes the personal work of the individual and the central importance of human values and experience. A humanistic approach emphasizes the involvement of a person in a conscious manner and presupposes that human experience is

the primary source of knowledge. Within a humanistic paradigm, theoretical explanations and overt behavior are considered secondary to experience and meaning to the person (Elias & Merriam, 1980). Humanism avoids judgmentalism, authoritarianism, prejudism, and the need for structure and control. Rather humanism involves finding out what an individual's life is like, from that person's point of view, and affirming choices, individuality, and self-awareness. Misiak (1973) noted that humanism values the dignity and autonomy of people and emphasizes choice, creativity, valuation, and self-realization. "A humanistic doctrine allows fluidity in nurses' beliefs and encourages us to consider the humanness of our clients along with the scientific and technological advances of their care" (Joseph, 1985, p. 138). When teachers use humanistic theory in their teaching, the student-teacher relationship is more egalitarian with students moving from teacher-directed learning to student-generated learning.

Phenomenology

Phenomenology is a school of philosophy whose principle purpose is to study the phenomena, or appearances, of human experience while attempting to suspend all consideration of their objective reality or subjective association (Wren, 1990).

Phenomenology is a philosophy and a methodological process.

As a philosophical approach, phenomenology recognizes that phenomena are social objects or events as they appear, reality is subjective and perspectival, truth is based on a multiplicity or realities, and human subjectivity shapes experiences. In this way, phenomenology is a way of thinking about what life experiences are like for those people who are experiencing the events (Powers & Knapp, 1990).

Phenomenology is a human science research method that involves inductive thinking, description, and explication of meaning of the lived experience of a phenomena. The purpose of phenomenology is to explicate meaning from practical everyday experience (Husserl, 1982). Phenomenology recognizes that each person has an individual perception of reality that is based on a unique combination of cultural, historical, and personal influences. Phenomenology is the study of the world as one experiences it rather than as one conceptualizes, categorizes, or theorizes about it (Jasper, 1994). The "task of phenomenology is to return to the familiar and re-examine what we believe we already know and understand by reflecting and bringing into awareness what has been taken for granted (Powers & Knapp, 1990, p. 106). In phenomenological research, the researcher is a subjective student. To minimize subjective biases the researcher uses "bracketing" to suspend objective reality. Bracketing involves examination and suspension of beliefs that could affect data collection and interpretation.

The Model

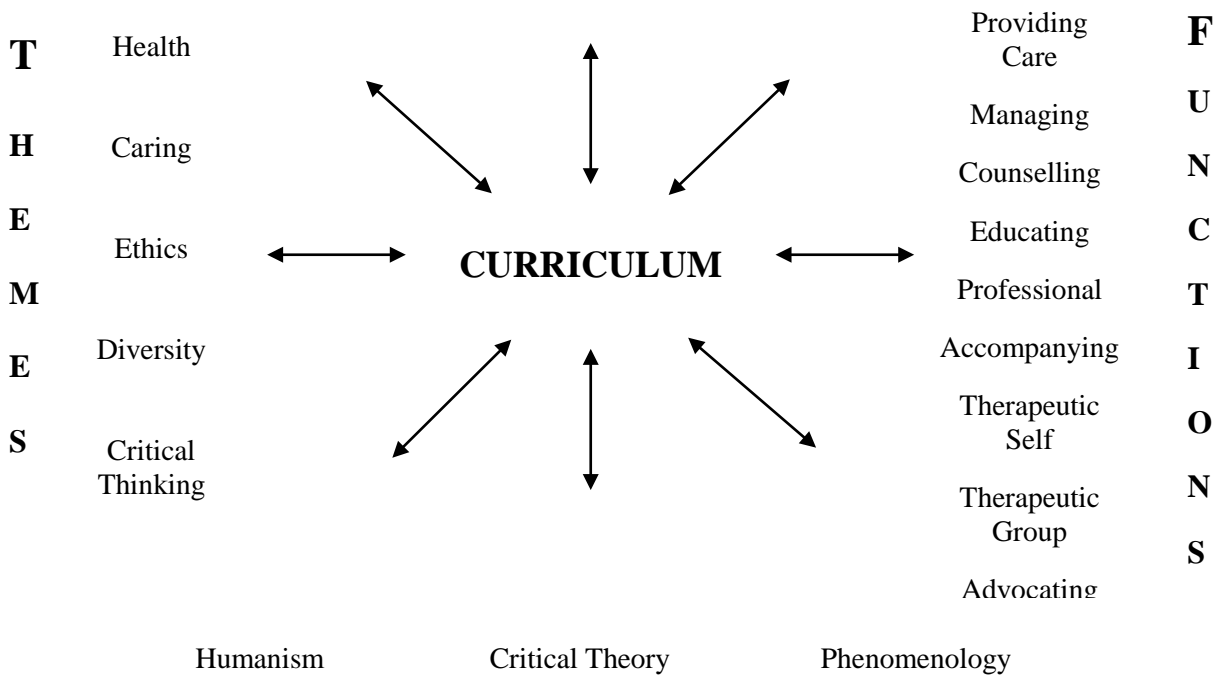
The curriculum model is a visual representation of the underpinnings of the NEPS Curriculum. It illustrates the integration of the principles of primary health care, the curriculum themes, the functions and competencies, and the curriculum implementation approaches used in the NEPS Curriculum.

NEPS CURRICULUM MODEL

PRIMARY HEALTH CARE

Services: Promotive Preventative Restorative Rehabilitative Supportive

Principles: Participation Appropriate Technology Accessibility Intersectoral Collaboration Health Promotion



UNDERLYING APPROACHES

Core Values

The Curriculum Model is the framework for the NEPS. The components of the curriculum model include the NEPS themes, functions, underlying approaches, and the services and principles of Primary Health Care. Six core values emerge from the curriculum model: caring, ethics, diversity, critical thinking, participating, and evolving. These values apply not only to the curriculum but also to all components of the program. They will be used as criteria in evaluating all components of the NEPS: students, faculty, courses, curriculum, organizational processes and program. All performance, activities, approaches, content, processes, and policies will be measured against the criteria of core values to validate the implementation of the intent of the NEPS.

Caring: an interpersonal process, a manner of relating to another person that facilitates development of that person as well as development of the caring person: compassion, competence, confidence, conscience, and commitment. (Glossary, the NEPS Curriculum Proposal, 1995). Caring is an identified theme in the Curriculum Model for the NEPS and a metaconcept within the NEPS functions. It is also integral to critical social theory.

Ethics: the systematic study of the principles and methods for distinguishing right from wrong and good from bad (Glossary, the NEPS Curriculum Proposal, 1995). Ethics is an identified theme in the Curriculum Model of the NEPS and is integral to Primary Health Care and critical social theory.

Diversity: differences in individuals, families, groups and communities which create uniqueness (adapted from Glossary, the NEPS Curriculum Proposal, 1995). Diversity is an identified theme in the Curriculum Model of the NEPS and is integral to Primary Health Care and critical social theory.

Critical Thinking: a disciplined, reflective process used to detect and analyze the assumptions underlying decisions, judgments and action; a process which guides an identified theme in the Curriculum Model of the NEPS and a metaconcept within the NEPS functions, and inherent in critical social theory.

Participating: to be involved in an interactive learning process; increases the probability of positive change; leads to the sharing of power and the building of partnerships. Participating is a principle of Primary Health Care in the Curriculum Model of the NEPS, a component of critical social theory, and is expected of students in the NEPS process. It is inherent in many of the functions of nursing listed in the Curriculum Model.

Evolving: positive change; stimulated by experience, analysis, and reflection. Evolving is an assumption which underlies the concepts of health, caring, participating, and critical social theory, and is expected of students in the NEPS process. It is inherent in many functions of nursing listed in Curriculum Model and in the common competencies.

(revised April 1998)

3.4 ORGANIZATION OF COURSES

The nursing courses are organized in streams which flow across the years of the program. The streams are as follows:

- *Personal and Professional Development:* This stream involves learners as students in human interactions focusing on the development of personal and professional self to facilitate individuals, families, groups and communities in realizing their health goals.
- *Professional Nursing and Research:* This stream will provide opportunities for exploration and development of understanding for the professional role of nursing and research-based practice.
- *Health Challenges:* This stream focuses on common health challenges of individuals, families, groups and communities across the lifespan, using the Primary Health Care Framework in the holistic approach to nursing practice.
- *Health:* This stream provides opportunities for exploration and development of understanding of health and primary health care as they relate to individuals, families, groups and communities throughout the lifespan.
- *Life Sciences:* This stream focuses on courses in the life sciences designed to provide learners with a scientific basis which is meaningful and relevant to nursing practice.
- *Practica:* There is an eight-week practicum (6 c.u.) in Year Two, Term 3; two practica in the final term of Year Four: a one 6 c.u. course focused on the community; a one 6 c.u. course with a clinical focus chosen by the student (e.g., rural, community, elderly, childbearing) and an emphasis on management and research.

In addition to the nursing courses, students also take the following non-nursing courses.

Year One:	English, 3 c.u. Nutrition, 3 c.u. Social Sciences elective, 3 c.u.
Year Three:	Statistics, 3 c.u. Social Science, 3 c.u.
Year Four:	Open Elective, 3 c.u. Social Science, .3 c.u.

3.5 CURRICULUM BLUEPRINT

The blueprint of the courses within the NEPS Curriculum follows:

Note: The last intake of the NEPS will be 2010. New nursing programs are being developed with start dates beginning September 2011. If students undertake part-time studies, ongoing NEPS courses will be offered if possible and feasible, or options will be explored as to transferring credits into one of the new programs. These transfer credit considerations will be made on an individual basis, with the goal of providing opportunities for students to attain a bachelor of science in nursing degree.

