**STUDENT PERFORMANCE CONTRACT/Student Learning Plan**

***Document to be named YYYY MM DD SPC LASTNAME Firstname (please “save as” and change Date(s) when edited)***

This Student Performance Contract (SPC) is being initiated as you are currently at risk of not meeting the objectives and/or CRNS Entry
Level Competencies for the course noted below as per College of Nursing [Processes Related to Students who Demonstrate Unsafe Practice](https://nursing.usask.ca/policies/overview.php#Undergraduate).

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| Student Name |  | **Course** |  |
| **Clinical Setting** |  |
| **Student Number**  |  | **Clinical Instructor or FRP** |  |
| Date |  | **Course Coordinator** |  |

Part A - Review of Contract:

To be completed at the end of each rotation when a SPC is in use.

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| **Date** | **Course** | **Clinical Agency** | **Clinical/Lab****Instructor ,FRP** | **Course Coordinator** | **Contract to continue? *Brief* additional detail re: results/outcome** |
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**All students, including those who withdraw in lieu of failure or fail a clinical course, MUST receive a final evaluation using the clinical evaluation tool.**

**Part B – CRNS Entry Level Competencies at Risk**

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| **CRNS Entry Level Competencies by Role** | **Continues to be at Risk** | **Unable to****assess** | **Meeting****Standard** | **Name of Evaluator(s)** | **Date(s)** |
| **Date(s)** | 1. **Clinician**
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|  | **Bold** Entry Level Competencies at Risk(~~strikethrough~~ those that are not evaluated in the course where the SPC is in use)1.1 Provides safe, ethical, competent, compassionate, client-centred and evidence informed nursing care across the lifespan in response to client needs. 1.2 Conducts a holistic nursing assessment to collect comprehensive information on client health status. 1.3 Uses principles of trauma-informed care which places priority on trauma survivors’ safety, choice and control. 1.4 Analyses and interprets data obtained in client assessment to inform ongoing decision-making about client health status.1.5 Develops plans of care using critical inquiry to support professional judgment and reasoned decision-making. 1.6 Evaluates effectiveness of plan of care and modifies accordingly. 1.7 Anticipates actual and potential health risks and possible unintended outcomes. 1.8 Recognizes and responds immediately when client safety is affected. 1.9 Recognizes and responds immediately when client’s condition is deteriorating. 1.10 Prepares clients for and performs procedures, treatments and follow-up care. 1.11 Applies knowledge of pharmacology and principles of safe medication practice. 1.12 Implements evidence-informed practices of pain prevention, manages client’s pain and provides comfort through pharmacological and nonpharmacological interventions. 1.13 Implements therapeutic nursing interventions that contribute to the care and needs of the client. 1.14 Provides nursing care to meet palliative and end-of-life care needs. 1.15 Incorporates knowledge about ethical, legal, and regulatory implications of medical assistance in dying (MAiD) when providing nursing care. survivors to rebuild a sense of control and empowerment.1.16 Incorporates principles of harm reduction with respect to substance use and misuse into plans of care. 1.17 Incorporates knowledge of epidemiological principles into plans of care. 1.18 Provides recovery-oriented nursing care in partnership with clients who experience a mental health condition and/or addiction. 1.19 Incorporates mental health promotion when providing nursing care. 1.20 Incorporates suicide prevention approaches when providing nursing care. 1.21 Incorporates knowledge from the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology and nutrition.1.22 Incorporates knowledge from nursing science, social sciences, humanities and health-related research into plans of care. 1.23 Uses knowledge of the impact of evidence-informed registered nursing practice on client health outcomes. 1.24 Uses effective strategies to prevent, de-escalate and manage disruptive, aggressive or violent behaviour. 1.25 Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self and others. 1.26 Adapts practice in response to the spiritual beliefs and cultural practices of clients. 1.27 Implements evidence-informed practices for infection prevention and control. |
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|  | **Continues to be at Risk** | **Unable to****assess** | **Meeting****Standard** | **Name of Evaluator(s)** | **Date(s)** |
| **Date(s)** | **2. Professional** | [ ]  | [ ]  | [ ]  |  |  |
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|  | **Bold** Entry Level Competencies at Risk(~~strikethrough~~ those that are not evaluated in the course where the SPC is in use)2.1 Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice. 2.2 Demonstrates a professional presence, and confidence, honesty, integrity and respect in all interactions. 2.3 Exercises professional judgment when using agency policies and procedures, or when practicing in their absence. 2.4 Maintains client privacy, confidentiality and security by complying with legislation, practice standards, ethics and organizational policies. 2.5 Identifies the influence of personal values, beliefs and positional power on clients & the health care team acts to reduce bias & influences. 2.6 Establishes and maintains professional boundaries with clients and the health care team. 2.7 Identifies and addresses ethical (moral) issues using ethical reasoning, seeking support when necessary. 2.8 Demonstrates professional judgment to ensure social media and information and communication technologies (ICTs) are used in a way that maintains public trust in the profession. 2.9 Adheres to the self-regulatory requirements of jurisdictional legislation to protect the public by: • assessing own practice and individual competence to identify learning needs; • developing a learning plan using a variety of sources; • seeking and using new knowledge that may enhance, support or influence competence in practice; and, • implementing and evaluating the effectiveness of the learning plan and developing future learning plans to maintain and enhance competence as a registered nurse. 