CURRICULUM BLUEPRINT

NEPS BLUEPRINT

February 2006

	Year I		Year II			Year III		Year IV	
	TERM 1	TERM 2	TERM 1	TERM 2	TERM 3	TERM 1	TERM 2	TERM 1	TERM 2
	ENGLISH .3					Statistics .3	Social Science .3	Open Elective.3	
	Social Science .3	NUTRITION 120.3						Social Science .3	
	NEPS 112.3	NEPS 114.3	NEPS 211.3	NEPS 216.3	NEPS 233.6	NEPS 300.3	NEPS 302.3	NEPS 400.3	NEPS 421.6
	NEPS 113.3	NEPS 115.3	NEPS 212.3	NEPS 218.3		NEPS 301.3	NEPS 303.3	NEPS 417.3	NEPS 425.6
	NEPS 118.3	NEPS 116.3	NEPS 220.3	NEPS 221.3		NEPS 317.3	NEPS 323.3	NEPS 427.3	
		NEPS 119.3	NEPS 222.3	NEPS 223.3		NEPS 327.3	NEPS 325.3	NEPS 428.3	
			NEPS 291.3	NEPS 293.3					
			NEPS 292.3	NEPS 294.3					
TOTAL CREDIT UNITS PER TERM	15	15	18	18	6	15	15	18	12
TOTAL CREDIT UNITS PER YEAR	30		36 + 6 = 42			30		30	
KEY:	<p>Health Challenges Stream NEPS 115.3 Core Concepts of Care NEPS 291.3 Health Challenges I: Theory NEPS 292.3 Health Challenges I: Clinical NEPS 293.3 Health Challenges II: Theory NEPS 294.3 Health Challenges II: Clinical NEPS 300.3 Health Challenges III: Theory NEPS 301.3 Health Challenges III: Clinical NEPS 302.3 Health Challenges IV: Theory NEPS 303.3 Health Challenges IV: Clinical</p> <p>Practica NEPS 233.6 Practicum I NEPS 421.6 Primary Health Care in the Community NEPS 425.6 Clinical Integration</p>			<p>Professional Nursing & Research Stream NEPS 113.3 Nursing: An Evolving Profession NEPS 323.3 Research for Professional Practice NEPS 400.3 Management in Health Systems NEPS 417.3 Issues in Nursing</p> <p>Personal & Professional Development Stream NEPS 112.3 Development of Self NEPS 114.3 Interpersonal Relationships NEPS 211.3 Counseling and Nursing Practice NEPS 218.3 Education for Health NEPS 327.3 Participating with Groups</p>			<p>Life Sciences Stream NEPS 118.3 Intro to the Human Body I NEPS 119.3 Intro to the Human Body II NEPS 212.3 Microbiology for the Health Sciences NEPS 222.3 Nursing Therapeutics I NEPS 223.3 Nursing Therapeutics II</p> <p>Health Stream NEPS 116.3 Introduction to Health Concepts NEPS 216.3 Healthy Growth & Development NEPS 220.3 Individual Assessment I NEPS 221.3 Individual Assessment II NEPS 317.3 Family Diversity NEPS 325.3 Nursing in Communities NEPS 427.3 Partnerships with Community: Theory NEPS 428.3 Partnerships with Community: Clinical</p>		

*Those individuals interested in licensure with the RPNAS must take a recognized psychopharmacotherapeutics course, an abnormal psychology course, and complete a minimum of 500 hours of designated mental health clinical. Students interested in this option should contact the site Mental Health/Psychiatric Nursing Education Coordinator.

**Students are expected to have clinical experiences outside of Saskatoon, Regina, and Prince Albert.

NOTE: NEPS Students will receive transfer credit from the U of S BSN for all remaining NEPS classes.

Section 4 – Academic Expectations

For information regarding academic regulations pertaining to nursing courses in Years 1 and 2, refer to the SIAST calendar (available online at www.siastr.sk.ca/admissions). For further information or clarification contact the NEPS Program Head at either Kelsey Campus in Saskatoon or Wascana Campus in Regina. For nursing courses in Years 1 and 2 in Prince Albert, refer to the First Nations University of Canada calendar or the Director of Health Sciences, Northern Campus. Students should review the Academic Regulations related to the institution from which they are currently taking classes as there are policies unique to each site.

For nursing courses in Years 3 and 4 and other University of Saskatchewan courses, refer to the University of Saskatchewan calendar (available online at <http://www.usask.ca/programs/>). You may contact the Academic Facilitators or Associate Deans at your respective sites, Saskatoon, Regina, or Prince Albert.

For regulations pertaining to the University of Regina, consult the University of Regina general calendar (available online at www.uregina.ca/genclal).

The NEPS has adopted the University of Saskatchewan Social Networking Guidelines for the use of faculty and students for instructional purposes. The guidelines are available at the link provided below. Students are reminded that there are privacy requirements, including maintaining patient/client/clinical practice confidentiality, that must be adhered to when using social network applications and web sites (e.g., blogs, Facebook, MySpace, YouTube, Twitter, etc.) in association with a course. Please note that postings must be professional, respectful, and appropriate. Please also note that policies regarding academic integrity and provincial/federal laws may be breached if social networking is used inappropriately, whether used for a course or personal communication, resulting in serious consequences. http://www.usask.ca/university_secretary/council/committees/teaching_learning_academic_resources/index.php

Please also note that inappropriate use of social networking applications and website reflects not only on the individual but also on the program and institutions offering the program. Although there is a perception of anonymity and privacy, once a message is posted it no longer is private. **For more information please refer to the [Office of the Privacy Commissioner of Canada](#)**

On the next page please see the infoLaw Social Media document from the Canadian Nurses Protective Society.

The Canadian Nurses Protective Society (CNPS) is a not-for-profit organization that offers advice, risk management services and professional liability protection related to nursing practice to eligible Registered Nurses. Upon graduation and registration with one of the CNPS member associations or colleges, such as SRNA, registered nurses are eligible for all CNPS services. Student nurses can access the CNPS educational material, such as infoLaws, case study quizzes and articles on its website.

*Call CNPS at 1-800-267-3390 or visit its website at <http://cnps.ca> for more information. To access the password protected pages on the CNPS website, use the username: student, and the password: assist. (You may be prompted to create an individual username and password.)
CNPS is here for you!*



www.cnps.ca

Canadian
Nurses
Protective
Society

Social Media

Social media websites like Facebook, Twitter, MySpace, YouTube and blogs allow us to communicate in real-time with 'friends' or the public. Nurses use these social networking sites as educational and learning tools, for information sharing and as a way to network. Understanding the risks involved in using social media may prevent potential adverse personal and professional consequences.

Confidentiality and Other Professional Obligations

Nurses, like other health care professionals, are held to a high standard of confidentiality with respect to all patient information.¹ Professional practice standards may also be applicable when nurses use social media in connection with their professional activities and require nurses to display professional conduct towards both patients and colleagues. Failure to abide by these standards can lead to serious legal consequences. For example, a nurse was found guilty of unprofessional conduct by her professional licensing body because she posted a patient's first name and the patient's personal health information on a co-worker's Facebook page.² It has also been reported that a Personal Care Giver's employment was also terminated because of derogatory entries she made on her blog concerning residents in her nursing home, co-workers and management.³ If this person had been an RN, LPN or RPN she could have also faced disciplinary action by her professional licensing body.

The breach of professional standards, in these contexts, could also be a breach of privacy legislation⁴ and could result in charges being brought against the nurse. Additionally, if defamatory comments are made by a nurse about another person or institution on a social media site, a civil lawsuit alleging defamation could be commenced against the nurse. A nurse who is found liable by the court could also be required to pay damages.⁵

Social Media Risks

Scope of distribution

Because information in electronic form is easily distributed, archived and downloaded, the person posting the information may have very little control over who sees it and its use.

Permanence of information

Postings to social media sites are generally permanent records that cannot easily be deleted. Copies of deleted information may still exist on search engines or in friends' (or others') electronic files. During sentencing of a young man who had posted explicit photos of his teenage ex-girlfriend on Facebook, the judge stated: "What you chose to do is unfortunately something that cannot be undone.... There's no delete button on the internet. Those things float forever on the internet."⁶

Misapprehension of the extent of privacy controls

Although these sites have privacy controls, be aware that the default for many of them allows others to see some of the posted information.

Pseudonyms

Posting anonymously or under a pseudonym does not protect against the possible consequences of a breach of confidentiality or defamation.⁷

Reputation damage

Postings may come back to haunt you on a personal or professional level. Many employers check social networking profiles of current and prospective employees looking for misconduct or inappropriate behaviour.

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Risk Management

To decrease your professional and personal risks, consider the following:

- avoid posting/sharing confidential information: an unnamed patient or person may be identifiable from posted information;
- avoid using social media to vent or discuss work-related events or to comment on similar postings by others;
- avoid posting negative comments about your colleagues, supervisors and other health care professionals; disclosing information obtained at work could be considered unprofessional and, if erroneous, could lead to a defamation claim;
- respect and enforce professional boundaries: becoming a patient's electronic "friend" or communicating with them through social media sites may extend the scope of professional responsibility;
- be aware that it is difficult to ascertain whether individuals providing or seeking information through a social media account are who they say they are;
- avoid offering health-related advice in response to comments or questions posted on social media sites; if relied upon, such advice could trigger professional liability;
- make your personal profile private and accessible only by people you know and trust;
- create strong passwords, change them frequently and keep them private; and
- present yourself in a professional manner in photos, videos and postings.

Before communicating on a social media website, always consider what is said, who might read it and the impact it may have, if viewed by an employer, a patient or licensing body. Please contact CNPS at 1-800-267-3390 if you have further questions regarding the professional implications of using social media and visit our website at www.cnps.ca.

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1. *infoLAW*[®], Confidentiality of Health Information (Vol. 1, No. 2, October 2008, Revision of September 1993).
 2. *Alberta RN 64*, 6 (July 2008): 25.
 3. *Chatham-Kent (Municipality) v National Automobile, Aerospace, Transportation and General Workers Union of Canada (CAW-Canada), Local 127 (Clarke Grievance)* (2007), 159 LAC (4th) 321, [2007] OLA no 135 (QL).
 4. Most provinces have enacted legislation to protect the confidentiality of personal health information. For additional information refer to: *infoLAW*[®], Privacy (Vol. 14, No. 2, September 2005).
 5. *infoLAW*[®], Defamation (Vol. 12, No. 3, September 2003). See also *Hunter Dickinson Inc v Butler*, 2010 BCSC 939, [2010] BCJ no 1332 (QL). In this case, the defendant was ordered to pay \$425,000 in general, aggravated and punitive damages for defamatory postings on a website.
 6. James Turner, "Facebook revenge plot nets 6-month sentence," CBC News, August 22, 2010, 12:40 pm CST, online: <http://www.cbc.ca/canada/manitoba/story/2010/08/22/man-facebook-revenge-child-porn.html>.
 7. Individuals anonymously posted alleged defamatory comments on a newspaper's website. A judge ordered the newspaper to disclose information to assist in identifying those individuals. The Court did not condone the conduct of anonymous internet users who made defamatory comments and found they had to be accountable for their actions like other people. *Mosher v Coast Publishing Ltd*, 2010 NSSC 153, [2010] NSJ no 211 (QL).

info@cnps.ca
www.cnps.ca

N.B. In this document, the feminine pronoun includes the masculine and vice versa except where referring to a participant in a legal proceeding.

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Students are expected to maintain complete honesty in all academic work. Academic dishonesty will adversely affect your standing in a course or your status in the program. Academic regulations regarding academic dishonesty are outlined in the NEPS Student Handbook. In addition, students are required to review the University of Saskatchewan guidelines concerning academic integrity online at:

<http://www.usask.ca/integrity/be-responsible1.php>. Students are also required to read the academic integrity guidelines for SIAST or First Nations University of Canada at:
<http://gosiast.com/admissions/resources/academic-regulations.aspx>
<http://www.fnuniv.ca/index.php/prospective-students/attendance-eval>

4.1 ACADEMIC INTEGRITY

What is Academic Honesty?

The **Guidelines for Academic Conduct** from the University of Saskatchewan Council gives the following description of honest behaviour at the university.

- Honesty and integrity are expected in class participation, examinations, assignments, patient care and other academic work.
- Perform your own work unless specifically instructed otherwise.
- Use your own work to complete assignments and exams.
- Cite the source when quoting or paraphrasing someone else's work.
- Follow examination rules.
- Be truthful on all university forms.
- Discuss with your professor if you are using the same material for assignments in two different courses.
- Discuss with your professor if you have any questions about whether sources require citation.
- Use the same standard of honesty with fellow students, lab instructors, teaching assistants, sessional instructors and administrative staff as you do with faculty.

What is Academic Misconduct?

“Academic Misconduct” is what the university calls cheating. Types of cheating are listed in the **Student Academic Dishonesty Rules of the University of Saskatchewan Council**. The regulations on student academic misconduct (2010) are available at

http://www.usask.ca/university_secretary/honesty/StudentAcademicMisconduct.pdf

When a professor believes a student has cheated, the Rules list two procedures which can be followed. **Rule One “Informal Procedures”** are the procedures followed when a professor feels that a student has cheated inadvertently or without intending to do wrong. This can be handled between the professor and the student and could result in a reduced or failing grade or in the requirement that the student revise and resubmit an assignment before the professor will grade it. **Rule Two “Formal Allegations of Academic Dishonest”** The formal procedures for allegations of misconduct shall be followed for all allegations serious enough to require a hearing, or for those situations which it has not been possible to resolve at the informal level. The 2010 regulations clearly define the processes for dealing with academic misconduct.

4.2 SCHOLARLY WRITING

The following list of resources are provided to assist you in writing scholarly papers and is determining what is meant by the term scholarly references. You are encouraged to also check with the library at your site for additional resources.

References related to Scholarly Writing:

Hallas, D., & Feldman, H.R. (2006). A guide to scholarly writing in nursing. Back to School. Available from: http://www.nсна.org/Portals/0/Skins/NSNA/pdf/Imprint_sept06_backschool_hallas-feldman.pdf

Gocsik, K. (Last modified 2005). Writing the academic paper: What is an academic paper? University of Dartmouth. Available at: www.dartmouth.edu/~writing/materials/student/ac_paper/what.shtml

References Related to Scholarly References:

University of Saskatchewan. (n.d.). Writing your paper: Scholarly vs. popular sources. In Guides – scholarly vs popular sources. Available from: <http://libguides.usask.ca/EvaluateInformation>

Dutch, S. (Last modified 2008). References for college papers. University of Wisconsin. Available at: www.uwgb.edu/DutchS/PAPERREF.HTM

STUDENT CONDUCT

Students conducting themselves in an improper manner, either on or off the campus, may be admonished, fined, suspended, dismissed, or expelled from the University. Each instructor has the authority to require a disorderly student to withdraw from the classroom.

The following document “Integrity Defined” was retrieved from the University of Saskatchewan website July 16, 2010.

Electronic Source: <http://www.usask.ca/secretariat/student-conduct-appeals/IntegrityDefined.pdf>

A percentage grading system is used in the NEPS. Academic or clinical performance meriting a particular grade is described by a term called a *literal descriptor*. The relationship between the literal descriptors and percentage grades is shown below. You will note that in each classification the last four statements are particular to the NEPS. They are specifically, although not exclusively, designed for use in clinical and lab situations.

4.3 GRADING

Literal Descriptors for Determination of Grades

Percentage	Literal Descriptor	Description
90-100	Exceptional	<p>A superior performance with coincident strong evidence of the following:</p> <ul style="list-style-type: none"> ● A comprehensive, incisive grasp of the subject matter; ● An ability to make insightful critical evaluation of the material given; ● An exceptional capacity for original, creative and/or logical thinking; ● An excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts fluently ◆ Consistent superior praxis (applying, adapting and generating knowledge in practice) ◆ Consistent accountability ◆ Consistent insightful and effective interpersonal relationships ◆ Consistent and appropriate self-direction.
80-89	Excellent	<p>An excellent performance with strong evidence of the following:</p> <ul style="list-style-type: none"> ● A comprehensive grasp of the subject matter; ● An ability to make sound critical evaluation of the material given; ● A very good capacity for original, creative and/or logical thinking; ● An excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thought fluently; ◆ Superior praxis (applying, adapting and generating knowledge in practice) ◆ Consistent accountability ◆ Consistent effective interpersonal relationships ◆ Consistent and appropriate self-direction
70-79	Good	<p>A good performance with evidence of the following:</p> <ul style="list-style-type: none"> ● A substantial knowledge of the subject matter; ● A good understanding of the relevant issues and a good familiarity with the relevant literature and techniques; ● Some capacity for original, creative and/or logical thinking; ● A good ability to organize, to analyze, and to examine the subject material in a critical and constructive manner; ◆ Sound praxis (applying, adapting and generating knowledge in practice) ◆ Consistent accountability ◆ Consistent effective interpersonal relationships ◆ Decision making which required minimal support

Percentage	Literal Descriptor	Description
60-69	Satisfactory	<p>A generally satisfactory and intellectually adequate performance with evidence of the following:</p> <ul style="list-style-type: none"> ● An acceptable basic grasp of the subject material; ● A fair understanding of relevant issues; ● A general familiarity with the relevant literature and techniques; ● An ability to develop solutions to moderately difficult problems related to the subject material; ● A moderate ability to examine the material in a critical and analytical manner ◆ Reasonable praxis (applying, adapting and generating knowledge in practice) ◆ Consistent accountability ◆ Effective interpersonal relationships generally ◆ Decision making which requires average support
50-59	Minimal Pass	<p>A barely acceptable performance with evidence of the following:</p> <ul style="list-style-type: none"> ● A familiarity with the subject material; ● Some evidence that analytical skills have been developed ● Some understanding of relevant issues; ● Some familiarity with the relevant literature and techniques; ● Attempts to solve moderately difficult problems related to the subject material and to examine the material in a critical and analytical manner are only partially successful; ◆ Inconsistent praxis (applying, adapting and generating knowledge in practice) ◆ Developing accountability ◆ Inconsistent ability to establish effective interpersonal relationships ◆ Decision making which requires more than average support
<50	Failure	<p>An unacceptable performance with evidence of the following:</p> <ul style="list-style-type: none"> ◆ Poor praxis (applying, adapting and generating knowledge in practice) ◆ Lack of accountability ◆ Inability to establish effective interpersonal relationships ◆ Inability and/or inappropriateness in decision making

- Denotes University of Saskatchewan general descriptors
- ◆ Denotes additional NEPS descriptors

INTEGRITY

defined

Integrity is expected of all students in their academic work—class participation, examinations, assignments, research, practica – and in their non-academic interactions and activities as well.

What academic integrity means for students

Perform your own work unless specifically instructed otherwise. Check with your instructor about whether collaboration or assistance from others is permitted.

Use your own work to complete assignments and exams.

Cite the source when quoting or paraphrasing someone else's work. Discuss with your professor if you have any questions about whether sources require citation.

Follow examination rules.

Discuss with your professor if you are using the same material for assignments in two different courses.

Be truthful on all university forms.

Use the same standard of honesty with fellow students, lab instructors, teaching assistants, sessional instructors and administrative staff as you do with faculty.

Integrity in non-academic activities

Misconduct that disrupts the activities of the university or harms the legitimate interests of the university community could be the cause for non-academic disciplinary action.

GUIDING PRINCIPLES

The university documents that lay out our rules and procedures are the **Student Academic Misconduct Regulations** (University Council) and the **Standard of Student Conduct in Non-Academic Matters** (University Senate). Both documents are based on the same Guiding Principles:

- Freedom of Expression
- Commitment to Non-violence
- Security and Safety
- Mutual Respect and Diversity
- Commitment to Justice and Fairness
- Integrity

ACADEMIC MISCONDUCT PROCEDURES

“Academic Misconduct” is the term the University uses to describe cheating. Types of cheating are listed in the **Student Academic Misconduct Regulations** of University Council. There is an onus on every student to become informed about academic misconduct.

When an instructor believes a student is guilty of academic misconduct, the following procedures are used:

Informal procedure:

Sometimes misconduct is the result of carelessness, misunderstanding of the rules, or miscommunication. In such cases, the instructor may discuss the matter with the student informally.