2.10 Demonstrates fitness to practice.2.11 Adheres to the duty to report.2.12 Distinguishes between the mandates of regulatory bodies, professional associations and unions.2.13 Recognizes, acts on and reports harmful incidences, near misses and no harm incidences. Patient safety incident is considered to be: An event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. There are three types of patient safety incidents (Canadian Patient Safety Institute, 2015, Glossary): • harmful incident: a patient safety incident that resulted in harm to the patient. Replaces “preventable adverse event”;• near miss: a patient safety incident that did not reach the patient and therefore no harm resulted; and • no-harm incident: a patient safety incident that reached the patient but no discernable harm resulted. 2.14 Recognizes, acts on and reports actual and potential workplace and occupational safety risks. |
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|  | **Continues to be at Risk** | **Unable to****assess** | **Meeting****Standard** | **Name of Evaluator(s)** | **Date(s)** |
| **Date(s)** | **3. Communicator** | [ ]  | [ ]  | [ ]  |  |  |
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|  | **Bold** Entry Level Competencies at Risk(~~strikethrough~~ those that are not evaluated in the course where the SPC is in use)3.1 Introduces self to clients and health care team members by first and last name and professional designation (protected title). 3.2 Engages in active listening to understand and respond to the client’s experience, preferences and health goals. 3.3 Uses evidence-informed communication skills to build trusting, compassionate and therapeutic relationships with clients. 3.4 Uses conflict transformation strategies to promote healthy relationships and optimal client outcomes. 3.5 Incorporates the process of relational practice to adapt communication skills. Relational practice is considered to be “a respectful and reflexive approach to inquire into patients’ lived experiences and health care needs” (Zou, 2016, p. 1). 3.6 Uses ICTs to support communication. 3.7 Communicates effectively in complex and rapidly-changing situations. 3.8 Documents and reports clearly, concisely, accurately and in a timely manner.  |
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|  | **Continues to be at Risk** | **Unable to****assess** | **Meeting****Standard** | **Name of Evaluator(s)** | **Date(s)** |
| **Date(s)** | **4. Collaborator**  | [ ]  | [ ]  | [ ]  |  |  |
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|  | **Bold** Entry Level Competencies at Risk(~~strikethrough~~ those that are not evaluated in the course where the SPC is in use)4.1 Demonstrates collaborative professional relationships. 4.2 Initiates collaboration to support care planning and safe, continuous transitions from one health care facility to another, or to residential, community or home and self-care. 4.3 Determines their own professional and interprofessional role within the team by considering the roles, responsibilities and the scope of practice of others. 4.4 Applies knowledge about the scopes of practice of each regulated nursing designation to strengthen intraprofessional collaboration that enhances contributions to client health and well-being. 4.5 Contributes to health care team functioning by applying group communication theory principles and group process skills. |
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|  | **Continues to be at Risk** | **Unable to****assess** | **Meeting****Standard** | **Name of Evaluator(s)** | **Date(s)** |
| **Date(s)** | **5. Coordinator** | [ ]  | [ ]  | [ ]  |  |  |
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|  | **Bold** Entry Level Competencies at Risk(~~strikethrough~~ those that are not evaluated in the course where the SPC is in use)5.1 Consults with clients and health care team members to make ongoing adjustments required by changes in the availability of services or client health status.5.2 Monitors client care to help ensure needed services happen at the right time and in the correct sequence.5.3 Organizes own workload, assigns nursing care, sets priorities and demonstrates effective time management skills.5.4 Demonstrates knowledge of the delegation process.5.5 Participates in decision-making to manage client transfers within health care facilities.5.6 Supports clients to navigate health care systems and other service sectors to optimize health and well-being.5.7 Prepares clients for transitions in care.5.8 Prepares clients for discharge.5.9 Participates in emergency preparedness and disaster management. |
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|  | **Continues to be at Risk** | **Unable to****assess** | **Meeting****Standard** | **Name of Evaluator(s)** | **Date(s)** |
| **Date(s)** | **6. Leader** | [ ]  | [ ]  | [ ]  |  |  |
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|  | **Bold** Entry Level Competencies at Risk(~~strikethrough~~ those that are not evaluated in the course where the SPC is in use)6.1 Acquires knowledge and responds to the Calls to Action of the Truth and Reconciliation Commission of Canada.6.2 Integrates continuous quality improvement principles and activities into nursing practice. 6.3 Participates in innovative client-centred care models.6.4 Participates in creating and maintaining a healthy, respectful and psychologically safe workplace. 6.5 Recognizes the impact of organizational culture and acts to enhance the quality of a professional and safe practice environment. 6.6 Demonstrates self-awareness through reflective practice and solicitation of feedback.6.7 Takes action to support culturally-safe practice environments. 6.8 Uses and allocates resources wisely. 6.9 Provides constructive feedback to promote professional growth of other members of the health care team. 6.10 Demonstrates knowledge of the health care system and its impact on client care and professional practice. 6.11 Adapts practice to meet client care needs within a continually changing health care system. |