If the student concedes the misconduct, the instructor has the authority to impose one or more of the following penalties:

- reduce the grade on the assignment or exam, to as low as zero
- require the student to rewrite the assignment or exam

A penalty imposed by an instructor is not reported to the student's college and does not become part of the student's record.

A student who disagrees with the allegation of cheating or with the penalty imposed may request a formal hearing.

Formal procedure:

For more serious misconduct, or in cases where the student disputes the allegation or the penalty, a college hearing board will hear the matter. Procedures for hearings are described in the Regulations.

The hearing board has the authority to impose one or more of the following penalties:

- reprimand or censure the student
- reduce the grade on the assignment, exam, or entire course, to as low as zero
- require the student to rewrite the assignment or exam
- require the student to submit an essay or a presentation on academic misconduct
- suspend or expel the student
- postpone, deny or revoke the student degree, diploma or certificate

A penalty imposed by a Hearing Board is reported to the student's college and to the university, and becomes part of the student's record. A finding of misconduct in research funded by an external agency is reported to that agency.

Further appeal of a hearing board decision or penalty is permitted only on grounds of unfair procedure or new evidence

FOR MORE INFORMATION

Integrity and Student Conduct website: www.usask.ca/university_secretary/honesty/

Date: Effective January 1, 2010

Academic Misconduct Defined

The following constitute academic misconduct that may be the subject-matter of an allegation under the **Student Academic Misconduct Regulations**:

(a) Providing false or misleading information or documentation to gain admission to the university or any university program;

(b) Theft of lecture notes, research work, computer files, or other academic or research materials prepared by another student or an instructor or staff member;

(c) Using work done in one course in fulfillment of any requirement of another course unless approval is obtained from the instructor by whom the material is being evaluated;

(d) Presenting the work of someone else as one's own;

(e) The supply of materials prepared by the student to another student for use by that student as the work or materials of that student;

(f) Alteration or falsification of records, computer files, or any document relating to a student's academic performance;

(g) Violation of the university's policy on misconduct in scholarly work as outlined at

www.usask.ca/university_secretary

(h) Fabrication or invention of sources;

(i) Failure to observe any stated rule with regard to the procedure used in an examination (or an activity undertaken for academic credit) where such a failure could result in the student gaining relatively greater credit;

(j) Failure to observe any stated rule with regard to the procedure used in an examination (or an activity undertaken for academic credit) where such a failure could result in the student gaining relatively greater credit;

(k) Altering answers on a returned examination;

(l) When prohibited, removing an examination from the examination room;

(m) Seeking to acquire or acquiring prior knowledge of the contents of any examination question or paper with the intention of gaining an unfair advantage;

(n) Possessing or using notes or other sources of information or devices not permitted by the course instructor in an examination;

(o) Consulting or seeking the assistance of others when writing a "take home" examination unless permitted by the course instructor;

(p) Providing false or misleading information with the intent to avoid or delay writing an examination or fulfilling any other academic requirement;

(q) Failing to observe the terms of any agreement not to disclose the contents of an examination;

(r) Misrepresenting or conspiring with another person to misrepresent the identity of a student writing an examination or engaging in any other form of assessment;

(s) Knowingly doing anything designed to interfere with the opportunities of another person to have his or her contribution fully recognized or to participate in the academic program;

(t) Preventing others from fair and equal access to University facilities or resources, including library resources;

(u) Using or attempting to use personal relationships, bribes, threats or other illegal conduct to gain unearned grades or academic advantages;

(v) Knowingly assisting another person engaged in actions that amount to academic misconduct;

(w) Plagiarism: the presentation of the work or idea of another in such a way as to give others the impression that it is the work or idea of the presenter.

Adequate attribution is required. What is essential is that another person have no doubt which words or research results are the student's and which are drawn from other sources. Full explicit acknowledgement of the source of the material is required.

Examples of plagiarism are:

(i) The use of material received or purchased from another person or prepared by any person other than the individual claiming to be the author. [It is not plagiarism to use work developed in the context of a group exercise (and described as such in the text) if the mode and extent of the use does not deviate from that which is specifically authorized].

(ii) The verbatim use of oral or written material without adequate attribution.

(iii) The paraphrasing of oral or written material of other persons without adequate attribution

(w) Unprofessional conduct or behaviours that occur in academic or clinical settings or other work placements, or that are related to the student's area of professional practice.



Office of the University Secretary

212 College Building, 107 Administration Place

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Section 5 - Policies

Progression through the NEPS involves adherence to all policies and procedures of the program and those of the respective institutions as well as those of the College of Nursing when the University of Saskatchewan designates those to the College level. As you progress through the program, you will find it helpful to keep the following program policies in mind.

5.1 ATTENDANCE

1. Regular and punctual attendance is required of all students for all classes, seminars, labs, and clinical experiences. A student who is consistently late and/or absent from classes, seminars, and/or labs may be unable to meet the course requirements, and may not be able to receive a credit for the course.
2. Any absenteeism in clinical/lab may be reflected in the student's final grade. If a student misses more than 10% of clinical/lab experiences in a course, he/she may be unable to meet the course requirements, and may not be able to receive a passing grade in the course.
3. If a student is unable to attend or will be late for a lab or clinical experience, he/she must notify the facilitator or lab instructor *prior to the start of the learning experience*.
4. At the discretion of a course committee, attendance at classes, labs, and/or seminars for the particular course may be designated as mandatory. Students must attend these learning experiences in order to receive a pass in the course.
5. Students are required to attend orientations for all classes and labs. It is mandatory that students attend all orientation sessions to clinical practice. Students will be removed from the clinical rotations if they do not attend the orientation sessions. Failure to attend clinical orientations, except in exceptional circumstances, will result in the student being required to withdraw from the clinical experience. This will delay progress through the program. Failure to attend class or lab orientations may result in the student being required to withdraw from the course.
6. If a facilitator deems a student unsafe or unprepared for a learning experience, the student may be excluded from the experience, and thus, may not be able to meet the course requirements.
7. A written Performance Contract will be developed for student performance issues related to provision of safe and competent nursing care.

5.2 COMPLETION OF WORK

1. Unless prior arrangements have been made with the course instructor, 5% from the earned grade for that assignment will be deducted for each calendar day that course work is late.
2. **All** required course components must be completed to receive credit for a course.
3. Unless other arrangements have been made with the course facilitator, the last day for acceptance of an assignment will be the final day of class in that affected course.
4. It should be noted that even if assignments will receive a grade of 0% because of late penalties (see above), they must still be completed in order to fulfill course requirements.

5.3 GRADE ASSIGNMENT

1. In the calculation of final course marks and weighted averages, failing grades resulting from absence, withdrawal, or incomplete course work will be computed with a zero for grade component(s) that were not completed and the earned mark will be submitted. This mark can range from 0-49%.
 - If the failure results in a computed passing percentage grade, a final grade of 49% will be submitted along with the appropriate comment for the failure (i.e., ABF, or INF).
 - Students will not be eligible for a supplemental exam in the above instances.
 - Withdrawal prior to the withdrawal deadline is not included in calculation of averages (see institutional calendars for dates). The grade will be recorded as “W” on the transcript.
2. In the case of a non-clinical course for which a component(s) must be passed in order to pass the course, the grade assigned for the course will be the grade of the failed essential component with the following exception:
 - A student failing an essential component of a course early in the term is not allowed to continue in the course. If the student withdraws before the withdrawal deadline, the grade will be recorded as “W” on the transcript.
 - If the essential component is failed after the withdrawal deadline and is a pass/fail component the grade assigned for the course will be 30%.
3. In NEPS 421.6 and NEPS 425.6, for a student who completes the course and receives a failing grade, a mark of 30% will be assigned.
4. A student must pass each clinical component of a course in order to pass the course. In courses including mark components for both clinical experience and theory, both components must be passed in order to pass the course. Failure in one component will result in a final grade of 49% being assigned regardless of the mark obtained in the other section.
5. The following rules apply to supplemental examinations:
 - Supplemental examinations will not be granted for clinical experience.
 - Please refer to institutional policies regarding eligibility for supplemental examinations.

5.4 PROMOTION AND GRADUATION

1. Students are required to maintain an annual weighted average of 60% in nursing courses and an annual overall *weighted average of 60%.

*Overall includes all required courses, both nursing and non-nursing.
2. Students who do not achieve annual weighted averages of 60% overall and in their nursing courses may be required to discontinue. Students who are required to discontinue will not be eligible to return to the program for one academic year.
3. Students may be required to defer their education if continuation in the program is deemed to be unsafe to themselves or others.
4. To graduate, students must have passed all required courses with a minimum cumulative nursing weighted average of 60% and a minimum cumulative weighted average of 60% overall.

5. The BSN Degree with **Distinction** will be awarded to NEPS students whose total cumulative weighted averages (overall and nursing) are between 0.7 and 1.5 standard deviations above the mean of the total cumulative averages for their graduating year and who have averages greater than 75%. The BSN degree with **Great Distinction** will be awarded to NEPS students whose total cumulative weighted averages (overall and nursing) are more than 1.5 standard deviations above the mean of the averages for their graduating year and who have total cumulative averages greater than 80%.

5.5 PROGRAM COMPLETION

All program requirements must be met within seven years of beginning the program. Extensions may be granted under exceptional circumstances for those individuals who are making steady progress towards successful completion of the program. Such cases are reviewed by the NEPS Administrative Committee upon receiving a written request from the student.

5.6 REPEATING A COURSE

1. If a student achieves a grade of 60% or higher, a course can be repeated only with permission of the Program Head/Director/Associate Dean.
2. If a course is repeated, only the higher grade will be used in calculating the weighted average. A course may only be repeated once.
3. Students in the NEPS may attempt a nursing course twice. In exceptional circumstances, permission may be granted by the Administrative Committee for a third and final attempt. Students wishing to attempt a course for a third time must submit a written request to the appropriate member of the Administrative Committee (NEPS Program Heads, SIAST [Kelsey or Wascana]; Director of Health Sciences, Northern Campus, First Nations University; or Associate Dean(s) College of Nursing).
4. Students who fail or withdraw from a clinical course will be required to meet with the site Program Head/Associate Dean(s)/Director (or designate) prior to receiving permission to repeat the course to determine what course work will be required to prepare for the clinical course.

5.7 CREDIT UNITS FROM U OF S, SIAST, FIRST NATIONS UNIVERSITY

In order to graduate from the Nursing Education Program of Saskatchewan, a student must complete at least 63 credit units from the University of Saskatchewan/Saskatchewan Institute of Applied Science and Technology/First Nations University of Canada, of which at least 42 credit units must be for nursing courses.

5.8 TRANSFER CREDIT

1. A nursing course from another program will be considered for transfer credit into the NEPS as a nursing course only if the grade achieved in that course was 60% or greater. For non-nursing courses, the pass mark for the institution giving the course must be achieved in order to receive transfer credit.

2. In calculating weighted averages, a grade for credit transferred from another program will be included if a single course is used for the transferred credit. If more than one course is used to transfer credit, no grade will be assigned and the course will not be used in calculating weighted averages.

Send transcripts from completed courses at another institution to
College of Nursing, University of Saskatchewan
104 Clinic Place
Saskatoon SK S7N 2Z4

5.9 FIRST AID

Students must present evidence of current Standard A First Aid Certification by September 15 of their first year in the program. Students failing to provide evidence of current Standard A First Aid Certification will be excluded from clinical practice. Once evidence of certification in first aid has been provided, students are not required to be recertified while in the program. [This policy does not apply to students who are LPNs, RNs, or RPNs or EMTs.]

5.10 CPR CERTIFICATION

CPR must be current. CPR is current when certification or renewal has occurred **within 2 years of the date of issue**. First year students must obtain CPR certification in the year 2011. CPR Heartsaver level C with AED **or** CPR Health Care Provider (HCP) is required. Students are to bring their CPR card to the Administrative Office of the respective institution for the year in which they are enrolled. Students failing to provide evidence of **current** CPR certification **will be** excluded from clinical practice. **NOTE- current students will be required to upgrade to CPR Health Care Provider (HCP) on recertification (by January 2014)**. Certification is required every two years or more frequently if required by the health region or clinical agency.

5.11 CRIMINAL RECORDS CHECK AND VULNERABLE SECTOR SEARCH

Nursing students accepted for admission into the Nursing Education Program of Saskatchewan (NEPS) are required to provide the results of a Criminal Records Check and Vulnerable Sector Search after admission and before registration with the Saskatchewan Registered Nurses' Association (SRNA). The results of the Criminal Records Check and Vulnerable Sector Search must be submitted to the Associate Dean(s)/Program Head/Director or designate by August 15 prior to entering the NEPS program. Late admissions must produce the results of the Criminal Record Check and Vulnerable Sector Search at the time of registration. Students failing to provide the results of a Criminal Records Check and Vulnerable Sector Search will not be allowed to enroll in any course requiring client care.

Students are required to report criminal convictions and/or outstanding charges that occur after the date of the original Criminal Records Check and Vulnerable Sector Search to the appropriate Associate Dean, Program Head, or Director. Failure to report to the appropriate Associate Dean, or Program Head, or Director any criminal convictions and/or outstanding charges that have occurred will be grounds for immediate dismissal from the program

Each reported criminal conviction and/or outstanding charge will be assessed by the Administrative Committee of the NEPS to determine what, if any, impact the criminal conviction and/or outstanding charge will have on the student's status in the program.

Criminal Records Check and Vulnerable Sector Search information will not be released to a third party (e.g., some clinical agencies routinely request such information) before a student has completed the appropriate release form. Some clinical placements require a Criminal Records Check and Vulnerable Sector Search prior to commencing the clinical experience on that unit or agency. Failure to provide this information may result in the agency excluding the student from clinical experience.

The Vulnerable Sector Search will be completed as part of a Criminal Records Check if the applicant completes a separate form which gives the police service consent for this search – refer to Regina, Saskatoon or Prince Albert Police Service websites for form example/further information:

<http://www.reginapolice.ca/resources/criminal-record-check/>
<http://papolice.ca/FAQ/CriminalRecordChecksGuidelines.aspx>

There is no extra charge for a Vulnerable Sector Search if it is requested/done as part of the CRC. Potential students with a criminal record will be counseled to seek a pardon before applying to the program. Current students with a criminal record will be counseled to seek a pardon.

A copy of the Criminal Record Check and Vulnerable Sector Search will be kept on file by the program and the original returned to the student **upon request**. **An Additional** Criminal Record Check and Vulnerable Sector Search may be required by specific clinical agencies. Any costs associated with the Criminal Record Check and Vulnerable Sector Search will be the responsibility of the student.

5.12 CELL PHONES

The use of point-of-care technology (PDA's, other mobile devices) is encouraged where appropriate in classes, labs, and clinical settings. However, these devices are not to be used as cell phones or texting devices during class, lab or clinical experiences. Compliance to this policy is an expectation of professional conduct.

A hand held Electronic Mobile Device (EMD) is required for some courses in the clinical area and in the classroom. This device should be compatible to support the required software (currently Nursing Central with RNotes).

5.13 IMMUNIZATION

Immunizations are strongly **recommended** for all Nursing students prior to any contact between students and patients to ensure the safety of both the student and the patient. Failure to maintain recommended immunization may delay a student's progress in his/her studies. Immunizations are reviewed on admission by the Health Nurse.

Specific immunizations may be required for certain clinical placements. Students who refuse or are unable to comply with this requirement may be at risk of not being able to complete required components of the NEPS. Immunization for influenza is strongly recommended. Failure to obtain the vaccine may result in withdrawal from the clinical site in the event of an influenza outbreak.

Students who are applying for International clinical experiences will be required to meet the immunization requirements for the country they will be working in.

5.14 FIT-TESTING

To protect students from infectious organisms, specific filtered facemasks may be required for clinical placements. Arrangements will be made for each student to attend a session to be fitted for the most appropriate size mask. Students who fail to attend their scheduled session, or are unable to comply with this requirement, may be at risk of not being able to complete required components of the NEPS.

5.15 APPEAL PROCESS

Students under specific circumstances may appeal an academic or clinical grade. Students are referred to the specific institutional policies for this process as Appeal Policies differ in the institutions. The University of Saskatchewan “Student Appeals in Academic Matters” is available on the University websites.

SIAST students should refer to the Policy A-1.10 Grade Appeal found at <http://gosiast.com/about-siast/about-us/documents/policies/gradeappeal1207.pdf>

Student Appeal found at <http://gosiast.com/admissions/resources/documents/Grade-Appeal-Request.pdf>

Section 6 – Student Services

6.1 SCHOLARSHIPS, AWARDS, AND BURSARIES

There are a variety of scholarships, awards and bursaries available to nursing students and new grads. For more information visit the College of Nursing website student pages at www.usask.ca/nursing

6.2 EDUCATION EQUITY SERVICES

Education equity services are available for the NEPS students. For specific information, please contact program offices.

6.3 STUDENTS WITH SPECIAL NEEDS/DISABILITY SERVICES

Students with special needs (e.g., physical/learning disabilities, English as a second language or other valid reasons), may request extension of time for examinations. Students with English as a second language should be aware that extra time is not allowed for the writing of nurse registration examinations for licensure. *Therefore, time extensions for writing exams will be allowed only to the end of the second year of the program.* If you have special needs, contact the appropriate Program Head at SIAST or Director of Health Sciences, First Nations University in Years 1 and 2. Students in years 3 and 4 with disabilities who may require support or accommodations for class learning, exam writing, note taking, etc. must register with the University of Saskatchewan Disability Services for Students (DSS) Center at the Saskatoon campus. All students at the University of Saskatchewan must consult with class teachers and DSS to arrange for accommodations. Disability Services are provided at SIAST Kelsey, Wascana, and University of Saskatchewan.

Students completing the program and writing their RN examinations must request a letter from the Associate Dean(s) (University of Saskatchewan) indicating they have received services in their program in order to receive time and a half to write the Registered Nurses Examination (CRNE).

Human or electronic translators/dictionaries may not be used during exams.

6.4 STUDENT SERVICES AND RESOURCES

Students in Saskatoon, Regina, and Prince Albert have access to a variety of services and resources. Students in Years 1 and 2 of the program have access to services provided by SIAST or First Nations University. In Years 3 and 4, students have access to services provided through the U of S in Saskatoon, Regina, and Prince Albert.

Although Year 1 and 2 NEPS students in Saskatoon have U of S student numbers and in Saskatoon are probably enrolled in some U of S non-nursing courses being taken at Kelsey Campus in Saskatoon, U of S student fees have not been assessed.

At the Prince Albert site, students have access to personal and academic counseling from Student Counselors. These Aboriginal student counselors are professional social workers who provide services

from an Aboriginal perspective. Students in Years 3 and 4 of the NEPS at the Prince Albert site may contact the College of Nursing professional academic advisor for counseling and referral for services not available on campus.

You may also contact the First Nations University at: First Nations University of Canada, 1301 Central Avenue, Prince Albert, SK, 765-3333 Ext. 7000, Email: Jnixon@firstnationsuniversity.ca

6.5 UNIVERSITY OF SASKATCHEWAN COMMUNITY OF ABORIGINAL NURSING (UCAN)

UCAN recruits and supports Aboriginal students interested in or enrolled in the University of Saskatchewan undergraduate and graduate nursing programs. Aboriginal nursing advisors in Saskatoon, Regina and Prince Albert work with students to build community through gatherings and peer networks, provide academic and personal advisement and facilitate tutoring, mentorship and referrals to culturally appropriate supports as requested. UCAN advisors are also available to provide information and referrals for child care, housing, funding and other concerns. UCAN promotes an “open door” philosophy and welcomes international students and non-Aboriginal students to connect as well. Please feel free to stop by and see us! To learn more about [University of Saskatchewan Community of Aboriginal Nursing](#)

6.6 LIBRARY SERVICES

The University Library plays an important role in supporting students’ research and academic careers. Access the Health Sciences Library website at <http://library.usask.ca/hsl/> The library website has links to library databases, electronic journals, and the library catalogue. Please note that any journal article or book not held at U of S can always be obtained on your behalf from another library. There is no charge for this service.