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|  | **Continues to be at Risk** | **Unable to****assess** | **Meeting****Standard** | **Name of Evaluator(s)** | **Date(s)** |
| **Date(s)** | **7. Advocate** | [ ]  | [ ]  | [ ]  |  |  |
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|  | **Bold** Entry Level Competencies at Risk(~~strikethrough~~ those that are not evaluated in the course where the SPC is in use)7.1 Recognizes and takes action in situations where client safety is actually or potentially compromised. 7.2 Resolves questions about unclear orders, decisions actions or treatment. 7.3 Advocates for the use of Indigenous health knowledge and healing practices in collaboration with Indigenous healers and Elders consistent with the Calls to Action of the Truth and Reconciliation Commission of Canada. 7.4 Advocates for health equity for all, particularly for vulnerable and/or diverse clients and populations. 7.5 Supports environmentally-responsible practice, which includes, “. . . environmental preservation and restoration while advocating for initiatives that reduce environmentally harmful practices in order to promote health and well- being” (CNA, 2017b, p. 19). 7.6 Advocates for safe, competent, compassionate and ethical care for clients. 7.7 Supports and empowers clients in making informed decisions about their health care, and respects their decisions. “. . . environmental preservation and restoration while advocating for initiatives that reduce environmentally harmful practices in order to promote health and well- being” (CNA, 2017b, p. 19). 7.8 Supports healthy public policy and principles of social justice. 7.9 Assesses that clients have an understanding and ability to be an active participant in their own care, and facilitates appropriate strategies for clients who are unable to be fully involved.7.10 Advocates for client’s rights and ensures informed consent, guided by legislation, practice standards, and ethics. 7.11 Uses knowledge of population health, determinants of health, primary health care and health promotion to achieve health equity. 7.12 Assesses client’s understanding of informed consent and implements actions when client is unable to provide informed consent. 7.13 Demonstrates knowledge of a substitute decision maker’s role in providing informed consent and decision-making for client care. 7.14 Uses knowledge of health disparities and inequities to optimize health outcomes for all clients. |