For information about library resources and services related specifically to nursing, access the Nursing Research Guide at <http://libguides.usask.ca/nursing> and “Library Information for Nursing” on the College of Nursing website at <http://www.usask.ca/nursing/libraryinfo/index.php>

Librarians at the Health Sciences Library will assist you with course assignments, research questions, help you develop search strategies for literature reviews, or answer any questions about the library and its services. Students are strongly encouraged to make an appointment with a librarian to take advantage of this service. You can contact the Health Sciences Library by phone at 966-5991, or by email or instant messaging using the information found at <http://library.usask.ca/hsl/uask.php>.

Section 7 – Other Things That You Should Know

7.1 SOCIAL SCIENCES

Courses in any of the following subject areas are acceptable as Social Sciences: The required 9 credit units of social science do not all have to be in the same subject area.

Anthropology	Native Studies
Archaeology	Political Studies
Economics	Psychology*
Geography (Human)	Sociology
Linguistics	Women's & Gender Studies

*Students taking a psychology class from the University of Regina should note that NEPS students will not be granted credit for both PSYC 210.3, Developmental Psychology, and NEPS 216.3, Healthy Growth and Development. PSYC 210.3 may replace NEPS 216.3. The University of Saskatchewan class PSY 225.3 Group Dynamics and Intergroup Relations is not acceptable.

7.2 ACCEPTABLE COURSES

Acceptable statistics courses at the University of Saskatchewan

- COMM 104.3
- PLSC 214.3
- PSY 233.3
- SOC 225.3
- STAT 244.3
- STAT 245.3
- STAT 246.3

Acceptable statistics courses at the University of Regina

- SOST 201.3
- STATS 100.3 or 160.3

SIAST also offers an acceptable statistics course. The number is STATS 120.

Athabasca University offers a Math 215 as a distance course and Math 216 on line.

Acceptable course in lieu of NEPS 317.3 is:

- NURS 436.3 (Athabasca)

Acceptable research courses in lieu of NEPS 323.3 are:

- NURS 328.3 (Athabasca)
- PSY 204.3 (University of Regina)
- SOC 232.3 (University of Saskatchewan)

Acceptable Anatomy and Physiology Courses are:

- Biology 235 (Athabasca)
- PHSI 208.6 (University of Saskatchewan)

Acceptable Nutrition Courses are:

NUTR 120.3 (University of Saskatchewan)

NUTR 330.3, NUTR 331.3*, NUTR 405.3 (Athabasca) *preferred

Some of the above courses require prerequisites or special permission. Check the appropriate calendar.

You will need a letter of permission from the College of Nursing to take courses from another university. Call 966-6221 or email nursing.advising@usask.ca

Note: NEPS students taking a course from an institution other than the University of Saskatchewan must achieve the passing grade of the institution from which the course is being taken to be granted credit in the NEPS for that course. Currently the passing grade standard for SIAST is 60%.

7.3 OPEN ELECTIVE

An open elective is required in the program. Any course for which the University of Saskatchewan gives credit is acceptable except HSC 120.3 or HLTH 100.3, KIN 223.3, EXT 305, and EXT 405. No Kinesiology activity courses (KINAC) are acceptable. **NOTE: Students taking electives from the University of Regina should note that most courses offered through the Schools of Human Justice and Social Work at the University of Regina are NOT granted credit by the University of Saskatchewan and so are NOT acceptable as open electives.** If you have already taken one of these University of Regina courses or if you have any questions about whether or not a course is acceptable, particularly for Kinesiology and Health Sciences courses, call the College of Nursing office at (306) 966-6221. KHS 470.3 is not acceptable.

Courses offered by the College of Nursing as open electives are listed below provided NEPS students have the pre-requisites as identified. Please note courses will be offered based on enrollment.

Course	Pre-requisites
NURS 426.3 Health Program Planning	Completion of NEPS 325.3
NURS 476.3 Health and Aging	Completion Year 2
NURS 478.3 Rural Nursing	Completion of NEPS 325.3
NURS 483.3* Cultural Diversity and Aboriginal Health	1 st year NEPS student
NURS 486.3 Forensic Nursing in Secure Environments	Completion Year 2

*Credit is not given for both 483 and other specific Native Studies courses. Check with the College of Nursing.

7.4 WITHDRAWAL FROM COURSES

If you are considering dropping a course, be sure to consult the relevant calendar to check dates after which the withdrawal appears on the transcript. If the withdrawal appears on the transcript, it will be considered an **attempt**. (Please see Section 5.3 Grade assignment and Section 5.6 Repeating a Course). Withdrawal from a course may mean you do not have the necessary pre/co-requisites to continue in other courses in which you are registered (that is, you may be required to drop other courses as well) or which you wish to take the next term. In Years 3 & 4 for the College of Nursing, in Regina contact the Year 3 & 4 academic advisors; in Saskatoon, the academic advisors and in Prince Albert, the academic advisor. You should also be aware of the NEPS policy regarding repeating courses (Policy 5.6).

7.5 WITHDRAWAL FROM PROGRAM

While we hope you will complete the NEPS, some students, for a variety of reasons, choose not to do so. If you are considering withdrawing from the program, you must contact the academic advisor at your site.

7.6 DEFERRED EXAMS

Deferred exams or Special Deferred exams for years 3 and 4 are granted only under special consultation with the Associate Deans at Saskatoon, Regina, or Prince Albert sites.

7.7 GRADUATION/CONVOCATION

In order to be awarded your degree from the University of Saskatchewan, you must complete an Application to Graduate Form, whether or not you plan to attend the convocation ceremony in Saskatoon. Further graduation information is available on the U of S website at www.usask.ca/calendar/general/grad. You are not eligible to identify yourself as having a BSN unless you apply to graduate upon completion of all requirements for the program and have convocated.

7.8 TRANSFER OF SITES

Students should expect to complete the program at the site to which they were admitted. Transfers may be available in exceptional circumstances. Requests for transfer for Year 2 should be directed to the NEPS Program Head at SIAST at the site to which you want to transfer or Director of Health Sciences, Northern Campus at First Nations University. After Year 2 or 3 the request for transfer should be directed to the Associate Dean(s) at the College of Nursing. Mid-year transfers are not allowed. Requests for transfer are to be made by April 30 of the academic year preceding the year requested. Transfers can only be considered if there is available classroom, lab, and clinical space at the site requested.

7.9 TRANSFER CREDIT AND ASSESSMENT OF PRIOR LEARNING

If you took any courses before coming into the NEPS, you may ask to have them reviewed for possible credit transfer. Requests for transfer credit should be made to the College of Nursing, University of Saskatchewan. See section 7.8 for policies related to transfer credit.

Assessment of prior learning is dealt with on an individual basis. The cost of this assessment may vary. You will be responsible for paying any related fees. Requests for assessment of prior learning should be made to the academic advisors.

7.10 TRANSCRIPTS

If you take any courses from an institution other than SIAST, First Nations University of Canada, or the University of Saskatchewan as program requirements for the NEPS, you must arrange to have official transcripts sent from that university directly to the College of Nursing, the campus location you are attending. It is your responsibility to request these transcripts and have them sent as soon as possible at the end of the academic year. If transcripts are not received in a timely manner, you may be unable to proceed in the program.

Please note that you must have an official transcript sent from SIAST or First Nations University of Canada to the College of Nursing if you take non-Nursing courses, such as Statistics or a social science through that institution. Only the grades for your NEPS courses are shared by the institutions without ordering a transcript.

While you are a current student in the NEPS, you must order transcripts from both the University of Saskatchewan and either SIAST or First Nations University of Canada separately if you would like a complete transcript of all of your courses completed. Each institution is only responsible for the courses taught at that institution. Each institution may charge for this service.

When requesting your transcripts be sent to SNRA, you must first have completed your degree requirements, and then may order transcripts to be sent to SNRA through PAWS. The University of Saskatchewan will contact SIAST or First Nations University of Canada to request your year 1 and 2 grades and will send your transcripts along with the other institutions transcript as a combined package to the SNRA by courier. A fee is charged for transcripts but an additional fee is not required to send the transcripts by courier. This process may take additional time while we are awaiting final grades. After all final grades are received; we will courier the transcripts(s) directly to SNRA.

7.11 STUDENT CARDS AND NUMBERS

You will have two identification numbers. One is for the U of S and one for SIAST/First Nations University of Canada. If you take courses from the University of Regina, you will also receive a U of R student number (as a visiting U of S student). It is your responsibility to ensure that you use the correct identification number on exams. The SIAST identification number is required for all nursing courses in Years 1 and 2 of the program in Saskatoon or Regina. The First Nations University identification number is required for Years 1 and 2 in Prince Albert. The U of S number for all nursing courses in Years 3 and 4 of the program and for other U of S courses. The U of S/U of R identification number is required for non-nursing courses taken at that institution.

NOTE: You must be prepared to produce picture ID if requested to do so during an exam.

7.12 HARASSMENT

SIAST, the First Nations University of Canada, and the University of Saskatchewan have policies regarding harassment. For specific information, see SIAST, First Nations University policies. The University of Saskatchewan Discrimination and Harassment Policy (2007) is available at <http://www.usask.ca/dhps/>.

7.13 BULLETIN BOARDS

Keep an eye on the program websites and/or bulletin boards. You will find all sorts of useful, helpful, and **essential** information there. For instance, occasionally changes to timetables and room bookings are necessary. Changes will be posted. If you have something that you want to post, check with the program office at SIAST, Northern Campus First Nations University, or the College of Nursing general office.