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|  | **Continues to be at Risk** | **Unable to****assess** | **Meeting****Standard** | **Name of Evaluator(s)** | **Date(s)** |
| **Date(s)** | **8. Educator**  | [ ]  | [ ]  | [ ]  |  |  |
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|  | **Bold** Entry Level Competencies at Risk(~~strikethrough~~ those that are not evaluated in the course where the SPC is in use)8.1 Develops an education plan with the client and team to address learning needs. 8.2 Applies strategies to optimize client health literacy.8.3 Selects, develops and uses relevant teaching and learning theories and strategies to address diverse clients and contexts, including lifespan, family and cultural considerations.8.4 Evaluates effectiveness of health teaching and revises education plan if necessary.8.5 Assists clients to access, review and evaluate information they retrieve using ICTs. |
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|  | **Continues to be at Risk** | **Unable to****assess** | **Meeting****Standard** | **Name of Evaluator(s)** | **Date(s)** |
| **Date(s)** | **9. Scholar** | [ ]  | [ ]  | [ ]  |  |  |
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|  | **Bold** Entry Level Competencies at Risk(~~strikethrough~~ those that are not evaluated in the course where the SPC is in use)9.1 Uses best evidence to make informed decisions. 9.2 Translates knowledge from all sources into professional practice. 9.3 Engages in self-reflection to interact from a place of cultural humility and create culturally-safe environments where clients perceive respect for their unique health care practices, preferences and decisions. 9.4 Engages in activities to strengthen competence in nursing informatics 9.5 Identifies and analyzes emerging evidence and technologies that may change, enhance or support health care. 9.6 Uses knowledge about current and emerging community and global health care issues and trends to optimize client health outcomes. 9.7 Supports research activities and develops own research skills.9.8 Engages in practices that contribute to lifelong learning. |

**Part C - Desired skills, behaviours or attitudes that need to be demonstrated**

***This section can be forwarded to preceptors if necessary.***

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| **Competency Theme** | **Date** | **Skills, Behaviours and/or Attitudes to be Demonstrated** | **Faculty Strategies** | **Student Strategies** |
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| **Professional**  |  | *
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| **Communicator** |  | *
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| **Collaborator**  |  | *
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| **Coordinator**  |  | *
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| **Leader**  |  |  |  |  |
| **Advocate**  |  |  |  |  |
| **Educator**  |  |  |  |  |
| **Scholar** |  |  |  |  |

All at risk competencies need to be demonstrated in order to clear the SPC. Failure to meet these standards in a lab or clinical setting, where adequate opportunity to demonstrate exists, will result in failure in the course.

**Part D - Faculty Comments:**

If necessary, a ***brief* summary of *essential* context** can be included here. Specific details are to be documented in clinical evaluation tool.

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| Date(s) | Course and Instructor | Comments |
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**Part E - Student Response to the Plan:**

Student comments can be added during the discussion or can be included in the required email reply. Student strategies to be copied into Part C.

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| Date(s) | Comments |
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After meeting with the student to discuss the SPC, an electronic copy of the SPC will be sent to the student’s PAWS email account (cc clinical instructor/FRP and Course Coordinator). The student MUST reply stating they have read, understood and had an opportunity to discuss the SPC, prior to returning to the clinical setting (if eligible). Any student response to the plan should be included/added in Part E above.

**If the SPC is required to move forward to the student’s next clinical experience, the student is responsible to inform the subsequent course coordinator and clinical instructor/FRP of the contract. At the completion of each course the SPC and Review of SPC (if applicable) will be forwarded to the Academic Advisors to be added to the student file. The Academic Advisors will forward the most recent SPC to the course coordinator for the student’s next clinical rotation.**