7.14 PORTFOLIO DEVELOPMENT RECOMMENDATIONS

This is a recommendation for your professional development. Participants will keep a program portfolio throughout the program to track their individual learning experiences and reflect on their professional growth. Although portfolio development is common to other occupations and professions (architecture, modeling, teaching), it is relatively new to nursing. Professional nursing regulatory bodies are beginning

to incorporate portfolios as evidence of ongoing competence as part of annual licensure. Portfolios are also a focus for reflective self-evaluation and can be used when applying for jobs. Your portfolio development will be part of your assessment of your own growth and development as a nurse.

There are many conceptions of portfolios, but generally, a portfolio is viewed as a “collection of evidence which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding, and achievement. It is both retrospective and prospective” (Brown, 1995, p. 2). It is “a comprehensive document completed by the nurse that details the current state of his or her practice, background, skills, expertise and perhaps most important, a working plan for professional growth” (Trossman, 1999).

Your portfolio will not be used by your facilitators to evaluate your progress in the nursing program. However, you may choose to share elements of your portfolio with faculty when you are discussing your learning goals and achievements. There are a large variety of ways to organize and develop your portfolio. Remember, your portfolio is a reflection of yourself, so be as creative as you can.

Guidelines for Selecting Entries

When selecting entries, nursing students should bear in mind that each piece is part of a much larger whole and that together, the item and rationale make a powerful statement about individual professional development. Ask the following:

1. What do I want my portfolio to show about me as a nurse? What are my attributes as a nurse?
2. What do I want my portfolio to demonstrate about me as a learner? How and what have I learned?
3. What directions for my future growth and development does my self-evaluation suggest? How can I show them in my portfolio?
4. What points have others made about me as a nurse and learner? How can I show them in my portfolio?
5. What effect does my nursing have upon my clients? How can I show this in my portfolio?
6. What overall impression do I want my portfolio to give a reviewer about me as a learner and as a nurse?

When decision-making about what to include becomes a challenge, it may be helpful to look at each item and ask yourself, “What would including this item add that has not already been said or shown?”

The following are suggestions for possible ways to organize your portfolio. You may use any, all, or none of them as you wish (Winsor, 1997).

1. Use a good-quality three-ring binder or some other format that helps organize and protect the items in your portfolio. Begin with an identification page that includes name, address, and telephone number. Pictures are optional.
2. Place care plans, papers, or otherwise irregularly shaped entries in plastic sleeves or pockets. Do not damage any item in order to include it. For example, do not hole-punch a certificate; rather, put in a plastic sleeve.
3. Remember that portfolios are representative, not comprehensive. For example, choose one or two representative cards from clients. Make sure all entries are securely attached within the portfolio. Bulky items should not be included. A picture may be substituted for real items (e.g. a picture of your Infectious Disease Fair display or other poster presentations).
4. Include a Table of Contents that identifies the overall organization of the portfolio. Indicate and label the sections clearly. Colour-coding and/or oversized dividers may be helpful.
5. Within each section, include a Table of Contents for each entry, and include a statement explaining why you have included that item.

6. If using journal entries, facilitator's observations, or other written documents as evidence, highlight the sentence or two on the page that directly applies to the point made in your accompanying rationale or reflection.
7. If using academic papers as evidence of subject area knowledge, include a brief abstract of the paper and insert the whole paper in a plastic sleeve.
8. In general, arrange your portfolio in a way that makes it easy for you to identify the goals you set and your subsequent progress or achievement.
9. Remember that portfolios are dynamic. To facilitate easy changes, set up wordprocessing files for your statements of rationale, reflections, and tables of contents etc.

References:

- Brown, R. (1995). *Portfolio development and profiling for nurses*. (2nd ed.). Lancaster, England: Quay.
- Trossman, S. (1999). The professional portfolio: Documenting who you are, and what you do. *The American Nurse* 31(2):1-3.
- Winsor, P. J. T. (1997) *A guide to the development of professional portfolios in the Faculty of Education (Revised Edition) Appendix E-1*. Field Experience Office, Faculty of Education, University of Lethbridge, Lethbridge, Alberta.

Students may also wish to review the following more recent resources:

- Kaminski, J. (1999-2008). *Learning activities: Professional portfolios: Spreadsheet Application*. *Nursing Informatics for BSN Nursing Students Kwantlen Polytechnic University*. Retrieved from <http://nursing-informatics.com/kwantlen/nrsg1241.html>
- Lorenzo, G., & Ittelson, J. (October 2005). *Demonstrating and assessing student learning with e-portfolios*. *Educause Learning Initiative*. Retrieved from <http://net.educause.edu/ir/library/pdf/ELI3003.pdf>
- Reese, M., & Levy, R. (February 24, 2009). Assessing the future: E-portfolio trends, uses and options in higher education. *Educause Research Bulletin*, 2009(4). Retrieved from <http://net.educause.edu/ir/library/pdf/ERB0904.pdf>

7.15 RETENTION OF STUDENT RECORDS

Official records such as final course grades are retained by the Registrar's Office. Students should retain their copies of written evaluations and may wish to include them in their personal professional portfolios.

Examinations that are used to establish a student's progress or final course grade are retained by the program for one year from the date of posting the grade. These retained records will then be destroyed in a secure manner.

Students are expected to retain all course outlines, lab guides, and other printed course materials for future reference, as they may require this information in conjunction with applications related to continuing nursing education or nursing registration if relocating outside of Saskatchewan.

Section 8 – Clinical Experience Guidelines

8.1 PLACEMENTS

Clinical placements will be assigned according to your educational needs and the availability of experiences. Some clinical experiences in Years 1-4 may take place outside of Saskatoon, Regina, and Prince Albert. All students are expected to complete at least one Senior Practicum placement outside a major centre in Saskatchewan (i.e., in a location other than Saskatoon, Regina, or Prince Albert) unless the following exceptions apply to you:

- (1) Have dependent children (*attach a copy of children's birth certificate*)
- (2) Have a medical condition requiring frequent health provider follow-up (*attach physicians note*)

Students are responsible for housing (and any associated costs) in all locations.

In order to facilitate learning experiences, lab/clinical experiences may be scheduled at a variety of times and days of the week. Twelve-hour shifts may be included in some rotations.

Clinical and lab experiences are a very important part of NEPS. SIAST, First Nations University, and the University of Saskatchewan have contracts with the major agencies in which you will have experience. All of your clinical experiences, regardless of where they are, will be arranged by NEPS. During your experiences, you will be supervised by either program faculty or agency staff. The NEPS students are not counted as “staff” during clinical experiences.

Many policies in Section 5 apply to clinical experience. Please be familiar with them.

8.2 PREPARATION

You are expected to be prepared for your clinical experiences. This preparation will include chart research or other activities prior to actual client care. For chart research and other activities in the clinical area other than your actual experience, you are expected to wear appropriate street clothes and your picture identification tag. Some areas may require lab coats. In addition, you should identify yourself and your purpose to staff in the area. When doing chart research you should not take charts out of the charting area.

8.3 ATTENDANCE

Students are required to attend all Orientations to clinical practice. Failure to attend will result in withdrawal from the clinical rotation. Clinical experience is an integral part of the program. Students are required to participate in all clinical experiences. It is recognized that absence may be unavoidable (e.g., illness), and policies [see policies under 5.1] are in place to deal with this. Students who have been absent from clinical experiences due to health problems may be required to produce a medical certificate stating that they may return to clinical. See 5.1 for specific policies.

However, avoidable or repeated absence is not acceptable. You should be aware that employers often ask about attendance when seeking references.

In cooperation with agency staff, your client assignments will generally be selected prior to the clinical experience. Agency staff takes these assignments into consideration when organizing their own workloads. Therefore, if illness or other unavoidable circumstances prevent you from being present for clinical experience, it is important for you to let people know as soon as you can **before** you are scheduled to begin your clinical experience. Unless your instructor otherwise informs you, you should notify **both** the instructor and the clinical practice area that you will be absent.

8.4 PROFESSIONAL CONDUCT

If an instructor is in the area with you, you should report to him/her when you arrive in the area. You should also report to the appropriate staff before beginning your assignment, and continue to collaborate with both the instructor and appropriate staff during your experience.

If you are in an institutional setting, you must report to the appropriate RN/RPN regarding your assigned clients before you leave the clinical area for any reason e.g., coffee, end of experience, going out of the area with a client. In community settings, the instructor (if on site) or appropriate staff must be advised of your whereabouts.

As a NEPS student, you should *NOT* act as a witness for legal documents such as wills, surgical consents, or release of hospital responsibility.

Students must consult with clinical instructors regarding the use of patient information in clinical areas. There are clear legal guidelines, such as Health Information Protection Act (HIPA), to which health care personnel, including students, must adhere.

8.5 CLINICAL ID BADGES

The NEPS students are required to wear an approved picture name tag in labs and clinical areas. The program will arrange for you to get a name tag made; however, you must pay for it. The name tag is required for as long as you are in the program. There will be a charge for replacements.

8.6 DRESS CODE

Students are expected to adhere to the clinical agency policy and occupational health and safety standards regarding professional appearance and conduct. Uniforms will be required for some of your clinical experiences. When you wear a uniform, keep comfort, safety, and infection control in mind as well as maintaining an overall professional appearance. Appropriate footwear is required. A watch with a second hand or digital readout in seconds, bandage scissors, and stethoscope will be needed by Year 1, Term 2. You will get more information about uniforms and equipment in the nursing classes in which they are required. Please refer to the NEPS Dress Code Policy below.

Nursing Education Program of Saskatchewan DRESS CODE

INTRODUCTION

The dress code policy adopted by the Nursing Education Program of Saskatchewan for faculty and students conforms to the highest standards of infection control, cleanliness, professionalism and safety. This policy must be adhered to. However, if the agency policy is more restrictive that policy must be followed.

POLICY

The aim of this policy is to:

- Ensure the safety of both the caregiver and the client
- Promote mobility and comfort
- Reduce the risk of cross infection
- Allow identification for security purposes
- Project a professional image
- Comply with the policies of the clinical area

The following components of the dress code must be strictly adhered to regardless of the agency in which you are practicing.

Identification

- NEPS clinical picture identification (ID) must be worn at all times.
- ID is to be worn at chest level.

Attire

- Clinical attire must be professional in appearance.
- Clothing must be clean, free of wrinkles, unstained and in good repair.
- Good judgment should be exercised in selecting the appropriate size of clothing. Clothing should not be low cut at the neck or tight across the chest and hips. There will be no exposure of the midriff and lower back. Undergarments should not be visible at any time.
- Sleeves in tops worn for direct patient care must be no longer than $\frac{3}{4}$ length.
- Blue jeans and jean jackets can be worn only where deemed appropriate in the clinical setting.
- Lanyards are not permitted.

For direct patient care:

- Fabric color and prints should be appropriate for the clinical setting. No slogans, advertisements or inappropriate pictures can be worn.
- Clinical attire **must not** be worn outside the clinical setting. Clothing **must** be changed in the locker room of the clinical site at the beginning and end of each shift. Clinical attire **must** be cleaned or laundered each day. The fabric must be washable and able to be laundered at hot temperatures.
- In accordance with Occupational Health and Safety standards, shoes must be closed toe and closed heel with a non-slip sole and low heel. Footwear must fit well with laces tied or Velcro and buckles closed. The shoe must be made of an impermeable (water-proof) material that can be cleaned. Shoes must be clean and in good repair.

- Outdoor footwear is to be changed to work footwear on arrival at the agency and work footwear is to be changed to outdoor footwear on departure.
- Socks must be worn with shoes. White socks are preferable or a color which coordinates with the rest of the attire. Hose must be worn with skirts.
- Lab coats or usual clinical attire must be worn when doing research for client care. Lab coats are to be laundered every week.
- Cultural attire will be assessed on a case to case basis.

Jewelry

- Jewelry, including body piercings, must not compromise safety or infection control or professional image.
- A maximum of one ring may be worn on each hand. Rings must be flat with no stones.
- Earrings must be small studs or buttons. No hoops or dangling earrings are to be worn.
- One plain chain necklace can be worn inside the neckline of the attire.
- A watch is required and must have a second hand or a digital watch with “seconds” display. The watch must be conservative and professional in appearance and must be cleaned regularly.

Tattoos

- Tattoos are to be non-offensive and covered.

Personal Hygiene

- Good personal hygiene and cleanliness is essential in promoting a positive and professional image.

Hair

- Hair must be clean, well groomed, conservative and worn off the collar. Long hair must be tied up and away from the face.
- Beards and mustaches must be clean, trimmed, well groomed and short.

Fingernails

- Fingernails must be short and clean. No nail polish may be worn. No artificial, acrylic or get nails may be worn.

Cosmetics

- Make-up may be worn in moderation.
- No scented products may be worn in clinical settings.

Stethoscopes

- A stethoscope with both a bell and a diaphragm is required. No fabric cover is allowed.
- Stethoscopes must be cleaned as per infection control guidelines. Clean headpiece with alcohol between patients and entirely at least once a week.
- When not being used, stethoscopes must be kept in your pocket.

8.7 AGENCY MANUALS AND POLICIES

Most agencies have manuals dealing with policies, procedures, and charting specific to that particular agency. You should familiarize yourself with the manuals in the area of your clinical experience, and follow policies and procedures of the agency in which you are having experience. If in doubt, consult your instructor. Increasing, the most current versions of policies, procedures and other pertinent

information is available on-line; please check with your clinical faculty to ensure you are accessing the most current resources.

8.8 CHARTING

Through your classes you will become familiar with the principles of documentation. During your clinical experience, you must follow charting policies of that specific agency (you will find them in the charting manual). This documentation includes use of agency specific abbreviations. When charting, use the letters NS (Nursing Student) after your name when it is necessary to identify your designation.

8.9 PERFORMANCE OF TECHNICAL SKILLS

Clinical experience provides an opportunity for you to develop your nursing skills and knowledge. While you are encouraged to seek learning experiences, you must not perform any procedure for which you do not have adequate preparation.

You **may** perform certain special nursing procedures under **direct** supervision of an instructor or RN/RPN who is certified for the procedure **if** you have been provided with theoretical background. You **may not** perform procedures which are a transfer of medical function. Designation of procedures as special nursing procedures or transfer of medical function vary from area to area. Consult with your instructor.

Regardless of where you have your clinical experience, you must not perform any procedure for which you do not have adequate preparation.

8.10 SPECIAL NURSING PROCEDURES AND TRANSFERS OF MEDICAL FUNCTION

1. The NEPS students may perform procedures identified as special nursing procedures provided both of the following conditions are met.
 - The student has taken the theory on which the procedure is based
 - The student is directly and continuously supervised by a registered nurse who is currently certified in the special nursing procedure.
2. Students are not allowed to perform Transfer of Medical Function procedures.

8.11 ACCIDENTS

Health care agencies have policies and procedures to ensure safety of clients, staff, students and visitors. Ordinarily, these protocols provide a safe environment. Occasionally students do have accidents or become ill during clinical experience. If this happens to you, you should immediately let your instructor know so that he/she can assist you in determining the appropriate action.

If you have an accidental or client-induced injury while in the clinical area, you will need to complete any forms the agency requires for such situations. As well, you will need to complete an Adverse Event, Near Miss and Critical Incident Report Form for your program. Your instructor or the nurse supervising you will help you with this form. Any such incidents in Years 1 and 2 nursing courses must be reported as soon as possible to the appropriate Program Head/Director. In Years 3 and 4 in Saskatoon, accidents

must be reported to the Associate Dean and in Regina/Prince Albert to the Year 3 and 4 Clinical Coordinator/Academic Advisor.

If you suffer a needle-stick injury, you follow the protocol in place in the agency. It will involve your being assessed by the Health Nurse in the agency in which you are working.

Once you have followed the agency protocol after an injury while on the clinical unit (including needle stick injuries), you need to report injury to the Campus Health Nurse so that an incident report and Worker's Compensation Board forms can be completed. **PLEASE NOTE:** At Wascana and Prince Albert, this procedure applies to students in Years 1 through 4. At Kelsey Campus, this procedure applies to students in Years 1 and 2 only. For those students at the U of S Saskatoon site, report to Student Health.

8.12 INCIDENTS/UNUSUAL OCCURRENCES

Incidents/unusual occurrences include such things as medication errors, student or client accidents, client falls, loss of personal possessions, and needle-stick injuries. Reporting of incidents is essential from the perspective of accountability of the student, the educational institution, and the clinical agency. Usually you are directly involved with the incidents you report, but not always, as would be the case if you found a client who had fallen while getting out of bed by themselves.

All incidents involving students during clinical experience must be reported.

If a student is involved in an incident during a clinical experience in which the instructor is on site, the student must immediately notify the instructor. If the incident occurs in a precepted experience, both the preceptor and the faculty resource person must be notified as soon as possible. In addition to notifying the instructor and/or preceptor, the policies regarding reporting of incidents in the institution/agency in which the student is placed must be followed.

Written incident reports must be completed by the student (with assistance of the instructor or preceptor) according to the institution/agency policy. The student must also complete a NEPS program incident report received by the supervising instructor or faculty resource person, who (after removing all identifying client information) will forward the report to the Program Head, Associate Dean(s), or Director as appropriate.

All incidents involving Year 1 or 2 students must be reported to the appropriate NEPS Program Head, Nursing Division, SIAST or Director of Health Sciences, First Nations University in Prince Albert. All incidents involving Year 3 or 4 students must be reported to the Associate Dean(s) College of Nursing.

The report will be kept on the student's file until completion of her/his nursing program.

*Incidents include, but are not restricted to medication errors; student, client, and visitor accidents or injuries; client falls; loss of personal possessions; needle stick injuries

8.13 PROCESSES RELATED TO STUDENTS WHO DEMONSTRATE UNSAFE PRACTICE

Definition of Unsafe Practice

“Unsafe clinical practice is behaviour that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behaviour involving unacceptable risk” (Scanlan, Care, & Gessler, 2001). [From identified Dealing with the unsafe student in clinical practice. Nurse Educator 26(1), 23-27.]

Faculty and student focus groups defined unsafe practice as any practice that poses an actual or potential threat to the health of a client, including physical, psychosocial, or cultural safety. Unsafe practice includes harm not only to client but also to colleagues or oneself.

The recent literature on patient safety identifies that a number of factors can come together to create an error. Therefore, an individual may be involved, but may not be solely responsible. When examining a situation(s) deemed as involving unsafe practice, it may be useful to examine it in terms of “what happened?” “why did it happen?” and “what could be done to prevent it from happening again?”

As a profession, nursing faces significant challenges in terms of creating and maintaining a safe practice environment. The CNA identifies that additional challenges to safe nursing care include: Nursing practice environment and workforce issues, team work and communication, nursing perspective on patient safety, and the patient perspective on patient safety, technology and culture of blame. Students who are learning to be nurses are learning to adapt to working within the present health care system, and therefore may also be affected by some of the additional systemic factors that impact patient safety. In the interest of creating and maintaining safe practice environments for patients and nurses, students must meet the standards of safe practice.

“There are policies in place for faculty and students to refer to in relation to unsafe clinical practice. For further information refer to the NEPS Administrative Statement/Processes Related to Students Who Demonstrate Unsafe Practice No. 420 on the NEPS partner websites. While it is important to review and understand this policy in it’s entirety, students should pay specific attention to the use of written performance contracts. A performance contract is a written agreement between the student and facilitator in which the performance issues are described and actions are identified that a student must complete within a specified time frame. The contract will specify consequences if the performance plans are not met. An example of the performance contract is included with this policy on the websites.”

For the College of Nursing University of Saskatchewan
http://www.usask.ca/nursing/docs/NEPSadmin_policy420.pdf

Section 9 - Conclusion

Your journey through the NEPS will be interesting and challenging. When you graduate, you will be well prepared for a rewarding and exciting career in nursing.

We hope the information in this handbook has been helpful. If there is other information you think should be included, please let us know. Just drop off a note with suggestions at the office of the Program Head at Wascana or Kelsey; the Director of Health Sciences Northern Campus, First Nations University; or the Associate Dean(s), at the University of Saskatchewan.

BEST OF LUCK IN YOUR NURSING PROGRAM!